

**North West of England Health Community**  
*Position Paper*  
**Response to Consultation on the European Workforce for  
Health**

**31 March 2009**

The European Commission opened a consultation with a deadline of 31 March 2009 offering stakeholders the opportunity to comment on the Green Paper European Workforce for Health. This consultation response is supported by representatives working on public health within the North West of England region, in particular, primary care trusts, local authorities, NHS trusts and wider health organisations. As a very proactive region on EU health issues and as an active member of many European networks, we also support the positions given by the European Public Health Alliance (EPHA).

**The North West of England and Health**

The North West of England is a diverse region with a population of over 7 million people, the third most populated English Government Office region behind the South East and London. The region as a whole accounts for over 11% of employment and over 10% of the United Kingdom's GDP. The North West has five distinctive sub-regions, Cheshire, Merseyside, Cumbria, Lancashire and Greater Manchester.

Unfortunately, the health of the people in the North West is poor in comparison with other regions in both the UK and parts of Europe. The North West is currently tackling significant health challenges such as cancer, teenage pregnancies, heart disease, obesity, health and social inequity within the region and the affects of excessive drinking.

The North West of England health community has a history of European engagement, having responded to many EU consultations where public health and health systems have a role to play, including: 'Promoting healthy diets and physical activity' consultation in December 2005, 'Community Action on health services' in January 2007; the European Health Strategy consultation in February 2007; the 'Adapting to Climate Change' consultation in November 2007 and the Consultation on 'Reforming the Budget, Changing Europe' in April 2008; DG SANCO Annual Work Plan 2009 in September 2008.

Furthermore, the North West Health Brussels Office (NWHBO) also has access to examples of dynamic, innovative health promoting practices addressing serious health challenges from the North West region and is keen for European partners to learn from these experiences.

**General Comments**

Given that the North West of England region employs over 210,000 National Health Service staff, this Green Paper on the European Workforce for Health is of considerable importance and the North West of England health community appreciates the opportunity to contribute to the debate. The NWHBO and the North West region as a whole is a willing partner to the European Commission in making European citizens healthier. We believe that this consultation can have a positive effect in helping EU citizens, regional and national health systems to pro-actively address the challenges set out in the consultation document. The good health of EU citizens is essential in achieving the overarching goals and policy objectives of the EU both now and in future decades.

Our North West public health community response has been drawn together by the NWHBO through an online consultation with relevant stakeholders in the region, which included a vote on the most and least important influencing factors that the European Commission suggested for each issue raised in the Green Paper. Each of the issues raised in the consultation document shall be commented on in turn below.

### 1: Demography and the promotion of a sustainable health workforce

Most Important	Least Important
Ensuring better working conditions for health workers, increasing staff motivation and morale.	Promoting more social and ethnic diversity in recruitment.
Considering recruitment and training campaigns, in particular to take advantage of the growth in the proportion of over-55s in the workplace and those who no longer have family commitments.	Raising awareness in schools large range of careers in the health and care sectors.

#### Further Comments

- We think that ensuring better working conditions for health workers and increasing staff motivation and morale is the number one influencing factor and possible area for action with regards the issue of demography and the promotion of a sustainable health workforce. Employees are the greatest asset of any business and generally speaking, better working conditions correlate positively to increased commitment and staff morale. Furthermore, high staff morale is important if 'return to practice' campaigns are to be successful as there is little point investing in 'return to practice' campaigns if the staff morale is so poor that on the individuals return that they soon leave again.
- We believe that increased social and ethnic diversity in the health workforce is important and the North West of England is certainly promoting more social and ethnic diversity in recruitment in its own health sector. We would also like to emphasise the importance of recruiting the best candidate for the position, regardless of their ethnic origin or social background.
- We would like to draw attention to the fact that if we prioritise recruiting individuals who may need a greater amount of support and understanding into the health workforce, we first need to ensure the quality of management and existing resources to support these individuals and managers.
- We acknowledge the fact that raising awareness in schools of a large range of careers in the health and care sectors could have a positive impact on the future health workforce if effective methods are used. The current European economic situation could also be viewed as a prime time to attract individuals to the public sector from outside of the school environment.
- We would like to point out that the current global economic crisis may lead to the attractiveness of working in the health sector to increase and could provide us with a really opportunity to change young peoples' attitude and aspirations to working in the health sector.

## 2. Public Health Capacity

Most Important	Least Important
Strengthening capacity for screening, health promotion and disease prevention.	Giving the Agency for Safety and Health at Work (OSHA) more visibility in the Member States by publicising its existence directly at workplaces.
Collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce.	

### Further Comments

- We believe that collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce, has greatest potential to improve people's health by having a clear picture and on which to establish relevant action plans.
- We would like to emphasise the necessity of health promotion and the prevention of diseases to help reduce the necessity for intensive solutions.

## 3. Training

Most Important	Least Important
Focusing on health professionals' continuous professional development (CPD). Updating professional skills improves the quality of health outcomes and ensures patient safety.	Developing possibilities for providing language training to assist in potential mobility.
	Fostering the cooperation between Member States in the management of <i>numerus clausus</i> for health workers and enabling them to be more flexible.

### Further comments

- We believe that focusing on health professionals' continuous professional development (CPD) and updating professional skills improves the quality of health outcomes and ensures patient safety is the number one influencing factor and possible area for action with regards the issue of training, for the same reasons we detailed above relating to better staff working i.e. Employees are the greatest asset of any business and generally speaking, better working conditions correlate positively to increased commitment and staff morale. To reiterate one of our comments from the first section, high staff morale is important if 'return to practice' campaigns are to be successful as there is little point investing in 'return to practice' campaigns if the staff morale is so poor on the individuals return that they soon leave again.
- We acknowledge the potential benefits of mobility within the European health workforce for training purposes but we would like to emphasise that this should not be at the cost of patient safety and quality of care.
- We think that the North West's health professional training courses are already acknowledging the special needs of people with a disability.

#### 4. Mobility and Migration of Health Workers

Most Important	Least Important
Supporting the WHO in its work to develop a global code of conduct for ethical recruitment	Promoting "circular" movement of staff.
	Encouraging cross-border agreements on training and staff exchanges, which may help to manage the outward flow of health workers while respecting Community law.

- We believe that migrant workers make a valuable contribution to many sectors of industry, including health and social care. International in-migration (both long and short term) has brought social and economic benefits to the region. However, the understanding of migration is important in order to make the most of the opportunities and challenges it offers.
- We believe that supporting the WHO in its work to develop a global code of conduct for ethical recruitment is extremely important but we also believe that this action is only one of a range of measures needed to ensure ethical recruitment.

#### 5. Data, New Technology and Health Professional Entrepreneurs

- We think that having Europe-wide comparable data and information in such areas as numbers of health workers in training and employment, their specialisation, their geographical spread, age, gender could be useful.
- We believe that the North West has a substantial dependence on new technology to progress in healthcare organisation and provision.
- We think that the role of health professional entrepreneurs in the North West workforce will certainly increase in the future.

#### A Final request

- We call on the European Commission to use its unique position to increase the evidence base, provide guidance for EU Member States, provide financial support through structural funds, support networks and facilitate the exchange of good practice on the issues raised in the consultation document.

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