Sveriges Kommuner och Landsting
(Swedish Association of Local Authorities and Regions)

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The Commission of the European Communities' Green Paper on the European Workforce for Health (COM (2008) 725 final)

Introduction

The SKL (*Sveriges Kommuner och Landsting /* Swedish Association of Local Authorities and Regions) represents the governmental, professional and employer-related interests of Sweden's 290 municipalities, 18 county councils and two regions (Västra Götaland and Skåne). The Association's members together employ 1.1 million persons which corresponds to about 25% of the Swedish labour market. The county councils employ approximately 250 000 persons in the healthcare sector and the municipalities approximately 200 000. Taken together, this represents a good 10% of all employees in Sweden.

The SKL shares the Commission's views regarding the challenges facing the EU's health services, on the one hand in reconciling increasing demand with the limited health workforce (the demography issue), on the other hand in meeting healthcare needs at local level while at the same time being properly prepared for major public health crises (e.g. pandemics). Taken together, all this could lead to increasing spending on health, which in turn would have an effect on the scope and operations of healthcare.

Rationale for the Green Paper

The SKL welcomes the Green Paper's objective of increasing the visibility of the issues facing the EU health workforce. The Green Paper describes the challenges faced by the EU health workforce which are common to all Member States: the demography issue (ageing global population and ageing health workforce), the diversity of the health workforce, the migration of health professionals in and out of the EU, the low level of mobility within the EU, as well as the health brain drain from third countries to the EU.

Legal framework and basis for action at EU level

Article 152 of the EC Treaty 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". The Article also states that "the Community shall

encourage cooperation between the Member States in the areas referred to in this Article and, if necessary, lend support to their action."

The SKL shares the Commission's view that Community action is intended to complement national policies. It is important to establish that primary responsibility for organising and delivering health services lies with the Member States, but the EU has an important role to play in supporting Member States and adding value through, for example, networking, the sharing of good practice and open comparisons.

The EC Treaty and secondary legislation lay down rules which have to be respected by Member States when organising their health sectors. Examples include labour law directives such as the Working Time Directive, which sets maximum limits to working time and imposes minimum daily and weekly rest periods in order to protect workers' health and safety. The Directive lays down common minimum requirements for all Member States but each Member State remains free to apply rules which are more favourable to the protection of workers, if it so wishes.

Demography and the promotion of a sustainable health workforce

The Commission's proposals - Influencing factors and possible areas for action:

- assessing levels of expenditure on the health workforce;
- ensuring better working conditions for health workers, increasing staff motivation and morale;
- 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;
- organising chronic disease management practices and long-term care provision closer to home or in a community setting;
- providing for a more effective deployment of the available health workforce;
- considering "return to practice" campaigns to attract back those who have left the health workforce;
- promoting more social and ethnic diversity in recruitment;
- raising awareness in schools about the large range of careers in the health and care sectors.

The SKL considers that many of the factors listed involve comprehensive micro-management, which fails to take into account how health care is organised at local, regional or national level in the different Member States. Sweden's National Board of Health and Welfare (*Socialstyrelsen*) is required by the Government, within the National Planning Support (NPS) strategy, to produce documents on a regular basis describing and forecasting access to and demand for healthcare personnel, primarily professionally registered personnel such as doctors and nurses.

The National Planning Support reference group for healthcare comprises representatives from the National Agency for Higher Education (*Högskoleverket*), the SKL, trade union

organisations, HSO (the Swedish Disability Federation), and the Association of Private Care Providers (*Vårdföretagarna*).

Public Health Capacity

The Commission's proposals - Influencing factors and possible areas for action:

- strengthening capacity for screening, health promotion and disease prevention;.
- collecting better information about actual and potential population health needs in order to plan the future development of the public health workforce;
- promoting scientific vocations in schools by highlighting career options in lesser known public health jobs (biologists, epidemiologists, etc.);
- giving the Agency for Safety and Health at Work (OSHA) more visibility in the Member States by publicising its existence directly at workplaces;
- promoting the work of occupational health physicians and giving incentives to doctors to join this area.

The SKL shares the opinion expressed by the Commission (in section 4.2., second paragraph) that health promotion and disease prevention can reduce future demand for treatment and care services. This would involve incorporating health promotion training into all medical training programmes, including training for doctors.

At the same time, the assertion that health promotion and disease prevention can reduce future demand for treatment and care services is debatable. The argument is whether such measures lead to reduced future demand or whether, instead, the use of resources is made more effective and demand for care is postponed.

In order to reduce demand for care services a general health promotion approach must be developed in all areas of society – this was done by the Finnish Presidency in 2006 with "Health in All Policies". Public health must be integrated into all activities instead of being regarded as a separate field.

Evidence-based methods now exist for incorporating health promotion into health care. The same applies to occupational health and safety. These methods should be prioritised and disseminated. It is important that, *inter alia*, screening should be evidence-based and cost-effective.

Health-promotion-oriented health care is characterised by the development of disease prevention and health promotion measures, active knowledge transmission, active collaboration in population-oriented health work, the promotion of a positive approach to health among the health workforce and the use of health information as a strategy for more effective health care.

In 2010 Sweden's National Board of Health and Welfare is scheduled to present national guidelines for preventive work in the health care sector. The Cancer Strategy (SOU 2009:11) recently submitted to the Government contains a number of sections on prevention and measures to promote lifestyle changes within health care. Lifestyle changes have been introduced as parameters in a number of quality registers. The network "*Hälsofrämjande sjukhus och vårdorganisationer*" (Health Promoting Hospitals and Health Services) has been

awarded Government funding for three years (so far, three million Swedish kronor in 2008 and the same amount in 2009). Umeå University has received six million kronor from the *Vinnvård* research support programme for the project "*Nationella riktlinjer för vårdens hälsofrämjande arbete - utmaningen att gå från evidens till klinisk tillämpning*" (= National guidelines for health promotion work in the health sector – The challenge to progress from evidence to clinical application).

The SKL notes that the Green Paper makes little or no mention of research, knowledge-building, implementation and follow-up to develop health promotion and disease prevention work. However, this needs to be built into health care practice in order to strengthen cooperation between research and practice.

As regards the proposal to promote scientific vocations in schools by highlighting career options in lesser known public health jobs (biologists, epidemiologists, etc.), the SKL would point out that the same need also applies to more socially-oriented groups in health care. To the proposal to promote the work of occupational health physicians and give incentives to doctors to join this area, we would add the need also to promote work within community medicine.

Training

The Commission’s proposals - Influencing factors and possible areas for action:

- ensuring that training courses are designed to take into account the special needs of people with disabilities (they should receive the same quality of care as non-disabled patients and be provided with the specific health services they need);
- focusing on health professionals' continuous professional development (CPD). Updating professional skills improves the quality of health outcomes and ensures patient safety;
- developing training courses to encourage the return to the workforce of mature workers;
- providing management training for health professionals;
- fostering cooperation between Member States in the management of *numerus clausus* for health workers and enabling them to be more flexible;
- developing possibilities for providing language training to assist in potential mobility;
- creating an EU mechanism e.g. an Observatory on the health workforce which would assist Member States in planning future workforce capacity, training needs and the implementation of technological developments.

The SKL considers that the above factors are predominantly questions which should be addressed by those in close contact with the work of the health sector, and sees no need to include them in the proposed Green Paper. The proposal to create an EU mechanism which would assist Member States in planning etc. is rejected.

Managing mobility of health workers within the EU

The Commission’s proposals - Influencing factors and possible areas for action:

- fostering bilateral agreements between Member States to take advantage of any surpluses of doctors and nurses;
- investing to train and recruit sufficient health personnel to achieve self-sufficiency at EU level;
- encouraging cross-border agreements on training and staff exchanges, which may help to manage the outward flow of health workers while respecting Community law;
- promoting "circular" movement of staff (i.e. staff moving to another country for training and/or to gain experience, and then returning to their home countries with additional knowledge and skills);
- creating an EU-wide forum or platform where managers could exchange experiences.

The SKL considers that some of the proposals for action are too detailed and that it should be up to the individual countries to tackle the questions relating to health worker mobility in the EU. There are already several directives which facilitate worker mobility between Member States, especially for the regulated professions. Sweden has not had bilateral agreements on labour immigration since the 1970s.

The SKL considers that questions concerning the "circular" movement of staff or the creation of an EU-wide forum for managers are already being addressed within, for example, HOPE (European Hospital and Healthcare Federation) and EHMA (European Health Management Association), i.e. the interest and sectoral organisations that already exist within the EU. The SKL is a member of both HOPE and EHMA.

Global migration of health workers

The Commission’s proposals - Influencing factors and possible areas for action:

- putting in place a set of principles to guide recruitment of health workers from developing countries and introducing methods for monitoring;
- supporting the WHO in its work to develop a global code of conduct for ethical recruitment;
- stimulating bilateral and plurilateral agreements with source countries and developing mechanisms for support of circular migration.

The SKL considers that various principles to guide recruitment of health workers can be guiding principles. The SKL has participated, through HOSPEEM, in work on developing a code of conduct for recruitment within the EU/EEA.

The SKL considers that the questions of developing bilateral and plurilateral agreements with source countries and mechanisms for support of circular migration should be handled at national level, i.e. by government and parliament. However, in light of the December 2008 changes in the rules governing labour immigration from third countries (i.e. from countries outside the EU/EEA), this question should be reconsidered. The question of mechanisms and agreements for support of circular migration should likewise be handled at national level, i.e. by government and parliament.

Data to support decision-making

The Commission’s proposals - Influencing factors and possible areas for action:

- harmonising or standardising health workforce indicators;
- setting up systems to monitor flows of health workers;
- ensuring the availability and comparability of data on the health workforce, in particular with a view to determining the precise movements of particular groups of the health workforce.

The SKL considers that the present directive governing regulated professions in the health sector deals with harmonisation to facilitate mobility within the EU/EEA . There is already cooperation taking place between the competent authorities in different Member States, who are examining these questions together. Given the relatively low level of health worker mobility within the EU/EEA area, it is doubtful whether further measures for monitoring flows of health workers are needed. Within the EURES European job placement system, which is used by the Swedish employment office, there is a limited amount of information on the health workforce.

The impact of new technology: improving the efficiency of the health workforce

The Commission’s proposals - Influencing factors and possible areas for action:

- ensuring suitable training to enable health professionals to make the best use of new technologies;
- taking action to encourage the use of new information technologies;
- ensuring inter-operability of new information technology;
- ensuring better distribution of new technology throughout the EU.

The SKL considers that new technologies can contribute in many ways towards making health care more efficient. Modern information technologies and medical equipment can contribute towards better treatment methods, more efficient transmission of information and speedier dissemination of knowledge.

However, the Green Paper's ideas about improving worker efficiency derive from an instrumental outlook. We would prefer to see the emphasis placed on providing more training for health workers as the route towards improving their efficiency. Technology must support and be adapted to workforce training. Through this approach, new knowledge acquired from different research areas can be converted into practice and better patient care and patient safety be achieved.

The SKL would like to emphasise how important it is for health workers to be given the opportunity to develop their skills in development work and patient safety. This is necessary in order to meet the challenges facing health care in Europe from a demographic perspective and the need for better patient safety. This skills development is also about using research results and measurements in health care to improve public health and reduce the burden of disease. Giving the health workforce the opportunity and the support to develop health care is also important from the point of view of boosting the sector's attractiveness when competition for manpower increases.

As regards management training for developing quality and safety in the health care sector, EU-funded research (Methods of Assessing Response to Quality Improvement Strategies – MARQuIS) has pointed to great development potential . This does not need to be regulated by the EU centrally but can be supported through networking and the dissemination of best practice.

The role of health professional entrepreneurs in the workforce

The Commission's proposals - Influencing factors and possible areas for action:

- encouraging more entrepreneurs to enter the health sector in order to improve planning of healthcare provision and to create new jobs;
- examining the barriers to entrepreneurial activity in the health sector

The SKL shares the view that having more entrepreneurs in the health care sector can contribute to the strengthening of European growth and act as a driving force for innovation, local development, training and employment, as well as helping to improve access to healthcare. A number of studies of barriers to entrepreneurial activity in the health sector have been conducted in Sweden.

The SKL has also recently participated in a project initiated by the Government, together with Nutek (the Swedish Agency for Economic and Regional Growth), the Ministry of Health and Social Affairs and Almega (the Swedish Service Employers' Association), to develop a proposal for an action programme designed, *inter alia*, to increase the diversity of operators in the health care sector and thus offer more opportunities for business start-ups in this sector: *"Förslag till handlingsprogram för entreprenörskap och förnyelse i vård och omsorg 2009 - 2013"* "Proposal for an action programme for entrepreneurship and regeneration in the health care sector 2009 – 2013). This involves teaching business skills within health care training courses and giving relevant advice and knowledge to prospective entrepreneurs. Many of our municipalities, county councils and regions are also actively working on models to allow choice of healthcare provider, etc, which in turn boost business opportunities within the health care sector.

The SKL has also given its backing to the "*Small Business Act*", which contains a series of common principles and action proposals to guide SME policy. Once implemented it will also facilitate increased participation by entrepreneurs in the health care sector. The SKL consequently considers that this initiative is important but that work in this field is already being done in Sweden and other Member States. However, we would point out that the conditions for running businesses differ locally and regionally, not least in the most thinly populated areas, and that the rate of introducing more entrepreneurial activity can and should be adjusted in light of these conditions.

Cohesion policy

The Commission's proposals - Influencing factors and possible areas for action:

- making more use of the support offered by structural funds to train and re-skill health professionals;
- improving the use of the structural funds for the development of the health workforce;

- enhancing the use of structural funds for infrastructures to improve working conditions.

The SKL considers that the conditions for these measures already exist. Exchanges of experience and skills development are already taking place through the cohesion policy and its instrument, the structural funds.

Conclusions

The EU Commission's description of the European workforce in the health care sector tallies closely with the way the Swedish health care sector works, focusing on proposals relating to demography and the promotion of a sustainable health workforce, public health capacity, training, managing mobility of health workers within the EU, global migration of health workers, data to support decision-making, the impact of new technology (improving the efficiency of the health workforce), the role of health professional entrepreneurs in the health sector, and cohesion policy.

The SLK has presented its views on the EU Commission's Green Paper under each section in turn. The SKL would like to put the following questions to the EU Commission before any further work is done on the issue of the European health workforce:

- A general question concerns the implementation of various measures at regional and local levels to take the work forward. Many of the proposals and factors are already being addressed in the health care sector in Sweden.

  - *How will the EU Commission promote a sustainable health workforce at regional and local level? How can factors influencing the EU health workforce be put into practice at regional and local level?*

- The SKL has given its views on the EU Commission's proposals in the Green Paper. To a large extent, however, it should be left to the individual Member States to decide how quickly and at what pace the various measures necessary to ensure a sustainable health workforce can be implemented, based on the circumstances each finds itself in. {Subsidiarity principle)

  – *How can the EU Commission cooperate in ensuring that the aim of promoting a sustainable health workforce is implemented in each Member State on the basis of the circumstances obtaining at regional and local level?*

- It is indicated in the Green Paper that measures to promote a sustainable health workforce can be funded under the Cohesion Policy, with contributions from the structural funds. The SKL notes that several factors proposed in the Green paper will result in increased budget costs for the regional and local levels. {Financing principle)

  – *Will the goal of promoting a sustainable health workforce result in increased budget costs for the regional and local levels? How will measures to promote a sustainable health workforce be funded at the regional and local levels?*

Anders Knape
President

Sveriges Kommuner och Landsting (SLK)