



EFN POSITION PAPER ON EU CHALLENGES for LONG-TERM CARE

The European Federation of Nurses Associations (EFN) was established in 1971 and is the independent voice of the profession, representing over one million nurses from not only the twenty-five EU Member States but also countries which are members of the Council of Europe. The mission of EFN is to safeguard the status and practice of the profession of nursing and the interests of nurses in the EU and Europe.

The Social Policy and Health Council endorsed the 'open method of coordination' to deal with health and long-term care in Member States. Europe has recognised the global challenge of providing high quality, accessible, and affordable long term care, but EFN is calling for more discussion on the key principles and strategies needed in long term care and the nursing issues to support them. Paradigm shifts in long-term care policy are now required and addressing nursing issues in relation to long term care will improve the quality of life for long term care patients.

EFN calls upon the Commission and European Parliament:

- To perceive longevity as a successful and desirable outcome of the social and healthy society Europe stands for; older people must be valued as an asset to society. Their right to independence as well as good quality, accessible and affordable services has to be acknowledged.
- To shift concentration from the economic costs of long term care to recognising the contribution of this sector to overall employment, economic growth, and it's potential to offer emotionally and socially rewarding jobs.
- To agree that rigid compartmentalisation of 'health' and 'social' care can no longer be justified. An integrated approach of service planning, organisation, financing and implementation is now required and can best be met through the evaluation and improvement of assessment systems and exchange of best practice.
- To recognise the role of significant others providing care and their important contribution, both in terms of meeting EU's identified three key challenges of accessibility, sustainability and quality and workforce, and also to ensure the care needs of their family, friends, and loved ones; and to their broader needs are met with regard to the European social agenda.
- To provide a stronger focus on the importance of a competent, well-motivated sustainable professional workforce to deliver the increasingly diverse services needed within and across Member States.

ACCESSIBILITY

Much has been learnt in recent years about the interplay and the boundaries between health and social services to guide a significant shift in EU health policy and practice in approaching the challenges around long term care. Europe's significant research community, including nursing research, needs to further consider the societal values and the impact of different cultures upon the development of equitable policies for long term care.

The granting of equitable access and the appropriate mix of services is vital. The older population of Europe is becoming increasingly diverse. A growing emphasis on the needs of the 'new generation' of empowered, well-educated older people should not deter service systems from continuing to accommodate the needs of socially and/or economically disadvantaged older people. Equity of care for patients with migrant backgrounds also needs to be taken into consideration.

A well educated older population also has higher expectations, and improvements in the quality of care to meet user expectations are urgently needed. In the final stages of life, choice – for example access to a single room, is fundamentally important to an individual's physical and emotional well being. There is a need for a well defined division of labour between domiciliary and residential care, personal, social and healthcare, home and institutional care (This includes public and private care provision). Despite the best of intentions, the personal care of a relative or loved one can be a heavy load and support systems need to ensure that access to professional care services exists before excessive demand and exhaustion.

Recommendations:

- An EU regulatory framework is needed to provide consumers with better information on service provision and to prevent inequalities, next to the European right of absence to care for the sick and for children.
- Evaluation and improvement of assessment systems is required. Exchange on best practice examples concerning free choice, quality of life and services available are needed.
- European legislation is required for carers of older / dependent persons in terms of employment leave.
- Need to focus on integrated care, patient experience and "frailty";
- Better quality of life in nursing homes requires more investment in privacy (single bed rooms) and amenities.

QUALITY & WORKFORCE

More people will need help at the end of life, in a social context of changing family structure and wider migration, employment and ageing of potential care-givers. We need to address the impact on care of changes in family structures. For patients, quality means independence, empowerment and end of life choices. For carers, quality issues are informal and formal recognition, support, training, retention and attractive career. And for institutions, quality is determined by incentives, integrated care and measurable outcomes.

There should be more measurement of positive outcomes, such as quality of life, the ability to retain independence, active age in society and having an active social life.

Recommendations

- National legislation needs to ensure appropriate nurse/patient ratios in nursing homes and other health services for older people. We need to look at the degree of dependency and the level of professional input required.
- Capacity building for carers is needed to improve the quality of care for people with chronic diseases. We need to identify the carers and the respective pay systems available.
- Call for improved integration of significant others providing care in national health systems (giving support, assure quality of care)
- We need to implement incentives and increase the value of a career for those who care;

SUSTAINABILITY

Evidence is strongly showing that the number of patients in long term care will increase heavily in the future, and the lack of professional carers that already exists needs to be addressed. Voluntary care is only part of the equation.

National pension system sustainability is strongly influenced by the long term care investments at national and European level, however the acute system continues to be the cost driver, even more so than care systems. Experience shows that acute Health Care and long-term care do not

work well together as one system: rehabilitation services must play a stronger role to reduce delayed discharges in hospitals.

As previously stated, the 'new generation' of older Europeans are empowered and well-educated, and more resistant to loss of independence. Chronically ill citizens could remain productive citizens if adequately supported.

Recommendations

- There needs to be a shift of emphasis from 'sickness system' to health system funds. The role of prevention and rehabilitation in long term care should be recognised. Health promotion, disease prevention and healthy lifestyles for the older person cannot be underestimated.
- The required shift is to look at the older people in terms of their contribution to society rather than being a cost factor; Longevity and support in older age should be considered an advantage with ways of economic support considered.
- Care services need to be responsive to individual needs, to be related to individual budgets to empower the patients. Member States should reward and support care given at home: more financial and innovative efforts are needed to ensure people can receive care and support in the setting of their own choice, i.e. at home;
- More support including supervision for significant others providing care is clearly needed. This should also incorporate issues related to their income, employment, pension position, and 'carers leave'.
- Projections of long term care costs should take into accounts quality improvements and prosperity;

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