With a membership of over 390,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the initiative to agree an EU wide health strategy and believes that this should ensure better policy and more effective implementation and use of resources both at EU and member state level. The RCN believes that nurses have a key role to play in setting and delivering these objectives and is therefore keen to contribute to this debate.

Health in all Policies & Health Systems Impact Assessment

Following the progress made under the Finnish Presidency to promote health in all policies, the European Commission must now ensure that this more joined-up and holistic approach to health policy is put into practice by EU and national policy-makers, working closely with stakeholders. DG SANCO in particular needs to work more closely with other Directorate-Generals in the European Commission to ensure that all EU policy, legislation and programmes consider health at the outset. In order to take forward this work DG SANCO might like to consider the creation of a dedicated 'Health in all Policies' unit. The Health Systems Impact Assessment is a welcome step forward and would be one of the unit’s key tools. This tool needs to be regularly evaluated and monitored to assess its effectiveness in influencing policy and legislation across the EU.

Common Values and Principles

The RCN welcomes the Council Conclusions on Common Values and Principles in EU Health Systems and urges the European Commission to ensure that they are now firmly embedded into all EU health policy / legislation and programme initiatives.

Capacity development for public health workforce

The RCN welcomes the emphasis on positioning health as a driver for economic development and agrees that good public health can lead to greater public wealth. There needs to be a greater emphasis on capacity development for the public health workforce in the EU and increased training for public health across countries. The RCN has been involved with its pan-European organisation in developing public health training for nurses, funded through the EU’s public health programme, but
there is still much more to be done. Building health service capacity in public health also entails responsibility for improving the health and working lives of the health care workforce who make up the health community and who contribute to the health and wealth of the local population.

**How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Health Life Years indicator of other outcome measurements to give weight to areas on which the EU should concentrate?**

Inevitably there is a wide range of issues that could fall within the remit of an EU health strategy. However as the consultation document points out, it is important to focus on those areas where the EU can add real value. The RCN believes that there are a number of areas on which an EU strategy should focus.

**Communicable diseases**

The RCN supports the EU focus on health threats such as communicable diseases and would like to see greater cooperation across member states on surveillance and recording of health care associated infection such as resistant organisms to inform the adoption of best practice universally. It is important that the European Centre for Disease Prevention and Control (ECDC) is adequately resourced to respond to future challenges, particularly avian flu.

**Non-communicable diseases**

In addition the RCN sees a need for stronger advocacy for non-communicable diseases such as the prevention and management of chronic disease and a shift to preventative health care to enable resources to be concentrated on dealing with health determinants such as personal behaviour, lifestyle and living and working conditions. This will need resources and a shared approach to public health by the EU and all member states. Improved health literacy is key to supporting this shift and this can often be achieved more effectively through the voluntary sector rather than government departments.

**Health inequalities**

The RCN believes the EU has a role to play in addressing health inequalities between and within EU member states. We would like to see a particular focus on certain groups such as children and families with children and minority ethnic groups on whom the burden of health inequalities falls disproportionately. There also needs to be a focus on those with mental health problems. In the UK serious concern has been expressed regarding the perpetuation of health inequalities for people with mental health difficulties and learning disabilities. Health professionals are being challenged to ensure these client groups enjoy equal access to physical health care and a consequent improvement in their health outcomes.

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1 [http://www.drc-gb.org/newsroom/health_investigation.aspx](http://www.drc-gb.org/newsroom/health_investigation.aspx)
Derek Wanless in his UK reports ‘Securing Good Health for the Whole Population’ (2002/2003)\(^2\) concluded that greater investment in health improvement was the key to affordability of health services in the future, there needs to be significant investment in public health work to achieve further improvements in closing the health inequalities gap and this would prove cost effective in the long term. The RCN supports the full engaged scenario illustrated in the first review as patient and public engagement in their health and health care is a critical element in attaining public health improvement.

**Global issues**

The RCN believes that the EU has a clear leadership role in responding to global health issues and that there needs to be a greater shift away from international cooperation based around trade and aid and instead a greater emphasis on working in partnership with a broader range of international organisations, particularly with those organisations that impact on health but are not traditionally seen as part of the health community such as the World Bank and World Trade Organisation.

A particular focus within the EU health strategy should be the issue of human resources which is recognised as one of the major barriers to achieving the Millennium Development Goals. The EU should focus on supporting the recruitment, training and retention of health care professionals and providing anti-retroviral drugs to health care professionals with HIV / AIDS. In addition investing in protecting health workers and developing nursing and other health associations not only addresses the immediate shortage of nurses but also helps build civil society and democratic voices in Africa to advocate for communities. The RCN believes that attention must be focused on protecting and treating nurses and other health workers so they can continue to care for others.

The EU health strategy also needs to focus on promoting gender equality and empowering women and the girl child; a prerequisite for the achievement of other Millennium Development Goals such as reducing child mortality and improving maternal health. The creation of a UN Women’s Agency would undoubtedly accelerate the achievement of a number of these Millennium Development Goals and the RCN therefore urges the EU to support this initiative at UN level.

The RCN believes that the EU must not only support the 1993 WHO Framework Convention on Tobacco Control but should continue to support the creation of networks, such as those run by nurses, working to prevent and reduce smoking. The EU must share and build on the good practice established. This is becoming increasingly important as countries outside the EU are now being heavily targeted by the tobacco industry.

Finally the European Commission could promote opportunities for health care workers in the EU to work overseas for limited periods, drawing on initiatives such as

\(^2\) Available online at http://www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless03_index.cfm
NHS Links in the UK\(^3\), thereby facilitating the international exchange of good practice and experience.

*Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?*

It is important that the European Commission respects the principle of subsidiarity and that member states retain their autonomy in defining, delivering and managing their national health care systems. The RCN urges caution in initiating EU legislation where other non-legislative measures, particularly those drawing on the expertise of stakeholders through established groups and forums might be more effective. One of the more effective methods is the Open Method of Coordination.

*How can we ensure that progress is made and that objectives are met? For example, should indicators of milestones be used? What measures or indicators could show real short term change, with the early years of the strategy?*

Robust and regular monitoring and evaluation is key to the success of the EU health strategy. Given the difficulty in defining a meaningful and measurable EU wide indicator, the RCN advises the European Commission to set realistic targets or milestones to measure progress in achieving the strategy’s overarching aims.

*How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?*

There needs to be a clear delineation of responsibilities between the various stakeholders involved in delivering the strategy to ensure that progress is made in its delivery. These roles must fully respect the principles of subsidiarity and proportionality.

The RCN believes that the EU has a clear role to play in facilitating the exchange of good practice and experience between member states and therefore welcomes the initiative to promote closer collaboration between the EU and member states.

*How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?*

There is a huge scope for partnership development of non governmental organisations (NGOs) involved in public health across the EU and supporting the involvement of the citizen in health policy development. There are many local public health initiatives in the UK, some nurse led, which involve neighbourhood groups and agencies which are often outside the more traditional health services. The European Commission needs to build on the formal and informal mechanisms and networks currently in existence and involve groups outside the traditional health stakeholders. This is particularly important given that member states are increasingly decentralising their health systems.

\(^3\) [http://www.thet.org/nhslinks.cfm](http://www.thet.org/nhslinks.cfm)
Do you have any further comments?

The RCN would like to see the development of EU wide analysis of health data to provide objective, comparable and timely information on which to base more effective health policy. This data should be used to underpin, inform and evaluate the forthcoming EU health strategy.
This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.