

SIMPATIE conference “Building a strategy for patient safety in Europe” on 19 September 2006, Luxembourg

Speech by Director Rys

Director for Public Health and Risk Assessment

Ladies and gentlemen,

I would like to thank you for inviting me to address this conference “Building a Strategy for Patient Safety in Europe” organised by CPME.

Since I became Director responsible for public health, I have met a number of representatives of the health care sector in order to share views on health challenges that we are facing today in Europe. I am glad that we are able to continue these discussions here today.

Let me start by thanking CPME for the enthusiasm and commitment towards improving patient safety at the European level.

This is a second “Luxembourg conference” on patient safety organized by CPME. Over a year ago the first conference set out the scene.

Now it is time to take stock on what has been achieved and what could be the next steps.

This Conference has been a good opportunity to take stock on what is the state of play on research and knowledge in the field patient safety in Europe. You have also been able to draw some strong conclusions from the discussions. I am sure your work will be very useful as we plan next steps on patient safety in the European Union.

Patient safety is a topic close to my heart. I am a medical doctor by training and my specialization, radiology, is a special field of medicine in this regard. In radiology, patient safety issues range from the use of medical equipment to administering patients with diagnostic medicines.

Health care is a complex system which brings together a wide range of factors including dedicated people, patients, their families, medical equipment, computer technologies, medicines, processes and management in a stressful environment where decisions can be a matter of life and death. Media has also paid a lot of attention to patient safety in the past years, but usually only in relation to individual cases

Therefore, it is no wonder that mistakes happen in this complex environment. Medical errors happen everywhere; in every health care system, no matter how they are organized or financed.

Today, the new thinking on the safety of patients places the prime responsibility for adverse events on deficiencies in system design and organization, rather than on individual health professionals or products.

Patient safety continues to be a concern for us in Europe. Patients and health professionals have many expectations on what can be achieved in health care. We all expect the care to be of the highest quality, and at the very least to come out of hospital better than when we came in.

Yet studies from around the world have shown that around 10% of hospital admissions involve some kind of harm to patients and that 50% of these incidents could have been avoided.

Inefficiencies in the system are expensive too. The UK has estimated that patient safety incidents cost the NHS an estimated 2 billion pounds a year in extra bed days and a further billion pounds from hospital acquired infections.

European citizens think that patient safety is an important issue as well.

The Eurobarometer survey launched by the Commission in the beginning of this year showed that in 24 Member States the majority of citizens ranks medical errors as an important issue in their country.

Every second European thinks that improper treatment is likely to occur in a hospital in their country.

Against this background, the European Commission is taking an active approach to facilitate actions at EU level to support Member States in their efforts to improve patient safety.

Just over a year ago the Luxembourg Declaration made a number of key recommendations to EU institutions, national authorities and healthcare providers on areas where progress should be made.

I am glad to say that in one year the European Commission has been able to respond to the majority of the recommendations addressed to it.

Under the EU Health Policy Forum we have supported the stakeholders to come together to discuss patient safety. Concretely, in April 2006 CPME chaired a work shop on patient safety under the Forum. The stakeholders involved in the work shop agreed to continue to developing concrete actions on patient safety in their responsibility areas.

To ensure full involvement of stakeholders, we have also invited the key European stakeholders to the meetings of the patient safety working group of the High Level Group on Health Services and Medical Care.

The Commission has also strengthened further coordination of activities with the WHO Alliance on Patient Safety and other international organisations such as the Council of Europe and OECD, and will continue to do so.

Patient safety is a matter of national responsibility under the European legislation. Article 152 (public health) of the Treaty as well as the Article 95 (internal market), however,

set out a number of areas where European legislation can be established.

The safety of blood, tissues and cells, pharmaceuticals and medical devices has been improved over the years through a number of European directives and regulations

To take one recent concrete example, the legislation on medical devices is currently being revised and patient safety aspects are stronger than before in the Commission proposal. The key aim is to ensure that devices are designed with safety in mind including the fact that they are used in complex health care situations with other devices.

A concrete example of this is the issue of transfusion pumps and connectors which do not always match and have caused adverse events. I hope that the safety aspects in the medical devices sector will continue to be developed further.

In the area of Healthcare Acquired Infections SANCO has developed a draft Council Recommendation on improving patient safety by prevention and control of healthcare-associated infections.

We have carried out a public consultation where we received valuable contributions which have helped us to revise the draft recommendation. The revised draft recommendation is planned to be put forward towards the end of the year.

Besides the legislation to ensure safety of health products, the Commission services have also recognised the need to initiate research and studies on patient safety related issues.

In the area of information ICT eHealth solutions can bring important gains in terms of quality by reducing treatment errors due to lack of information.

SANCO has begun to work with DG INFSO on a concept paper on interoperability.

This has been a key theme of past eHealth conferences, where Ministers have called on the Community to respond to the needs of a Europe.

To support this area of work, the Directorate-General for Information Society is proposing to have funding for patient safety related eHealth topics under the 7th

Research and Framework Programme. Already in 2007 call for proposals will focus on issues like data mining for patient safety, developing tools for making clinical trials safer and tools for epidemiology alerts.

In addition, under the public health programme, projects on patient safety and quality of care are being financed and will continue to be financed. The SIMPATIE project is a good example of the projects we want to finance.

In the field of health technology assessment, we are supporting the European Network for Health Technology Assessment.

It coordinates the efforts of 27 European countries in evaluating health technologies by developing common methodologies and exchanging information on the clinical effectiveness and safety of new or established health technologies.

However, I would like to emphasise that although we have been able to ensure that patient safety research and different studies have been launched, knowledge and information gaps still exist.

Through providing a systematic overview of activities in Europe and developing indicators and outcome measures the SIMPATIE project will provide us with a basis for further work and activities.

In collaboration with us DG Research has launched a call for a scientific conference on patient safety for 2007 which could bring together researchers to set up a solid research agenda.

I am sure that your expert Conference has contributed to this task for identifying key areas for European research on patient safety.

Your views are important when planning the next steps on patient safety at regional, national and European level.

Now, let me turn from research to policy.

As I said earlier, the key principle in this area is that patient safety, due to its link to health care, is primarily the responsibility of Member States. Nevertheless, action at the EU level can help to support Member States in achieving their patient safety objectives.

There are a wide range of issues and sectors of patient safety which require coordinated action and should be addressed jointly at the EU level.

This is why a working group on patient safety under the High Level Group on Health Services and Medical Care has been established.

Patient safety working group

The working group on patient safety was set up in April 2005.

Besides 24 Member States, the members are European representative organizations of doctors, nurses, pharmacists, patients and international organizations such as the World Health Organization, the Council of Europe and the OECD. Sir Liam Donaldson from the United Kingdom and Dr Andrej Robida from Slovenia co-chair the group.

The working group has identified five priority areas where European level collaboration is needed.

These areas could be developed by creating new initiatives, projects or activities.

Let me briefly describe the priority areas of work:

1. Education and training of health professionals

- Patient safety should be an integral part of the education and training of health professionals.
- Health professionals could benefit from extended patient safety education in pre-graduate, post-graduate and continuous professional training.
- Greece is developing a proposal on this to be discussed in the working group later this year.

2. Establishing effective reporting and learning mechanisms

- Reporting and learning systems are the backbone of any safe health care system.
- It is therefore crucial to establish effective reporting and learning systems on adverse events in health care in order to monitor them, to learn from them and to set up effective interventions.

- In parallel, there is a need to establish blame-free patient safety culture in health care and to clarify the legal situation on health professionals' liability issue.
- Providing information on compensation mechanisms for patients in adverse events is essential in this regard as well.

3. Develop knowledge and evidence

- There is a need to develop evidence and solid knowledge basis on patient safety.
- In particular, we need to initiate research and information gathering on patient safety including effective interventions and the economic implications of unsafe services to health care systems.

4. Develop indicators of patient safety for different healthcare settings

- The work of the SIMPATIE collaboration will be valuable basis for this area.

5. Support development of national policies and programmes

- Identify the competent authority such as a Ministry or an agency responsible for patient safety in each Member State

- Integrate patient safety in national health policy programmes and ensure patient safety is in the core of quality of care at national, regional and local level
- Pool resources, share experiences and information on adverse events as well as on effective patient safety interventions between Member States

In addition to the priority action areas, two cross cutting issues have been raised:

Empowering citizens and patients

- Empower citizens and patients by providing them with information on patient safety and rights for safe health care services

Engaging stakeholders

- Engage stakeholders such as patients, health professionals, service providers in improving patient safety in health care settings

Unfortunately, the approach taken by the Working Group in 2005 to have separate projects on the priority areas did not lead to a satisfying outcome. This is because the proposals for projects on patient safety will not be recommended for funding in 2006.

Therefore, in order to ensure effective use of scarce resources and European coordination of activities, a new approach will be considered to taking this work forward.

The working group has agreed that all patient safety activities; projects, initiatives etc. will be included within a single integrated framework involving all Member States.

Against this background, the Working Group will address a recommendation on patient safety for the High Level Group to endorse on improving patient safety.

The concrete proposal will be to recommend that a European network on patient safety would be established to support Member States in promoting this area.

All identified priority areas as well as new issues could be included under the network. The work undertaken by the Council of Europe on patient safety and prevention of adverse events in health care will be taken into account when making these proposals.

We are seeking for an endorsement from the Council to this approach in the end of November.

Ladies and gentlemen,

I have now described you the progress we have been able to make jointly since the first Luxembourg Conference.

I would like to raise one final point which I think is essential in our work on patient safety.

I firmly believe that rather than to continue with a “blame culture”, all key players; health professionals, hospital managers, patients, their families, national authorities, researchers and policy makers should consult, collaborate and do their part to face the challenge.

It is crucial that the patient safety activities of the interested parties are coordinated at the EU level to avoid overlapping.

Therefore a single European network on patient safety which would bring together all Member States would provide a platform to ensure that all efforts are taken on board adequately.

I look forward building a strong patient safety agenda for the benefit of patients in the European Union together with you.

Thank you.