PUBLIC CONSULTATION ON PATIENT SAFETY AND QUALITY OF CARE

Fields marked with * are mandatory.

The specific objective of this consultation is to seek opinion of civil society on:

- Whether patient safety measures included in the Recommendation 2009 are implemented and contribute to improving patient safety in the EU;
- Which areas of patient safety are not covered by the Recommendation and should be;
- What should be done at EU level on patient safety beyond the Recommendation;
- Whether quality of healthcare should be given more importance in the future EU activities.

For background information please consult the below document

background.doc

Please consult the privacy statement on this consultation

privacy-statement-consultation.doc

Practicalities

The consultation is open until 28 February 2014.

In case of any questions please contact SANCO-CONSULTATION-SAFETY-QUALITY@ec.europa.eu

1. Respondent information

1.1. Name of represented organisation*

Irish Medical Organisation

1.2. Stakeholder group*

- ( ) Health authority
- ( ) Patient or consumer organisation
- (•) Health professional organisation
- ( ) Other NGO
- ( ) Hospital
- ( ) Industry
- ( ) Academia
- ( ) Individual citizen
- ( ) Other

1.3. Country*

- (○) Austria
- (○) Belgium
- (○) Bulgaria
- (○) Croatia
- (○) Cyprus
- (○) Czech Republic
- (○) Denmark
- (○) Estonia
- (○) Finland
- (○) France
- (○) Germany
- (○) Greece
- (○) Hungary
- (◉) Ireland
- (○) Italy
- (○) Latvia
- (○) Lithuania
- (○) Luxembourg
- (○) Malta
- (○) Netherlands
- (○) Poland
- (○) Portugal
- (○) Romania
- (○) Slovakia
- (○) Slovenia
- (○) Spain
- (○) Sweden
- (○) United Kingdom
- (○) Other

1.3.1. If other, please specify.

1.4. Address

10 Fitzwilliam Place Dublin 2 Ireland

1.5. Telephone

+353 1 676 7273

1.6. Contact Person (name)

Ms Vanessa Hetherington

1.7. Your organisation's geographical area of activities*

- ○ International
- ◉ National
- ○ Regional
- ○ Local

1.8. How many citizens does your organisation represent?*

6200

2. Implementation of the Council Recommendation 2009/C 151/01

The Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01) envisaged a number of measures to be implemented by EU Member States to increase patient safety in all types of healthcare settings.

2.1. Is patient safety an issue in your country?

- ◉ Yes
- ○ No
- ○ I don't know

2.2. To your knowledge, was the Recommendation implemented in your country?

- ○ Yes, fully
- ◉ Yes, partially implemented
- ○ No, it has not been implemented
- ○ I don't know

2.2.1. If the Recommendation was fully or partially implemented, do you think it contributed to improving patient safety in your country?

- ○ Yes, definitely
- ◉ Yes, to certain extent
- ○ No

2.2.2. If the Recommendation was fully or partially implemented, how the necessary changes were introduced?

Patient safety and the prevention and control of healthcare associated infections have been a priority in the Irish health care system for some time now. Since the Department of Health published "Building a Culture of Patient Safety – Report of the Commission on Patient Safety and Quality Assurance" in 2008, the Government has introduced a range of measures to improve patient safety in the Irish Health Care System. Many of the recommendations from the Commission on Patient Safety and Quality Assurance overlap with the Recommendations on General Patient Safety Issues (2009/C 151/01) In 2001 the Department of Health published the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI). Numerous policies and guidelines developed by the SARI National Committee and Sub-committees were already in progress for the prevention and control of healthcare associated infections. In 2011 the RCPI Clinical Advisory Group on Healthcare-associated Infection. This committee took over the functions of the SARI Committees.

2.2.3. If the Recommendation was not or only partially implemented, which tools could help better implementation *(more than 1 answer possible)?*

- ☐ National binding legislation
- ☐ EU co-operation on patient safety
- ☐ Involvement of patient organisations
- ☑ Involvement of health professionals
- ☑ Others

2.2.3.1. If other, please specify.

Ring-fenced funding

2.3. What are the barriers to implementation of patient safety recommendation?

Fear of litigation and insufficient resources are major barrier to the implementation of patient safety recommendations. Progress has yet to be made on the recommendation to support the establishment or strengthen blame-free reporting and learning systems on adverse events. (Recommendation 3 on General Patient Safety Issues). Fear of litigation is a major barrier to reporting and learning from adverse events. A wide range of measures involving all stakeholders are required to change the culture of adversarial litigation that exists as a tool for redress for patients injured as a result of an adverse event. Healthcare services in Ireland have been subject to successive budget cuts over the last five years. Government expenditure on health has fallen by more than €1.5bn and there are over 11,000 less people employed in our health services. Under-resourcing and under-staffing play are regularly cited as contributing to major adverse events. The impact of political financial decisions on patient safety must be recognised.

2.4. Which provisions of the Recommendation are of particular relevance in your country?

Please refer to the recommendation on patient safety http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf

	Very relevant	Relevant	Not particularly relevant	Not relevant at all
Placing patient safety high at public health agenda	◉	○	○	○
Empowering patients	◉	○	○	○
Creating patient safety culture among health professionals (education and training, blame-free reporting systems, learning from errors)	◉	○	○	○
Learning from experience of other countries	◉	○	○	○
Developing research on patient safety	◉	○	○	○

2.5. Which areas of patient safety, not covered by the Recommendation, are important for increasing safety of patients in the EU?

3. Future EU action on patient safety and quality of healthcare

The European Commission has supported since 2005 co-operation of EU Member States and stakeholders on patient safety and quality of care, by organising and co-funding different fora of information exchange and practical mutual learning (ex. Working Group of Patient Safety and Quality of Care, EU Network on Patient Safety and Quality of Care, research projects). Some of these activities are time-limited and will end in the next months.

3.1. What next should EU do on patient safety and in which specific patient safety areas beyond the existing Recommendation?

The IMO has serious concerns about and is opposed to the development of healthcare standards by the European Committee for Standardisation Comité Européen de Normalisation (CEN) a body which has neither the professional competence nor a mandate to develop such standards. There is a general concern from the European medical profession in regard to the introduction of such specific standards to medical procedures. Not only is education and training far from being harmonized throughout the EU, resources, equipment and even specialties themselves differ significantly around the EU. Currently, the disparities between Member State's medical education and training, along with resources and facilities are too great to provide such universal standards that have been developed by CEN and not by the profession itself. There is a risk that European Standards are set at the lowest common denominator undermining the efforts of both National and European bodies to promote the highest quality of care. Healthcare standards must be developed by national competent authorities in consultation with the medical profession and take into account medical training, resources and the organisation of health care services in each member state. Nonetheless, the IMO recognise that the development of standards at CEN is largely due to the failure by some member states to adequately regulate the provision of aesthetic surgery and non-surgery services. However the IMO believe a more appropriate forum must be found at European level that promotes and shares best-practice in patient safety and quality of care such as a European forum of national healthcare quality standards and regulatory bodies.

3.2. Do you think there is an added value in enlarging EU work from patient safety only to wider quality of care?

- (●) Yes
- ( ) No
- ( ) No opinion

3.2.1. If yes, please specify.

The IMO sees the value in a European forum that promotes and shares best-practice in patient safety and quality of care such as a European forum of national healthcare quality standards and regulatory bodies.

3.3. In the box below you can provide additional contribution related to EU action on patient safety and quality of care

400 character(s) maximum

See 3.1 above

THANK YOU FOR YOUR CONTRIBUTION!