# PUBLIC CONSULTATION ON PATIENT SAFETY AND QUALITY OF CARE

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](background.doc)

Please consult the privacy statement on this consultation

[privacy-statement-consultation.doc](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*

Medical Technology Group

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

The Medical Technology Group ABHI 250 Waterloo Road London SE1 8RD

1.5. Telephone

02077356963

1.6. Contact Person (name)

Barbara Harpham

1.7. Your organisation's geographical area of activities**\***

- ○ International
- ● National
- ○ Regional
- ○ Local

1.8. How many citizens does your organisation represent?**\***

Hundreds of thousands of people are employees or are members of the MTG's patient group members

## 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?

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

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

Among them is that the NHS fails to realise the full benefits of medical technology. A bespoke and prioritised system for the introduction of technologies that address the issue of hospital acquired infections could do much to help the Government achieve its stated aims in this area.

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

| | 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?

There should be nationally binding legislative requirements concerning patient safety and, in particular, the prevention and control of hospital acquired infections. The European Commission can play an important role in promoting best practice in patient safety. Technological innovation in itself is a major driver of better outcomes, and reducing infection rates - governments should clear the barriers to innovation. Healthcare workers are at particular risk from infections and, thereby a risk to patients and colleagues. Protection of healthcare workers should therefore be considered in its own right.

## 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?

> There should be nationally binding legislative requirements concerning patient safety and, in particular, the prevention and control of hospital acquired infections. The European Commission can play an important role in promoting best practice in patient safety. Proper implementation of common systems and terminology of reporting to allow international comparisons and competition is one example. Technological innovation in itself is a major driver of better outcomes, and reducing infection rates - governments should clear the barriers to innovation. Healthcare workers are at particular risk from infections and, thereby a risk to patients and colleagues. Protection of healthcare workers should therefore be considered in its own right.

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

3.2.3. If no opinion, please comment.

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*

> The NHS does at most very little to inform and empower patients - this extends to informing them of risks and side-effects. Reporting systems on MRSA etc exist but these are inadequate and fail to cover the whole spectrum. We are not aware of any system of comparable and aggregate data at primary care GP level - the UK needs one. We lack blame-free reporting.

**THANK YOU FOR YOUR CONTRIBUTION!**