

High hopes for high standards

By Peter O'Donnell - Today, 03:50 CET

The EU is increasingly looking at ways to improve the quality of care in the member states.



Faulty breast implants in France, suspicious deaths in UK hospitals, and shortages of anti-cancer drugs in Germany and Italy are just some of the failings that have given new urgency to decade-long European discussions on quality

of healthcare. The European Commission says that “2014 will be an important year for reflection on the future of European Union action on patient safety and quality of care”. Already this year, the reflections have provoked a lively discussion among member states on the idea of introducing EU standards for healthcare.

In deference to the EU's limited competence for health, the approach to quality has until recently left most of the responsibility at national level. Conclusions agreed in the Council of Ministers back in 2006 typified this approach: “Good quality care... is achieved in particular through the obligation to continuous training of healthcare staff based on clearly defined national standards”. But the adoption in 2011 of a directive giving patients new rights to routine healthcare in other member states (see page 15) has triggered new thinking, and an EU-funded programme among national health authorities is now halfway through a three-year plan to improve patient safety and quality of care.

Inspired by the patients' rights directive, the Commission's health department has gone one step further. It is now planning a feasibility study “to define conditions under which standards for health services could be developed, including in relation with clinical standards”. France, backed by other member states, has immediately objected that quality remains a national matter. But the debate will intensify over coming months. It will be fed notably by the Commission's soon-to-be-published results from a consultation that asked whether quality of healthcare should be given more importance in future EU activities, and by its forthcoming report on how the patients' rights directive is working, as well as a projected plan for closer EU collaboration on quality and patient safety.

If discussions over maintaining quality are presenting headaches, the questions over maintaining access to quality care are proving even more inflammatory. Healthcare costs continue to rise, while budgets continue to tighten. Member states have admitted over recent years that the financial crisis was harming healthcare – and this provoked a new degree of EU intervention, with unprecedented guidance on national budgeting. As the Commission's consultation document on quality care puts it: “This is why – within the European Semester exercise – the Commission encourages member states to prioritise access to high quality healthcare while reforming their health systems.” However, the new pressures of austerity are just an additional strain alongside the well-recognised healthcare challenges of an ageing society, inequalities of access, and growing demands for expensive technology. Tonio Borg, the European commissioner for health, speaking earlier this year about health inequalities, observed: “The health gap – for example between rich and poor and between certain social groups – has not narrowed. In some instances the gap has actually widened.”

With little prospect of healthcare budgets increasing to keep pace, many current suggestions as to how wider access can be achieved without a loss of quality tend towards the aspirational or inspirational. Katrin Fjeldsted,



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president of the standing committee of European doctors, insists that: "Access to high quality healthcare is a fundamental right of every patient, and medical need should be the only factor which determines the provision of healthcare." Nicola Bedlington, director of the European Patients' Forum, says: "It is unacceptable from the patients' perspective to choose between quality and access." Peggy Maguire, president of the European Public Health Alliance, says: "Quality care can be maintained while improving access. If appropriate frameworks are in place to uphold standards of care, then healthcare professionals will know what is expected of them." Paul De Raeve, secretary-general of the European Federation of Nurses, claims that far from endangering quality of services, wider access "increases it as more citizens are treated at earlier stages", improving prevention. Roberto Frontini of the European Association of Hospital Pharmacists suggests the answers lie "in innovative mindsets, for instance identifying areas of potential waste that can release resources to be used elsewhere, such as in achieving better outcomes from medicines expenditure".

The healthcare lobby's determination to increase access and improve quality is understandable. But whether this aspiration materialises will depend heavily on the policies adopted by finance ministers – and on how far the EU can find ways to achieve the two objectives simultaneously.

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