

Mr. Gouvras  
Head of Unit C3: Public Health and Risk Assessment: Health threats  
DG Health and Consumer Affairs  
The European Commission  
Rue de la Loi 200  
B – 1047  
Brussels

20 January 2006

Dear Mr. Gouvras,

***Re: Health First Europe response to the DG Health and Consumer Protection consultation on strategies for improving safety by prevention and control of healthcare-associated infections***

Health First Europe (HFE) is an alliance<sup>1</sup> of patients, healthcare workers, academics, experts and industry which aims to ensure that equitable access to modern, innovative and reliable medical technology and healthcare is regarded as a vital investment in the future of Europe. The basic four core messages of Health First Europe are as follows:

- There are weaknesses in European healthcare systems; a rethink is required in order to meet current and future health challenges.
- Patients and clinicians should have equitable access to modern, innovative and reliable medical technology.
- The development of new and flexible modes of healthcare delivery will benefit both patients and healthcare providers.
- "Health equals wealth". Health is a productive economic factor in terms of employment, innovation and economic growth.

On the basis of those four core messages, Health First Europe and its members have a vested interest in ensuring that adequate measures are taken across the EU to ensure the safety of both patients and healthcare workers, not least with respect to healthcare-associated infections.

**HFE comments on the HCAI consultation**

HFE welcomes this Commission initiative, as the control of healthcare associated infections is one of the biggest challenges facing providers of healthcare today.

There is no simple answer to this infection control crisis. HFE believes that a combination of more effective preventative measures, such as screening of patients and healthcare staff, developments of safer practices, better education and training, and the use of innovative technologies designed to reduce infection opportunities can help to protect both patients and healthcare workers against the risk of transmitted pathogens during surgery and routine medical visits.

- A. Education of healthcare providers and recipients

HFE calls on the European Union to effectively promote and encourage Member States on a continual basis to educate both healthcare workers and patients. To combat HCAI will need both working in partnership. The Commission should consider investigations into best practice in this area while considering a more robust role for education and training as part of its broader social policy objectives.

It is also essential that the European Commission ensure compliance with existing EU Worker Safety and Health Directives among EU healthcare providers. HFE firmly believes that any future recommendation on the control of healthcare-associated infections should include a strategy for protection of healthcare workers from preventable occupational injuries, for example injuries from contaminated needles and other medical sharps<sup>iii</sup>. This should be considered in the next Commission programme on **Community strategy on health and safety at work**.

- B. Innovative solutions for a complex problem

There are an increasing number of medical innovations available which promote patient and healthcare worker safety, and can reduce the number of healthcare associated infections.

The consultation paper references the macro economics of HCAI, on page 4. HFE recommends that this is further developed, as it would appear to provide very compelling financial arguments for investment and positive change. A very important facet of the HCAI problem, and healthcare safety and performance in general, is that short-term budget pressures can result in very sensible investments that will clearly pay dividends over the longer term, not being pursued. Commissioner Byrne said it best that “Health equals Wealth”, showing that increased investment in a healthy population contributes to growth and prosperity.

- C. EU action

Additionally, education and investment is required to provide the capability to effectively screen patients and healthcare staff, track and communicate the spread of infections through healthcare institutions, and target optimal antibiotic usage. Medical innovations are available today to meet all of these challenges, and the Commission can play a leadership role in identifying best practice, and in funding pilot studies to help further optimize the overall systems approach that is needed.

The need for innovation to effectively tackle HCAs is not limited to the use of technology alone. The overall design of the management systems should also be examined to search for innovative ways to meet the challenge. For example, co-operative ventures with external service and product providers could identify more effective integrated management solutions. Again, the Commission could play a significant role by facilitating appropriate pilot studies and measuring the effectiveness of innovative management models.

Furthermore, HFE would advise the European Commission to build on the conclusions and findings of the Luxembourg and UK Presidency<sup>iii</sup> summits on patient safety, and the WHO’s World Alliance for Patient Safety<sup>iv</sup>. Moreover, and within the limits of its competence, the European Commission must play a strong leadership role in coordinating Member States’ efforts to control healthcare-associated infections in a transparent manner. Coordination must have an end though – this could include the identification of best practice, tracking the changes brought about by coordination amongst Member States, and devising a consistent and appropriate means of measurement. For this reason the Commission should have a plan to make transparent all the coordination outputs so that

outside stakeholders can understand developments occurring through cross-border coordination. Patient choice is increasing, and a very important factor in selecting a hospital is its performance with regard to HCAIs.

Finally, Health First Europe while welcoming this consultation and the opportunity to provide comments on strategies to tackle HCAIs would call on the Commission to also consider initiatives targeted at the wider issues surrounding overall patient and healthcare worker safety. This includes the occurrence of medical errors, study of the links between infections and safety for both patient and worker and the contribution of mitigating health care related infections to the overall quality care of the patient.

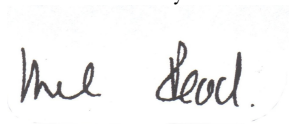
In summary then, the HFE alliance would advise the European Commission to look at ways of further enhancing patient and healthcare worker safety by:

- 1) Coordination and exchange of best practices in the Member States' efforts to control healthcare-associated infections. These should be made transparent to the broader health stakeholder community.**
- 2) Promotion of better education and training at Member State level, calling on deeper involvement of the EU on issues like compliance and worker safety.**
- 3) Calling on Member States to increased use of medical innovations designed to improve safety.**

Investing in patient and healthcare workers safety is to the benefit of EU healthcare systems and key to guaranteeing best patient care and healthy, efficient, productive workforce. Member State budget constraints must not be allowed to dictate the level of patient and healthcare worker safety provided.

If you would like to discuss any of the points raised in this letter, please do not hesitate to contact the HFE Secretariat. More information about Health First Europe can be found on the website: [www.healthfirsteurope.org](http://www.healthfirsteurope.org)

Yours sincerely



Imelda Read  
Honorary Chair of Health First Europe

---

<sup>i</sup> [http://www.healthfirsteurope.org/members.php?section\\_id=1&page\\_id=5](http://www.healthfirsteurope.org/members.php?section_id=1&page_id=5)

<sup>ii</sup> HFE sought to highlight this by way of the sharps' injuries campaign held in the European Parliament, Brussels on 1 December 2004. Please see:

[http://www.healthfirsteurope.org/health\\_first\\_news\\_details.php?section\\_id=3&news\\_id=20](http://www.healthfirsteurope.org/health_first_news_details.php?section_id=3&news_id=20)

<sup>iii</sup>

<http://www.regteam.com/patientsafetysummit/en/welcome.php?PHPSESSID=038ba0401b043fc00bd69e8e2d36d0b7>

<sup>iv</sup> <http://www.who.int/patientsafety/en/>