



European Federation of Nurses  
Associations

# EFN UPDATE

April-May-June 2019

## President's Message



Dear EFN Members and Colleagues,

I am looking forward to meeting with you all soon at the EFN General Assembly in Brussels on 11-12 April 2019. It is a real opportunity for us to collectively explore and discuss European Union (EU) political and professional issues that are key for nurses and the nursing profession. Topics such as the European Pillar of Social rights, the European Semester Country Reports 2019, the dialogue around long-term care, electronic health records, in addition to other active EU initiatives, such as mentorship for nursing students. With EFN members in Brussels it is always a good opportunity to work closely with the EU institutions, especially the European Commission and European Parliament, to engage in a dialogue with the EFN members and share with politicians and policy-makers the potential and importance of nurses input into future EU policies impacting on their daily life and work.

EFN Report "[Best Nursing Practices in Long Term Care with Upscaling Potential](#)", provides evidence that in most countries, with the ageing population, there is an increasing need for a sustainable long-term care workforce. Therefore, the importance of the coordination of the long-term care, which is a policy initiative within the European Social Pillar is a priority. Also, the implementation of the [EFN Workforce Matrix 3+1](#) is a crucial step for the delivery of long-term health and social care services. EFN members have developed, agreed and endorsed these policy-initiatives on the appropriate composition for sufficient, motivated and highly qualified nursing workforce to inform policy-makers at national, regional, local level through the EU Semester Country Reports.

In order for Member States to build infrastructures for health data exchange, it is essential that this is supported at European level. EFN is involved in two projects as an end-user, which is essential to make interoperability a reality in the EU. Nursing data to support continuity of care is essential in cross-border mobility of patients and citizens.

One of the most important opportunities to influence the strategic direction of EFN policy is the up-and-coming [EU elections](#) taking place in May. These elections constitute a crucial moment for determining the new representatives of the EU citizens, thereby establishing the new political priorities that will be carried into the next five years in the EU policy agenda. The EFN proactively advocates for health and nursing to remain high in the EU political agenda and to be further supported by the next Parliamentary legislature and the European Commission. However, we need EU institutions policy outcomes to deliver for citizens and move from Council Recommendations to concrete actions. Too often we see governments signing off on virtuous recommendations, but when it comes to the reality, cuts are the common denominator, especially in the healthcare sector, impacting negatively on nurses and nursing. Within this context, it is crucial that the MEPs to be elected, their mandate must include health and wellbeing among their political priorities and enhance nurses' ability to shape and deliver effective and high-quality care for EU citizens, including their role as end-users in the digitalisation of the health and social care ecosystem. These elections are the opportunity for 3 million nurses to vote for those candidates that support nursing and health, thereby ensuring that nurses with a collective voice have a significant influence on EU politics.

Collectively we can make a difference, and it is my pleasure to work with you all in shaping the political agenda for a better future for the profession and the citizens of Europe.

Elizabeth Adams  
EFN President

## News from EFN

### Long-Term Care

Following this discussion very closely, due to the importance of the [work](#) and of the [topic](#), the EFN participated in a European Commission DG Employment, Social Affairs and Inclusion meeting, together with some key health stakeholders, to reflect on the main findings of two European Commission-OECD reports on Long-Term Care (LTC). The impact that long-term care has on the sustainability of public finances in Europe has raised high political attention at EU level. The preliminary findings of the joint EC-OECD [report](#) "Measuring social protection for long-term care" assessing the degree of adequacy of LTC systems in offering financial protection, show that, as populations around the world age, the number of people needing LTC will grow and more people risk facing unaffordable costs or going without care in the absence of social protection. Thus, EU Member States face significant challenges in balancing financial sustainability with the need to provide adequate protection against the financial risks associated with developing LTC needs. The second report "LTC Workforce in the EU and the OECD Countries" that develops a better understanding of the LTC workforce in EU Member States, and analyses current challenges and policies needed to develop and train a workforce that can meet the LTC needs of ageing populations now and in the future, show that even if the number of workforce has increased, there is also an increase in elderly people. Coordination & retention seem to be a key challenge in this debate. The report will be published in September 2019.

### Access to health data in the EU

Massive amounts of data are generated daily through wearable devices, electronic health records, social media, clinical trials or spontaneous adverse reaction reports. There is no doubt that insights derived from this data is increasingly used to assess the benefit-risk of medicines across their whole lifecycle. However, in order to benefit from and make prudent use of the data collected, it is important to have a [deeper understanding](#) of the data landscape. As such, the EFN provides input to EU agencies, such as ECDC, EMA, Cancer agency, as end-user stakeholder, representing 3 million nurses in the EU. Next to the EU agencies, the EFN also provides the end-user's views in two H2020 EU projects on electronic health records ([InteropEHRate](#) & [Smart4health](#)), knowing that the possibility to exchange health records across borders will help citizens to have better health care as they move around the European Union. Furthermore, health systems will benefit significantly from exchanging health records, since this would enable access to a patient's recent laboratory or radiology tests. And as electronic health records become more interoperable across borders, more health data will be available to support the integration of Artificial Intelligence (AI) systems that can assist in health decision making and have positive impact both on the quality of health care received and the efficiency of health care systems. Meeting in Pisa from 26 to 28 March 2019, for their second plenary meeting, InteropEHRate partners had the opportunity to discuss on the project developments and especially link end-user requirement to IT developments (health data share app), so that products will be more fit for purpose and as such used by 3 million frontline nurses! IT developments and innovations should support frontline, not add more workload as they usually do. The EFN welcomes the fact that the European Commission has brought the health data exchange debate to a next level by presenting a set of [recommendations](#) for the creation of a secure system that will make it easier for the EU citizens to access their electronic health data securely across Member States. So, let's hope we move this decade's interoperability discussion to something concrete, practical!

## News from the EU

### Better health systems through structural funds

Through its structural funds, the EU has invested about €8 billion in healthcare between 2014 and 2018 in Europe's regions, and supported investment in infrastructure to ensure primary healthcare and projects to train health workers, to develop innovative technologies or reform health systems. Although we assume that the EU's health infrastructure/management varies greatly throughout Member State, the challenges frontline are the same: education, workforce and quality and safety. Investment through the structural funds could help develop a motivated high-quality workforce for a value-based health and social care ecosystem. However, currently we see governments doing the opposite! Therefore, the European Commission is now considering how the money can be better invested in the future, and EFN has clear views on how this should be done. For Commissioner for Health, Vytenis Andriukaitis, *"the healthcare sector is changing, with emphasis increasingly given to prevention. Therefore, spending only 3% of the health budgets on prevention, compared with 80% on the treatment of diseases, is simply not enough"*. To face the current challenges of the health and social care systems a whole system and mindset change at the policy, practice and education levels is needed with a shift from intervention to prevention, a shift from hospital care to community care. With the EU elections coming up, it is key to present the [nurses' views](#) and make sure health and social ecosystem reform are not disruptive, instead, support frontline to stay in the profession!

### European Semester - Assessment of the economic situation in the EU Member States

The European Commission has published its annual assessment [reports](#) of the economic and social situation in the EU Member States, and its [2019 Work Programme](#) in support of the [Structural Reform](#). According to its conclusions, 13 EU countries are in economic imbalance, including Cyprus, Greece and Italy. As regards [health](#), there are some improvements in terms of health system reforms, better effectiveness, accessibility, and resilience. Many EU Member States are making continuous efforts to re-focus health systems towards preventive care, whilst bolstering primary care and better coordination across care settings. This countries' assessment will provide a base for the Commission's recommendations to the Member States. For the EFN, the European Semester represents an [important tool](#) to assess how the European Pillar of Social Rights Principles can be implemented across Europe. The EFN Members recognize that an united voice on nurses' input to the European Semester can positively influence national governments and the Commission policy-making and decision-making, ensuring national health and social care ecosystem take up frontline perspectives and innovations. It is, therefore, an important tool to visualise the nurses contribution to the health and social ecosystem, nursing care becoming recognised in the European Semester [Country Reports](#) and [Recommendations](#).

### First EU citizens using ePrescriptions in another EU country

In line with the EU [policy on Digital Health and Care](#), which aims to empower patients by giving access to their health data and ensuring continuity of care, the [initiative](#) makes it that the *ePrescriptions* are visible electronically to participating pharmacists in the receiving country via the new [eHealth Digital Service Infrastructure](#), without the patient having to provide a written prescription. 22 Member States are part of the *eHealth Digital Service Infrastructure* and are expected to exchange *ePrescriptions* and *Patient Summaries* by the end of 2021. 10 Member States (Finland, Estonia, Czechia, Luxembourg, Portugal, Croatia, Malta, Cyprus, Greece and Belgium) may start these exchanges by the end of 2019. Within this context, it is crucial to refer to ENS4Care, especially the [guidelines on nurse-prescribing](#), as the EHR should be more inclusive than what has been developed up till now. Continuity of care is key if we really want to implement integrated care.

### Directive on transparent and predictable working conditions

Building on the [European Pillar of Social Rights](#), the European Commission, the European Parliament and the Council have reached a [provisional agreement](#) on the European Commission's [proposal](#) for a Directive on Transparent and Predictable Working Conditions aiming to

update and modernise the current EU rules, so that workers can benefit from new and updated minimum standards, and set new rights for all workers, particularly addressing insufficient protection for workers in more precarious jobs, while limiting burdens on employers and maintaining labour market adaptability. The proposal sets that all workers in the EU should have the right to: more complete information on the essential aspects of the work; a limit to the length of probationary periods at the beginning of the job; seek additional employment, with a ban on exclusivity clauses and limits on incompatibility clauses; know a reasonable period in advance when work will take place for workers with very variable working schedules determined by the employer, as in the case of on-demand work; receive a written reply to a request to transfer to another more secure job; receive cost-free the mandatory training that the employer has a duty to provide. The EFN follows this debate very closely, as this is a crucial point for the nurses and the nursing profession.

### Follow-up on the prevention from sharps injuries Directive

HOSPEEM and EPSU adopted the final [report](#) for the "Follow-up on the Directive 2010/32/EU on the prevention from sharps injuries in the hospital and healthcare sector" as part of the ongoing HOSPEEM-EPSU [Work Programme 2017-2019](#). The report provides information on the role and influence of social partners in relevant processes and at different levels with EPSU and HOSPEEM members on the effective transposition and implementation of the Directive and contains conclusions and recommendations to the national and EU-level social partners, to European institutions (in particular to the European Commission and EU-OSHA) and to the EU Member States. From a nursing perspective, it is important that we make sure to reach a 100% prevention of sharps injuries in the healthcare settings as a necessary condition for a healthy and competent health workforce. From an [EFN perspective](#), the approach towards sharps injuries shall be the one of zero-tolerance.

### European Elections - a website to understand everything

From 23<sup>rd</sup> to 26<sup>th</sup> May 2019, more than 300 million Europeans will be electing their 705 MEPs for the next five-year term. At this occasion, the Robert Schuman Foundation has developed a [website](#) providing key information on the campaign, the parties and the candidates, and their political projects in the 27 Member States. With up to 6 million nurses in Europe, the EFN and its members are a significant voting force. Therefore, the [EFN](#) has developed a [Manifesto](#) highlighting its key political message on education, health workforce and quality & safety, and is inviting its members to fully use it at national level to influence their candidate MEPs.

### Publications

#### Public Spending on Health and the burden of healthcare on households' budgets

Spending on health is growing faster than the rest of the global economy, accounting for 10% of global gross domestic product (GDP). According to the WHO [report](#) on global health expenditure countries are spending more on health but people are still paying too much out of their own pockets. Governments provide an average of 51% of a country's health spending, while more than 35% of health spending per country comes from out-of-pocket expenses. One consequence of this is 100 million people pushed into extreme poverty each year. In the EU, and according to a Eurostat [report](#), 55% of people reported that the amount their household had to pay for medical care did not represent a financial burden. For 49% of people in the EU paying for medicines brings no financial burden to the household, whilst for 13% of people these costs incur a high financial burden. The countries with the highest share of people [reporting](#) that the cost of medicine was a heavy financial burden were Poland (40%), followed by Cyprus (34%), Bulgaria (33%) and Latvia (30%). In contrast, the share of those declaring that buying medicine had no repercussions on the household budget was largest in France (90%), Denmark (84%) and Sweden (78%).

### Agenda

To view the upcoming meetings' dates, click [here](#).

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