

Evidence Based Policy-making for Health System Reform in the EU



“The European Federation of Nurses Associations (EFN) was established in 1971. The EFN represents over 34 National Nurses Associations and its work has an effect on the daily work of 6 million nurses throughout the European Union and Europe. The EFN is the independent voice of the nursing profession and its mission is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.”



Although EU Member States are individually striving to respond to a growing demand for healthcare quality, safety, equity and access, they are challenged to be innovative with regard to the organisation and sustainability of their healthcare system¹. Modernising healthcare and educational systems becomes a political priority to boost productivity, growth and EU citizens’

access to services. But any health system reform must make sense for the citizens and professions concerned since they will be the driving force for implementation and deployment². Yet, research findings are available, recommendations are written down, but the professionals working in the field are not adequately consulted and engaged to make change possible in daily practice. Change is needed to bring the citizens and in particular, the nurses voice at the heart of the policy reform and implementation.

Recent austerity measures in the EU led to severe cuts in the education and health sector. Unfortunately, these cuts are still far from over. Nurses face daily the dilemma of providing high quality care in an environment obsessed with costs, which has real implications for patient safety and access⁴. Member States are recommended in Council Conclusions to invest in their health system to enable greater efficiency and to make citizens feel safe in the whole care process while ensuring that compliance with EU legislation - specifically the Directive on Patient’s rights in Cross Border healthcare (2011/24/EU), the Directive on Mutual Recognition of Professional qualifications (Directive 2013/55/EU) and the Directive on the prevention from sharp injuries in the hospital and healthcare sector (2010/32/EU) - is met⁵. But the reality shows productivity (growth) and innovation in the health and education sector lack behind as it is pivotal to connect different investments, policies and decision-making processes across sectors. Nurses have a key role in designing and implementing these policies across organisational, disciplinary, sectorial and country

boundaries. As an example, the European Federation of Nurses’ Associations (EFN) on behalf of 34 national nurses’ associations representing 3 million nurses within the EU, have negotiated with DG Internal Market, European Parliament and the Presidencies of the European Council (Cyprus and Ireland) for a modernised Article 31 in Directive 2013/55/EU which sets out strengthened requirements and key competencies for being a recognised general care nurse in the EU. The Directive has to be transposed into national legislation and the content of Article 31 has to be implemented into all existing nursing curricula by January 2016. A modernised Annexe V will guide the interpretation and implementation of these eight generic competencies listed in Article 31 through the development of a Delegated Act to be published in 2015. The EFN members together with other stakeholders such as educators, regulators, chief nurse officers and academics are building a consensus to make sure free movement and mutual recognition of professional qualifications becomes a real opportunity for nurses’ ensuring that safety, quality and trust remain at the forefront of free movement. A redesign of the education policy impacts on health, service delivery and productivity, including the deployment of e-health services in nursing and social care.



1 Borg T (2014) Healthcare systems must be re-built to last. The European Files.

2 De Raeve P (2011) Nurses’ Voice in the EU Policy Process. Kluwer

3 Aiken et al. (2014) Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. The Lancet 383: 1824-1830

4 EFN (2012) Caring in crisis: the impact of the financial crisis on nurses and nursing. EFN

5 EC (2014) Communication from the Commission on effective, accessible and resilient health systems. EC

6 Directive 2005/36/EC on Mutual Recognition of Professionals Qualifications, amended by Directive 2013/55/EU.

7 OECD (2010) Nurses in advanced roles: a description and evaluation of experiences in 12 developed countries. OECD

8 Lupari MT (2011). An investigation of the effectiveness and cost-effectiveness of a case management approach for older people with multiple chronic conditions within a community healthcare setting. University of Ulster

9 European Commission (2013). European Innovation Partnership on Active and Healthy Ageing. A compilation of good practices. EIP AHA

10 <http://www.ens4care.eu>

11 http://ec.europa.eu/health/ageing/innovation/index_en.htm



Beyond existing EU legislation, innovation in skill mix and extending roles and responsibilities will need more professional and political attention to boost productivity and innovation. Although regulatory arrangements are not yet adapted to recognise new roles and responsibilities of health professionals, an impressive number of Member States have already introduced Advanced Nurse Practitioners (ANPs) and Nurse Prescribing⁶. ANPs implemented in Finland, Iceland, Ireland, the Netherlands, Norway, Portugal, Slovenia and Spain (in process of official development in Denmark, Lithuania, Poland, and Sweden) are nurses who have acquired an advanced knowledge base, complex decision-making skills and clinical competencies for expanded practice. Within a context of tighter health budgets and rising demands for high quality and safe care, advanced roles for nurses are a means of

both productivity/growth and quality enhancement. ANPs must have a more prominent role in the organisation of healthcare services (e.g. discharge of patients, medication reconciliation,...) and the deployment of eHealth services, mainly in nursing and social

care. Both sectors live currently in silo's while they both have an urgent need to replace institutional service models with those that prevent illness and disability occurring and promote self-directed care and interdependence, realising the benefits of telecare, eHealth and other technological developments. It is within this context that primary and community care need to be 'reshaped', providing the leadership to move into pathways of care delivered in a safer working environment, in which skill-mix is optimally used to ensure cost-effectiveness and sustainability, thus leading to better patient outcomes. Evidence shows that best practices exist to build the case for improving continuity of care between the secondary and primary care sectors.

With the support of the European Commission, DG Connect, the EFN coordinates a thematic network, ENS4Care, to develop evidence-based guidelines for the deployment of eHealth services for nurses and social workers in five areas: prevention, clinical practice, advanced roles for integrated care, continuity of care and nurse ePrescribing. ENS4Care established appropriate methodologies for the development and uptake of these bottom-up designed guidelines, and ensures their dissemination and publication to inform end-users and policy design. Although innovation depends on evidence-based decisions and quality research in order to manage the challenges associated with Europe's ageing population, including its ageing workforce and the need for greater efficiency in the delivery of health services, change is impossible without investments in health and innovation.

Therefore, the Commission - especially DG SANCO, DG Connect, DG Research, and those DGs that invested in the EIP since 2010 - should move towards a network for local health systems innovation, drawing on the Public Health Programme, Horizon 2020 and importantly the structural and social cohesion funds, especially for the education, health and social care sectors. Primary care requires a different approach, a different health and social care system for the delivery of services leading to quality of life, centred and targeted towards individuals.

In conclusion, the current economic and social European situation urgently calls for measures to be taken in order to guarantee the quality of healthcare services. Nurses and social workers play a key role in the future design and implementation of continuity of care in an integrated model. Therefore, it is imperative to provide strategic support for a qualitative and equitable health service in Europe by developing a highly skilled workforce capable of deploying innovative and cost-effective solutions.

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