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On 16 January 2014 the CPME Executive Committee adopted the 'CPME response to the European Commission consultation on patient safety and quality of care' (CPME 2014/002 FINAL)

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## PUBLIC CONSULTATION ON PATIENT SAFETY AND QUALITY OF CARE

Fields marked with \* are mandatory.

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](#)

Please consult the privacy statement on this consultation

[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](mailto:SANCO-CONSULTATION-SAFETY-QUALITY@ec.europa.eu)

## 1. Respondent information

### 1.1. Name of represented organisation\*

The Standing Committee of European Doctors / Comite Permanent des Medecins Europeens (CPME)

### 1.2. Stakeholder group\*

X Health professional organisation

### 1.3. Country\*

X Belgium

### 1.4. Address

Rue Guimard 15, B-1040, Brussels, Belgium.



1.5. Telephone

+32 (0) 2 732 72 02

1.6. Contact Person (name):

Dr Mads Koch Hansen, CPME Rapporteur on Patient Safety.

CPME Secretariat: Anamaria Corca, EU Policy Advisor. [Anamaria.Corca@cpme.eu](mailto:Anamaria.Corca@cpme.eu)

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

International

National

Regional

Local

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

CPME represents 34 European medical associations which represent altogether about 1.2 million doctors.

## 2. 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.

### 2.1. What next should EU do on patient safety and in which specific patient safety areas beyond the existing Recommendation?

CPME promotes a culture of patient safety across healthcare systems. At EU level, CPME encourages a system analysis approach when studying adverse events, in an effort to understand how human factors, medical devices, organisations, pharmaceutical products, etc., all interact to create safe conditions in the health sector. Furthermore, European doctors underline that close cooperation between healthcare professionals, patients and authorities is of paramount importance to ensure patient safety. This cooperation may include areas such as patient empowerment, health literacy as well as the management of chronic conditions due to the existing potential to reduce incidents and ensure patient safety. As a future perspective the CPME asks the European Commission to consider a European Center for Patient Safety.

Reference:

CPME response to the Commission proposal for a Council Recommendation on Patient Safety ([CPME 2009/108](#)).



2.2. Do you think there is an added value in enlarging EU work from patient safety only to wider quality of care?

X Yes

No

No opinion

2.2.1. If yes, please specify.

CPME recommends the establishment of a European Reference Centre that supports a network for exchanging best practices regarding quality of care (similar to the European HTA network). Member states could use such a reference centre as a tool to support work at national level.

The European Reference Centre should not infringe on the rights of Member States to independently organise and deliver health services and medical care as guaranteed by TFEU Article 168, paragraph 7. European standards for technical qualifications, ethical requirements and professional regulations, as well as for professional duties would infringe on such rights.

2.3. In the box below you can provide additional contribution related to EU action on patient safety and quality of care.

### 3. 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.

3.1. Is patient safety an issue in your country?

Yes

No

I don't know

3.2. 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



3.2.1. 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

3.2.1.1. Why not?

3.2.2. If the Recommendation was fully or partially implemented, how the necessary changes were introduced?

3.2.3. If the Recommendation was not or only partially implemented, which tools could help better implementation (*more than 1 answer possible*)?

- National binding legislation
- x EU co-operation on patient safety
- Involvement of patient organisations
- X Involvement of health professionals
- Others

3.2.3.1. If other, please specify.

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

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

Please refer to the recommendation on patient safety [http://ec.europa.eu/health/patient\\_safety/docs/council\\_2009\\_en.pdf](http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf)

	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				



3.5. Which areas of patient safety, not covered by the Recommendation, are important for increasing safety of patients in the EU?

At EU level, CPME encourages a system analysis approach when studying adverse events, in an effort to understand how human factors, medical devices, organisations, pharmaceutical products, etc., all interact to create safe conditions in the health sector.