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## News from Brussels

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## Brexit poses risk to care, says Royal College of Nursing

Brexit poses an "immediate risk to the provision of safe and effective care" for patients in the UK, according to the Royal College of Nursing. The union has made the warning in a letter to leaders of the UK's main political parties on behalf of its 435,000 members. It also wants the parties to back a second referendum on any Brexit deal.

A government spokeswoman said plans are in place to ensure patients receive the same standards of care after Brexit knowing that the UK will leave the European Union on 29 March 2019.

In the letter, Maria Trewern, chair of council at the Royal College of Nursing, wrote: "As the debate across our membership has made clear, the implications of Brexit for the health and care system will be numerous. There are risks that, if not credibly addressed, may damage population health, as well as severely impact on our members' ability to provide safe and effective care for their patients in both the short and the long term." This letter warned that Brexit could exacerbate ongoing problems in the NHS, such as workforce sustainability as well as medical supplies.

### ***Workforce sustainability***

The union said that it could have particular implications for nursing staff providing care in areas that interface between Northern Ireland and the Republic of Ireland, along with threats to fair employment practices, workers' rights and cross-border exchange of knowledge, research and skills.



The letter also said the union is backing a second referendum on any final deal for Brexit to "give citizens the opportunity to make an informed choice and vote on decisions that will affect generations now and in the future".

A Department of Health and Social Care spokeswoman said staff from the EU were a "vital part of our NHS and social care workforce" and will have "an important role to play in the future of health and social care in this country".

She added: "We are preparing for all situations, including a no-deal Brexit, and we have worked closely with partners to draw up contingency plans that will ensure patients continue to receive care in exactly the same way they do now "scope of practice."

### ***Medical supplies***

Last October Mr Stevens, NHS General Manager, told MPs he had not been asked by the government to examine the potential impact of the UK leaving in March 2019 with no deal in place.

Asked about this scenario, he told Andrew Marr: "There is immediate planning which the health department, with other parts of government, is undertaking around securing medicine supply and equipment under different scenarios. That will obviously crystallise when it's clear later this autumn what the UK's position will be."

He also said every hospital had been asked to "reach out" to EU nationals working there with information about how to apply to stay in the UK.

There have been also warnings about the UK leaving Euratom, which regulates Europe's nuclear industry, including the supply of medical isotopes which are essential for various types of cancer treatment. Prime Minister Theresa May has called for the UK to have a "close association" with Euratom after Brexit. She has also said the UK will seek "associate membership" of the European Medicines Agency, which evaluates and supervises medicines and helps national authorities authorise the sale of drugs across the EU's single market.

For any other information that might be interesting for you, please check out the following links:

<https://www.bbc.co.uk/news/uk-politics-45333267>

<https://www.bbc.co.uk/news/uk-politics-44672873>

## **Blockchain to support the continuity of care and its end-users: nurses**

The Blockchain is a technology of storage and transmission of information which is transparent, secure and functional. The OECD Blockchain Policy Forum highlighted important features of this innovation which could really benefit to the nursing professions

It has the potential to transform the functioning of a wide range of industries. Its features can increase transparency and traceability, facilitate market access and improve the efficiency of transactions. Fulfilling Blockchain's potential, however, depends on the integrity of the processes and requires adequate policies and measures to unleash this potential while addressing the risks of misuse. Governments and the international community will play a significant role in shaping policy and regulatory frameworks that are aligned with the emerging challenges and foster transparent, fair and stable markets as a basis for the use of Blockchain.

If national governments have emphasised the potential benefits and risks of Blockchain for our economies and societies, and what governments should do to realise this potential, when it comes to health and social care, Blockchain presents strong opportunities for securely transferring essential health records to relevant health and social partners.

### ***The nursing approach to Blockchain in health and social care***

Nurses are key in putting a human face to Blockchain as they can improve access and outcomes in a people-centred approach, ensuring continuity of care across primary and secondary health and social care sectors.

The right of citizens to timely access, affordable, preventive and curative health care of good quality constitutes a crucial societal challenge in the EU. This particular issue can address in partnership with frontline nurses and a more holistic approach to value-based health and social care, placing the patient/citizen the centre of the process. Then, Blockchain technology can support citizen/patients' empowerment in the management of their own health and social data, by guaranteeing citizens in the chain know how and where their data is being used. So, Blockchain has the potential to address key health and societal challenges, such as vaccination hesitancy, by facilitating the keeping of a record of vaccination, with increased control by the citizen/patient of his or her own information. This is just one example where the EU implementation gap can be closed through innovation.

Nurses added-value in Blockchain relates to boosting the continuity of care, facilitating the communication between the different actors involved to deliver the best outcomes for patients and citizens. In particular, nurses are key to improving access and outcomes in people-centred approach, ensuring the continuity of care across the primary and secondary health and social care sectors.

With co-designed Blockchain technology, nurses responsible for accessing, recording and processing health and social care data are more secure in the knowledge that such data will be accurate and consistent, leading to improved patient care pathways and as such, the measurable outcomes. By having a distributed database for health and social care-related information, providers can benefit

from improved accessibility, accuracy and safety, resulting in better outcomes for all. Therefore, Blockchain becomes a technology supporting the frontline by recording the history of data.

Moreover, through the Blockchain network, patients/citizens have access to synchronised databases, giving unprecedented benefits for frontline care provision. The regular and updated exchange of a patient's health and social history will allow nurses to advance the process of discharging patients and data sharing in the continuity of care, the consequence of which is reduced bureaucratic red-tape and an improved quality of nursing interventions, which are crucial in terms of decreasing the unmet needs of patients and citizens'.

A co-designed Blockchain can become a solution in the value-based health and social care ecosystems, as the gatekeeper now becomes the patient/citizen, that will directly access his/her continuity of care pathway. In this sense, Blockchain needs to show the evidence of its potential to decrease the burden of data collection pending on nurses, allowing them to spend more time in direct patient care.

To sum-up, Blockchain technology can greatly contribute to enabling nurses to deliver on access to care, through the digitalisation of health and social care. To this end, Blockchain needs to foster the integrated and the continuity of care policies, supporting nurses to deliver a safe and high-quality level of care. Engaging end-users, local frontline nurses, in co-designing 'fit for purpose' health and social care tools can make the systems more integrated, coordinated and sustainable.



For any other information that might be interesting for you, please check out the following links:

<http://www.oecd.org/finance/oecd-blockchain-policy-forum-2018.htm>

## European funds need to support health and nurses in the EU

The members of the European Parliament's Committee on Employment and Social Affairs have exchanged views on the European Social Fund Plus (ESF+). Within the framework of the next long-term EU budget (2021-2027) and the coming of the European elections in 2019, the members aim at further strengthening the Union's social dimension, serving as the EU's main financial instrument guiding investment in people and working on the implementation of the European Pillar of Social Rights.

With a budget of € 413 million, the ESF+ health program will support public health policies to achieve the objective of ensuring a high level of health protection in the Union. With the coming elections, this program is also expected to complement other ESF+ actions in addressing the health challenges identified in the European Semester.

For the European Nursing Council, it is crucial to ensure that health and social cares, and the nursing workforce, are properly supported through the ESF+ to deliver positive health and social care outcomes.



## Health Care Without Harm (HCWH) Europe has written to MEPs to urge them to put pressure on the European Commission to scale up efforts to combat antimicrobial resistance

The organisation Health Care Without Harm works to transform health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice.

On the 6<sup>th</sup> of September, HCWH sent a letter to all members of the European Parliament (MEPs), the organisation in order to highlight the fact that current action on antimicrobial resistance and pharmaceuticals in the environment falls far short of the measures needed. The organisation particularly notes the lack of progress on the European Commission's long-awaited strategic approach adopted to face the pharmaceutical pollution of water.

According to HCWH Europe, its delay appears to demonstrate maladministration, which would warrant an investigation by the European Ombudsman'. The letter is also critical about the European Commission's 2017 action plan, which it describes as 'far from adequate' and accuses of ignoring 'clear evidence' of the role that pharmaceutical pollution plays in the development of antimicrobial resistance.

With this letter, HCWH wish to initiate a debate right at the time when MEPs are preparing the discussion regarding the Public Health and Food Safety (ENVI) Report on the European One Health Action Plan Against Antimicrobial Resistance.

The European response to the threat posed by pharmaceuticals in the environment risks to feed the public health crisis posed by antimicrobial resistance. Present and future European actions must be timely, resolute, and coordinated across all relevant policies.

HCWH Europe writes : *"We commend the important steps already taken by multiple MEPs: proposing amendments on pharmaceutical pollution in the ENVI report and calling for the European Commission to appropriately address the issue by proposing effective measures to tackle this serious problem."*

Antimicrobial resistance, which has been described as a *"catastrophic threat"* by England's chief medical officer, Professor Dame Sally Davies, is estimated to cause 700,000 deaths globally every year.

To read the full letter, please visit the website [HCWH Europe](#)

For more information regarding the European Commission's response to pharmaceuticals in the environment, please read the following [interview of pharmaceuticals Policy Officer Adela Maghear](#) published in the sixth edition of Health Europa Quarterly





## Toolkit to help European Regions move towards sustainable health workforce now available online

A toolkit designed to raise awareness in countries that the health workforce is an essential investment in universal health coverage is now available online. The toolkit was produced by the World Trade Organization in Europe (WTO/Europe), in collaboration with regional experts.

The concept of the toolkit arose from the regional Framework for Action developed by WHO/Europe in 2017 to meet the aims of the global Five-year Action Plan for Health Employment and Inclusive Economic Growth, published by WHO, the International Labour Organization and the Organization for Economic Co-operation and Development. The Framework was presented at the Seventieth World Health Assembly and adopted by Member States at the 67th session of the WHO Regional Committee for Europe. The draft toolkit was launched at the Fourth Global Forum on Human Resources for Health held in Dublin in November 2017.

The toolkit supports the Framework for Action and adapts the Global Strategy on Human Resources for Health: Workforce 2030 to the context of the WHO European Region. It sets out key strategic objectives for Member States and proposes policy options and implementation modalities to support Member States to sustainably strengthen their human resources for health (HRH).

The toolkit is framed around 4 strategic objectives: education and performance, planning and investment, capacity-building, and analysis and monitoring. Member States can use the toolkit to develop home-grown solutions to transform the distribution, skill mix, competencies, education, management and regulation of health workforces to meet their specific HRH challenges.



The toolkit is intended to be a dynamic resource that can be adapted. WHO/Europe plans to work with experts and stakeholders continually to improve it and add guides and tools that support countries in dealing with specific issues.

[The toolkit available online in English](#)

[More information](#)



## News in brief

### Upcoming event

*Third edition of the European Patients Forum and Medicines for Europe Dialogue*

Medicines for Europe and the European Patients' Forum will co-organise on the 9<sup>th</sup> October 2018 a member to member dialogue in Brussels. The purpose of this dialogue is to exchange views on key policy developments related to generic, biosimilar and value added medicines. This is also the occasion to discuss means of collaboration for the year ahead, where initiatives and resources can be combined and supported by each other, with the common objective of improving patient access to medicines.

