



Introduction



Patient access to new treatments faces many hurdles, but none as important as the frustrating experience of unmet demand from patients eager to reintegrate themselves into the workforce and society as a whole. The European Parliament has been a great advocate in support of patients such as the recent EP report on Patient Safety in response to the EU Council Recommendation on Patient Safety¹.

However, there remains a great body of policy work needed to improve patient outcomes. The effect of lack of access for patients is felt most acutely in sectors where critical care means the difference between long term invalidity and a productive life. One of the best examples of highlighting these policy problems is the wound care sector.

Wound care covers a vast area of European Parliamentary interest. It covers Health Care Associated infections (HCAIs) which can result from inadequate wound care treatment. It covers long term care as wounds can fester for a lengthy period. It covers workforce issues as wound care is a specialised segment of health treatment and requires a qualified chain of care. Therefore wound care provides an ideal laboratory for developing new policy responses to patient access.

Wound care is present in all areas of the healthcare system whether in hospitals, clinics, long term care institutions or in the community such as physicians general practices or home-care. It involves all of the three main healthcare disciplines, nursing, surgery and general practice speciality physicians. The patient population requiring wound care is across the spectrum

from infants to the elderly and is either for acute wounds such as trauma and surgical wounds or else chronic wounds such as bedsores (pressure ulcers) or vascular or diabetic ulcers.

At the same time, the EU is aware of the potential budget impact of an ageing population (including escalating healthcare costs). Better wound care also provides a means to address some of the forthcoming budget issues by ensuring treatment costs are minimised by effective prevention of wound complications, and by effective diagnosis and treatment. At present a significant proportion of the resources devoted to wound care is effectively wasted because wound treatments are inappropriate or inefficient.

Therefore, the Eucomed Advanced Wound Care Sector Group (Eucomed AWCS) calls on the EU Council, Commission and Parliament to consider wound care as an indicator treatment for setting healthcare policy and for decision making. In relation to ongoing policy discussions regarding quality of patient care, we see wound care as a model for making a difference in the quality of life of patients.

¹ Council of the European Union (9 June 2009), Council Recommendation on patient safety, including the prevention and control of healthcare associated infections. Available at: http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/108381.pdf

The Burden of Wounds on EU Healthcare Systems²



The quality of wound care varies markedly across and in some cases within Member States. The standard and quality of wound care varies according to the local budgetary constraints which have an adverse impact on the quality of patient care and resulting in added burden to the healthcare system. Consider the following statistics:

- The population prevalence of wounds is 3-4/1000 people, which equates to between 1.5-2.0 million of the 491 million inhabitants of the EU 27 with an annual incidence of 4 million individuals
- Between 25-50% of acute hospital beds are occupied by patients with a wound, many of which were developed during hospitalisation.
- Surgical wound infection is estimated to affect between 30-40 surgical patients per 1000 operations, and its effects can be life-threatening, particularly in older patients.
- Excess mortality among patients contracting a surgical wound infection is 5%.
- Recent surveys of European hospitals show that around one in five inpatients has a pressure ulcer, 50%-80% of which are hospital-acquired. Pressure ulceration has a major negative effect on patient function and quality of life which should be avoidable.

Evidence suggests that wound care generally, and in particular the treatment of chronic wounds, will become even more important for healthcare systems in Europe as the population ages, because the prevalence of chronic wounds is highly correlated with age. By 2025, the population of the EU 27 aged 65 and above is expected to increase by 25.5 m (13%), compared with an increase of just 1% in the population as a whole. Bearing in mind the significant impact of wounds on patient health and on the resource costs to healthcare providers, ensuring wounds are appropriately diagnosed and treated is essential. There is also research available showing that costs can be reduced at the same time as patient outcomes are improved. This can be achieved by improving the skills of health care providers concerning diagnosis, making the right treatment choices, monitoring and referral.

² Posnett, J. et al, J. Wound Care (April 2009), The Resource Impact of Wounds on Health-care Providers in Europe, vol.18 (4).



Policy Recommendations



To this end, the Eucomed AWCS calls on the Members of the European Parliament and Commission to consider the following policy measures:

- First, **health authorities should support and promote research and exchange of best practice**, including after-care, for the treatment of wounds and the prevention of wound complications. This will include gathering information on the prevalence of wounds and on current wound care practice within individual healthcare provider organisations and identifying methods that achieve the best results for patients based on proven methods for prevention and healing. Support through programmes such as the 7th Research Framework programme would be critical in this regard.
- Second, **education for healthcare providers on the importance of wound care is essential for a good quality health system**, and there is a need to foster education and training of healthcare workers at Member State level, with particular provisions for healthcare workers specialising in wound care. This means a more holistic approach to wound care as an example of best practice, not just narrow treatment. The recent Green Paper on the HealthCare workforce³ would be an ideal forum to address the chain of care issue in relation to acute care treatment settings.

- Third, **the results of seeking the methods and ways of treating wound care should be integrated into the review of availability and access to best practice treatments**. Member States should review this as part of their ongoing efforts to identify and promote best practice. This should include evolving best practice standards for wound care, supported by EU programmes.

Overall, central EU policy coordination and action to improve wound care access and treatment would provide an ideal test laboratory to determine the impact of EU policy on health outcomes.

Eucomed AWCS looks forward to working with the European Parliament and Commission on these important issues.



About Eucomed Advanced Wound Care Sector Group (AWCS)

The AWCS is a working group within Eucomed, the "Voice of the Medical Technology Industry in Europe". What is unique about this sector group is the close and active cooperation between the industry and clinicians (represented by EWMA). Eucomed represents directly and indirectly 4500 designers, manufacturers and suppliers of medical technology used in the diagnosis, prevention, treatment and amelioration of disease and disability. Small and medium sized companies make up more than 80% of this sector. The European medical technology industry invests some €5.8 billion in R&D and employs near to 529,000 highly skilled workers. The mission of Eucomed is to improve patient and clinician access to modern, innovative and reliable medical technology.



About the European Wound Management Association (EWMA)

The overall aim of EWMA's participation in the Eucomed AWCS group is to represent the clinical voice of wound care to ensure that the implication of wounds from both the patient and clinician are understood. WMA is a multidisciplinary group bringing together individual clinicians as well as organisations interested in wound management. The main objectives of EWMA are to:

- Disseminate and implement new knowledge about wound management in order to secure the best possible treatment conditions throughout Europe.
- Secure a continued development of the wound management area by contributing to research into epidemiology, pathology, diagnosis, prevention and management of wounds of all aetiologies.

The activities of EWMA are based on a strong collaboration with the national wound care organisations in Europe and other international organisations with similar objectives.

For more information about EWMA: www.ewma.org

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Eucomed Wound Care Policy Paper



³ Commission of the European Communities (10 December 2008) Green Paper on the European Workforce for Health. Available at: http://ec.europa.eu/health/ph_systems/docs/workforce_gp_en.pdf