Dr Paul De Raeve, Secretary General of the European Federation of Nurses Associations, outlines some of the challenges involved in long-term care

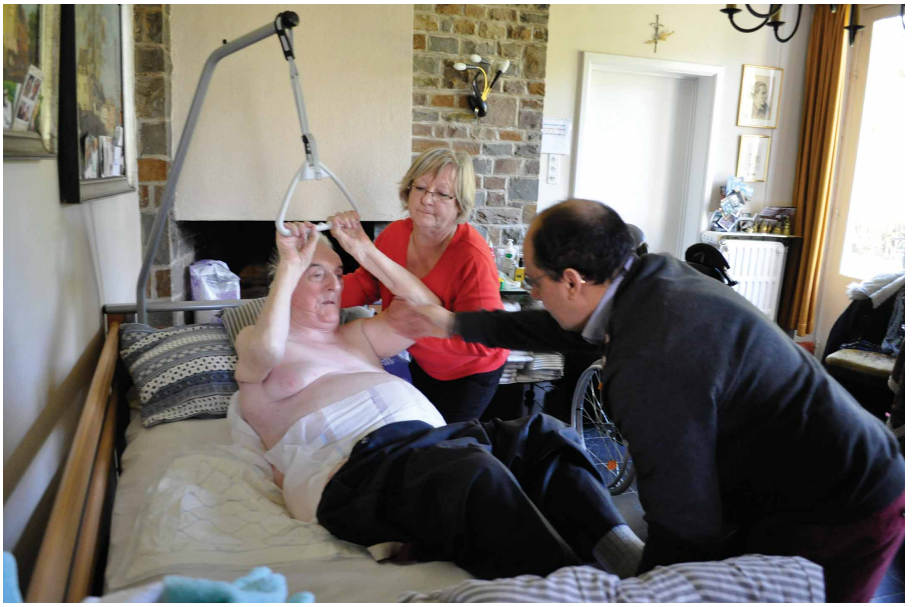
# The LTC implementation gap

Following the economic crisis, political and policy themes like efficiency, sustainability and effectiveness have become a mantra for governments and EU institutions in managing and steering healthcare budgets.[1] The Long-Term Care (LTC) equation, taking up a bigger piece of the GDP, is already expected to increase from 1.9% of GDP in 2016 to 2.6% in 2040 and 3.8% in 2070 (European Commission, 2018b).

Although there is often a quick medical and technology answer to major LTC challenges, there is an urgent need for the EU to give a public health answer and to move frontline actions beyond a subsidiarity rhetoric. Given that it is clear from the commission's 2017 Report on the State of Health in the EU[2] that only 3% of the health budget is intended for the prevention of non-communicable diseases, while 80% of the budget is used for their treatment, the European Commission should urgently invest and focus on primary care, within its current mandate of the treaty.

As more effort from the healthcare industry is expected to boost the continuum of long-term care services and the system of payment for those services, the LTC equation should shift from the current delivery model based on specific diseases towards focusing on the common denominator of sustainable health and social care ecosystems: prevention.

Bringing prevention back to the community to serve a greater number of people is key to achieving accessible, effective, efficient and affordable pathways with the provision of comprehensive health and social care services addressing the unmet needs in EU value-based ecosystems.[3,4]



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## The current situation in Europe

LTC refers to a range of health and social services designed to address people's unmet needs, requiring day-to-day help with various activities.[5] However, in many European countries, the current health and social reforms fail to efficiently respond to the ongoing demographic change, and the provision of long-term care services is primarily carried out by family or friends in a person's home.[6]

The balance between formal and informal care, formal care providers, funding and delivery greatly differ across EU member states. However, more formal care services have been developed to a greater or lesser extent to provide them in the community, or in residential facilities such as nursing homes or assisted living facilities.

In recent years, LTC programmes and services have greatly evolved, adapting to the demographic change of the European population. Southern and eastern countries have developed formal LTC services, next to the widespread informal care and limited state provisions and funding. Northern and western EU member states, characterised by high levels of state support and public provision for the elderly, have registered a decrease or even cut back on spending.[7] However, there is still a high variation in the demand for LTC, with great diversity in service use – and availability – of nursing services in member states.[8]

Furthermore, the coverage of formal LTC presents important dissimilarities with relatively few European countries having quality management or regularly systems in place. Public services are destining funds and services only to those with the

highest levels of caring needs, leading to longer waiting times for the others, and restricting access.

## LTC resilience

In particular, the delivery of LTC implies a paradigm shift away from medical treatment and towards care, prevention and patient empowerment. It is necessary to implement a coherent model of integrated care based on the management and delivery of health and social care services so that citizens receive a continuum of preventive and curative services according to their needs over time and across different levels of the health and social system.

In this sense, a better integration and co-ordination of health and social care services between primary and secondary care is needed to improve patient/health outcomes, by avoiding unnecessary medical interventions and prescription drugs which having and by making hospital re-admissions a way to relieve the under-qualified staff in elderly care homes.

In parallel, considering a context where more people are living with co-morbidities, non-communicable diseases and needing complex care interventions, and where health and social ecosystems are under increasing financial pressure (% of GDP), an important contribution to the sustainable delivery of LTC services is given by moving care back to the community,[9] helping in preventing diseases and supporting citizens in their self-management.

However, its implementation requires an appropriately designed frontline workforce to deliver the diverse services needed to address the ageing population unmet needs and the LTC within and across member states.

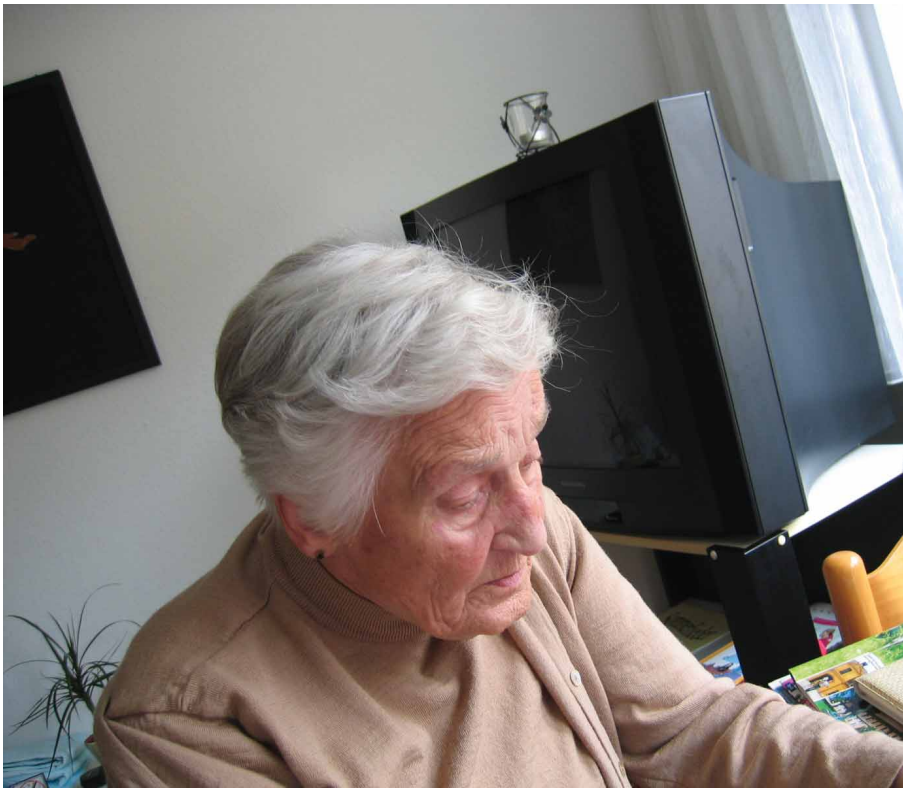
This is instrumental in co-ordinating patient care pathways in long-term care, and especially for elderly people. Here, nurses can greatly smooth the care process having access to people's care plan profiles in blockchain.

## Nurses competencies in primary and community care

The primary and community care nurses greatly contribute to understanding and responding to the unmet needs of citizens, patients and informal carers, thanks to the competencies defined in the European Directive 2013/55/EU, Article 31, and moving up the career ladder towards advanced nurse practitioner.

The 'family nurse' performs crucial roles to the delivery of long-term care services: in home nursing, they involve patients and their caregivers in all procedures to enhance their independence; and community nursing for older adults involving counselling and guidance to promote independence and greater quality of life, while at the same time reducing healthcare costs.

In addition, they perform medication reconciliation, ensuring that patients' medications are fit for purpose and respond to the complexities of co-morbidities. In this sense, the role of nurse-prescriber is crucial to organise elderly people's complex and variegated medication regimes, and in safeguarding the appropriateness and accuracy of prescriptions, providing education on medication safety and its proper administration to people with dementia, their families and carers, and by reviewing medications regularly so that the needs of the individual are met, and that referral is timely when relevant investigations are needed to ensure the safety of prescriptions.



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The family nurse boosts health promotion and disease prevention, moving daily into the citizen's/patients' living environment, observing the context of care and, as such, putting the empowerment of the patients and their families into a reality check.[10] Nurses form a comprehensive assessment to develop a more holistic picture of needs, crucial to developing care services for older people responsive to their individual needs.[11] All this makes the contribution of nurses to the value-based health and social care ecosystem unique.

In this context, developing new roles for nurses, the advance nurse practitioner (ANP) is key to increasing the efficiency and efficacy of the existing resources and improving health outcomes by getting the frontline co-ordination right from the start of the reforms. These advanced roles, including prevention, have the double aim to better integrate primary and secondary care on the one hand, and health and social services on the other, following the people-centred model of care.

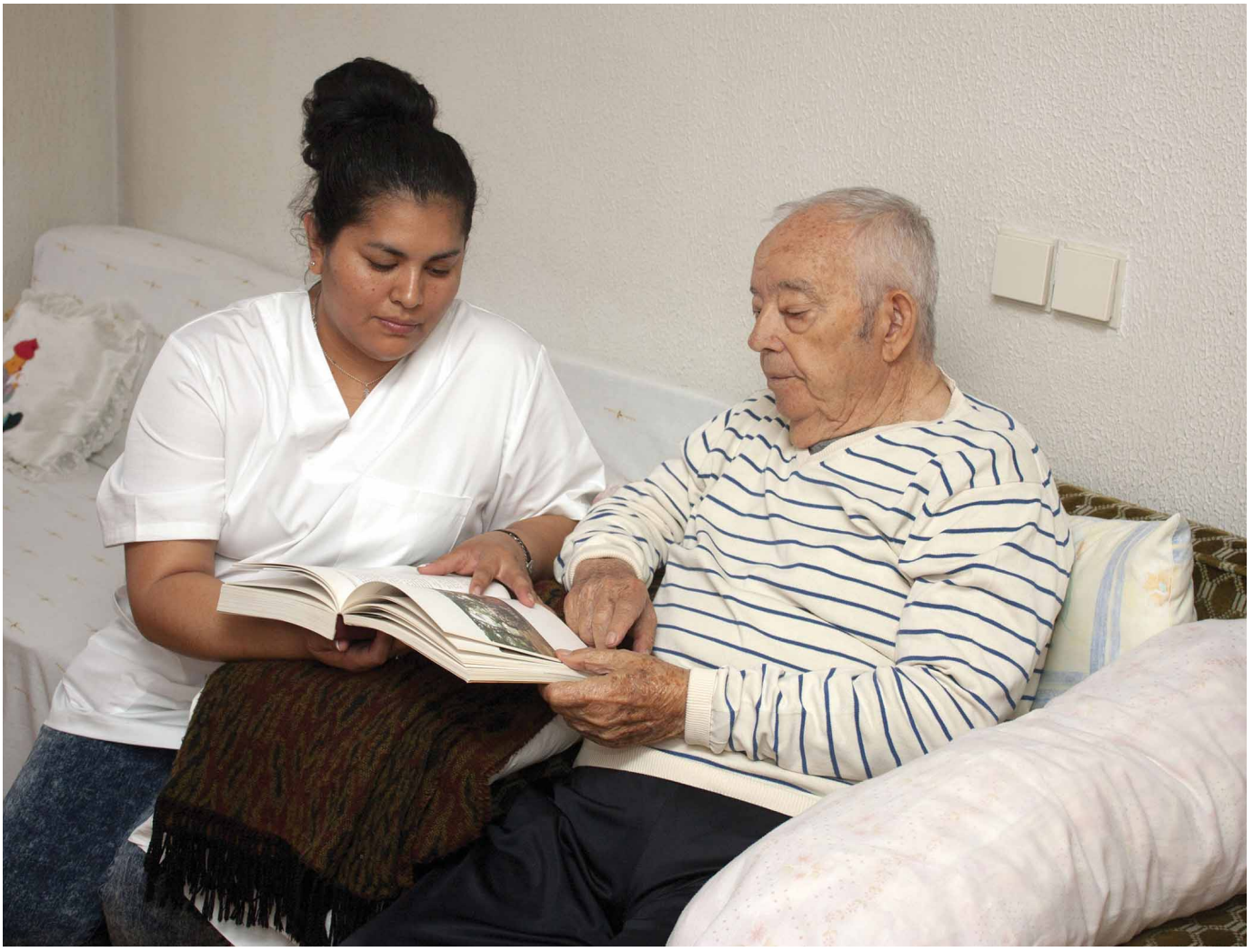
ANPs operating within a people-centred model of continuity of care has proven to make health and social care systems and services more responsive, safe, effective, and efficient, showing benefits for individuals and their families, as well as for health and social care professionals working in very difficult circumstances.[12]

## Challenges for the long-term workforce

However, the future of LTC delivery deals with a lack of highly educated professionals, qualified to deliver LTC services, due to a workforce shortage caused by LTC professionals being paid less than professionals in acute health care settings.[13]

National policies should invest to provide appropriate healthcare services with competent professionals based on evidence-based research. This issue is particularly sensitive for nurses, who need a more competitive wage, opportunities for continuing education, and better working conditions.

Low wages, stressful conditions due to inadequate staffing and frequent turnover, lack of benefits and social support (childcare assistance,



The 'family nurse' performs crucial roles to the delivery of long-term care services

transportation etc.), minimal job security, and high personal injury rates are the main problems that must be resolved to raise job satisfaction and increase employee retention.

## Informal carers

In parallel, EU countries deal with LTC informal care, performed by family and friends, doubling the formal care workforce.[14]

The support to informal carers within the EU strongly differs in the type of contribution offered, with southern and eastern countries registering intense caring responsibilities impacting the professional career.

This condition is certainly mostly affecting women, who often are nurses. Besides the challenges related to wages and working conditions, nurses face the gap in formal care supply leading to them being informal carers to their family members when needed.

This condition often forces those female nurses to leave their profession to perform in the informal setting, without any coverage from social protection or pension scheme. Given this situation, it is of paramount importance to further promote the work-life balance for caregivers, through the implementation of social and health LTC services for the dependent person, to avoid women having to leave their job to take care of them.

## Systematic change versus pilots

Over the decades, the European Commission developed an impressive library of policies, approaches, guidelines, and tools gradually put into the cloud and not turned into frontline action. An example is the EU Action Plan on Childhood Obesity 2014-2020[15] with the overarching objective of halting the rise in overweight and obese children and young people by 2020. It sets out priority areas for action and a basis for the member states to develop policy on childhood obesity. This was followed by the WHO European Food and Action Plan 2015-2020,[16] to improve food system governance and the overall quality of the European population's diet and nutritional status. Nonetheless, the unmet needs keep on increasing, both horizontal and vertical.

Also for antimicrobial resistance (AMR), dementia, and e-health we can list several roadmaps not reflected in support to the frontline. The political rhetoric of awareness raising stays the main barrier due to the subsidiarity principle being used as an argument to take any frontline action, but counterproductive when addressing life threatening challenges and unmet needs.

IT platforms are a source of a collection of best practices to learn on a voluntary basis, but these tools, awareness raising, and pilots are too weak to build trust and political commitment for change.

EU funds have not supported frontline in the health and social care sector to reverse societal challenges, such as LTC, and the Commission Structural Reform Support Programme supports the country's needs, instead of the end-users'. EU programmes such as FP7, H2020 and FP9 will never be able to show an EU added value if the end-user engagement is not taken seriously and put in a position to drive change.

Therefore, the EU desk-research approach to address LTC challenges needs to leave more space to fieldwork deployment, implementation, and co-creation of the end-user.

## Conclusions

In order to decrease the amount of GDP going to health and social care, it is key to achieve the ambitious target of a healthier life for every European citizen by 2030, and so Europe needs

The successful relocation of care back to the community requires an appropriately designed frontline workforce, and here, nurses can greatly smooth the care process by having access to people's care plan profiles in blockchain

to increase its efficiency in health, social and informal care delivery by increasing the public health funds allocation.[17]

For research and innovation, end-user co-creation is key to securing healthcare industry investment and outcomes to boost the continuum of long-term care services, the reform of systems of payment for those services, and the prevention of the common denominator in value-based health and social care ecosystems in the EU. Return on investment comes from strategic engagement and deployment, with three million EU nurses taking up the frontline end-user position.

Health and social care need to be citizen and patient-centred, with nurses playing a key role building trust at individual, service and system level of value-based health and social care ecosystems in the EU. It is crucial to support nurses in facilitating citizens'/patients' access to prevention, primary and community care.

In this context, developing advanced roles for nurses (ANP) is key to increasing the efficiency and efficacy of the existing resources and improving health outcomes by getting the frontline co-ordination right from the start of co-designing ecosystem reforms in the EU.

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