



OPEN LETTER

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Standardisation of Health and Social Services

Dear Sir or Madam,

The members of ESIP and AIM, social security organisations, mutuals and health insurance funds, are following with great concern increasing efforts at European level for standardisation in the field of health and social services. In particular, recent requests for standardisation in quality of care for elderly people and patient involvement in person-centered care, as well as deliberations on standardisation in the field of healthcare within a CEN working group, represent a fundamental interference with existing national rules and medical guidelines developed by the competent institutions.

Whilst the work of the European standardisation institutions (CEN/CENELEC) can be genuinely valuable resources for the safety of products used in health or nursing care, medical devices or the design of hospital beds, **there is no added value in developing standards for the quality of health and social services.**

European standards in the field of health and social services developed by privately-organised standardisation institutions such as CEN/CENELEC will not necessarily improve the quality of services but could rather endanger patient safety. **Evidence-based guidelines to ensure the quality of health and social services already exist at national level;** they are developed and coordinated by experts from the health/social care sector based on the latest scientific evidence in a transparent manner which avoids conflicts of interests. If European standards were to contradict these existing guidelines they would reduce the quality of services rather than improve them and lead to legal uncertainty.

In the field of social security, guidelines are aimed at providing high quality services focusing on the insured person and taking into account the diversity and complexity of health systems in the Member States. European standards are market driven with the aim

ESIP and AIM call upon the governments of the Member States and Standardisation Bodies to take the above arguments into consideration and to stop the discussions on standardisation of health and social services provided and paid for by social security institutions, health insurance funds and health mutuals. Issues related to clinical processes, professional qualifications and training, quality of care, requirements for healthcare provision and management as well as occupational safety and health must be excluded from the scope of standardisation.

Kind regards



Dr. Franz Terwey
President ESIP



Christian Zahn
President AIM

About the European Social Insurance Platform (ESIP)

The European Social Insurance Platform (ESIP) represents over 40 national statutory social insurance organisations (covering approximately 240 million citizens) in 15 EU Member States and Switzerland, active in the field of health insurance, pensions, occupational disease and accident insurance, disability and rehabilitation, family benefits and unemployment insurance. The aims of ESIP and its members are to preserve high profile social security for Europe, to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European debate and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

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About AIM

The Association Internationale de la Mutualité (AIM) is an international umbrella organisation of not-for-profit healthcare mutuals and health insurance funds in Europe and in the world which operate on the basis of solidarity. Currently, AIM's membership consists of 63 member organisation in 30 countries. In Europe alone they provide coverage of healthcare to around 200 million people. AIM strives via its network to make an active contribution to the preservation and improvement of access to health care for everyone.

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