

## **Final update on empowerment survey and overview**

**Denmark 2, Sweden 2, Slovenia 2**  
**Estonia 1, Czech 1, Germany 3,**  
**UK 2, Italy 2, Port. 1,**  
**Ireland 1, Iceland 1, France 2,**  
**Spain 2, NL 3**

**25 answers: 14 countries (one or two incomplete)**

### **Summary of significant content of the individual questions:**

#### **Q.1 National/regional definitions**

#### **Q.2 Personal definitions**

In fact these are a mix of the two. Output is analysis of use of terminology with questions posed about how we use this to advance thinking and develop some kind of consensus (thought leadership)

#### **Q.3 Links to official documents**

Extremely rich trawl of website links. Would provide an academic paper in itself, if we can find a student or intern to spend the time doing the full collation and listing for us to analyse. Challenge then on how best to process this valuable (and I suspect, unique, data). Perhaps we should reach out to an academic partner and do this collaboratively? Again, [possibly a question for the Expert group). Only non-answers from Estonia, Iceland and Portugal (3/14).

#### **Q.4 Links to individuals**

Interesting that many fewer connections offered. Apart from UK and IRL, the possibilities for further strengthening our network rest on 7 countries – Sweden, Slovenia, Germany, Spain, Netherlands, Denmark and Portugal. Work obviously would be needed but we could investigate in all of these countries the idea of associate status with CEmPaC or some partnership relationship. N.b. for many of the above countries we need to be thinking of

Regional rather than National links). This has potential business implications, so we need to carefully consider this in the context of return on investment.

#### **Q.5 Examples of work being carried out**

Again, a very rich haul of links or descriptions. Even our friend in Iceland suggesting we ask the Iceland Medical Association! Portugal -no show, but we have links to the people who are doing stuff from Q.4.

For the other 12 countries, we're faced with the same issue as with Q3, and perhaps processing of these examples is a good complement to the analysis of the data Q.3 offers and could be combined, to give both sources, organisations engaged and examples of practice in the 12 countries. This reminds me of the mapping we did of European patient safety activity round about 2006 (the Simpatie project).

#### **Q.6 Links including access to individuals**

Most responders saw this as a more or less redundant question, given the material in the previous 5 questions. Some detailed info. from Czech, UK (England and Scotland separately)), Spain and Netherlands (several of their agencies). Seems this adds little on the one hand but on the other needs checking to see if it complements answers from Q.3-5.

#### **Q.7 Requests to keep in touch**

This trawl yielded 7. We know all (I do anyway) and just need to check internally how we best 'capture' them (over and above checking if they're on the mailing list).

**Last issue then is to agree next steps and in what format we present this lot to the Expert group in a couple of weeks' time.**