



Brussels, 19 January 2009

HOPE position on IPPC Vote in the Environment Committee

The European Hospital and Healthcare Federation (HOPE) would like to draw attention to the concerns of the hospital sector with regard to the proposed review of the Integrated Pollution Prevention and Control Directive (IPPC).

HOPE recognises the importance of the proposed Directive's overall aim to strengthen provisions for tackling industrial pollution. However we are concerned that the proposed extension of the Directive's scope to cover smaller combustion installations takes insufficient account of the need for significant standby boiler capacity in hospitals. Moreover, the proposed compromise amendment in the Environment Committee, which aims to lessen the burden on small installations, would in fact have no real benefit for hospitals.

While the hospital sector welcomes the efforts of the Commission and MEPs to exclude emergency generators through the aggregation rules in Annex I, the proposed rules do not go far enough for the following reasons:

- Boilers are used in hospitals to provide patients with heat and hot water, for sterilisation services, and sometimes food preparation. Significant standby capacity is required to ensure continuity of these services in the event of a technical failure.
- The maintenance requirements for boilers mean that hospitals need to rotate their lead and standby boilers throughout the year. If hospitals relied on only one lead boiler all year round, often the standby boiler will not operate properly when required. This rotation of equipment means that a standby boiler is likely to be in use more than 350 or 500 hours a year.
- While hospitals need standby capacity which is well maintained and ready for service, account should be taken of the fact that these combustion units would never in principle be used to their full capacity.

To address this and ensure that hospitals are not penalised for their potential for pollution rather than actual emissions, we would like to ask you to support and vote separately on amendments 382 (Sturdy) and 383 (Wilmott) which specify that in the healthcare sector, only the normal running capacity should count toward calculating the capacity threshold for IPPC inclusion.