

the other existing financial instruments ⁽¹⁾ (Article 21(1)) for payments from the Commission to the Member State, which specifies that payment must be made 'as a general rule within two months from receipt of an acceptable application'.

⁽¹⁾ OJ L 193, 31.7.1993.

(1999/C 348/057)

WRITTEN QUESTION E-0294/99

by Hiltrud Breyer (V) to the Commission

(17 February 1999)

Subject: Energy saving potential in hospitals

1. How great does the Commission think is the energy saving potential in European hospitals?
2. Can the Commission say how many hospitals there are in the individual Member States?
3. Does the Commission have information on how energy consumption by hospitals is recorded and assessed?
4. Can the Commission quantify the reduced burden on the environment that can be expected from energy savings in individual homes and/or for the Member States in terms of CO₂, NO_x and SO₂?

Answer given by Mr Papoutsis on behalf of the Commission

(14 April 1999)

The energy-saving potential in hospitals is significant, given the number and size of the buildings involved. However, it is extremely difficult to quantify that potential. The prime purpose of hospitals is to provide quality care and comfort for patients. Energy is merely a means to attain that end. Besides, there is no question of allowing the slightest risk that the energy supply might be interrupted, given the consequences that could have.

From the economic point of view, it should be emphasised that energy represents, on average, only 2,5 % of a hospital's operating budget (ranging from 1,5-5 %). Energy consumption in hospitals covers a wide variety of functions: heating and air conditioning (50-65 %), hot water (15-28 %), cooking (5-8 %), laundry (4-8 %), lighting and specific uses of electricity (6-12 %).

The wide range of supervisory authorities makes it difficult to implement specific actions for hospitals.

The Commission has no information regarding the number of hospitals, but is sending a table indicating the number of hospital beds in the Member States directly to the Honourable Member and to Parliament's Secretariat.

The Commission has no specific information on arrangements for recording and assessing energy consumption in hospitals. Consumption of electricity and natural gas is easy to determine; it is much more difficult to record consumption of liquid or solid fuels, and most institutions simply work on the basis of delivery invoices. Consumption in 1993 may be put at 6 475 000 tonnes of oil equivalent (toe) per annum (EUR 12).

Figures cannot be given for the reduction in environmental pollution to be expected from the introduction of energy-saving measures in each establishment. All in all, one might expect energy saving of between 1 and 1,5 million toe and a cut in CO₂ emissions of around 4 million tonnes.

Reductions in SO₂ emissions will depend on the quality of liquid and solid fuels consumed, while reductions in NO_x emissions cannot be approached at a macro-economic level as specific combustion conditions have a major impact on the amount of NO_x produced.