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Health Promoting Hospitals 2017

Vienna, 10-14 April 2017

HOPE Agora 2017

Dublin, 11-13 June 2017

HOPE study tour on Quality and Safety – Registration open

4-5 May 2017, Brussels (Belgium)

Due to many institutional reforms, Belgium Quality and Safety policies have been characterized for many years by an unclear definition of responsibilities. Things are now slowly becoming less ambiguous and both regional and federal levels are engaging in comprehensive and articulated Q&S policies.

PAQS ASBL is a newly created organization bringing together most healthcare stakeholders in Brussels and Wallonia with the objective of improving quality and safety in healthcare. PAQS ASBL will be organizing a HOPE Study Tour on Quality and Safety on 4 and 5 May 2017 in Brussels.

During those two days, we will explain to participants how things are currently organized in Belgium, which policies have been implemented for which results, and how future policies may look like. We expect participants to briefly present Quality and Safety policies existing in their countries and to exchange opinions and ideas on how things are evolving throughout Europe.

The applicants are kindly requested to complete the [application form](#) in English and to send it by e-mail to denis.herbaux@paqs.be by 24 February 2017.

Preliminary programme

Consultation on the European Pillar of Social Rights – HOPE response

On 8 March 2016, the European Commission launched a public consultation on the **European Pillar of Social Rights** that ended 31 December 2016.

The European Pillar of Social Rights aims to build on, and complement, the EU social "acquis" in order to guide policies in a number of fields essential for well-functioning and fair labour markets and welfare systems. The principles proposed do not replace existing rights, but offer a way to assess and, in the future, approximate for the better the performance of national employment and social policies. The objectives of the contribution consultation were to make an assessment of the present EU social "acquis", to reflect on new trends in work patterns and societies and to gather views and get feedback on the role of the

European Pillar of Social Rights as part of a deeper and fairer Economic and Monetary Union.

In its contribution, HOPE underlines the link between health and economic development. Indeed, better health is a vital aspect to economic progress, as healthy populations live longer, are more productive, and save more.

HOPE contribution

Other replies

ICT4Life – Consortium Meeting and Stakeholders event

17-19 January 2017 – HOPE central office, Brussels

From 17 to 19 January 2017, HOPE hosted in Brussels the fourth ICT4Life Consortium Meeting and organised an event to present the project and its first results to the main EU stakeholders in the health field.

ICT4Life is a three-year project financed by Horizon 2020, the EU Framework Programme for Research and Innovation, aiming to provide new services for integrated care employing user-friendly ICT tools, ultimately increasing patients with Parkinson's, Alzheimer's and other dementias and their caregivers' quality of life and autonomy at home.

The Consortium Meeting represented for the partners of the project an opportunity to exchange information on the activities implemented and on the objectives reached so far, but also to define the next steps. HOPE, being the leader of ICT4Life dissemination and communication, is in charge of raising awareness about the project and ensuring its visibility at the EU level. HOPE presented the work done and the results achieved in relation to the targets set.

During these days, HOPE organised an event to show the ICT4Life technologies developed during the first year of the project, focusing on the ICT4life approach and contribution to the challenges of integrated care. It gathered key policy making organisations representatives who provided valuable inputs for the improvement of the ICT4Life platform as regards end-users needs.

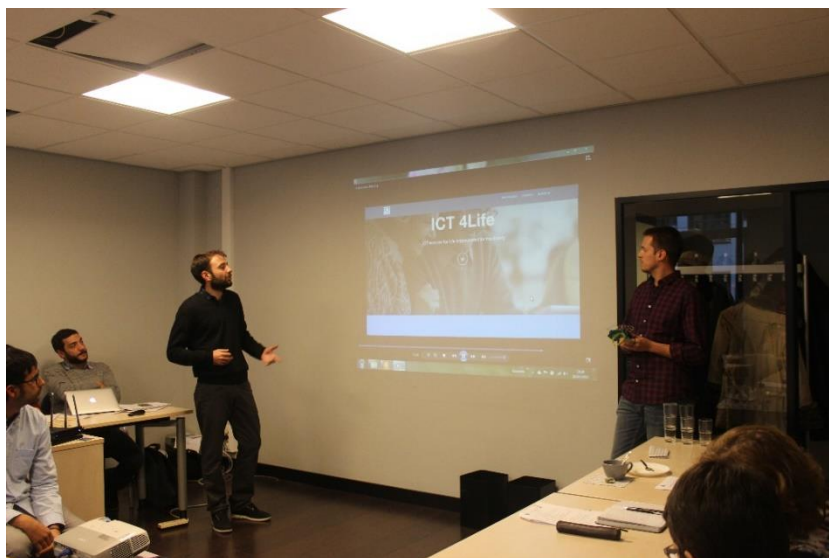
The first part of the event was enriched by the contribution of Vinciane Quoidbach from European Brain Council (EBC), who presented the main content of the research project, **The Value of Treatment for brain disorders**, which shares common issues with ICT4Life. In this session, Pascal Garel presented HOPE position on integrated care to relevant stakeholders.

During the second session, ICT4Life partners performed a real-time demo of the technologies while presenting their innovative features in providing personalised

care and promoting independent living solutions at home (**video**). Furthermore, the projection of a **video** showing the experience of patients testing the ICT4Life tools, gave the possibility to the stakeholders to have a clearer idea on the practical approach adopted in the development of such tools. Finally, a session was dedicated to present the perspective of patients, caregivers and professionals and how ICT4Life platform will improve the conditions of end-users.

ICT4Life consortium had the chance to collect feedbacks on *hot topics* such as digital health literacy, data protection, treatment gap and prevention, that will be considered for the next steps of the project. The event represented also an opportunity to establish links with other EU funded projects dealing with ICT4Life related matters such as **i-PROGNOSIS**, **FrailSafe** and **SCIROCCO**.

ICT4Life website



Paving the way for eHealth interoperability – EURO-CAS project launched – Press release

The EURO-CAS project was launched in Vienna on 26 January 2017, a few weeks after the kick off meeting. HOPE is involved in the project as a partner and will contribute to the dissemination and communication activities of the project.

The EURO-CAS project launched operations today to deliver the eHealth Conformity Assessment Scheme for Europe in 2018. This scheme will help European health systems assess the conformity of eHealth products and solutions with international standards, and will enhance vendors' visibility by offering public recognition of conformity of their products. This will advance eHealth interoperability, help advance the European Digital Single Market in the health and care domain, and facilitate the sharing of information for better and more person-centred healthcare.

Led by IHE-Europe, a recognised leader in eHealth standards, the EURO-CAS consortium consists of representatives and competence centres of key European regions and Member States, as well as experts and international associations. Together they will assess the interoperability requirements of European health systems and analyse the existing testing and certification schemes, before developing and testing a European conformity scheme in several regions, guided by an advisory board of additional experts and policymakers. The finalised EURO-CAS model will be presented in November 2018 to the public.

“Lack of interoperability is both a reason for, and a result of, the fragmentation of eHealth markets in Europe and the endurance of information silos,” says Karima Bourquard, Director of interoperability at IHE Europe, and scientific coordinator of EURO-CAS. “The EURO-CAS conformity assessment scheme will provide a comprehensive framework, with flexibility to allow better sustainability and harmonisation at European, national and regional levels.”

EURO-CAS will build on the findings and results of a series of EU-funded projects that have advanced eHealth interoperability within and between Member States in the last years, and will provide a scheme consistent with the Refined eHealth European Interoperability Framework endorsed by representatives of all 28 European Member States in 2015.

The EURO-CAS conformity assessment scheme for Europe will consist of models, processes and tools that will enable and strengthen the capability of test centres to assess eHealth product and solutions, not only in regard to international standards and interoperability requirements of European eHealth projects, but also in regard to national and regional eHealth requirements.

The EURO-CAS project is committed to transparency and openness, and invites interested parties to join and contribute. They can engage face to face with

consortium members during EURO-CAS events, or offer comments and feedback to key deliverables that will be offered for public consultation.

Project website

Twitter | LinkedIn

HOPE Exchange Programme 2017 – Organisational Innovation in Hospitals

In 2017, HOPE will organise its 36th Exchange Programme starting on 15 May. The Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017.

The main topic for 2017 will be around organisational innovation in hospitals and healthcare. Organisational innovation is a broad topic that in the context of the Exchange Programme shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

More information on the HOPE Exchange Programme is available on **HOPE website, Facebook and LinkedIn**.



Austria - Ulrike Schermann-Richter

The Austrian healthcare system is complex. It is publicly organized, but this organization involves several levels of politics and public administration –the federal government, the nine provinces, districts and local authorities and the social insurance organizations. Coordination between the different sectors of the healthcare system and its actors is built on a legally-defined form of cooperation, the so-called target-based health governance.

A “product” of this cooperation is the National Framework for Healthcare Planning (ÖSG-Österreichischer Strukturplan Gesundheit), a tool for integrated healthcare planning that depicts all provision levels. The ÖSG is indeed a valuable planning basis but, being just a compilation of expert’s opinions on the state-of the art of health care provision, its specifications are only recommendations and not legally binding. After many years of efforts, a legal basis could now be created offering the possibility to make planning specifications of the ÖSG binding for the extra- and intramural sector by ordinance. In 2017 the parts of the ÖSG, which are indispensable for the sustainable provision of health services, such as planning reference values and criteria, should be identified and made legally binding.

A major goal of the healthcare reform 2013, namely the reorganization of primary healthcare and enhanced primary healthcare capacity including the target to have implemented multi-professional primary health care facilities for at least 1% of the population by the end of 2016, could not be achieved, mostly due to the massive opposition of the doctors’ chamber. However, the health reform package for the coming period 2017-2020 reaffirmed the strengthening of near-home and multi-professional primary healthcare and devoted 200 million Euros for this purpose. “We are confident that the relevant legal base will be decided in the near future and that these provision model can finally be implemented in Austria”.

This is intended to make the working environment in the public health care system more attractive and to provide a better work-life balance for health care providers. Patients will be offered longer opening hours and more services and better coordination of different areas of treatment is to be ensured. This will reduce the burden on hospitals and their outpatient clinics.

United Kingdom – Elisabetta Zanon

The NHS funding depends largely on the overall performance of the economy. A risk for the NHS arising from Brexit is therefore linked to a possible prolonged period of economic slowdown. Leading economists are almost unanimous in concluding that leaving the EU will have a negative effect on the UK economy, which in turn will impact on public spending. The impact of Brexit on the UK's economy is however very difficult to quantify at the moment, as the situation will evolve constantly and hard data on the economy will not be available for some months.

The NHS is heavily reliant on EU workers, with around 10 per cent of our doctors and five per cent of our nurses being EU migrants. The biggest danger in the short term is that the prospect of Brexit could discourage EU citizens from staying or coming to the UK, due to fears of being unwelcome and concerns around employment rights. There is also speculation about the impact of a less favourable exchange rate, making the UK a less attractive destination for healthcare workers to live and work. In the longer term, everything will depend on the outcome of the negotiations between the EU and the UK and on which new immigration system the UK would put in place. The UK Prime Minister and Government have confirmed their intention to have a system which enables migration to be reduced and better managed. There are different ways in which this could be achieved and it will be crucial for the NHS to actively seek to influence the new system in a positive way, while reducing its dependence from incoming professionals.

Brexit could also impact on NHS clinical research and innovation. Collaboration with leading counterparts across Europe has helped us to develop new treatments, adopt innovation more quickly, and improve the quality of healthcare we provide to our patients. It has also facilitated enrolment of NHS patients in clinical trials, allowing them to access innovative, life-saving treatments, when no other medical option was available to them.

The NHS's participation in EU collaborative research will be impacted in the event the UK no longer had access to the EU framework programme for research post-Brexit, and were the UK's regulatory framework (on clinical trials, authorisation of new medicines, data privacy, etc.) to diverge from the EU's in the future. Under this scenario, there could be implications in terms of patient care, (due to a potential slowing down of the take-up of innovations and their translation into NHS medical practice) and the NHS's ability to attract and retain some of the most renowned clinicians in the world (who often decide to work for the NHS due to its reputation in leading medical research).



2017 European Semester – ECOFIN Council conclusions on Annual Growth Survey

On 27 January 2017, the Economic and Financial affairs Council (ECOFIN) considered growth prospects and macroeconomic imbalances under the 'European Semester', the EU's annual policy monitoring process.

It adopted conclusions on two key aspects:

- the Commission's annual growth survey;
- the 'alert mechanism report', the starting point for the annual macroeconomic imbalances procedure.

The Annual Growth Survey is the first step of the European Semester process. With the Conclusion adopted in January 2017, the Council broadly shared the Commission's analysis and agreed on the broad priority policy areas outlined in the report, namely:

- boosting investment;
- pursuing structural reforms;
- implementing responsible fiscal policies.

Health issues have been mentioned in relation to population ageing and technological development or access to cost-effective public and healthcare services.

The 2017 European Semester will conclude in July with the Council adoption of country-specific recommendations (CSRs) on the member states' economic, employment and fiscal policies. The next step of the European Semester process foresees the publication of Country Reports by the European Commissions, which will pave the way for the publication of CSRs in June 2017 and provide insights to the MS on specific Commission's priorities to be included in the member states' National Reform Programmes.

Draft ECOFIN Council Conclusions

Health systems performance assessment – Commission report

On 30 January 2017, the European Commission released the report “Costs of unsafe care and cost-effectiveness of patient safety programmes”.

The report, written by Gesundheit Österreich Forschungs- und Planungs GmbH and SOGETI, was produced under the third Health Programme (2014-2020) in the frame of a specific contract with the Consumer, Health and Food Executive Agency (Chafea) acting under the mandate of the European Commission.

The study aims at:

- Providing a comprehensive picture of the financial impact of poor patient safety, including poor prevention and control of healthcare-associated infections, on European Union’s health systems;
- Identifying cost-effective patient safety programmes implemented in the EU/EEA Member States and develop an analysis identifying their success factors;
- Assessing cost-effectiveness and efficiency of investment in patient safety programmes.

Full report

Health Programme - Annual work plan for 2017

The Annual Work Programme 2017 of the Health Programme was adopted on 26 January 2017.

This work programme sets out the priorities and actions to be undertaken, including the allocation of resources, to implement the third Programme of the Union’s action in the field of health (2014-2020). The programme has 4 overarching objectives, namely:

- Promote health, prevent diseases, and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle
- Protect Union citizens from serious cross-border health threats
- Contribute to innovative, efficient, and sustainable health systems
- Facilitate access to better and safer healthcare for Union citizens

The third EU health programme is the main instrument the European Commission uses to implement the EU health strategy. It is implemented by means of annual work plans which set out priority areas and the criteria for funding actions under the programme.

The total budget for the programme is € 449.4 million. The issues covered by the annual work programme are AMR, European Reference Networks, HTA, chronic diseases, migration and more.

[Read more](#)

[New public consultation on fights against Antimicrobial Resistance \(AMR\)](#)

On 27 January 2017, the European Commission launched an open consultation on possible activities under a "Commission Communication on a One Health Action Plan to support Member States in the fights against Antimicrobial Resistance (AMR)".

The European Commission's 2011-2016 action plan against the rising threats of AMR was evaluated in 2016 concluding that the EU can bring added value in the fight against AMR, by: 1) supporting Member States and making the EU a best practice region on AMR; 2) boosting research, development, and innovation against AMR; and 3) shaping the global agenda on AMR.

The European Commission will launch by mid-2017 a 'Commission communication on a One Health action plan to support Member States in the fight against antimicrobial resistance (AMR)'. The objective of this consultation is to collect the views and input of citizens, administrations, associations, and other organisations for the currently ongoing process on proposals for the Commission communication.

The consultation will be closed on 28 April 2017.

[Read more](#)

[Evaluation of the European Union legislation on blood, tissues and cells – Roadmap launched](#)

The Commission has published a roadmap highlighting the planned process for the evaluation of the EU legislation on quality and safety standards for blood, tissues and cells. It also invites stakeholders to submit comments on this process during the next four weeks.

EU legislation on quality and safety standards for blood, tissues and cells has been in place for more than a decade – since 2002 and 2004 respectively. In view of the changing landscape – greater use of technology, more disease outbreaks, and a more connected world – the Commission wants to evaluate whether this

legislation has achieved its original objectives, is still fit for purpose, or whether there are gaps to be filled.

During the upcoming evaluation, an important component will be to gather feedback on substance of the EU blood, tissues and cells legislation from key professional stakeholders and the general public. For this purpose, the roadmap includes plans for a public consultation, which will likely be launched in the 2nd quarter of 2017 and will last for 12 weeks. This will be followed by a stakeholder event later in 2017, to present findings and exchange views. The Commission asks all stakeholders to participate actively in the course of this evaluation.

The final evaluation report is expected to be published by the end of 2018.

Roadmap

Medical devices and in-vitro Diagnostic medical devices – European Parliament briefing

On 16 January 2017, the European Parliament published a “EU legislation in progress” briefing, which provides updates regarding the medical devices and in vitro diagnostic medical devices draft Regulations.

Medical devices and in vitro diagnostic medical devices cover a wide array of products. The EU legal framework for such devices was harmonised in the 1990s. The European Commission presented a pair of proposals for regulations in September 2012, to update the framework. Following Parliament's first readings in April 2014, the Council agreed its positions in October 2015.

At the conclusion of the trilogue meetings, agreement was reached on both proposals on 25 May 2016. This was endorsed by the Council's Permanent Representatives Committee on 15 June and confirmed by Parliament's ENVI Committee on the same day.

Political agreement in the Council was reached in September. Both drafts are now undergoing legal-linguistic revision. The formal first reading of the Council is expected early this year, followed by final approval, at second reading, by Parliament.

Briefing

Call for application for the EU HIV/AIDS Civil Society Forum

On 19 January 2017, DG SANTE launched a new call for applications for the EU HIV/AIDS Civil Society Forum (CSF), which is to be expanded to incorporate Hepatitis and Tuberculosis.

The HIV/AIDS Civil Society Forum (CSF) is an informal advisory body established in 2005 by the European Commission to facilitate the participation of NGOs and networks, including those representing People Living with HIV/AIDS, in European policy development and implementation as well as to exchange information. This call seeks to establish the new membership of the CSF for the period from 01 March 2017 to 28 February 2020.

The applications must be sent no later than 17 February 2017.

More information

Conditional marketing authorisation – Report on ten years of experience at the European Medicines Agency

On 24 January 2017, the European Medicines Agency (EMA) published a report on conditional marketing authorisations and its positive impact on access to medicines for patients.

Conditional marketing authorisation (CMA) can speed up access to medicines for patients with unmet medical needs. Since 2006, a total of 30 medicines have received a conditional marketing authorisation. Medicines that were granted a CMA target seriously debilitating or life-threatening conditions such as HIV infection, breast cancer, severe epilepsy in infants or multi-drug resistant tuberculosis. 14 were orphan medicines, providing patients suffering from rare diseases with new therapeutic options. These are some of the findings of a report by the European Medicines Agency (EMA) to mark ten years of experience with CMA.

The report also identifies a number of possible areas for improvement. These include a prospective planning of CMAs and early dialogue with EMA to support the generation of high-quality data, timely discussion of additional post-authorisation studies and their feasibility, and better data generation for completion of specific obligations and engaging other stakeholders involved in bringing a medicine to patients, in particular Health Technology Assessment bodies, to facilitate the generation of all data needed for decision-making through one development programme.

Full report

Health inequalities in the EU – Parliamentary question

MEPs Monica Macovei (ECR), Patricija Šulin (PPE), Elisabetta Gardini (PPE), Tomáš Zdechovský (PPE), Miroslav Poche (S&D) submitted a written question to the Commission regarding the unequal access to healthcare across the EU.

They specifically mentioned a review of published studies that indicate an increase in health inequalities between social groups within countries. They also noted that the prices of pharmaceuticals vary across Member States. The MEPs relied on the EU agenda indicated Health as a priority to ask what sorts of measure does the Commission envisage implementing in order to reduce the health inequalities across the EU.

Commissioner Andriukaitis answered stating that supporting the reduction of health inequalities across the EU and within countries, between regions and social groups, is an overall objective of EU health policy. The Commissioner reminded it is up to national governments to organise healthcare and ensure that it is provided. The EU's role is to complement national policies as it currently does by launching initiatives or projects.

Full question | Full answer



Communications networks, Content and Technology

ePrivacy – European Commission proposes new legislation

On 10 January 2017, the European Commission issued a press release on the proposal of a new legislation to ensure stronger privacy in electronic communications. The legislation would benefit telemedicine and eHealth.

The measures presented by the Commission aim to update current rules, extending their scope to all electronic communication providers. They also aim to create new possibilities to process communication data and reinforce trust and security in the Digital Single Market. At the same time, the proposal aligns the rules for electronic communications with the new world-class standards of the EU's General Data Protection Regulation.

As the Commissioner for Health and Food Safety stated, telemedicine, virtual clinical boards, ePrescriptions, digital technologies can fundamentally change delivery of healthcare. Security, privacy and trust are key in scaling up these digital innovations.

Press release



Ex ante assessment mechanism for large infrastructure projects – Public consultation

On 20 January 2017, the European Commission launched a new public consultation on the setting up of the voluntary ex ante assessment mechanism for large infrastructure projects.

The assessment mechanism is a tool to support Member States in the process of implementing big infrastructure projects, by checking and advising on whether their planned procurement procedures comply with EU law. The assessment mechanism should help reduce delays in the planning phase of big infrastructure projects and minimise the risk of infringements once the project has been launched.

The public consultation is open until 4 April 2017.

[Read more](#)

Building the European data economy – Public consultation

On 10 January 2017, the European Commission announced the launch of a new public consultation which aims to help shape the future policy agenda on the European Data Economy.

Data has become an essential resource for economic growth, job creation and societal progress. Data analysis facilitates better decision-making, innovation and the prediction of future events. Europe aims to exploit this potential without infringing the rights and freedoms of people or damaging economic investments made into generating data. Within this context, the Commission aims to foster an efficient, competitive single market for data services including cloud-based ones.

The Commission adopted the "Building the European Data Economy" package consisting of a Communication and a Staff Working Document. These policy documents give an overview of issues at stake, and of the context of this consultation. The public consultation results' will feed into a possible Commission's initiative in 2017 on building the European data economy.

The closing date of the public consultation is on 26 April 2017.

[Read more](#)



The European Pillar of Social Rights: Workshop on the "future of social protection"

On 23 January 2017, the European Commission organised a high-level workshop on the future of social protection through the European Pillar of Social Rights.

Participants such as **Vytenis Andriukaitis** (Commissioner for Health and Food Safety); Anja Kopač Mrak (Slovenian Minister of Labour, Family, Social Affairs, and Equal Opportunities) and Myriam El Khomri (French Minister of Labour, Employment, Professional Training and Social Dialogue) have spoken during this workshop on the future of social protection in order to wrap up the consultation and define the future direction of the European Pillar of Social Rights.

The discussion focused on how to ensure more equal coverage of social protection between different forms of work and how to enhance the transferability of rights between jobs and across career paths. It also explored how to guarantee young people a fair deal in social protection.

Read more

Live webcast

Commission launches initiative to improve workers' health and safety

On 10 January 2017, Commissioner for Employment, Social Affairs, Skills and Labour Mobility, Marianne Thyssen announced in a press release specific measures to promote Occupational Safety and Health (OSH) in the EU.

The Commission's new initiative aims to better protect workers against work-related cancer, to help businesses, in particular SME and micro-enterprises, in their efforts to comply with the existing legislative framework, and to put a bigger focus on results and less on paperwork.

Following up on its commitment to continue to improve occupational health and safety, the Commission will undertake the following key actions:

- Set exposure limits or other measures for another seven cancer-causing chemicals.

- Help businesses, notably small and micro enterprises, in their efforts to comply with health and safety rules.
- The Commission will work with Member States and social partners to remove or update outdated rules within the next two years.

The review of the EU OSH legislation and the changes to the Carcinogens and Mutagens Directive fit within the Commission's ongoing work on establishing a European Pillar of Social Rights, which aims to adapt EU legislation to changing work patterns and society.

[Read more](#)

European programmes and projects

Health Programme - Annual work plan for 2017

The Annual Work Programme 2017 of the Health Programme was adopted on 26 January 2017.

This work programme sets out the priorities and actions to be undertaken, including the allocation of resources, to implement the third Programme of the Union's action in the field of health (2014-2020). The programme has 4 overarching objectives, namely:

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The third EU health programme is the main instrument the European Commission uses to implement the EU health strategy. It is implemented by means of annual work plans which set out priority areas and the criteria for funding actions under the programme.

The total budget for the programme is € 449.4 million. The issues covered by the annual work programme are AMR, European Reference Networks, HTA, chronic diseases, migration and more.

Read more

Low carbon hospital prize – European Commission contest

The European Commission has launched the "Low Carbon Hospital Prize". HOPE contributed to the organisation of the contest, which will be open for registrations until 3 April 2017.

This prize contributes to the Energy Union priority to make the EU the world number one in renewable energy and lead the fight against global warming. The contest will reward with EUR 1 million a hospital that has an innovative and perfectly integrated combined CHP installation within its premises. This installation has to use at least three different European renewable energy technologies, include energy storage component(s) and be able to provide 100% of the hospital's

annual needs for energy consumption. In this context, any renewable energy source is allowed.

More information and rules to apply

Infographic

Updated list of National Focal Points – Third Programme of the Union's action in the field of health (2014-2020)

The National Focal Points (NFP) are the national experts for the Health Programme in member states and participating countries. NFP representatives are appointed by their national health ministries.

The specific role of the NFPs is to assist the Consumers, Health, Agriculture and Food Executive Agency (Chafea) in:

- Health Programme implementation at national level
- Health programme dissemination of results
- Information on the impact generated by the Health Programme in their respective countries

Updated list of NFP

Call for proposal 2017: Joint Programming initiatives “ageing and place in a digitising world”

The Joint Programming Initiative (JPI) “More Years, Better Lives” (MYBL) seeks to enhance coordination and collaboration between European and national research programmes related to demographic change. JPI MYBL is supported by J-Age II, a H2020 funded programme.

The Call 2017 “Ageing and place in a digitising world” is concerned with the ways in which the health and wellbeing of older people, at all stages of later life, is supported and promoted through the design of the social and physical environment, access to opportunities to learn, and the use of technologies of all kinds.

More information

VulnerABLE – European Parliament pilot project

“VulnerABLE” is an ongoing pilot project funded by the European Parliament that aims to increase understanding of how best to improve the health of people who are living in vulnerable and isolated situations across Europe.

The project targets specific vulnerable and isolated populations such as children with disadvantaged backgrounds, prisoners, and others. These people are more susceptible to face barriers in accessing healthcare services or risk of poor health. The main objective of the project is to assess their health needs and challenges, and identify best practices to support them and ultimately improve their health. The project is based in different types of tools such as interviews with individuals and organisations who work first-hand in the field of health inequalities, detailed research into the health needs of people in isolated and vulnerable situations, training materials and capacity-building workshops and more.

Thought this project, the stakeholders reported the case of the Danish model on food systems in correctional facilities (Cook and learn project). The model of catering in Danish prisons is one of self-catering. This Danish model on food systems in correctional facilities is part of a broader prison strategy of normalising’ prison conditions, to reduce the negative impacts of imprisonment on the prisoner and reduce re-offending once prisoners are released. Through its focus on improving the food consumed by the prison population, this may help tackle health problems experienced by prisoners.

[Read more](#)

The MUNROS project – Final conference

5-6 February 2017 – Edinburgh (United Kingdom)

On 5-6 February 2017, the University of Aberdeen will organise a policy conference on “New and Extended Roles for Health Care Professionals: Practice, Outcomes, and Costs” through the EU funded project MUNROS. The conference will showcase the findings of the EU MUNROS project and explore their implications for policy.

European countries are reforming their health systems to improve health care delivery. One of the ways they are doing this is by changing skill mix within teams delivering health services: extending the roles of existing health professions and introducing new ones.

The project undertook a systematic evaluation of the impact of these ‘new professional roles’ on practice, outcomes and costs in a range of different health care settings within European Union and Associate Countries. It detailed the nature, scope and contribution of the new professional roles, evaluate their impact

on clinical practice and outcomes, and identify their scope to improve the integration of care. It conducted economic evaluation to identify the cost effectiveness of the new professional roles, identify optimal models for delivery of health care and the consequences of these for management of human resources and workforce planning. Study design is cross-sectional and multi-level. A mixed method approach combined analysis of routinely collected data and primary data generated through interviews and questionnaires to health professionals, managers and patients.

More information

Reports

Tackling Wasteful Spending on Health – OECD report

Following a brief pause after the economic crisis, health expenditure is rising again in most OECD countries. Yet, a considerable part of this health expenditure makes little or no contribution to improving people's health. In some cases, it even results in worse health outcomes. Countries could potentially spend significantly less on health care with no impact on health system performance, or on health outcomes.

This report systematically reviews strategies put in place by countries to limit ineffective spending and waste. On the clinical front, preventable errors and low-value care are discussed. The operational waste discussion reviews strategies to obtain lower prices for medical goods and to better target the use of expensive inputs. Finally, the report reviews countries experiences in containing administrative costs and integrity violations in health.

Full report

Analysing Health Outcomes Variation for learning, improvement and better value care – Consensus document

Health systems across Europe are confronting significant challenges. Ageing populations, a rising burden of chronic disease, and a more challenging fiscal context following the economic crisis, are focusing attention on the financial sustainability of health systems. There is a pressing need for solutions and tools that can improve quality of care and ensure better value for money.

Health outcomes measurement is just such a tool. Health outcomes are the health benefits (and in some cases, the disbenefits) that result from health-related interventions. They include: survival and mortality; readmissions; adverse events; functional status; pain; and ability to carry out normal daily activities. This paper will focus on one of the principal ways in which health outcomes data can be used to improve quality of care and enhance value for money: the analysis of variation.

Full consensus document

New Health Technologies: Managing Access, Value, and Sustainability – OECD report

This report discusses the need for an integrated and cyclical approach to managing health technology in order to mitigate clinical and financial risks, and ensure acceptable value for money. The analysis considers how health systems and policy makers should adapt in terms of development, assessment, and uptake of health technologies.

The first chapter provides an examination of adoption and impact of medical technology in the past and how health systems are preparing for continuation of such trends in the future. Subsequent chapters examine the need to balance innovation, value, and access for pharmaceuticals and medical devices, respectively, followed by a consideration of their combined promise in the area of precision medicine. The final chapter examines how health systems can make better use of health data and digital technologies. The report focuses on opportunities linked to new and emerging technologies as well as current challenges faced by policy makers, and suggests a new governance framework to address these challenges.

Full report

Caring for quality in health lessons learnt from 15 reviews of health care quality – OECD review

Over the past four years, the OECD has conducted a series of in-depth reviews of the policies and institutions that underpin the measurement and improvement of health care quality in 15 different health systems. *Caring for Quality in Health: Lessons learnt from 15 reviews of health care quality* seeks to answer the question of what caring for quality means for a modern health care system by identifying what policies and approaches work best in improving quality of care.

Despite differences in health care system priorities, and in how quality-improvement tools are designed and applied, a number of common approaches and shared challenges emerged across the 15 OECD Reviews of Health Care Quality analysed. The most important of these concerns transparency. Governments should encourage, and where appropriate require, health systems and health care providers to be open about the effectiveness, safety, and patient-centeredness of care they provide.

More measures of patient outcomes are also needed - especially those reported by patients themselves. These should underpin standards, guidelines, incentives, and innovations in service delivery. Greater transparency can lead to optimisation of both quality and efficiency – twin objectives which reinforce, rather than subvert,

each other. In practical terms, greater transparency and better performance can be supported by changes in where and how care is delivered; changes in the roles of patients and professionals; and employing tools such as data and incentives more effectively. Key actions in these three areas are set out in the 12 lessons presented in this synthesis report.

Full report

Articles

Determinants of Evidence Use in Public Health Policy Making. Results from a study across six EU countries – Health Policy Journal

The knowledge-practice gap in public health is widely known. The importance of using different types of evidence for the development of effective health promotion has also been emphasized.

Nevertheless, in practice, intervention decisions are often based on perceived short-term opportunities, lacking the most effective approaches, thus limiting the impact of health promotion strategies. This article focuses on facilitators and barriers in the use of evidence in developing health enhancing physical activity policies.

Data was collected in 2012 by interviewing 86 key stakeholders from six EU countries (FI, DK, UK, NL, IT, RO) using a common topic guide. Content analysis and concept mapping was used to construct a map of facilitators and barriers.

Barriers and facilitators experienced by most stakeholders and policy context in each country are analysed. A lack of locally useful and concrete evidence, evidence on costs, and a lack of joint understanding were specific hindrances. Also users' characteristics and the role media play were identified as factors of influence.

Attention for individual and social factors within the policy context might provide the key to enhance more sustainable evidence use. Developing and evaluating tailored approaches impacting on networking, personal relationships, collaboration and evidence coproduction is recommended.

Full article

Does a biomedical research centre affect patient care in local hospitals? – BioMed Central

Biomedical research can have impacts on patient care at research-active hospitals. Researchers qualitatively evaluated the impact of the Oxford Biomedical Research Centre (Oxford BRC), a university-hospital partnership, on the effectiveness and efficiency of healthcare in local hospitals. Effectiveness and efficiency are conceptualised in terms of impacts perceived by clinicians on the quality, quantity and costs of patient care they deliver.

First, they reviewed documentation from Oxford BRC and literature on the impact of research activity on patient care. Second, they interviewed leaders of the Oxford BRC's research to identify the direct and indirect impacts they expected their activity would have on local hospitals. Third, this information was used to inform interviews with senior clinicians responsible for patient care at Oxford's acute hospitals to discover what impacts they observed from research generally and from Oxford BRC's research work specifically. The researchers compared and contrasted the results from the two sets of interviews using a qualitative approach. Finally, they identified themes emerging from the senior clinicians' responses, and compared them with an existing taxonomy of mechanisms through which quality of healthcare may be affected in research-active settings.

Impacts from research activity on the effectiveness and efficiency of patient care at the local acute hospitals, as perceived by senior clinicians, were more often beneficial than harmful. The Oxford BRC contributed to those impacts.

Full article

Corruption and use of antibiotics in regions of Europe – Health Policy Journal

The aim of this article is to investigate the association between corruption and antibiotic use at sub-national level. We explore the correlation between, on the one hand, two measures of corruption (prevalence of corruption in the health sector and prevalence of bribes in the society) at regional level from the European Quality of Government Index; and, on the other, the consumption of antibiotics in those European regions from a 2009 Special Euro Barometer.

In a multivariate regression model, we control for potential confounders: purchasing power of standardized regional gross domestic product, inhabitants per medical doctor and age-standardized all-cause mortality rates. We find that there is a strong positive association between both measures of corruption (i.e. in the health sector, and in the society at large) and antibiotics use; and that this association is robust to the introduction of the control variables.

These results support previous findings in the literature linking corruption to higher antibiotic use at cross-national level. We show that corruption does seem to account for some of the remarkable between-region variation in antibiotic consumption in Europe.

Full article

Policies towards hospital and GP competition in five European countries – Health Policy Journal

This study provides an overview of policies affecting competition amongst hospitals and GPs in five European countries: France, Germany, Netherlands, Norway and Portugal. Drawing on the policies and empirical evidence described in five case studies, authors find both similarities and differences in the approaches adopted. Constraints on patients' choices of provider have been relaxed but countries differ in the amount and type of information that is provided in the public domain.

Hospitals are increasingly paid via fixed prices per patient to encourage them to compete on quality but prices are set in different ways across countries. They can be collectively negotiated, determined by the political process, negotiated between insurers and providers, or centrally determined by provider costs. Competition amongst GPs varies across countries and is limited in some cases by shortages of providers or restrictions on entry. There are varied and innovative examples of selective contracting for patients with chronic conditions aimed at reducing fragmentation of care. Competition authorities do generally have jurisdiction over mergers of private hospitals but assessing the potential impact of mergers on quality remains a key challenge.

Overall, this study highlights a rich diversity of approaches towards competition policy in healthcare.

Full article

OECD Health Ministerial meeting – 17 January 2017

A Meeting of the Health Committee at Ministerial Level on “The Next Generation of Health Reforms” was held on 17 January 2017 at the OECD Conference Centre in Paris, France. The purpose of the meeting was to share views and options on how to design and implement the Next Generation of Health Reforms.

This high-level meeting gathered Ministers from over 35 OECD and partner countries. The event gave the opportunity to discuss on current major issues. Participants were composed of representatives of Health Ministers, OECD representatives and academics. They came back to their progress in particular in the field of securing effective health coverage despite the tight financial conditions faced by many of them. Among other achievements, the topics covered the life expectancy increased, progress at delivering safe and affective care and promoting healthier life style. OECD Health Ministers also reminded that despite these successes, health systems are still facing challenges such as life expectancy inequalities or rise in chronic disease multiple morbidities.

Health Ministers exchanged their ideas, ambitions and challenges for The Next Generation of Health Reforms. They reviewed their experiences and shared views on possible approaches to tackle these challenges:

- Tackling ineffective health spending and waste
- Making the most of new health technologies in a sustainable way
- Modernising the roles of health professionals
- Realising the promise of Big Data in health and health care

Additionally, A high level group set up by the OECD made fifteen recommendations to promote the use of Patient-Reported Outcome Measures (PROMs) and Patient-Reported Experience Measures (PREMs). The proposals aim to make it easier to make comparisons of the performance of different national health systems.

The next Ministerial meeting will take place in 5/6 years’ time.

Ministerial Statement

High level forum: PEOPLE at the CENTRE – OECD – 16 January 2017

The OECD organised in Paris on 16 January 2017 a Policy Forum on the Future of Health, followed on 17 January by a OECD health ministerial conference on the next generation of health reforms.

The OECD considers that while other industries have reinvented themselves around the consumer, in health care a real gap exists between people who have one foot in the future and services that are stuck in the past and that a people-centred approach promises to raise quality, reduce waste and - most importantly - improve our health and well-being.

The interactive sessions addressed key issues including: harnessing digital technology and data to create proactive, people-centred systems; overcoming technical, institutional, and cultural challenges; caring for people with complex needs; the importance of measuring what matters to people and to patients; and the role of international and cross-sector collaboration. The Forum also featured a conversation among a small group of Health Ministers about their views on the future of health and health care.

Live webcast

AF-Related Stroke Policy Workshop – European Brain Council

On 25 January 2017, HOPE attended the AF-related Stroke Policy Workshop organised by the European Brain Council (EBC) at the European Parliament.

18% of strokes are associated with Atrial Fibrillation—the most common heart rhythm disturbance. The early detection of previously unknown arrhythmias, such as AF, can enable patients to receive timely and effective diagnosis and treatment in order to avoid possible future onset of stroke.

The workshop hosted by the MEP Aldo Patriciello brought together specialists in various fields such as organisations, practitioners, patients, or policy makers. The workshop focused on highlighting the importance of pre-screening and early detection of AF to reduce the threat of stroke and features expert speakers in both AF and Stroke. During the event, neurologists emphasized the importance of early detection on a number of occasions and joined patients' associations on the need to raise awareness.

In order to raise a greater awareness of brain disorders and mental health, EBC launched the #ILoveMyBrain campaign. AF-Related Stroke Policy Workshop kicked off the #ILoveMyBrain series of activities planned for the coming year.

More information [μ](#)

Healthcare for persons with disabilities: home and abroad - IFSBH conference

On 25 January 2017, HOPE was invited to the EU conference on cross-border healthcare for persons with disabilities. This event was organized by the International Federation for Spina Bifida and Hydrocephalus and co-hosted by Jana Zitnanska, member of the European Parliament (MEP), Nessa Childers (MEP) and Dianne Dodds (MEP).

Organised by International Federation for Spina Bifida and Hydrocephalus in cooperation with the European Patients Forum and the European Disability Forum, this conference aimed to discuss the real impact of EU Health policies on patients with disabilities. Topics discussed included the unequal access to healthcare in the European Union by the example of Lithuania. IFSBH presented the results of two surveys conducted by themselves on the healthcare access and the impact of the cross-border healthcare on persons with disabilities and chronic conditions. They particularly emphasized the importance of access to multidisciplinary care and the lack of adapted care for patients with disabilities.

The European Union has been at the centre of the debate notably through the mention of the Directive on cross-border healthcare and the National Contact Point. A majority of participants regret the lack of awareness of these tools.

More information

First G20 Health Ministers' meeting will take place in Germany

On December 1, 2016, Germany took over the presidency of the G20, the premier forum for international cooperation among the 20-leading industrialised and emerging countries. One priority of the German G20 presidency will be global health.

On May 19 and 20 2017, Federal Health Minister Hermann Gröhe will meet G20 Health Ministers in Berlin to discuss how the global health crisis management can be improved. In order to prevent future crises, under the German G20 presidency a sustainable improvement of healthcare in developing and emerging countries is also going to be a priority. Another priority is the fight against resistance to antibiotics.

The G20 is an informal forum. It is not an international organisation and has no administrative structure or permanent representation of its member states.

Read more

Upcoming conferences



2nd Multi-stakeholder Symposium on Improving Patient Access to Rare Disease Therapies

Brussels, 22-23 February 2017

To mark the occasion of Rare Disease Day 2016, HOPE co-organizes with Eurordis the 2nd Multi-Stakeholder Symposium on Improving Patient Access to Rare Disease Therapies.

The event will take place from 22 to 23 February 2017 with the collaboration of a range of multi-stakeholder partners. Last year, Eurordis brought together a unique combination of nearly 300 patient advocates, academics, policymakers, industry representatives, payers and HTA bodies and aimed to develop sustainable and durable solutions to improve patients access to rare disease therapies across Europe. This symposium will be a continuation of the discussion initiated last year.

There are **limited places** available. For more information and registration please consult [Eurordis Website](#) and download the [Advanced Programme](#).

Health Promoting Hospitals 2017

Vienna, 10-14 April 2017

The 25th anniversary of the International HPH Conferences with HOPE as part of the Scientific Committee will be held in Vienna at the University of Vienna, from 12 to 14 April 2017.

Preliminary programme available [here](#).

HOPE Agora 2017

11-13 June 2017, Dublin (Ireland)

The HOPE Agora 2017 will take place in Dublin from Sunday 11 June afternoon to Tuesday 13 June afternoon 2017.

The main topic for 2017 will be "Organisational innovation in Hospitals and Healthcare". Organisational innovation is a broad topic which shall be intended as the implementation of a new method or process in relation to the use of new technologies, to health services provision, to human resources management and patients' empowerment or involvement.

The HOPE Agora is also the closing event of the HOPE Exchange Programme for Healthcare Professionals. Since its creation in 1981, the programme aims to lead to better understanding of the functioning of healthcare and hospital systems within the EU and neighbour countries, by facilitating co-operation and exchange of best practices.

More information on previous HOPE Agora:

<http://www.hope-agera.eu/>