NEWSLETTER

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19 November 2015 – Düsseldorf (Germany)

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HOPE AGORA2016
INNOVATION IN HOSPITALS AND HEALTHCARE: THE WAY FORWARD

INFORMAL MEETING OF MINISTERS OF HEALTH

On 24 and 25 September 2015, an informal meeting of EU Health Ministers took place in Luxembourg.

The meeting was devoted to the topics of dementia, the health dimension of migration and the impact of the cross-border healthcare directive on mobility and patients' rights.

Health Ministers recognised that dementia constitutes a real socio-economic challenge, which has an impact on the sustainability of health systems and requires a multi-sectoral response. They also stressed the necessity to adapt policies and improve care practices so that each person suffering from a dementia-related illness can receive the best possible care. It was also stressed the importance to destigmatise dementia, accord more funding to research in this area and facilitate the acquisition of new roles and skills by health professionals as well as the need to continue to exchange good practices via the existing EU and WHO forums.

Ministers also addressed the issue of access to health for migrants. They highlighted the need for public health issues to be better tackled in the discussions regarding the refugees' crisis. This implies the implementation of coherent and coordinated political actions and the reinforcement of healthcare facilities' capacity to ensure refugees have equal access to healthcare.

Finally, the meeting represented an opportunity to discuss the transposition of the Directive 2011/24/EU on patients' rights in cross-border healthcare, in the light of the recent publication by the European Commission of a report on the functioning of the Directive. The report highlighted that European citizens' awareness about their right to be treated in another EU country is very low. In order to guarantee citizens with equal access to high quality healthcare and improve patient mobility, the Ministers discussed the need to better inform patients, and cooperate more closely between Member States, especially in the field of rare diseases and e-Health.

Luxembourg Presidency official website: http://www.eu2015lu.eu/en/index.html

Public Health

COMMISSION DG SANTE – NEW DIRECTOR GENERAL APPOINTED

On 1 September 2015, Xavier Prats Monné took over as Director General for Health and Food Safety of the European Commission. He previously served as Director General for Education and Culture, and as Director for Employment Policy. He holds degrees in Social Anthropology from the Universidad Complutense (Madrid, Spain), in Development Cooperation from the International Centre for Advanced Mediterranean Agronomic Studies (CIHEAM – Paris, France), and in European Studies from the College of Europe (Bruges, Belgium), where he graduated first in the Class of 1981-82 and served as assistant professor. He is a Spanish native, fluent in Spanish, English, French, Italian and Catalan.

When presenting himself to DG SANTE's staff, Xavier Prats Monné insisted on the need to focus on the portfolio's priorities that will help deliver on the mission letter of Commissioner Andriukaitis, including the capacity to deal with crisis situations, either in food safety and pandemics, and to develop and strengthen the DG's expertise in key areas like health systems and pharmaceuticals.

SOCIAL IMPACT OF THE NEW STABILITY SUPPORT PROGRAMME FOR GREECE

On 21 August 2015, the Commission published a staff working document on the Assessment of the Social Impact of the new Stability Support Programme for Greece; including an overview of the reforms on the health system. The document gives an overview of the health reforms.

The health system reforms in the previous programmes addressed long-standing weaknesses: poor management, inadequate allocation of resources and fragmented coverage, cases of abuse, which have resulted in inefficiencies and inequality with widespread waste and evidence of corruption. Reforms have focused on improving hospital management, enhancing procurement, better managing demand for pharmaceuticals, and commissioning private sector health care providers in a cost effective manner. These measures were designed to control expenditure in a way that would not compromise standards.

The new National Organisation for the Provision of Health Services (EOPYY) was created by merging the plethora of previous health insurance funds. With EOPYY, a uniform package of health services was adopted to better match contribution rates, with the pooling of income and health

risks. This increases the equity of financing and delivery. A National Primary Health Care Network (PEDY) is being set up to ensure a more coherent and universal delivery of primary services across the country. Co-payments in the National Health Service were increased, but exemptions for certain categories of patients and those on low incomes were introduced.

Patients and the government have benefitted from the streamlining of pharmaceutical expenditure and the introduction of budget and control systems for hospitals. A requirement to prescribe generic rather than patented drugs can deliver savings and reduce the costs for patients, which particularly benefits those with high medical expenditures and/or on low incomes. Centralised purchasing of medicines and medical devices and a reference price list (common in all other EU countries) have more closely aligned prices in Greece to those elsewhere in the EU. Fighting waste, corruption and vested interests through better monitoring and the e-prescription system and improved budgeting was another priority. This will contribute to ensuring that money does indeed 'follow the patient'.

A number of measures have been adopted to extend health care access to the uninsured (estimated to exceed 2 million). Under the previous system, employment status generally determined access to health services. Rising unemployment and the inability to pay for health care has exacerbated this problem. Legislation passed in 2014 to remedy the situation included measures aimed at the uninsured to i) introduce universal primary care; ii) free access to secondary care and iii) equal access to pharmaceuticals. These measures should make the system more equitable, coherent and sustainable.

The intended results rely upon the full application of these measures as set in the reforms. Therefore the new programme calls for the full implementation of these reforms so that they can fully deliver the necessary improvements in the healthcare system.

More information:
http://ec.europa.eu/social/keyDocuments.jsp?pager.offset=10&langId=en&mode=advancedSubmit&advSearchKe%20y=ESPNSocInv

ADOPTION OF THE RIGA ROADMAP – INVESTING IN HEALTH AND WELLBEING FOR ALL

On 29 and 30 June 2015, the Universal Health Conference "*Investing in Health and Wellbeing for All"* took place in Riga. The 2015 Riga Health Conference was held under the Latvian Presidency of the Council of EU and aimed to identify strategies to harness the input of citizens to create efficient and equitable European health systems. The Conference was organised by EPF (European Patients' Forum), EGA (European Generic Medicines Association), EPHA (European Public Health Alliance) and EFPIA (European Federation of Pharmaceutical Industries and Associations).

The Roadmap was built on the Vilnius Declaration (Joint Declaration of the Eastern Partnership Summit in Vilnius in November 2013). It called on the EU institutions and national governments to apply the following measures in order to maximise health and wellbeing and ensure the long-term

sustainability of Europe's health systems:

- prevent health inequalities by developing universally accessible health systems;
- make healthcare systems sustainable by investing in innovation;
- ensure universal access to high quality people-centred health services and;
- develop participatory, people-centred health systems.

Signatories also called on the Luxembourg Presidency of the Council to further pursue these recommendations.

The Riga Roadmap is available at:
http://rigahealthconference2015.eu/wp-content/uploads/2015/08/Riga-Roadmap-download-FINAL.pdf

ANTIMICROBIAL RESISTANCE – COMMISSION PUBLISHES EVALUATION ROADMAP

The European Commission has recently published a Roadmap for the evaluation of the Commission's Communication on the Action Plan against the rising threats from Antimicrobial Resistance (AMR).

The Action Plan, adopted in 2011, identifies seven areas where measures are most necessary and contains 12 key actions for implementation with EU Member States, which are:

1. strengthen the promotion of the appropriate use of antimicrobials in all Member States;
2. strengthen the regulatory framework of veterinary medicines and on medicated feed;
3. introduce recommendations for prudent use in veterinary medicine, including follow-up report;
4. strengthen infection prevention and control in healthcare settings;
5. introduce a legal tool to enhance prevention and control of infections in animals in the new Animal Health Law;
6. promote, in a staged approach, unprecedented collaborative research and development efforts to bring new antimicrobials to patients;
7. promote efforts to analyse the need of new antibiotics into veterinary medicine;
8. develop and/or strengthen multilateral and bilateral commitments for the prevention and control of AMR in all sectors;
9. strengthen surveillance systems on AMR and antimicrobial consumption in human medicine;
10. strengthen surveillance systems on AMR and antimicrobial consumption in animal medicine;
11. reinforce and coordinate research efforts;
12. survey and comparative effectiveness research.

The evaluation aims at analysing whether the 12 key strategic actions contained in the Action Plan were the most appropriate actions to be taken to combat AMR, which elements worked well or not, if the objectives are still relevant to the needs in tackling AMR and if the approach was holistic.

As the Action Plan will expire in 2016, the results of this evaluation will provide the Commission with the basis to make informed decisions on what new or additional policy measures should be taken in the medium and long term strategy to combat AMR in the EU and globally.

The Roadmap is available at:
http://ec.europa.eu/smart-regulation/roadmaps/docs/2015_sante_521_evaluation_antimicrobial_resistance_en.pdf

CROSS-BORDER HEALTHCARE – REPORT ON THE OPERATION OF DIRECTIVE 2011/24/EU

On 4 September 2015, the European Commission published a report on the state of play of the Directive on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU).

The Directive came into force on 24 April 2011. It was due to be transposed by Member States by 25 October 2013. It clarifies the rights of patients to seek reimbursement for healthcare received in another Member State. The article 20 of the Directive said that "*the Commission shall by 25 October 2015 and subsequently every three years thereafter, drawn up a report on the operation of this Directive and submit it to the European Parliament and the Council".*

The report shows significant legislative advances at EU-level in the past two years coupled with genuine efforts at national level. The Directive also improved transparency and patient mobility throughout the EU and enabled progress on Health Technology Assessment, eHealth cooperation and European Reference Networks.

However, the report shows that European citizens' awareness about their right to be treated in another EU country remains low. In fact, less than two in ten citizens feel they are informed about their rights in this area and only one in ten are aware of the National contact Points (NCPs). Awareness of NCPs and their activities varies widely between EU countries.

As a conclusion, the report underlines that the level of use of planned healthcare is far below the potential levels suggested by the number of people indicating in the Eurobarometer survey that they would consider using cross-border healthcare. It also highlights that information to patients about their general rights to reimbursement should be improved as well as information on how to use these rights in practice.

Finally, in some Member States barriers to patient mobility are significant and sometime the result of intentional political choices. For example, lack of clarity about treatments subject to prior authorisation, the request for prior authorisation when it does not appear to be justified and burdensome administrative requirements contribute to deter patients' from going abroad to seek treatment.

The report is available at:
http://ec.europa.eu/health/cross_border_care/docs/2015_operation_report_dir201124eu_en.pdf

EUROPEAN COMMISSION'S SCIENTIFIC COMMITTEES – CALL FOR MEMBERSHIP

The European Commission has recently launched a call for membership for scientists who wish to apply as members of the Scientific Committees on Consumer Safety, and/or the Scientific Committee on Health, Environmental and Emerging risks.

The above Committees assist the European Commission in its policy making by providing risk assessment and scientific advice on matters related to public health, consumer safety and the environment.

Successful applicants are expected to be well-established scientists with more than 10 years of professional experience and multi-disciplinary accomplishments.

Members of the Committees are selected on the basis of their expertise in one or more of the Committees' fields of competence and collectively cover the widest possible range of disciplines. Members are appointed to the Scientific Committees for a term of five years.

The deadline to apply is 2 November 2015.

More information:
http://ec.europa.eu/health/scientific_committees/call_experts/call_exp_2015_en.htm

PATIENTS' RIGHTS IN THE EUROPEAN UNION – SURVEY

HOPE was invited to debate in the workshop on patients' rights taking place on 10 and 11 September 2015 in Brussels in the context of a study that the European Commission has asked us to undertake on the *Mapping of Patient Rights in all Member States of the European Union.*

The study is not only considering the more classical patient rights but also more consumer-based and procedural patients' rights (e.g. resp. information, choice, complaints, compensation).

For this research project a literature review and an expert survey on patients' rights legislation and enforcement as well as relevant Council of Europe activities have been performed. For the workshop individual stakeholders from policy-making, practice, academia, advocacy and organisations representing professional bodies, patients' and other professional perspectives were invited.

More information:
http://ec.europa.eu/chafea/health/tender-03-2014_en.html

COMMISSION AND WHO COMMITTED TO CONTINUE COOPERATION

In September 2015, the European Commission and the World Health Organisation's Regional Office for Europe renewed their joint commitment to work together towards their shared objective of better health in Europe.

EU Commissioner for Health and Food Safety Vytenis Andriukaitis and WHO Regional Office for Europe Director, Zsuzsanna Jakab, outlined the objectives, principles and modalities of their continued cooperation, to further develop synergies and complementary action.

The Commission and WHO Regional Office for Europe have committed to scale up cooperation in the following areas:

- innovation;
- health security;
- health information;
- health inequalities;
- health systems;
- chronic diseases.

The importance of cooperation across sectors to achieve health policy goals is particularly highlighted along with the necessity to define and implement concrete cooperative actions.

More information:
http://ec.europa.eu/health/eu_world/docs/2015_who_euro_cooperation_en.pdf

UPDATING RADIATION SAFETY STANDARDS IN MEDICINE

International and European basic safety standards (BSS) that protect people from the dangers of radiation in medicine have recently been updated and the EU is now working hard in implementing them.

This message emerged from a medical-focussed side event at the International Atomic Energy Agency (IAEA) General Conference held in Vienna on 14 September 2015.

EU legislation on this matter was updated with the adoption in December 2013 of the Directive laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation. Member States will have time until 6 February 2018 to transpose the new rules into national legislation.

Using radiation in medicine is one of the main ways in which people are exposed to radiation. It can diagnose and help treat diseases such as by reducing malignant tumours and cancer growth. However, it can also cause harm if the radiation dose is miscalculated. The use of nuclear techniques in medicine needs to be safe, keeping workers, patients, the public and the environment free from the hazards of radiation exposure.

The key challenge facing the sector over the coming years is putting into practice the safety standards, which were recently updated in line with the latest scientific knowledge, technological advances and years of operational experience since the 1990s when the previous BSS were established. The European Commission and the IAEA are jointly undertaking various awareness activities to ensure the implementation of these safety principles, especially in the health care sector.

More information:
http://ec.europa.eu/energy/en/topics/nuclear-energy/radiation-protection/radiation-medical-use

EXPERT PANEL ON INVESTING IN HEALTH – CONSULTATION ON ACCESS TO HEALTH SERVICES

The European Commission has recently published a public consultation on a preliminary opinion on access to health services in the EU.

This preliminary opinion was drafted by the Expert Panel on Effective Ways of Investing in Health, a multi-sectorial and independent expert panel set up by the Commission to provide it with sound and timely scientific advice in order to promote modern, responsive and sustainable health systems.

The preliminary opinion addresses barriers to accessing health care and explores policy measures that can overcome them. Ways to improve equity could include matching health needs and financial resources, affordable and accessible health services, the availability of a sufficient number of health workers with the right skills, well-equipped facilities within easy reach, the availability of quality medicines and medical devices and services that are relevant and cost-effective. The preliminary opinion pays special attention to access to health services for underserved groups as Roma, undocumented migrants and people with mental health problems.

The scientific community and stakeholders are invited to submit suggestions, explanations or contributions on the scientific basis of the opinion, as well as any other scientific information regarding the questions addressed. The contributions will help the Expert Panel in the finalisation of the opinion.

The deadline for submissions is 6 November 2015.

More information:
http://ec.europa.eu/health/expert_panel/consultations/access_healthcare_en.htm

MEDICAL DEVICES – FINALISATION OF COUNCIL POSITION

On 23 September 2015, the Permanent Representatives Committee (COREPER) finalised the Council's position on the two draft Regulations on medical devices and in vitro diagnostic medical devices.

The two Commission's proposals were published in September 2012. The aim of both proposals is to address inconsistencies in interpretation by the Member States of the current rules, increase patient

safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability. The necessity of revision of the current EU rules particularly emerged following the scandal of defective breast implants produced by the French PIP company.

The finalisation of the Council's position follows the partial general approach adopted by the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council on 19 June, when the substance of the Council's negotiating stance was agreed. The COREPER finalisation of the Council's general approach mainly concerns the preamble of the two draft legislative texts and does not affect the key elements of the Council's view.

The EPSCO Council is expected to adopt this position during the next meeting scheduled for 5 October. The adoption will pave the way for the start of trilogues between the Luxembourg Presidency of the Council, the European Parliament and the European Commission. The first trilogue will take place on 13 October 2015.

PATIENT SAFETY AND QUALITY OF CARE – EXPERT GROUP MEETING

On 28 September 2015, HOPE attended the meeting of the Commission's Patient Safety and Quality of Care Expert Group.

The Expert Group brings together representatives from all 28 EU countries, EFTA countries, international organisations and stakeholders, including HOPE. The group assists the European Commission in developing the EU patient safety and quality agenda.

The meeting started with an update from the Commission about the creation of a sustainable structure to continue the work of the Expert Group after 2016. The Commission informed participants that discussions are continuing within its services based on the framework agreed at the last meeting of the Expert Group in June. It also reported the outcomes of discussions during the Council Working Party on Public Health at Senior Level, which took place in July. The Council Working Party recognised that the work carried out by the Expert Group during the previous mandate constituted a real progress.

It followed an update from the PaSQ Joint Action (European Union Network on Patient Safety and Quality of Care), whose activities after March 2016 are supposed to be integrated within the new structure of the Expert Group.

As usual, the meeting represented the opportunity to hear from other initiatives in the area of patient safety and quality of care. An update on the work of the Commission's Expert Group on Health Systems Performance Assessment (HSPA) was provided. HSPA was created in September 2014 with the aim to provide a forum for exchange of experiences and information regarding the use of HSPA at national level and identify tools and methodologies that can support national policymakers in the development of HSPA. Members of the Group are Member States, Norway, WHO and OECD.

The HSPA Expert Group selected its working priorities for the years 2015 and 2016, which will be quality of care and integrated care. The outcome of this work will be the publication of two reports:

one on tools and methodologies to assess quality of care, the other containing a framework for the assessment of integrated care. The Commission also highlighted that these tools are intended to be used by Member States internally and not at EU level in the context of the European Semester.

It followed a presentation about the Patient Blood Management (PBM) project (http://www.europe-pbm.eu/). Effective PBM can deliver improved patient outcomes through the conservation and management of patient's own blood and better management of co-morbidities. This ultimately leads to cost savings associated with the procurement and delivery of blood and blood products.
The project identified good practices in PBM and developed an EU implementation guide and training tool on good practices for PBM, which will be published soon.

A study on the cost of unsafe healthcare was also presented. The aim of the study is to provide a comprehensive picture of the financial impact of poor patient safety on European Union's health systems, to identify cost-effective patient safety programmes implemented in the EU/EEA Member States and to develop an analysis identifying their success factors and assess cost-effectiveness of investment in patient safety programmes. To reach these objectives, a literature search has been carried out. However, the presentation highlighted some difficulties encountered, such as the poor comparability of several studies and lack of data on prevalence.

The meeting concluded with a presentation of OECD's work on the Health Care Quality Indicators, which provided an overview of results from the 2015 data collection and plans for the future R&D. Data presented will be published in Health at a Glance 2015, to be released in November.

More information:
http://ec.europa.eu/health/patient_safety/policy/index_en.htm

STANDARDS FOR THE DIGITAL SINGLE MARKET – CONSULTATION

The European Commission has recently launched a public consultation on Standards for the Digital Single Market (DSM).

With this consultation, the Commission seeks input from Standards Development Organisations, companies, researchers, stakeholders' associations, public authorities and any interested party.
In particular, the Commission wants to gather views on priorities for standards in key technology areas which are critical to achieving the DSM and which, once delivered, can constitute a technological foundation upon which other standards can be built. The Commission is looking for input on standards in:

- 5G communications;
- Cloud computing;
- Cybersecurity;
- Data driven services and applications;
- Digitisation of European Industry;
- eHealth;
- Intelligent Transport Systems (ITS);
- Internet of Things;
- Smart Cities and efficient energy use.

The contributions to this consultation will serve to build an ICT Priority Standards Plan, as set out in the Digital Single Market Strategy presented by the Commission on 6 May.

The deadline to respond to the consultation is 16 December 2015.

More information:
https://ec.europa.eu/digital-agenda/en/news/public-consultation-priority-ict-standards-plan

ENVIRONMENT – COP 21 – EUROPEAN PARLIAMENT

HOPE was invited to debate on "What is at stake for public services in the COP 21" during the European Parliament Intergroup Common Goods and Public Services taking place in Brussels on 22 September 2015.

The main aim of the meeting was to get an overview of the different public sectors, including the healthcare one, on the future international negotiation of the COP 21, the UN Climate Change Conference taking place in Paris in December 2015.

The meeting was moderated by MEP Denanot (S&D, FR). The Commission was represented by the main negotiator on the Commission side: Elina Bardram the head of the International and inter-institutional relations unit in DG Clima.

Just before the environment committee adopted his report setting out Parliament's aims for the negotiations, MEP rapporteur Gilles Pargneaux (S&D, FR) presented its goals agreed upon. The plenary vote is foreseen for 14 October 2015.

The report suggests that Parliament advocate a 40% reduction of greenhouse gas emissions from 1990 levels by 2030 and calls for additional sources of climate finance to support greater efforts for greenhouse gas reduction and adapt to climate change impacts, including in the public sector.

DATA PROTECTION – HOPE JOINS THE EUROPEAN DATA IN HEALTH RESEARCH ALLIANCE

In September 2015, HOPE joined the European Data in Health Research Alliance which brings together stakeholders from academia, patient and research organisations from across Europe committed to ensure the review of the Data Protection Regulation does not limit the use of personal data for health research purposes.

The Alliance was established by Cancer Research UK, The Medical Sciences Committee of Science Europe, European Public Health Alliance, European Patients' Forum, the Federation of European Academies of Medicine, the Wellcome Trust, and the British Heart Foundation and is today supported by more than 20 organisations.

More information on the European Data in Health Research Alliance:
http://www.datasaveslives.eu/who-we-are

ESPN FLASH REPORTS – PAYMENT OF HEALTH USER CHARGES FOR CHILDREN IN PORTUGAL AND DRG RESTART IN CZECH REPUBLIC

In July 2015, the European Commission published new "Flash" reports prepared by the European Social Policy Network (ESPN) which illustrate social policies news in the EU Member States.

Two reports concern the healthcare sector in Portugal and Czech Republic.

The Portuguese government had approved the extension of the exemption of payment of health user charges to all children, i.e. up to the age of 18 (Decree-Law 61/2015 of 22 April 2015). This extension is effective since June 2015 and will cover approximatively half a million of children aged 13 to 17.

The decision to extend the exemption to children from payment of health user charges is important from a social policy and social inclusion perspective. This change is directly linked to an obligation in the National Programme for the Health of Children and Young people, aimed at promoting health and lifelong primary care. User charges are set at Euros 5 for a consultation with general practitioner in a health centre and at Euros 20.6 for an emergency consultation at the hospital.

The government also believes the measure may act as an indirect stimulus to an increase in the birth rate and also, as a way of promoting healthcare by eliminating the financial constraints in access to the national healthcare system. It is also a good way of promoting children access to healthcare and ensuring the full commitment of children's families to this important objective.

As regards Czech Republic, the Czech Ministry of Health has launched a new project which aims to promote and implement a more transparent and effective in-patient care reimbursement system. The project's main goals are to build up a representative data warehouse, a sustainable e-data capture system, ICT, and personal infrastructure for optimisation and ongoing revision of the in-patient care reimbursement method.

In 2002, the Ministry planned to introduce DRGs as the main payment method for in-patient care and choose the IR-DGR as the preferred classification system. The DRG is a patients classification scheme which provides a means of relating the type of patients a hospital treats to the cost occurred by the hospital.

Despite this, DGRs continued to play only a marginal role in the payment system with merely 5% of acute in-patient care being funded on the basis of DRGs in 2004.

In 2012, the DRG system was used extensively for the first time in the country, providing the basis for funding 75% of acute in-patient care.

In 2014, the Ministry announced the new project called "DRG Restart". The project is supposed to allow fair and transparent reimbursement of acute in-patient care in three years. It is supposed to adhere to the following principles: relevant diagnostic and clinical standards have to be respected as

a basis for evidence-based benchmarking; strict representativeness of both clinical and economic databases, in a scientific sense is required; the methodology must be exact and reproducible; all main documents have to go through an authorised reviewing process; all final and reviewed documents have to be publicly available.

The ESPN Flash Report "Payment of health user charges for children in Portugal" is available at:
www.ec.europa.eu/social/BlobServlet?docId=14325&langId=en

The ESPN Flash Report "DRG Restart: Moving towards a more transparent in-patient care reimbursement system in the Czech Republic" is available at:
www.ec.europa.eu/social/BlobServlet?docId=14088&langId=en

More information:
http://ec.europa.eu/social/keyDocuments.jsp?pager.offset=10&langId=en&mode=advancedSubmit&year=0&country=0&type=0&advSearchKey=ESPNFlash

ECONDA PROJECT – ECONOMICS OF CHRONIC DISEASES

HOPE was invited to comment on the results of EConDA project during the final conference of dissemination of project results on 22 September 2015 in Brussels.

Across Europe chronic diseases (such as cardiovascular and respiratory disease, type 2 diabetes and chronic kidney disease) account for 86% of all deaths each year, though rates vary between and within countries due to stark inequalities in health. Chronic diseases have a large impact on health care costs throughout the European Union. Globally, the magnitude of the chronic disease burden has been recognised.

The EConDA project is considering recommendations for integrated interventions, performing an economic evaluation of the investment required, expected outcome and possibility for scaling up/transferring experiences across Europe.

The key aim was to aid EU Member States to develop, select and implement more cost-effective policies to improve chronic disease prevention and impact upon populations with the highest rates of premature deaths from chronic diseases and reduce health inequalities.

The specific objectives are to seek consensus among relevant experts, policy makers and international organisations on the methodology for measuring cost-effectiveness of interventions to prevent, screen and treat chronic diseases taking into consideration the cost of externalities. It is as well to develop a demonstration model for integrated approaches to address cost-effectiveness of various interventions for chronic disease prevention, particularly to demonstrate the differential effects of interventions on various population sub groups.

The disease model was presented by Dr Martin Brown, Senior Mathematical Modeller, UK Health Forum.

More information: http://econdaproject.eu/

PASQ – SUBMISSION OF GOOD PRACTICES AND EXCHANGE MECHANISMS

The European Union Network for Patient Safety and Quality of Care, PaSQ Joint Action is co-funded and supported by the European Commission within the Public Health Programme.

Its focus is to improve Patient Safety and Quality of Care through sharing of information, experience, and the implementation of good practices. These platforms are organised around PaSQ National Contact Points (NCPs), who are also the contact persons for PaSQ matters in their respective countries.

One of the important results of the project is the creation of a database of patient safety good practices, launched at the beginning of 2014. It currently contains more than 500 good practices from 22 Member States. All the practices were reviewed twice before their display to ensure their completeness and to facilitate their understanding and transferability. HOPE contributed to this work, being part of the team of reviewers.

Another round for the submission of good practices has been recently launched. Practices submitted before 30 November 2015 will be reviewed and displayed in the database at the beginning of 2016.

The project also contributed to the creation of "exchange mechanisms", which consist of tools such as study tours, conferences, workshops and twinnings, which allow European participants to share good practices in patient safety.

Two exchange mechanisms will be organised in the coming months:

- conference on "Patient Safety Implementation of safe clinical practices", 21 October, Madrid;
- meeting on "Second and Third victims of the adverse events in the European Union", 23 November, Madrid.

More information on PaSQ: http://pasq.eu

JOINT ACTION ON RARE DISEASES – KICK-OFF

On 15 September 2015 a new Joint Action on rare diseases kicked off in Luxembourg.

The Joint Action is co-financed by the EU Health Programme. All Member States are involved via an associated or collaborative partner. Norway and Iceland also nominated their representative, as did Georgia, Armenia and Australia, giving the project a global as well as a European perspective. The Joint Action will run until the end of May 2018.

Its general objectives are:

- to support the further development and sustainability of the Orphanet database on rare diseases. This database is the biggest repository of information about rare diseases globally, and is run by a large consortium of European partners;
- to contribute to solutions to ensure an appropriate codification of rare diseases in health information systems;
- to continue implementation of the priorities identified in the 2009 Council Recommendation and the 2008 Commission Communication on Rare Diseases, and to support the work of the Commission Expert Group on Rare Diseases by gathering expertise and producing data necessary to its action.

HORIZON 2020 – INFO DAY ON HEALTH, DEMOGRAPHIC CHANGE AND WELLBEING

On 18 September 2015, HOPE attended the Horizon 2020 Info Day dedicated to the programme under the theme of Health, Demographic Change and Wellbeing.

The challenges associated to Health, demographic change and wellbeing derive from the ageing of European population and lifestyle patterns, which, if not actively managed through a life course approach, will increase the burden of chronic diseases on individuals, on existing health and care systems and on society. This will also result in increase of public expenditure coupled with labour force and productivity loss.

The first part of the day was dedicated to the presentation of the Work Programme 2016-2017. A draft work programme was released before the event. The final version with minor changes will be adopted on 13 October.

The main research priorities for 2016-2017 cover the topics of:

- personalised medicine;
- promoting healthy ageing;
- human biomonitoring;
- health ICT;
- infectious diseases;
- maternal and child health.

A total budget of 935 million euro has been assigned to the period 2016-2017 and will be distributed for the following actions:

- *a call on personalised medicine* where 21 topics are funded in the areas of understanding of health, wellbeing and disease; prevention, treatment and management of diseases; active ageing and self-management; methods and data; health provision and integrated care;
- *coordination activities*, composed of 15 topics;
- *SME instrument;*
- *other actions* divided in 12 items;
- *focus area on digital security* with the objective of increasing security of health related data on a systemic level;
- *focus area Internet of Things* for large scale pilots.

More practical information on how to apply for funding and rules of participation were also provided together with the presentation of the project Fit for Health 2.0 (http://www.fitforhealth.eu/), which provides support in partners search and other useful materials for participants in Horizon 2020 funded projects.

The meeting concluded with three parallel sessions on financial instruments (SME instrument and InnovFin Infectious Diseases), partnerships (Innovative Medicine Initiative, European & Developing

Countries Clinical Trials Partnership) and ICT for Health, Wellbeing and Active and Healthy Ageing.

More information and presentations are available at:
http://ec.europa.eu/research/index.cfm?pg=events&eventcode=7829B368-BCD2-7BA8-039C396F0C62FA5D

CHRONIC DISEASES JOINT ACTION – GOOD PRACTICES IN HEALTH PROMOTION & PRIMARY PREVENTION

The Joint Action CHRODIS has produced a summary report on good practices in health promotion and primary prevention of chronic diseases across Europe. It was developed on the basis of the Joint Action's key objective to facilitate the exchange of good practices in tackling chronic diseases among EU countries and regions.

The report contains 41 good practice examples from 13 partner countries, reflecting a broad thematic range of interventions across the life cycle and for various settings as well as examples of policies and strategies.

More information:
http://www.chrodis.eu/wp-content/uploads/2015/09/Summary-Report-CHRODIS-WP5-Task-3_Version-1.3.pdf

http://www.chrodis.eu/wp-content/uploads/2015/09/Annex-Report-CHRODIS-WP5-Task-3_Version-1.3-.pdf

UNITED4HEALTH POLICY ADVISORY BOARD

On 17 September 2015, HOPE attended the meeting of the United4Health Policy Advisory Board. The meeting aimed at discussing some provisional policy messages that can be delivered based on the project results concerning diabetes.

United4Health is a project co-financed by the European Commission under the ICT Policy Support Programme (ICT PSP). The project is a large scale study that aims to reach new frontiers in the evaluation and deployment of information technology and communications (ICT) services for the management of people living with chronic diseases in home settings. The programme involves patients affected by diabetes, chronic obstructive pulmonary disease (COPD), and cardiovascular disease.

The meeting started with a series of presentations of evidences from telehealth services for patients affected by diabetes in Wales and Scotland (UK), Campania (Italy) and Greece.

The services turned out to increase patient self-management and empowerment as patients benefiting from these services declared to be more aware of their disease and that consultations were more meaningful and in depth.

However, some major difficulties were encountered by the sites implementing the services. These were mainly related to the implementation of the public procurement law, which is not enough flexible for the purchase of innovation, resistance from the workforce, lack of technology (e.g. 3G) and lack of interoperability and common standards for data transfer.

In the second part of the meeting two parallel groups discussed what the deployment lessons presented mean for telehealth "doers" such as managers and health professionals.

The next Policy Advisory Board meeting will be held in October 2015 with the objective of finalising policy recommendations which will be presented at the final conference of the project taking place in the European Parliament on 1 December 2015.

More information on United4Health: http://united4health.eu/

EMERGENCY MEDICAL SERVICES – DOMINIQUE LARREY THINK TANK

A new "think tank" has been formed which interprets members' views and ideas to support campaigns for improving emergency medical services (EMS).

The Larrey Society was formed in the United Kingdom in March 2015 as the first "cross sector" forum to help shape future EMS to meet the needs of all patients in the 21st century.

It was named after Dominique Jean Larrey, the visionary and innovative French surgeon, who during the 17th Napoleon Wars, fought against military and political bureaucracy to introduce battlefield treatment for the wounded and create "flying ambulances" with manned crews to transport them to makeshift hospitals. For his achievements he is today regarded as the "father" of modern day emergency medical services.

Larrey was chosen because he epitomised vision, innovation and the ability to convert ideas into reality – all attributes which the National Health Service is crying out for today. Its first Honorary President is Professor Andy Newton, the first qualified paramedic and Chairman of the College of Paramedics.

The Society is a privately-funded independent initiative established to bring together, for the first time, senior management and frontline paramedics from the NHS, independent and voluntary ambulance sectors, and thought leaders from the healthcare establishment and the education community, to share information and ideas which are researched and published for lobbying healthcare legislators.

The guiding principle of the Society is based on collaboration between individuals who share a common commitment to the care, safety and well-being of patients. All meetings are conducted under The Chatham House Rule, the protocol on confidentiality used by politicians and diplomats around the world, to encourage open discussion on controversial issues.

In the six months since the Society was formed it has grown rapidly in reputation among healthcare legislators and regulators and attracted support from a growing membership of more than 150 individuals, largely from the UK but including EMS personnel from 9 other countries around the world.

At the same the Society has actively launched its work, publishing a number of reports which included:

- A call for the creation of a National Ambulance Authority which would bring together NHS ambulance trusts, independent and voluntary providers into an integrated service. It would remain in public ownership, be financed by a special tax but removed from the political agenda to be run by representatives from different health-related organisations.

- A proposal to the Association of Ambulance Chief Executives, the national policy organisation for the 10 NHS ambulance trusts and Unison, the health workers union, to introduce as a matter of urgency a 7 point Code of Work Life Balance. The code is designed to tackle the increasing number of sick days due to work-related burnout among ambulance personnel which is impacting on operational resourcing and putting patients at risk;
- Cautious support for a proposal by the Institute of Engineering and Technology to adapt the 999 emergency call system for texting; the Society is planning to set up a task force to participate in government-led debate on how emergency calling should be tackled in the digital age.

The Society is now extending its geographic reach beyond the UK into Europe and the United States by creating a network of partners with international EMS associations which will be able to exchange information, views and ideas in what will be the first members-only global discussion forum for emergency medical services.

Membership of The Larrey Society is free via: www.thelarreysociety.org

Contact: David@thelarreysociety.org

Reports

FISCAL SUSTAINABILITY OF HEALTH SYSTEMS – OECD PUBLICATION

The health systems we enjoy today, and expected medical advances in the future, will be difficult to finance from public resources without major reforms. Public health spending in OECD countries has grown rapidly over most of the last half century. These spending increases have contributed to important progress in population health: for example, life expectancy at birth has increased, rising on average by ten years since 1970. The challenge now is to sustain and enhance these achievements in a context of tight fiscal constraints in many countries combined with upward pressure on health spending from factors such as new technological advances and demographic changes.

Finding policies that can make health spending more sustainable without compromising important achievements in access and quality requires effective co-operation between health and finance ministries. Sound governance and co-ordination mechanisms are therefore essential to ensure effective policy choices. Prepared by both public finance and health experts, this report provides a unique detailed overview of institutional frameworks for financing health care in OECD countries. One of the main features of this book is a comprehensive mapping of budgeting practices and governance structure in health across OECD countries.

More information: http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/fiscal-sustainability-of-health-systems_9789264233386-en#page1

EMERGENCY CARE SERVICES: TRENDS, DRIVERS AND INTERVENTIONS TO MANAGE THE DEMAND – OECD PUBLICATION

Emergency departments are the front line of health care systems and play a critical role in ensuring an efficient and high-quality response for patients in stress or crisis situations. A growing demand for emergency care might however reduce patients' satisfaction (through waiting times), increase health provider workload and adversely affect quality of care.

This working paper begins with an overview of the trends in the volume of emergency department visits across 21 OECD countries. It then explores the main drivers of emergency department visits in hospital settings, paying attention to both demand and supply side determinants. Thereafter,

national approaches instituted by countries to reduce the demand for emergency care and to guarantee a more efficient use of emergency resources are presented.

More information: http://goo.gl/1e6tkK

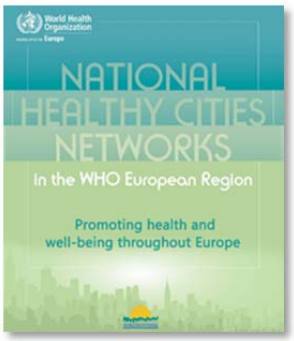
THE EUROPEAN HEALTH REPORT 2015 – WHO PUBLICATION

The publication of the European health report every three years is an opportunity to focus on progress towards genuine health and well-being for all. Whether the reader is a policy-maker, a politician, a public health specialist or journalist, the report gives a vital snapshot of health in the WHO European Region. It shows trends and progress towards the goals of Health 2020, the European health policy, and reveals some gaps in progress, inequalities and areas of concern and uncertainty, where action must be taken.

The 2015 report shows that improvements in health continue throughout the European Region, and some of the inequalities in health between countries, notably in life expectancy and infant mortality, have decreased in recent years. The 2015 report continues the discussion started by the 2012 report on the concept of well-being within the Health 2020 framework.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/288645/European-health-report-2015-Targets-beyondreaching-new-frontiers-evidence-full-book-en.pdf?ua=1

NATIONAL HEALTHY CITIES NETWORKS IN THE WHO EUROPEAN REGION – WHO PUBLICATION

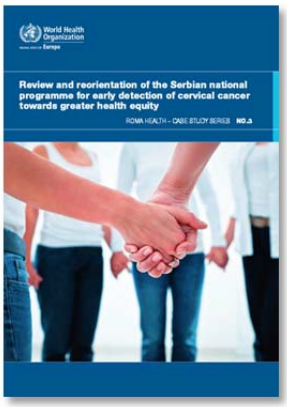


National healthy cities networks form the backbone of the healthy cities movement in Europe. National networks overcome barriers to the local implementation of WHO-inspired and national policy frameworks by providing technical and strategic support to their city members, with the direct engagement of local politicians. Every national network has developed according to the unique needs of its member cities, its available resources and its cultural and legal framework.

This book has two parts: the analysis of the multifaceted work and achievements of 20 WHO-accredited national networks and a profile of each of them, focusing on its organisation, special features and achievements.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0011/285995/Healthy-Cities-promoting-health-and-equity.pdf

REVIEW AND REORIENTATION OF THE SERBIAN NATIONAL PROGRAMME FOR EARLY DETECTION OF CERVICAL CANCER TOWARDS GREATER HEALTH EQUITY – WHO PUBLICATION



Studies conducted in Serbia and worldwide concluded that socioeconomic determinants of health – such as gender, wealth, ethnicity and living conditions – are strongly associated with health status. Recognised inequalities in health due to differences in socioeconomic status require a structured institutional response and multisectoral actions at many levels.

The WHO Regional Office for Europe proposed using methodology developed to review and reorient national strategies, programmes and actions towards greater equity. The Serbian Ministry of Health appointed a working team to review the chosen programme: the national programme for early detection of cervical cancer. This case study presents the review of the programme, which identified Roma women and other groups who might not benefit from it owing to barriers at many levels. Along with analysing barriers, it also identifies factors that might facilitate access to this programme. Key recommendations include the need for a multidisciplinary approach focusing on social determinants of health, and intersectoral collaboration among different stakeholders at the national, regional and community levels.

More information: ***http://www.euro.who.int/__data/assets/pdf_file/0011/283646/WHO-Roma-Health-Case-Study_low_V7.pdf?ua=1***

PHARMA INDUSTRY LOBBYING DISSECTED IN A REPORT

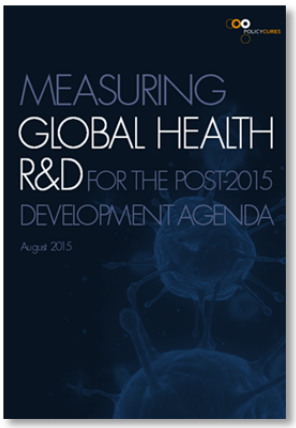
In September, the Corporate Europe Observatory (CEO), a think-thank specialised in the analysis of lobby influence on EU decision-making process, released a report which highlights the importance of pharma industry lobbying in the EU.

According to CEO, pharma industry spends 15 times more on lobbying activities than public health players (civil society). In the first 5 months of office, the European Commission already met 50 times with industry. As example, the study addresses concrete cases where pharma industry particularly tried to influence the Commission: clinical trials' data transparency, trade secrets and the TTIP.

CEO also gives a critical analysis of the EU public-private partnership with pharma industry, the "Innovative Medicines Initiative".

The report is available at:
http://corporateeurope.org/sites/default/files/20150904_bigpharma_web.pdf

MEASURING GLOBAL HEALTH R&D FOR THE POST-2015 DEVELOPMENT AGENDA – REPORT



The recently released report *Measuring global health R&D for the post-2015 development agenda* underscores the critical link between global health research and development (R&D) and achieving the Sustainable Development Goals (SDGs) and calls for the inclusion of robust indicators to measure global health R&D in the SDG monitoring framework, recommending the most suitable indicators for this purpose.

Achieving the SDGs' broad vision of sustainable, economic prosperity and ambitious health-related targets will not be possible without R&D to develop new and improved health technologies to address the health conditions that disproportionately impact low and middle-income countries. For the SDGs to be successful, it is vital that they acknowledge the importance of—and measure progress toward—global health R&D. Unfortunately, global health R&D has been largely overlooked in SDG discussions, and no current proposed indicators can adequately monitor progress on global health R&D.

The report recommends three global health R&D indicators best suited for inclusion in the SDG global monitoring framework and five complementary national indicators countries should adopt if appropriate for their circumstances. These indicators were recommended based on an extensive landscaping and consultative process with stakeholders and further analysis of each indicator's feasibility, level of community endorsement, appropriateness, and cross-cutting potential.

More information:
http://www.ghtcoalition.org/files/GlobalhealthRandDinpost2015_web.pdf

DISEASE-RELATED MALNUTRITION – COST SAVINGS AND CLINICAL BENEFITS

A reduction in the cost of overall hospital care by 12% that can be achieved by the implementation of a relatively simple and low cost solution is an attractive proposition.

Delegates at the International Health Economics Association Congress (14th July, Milan) heard evidence from the most comprehensive systematic review to date showing that managing disease-related malnutrition with oral nutritional supplements (ONS) can lead to such savings. ONS are liquid or semi-solid products providing a mix of macronutrients and micronutrients. ONS are typically used to supplement food intake, which is insufficient to meet patients' requirements. However, in many cases, ONS are nutritionally complete and can be used as a sole source of nutrition.

Disease-related malnutrition is a major public health concern with 33 million people adults at risk in Europe and 1 in 4 patients admitted to hospital at risk. Costing European countries an estimated total of €170 billion and increasing hospital stay by up to 75% (Ljungqvist O et al. The European fight against malnutrition. Clin Nutr 2010; 29(2):149-150 and Khalatbari-Soltani S and P Marques-Vidal B. The economic cost of hospital malnutrition in Europe; a narrative Review. Clin Nutr 2015; e89-94), it is an issue that not only impacts hospital finances but patients too, leading to delayed recovery, more complications and higher mortality.

Despite the known clinical benefits of nutritional support in hospital patients, to date there has been limited information about its economic impact. A new systematic review recently published in Clinical Nutrition addresses this by examining the cost effectiveness of standard ONS given to patients in hospital.

Nine publications were included in the review, which was undertaken in line with internationally agreed criteria to ensure high quality. A mean cost saving of 12% was identified from the cost analyses when patients receiving ONS were compared to those receiving routine care. Meta-analysis of abdominal surgical studies showed that the mean net cost saving of administering ONS was €1,076 per patient in 2003 prices. Adjusting for inflation, savings in 2015 could be as high as €1415. Cost savings were typically associated with significantly improved outcomes which included reduced mortality (by 35%), reduced complications (by 35%) and reduction in the length of hospital stay (by 2 days, corresponding to a ~13% reduction). Cost-effectiveness was also demonstrated by avoiding the development of pressure ulcers or by gaining quality adjusted life years. The review concludes that ONS use in the hospital setting produce an overall cost saving and are cost effective.
In a second review of 19 publications considering the same topic but in community and care home settings, meta-analysis found ONS use was associated with a 16.5% reduction in hospitalisations. While ONS use generally accounted for only a small proportion of the total healthcare costs (average <5%), provision of ONS for up to 3 months delivered an average net cost saving to the health economy of 9.2% compared to routine care. Many clinically relevant outcomes favouring ONS use were reported including improved quality of life, reduced infections, reduced falls and fewer functional limitations.

The reviews have shown that managing malnutrition with ONS can produce an average cost saving of around 10% compared to standard care across a broad range of patient groups and benefit both the hospital and community settings. The potential savings that ONS use could bring to healthcare systems are exceptional - it is extremely rare that this level of clinical benefit and economic value is found in health technology assessments.

ONS provides better care in the management of malnutrition, saving lives and cutting costs. By implementing systems to identify and manage disease-related malnutrition hospital administrators can save money and improve quality of care.

For more information see:

Systematic review – Hospital
http://www.clinicalnutritionjournal.com/article/S0261-5614(15)00142-9/fulltext

Systematic review – Community
http://www.sciencedirect.com/science/article/pii/S0261561415001910

HOPE Publication "Under-Nutrition: Removing barriers to efficient patient nutrition within both the hospital and home-care setting"
http://www.hope.be/05eventsandpublications/docpublications/93_nutrition/93_HOPE-EHMA_Under-nutrition_May_2013pdf.pdf

Medical Nutrition International Industry
http://www.medicalnutritionindustry.com/managing-malnutrition

AN ANALYSIS OF PERCEIVED ACCESS TO HEALTH CARE IN EUROPE – HOW UNIVERSAL IS UNIVERSAL COVERAGE?

The objective of this paper is to examine variations in perceptions of access to health care across and within 29 European countries. Using data from the 2008 round of the European Social Survey, authors investigate the likelihood of an individual perceiving that they will experience difficulties accessing health care in the next 12 months. They find that despite most European countries having mandates for universal health coverage, individuals who are low income, in poor health, lack citizenship in the country where they reside, 20–30 years old, unemployed and/or female have systematically greater odds of feeling unable to access care. Focusing on the role of income, authors find that while there is a strong association between low income and perceived access barriers across countries, within many countries, perceptions of difficulties accessing care are not concentrated uniquely among low-income groups. This implies that factors that affect all income groups, such as poor quality care and long waiting times may serve as important barriers to access in these countries. Despite commitments to move towards universal health coverage in Europe, results suggest that there is still significant heterogeneity among individuals' perceptions of access and important barriers to accessing health care.

More information:
http://www.healthpolicyjrnl.com/article/S0168-8510%2815%2900170-0/pdf

CHALLENGES IN THE PROVISION OF HEALTHCARE SERVICES FOR MIGRANTS – A SYSTEMATIC REVIEW THROUGH PROVIDERS' LENS

In recent years, cross-border migration has gained significant attention in high-level policy dialogues in numerous countries. While it exists some literature describing the health status of migrants, and exploring migrants' perceptions of service utilisation in receiving countries, there is still little evidence that examines the issue of health services for migrants through the lens of providers.

This study therefore aims to systematically review the latest literature, which investigated perceptions and attitudes of healthcare providers in managing care for migrants, as well as examining the challenges and barriers faced in their practices.

More information:
http://www.biomedcentral.com/content/pdf/s12913-015-1065-z.pdf

INTEGRATING EMPOWERMENT EVALUATION AND QUALITY IMPROVEMENT TO ACHIEVE HEALTHCARE IMPROVEMENT OUTCOMES

While the body of evidence-based healthcare interventions grows, the ability of health systems to deliver these interventions effectively and efficiently lags behind. Quality improvement approaches, such as the model for improvement, have demonstrated some success in healthcare but their impact has been lessened by implementation challenges.

To help address these challenges, authors describe the empowerment evaluation approach that has been developed by programme evaluators and a method for its application (Getting To Outcomes - GTO). Authors then describe how GTO can be used to implement healthcare interventions. An illustrative healthcare quality improvement example that compares the model for improvement and the GTO method for reducing hospital admissions through improved diabetes care is described. They conclude with suggestions for integrating GTO and the model for improvement.

More information:
http://qualitysafety.bmj.com/content/24/10/645.full.pdf+html

THE "TEMPORARY RECOMMENDATIONS FOR USE" – A DUAL-PURPOSE REGULATORY FRAMEWORK FOR OFF-LABEL DRUG USE IN FRANCE

In 2012, following the Mediator (benfluorex) scandal, France displayed the ambitious goal to implement a regulatory framework for controlling off-label drug use: the "Temporary Recommendations for Use" (RTUs). It aims to regulate the use of pharmaceuticals outside the scope of a marketing authorisation (MA) by establishing a framework for patient monitoring and data collection. This is intended to ensure that the benefit/risk ratio is favourable for the indication approved by the RTU. The granting of an RTU enables the reimbursement of off-label drug use and encourages pharmaceutical companies to expand their MA.

Between 2012 and 2014, the regulator framework for RTUs was amended twice in order to allow the bypassing of an MA for economic reasons, when a licensed alternative drug exists. The primary purpose of the RTU framework is interesting by implementing an original national control for off-label uses that respond to a public health need. The secondary purpose is more controversial as it promotes off-label use. This has raised legal issues and has created a ground for litigation between pharmaceutical firms and health authorities. RTUs provide an interesting example for other countries that are exploring the possibility of regulating off-label drug use. At the same time, the processes surrounding the implementation of RTUs illustrate the difficulties of public policies to balance public health needs, safety and economic goals.

More information:
http://ac.els-cdn.com/S0168851015002250/1-s2.0-S0168851015002250-main.pdf?_tid=f3f97126-65c4-11e5-b92c-00000aacb362&acdnat=1443433408_6431b96ffbd44124964o6f85157848d4

ROBOTICS – CONTRAVERSIAL FEEDBACKS

The ADHOPHTA project (http://www.adhophta.eu/?q=node/104) recently published an article on the da Vinci Surgical Robot "highest payments to doctors and vast underreporting of adverse events".

In the USA it has become mandatory for pharmaceutical and medical device manufacturers in 2014 to publicly report their payments to doctors and teaching hospitals. ProPublica, an independent, non-profit newsroom that produces investigative journalism in the public interest, created a tool to evaluate these data (http://projects.propublica.org/open-payments/). Their analysis found that the medical device associated with the most payments to doctors was the da Vinci surgical robot system.

On the basis of news reports and court records, researchers at Johns Hopkins concluded that adverse events associated with the da Vinci were "vastly underreported." According to the president of the US National Center for Health Research (http://center4research.org) the consequence is that little is known of the real disadvantage of the equipment, and the injuries and deaths it may cause, even as robotic surgery is widely marketed also to consumers.

Several articles have been published on this issue: Cooper MA, Ibrahim A, Lyu H, Makary MA. *Underreporting of Robotic Surgery Complications.* J Healthc Qual. 2013 Aug 27. doi: 10.1111/jhq.12036; Ornstein C, Grochowski Jones R. *The Drugs That Companies Promote to Doctors Are Rarely Breakthroughs.* The New York Times. 2015 Jan. 7: http://nyti.ms/1FLbPBu; Rabin RC. *New Concerns on Robotic Surgeries.* The New York Times. 2013 Sept. 9: http://nyti.ms/1y3NzWh

HOSPITAL MANAGERS' NEED FOR INFORMATION IN DECISION-MAKING – AN INTERVIEW STUDY IN NINE EUROPEAN COUNTRIES

Assessments of new health technologies in Europe are often made at the hospital level. However, the guidelines for health technology assessment (HTA), e.g. the EUnetHTA Core Model, are produced by national HTA organisations and focus on decision-making at the national level.

This paper describes the results of an interview study with European hospital managers about their need for information when deciding about investments in new treatments. The study is part of the AdHopHTA project. Face-to-face, structured interviews were conducted with 53 hospital managers from nine European countries. The hospital managers identified the clinical, economic, safety and organisational aspects of new treatments as being the most relevant for decision-making. With regard to economic aspects, the hospital managers typically had a narrower focus on budget impact and reimbursement. In addition to the information included in traditional HTAs, hospital managers sometimes needed information on the political and strategic aspects of new treatments, in particular the relationship between the treatment and the strategic goals of the hospital.

If further studies are able to verify our results, guidelines for hospital-based HTA should be altered to reflect the information needs of hospital managers when deciding about investments in new treatments.

More information:
http://ac.els-cdn.com/S0168851015002158/1-s2.0-S0168851015002158-main.pdf?_tid=a25acfbc-65c5-11e5-91e6-00000aacb360&acdnat=1443433701_8cbeff77e1d9f4464a91cb82a753e807

TECHNOLOGY DIFFUSION IN HOSPITALS – A LOG ODDS RANDOM EFFECTS REGRESSION MODEL

This study identifies the factors that affect the diffusion of hospital innovations. Authors applied a log odds random effects regression model on hospital micro data and introduced the concept of clustering innovations and the application of a log odds random effects regression model to describe the diffusion of technologies. They distinguished a number of determinants, such as service, physician, and environmental, financial and organisational characteristics of the 60 Dutch hospitals in the sample.

On the basis of this data set on Dutch general hospitals over the period 1995–2002, the conclusion is that there is a relation between a number of determinants and the diffusion of innovations. Positive effects were found on the basis of the size of the hospitals, competition and a hospital's commitment to innovation. It appears that if a policy is developed to further diffuse innovations, the external effects of demand and market competition need to be examined, which would de facto lead to an efficient use of technology. For the individual hospital, instituting an innovations office appears to be the most prudent course of action.

More information: ***http://onlinelibrary.wiley.com/doi/10.1002/hpm.2232/pdf***

MEASURING AND IMPROVING PATIENT SAFETY THROUGH HEALTH INFORMATION TECHNOLOGY – THE HEALTH IT SAFETY FRAMEWORK

Health information technology (health IT) has potential to improve patient safety but its implementation and use has led to unintended consequences and new safety concerns. A key challenge to improving safety in health IT-enabled healthcare systems is to develop valid, feasible strategies to measure safety concerns at the intersection of health IT and patient safety.

In response to the fundamental conceptual and methodological gaps related to both defining and measuring health IT-related patient safety, authors propose a new framework, the Health IT Safety (HITS) measurement framework, to provide a conceptual foundation for health IT-related patient safety measurement, monitoring, and improvement. The HITS framework follows both Continuous Quality Improvement (CQI) and sociotechnical approaches and calls for new measures and measurement activities to address safety.

More information:
http://qualitysafety.bmj.com/content/early/2015/09/13/bmjqs-2015-004486.full.pdf+html

HEALTH PROFESSIONAL MOBILITY IN THE EUROPEAN UNION – EXPLORING THE EQUITY AND EFFICIENCY OF FREE MOVEMENT

The WHO Global Code of Practice on the International Recruitment of Health Personnel is a landmark in the health workforce migration debate. Yet its principles apply only partly within the European Union (EU) where freedom of movement prevails.

The purpose of this article is to explore whether free mobility of health professionals contributes to "equitably strengthen health systems" in the EU. The article proposes an analytical tool (matrix), which looks at the effects of health professional mobility in terms of efficiency and equity implications at three levels: for the EU, for destination countries and for source countries.

The findings show that destinations as well as sources experience positive and negative effects, and that the effects of mobility are complex because they change, overlap and are hard to pin down. The analysis suggests that there is a risk that free health workforce mobility disproportionally benefits wealthier Member States at the expense of less advantaged EU Member States, and that mobility may feed disparities as flows redistribute resources from poorer to wealthier EU countries. The article argues that the principles put forward by the WHO Code appear to be as relevant within the EU as they are globally.

More information:
http://ac.els-cdn.com/S0168851015002146/1-s2.0-S0168851015002146-main.pdf?_tid=f0d585ec-65c5-11e5-bcb2-00000aacb35f&acdnat=1443433832_88227852b7009e27032723876224 7e8c

BRIDGING GAPS TO PROMOTE NETWORKED CARE BETWEEN TEAMS AND GROUPS IN HEALTH DELIVERY SYSTEMS – A SYSTEMATIC REVIEW OF NON-HEALTH LITERATURE

The research involved subjects in 40 countries, with 32 studies enrolling participants in multiple countries. There were 40 studies conducted wholly or partly in the USA, 46 wholly or partly in continental Europe, 29 wholly or partly in Asia and 12 wholly or partly in Russia or Russian federated countries. Methods employed included 30 mixed or triangulated social science study designs, 39 qualitative studies, 13 experimental studies and 34 questionnaire-based studies, where the latter was mostly to gather data for social network analyses.

Four recurring factors underpin a model for promoting networked behaviours and fortifying cross-group cooperation: appreciating the characteristics and nature of gaps between groups; using the leverage of boundary-spanners to bridge two or more groups; applying various mechanisms to stimulate interactive relationships; and mobilising those who can exert positive external influences to promote connections while minimising the impact of those who exacerbate divides. The literature assessed is rich and varied. An evidence-oriented model and strategies for promoting more networked systems are now available for application to healthcare. While caution needs to be

exercised in translating outside ideas and studies, drawing on non-health ideas is useful in providing insights into other sectors.

More information:
http://bmjopen.bmj.com/content/5/9/e006567.full.pdf+html

COPRODUCTION OF HEALTHCARE SERVICE – STUDY

Efforts to ensure effective participation of patients in healthcare are called by many names: patient centredness, patient engagement, patient experience. Improvement initiatives in this domain often resemble the efforts of manufacturers to engage consumers in designing and marketing products. Services, however, are fundamentally different than products; unlike goods, services are always 'coproduced'. Failure to recognise this unique character of a service and its implications may limit the success in partnering with patients to improve health care.

Authors trace a partial history of the coproduction concept, present a model of healthcare service coproduction and explore its application as a design principle in three healthcare service delivery innovations. They use the principle to examine the roles, relationships and aims of this interdependent work. Then, they explore the principle's implications and challenges for health professional development, for service delivery system design and for understanding and measuring benefit in healthcare services.

More information:
http://qualitysafety.bmj.com/content/early/2015/09/16/bmjqs-2015-004315.full.pdf+html

PHYSICIANS' INTENTION TO LEAVE DIRECT PATIENT CARE – AN INTEGRATIVE REVIEW

In light of the growing shortage of physicians worldwide, the problem of physicians who intend to leave direct patient care has become more acute, particularly in terms of quality of care and health-care costs. A literature search was carried out following Cooper's five-stage model for conducting an integrative literature review. Database searches were made in MEDLINE, PsycINFO and Web of Science in May 2014. A total of 17 studies from five countries were identified and the study results synthesised. Measures and percentages of physicians' intention to leave varied between the studies. Variables associated with intention to leave were demographics, with age- and gender-specific findings, family or personal domain, working time and psychosocial working conditions, job-related well-being and other career-related aspects. Gender differences were identified in several risk clusters. Factors such as long working hours and work–family conflict were particularly relevant for female physicians' intention to leave.

Health-care managers and policy-makers should take action to improve physicians' working hours and psychosocial working conditions in order to prevent a high rate of intention to leave and limit the number of physicians actually leaving direct patient care. Further research is needed on gender-specific needs in the workplace, the connection between intention to leave and actually leaving and measures of intention to leave as well as using qualitative methods to gain a deeper understanding and developing validated questionnaires.

More information: ***http://www.human-resources-health.com/content/pdf/s12960-015-0068-5.pdf***

AMBULATORY SURGERY – CONGRESS – 28/29 JANUARY 2016

The European Congress of Ambulatory Surgery will take place on **28 and 29 January 2016 in Marne-la-Vallée, Paris**. It will be organised by the French Association of Ambulatory Surgery (AFCA) and the International Association for Ambulatory Surgery (IAAS).

This event will gather all stakeholders of ambulatory surgery (surgeons, anaesthetists, hospital directors and managers, nurses…) from all over Europe. In cooperation with specialised societies in surgery (orthopaedics, gynaecology, urology, ENT…) and anaesthesia, the AFCA IAAS has built two days of quality scientific meetings.

The mornings will be organised around plenary sessions on transversal and organisational topics.

- Ambulatory surgery, what are we speaking about?
- Ambulatory surgery and enhanced recovery
- The role of nurses
- Thrombo prophylaxis in ambulatory surgery
- Accompanying person in ambulatory surgery
- Ambulatory surgery unit design & layout
- Communication with the patient
- Hotels, what for?
- Monitoring quality and security, is it necessary to provide specific recommendations for each surgery specialty?
- Can ambulatory surgery be part of a hospital financial recovery strategy and help reduce costs?

During the afternoons, parallel sessions will take place on specialised surgery procedures and visits of ambulatory surgery units.

The objective is to encourage the exchange of good practices between professionals from different countries, who present different maturity levels in ambulatory surgery.
Moreover, the AFCA launches unprecedented initiatives:

- a European bursary: 2-day immersion in a European ambulatory surgery unit accredited by IAAS;
- best video on patient information and best oral communication: the award will consist of a 2-day immersion in a European ambulatory surgery unit accredited by IAAS.

More information: www.afca-iaas2016.org

ARKNESS FELLOWSHIPS IN HEALTH CARE POLICY AND PRACTICE

The Commonwealth Fund's Harkness Fellowships in Health Care Policy and Practice provides a unique opportunity for mid-career health services researchers and practitioners from Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, and the United Kingdom to spend up to 12 months in the United States, conducting original research and working with leading U.S. health policy experts.

Through its extensive network of contacts, the Fund places newly selected fellows with experts at leading U.S. universities, think tanks, health care organisations, integrated health care delivery systems, and government agencies for the fellowship year. These experts serve as mentors to the fellows and help refine the research project, provide technical expertise, facilitate access to data and colleagues, and advise on dissemination strategies.

Fellows spend their time researching a specific issue to produce a substantive piece of policy work that will be presented formally at the end of the fellowship year. The expected product is a peer-reviewed journal article or report for health ministers and other high-level policy audiences.

The deadline for applications for nationals from Canada, France, Germany, the Netherlands, Norway, Sweden, and the United Kingdom is 16 November 2016.

More information:
http://www.commonwealthfund.org/grants-and-fellowships/fellowships/harkness-fellowships

WHAT CAN DATA-DRIVEN HEALTHCARE DO FOR EUROPE? – EUROPEAN PARLIAMENT DEBATE

On 15 September 2015, HOPE attended in the European Parliament the debate "What can data-driven healthcare do for Europe?" hosted by MEP Claudiu Ciprian Tănăsescu (S&D, Romania) and organised by EU40, the network of Young Member of the European Parliament and Cambre consultancy.

The debate aimed at discussing the role of data-drive healthcare and privacy and security issues arising from the use of big data.

The first speaker, Dr Bernard Maillet, physician and vice-chair of the eHealth working group at The Standing Committee of European Doctors (CPME), pointed to the many benefits for patients and physicians, but cautioned that special attention has to be given to *"digital doctor-patient relationships"* and the importance played by face-to-face contacts to build trust between doctor and patient.

Beth Thompson, Policy Adviser at the Wellcome Trust, a global charitable foundation dedicated to health-improving research, highlighted the vital role of data in research. She noted that regulatory frameworks permit the use of health data, without which we would not have discovered a link between tobacco and lung cancer.

Cornelia Kutterer, Director for Digital Policy EMEA at Microsoft, raised another example of how big data has improved healthcare in unexpected ways. She explained that using data, a hospital discovered a common link between what appeared to be a random group of patients returning to the hospital; the room in which these patients had been treated. The hospital was able to establish the presence of a certain bacteria in this particular room. But big data concerns go beyond just data privacy, she added. Data ownership, infrastructure, interoperability and interconnectivity are also key issues.

Finally, Chair of the Big Data Committee of the European Health Parliament, Arthur Stril pointed at three main roadblocks; standardisation, access control (linked to privacy) and communication (literacy and training). His organisation promotes the design and adoption of a single European Health Record system in Europe to bring forward relevant issues, coordinate Member State initiatives and disseminate best practices.

From the audience, Irish MEP Sean Kelly reacted to the presentations made by the panellist and urged participants to take action immediately to ensure that the data protection Regulation is adapted to the demands and requirements of healthcare.

STATE OF PLAY OF THE PROPOSED EU REGULATION ON IN VITRO DIAGNOSTIC MEDICAL DEVICES – MEETING

On 14 September 2015, HOPE attended in Brussels a meeting organised by the European Alliance for Personalised Medicine on the state of play of the proposed EU Regulation on in vitro diagnostic medical devices (IVD). The meeting aimed to discuss recent developments in the revision of the IVD Regulation relevant for the area of personalised medicine.

IVD, especially companion diagnostics, play an essential role in personalised medicine and the patient-healthcare pathway. Companion diagnostics provide the potential for more effectively treat patients by targeting therapies and avoiding ineffective treatments that may cause harm. The new proposal for IVD no longer classifies companion diagnostics as low risk and no longer allows for their self-certification. Companion diagnostics will instead soon be classified as having high individual risk or moderate public health risk and will need to undergo conformity assessment by a notified body. The level of clinical evidence required will also increase and, for instance, companion diagnostics will need to demonstrate the clinical utility of the device for its intended purpose.

During the meeting, Mrs Elitsa Mincheva, Legal Officer at the European Commission DG GROW gave a detailed update about the state of play of the draft legislations on medical devices and IVD. She stressed that for the European Commission the main critical points in the legislations concern the pre-market approval of medical devices, the reprocessing of single use medical devices, the designation of special notified bodies by the European Medicines Agency and the in-house exemption for IVD.

She also mentioned that a complete general approach is expected to be adopted by the EPSCO Council during the next meeting taking place on 5 October. A total of six trilogues meeting are scheduled, the first one taking place on 13 October. Finally, she expressed the opinion that an agreement achieved during the Luxembourg Presidency would be very difficult to obtain, given the tight timeline. It is then likely that the Dutch Presidency will continue the work on this dossier.

During a panel discussion that followed, stakeholders had the opportunity to express their views about the current review of the IVD legislation. Tim Kievits from Vitromics presented the SME perspective by arguing that Europe is a very good environment to develop IVD and biomarkers, compared to the much more bureaucratic US market.

Anastassia Negrouuk from EORTC, the European Organisation for Research and Treatment of Cancer highlighted that the frameworks created by the clinical trials, the medical devices and the data protection Regulations are not very interoperable. The risk is that researchers will have to seek for approvals from different competent authorities, thus creating an excessive burden that could ultimately hamper the carrying out of health research in Europe.

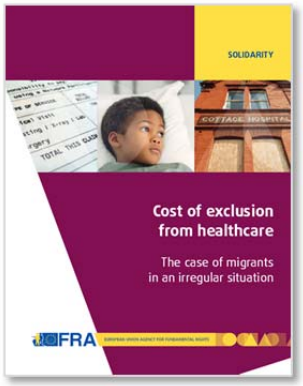
mHEALTH GRAND TOUR 2015

HOPE was invited to take part high-level policy breakfast on the role of mobile solutions in diabetes organised by the International Diabetes Federation Europe on 3 September 2015. The policy breakfast preceded the departure of the mHealth Grand Tour 2015.

The mHealth Grand Tour is a cycle ride with a difference. Going from Brussels to Geneva in just 10 days, the tour is 1,500 km long with more than 22,000 meters of ascent. It is presented as an opportunity to demonstrate how innovative mobile health solutions can help the challenges of managing diabetes.

The policy breakfast included keynote speeches from Lambert van Nistelrooij (Member of the European Parliament) and Mr Thierry Zylberberg (Executive Vice-President, Orange & General Manager Orange Healthcare). A panel session with Pēteris Zilgalvis (J.D, Head of Unit, eHealth and Well Being, DG CONNECT), Kyle Rose (Managing Director mySugr Delta PM & 2013/2015 mHealth Grand Tour Rider), Petra Wilson (CEO, IDF Global) and Horst Merkle (Director, Continua) concluded the meeting before the official start of the mHealth Grand Tour.

THE COST OF EXCLUSION FROM HEALTHCARE – THE CASE OF IRREGULAR MIGRANTS



On 3 September 2015, the Fundamental Rights Agency (FRA) presented and discussed its Report: "*The Cost of Exclusion from healthcare: the case of irregular migrants"*, at the Residence Palace in Brussels, in a panel session in the framework of the European Public Health Alliance 6th annual conference.

The FRA summary looks into the potential costs of providing migrants in an irregular situation with timely access to healthcare screening and treatment, compared to providing medical treatment only in emergency cases.

The economic analysis focuses on two specific clinical areas: hypertension and lack of prenatal care. The decision to focus on hypertension was motivated by the fact this represents a major risk factor for cardiovascular events. The focus on the lack of prenatal care was chosen because it affects vulnerable groups, including pregnant women and children, whose rights are protected by the Convention on the Elimination of all forms of Discrimination against women and the Convention on the Rights of the child.

FRA applied the model to three EU Member States: Germany, Greece and Sweden.

The Report concludes that providing access to regular preventive healthcare to migrants in an irregular situation would not only contribute to fulfilling the right to health – a basic social right – but it is also cost-saving.

In fact, with respect to hypertension, assuming that all migrants in an irregular situation make regular use of preventive healthcare, after one year, this would result in cost-savings of around 9% in Germany and Greece and about 8% in Sweden, when these costs are compared to providing emergency care only.

Moreover, the results of prenatal care model indicate that providing access to prenatal care services to migrants in an irregular situation is cost-savings as well. The findings of the model suggest that providing access to prenatal care may generate savings of up to 48% in Germany and Greece and, up to 69% in Sweden, over the course of two years.

The report "Cost of exclusion from healthcare – The case of migrants in an irregular situation" is available at:
http://fra.europa.eu/sites/default/files/fra_uploads/fra-2015-cost-healthcare_en.pdf

PCSI CONFERENCE 2015 – 14-17 OCTOBER, THE HAGUE

The 31st annual Patient Classification Systems International (PCSI) conference entitled "Towards sustainable health and social care systems" will focus on issues that top the health and social care agendas — case mix, health information, person-centred health care, value-based approaches, assessment and appropriate funding. In keeping with the tradition of PCSI events, the conference will provide opportunities for inspiring scientific work, unique social events and invaluable networking.

The annual conference is the primary PCSI event, where case mix researchers, analysts, professional organisations active in health and social care, government officials and many others gather to discuss recent developments in case mix. Participants will present and learn the latest in case mix concepts from their peers through oral and poster presentation sessions. The event also allows for informal meetings of the minds between a wide range of individuals.

More information: www.pcsi2015.org

AGENDA

UPCOMING CONFERENCES

HOSPITAL+ INNOVATION CONGRESS

21-22 October 2015 – Odense (Denmark)

The Hospital+ Innovation Congress will take place on 21-22 October 2015 in Odense (Denmark).

In the next ten years, Denmark will invest more than €5.6 billion in 16 new hospitals projects. These include new greenfield projects as well as expansion of existing capacity.

The congress is an open invitation to the international health community to join the discussion and to co-create innovative solutions to current issues under this year's themes, patient involvement and increased efficiency. At the congress, you are invited to learn about Danish perspectives of building hospitals and to contribute to future healthcare solutions.

In 2013, the conference was a great success with more than 350 participants from all over the world networking and sharing knowledge with their peers in an international environment.

More information: ***http://www.hospitalplusinnovation.com/***

STUDY VISIT
ASSURING QUALITY IN THE ENGLISH NHS

29-30 October 2015 – Dartford (Kent - UK)

HOPE UK member is organising on 29-30 October 2015 a study visit for senior healthcare professionals, managers and policy makers on "Assuring quality in the English NHS".

The English NHS has seen significant reforms in the past 5 years, with an increasing focus on the quality of care provided. This study tour is aimed at clinical and managerial colleagues working in senior operational, policy or strategic roles in other European health systems. The two-day programme will provide delegates with a deeper knowledge of the NHS in England, including how healthcare is purchased and regulated from both a financial, quality and safety perspective. Additionally, there will be a strong focus on the largest component of the workforce in the NHS - its nurses - and how important nurses and nurse leadership is in providing and maintaining quality.

The event will hear from national healthcare policy makers, regulators, commissioners (purchasers) and leaders. There will also be a local focus, with the opportunity for a hospital tour and to see how national policy is interpreted and implemented locally to provide high quality care. A more detailed programme will be available shortly.

The hosts for the visit are Dartford and Gravesham NHS Trust, which offers a comprehensive range of mainly acute hospital based services to more than 270,000 people in Kent, in the South East of England. The Trust's specialties include day-care surgery; general surgery; trauma; orthopaedics; cardiology; maternity and general medicine. The Trusts team of nearly 3000 professional and friendly staff provide care for patients across the full range of day-patient, in-patient and out-patient care.

Dartford can be reached by fast, and direct, trains from Central London.

Deadline for application is 15 October 2015.

Provisional programme

For more information, or to register your interest, please contact:

Ms Ali STROWMAN
Deputy Director of Nursing & Quality Dartford and Gravesham NHS Trust
ali.strowman@nhs.net

Mr Michael WOOD
Senior European Policy Manager
NHS European Office
Michael.wood@nhsconfed.org

EUROPEAN HOSPITAL CONFERENCE

19 November 2015 – Düsseldorf (Germany)

The 3rd Joint European Hospital Conference (EHC) will takes place as part of MEDICA 2015 on 19 November 2015.

The EHC will address different political, medical and economic topics from across all of Europe. Dr Vytenis Andriukaitis, Commissioner for Health and Food Safety within the EU Commission, plans to participate in this conference.

High-ranking speakers from the European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH) will take a detailed stance on the topics:

- patient-oriented hospital care in the future;
- patient-oriented hospital care in the practice.

All presentations will be translated simultaneously into English, French and German.

More information:
http://www.medica.de/cipp/md_medica/custom/pub/content,oid,33332/lang,2/ticket,g_u_e_s_t/src,EHC2/~/EUROPEAN_HOSPITAL_CONFERENCE.html

COCIR eHEALTH SUMMIT

24-25 November 2015 – Brussels (Belgium)

COCIR, the European Trade Association representing the medical imaging, health ICT and electromedical industries, is organising for the second year its annual eHealth Summit, which will take place on 24 and 25 November at the International Press Center, Residence Palace, in Brussels.

Healthcare systems are suffering from high costs and high fragmentation, often resulting in poor medical outcomes and unjustified clinical variability in medical practices and decision making across the care providers. When looked at holistically, healthcare systems are declared "unsustainable".

The aim of the Summit is to provide key EU and national policy makers and health stakeholders with a unique opportunity to discuss solutions on how to overcome these challenges and to achieve tangible outcomes that will provide a platform for action.

The first day, organised in partnership with HOPE, will focus on the European perspective and the role of Member States and Regions. HOPE Chief Executive Pascal Garel will participate to the panel debate dedicated to "*Mainstreaming innovation across health and care systems for successful scaling up of innovation".*

The second day will represent the opportunity to discuss these issues from an international perspective and will feature the participation of international organisations such as WHO and the OECD.

More information:
http://www.cocirehealthsummit.org/ehome/index.php?eventid=142013&tabid=323959&

HOPE AGORA 2016
INNOVATION IN HOSPITALS AND HEALTHCARE: THE WAY FORWARD

6-8 June 2016 – Rome (Italy)

In 2016, HOPE celebrates its 50th anniversary. To mark this occasion, HOPE Agora will be organised in Rome (Italy), the city where HOPE was founded in 1966.

HOPE Agora will take place from 6 to 8 June included and will conclude the HOPE Exchange Programme, which in 2016 will reach its 35th edition. This 4-week training period starting on 9 May 2016 is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

The topic of the HOPE Exchange Programme 2016 will be "**Innovation in hospitals and healthcare: the way forward**". The topic of 2016 will be a follow up of the Programme 2015 "Hospitals 2020: hospitals of the future, healthcare of the future", which was all about innovations in management and organisation of hospitals and healthcare services. Innovations are taking place in all kinds of fields: patient care, human resources, information systems, finances, quality management, etc. Considering the enormous diversity of systems and practices in Europe, what is innovative in one place might of course be common practice in another.

Applications for the HOPE Exchange Programme 2016 are now open. Deadline for application is 31 October 2015.

More information on the HOPE Exchange Programme 2016:
http://www.hope.be/04exchange/exchangeprogramme2016.html

More information on HOPE Agora: http://www.hope-agora.eu/