NEWSLETTER

N° 135 – March 2016

CONTENT

EUROPEAN PROGRAMMES AND PROJECTS

REPORTS AND PUBLICATIONS

Reports

Articles

OTHER NEWS – EUROPE

EUROPEAN SEMESTER 2016 – EFPIA'S ANALYSIS OF THE COMMISSION COUNTRY REPORTS

UPPER RHINE HOSPITALS' MEETING

NHS CONFEDERATION ANNUAL CONFERENCE AND EXHIBITION

CALL FOR APPLICATIONS – 10TH EUROPEAN HEALTH AWARD 2016

14TH CONGRESS OF THE EUROPEAN NURSE DIRECTORS ASSOCIATION (ENDA)

UPCOMING CONFERENCES

21 April 2016, Berlin (Germany)

FIRST eSTANDARDS CONFERENCE IN ConHIT

26-28 May 2016 – Edinburgh (United Kingdom)

8TH EUROPEAN CONFERENCE ON RARE DISEASES & ORPHAN PRODUCTS

6-8 June 2016 – Rome (Italy)

HOPE AGORA 2016: THE FUTURE OF HOSPITALS AND HEALTHCARE

REGISTRATION DEADLINE 30 APRIL

INNOVATION FOR THE BENEFIT OF THE PATIENT – RESULTS OF THE EXPERT MEETING IN AMSTERDAM

The Dutch Presidency of the Council of the European Union has organised an expert meeting on 'innovation for the benefit of the patient', which took place in Amsterdam on 1 and 2 March 2016.

The meeting aimed at drawing attention to the subject of 'getting innovative medicines to patients more quickly, [and] at a socially acceptable price'. Over 100 experts on pharmaceutical market authorisation, reimbursement and pricing policy medicines met for the purpose.

In the words of the Dutch Minister of Health, Welfare and Sport, Edith Schippers innovative medicines require effective collaboration on market authorisation and reimbursement policies at an early stage. Therefore, there is a need for greater cooperation between the authorities responsible at both national and international level.

The discussion revolved around ways to accelerate market authorisations and to share research data among Member States and authorities. The experts broadly agreed on the urgency to take joint action in order to develop an updated market authorisation policy and new reimbursement methods, which would prove sustainable in the future. Moreover, effective collaboration between the authorities responsible for market authorisation and reimbursement is crucial to fast, affordable access to innovative medicines.

The findings of the conference will be addressed at the health council meeting in April, when health ministers from the 28 EU Member States will discuss the EU's policy on medicines.

More information on the Dutch Presidency of the Council of the European Union available at: http://english.eu2016.nl/

Public health

HEALTH PROGRAMME 2014-2020 – EUROPEAN COMMISSION ADOPTS WORK PROGRAMME 2016

In the framework of the Health Programme 2014-2020, the European Commission published on 29 February 2016 the work plan for the current year.

It provides funding opportunities for projects, service contracts and Joint Actions by making available a total amount of nearly EUR 58 million. All the grants for projects are implemented through a call for proposals launched on 7 March 2016 (see Section 'European Projects and Programmes') while calls for tenders for specific services will be announced by the Consumer, Health, Agriculture and Food Executive Agency (CHAFEA) at a later date.

The Work Programme 2016 identifies the following six priorities:

- health of refugees and other migrants;
- tackling antimicrobial resistance (AMR) and healthcare associated infections;
- support to EU countries to respond quickly and efficiently to health crises (e.g. the Zika virus, pandemics…);
- supporting the establishment of European Reference Networks, and cooperation on eHealth and Health Technology Assessment (HTA);
- action on chronic diseases, and risk factors such as alcohol and tobacco;
- preventing communicable diseases such as HIV-AIDS, viral hepatitis and tuberculosis.

The Health Programme is the main financial instrument for policy coordination in the area of health, which supports and complements Member States' efforts towards the achievement of major Commission priorities. For the period 2014-2020 its budget is close to EUR 450 million.

Full Work Programme 2016 available at:
http://ec.europa.eu/health/programme/events/adoption_workplan_2016_en.htm

ZIKA VIRUS DISEASE – INTERIM GUIDANCE FOR HEALTHCARE PROVIDERS

On 15 February 2016, the European Centre for Disease prevention and Control (ECDC) published a technical report on the outbreak and spread of the Zika virus disease.

The interim report provides an algorithm for public health management of cases under investigation for Zika virus infection. It is intended to determine which cases should be notified and when vector control measures should be initiated around a case. Therefore, it does not deal with clinical management of patients with suspected Zika virus infection.

Technical document available at:
http://ec.europa.eu/health/preparedness_response/docs/zika_20160215_infoclinicians_en.pdf

EUROPEAN REFERENCE NETWORKS – INFO DAY ON THE LAUNCH OF THE CALL FOR INTEREST

On 16 March 2016, the Commission launched the call for interest for European Reference Networks (ERNs) addressed to highly specialised healthcare providers. The call will run until 21 June 2016.
An 'info day' regarding this call will be organised on 7 April 2016. The event will be web streamed.

The call is organised by the Consumers, Health, Agriculture, and Food Executive Agency (CHAFEA) based on a two-stage approach:

- ERNs applicants wishing to apply both to become an ERN and for funding should submit their application during the first period of the call from March to June;
- ERN applicants wishing to apply only to become an ERN, but not for funding, should submit their application during the second period of the call (opening in June 2016).

Call for interest available at:
http://ec.europa.eu/health/ern/implementation/call/index_en.htm

More information on the Info day and online registration available at:
http://ec.europa.eu/health/ern/events/ev_20160407_en.htm

ORPHAN MEDICAL PRODUCTS – MAJOR DEVELOPMENTS

DG SANTE has recently published documents regarding two major developments in the implementation of the regulation (EC) N° 141/2000 on orphan medicinal products.

Firstly, since 2 March 2016, the responses to the public consultations on notice from the Commission on aspects of the application of Article 3, 5 and 7 of the regulation have been made available on the website. The public consultations were opened on 16 November 2015 and lasted until 15 February 2016.

Additionally, DG SANTE has recently released the 'Inventory of Union and Member State incentives to support research into, and the development and availability of, orphan medicinal products — state of play 2015'. The inventory shows encouraging results in relation to the growing number of

orphan medicinal products authorised over the years. However, it concludes that this number remains limited bearing in mind the existence of 5000 to 8000 distinct rare diseases, of which only 1% is currently covered by authorised medicinal products in the EU. Therefore, the inventory deems as essential to facilitate pharmaceutical development through incentives to the orphan drug legislation. The most frequently authorised medicinal products are treatments for pulmonary arterial hypertension, acute myeloid leukaemia, cystic fibrosis, multiple myeloma and acute or chronic lymphoblastic leukaemia.

The publication also includes information about the European expert group on rare diseases, the EU funded research on rare diseases, as well as examples of national measures to support R&D and the availability of orphan medicinal products (e.g. reduction of taxes, pilot project on joint procurement, direct reimbursement after marketing authorisation, etc.).

Responses to the public consultation available at:
http://goo.gl/S13tiw

DG SANTE publication available at:
http://ec.europa.eu/health/files/orphanmp/doc/orphan_inv_report_20160126.pdf

PRIORITY MEDICINES (PRIME) SCHEME LAUNCHED – EUROPEAN MEDICINES AGENCY

On 7 March 2016, the European Medicines Agency launched the new PRIME (PRIority MEdicines) scheme. It aims at strengthening support to medicines that target an unmet medical need, with greater focus on medicines that may offer a major therapeutic advantage over existing treatments, or benefit patients with no treatment options. PRIME builds on the existing regulatory framework and available tools such as scientific advice and accelerated assessment. This means that a PRIME medicine is expected to benefit from accelerated assessment at the time of an application for marketing authorisation.

Through PRIME, the Agency will provide support to medicine developers. Therefore, it is open to all companies on the basis of preliminary clinical evidence. However, micro-, small- and medium-sized enterprises (SMEs) and applicants from the academic sector can apply earlier on the basis of compelling non-clinical data and tolerability data from initial clinical trials.

More information on the launch of the scheme available at: http://goo.gl/dTj4oI

FALSIFIED MEDICINES – DELEGATED REGULATION ON SAFETY FEATURES FOR MEDICINES FOR HUMAN USE

On 9 February 2016, the Commission published the Delegated Regulation on the safety features for medicines for human use.

The Regulation is one of the legislative measures adopted within the framework of the Falsified Medicines Directive. The latter, in force since January 2013, aims at making medicines safer,

therefore it mandates the Commission to set out measures to verify medicine authenticity and improve the quality of their ingredients.

The Regulation introduces medicine authentication by means of two safety features – a unique identifier and an anti-tampering device – to protect patients from the risks of falsified medicines and the consequences of common dispensing errors. The unique identifier is a unique code which identifies a given pack of medicine and it is encoded in a 2D barcode readable by common scanners. The anti-tampering device ensures that the medicine pack has not been opened and tampered with.

As a direct result of the Regulation, applicable as of 2019, medicines will be systematically authenticated before being supplied to patients, preventing not only the dispensing of falsified medicines but also other common errors such as the accidental dispense of expired or recalled medicines. In addition, the European pharmaceutical supply chain will be digitalised, with a repositories system connecting manufacturers, wholesalers, pharmacists and hospitals. This will improve information flows and facilitate medicine recall and return procedures.

More information on falsified medicines and the Falsified Medicines Directive available at:
http://ec.europa.eu/health/human-use/falsified_medicines/index_en.htm

SUSTAINABLE USE OF BIOCIDES – COMMISSION REPORT

On 17 March 2016, the Commission published its report on the sustainable use of biocides.

The report has been prepared on the basis of experience gained through the application of the Biocidal Products Regulation, adopted in 2012. Biocidal products, such as disinfectants, wood preservatives, insecticides, insect repellents or rodenticides, are a family of products intended to destroy or control harmful or unwanted organisms (such as viruses, bacteria, fungi, insects or vertebrate animals). They are used in a wide variety of ways by both industrial and professional users, including hospital and healthcare services as well as by the general public and have detrimental effects on the environment, on animals, on humans, their activities or the products they use or produce.

The report concludes that the processes laid down in the Regulation are important contributions to the objective of fostering the sustainable use of biocidal products. These include the active substance approval, product authorisation, or the comparative assessment of biocidal products, which aims at achieving the phasing-out of dangerous substances where less hazardous alternatives are available. The report also concludes that the completion of this on-going assessment of all active substances and the authorisation of biocidal products containing these active substances shall be the main priority in view of promoting the sustainable use of biocidal products.

Commission report available at:
http://ec.europa.eu/health/biocides/docs/2016_report_sustainableuse_biocides_en.pdf

mHEALTH ASSESSMENT GUIDELINES – OPEN STAKEHOLDER MEETING

The European Commission, DG Connect, initiated the development of guidelines for assessing data validity and reliability of mHealth apps. Public authorities from EU Member States, civil society organisations representing patients and professionals, research institutions and industry representatives with expertise in developing health apps are working together in a working group to draft the guidelines by the end of 2016.

The aim of the guidelines is to agree on a common set of criteria and assessment methodologies which could be used by public authorities, health care providers, professional and patient associations, developers and assessment bodies when assessing health apps.

In the open stakeholder meeting that will be held on 4 May 2016, the first draft of the guidelines will be presented and discussed with the stakeholders. Participants will be invited to share their views on what they think the main purpose and focus of these guidelines should be and what aspects it should cover. Stakeholders will also have the opportunity to submit their written contributions and comments via an online consultation which will be launched following the meeting.

Registration is available at:
http://goo.gl/PjOo8E

REFUGEE CRISIS – THE COUNCIL ADOPTS INSTRUMENT FOR EMERGENCY ASSISTANCE WITHIN EU

On 15 March 2016, the Council adopted a regulation setting up an EU emergency support mechanism to help Greece and other Member States overwhelmed by the arrival of large numbers of refugees. This follows the political agreement reached by the Council's Permanent Representatives Committee on 9 March 2016.

The help provided under the new instrument is needs-based and it includes food, shelter, water, medicine and other basic necessities. It is being delivered by the Commission or by partner organisations selected by the Commission in close cooperation with the Greek authorities.

The emergency support mechanism can also be activated in response to other crises or disasters with severe humanitarian consequences, such as nuclear accidents, terrorist attacks and epidemics. It can, however, only be used if the scale and impact of the disaster is exceptional and where the instruments available to Member States and to the EU are insufficient. The new regulation enters into force on the day of its publication in the Official Journal of the EU. The Commission can then start immediately with implementing support measures by temporarily using resources that are currently available in the EU budget. In parallel, the Council and the European Parliament are working on a draft amending budget proposed by the Commission on 9 March 2016. Once the amending budget has been adopted the support measures will be financed from new budget lines dedicated to the emergency support mechanism.

The Council Regulation is available at:
http://data.consilium.europa.eu/doc/document/ST-6977-2016-INIT/en/pdf

COMMISSION OPENS CONSULTATION ON PILLAR OF SOCIAL RIGHTS

On 8 March 2016, the Commission presented its first outline of the European Pillar of Social Rights and launched a broad public consultation to define the main guidelines of this social convergence instrument. The consultation – open until December 2016 – aims to gather views and feedback from other European institutions, national authorities and parliaments, social partners, stakeholders, civil society, experts from academia and citizens.

The initiative to build a European Pillar of Social Rights has been announced by the Commission's President Juncker in September 2015. The proposal is in line with the attempt by European institutions to put a stronger focus on social performances, as called for by the Five Presidents Report on "Completing Europe's Economic and Monetary Union". The new Pillar would be part of a broader process of upward convergence towards more resilient economic structures within the euro area. Indeed, the initiative is targeted to members of the euro area, although other EU Member States are allowed to join if willing to do so.

Online consultation available at: http://goo.gl/VuGCJB

WORK-LIFE BALANCE – PUBLIC HEARING

On 22 March 2016, the Employment and Social Affairs (EMPL) and the Women's Rights and Gender Equality (FEMM) Committees hosted the public hearing on "Creating Labour Market Conditions Favourable for Work-Life Balance". The hearing analysed different aspects of working conditions and gender policies, in view of adapting the EU legal and policy framework to today's labour market and to allow workers with children to better balance caring and professional responsibilities.

More information available at: http://goo.gl/tgz34D

THIRD JOINT ACTION ON HEALTH TECHNOLOGY ASSESSMENT – KICK-OFF MEETING

On 3 March 2016, the kick-off meeting of the third Health Technology Assessment (HTA) Joint Action took place in Amsterdam. "EUNetHTA 3" builds on the achievements of the previous Joint Actions by including in its network 75 partners from 27 Member States.

It aims at strengthening cooperation between HTA bodies in the EU, as well as increasing and improving joint work. Cooperation and research in the field have been financially supported by the Commission since the mid-90s through research projects and three Joint Actions, thus investing over the years about EUR 30 million for the purpose.

Participants to the meeting included representatives from HTA organisations, academia, patient groups, regulators, physicians and industry. They discussed ways of closer collaboration on HTA production that will meet the needs of the national healthcare system. Based on demonstrated ability of the diverse HTA agencies to cooperate and bring added value at the national level in different Member States, the main challenge that participants will face is to scale the production while ensuring a wider application of the results of the joint work among the EU countries.

More information on the EUNetHTA Joint actions is available at:
http://www.eunethta.eu/

EUROPEAN HEALTH PROGRAMME 2014-2020 – CHAFEA'S CALL FOR PROPOSALS FOR PROJECTS

In the framework of the Public Health Programme, the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) has published on 4 March 2016 a new call for proposals for projects, the "HP-PJ-2016".

The 2016 work plan sets out details of the financing mechanisms and priority areas for action to implement the programme. Applicants to the call for proposals must be legally established organisations, public authorities, public sector bodies, in particular research and health institutions, universities and higher education establishments.

This Work Programme 2016 is part of of the Health Programme 2014-2020 and identifies the following six priorities:

- health of refugees and other migrants;
- tackling antimicrobial resistance (AMR) and healthcare associated infections;

- support to EU countries to respond quickly and efficiently to health crises (e.g. the Zika virus, pandemics…);
- supporting the establishment of European Reference Networks, and cooperation on eHealth and Health Technology Assessment (HTA);
- action on chronic diseases, and risk factors such as alcohol and tobacco; and
- preventing communicable diseases such as HIV-AIDS, viral hepatitis and tuberculosis.

Deadline for submission of proposals: 2 June 2016

More information available at: http://ec.europa.eu/chafea/health/projects.html

THE EUROPEAN WASTE MANAGEMENT PROJECT – LATEST NEWS AND CALL FOR EXPERTS

The NHS Confederation, member of HOPE, is involved as a partner in the European Healthcare Waste Management (EU-HCWM) multi-country project funded by the European Commission.

The 3-year project – started in December 2014 – has developed a Europe-wide vocational training programme and qualification in healthcare waste management. This will enable the EU labour force in the sector to gain a standardised set of skills regardless of the Member State in which they undertook the vocational training programme, thus also fostering greater mobility within the EU for this specific labour force.

The project encourages correct triage, treatment and disposal of hospital and healthcare waste with a view to:

- help healthcare providers comply with environmental legislation
- improve patient and staff safety
- cut costs
- protect the environment.

Before its conclusion in December 2016, the project aims at developing an e-learning platform and setting up a professional network of healthcare waste managers.

More information available at: http://hcwm.eu/

JOINT PROCUREMENT AGREEMENT – PUBLICATION OF FIRST CALL FOR TENDER

On 18 March 2016, the first call for tenders for a contract in the framework of the Joint Procurement agreement was published in the Official Journal of the EU.

It will run until 9 May 2016, with a view to the contract being signed in the first half of July 2016. The contract will be signed for a three-year period with a possibility to have it renewed for an additional year.

The Joint Procurement agreement, adopted in April 2014 is being put to use for the first time by five EU countries – Belgium, Croatia, Cyprus, Italy and Malta – who have joined forces to jointly purchase personal protective equipment. The contract is specifically for "the supply, storage and dispatching of personal protective equipment for healthcare workers who might need to deal with infectious diseases of high consequence in European healthcare settings". Items of protective equipment to be supplied include goggles, masks, gloves, overalls and boots. This is the type of equipment needed when treating a patient with the Ebola virus or another highly infectious disease.

The JPA enables countries to procure pandemic vaccines and other medical countermeasures and equipment as a group, rather than individually. Through the JPA, any EU country can make a proposal to others to procure medical countermeasures together. A minimum of four Member States, with agreement from the Commission, is needed to launch a joint procurement procedure.

Call for tenders available at:
http://ted.europa.eu/udl?uri=TED:NOTICE:91134-2016:TEXT:EN:HTML

More information on the Joint Procurement Agreement available at:
http://ec.europa.eu/health/preparedness_response/joint_procurement/index_en.htm

PARLIAMENT PILOT PROJECT "VulnerABLE" – LEADING HEALTH ORGANISATIONS WARN THAT HEALTH INEQUALITIES ARE WORSENING

The ongoing pilot project funded by the Parliament "VulnerABLE" is a European initiative aiming at increasing understanding of how best to improve the health of people who are living in vulnerable and isolated situations across Europe.

Recent interviews carried out within the framework of the project with health experts, local authorities and member organisations have highlighted the extent of health inequalities amongst vulnerable and isolated groups in the European Union, as well as the negative impacts of the economic crisis. Specifically, the interviews held with prominent European and National organisations shed light on the difficult health situation and degree of poor health amongst particular vulnerable and isolated groups. Some organisations warned of the high rates of suicide and depression amongst elderly people in the EU, related to the level of social and physical isolation that this group can experience. Others highlighted the extent of communicable diseases and mental health issues amongst the homeless, as well as their shortened life expectancy. The interviews also considered the difficulties facing people with disabilities, children from disadvantaged backgrounds, prisoners and others.

Additionally, many interviewees drew attention to the impact of the crisis in worsening health inequalities across Europe. For instance, some warned of the reductions to healthcare access for some groups, due to increased co-payment for medicines and medical exams, lower benefits and the rollback of anti-poverty strategies in some countries. The move towards greater private healthcare provision and increased payments by patients within systems was also a cause for concern for some interviewees, as well as the rise in child poverty, and the rise in homelessness in some EU Member States.

More information available at:
http://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en.htm

Reports

GREECE: ASSESSING HEALTH-SYSTEM CAPACITY TO MANAGE SUDDEN, LARGE INFLUXES OF MIGRANTS – WHO EUROPE REPORT

After increasingly large numbers of migrants crossed the borders of Greece, the Greek Government invited the WHO Regional Office for Europe to organise a joint mission with Greek institutions to assess the health system's capacity to manage such influxes.

The mission took place in December 2014 and had three aims: to assess the ongoing preparedness and response activities of the local health system, to plan ad hoc technical assistance if required, and to pilot-test the WHO toolkit for assessing health systems' capacity to manage large influxes of migrants in the acute phase. The members of the assessment team visited first reception centres and pre-departure facilities, and conducted interviews with all key stakeholders.

From the assessment findings, the team made recommendations for, for example, improving living conditions in migrant centres, preparing a national multisectoral contingency plan, and developing a harmonised health data collection system and a stronger policy on immunising migrants.

Full report available at: http://goo.gl/qxT1h6

HIT UNITED KINGDOM – EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES PUBLICATION

The European Observatory on Health Systems and Policies has recently published a health system review on the United Kingdom as part of the series "Health Systems in Transition" (HiTs).

The Health Systems in Transition (HiT) profiles are reports that provide a detailed description of a health system, reforms and policy initiatives under development in a specific country. Main chapters focus on organisation and governance of the health system, financing, physical and human resources, provision of services, principal health care reforms and assessment of the health system.

The analysis of the United Kingdom health system reports on the national health services in the four nations of the United Kingdom (England, Northern Ireland, Scotland and Wales). With devolution of responsibility for organising health financing and services from 1997, the four nations in the United Kingdom have diverged in the details of how services are organised and paid for, but all have maintained a national health service which provides universal access to a comprehensive package of services that are mostly free at the point of use. Although the United Kingdom spends less on health when compared to many other Western European countries, the national health services function remarkably well, showing substantial improvements in major health indicators such as amenable mortality over the past decades. Yet there remains considerable room for further improvement, with a continued gap in health outcomes between the most deprived and the most privileged populations which continues to widen, rather than close.

Similar to other countries, the United Kingdom faces a number of key challenges which it needs to address to further its performance. These include those posed by an ageing population, coupled with a rising burden of chronic diseases, growing expectations and technological advances against a background of increasing financial constraints and the need to ensure that resources are spent efficiently.

Publication available at:
http://www.euro.who.int/__data/assets/pdf_file/0006/302001/UK-HiT.pdf?ua=1

ENSURING INNOVATION IN DIAGNOSTICS FOR BACTERIAL INFECTION: IMPLICATIONS FOR POLICY – EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES

The European Observatory on Health Systems and Policies has recently published "Ensuring innovation in diagnostcis for bacterial infection: implications for policy".

The inappropriate use of antibiotics is a primary cause of the ongoing increase in drug resistance amongst pathogenic bacteria. The resulting decrease in the efficacy of antibiotics threatens the ability to combat infectious diseases. Rapid, point-of-care tests to identify pathogens and better target the appropriate treatment could greatly improve the use of antibiotics, yet few such tests are available or being developed, despite the rapid pace of medical innovation. Clearly, something is inhibiting the much-needed development of new and more convenient diagnostic tools.
This study delineates priorities for developing diagnostics to improve antibiotic prescription and use, in order to manage and curb the expansion of drug resistance. It calls for new approaches, particularly in the provision of diagnostic devices, and, in doing so, outlines some of the inadequacies in health, science and policy initiatives that have led to the dearth of such devices. The authors make the case that innovation is clearly and urgently needed, not only in the technology of diagnosis but also in public policy and medical practice to support the availability and use of better diagnostic tools.

Moreover, the publication explores the complexities of the diagnostics market from the perspective of both supply and demand, unearthing interesting bottlenecks: some obvious, some more subtle. It

calls for a broad, multifaceted policy response, and an overhaul of current practice, so that the growth of bacterial resistance can be stemmed.

Publication available at: http://goo.gl/UYHfVs

HEALTH WORKFORCE POLICIES IN OECD COUNTRIES: RIGHT JOBS, RIGHT SKILLS, RIGHT PLACES – OECD HEALTH POLICY STUDY

Health workers are the cornerstone of health systems, playing a central role in providing health services to the population and improving health outcomes. The demand and supply of health workers have increased over time in all OECD countries, with jobs in the health and social sector accounting for more than 10% of total employment now in several OECD countries.

This OECD publication, included in the Health Policy Studies series, reviews key trends and policy adopted by OECD countries affecting the demand and supply of health workers. While it focuses on doctors and nurses given the predominant role they continue to play, it also highlights efforts underway to move beyond these traditional professional boundaries. Addressing the future health needs of ageing populations, with many people living with one or more chronic conditions, will require more innovations in health service delivery than those seen so far. There will be a need to use more effectively new technologies and the skills of different categories of health workers at all levels, and to provide more effective access to service to people, whereby they live.

More information available at: http://goo.gl/OBw8TB

PATIENT SATISFACTION WITH THE HEALTHCARE SYSTEM: ASSESSING THE IMPACT OF SOCIO-ECONOMIC AND HEALTHCARE PROVISION FACTORS – BMC PUBLIC HEALTH PUBLICATION

The article firstly assesses the degree of patient satisfaction, and second, studies the relationship between patient satisfaction of healthcare system and a set of socio-economic and healthcare provision indicators.

The empirical analysis covers 31 countries for the years 2007, 2008, 2009 and 2012. The dependent variable, the satisfaction index, is defined as the patient satisfaction of their country's health system. The methodology of the study included the construction of an index of patient satisfaction and then, at a second stage, this index has been related to socio-economic and healthcare provision variables. Key findings of the study reveal the presence of a strong positive association between patient satisfaction level and healthcare provision indicators, such as nurses and physicians per 100,000 habitants, with the latter being the most important contributor, and a negative association between patient satisfaction level and number of hospital beds. Among the socio-economic variables, public health expenditures greatly shape and positive relate to patient satisfaction, while private spending on health relates negatively. Finally, the elder a patient is, the more satisfied with a country's healthcare system appears to be.

More information available at:
http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1327-4

FROM UNIVERSAL HEALTH INSURANCE TO UNIVERSAL HEALTHCARE? THE SHIFTING HEALTH POLICY LANDSCAPE IN IRELAND SINCE THE ECONOMIC CRISIS – HEALTH POLICY PUBLICATION

Ireland experienced one of the most severe economic crises of any OECD country. In 2011, a new government came to power amidst unprecedented health budget cuts. Despite a retrenchment in the ability of health resources to meet growing need, the government promised a universal, single-tiered health system, with access based solely on medical need. Key to this was introducing universal free GP care by 2015 and Universal Health Insurance from 2016 onwards.

Delays in delivering universal access and a new health minister in 2014 resulted in a shift in language from 'universal health insurance' to 'universal healthcare'. During 2014 and 2015, there was an absence of clarity on what government meant by universal healthcare and divergence in policy measures from their initial intent of universalism.

According to this article, despite the rhetoric of universal healthcare, years of austerity resulted in poorer access to essential healthcare and little extension of population coverage. The Irish health system is at a critical juncture in 2015, veering between a potential path to universal healthcare and

a system, overwhelmed by years of austerity, which maintains the status quo. The paper assesses the gap between policy intent and practice and the difficulties in implementing major health system reform especially while emerging from an economic crisis.

More information available at:
http://www.healthpolicyjrnl.com/article/S0168-8510(15)00303-6/abstract

PUBLIC REPORTING ON QUALITY, WAITING TIMES AND PATIENT EXPERIENCE IN 11 HIGH-INCOME COUNTRIES – HEALTH POLICY PUBLICATION

The article maps current approaches to public reporting on waiting times, patient experience and aggregate measures of quality and safety in 11 high-income countries (Australia, Canada, England, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland and the United States).

Using a questionnaire-based survey of key national informants, the study identifies data on waiting times for hospital treatment as the data most commonly made available to the public, being reported for major hospitals in seven countries. Information on patient experience at hospital level is also made available in many countries, but it is not generally available in respect of primary care services. Only one of the 11 countries (England) publishes composite measures of overall quality and safety of care that allow the ranking of providers of hospital care.

Similarly, the publication of information on outcomes of individual physicians proved to be rare. The conclusions underline that public reporting of aggregate measures of quality and safety, as well as of outcomes of individual physicians, remain relatively uncommon. This is likely to be due to both unresolved methodological and ethical problems and concerns that public reporting may lead to unintended consequences.

More information available at:
http://www.sciencedirect.com/science/article/pii/S0168510163002 64

EXPANDING CHOICE OF PRIMARY CARE IN FINLAND: MUCH DEBATE BUT LITTLE CHANGE SO FAR – HEALTH POLICY PUBLICATION

"Putting the patient in the driver's seat" is one of the top issues on the health policy agenda in Finland.

One of the means believed to promote patient empowerment and patient centeredness is the introduction and further expansion of choice policies with accompanying competition between public and private service providers. However, the Finnish health care system has a highly decentralised administration with multiple funding sources and three different types of providers that people can seek primary care from (municipal health centers, occupational health care services, and private sector providers). This complicates the implementation of choice at the level of primary health care.

The paper describes the current policy debates and initiatives promoting the expansion of the choice of primary care provider in Finland. It examines the legislation and policies that have contributed to

the current, complex service system in Finland. Finally, it discusses the current debate on choice policies as well as the introduction of choice in the context of primary health care.

More information available at:
http://www.sciencedirect.com/science/article/pii/S0168851016000294

THE POLICY AND POLITICS OF THE 2015 LONG-TERM CARE REFORM IN THE NETHERLANDS – HEALTH POLICY PUBLICATION

As of 2015 a major reform in long-term care(LTC) is taking place in the Netherlands. An important objective of the reform is to reign in expenditure growth to safeguard the fiscal sustainability of LTC. Other objectives are to improve the quality of LTC by making it more client-tailored. The reform consists of four interrelated pillars: a normative reorientation, a shift from residential to non-residential care, decentralisation of non-residential care and expenditure cuts.

The article gives a brief overview of these pillars and their underlying assumptions. Furthermore, attention is paid to the political decision-making process and the politics of implementation and evaluation. Perceptions of the effects of the reform so far widely differ: positive views alternate with critical views. Though the reform is radical in various aspects, LTC care will remain a largely publicly funded provision. A statutory health insurance scheme will remain in place to cover residential care. The role of municipalities in publicly funded non-residential care is significantly upgraded. The final section contains some policy lessons.

More information available at:
http://www.sciencedirect.com/science/article/pii/S0168851016000282

A NEW PROPOSAL FOR PRIORITY SETTING IN NORWAY: OPEN AND FAIR – HEALTH POLICY PUBLICATION

Health systems worldwide struggle to meet increasing demands for health care, and Norway is no exception. The paper discusses the new, comprehensive framework for priority setting recently laid out by the third Norwegian Committee on Priority Setting in the Health Sector.

The framework posits that priority setting should pursue the goal of "the greatest number of healthy life years for all, fairly distributed" and centres on three criteria.

- The health-benefit criterion: the priority of an intervention increases with the expected health benefit (and other relevant welfare benefits) from the intervention.
- The resource criterion: the priority of an intervention increases, the less resources it requires.
- The health-loss criterion: the priority of an intervention increases with the expected lifetime health loss of the beneficiary in the absence of such an intervention.

Cost-effectiveness plays a central role in this framework, but only alongside the health-loss criterion which incorporates a special concern for the worse off and promotes fairness. In line with this, cost-effectiveness thresholds are differentiated according to health loss. Concrete implementation tools and open processes with user participation complement the three criteria. Informed by the proposal,

the Ministry of Health and Care Services is preparing a report to the Parliament, with the aim of reaching political consensus on a new priority-setting framework for Norway.

More information available at:
http://www.sciencedirect.com/science/article/pii/S0168851016000269

ASSESSING THE QUALITY OF OPERATION NOTES: A REVIEW OF 1092 OPERATION NOTES IN 9 UK HOSPITALS – BIOMED CENTRAL PUBLICATION

The authors of the study compared the quality of operation notes against the National Standards set by the Royal College of Surgeons of England and the British Orthopaedic Association (BOA) for improving patient safety.

The General Medical Council states that effective note keeping is essential and records should be clear, accurate and legible. However, previous studies of operation notes have shown they can be variable in quality and affect patient safety.

Information from Orthopaedic operation notes was collected prospectively over a 2-week period. All elective and trauma operations performed were included and trainees from the region coordinated data collection in 9 hospitals. Data from 1092 operation notes was reviewed. A number of important standards were nearly met including legibility (98.4 %), the name of the operating surgeon (99.3 %) and the operation title (99.1 %). However, a number of standards were not met and those with potential patient safety implications include availability on the ward (88.8 %), documentation of type of anaesthetic used (78.6 %), diagnosis (73.4 %) and findings (80.1 %). In addition, the postoperative instructions recorded the need for and type of postoperative antibiotics or venous thromboembolism prophylaxis in only 49.7 % and 48.8 % of cases respectively.

The quality and content of operation notes studied across the region in this period was variable. Use of software programmes in some hospitals for creating operation notes meant that some centres had better results for elements such as date, time and patient identification details. Following this study, greater awareness of the standards combined with additional local measures may improve the quality of operation notes.

More information available:
http://pssjournal.biomedcentral.com/articles/10.1186/s13037-016-0093-x

EUROPEAN SEMESTER 2016 – EFPIA'S ANALYSIS OF THE COMMISSION COUNTRY REPORTS

The European Federation of Pharmaceutical Industries and Associations (EFPIA) has recently published its analysis of the Country Reports prepared within the framework of the European Semester 2016.

The series of Country Reports, published in February by the Commission, analyses economic and social policies in each Member State (MS) and highlights, among other things, issues relating to health status and healthcare systems in the countries under scrutiny. Despite being primarily focused on issues related to financial sustainability, the Country Reports are an important starting point for discussion of reforms at national level, which may indeed lead to changes in the MS health systems and improve patients' health outcomes.

The reports address several structural factors and long-term challenges of health systems in the EU, mainly relating to ageing populations. They also claim that hospitalisation should be reduced in order to cut costs and that there is a need for several countries to move from a hospital-centric system to a system with a focus on primary and community care. In order to tackle the increasing burden on health systems from chronic diseases, more integrated and patient-centered care models would be needed, as well as community care and social care services.

Moreover, according to the Commission, some Member States - primarily in Central and Eastern Europe - have under-funded health systems. This has ultimately led to access problems, high levels of co-payment, too few healthcare professionals and overall poor health outcomes compared with the EU average.

Therefore, EFPIA stresses the importance to achieve increased levels of public investment in the health sector, with a view to have healthier populations and sustainable finances over time. Also, EFPIA calls on the Commission to recommend that all Member States implement systems for Health Systems Performance Assessment, with a strong focus on health outcomes measurements, as a way to identify areas to improve health outcomes, reduce inefficiencies, and achieve the best value for money. In its view, comprehensive and interlinked health information systems – including electronic health records and registries – for collecting real world evidence on health outcomes would allow health systems to make better funding decisions in the future. This would ultimately enable a situation where money is spent on tangible health outcomes, rather than inputs.

More information on EFPIA available at: http://www.efpia.eu/

Series of Commission's Country Reports available at: http://goo.gl/7LIfW

UPPER RHINE HOSPITALS' MEETING

28 April 2016 – Strasbourg

The Strasbourg University Hospital in collaboration with the Euro-Institut organises on 28 April 2016 in Strasbourg a meeting of hospitals' representatives in the Upper Rhine region. It aims at developing a network of French, German and Swiss hospitals with a view to acquire knowledge about the actors involved and the functioning of hospitals in the region, thus investigating possibilities to increase cross-border cooperation in the sector.

Registration form available at:
http://euroinstitut.org/anmeldung/formular.php/anmeldung-HUS-fr.php

NHS CONFEDERATION ANNUAL CONFERENCE AND EXHIBITION

15-17 June 2016 – Manchester

The 2016 NHS Confederation conference will focus on the huge effort that is underway in the NHS, and wider UK health and care system, to transform care for patients.

The programme, made up of plenary sessions, panel discussions, debates, seminars and workshops, will showcase the transformation already taking place across the country. It will also build on the momentum for change by helping to strengthen emerging solutions, new ways of working and shared plans for achieving more integrated, effective and sustainable care.

The core conference themes are:

- building a culture with patients and individuals at the centre of care delivery;
- delivering new models of care to meet people's needs;
- developing the workforce as our greatest asset to drive change;
- ensuring sustainable services fit for future generations;
- strengthening system leadership to help improve care locally.

For more information and to participate please contact Michael Wood at the NHS Confederation European Office

More information and the programme of the event available at:
www.nhsconfed.org/2016

CALL FOR APPLICATIONS – 10TH EUROPEAN HEALTH AWARD 2016

European Health Forum Gastein, September 2016 – Austria

The call for applications for the 10th European Health Award presented at the European Health Forum Gastein (EHFG) is now open. The award honours initiatives aiming to improve public health or healthcare in Europe. It was established in 2007 to promote cross-border cooperation, multi-country working and the development of sustainable, innovative and transferable initiatives which address current challenges such as disparities in health status, access to services and the provision of treatment within Europe.

the 19th European Health Forum Gastein in September 2016. Applications for the Award will close on Friday, 27 May 2016 and will then be evaluated by a renowned jury.

The European Health Award is sponsored by the Austrian Federal Ministry of Health and FOPI, the Association of the Research & Development based Pharmaceutical Industry in Austria.

More information and application form available at:
http://www.ehfg.org/award.html

14TH CONGRESS OF THE EUROPEAN NURSE DIRECTORS ASSOCIATION (ENDA)

12-14 October 2017 – Opatija, Croatia

The 14th biannual congress of the European Nurse Directors Association (ENDA) will be developed around the motto "Nursing: build it, live it, share it". The topics addressed will include: ethic in the workplace, effective team work, the use of social media to reach out the community, globalisation in nursing, connecting and sharing knowledge in nursing.

ENDA was founded in 1992 in Geneva, Switzerland for the purpose of building a network between nurse directors throughout Europe. Its main objectives are:

- to strengthen the nursing contribution to policy making in the context of healthcare management in Europe;
- to establish formal links between Nurse Directors and Nurse Leaders across Europe to support a communication network of experts;
- to further the development of the art and science of nursing leadership and management in Europe.

More information available at:
http://www.enda-europe.com/en/

AGENDA

UPCOMING HOPE CONFERENCES

FIRST eSTANDARDS CONFERENCE IN ConHIT

21 April 2016 - Berlin (Germany)

eStandards project is financed under Horizon 2020, the EU research and innovation programme. It started in May 2015 and will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing.

eStandards will organise its first conference on 21 April in Berlin. The event is organised under the ConhIT conference, one of Europe's leading events for health IT. The event will offer participants the opportunity to debate the first version of the eStandards Roadmap for essential standards development: strategic options and policy instruments.

Registration available at: http://bit.ly/1TMYDyy
More information on eStandards: http://www.estandards-project.eu/

8TH EUROPEAN CONFERENCE ON RARE DISEASES & ORPHAN PRODUCTS

26-28 May 2016 – Edinburgh (United Kingdom)

The European Conference on Rare Diseases & Orphan Products (ECRD) is organised in partnership with HOPE from 26 to 28 May 2016 in Edinburgh. It is the unique platform/forum across all rare diseases, across all European countries, bringing together all stakeholders - patients' representatives, academics, researchers, healthcare professionals, industry, payers, regulators and policy makers.

ECRD provides the state-of-the-art of the rare disease environment, monitoring and benchmarking initiatives. It now brings together over 80 speakers and more than 800 participants, covering six themes of content over two days: from the latest research, to developments in new treatments, to innovations in healthcare, social care and support at the European, national and regional levels. Registrations for ECRD 2016 will be opening at the end of November.

Patient groups, academics, healthcare professionals and all other interested parties having conducted research or studies on rare diseases or public health projects are encouraged to submit a poster abstract to the ECRD 2016.

More information available at: www.rare-diseases.eu
More information on the call for posters: http://www.rare-diseases.eu/abstracts/

HOPE AGORA 2016
THE FUTURE OF HOSPITALS AND HEALTHCARE

6-8 June 2016 – Rome (Italy)

Visit the Agora website

REGISTRATION DEADLINE 30 APRIL