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HOPE AGORA2016
INNOVATION IN HOSPITALS AND HEALTHCARE: THE WAY FORWARD

HOPE STUDY TOUR ON QUALITY

On 29 and 30 October 2015, Dartford and Gravesham NHS Trust acted as host to a two- day event for delegates from all over Europe including Italy, Spain, Portugal, Belgium, Germany, Latvia and Estonia.

The event was held by HOPE and its UK member, the NHS European office, which is part of the NHS Confederation. At the "European Exchange Study Visit" held at Darent Valley Hospital, delegates heard from some of the most influential people in healthcare today about how policy and innovation is changing the way that patient care is delivered by the NHS. The event was themed around how to maintain and improve the quality of care delivered to patients across Europe, including ensuring patients receive compassionate care.

Ali Strowman, Deputy Director of Nursing and Co-ordinating Host said: "This is an extremely exciting event and one that we feel privileged to host. In partnership with HOPE and the NHS Confederation we have been able to deliver a programme that includes speakers who help shape today's healthcare including: Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission; Jackie Smith, NMC Chief Executive and Registrar; Jan Sobieraj, Managing Director of the NHS Leadership Academy and Dr Johnny Marshall OBE, Director of Policy, NHS Confederation."

The European Exchange Study Visit has given participants the opportunity to share knowledge on how healthcare is structured, funded, delivered and regulated in England. It provided also an opportunity to hear from the leaders of Trusts and Clinical Commissioning Groups (CCGs), who provided a local perspective on how healthcare is constantly adapting to change in order to continue to deliver the best possible care in the communities they serve.

Elisabetta Zanon, Director, NHS European Office, said: "Our work with Dartford and Gravesham NHS Trust and HOPE has helped to showcase the NHS as a model for patient care to Europe. Many of the challenges faced by the NHS are also felt by health systems across Europe. Our work with

HOPE is important to facilitate the collaboration between NHS leaders and peers in Europe, sharing insights that can improve care and keep health systems, here and abroad sustainable."

This two- day event signals a positive collaborative future for NHS Trusts and colleagues from across Europe to work together to address the challenges facing the health sector today.

Study tour brochure:
http://www.hope.be/04exchange/studytours/studytours2015/HOPE-NHS_Dartford_October_2015_brochure.pdf

Presentations of 29 October:
http://www.hope.be/04exchange/studytours/studytours2015/Hope%20European%20Tour%20Presentation%2029th%20October%202015.pdf

Presentations of 30 October:
http://www.hope.be/04exchange/studytours/studytours2015/Hope%20European%20Tour%20Presentation%2030th%20October%202015.pdf

OUT-OF-POCKET PAYMENTS IN HEALTHCARE SYSTEMS IN THE EUROPEAN UNION – HOPE PUBLICATION

Hospitals are by essence a field where solidarity is of utmost importance, insuring the most costly risks. In the context of the crisis, one of the main worries is that choices would be made to reduce the coverage of such risks. HOPE already published on the influence of the crisis on healthcare systems topic aiming at investigate the impact of these policies mainly on the hospital sector but decided to focus its attention on the share covered or not collectively.

From 2000 to 2012 the total health expenditure per capita increased by 83%, from 1.831 PPP$ to 3.346 PPP$ on average in the countries of EU 28. The same variation affected the public health expenditure per capita, which rose from 1.400 PPP$ in 2000 to 2.567 PPP$. In the same period the public sector expenditure on health as percentage of total health expenditure slightly increase (0.13 p.p.) while the private sector one decreased (- 0.35 p.p.).

Out-of-pocket payments on health as percentage of total health expenditure were characterized by two opposite trends from 2000 to 2012. It reduced between 2000 to 2009 from 17.38% to 15.96%, and then started to grow until 2012 when it reached 16.34%. This information is also very relevant in the context of the implementation of the Directive on patient's rights to cross-border healthcare. The scope of the present work is first to know if it is possible to have a clear picture on what out-of-pockets payments are and then to try understanding if and how such policies affected solidarity in healthcare coverage.

Aim and Method

This publication aims to understand to what extent healthcare systems (and more precisely hospital care) in European countries are financed by out-of-pocket payments by defining a "country profile" and by investigating which information is available on the topic. Information gathered has been organised to allow the reader to understand if out-of-pocket payments are requested for hospital or non-hospital sector and for which kind of healthcare services, goods or extra-services. Data has been collected by HOPE Members through a survey and then integrated with contents produced by European Observatory on Health Systems and Policies. Furthermore, the same source has been used to create country profiles for those cases where the results of the survey were completely missing. Quantitative and qualitative information have then been reorganised in order to respect the structure of the survey previously submitted to HOPE members.

The survey contains 9 questions, divided into 4 sections.

In section A, the purpose was to investigate if the definition of out-of-pocket payment given by the WHO, as used in the survey, reflects the definition used at national level.

In section B HOPE members were asked to provide qualitative and quantitative information, if available, on the out-of-pocket payment share of healthcare expenditure by sectors and categories. Most of the available data provided by HOPE Members was on out-of-pocket payment divided by sectors: on hospital and non-hospital care as well as on in-patient and out-patient. Concerning the quantitative data, out-of-pocket payment share values have been provided mainly for non-hospital care, services and goods. Goods refer to pharmaceuticals and medical devices and services concern the fees for health service performed by professionals.

The section C was dedicated to analyse the trends in out-of-pocket payment between 2007 and 2012 in order to check the possible consequences of the financial crisis on the European health systems.

The section D investigated whether different policies are applied within the country concerning out-of-pocket payment.

Results

The first striking conclusion emerging from the survey is that the information available is rather sparse, limited or scarce in the national databases. Furthermore, in the European Observatory on Health Systems and Policies there are different levels of detail depending on data available at country level. In addition, qualitative information on "under the table payments" is more precise in some countries than in others.

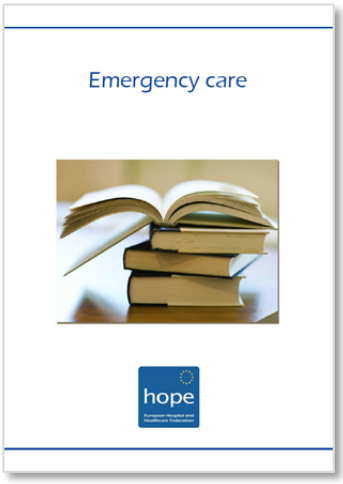
The national definitions of out-of-pocket payment usually reflect the one provided by the WHO. In Belgium, Denmark, Finland and France national definitions present some slight differences.

Only some HOPE Members were able to provide the percentage of coverage guaranteed by the National Health System and the fixed fees patients have to pay to get hospital-care or non-hospital care.

Concerning the payments trends, the survey shows that Governments have chosen different strategies, sometimes opposite ones, to face the pressure of the financial and economic crisis their healthcare systems.

The report is available at: http://www.hope.be/05eventsandpublications/docpublications/99_out-of-pocket_payments/99_HOPE_Out-of-pocket-payments_September_2015.pdf

EMERGENCY CARE – HOPE PUBLICATION ON THE SURVEY CARRIED OUT BY HOPE CENTRAL OFFICE WITH THE CONTRIBUTION OF HOPE MEMBERS



The topic of the survey was identified as the priority for 2014 by the Board of Governors of HOPE, perceiving this as a growing issue, in particular in the context of the crisis. This issue is also linked to other issues: avoidable hospitalization, chronicity, ageing, and integrated care.

The intention is neither to describe the ways emergencies or responses to emergency are organised, nor to compare countries in terms of access to emergency care or of number of emergency cases. Numbers are only necessary to understand the context. Therefore, the end result from this work is the description of the different issues identified by members and the possible worsening due to the crisis. It also brings several good practices to share at national, regional and local (individual healthcare organisation) level.

The survey is made up of two main sections.

The first section "What is the scope of the issue" strictly focuses on the scope of the investigation by questioning qualitative aspects and quantitative ones. Considered by HOPE Governors as a growing issue, the feeling on emergency department is further examined in part "1.1 Qualitative Aspects: perception" to go into more details about it, i.e. to discover what are the perceived issues at stake and, then, the perceived reasons for such issues.

The "1.2 Quantitative: what do we know and how far?" subsection relates to quantitative aspects, with the aim to know if information is available about emergency treatment and if yes what kind of information. This helps, first, to see if members have tangible sources to justify their perception and, then, if this could help complement the good practices identified. The aim is not to report figures, because getting a presentation of all systems would be too difficult and time consuming. European healthcare systems are extremely heterogeneous, thus reflecting in the way emergencies are dealt with.

The scope of the table representing quantitative aspects is providing information on the availability or unavailability of data related to the main aspects of emergency care, e.g. number and type of emergencies, number of admissions following emergency, etc.

The second section "Proposed structure for to gather solutions/good practices" suggests a structure for the gathering of solutions and/or good practices related to the emergency topic. The extent of the disclosure for this part is based on an approach by case studies at national, regional and/or local/hospital level.

The information was provided by HOPE members or – to extent it was available – was collected from The Health Systems and Policy Monitor of the WHO European Observatory on Health Systems and Policies. This platform provides a description of health systems and up-to-date information on policy relevant reforms.

The "Emergency Care" section of the Health Systems and Policy Monitor has been analysed to answer the questions of the first part. The sections "Analysis of recent reforms" and "Future developments" have been studied to gather solutions/good practices.
For the first section information about in-hospital treatment has only been considered. But information on pre-hospital care and transportation has been included when presenting case studies/good practices.

Results

National Health Systems in Europe are diverse and for this reason it is more common that tailor made measures are implemented at the country level rather than at the European level. Nonetheless, this survey shows that European Member States are characterized by common trends in the management and provision of emergency care health services.

The survey showed that data on the admissions to the emergency wards and on waiting times is available in almost all the countries, according to what was suggested by HOPE members. Qualitative or quantitative information on health workforce dedicated to emergency is available in several countries as well as on patient pathways. Finally, Information on patients admitted in the emergency ward is mainly related to the age and the gender.

According to the results, Europe is facing an increase in the demand of emergency care, reflecting the general growth in the demand of care, due to the fact that the access to emergency departments does not need any referral and because they are free of charge. This tendency is emphasized in the countries where migration flows are consistent. Moreover, the information collected outlines that emergency care wards policies are in most of the cases linked to the organisation of primary care systems and territorial healthcare providers (e.g. health centres). The increasing trend in the demand of emergency care is worsened by geographical health workforce disparities in some countries.

The consequence of this situation is represented by the will of European national Governments to start reforms aimed at better organising the primary care on the territory (fostering the creation of a network involving the diverse health providers, including hospitals); strengthening the role of the GPs as well as reducing the use of financial and human resources dedicated to emergency for non-emergency cases.

One of the good practices widespread at the hospital level in Europe is a system for early assessment and treatment of the patient (triage), provided by a nurse at the emergency ward or by telephone. Furthermore, HOPE members included in this category the implementation of ICT and

eHealth solutions aimed at monitoring the patients flow and simplifying the exchange of information among the professionals.

A common tendency related to workforce is the training of human resources working in the emergency wards; the creation of new professional figures taking care of the patients in the re-organised emergency wards and the introduction of multi-disciplinary/integrated teams whose role is preventing unnecessary admissions and facilitating efficient hospital discharge. Efforts were made also to re-shape the path of the patients and to adapt them to the new organisation of care.

To conclude, despite the differences, the policies implemented by the European Government follow a common trend due to the fact that the drivers leading to an increase in the demand of the emergency care are more or less the same in the majority of the Member States. Despite this, it was underlined that in the emergency wards of countries presenting geographical disparities are provided also non-emergency care. This happens especially in rural area where there is scarce health workforce.

The report is available at:
http://www.hope.be/05eventsandpublications/docpublications/101_emergency_care/101_HOPE_Emergency_care_October_2015.pdf

MEDICAL TOURISM – HOPE PUBLICATION

A growing popularity has recently been gained by medical tourism. There is however no general agreement on a standard definition of this business characterized by speculation-based insight and significant gaps of evidence-based comparable data collection and industry regulation. An inconsistent literature about medical tourism and health tourism adds to the confusion. HOPE has been working for the last two years on trying to get a clearer picture. The report "Medical Tourism" published in September 2015 is the result of this work.

The report starts with an analysis of the existing definitions of medical tourism. The sample of definitions analysed reveal a lack of coherent terminology. This has an impact on the availability of robust data as no coherent and systematic data collection is possible as long as the sector is not well defined. As an example, medical tourism industry faces unreliable data when defining and measuring the market by number of patients. The estimate proposed by McKinsey (2008), 60000 inpatient medical tourists (outpatients like dental tourists excluded), and the one by Deloitte Center for Health Solutions (2007), 750000 Americans only travelling abroad for treatment, show an improbable scope from thousands to millions of medical tourists.

When looking at medical tourism drivers, findings show that patients' decision in having medical treatment abroad are not universally classified by scholars or by practitioners. Research is therefore needed on medical travellers' profile and decision-making processes.

To better understand the medical tourism industry and its "mechanisms", the report identifies the key players involved and channels facilitating the spread of this phenomenon. Various professionals interact with industrial intermediaries that provide either more patient or more provider-oriented packages, often in a dysfunctional referral system. While brokers and agents only contact foreign facilities for treatment lacking medical knowledge, as no regulation exists, medical tourism facilitators follow the entire patients' journey, as they are professionals usually working with internationally accredited healthcare providers. Furthermore, despite the high risks, medical travel insurance providers showed little interest in offering such insurance since coverage and risk calculation lack standardized data and regulation.

When it comes to the main channels used, in the era of ICT a very powerful tool for influencing medical travellers' decision are websites and social media. The question remains about the reliability of the information provided.

The role played by national governments and policies put in place to facilitate the growth of this industry vary from country to country: some governments encourage this phenomenon, others try to stop it. Although this is about health and life, no common regulatory framework, no standard procedure and no transparent practices are in force.

Far from being approached through reliable, comparable and authoritative data, medical tourism relies then heavily on speculation-based information perpetuating references and idea-based reporting as a must in business. Hence medical tourism is not what people think it is. Some myths, i.e. false-to-be statements, are circulating including opinions that medical tourism is a global phenomenon; patients primarily value price; principal medical procedures are performed; the medical tourism market is skyrocketing and new.

To go further HOPE is now working specifically on the European Union experience in medical tourism. European healthcare systems usually provide a universal health insurance but they have different health baskets. There are then a lot of patients that receive medical treatments by travelling within European Union's borders, either in emergency or in elective care. This mobility is facilitated by mechanisms in place, in particular the regulation on the application of social security schemes (1708/71), the Directive on patients' rights in cross-border healthcare (2011/24/EU) but also the cooperation in border regions.

The report is available at:
http://www.hope.be/05eventsandpublications/docpublications/98_medical_tourism/98_HOPE_Medical-Tourism_September_2015.pdf

EUROPEAN COMMISSION WORK PROGRAMME 2016

The European Commission has published on 27 October 2015 its work programme for the year 2016. The 2016 Commission work programme is entitled "No business as usual", in line with the different approach the Juncker Commission wants to take.

Under the previous mandate from 2009 to 2014, the Commission proposed an average of over 130 new initiatives in each annual work programme. In the first work programme of 2015, the Juncker Commission presented only 23 new initiatives. This approach is maintained in 2016 as the work programme again presents only 23 new initiatives, spanning across 10 political priorities. The 2016 work programme also includes 20 intended withdrawals or modifications of pending proposals and 40 REFIT actions to review the quality of existing EU legislation.

The political priorities and new initiatives most relevant for the hospital and healthcare sector are:

- New Skills Agenda for Europe, aiming at promoting skills development, including the mutual recognition of qualifications, supporting vocational training and higher education and reaping the full potential of digital jobs;
- New start for working parents: a set of legislative and non-legislative measures to better address the challenges of work-life balance faced by working parents and support the participation of women in the labour market. This initiative includes the replacement of the 2008 Commission proposal to revise the Maternity Leave Directive;
- implementation of the Digital Single Market Strategy, including a legislative proposal on the free flow of data;
- Energy Union package, including an evaluation of the Energy Performance of Buildings Directive 2010/31/EU and an evaluation for the review of Directive 2012/27/EU on energy efficiency;
- Labour Mobility Package, which consists of a communication on labour mobility and the revision of Regulations on social security coordination;
- Follow-up to Single Market Strategy, comprising action on standardisation including service standards;
- Follow-up to the Trade and Investment Strategy, in the pursue of TTIP negotiations with the US;
- Better Migration Management, which includes a communication and further legislative measures including extension of the Blue Card approach.

The 2016 Work Programme is available at:
http://ec.europa.eu/atwork/key-documents/index_en.htm

RAPID ALERT SYSTEMS FOR BLOOD, TISSUES AND CELLS – SUMMARY OF 2014 ACTIVITIES

The European Commission has published two reports summarising the activities carried out in 2014 within the rapid alert systems for blood and blood components (RAB) and for human tissues and cells (RATC).

Articles 8 and 9 of Directive 2005/61/EC require competent authorities to communicate with each other and to the Commission regarding serious adverse reactions and events so that appropriate actions are taken.

In 2014, a total of 40 rapid alerts were reported using the RAB platform and 25 through RATC and were given the appropriate follow up.

The summary of 2014 RAB activities is available at:
http://ec.europa.eu/health/blood_tissues_organs/docs/2014_rab_summary_en.pdf

The summary of 2014 RATC activities is available at:
http://ec.europa.eu/health/blood_tissues_organs/docs/2014_ratc_summary_en.pdf

CROSS-BORDER GENETIC TESTING ON RARE DISEASES – COMMISSION PUBLISHES RECOMMENDATIONS

The Commission expert group on rare diseases has published on 13 November 2015 recommendations on cross-border genetic testing. As the number of genes linked to rare diseases is increasing, the expert group published those recommendations to help guide the growing number of cross-border genetic testing (CBGT) in the EU.

These recommendations include making CBGT accessible to people who have a potentially genetic rare disease so they can have a timely diagnosis, avoid further invasive and/or unnecessary treatment and ultimately have better chances of survival. Moreover, the expert group emphasised the need to share expertise of genetic testing and information on genetic testing laboratories at EU level even if the testing is done at national/regional level.

The recommendations are available at:
http://ec.europa.eu/health/rare_diseases/docs/2015_recommendation_crossbordergenetictesting_en.pdf

EXPERT PANEL ON INVESTING IN HEALTH – CONSULTATION ON DISRUPTIVE INNOVATION

The European Commission and the Expert Panel on Effective Ways of Investing Health (EXPH) have launched on 29 October 2015 a public consultation on a preliminary opinion on the topic of disruptive innovation and its impact on health and healthcare in Europe.

The EXPH is 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.

Disruptive innovation is a real paradigm shift ass it creates new networks and players and tends to displace existing structures. Disruptive innovation could help improve health, reduce costs and complexity and empower patients.

In order to formulate its final view on the matter, the EXPH is seeking feedback from the scientific community and stakeholders on its opinion. All interested parties can contribute by submitting comments, suggestions, explanations, contributions of information on the matter.

All contributions shall be submitted before 16 December 2015.

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

COMMISSION LAUNCHES NEW VERSION OF ECHI DATA TOOL

On 11 November 2015, the Expert Group on Health Information (EGHI) of the European Commission launched a new version of the 'Heidi' data tool: the European core Health Indicators (ECHI) data tool. This tool offers interactive, relevant and comparable information on health at European level. It covers five groups of indicators:

- Demographic and socio-economic factors
- Health status
- Health determinants
- Health interventions and services
- Health promotion

With the new version of ECHI, it is possible to select more than one indicator at the same time to allow for more comparison and analyses while keeping the main features of the previous version (line chart, bar chart, map, table, etc.).

More information: http://ec.europa.eu/health/dyna/echi/datatool/

EUROPEAN ANTIBIOTIC AWARENESS DAY 2015

The European Antibiotic Awareness Day takes place every year around 18 November 2015 to raise awareness about the threat of antibiotic resistance and the prudent antibiotic use and it is coordinated by the European Centre for Disease Prevention and Control (ECDC). This year, the European Antibiotic Awareness Day focused on the global health challenges of antibiotic resistance and on how different organisations and stakeholders are responding to the issue.

HOPE participated to a EU-level stakeholder event which took place in Brussels on 16 November. The event was opened by the EU Commissioner for Health and Food Safety Vytenis Andriukaitis. The Commissioner stated that infections by bacteria resistant to antibiotics kill 25,000 people every year in Europe alone and cause 1.5 billion euros in healthcare and productivity losses. Antimicrobial resistance (AMR) is therefore a priority for the European Commission.

The importance fighting against AMR was echoed by Zsuzsanna Jakab, Director of WHO Regional Office for Europe. The initiative lunched by ECDC is becoming global as WHO announced the first World Antibiotic Awareness Week, which took place from 16 to 22 November 2015. The week aimed to increase awareness of global antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of AMR. Ms. Jakab also mentioned the Global Action Plan on AMR, which was adopted in 2015 and sets out five strategic objectives.

On this occasion, ECDC launched the latest EU-wide data on antibiotic resistance and consumption as well as the results of the EuSCAPE project, which aims at improving the understanding of the spread of carbapenemase-producing Enterobacteriaceae (CPE) and carbapenem-resistant Acinetobacterbaumannii(CRAb) in Europe, public health response and available national guidance for the detection, surveillance, prevention and control.
According to data, the situation continues to worsen for most bacteria and antibiotics under surveillance. In at least 3 countries (Italy, Greece and Malta) the resistance to last-line antibiotics has become an endemic problem meaning that their hospitals are unable to treat patients infected with resistant bacteria. For the first time, data show a significant decrease in antibiotic consumption in the community in five European countries (Denmark, Luxembourg, Slovenia, Spain and Sweden), even if antibiotic consumption in the hospital sector is still increasing. For this reason, ECDC decided the European Antibiotic Awareness Day will focus on the next two year on AMR in hospitals.

The conference continued with an intervention from Martin Seychell, Deputy Director General for Health at the Commission DG SANTE, who reaffirmed AMR is a priority for the Commission, which is currently undertaking an evaluation of the AMR Action Plan in order to assess gaps and further needed actions.

It followed a presentation from Ruxandra Draghia-Akli, Director of Health Directorate at the Commission DG Research and Innovation. She mentioned the funding opportunities offered by Horizon 2020 in the fight against AMR. Several projects led by SMEs have been funded such as IDAC (http://www.i-dac.eu); Chips4Life (http://www.chips4life.eu/) and Routine (http://www.routinefp7.eu/).

Within Horizon 2020, a prize has also been launched for better use of antibiotics (see HOPE newsletter, April issue). 1 million Euro will be awarded for a rapid test to identify, at the point of care, patients with upper respiratory tract infections that can be treated safely without antibiotics. The deadline to submit applications is 17 August 2016. She also mentioned funding opportunities under the Innovative Medicines Initiative's New Drugs 4 Bad Bugs (ND4BB) programme, a partnership between industry, academia and biotech organisations.

The panel was concluded by Lauri Hiks, from the US Center for Disease Control and Prevention, who introduced the campaign "Get Smart: Know When Antibiotics Work".

Finally, the stakeholder event concluded with pledges from the Standing Committee of European Doctors (CPME), the Pharmaceutical Group of the European Union (PGEU), the European Federation of Pharmaceutical Industries and Associations (EFPIA), the European Patients' Forum (EPF), the European Public Health Alliance (EPHA), the Joint Programming Initiative on AMR, the Federation of Veterinarians of Europe (FVE) and the International Federation for Animal Health Europe (IFAH- Europe).

More information on European Antibiotic Awareness Day:
http://ecdc.europa.eu/en/eaad/Pages/Home.aspx

More information on World Antibiotic Awareness Week:
http://www.who.int/mediacentre/events/2015/world-antibiotic-awareness-week/en/

EBOLA OUTBREAK – COMMISSION CONFERENCE ON LESSONS LEARNED

The Ebola outbreak in 2014 and 2015 in West Africa and the repercussions it had at international level have substantially changed perception and understanding of global health security. The European Commission DG SANTE, together with the Luxembourg Presidency, organised from 12 to 14 October a conference on "Lessons learnt for public health from the Ebola outbreak in West Africa – How to improve preparedness and response in the EU for future outbreaks".

The aim of this conference was to identify learning points arising from the Ebola epidemic which will be crucial to strengthen health security in the European Union, better prepare the EU for similar crises and enhance response to emergencies and disease outbreaks in the future.

The participants were from health authorities and experts from EU Member States, EU bodies, international and non-governmental organisations working in risk and crisis management and communication who have been involved in the response in West Africa as well as in preparedness and response in the EU.

An award ceremony to grant the European Health Prize, devoted this year to NGOs which have been active in fighting Ebola, completed the opening session which featured representatives from EU and international organisations and EU Ministers.

Subsequently four workshops - run in parallel sessions – analysed:

1. the Ebola outbreak as a complex crisis: the EU response and inter-sectorial cooperation;
2. best practices for treatment and prevention including protection of healthcare workers, medical evacuation, diagnostic methods and vaccines;
3. communication activities and strategies addressed to the public and health professionals;
4. the Ebola epidemic from a local challenge to a global health security issue.

The outcomes of the conference will inform conclusions of the Council planned for 8 December 2015. The results will also be incorporated in the report on the lessons learnt from Ebola that EU Ebola coordinator and Commissioner, Mr Christos Stylianides, will present to the European Council.

The report of the conference is available at:
http://ec.europa.eu/health/preparedness_response/docs/ev_20151012_sr_en.pdf

EUROPEAN HEALTH WORKFORCE – EXPERT GROUP

The Expert Group on European Health Workforce was meeting on 16 November 2016. It gathers Representatives of Member States and European Stakeholders, including HOPE.

The morning was devoted to discuss the draft WHO Global Strategy on Human Resources for Health - Workforce 2030 and to see if the objectives set out in the draft strategy are relevant to the European context and if there are any critical gaps in the draft, from national or European Regional perspective.

A second session was devoted to the health workforce planning, education and training. The latest developments from the Joint Action on health workforce planning and forecasting were presented: Romania joint feasibility study and closing event of the joint action. Then the OECD showed the latest results of its survey on education and training. Professor Ian Cumming, chief executive of Health Education England presented the health workforce strategy in England.

A third session dealt with the skills in the health sector with a publication in preparation by the European Observatory on Health Systems on improving the skills mix for chronic care in Europe.

The fourth session was on building European partnerships presenting the European reference networks and the study on nursing assistants. The role of Erasmus+ programme to support transnational projects to identify emerging skill needs in specific sectors, including health, and to translate those needs into specific vocational curricula focused on the Knowledge Alliances and Sector Skills Alliances).

DIGITAL PUBLIC SERVICES – CONSULTATION

The European Commission has launched on 30 October 2015 a public consultation on the use of digital public services in the EU.

The consultation will gather information on issues such as the lessons learned from the eGovernment Action Plan 2011-2015, the factors hampering the use of the digital public services, how to modernise the public sector and eGovernment services throughout Europe, how to improve cross-border public services or on how citizens and businesses can be involved in the 2016-2020 eGovernment Action Plan.

This consultation seeks to gather views from individual citizens, businesses or private organisations, and from national/ regional/local public administrations. Responses will be analysed together with Member States and will help to define the new eGovernment Action Plan 2016-2020.

The deadline for responding to the survey is 22 January 2016.

More information:
https://ec.europa.eu/digital-agenda/en/news/have-your-say-public-consultation-next-egovernment-action-plan-2016-2020

COMMISSION LAUNCHES EUROPEAN DATA PORTAL

The European Commission has launched the European Data Portal. Its goal is to be a gateway offering access to data published by administrations in countries across Europe, from the EU and beyond.

The Portal currently includes over 240.000 datasets from 34 European countries. Information about the data available is structured into thirteen different categories, including health.

The Portal also contains a training section with eLearning modules providing an introduction to Open Data and a library which offers a central access point to material on and around Open Data.

The European Data Portal is available at: http://www.europeandataportal.eu/

WEEE – EXCHANGE OF VIEWS ON STUDY ON ILLEGAL TRADE

During the last meeting of the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) held on 10 November 2015, MEPs exchanged views with the Commission on an oral question on the treatment of waste electrical and electronic equipment (WEEE) in the EU.

The oral question concerns a recent study on illegal trade of WEEE that was widely reported. The study was co-authored, amongst others, by Interpol, the United Nations University and the WEEE forum. It raises significant issues with regard to the widespread mismanagement of WEEE in the EU in 2012 - 4.65 million tonnes of WEEE were mismanaged or illegally traded within the EU.

Given that Member States had to transpose the WEEE recast by 14 February 2014, and that increased collection rates have to be achieved in 2016, MEPs discussed with the Commission issues such as proper implementation of the Directive, as well as possible consequences from the study for future work.

The study on illegal trade of waste electrical and electronic equipment is available at:
http://www.cwitproject.eu/wp-content/uploads/2015/09/CWIT-Final-Report.pdf

MATERNITY LEAVE – CONSULTATION ON POSSIBLE ACTION ADDRESSING THE CHALLENGES OF WORK-LIFE BALANCE

On 18 November 2015, the European Commission launched a public consultation on possible action addressing the challenges of work-life balance faced by working parents and caregivers.

In August 2015, the Commission published a Roadmap for the initiative "A new start to address the challenges of work-life balance faced by working families" to replace the 2008 Commission proposal to revise the Maternity Leave Directive. The objective for this initiative included in the 2016 Commission Work Programme is to increase the participation of women in the labour market by improving the current EU legal and policy framework and adapting it to today's labour market to allow for working parents and people with dependent relatives to better balance family and work life, allow for a greater sharing of care responsibilities between women and men, and to strengthen gender equality.

With this consultation the Commission is seeking replies from citizens, organisations and public authorities. The purpose of this consultation is to gather views on the development and implementation of a range of possible tools at EU-level to support work-life balance in a comprehensive way.

The deadline to submit replies is 17 February 2016.

A parallel consultation of the EU social partners was also launched on 11 November. The employees' and employers' organisations have until 4 January 2016 to submit their views on the possible directions of EU action.

Roadmap "A new start to address the challenges of work-life balance faced by working families":
http://bit.ly/1EhHMfb

Consultation's background document:
http://ec.europa.eu/justice/newsroom/gender-equality/files/1511_background_document_fresh_start_en.pdf

Consultation's questionnaire:
https://ec.europa.eu/eusurvey/runner/WorkingCarers

TTIP – INCLUSION OF ARTICLE ON ANTIMICROBIAL RESISTANCE

The European Commission has proposed on 6 November 2015 to include an article on antimicrobial resistance (AMR) in the provisions of the Transatlantic Trade and Investment Partnership (TTIP).

The TTIP is an agreement which regulates trade between the European Union and the United States of America (USA). It is currently in the negotiation phase, which was set to finish by the end of 2014, but negotiations have dragged on and have been re-launched in 2015.

Given the global, cross-border challenge represented by AMR, this is a priority for both the EU and the USA. The EU and USA are already collaborating on AMR under the Trans-Atlantic Task Force on Antimicrobial Resistance (TATFAR). According to the Commission, the work under TTIP would be seen as complementary to and facilitating this work.

However, some stakeholders believe this focus on AMR is used by the Commission to give new spin to the negotiations, especially in light of the negative opinion of the civil society. Civil society indeed expressed concerns over the impact of TTIP on health services and import of GMOs in the EU.

More information:
http://trade.ec.europa.eu/doclib/docs/2015/november/tradoc_153936.pdf

More information on TTIP:
http://ec.europa.eu/trade/policy/in-focus/ttip/index_en.htm

PHARMACY PREPARATIONS – JUDGEMENT

The Court of Justice of the European Union (ECJ) delivered on 16 July2015 a judgement on the joined cases C-544/13 Abcur AB v Apoteket Farmaci AB and C-545/13 Abcur AB v Apoteket AB and Apoteket Farmaci AB.

With this judgement, the ECJ clarified the scope of application of Directive 2001/83/EC and the exceptions related to pharmacy preparations, following a request of interpretation from the Swedish Court. The judgement can be of relevance for the operation of hospital pharmacies.

The case opposes Apoteket AB, a Swedish State-owned company and its subsidiary managing around 70 hospital pharmacies Apoteket Farmaci AB, against Abcur, a Swedish company which produces and distributes medicinal products.

In 2009 and 2007, Abcur obtained a marketing authorization for two medicinal products for which a marketing authorization did not exist before in Sweden. Before these dates, the needs of patients were met by preparations containing the same active substances provided by Apoteket.

Apoteket continued to supply patients even after the marketing authorization was granted to Abcur. Abcur therefore decided to start a legal proceeding arguing that Apoteket had breached the law by manufacturing and advertising medicinal products without prior authorisation.

The ECJ ruled that medicinal products for human use, such as those at issue within this case, issued in accordance with a medical prescription and for which no marketing authorisation has been granted fall within the scope of Directive 2001/83/EC.

The ruling also clarified how exceptions contained in article 3 points 1 and 2 could be applied.
The ECJ indeed stated that medicinal products are covered by the exception referred to in Article 3, point 1, of the Directive, only if they have been prepared in accordance with a medical prescription issued before their preparation, which must be specifically for a previously identified patient.
As regards article 3 point 2, medicinal products are covered by this exception only if they are delivered directly to patients supplied by the pharmacy which prepared them.

Finally, the Court clarified that even where medicinal products for human use fall within the scope of Directive 2001/83, they can also fall within the scope of Directive 2005/29/EC concerning unfair business-to-consumer commercial practices in the internal market.

The judgement is available at:
http://curia.europa.eu/juris/document/document.jsf?text=&docid=165910&pageIndex=0&doclang=EN&mode=lst&dir=&occ=first&part=1&cid=990510

CEF – CALLS FOR PROPOSALS 2015

The Connecting Europe Facility (CEF) supports trans-European networks and infrastructures which fill the missing links in Europe's energy, transport and telecommunications sectors. It is a key EU instrument to promote growth, jobs and competitiveness through targeted investment at European level.

Projects in the field of telecommunications aim at facilitating cross-border interaction between public administrations, businesses and citizens, by deploying digital service infrastructures (DSIs) and broadband networks.

The next CEF calls will award €45.6 million in the form of grants managed by the Innovation and Networks Executive Agency (INEA). They will help European public administrations and businesses to hook up to the core platforms of the digital services that are the object of the calls: eDelivering, eInvoicing, Public Open Data, Safer Internet, eProcurement, eHealth, eIdentifiction and eSignature, Online Dispute Resolution.

Depending on the call, the deadline is either 19 of January or 15 March 2016.

More information:
http://ec.europa.eu/inea/connecting-europe-facility/cef-telecom/apply-funding/cef-telecom-calls-proposals-2015

EUROPEAN STRUCTURAL AND INVESTMENT FUNDS – PUBLIC PROCUREMENT GUIDANCE FOR PRACTITIONERS

The European Commission has recently published a "Public Procurement Guidance for practitioners on the avoidance of the most common errors in projects funded by the European Structural and Investment Funds". The guidance contains examples of good practices, case studies and useful links to help those who are involved in the planning, selection and implementation of EU-supported projects.

The document is intended to help public officials across the EU identify and avoid the most frequent errors in public procurement of projects co-financed by the European Structural and Investment Funds. It is part of the Commission's comprehensive action plan on public procurement, aiming to help Member States improve the performance of both administrations and beneficiaries in applying public procurement for EU investments during the 2014-2020 programming period.

These guidelines are also part of a broader initiative to improve how Member States and regions invest and manage Cohesion Policy funds, alongside the development of Peer 2 Peer

(http://bit.ly/1zVmYoj), a platform for public officials across the EU to exchange expertise and best practice in administrative capacity-building, and Integrity Pacts (http://bit.ly/1MvyvYx), a tool to improve transparency and accountability in public procurement.

The guidance is available at:
http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/guidance_public_proc_en.pdf

EUROPEAN STRUCTURAL AND INVESTMENT FUNDS – MAPPING OF USE

The Commission published a mapping report developed under the project "Effective use of European Structural and Investment Funds for health investments in the programming period 2014-2020". This report aims at providing an overview of actions that Member States consider for support from European Structural and Investment Funds in the health sector in the programming period 2014-2020. This report helps better understanding the funding possibilities under the European Structural and Investment Funds for the period 2014-2020 as well as investments realised in the previous period 2007-2013.

The report consists of two parts: an analytical part covering the EU; and an individual part, with a country sheet for all 28 Member States.

More information:
http://www.esifforhealth.eu/pdf/Mapping_Report_Final.pdf

SPAIN: INTRODUCING EVIDENCE-BASED NURSING TO IMPROVE QUALITY OF CARE THROUGH A BEST PRACTICE ACCEDITATION PROGRAMME

In 2010, seeing the potential to improve service quality, the Spanish Institute of Health Carlos III in partnership with the Registered Nurses' Association of Ontario (RNAO), initiated an effort to translate RNAO's best practice nursing guidelines for their use in the context of Spain.

As a result, almost 50 of RNAO's guidelines supporting evidence based nursing, care quality improvements and better health outcomes for patients have now be adapted and translated to Spanish for use. The Institute also became a Best Practice Spotlight Organization Host, responsible for overseeing implementation of RNAO's prestigious Best Practice Spotlight Organization accreditation programme in Spain.

Prior efforts to increase the use of evidence-based guidelines in the delivery of health services, consistent use of available guidelines remained extremely weak. The Best Practice Spotlight Organization Programme not only raised healthcare organisations' awareness of best practice guidelines, but also provides a guiding structure to incentivize, promote, facilitate and monitor their utilization.

In 2011, a first cohort of Spanish healthcare organisations was selected to participate in a three year Best Practice Spotlight Organization accreditation programme. Eight organisations were chosen to be managed by the Spanish Best Practice Spotlight Organization Coordinator, to ensure each could receive enough personalized support. Best Practice Spotlight Organization candidates were required to select at least three best practice guidelines to introduce based on the needs of their organisation. Guidelines chosen for implementation included fall prevention, ostomy care and breastfeeding promotion, among others.

Nurses and other health professionals have been recruited and trained to work as 'guideline champions'. Champions then train other professionals on the guidelines within their organisation in a cascade model in efforts to promote guideline utilization and uptake. All Best Practice Spotlight Organization collect data on standardized nursing quality indicators in a shared online portal. Each Best Practice Spotlight Organization has access to their own data, which enables strategic planning and informs improvements. Organisations can also view aggregate data of other Best Practice Spotlight Organizations. All eight Best Practice Spotlight Organization candidates were accredited in 2015, which is valid for two years. A second cohort of 10 BPSOs representing 70 healthcare organisations was selected and is now beginning the three year accreditation process.

Reports

EU HEALTH STATISTICAL REPORTS – EUROSTAT PUBLICATIONS

The Commission published in November 2015 a list of health statistical reports in cooperation with Eurostat and national statistical institutes and authorities within the European Statistical System (ESS).

These reports include:

- "Key figures on Europe, 2015 edition", presenting a selection of statistical data on Europe covering several topics. The health chapter presents statistics on healthy life years, causes of deaths, healthcare provision and expenditure, accidents at work;
- "The EU in the world 2015", which provides a selection of important and interesting statistics on the EU – considered as a single entity – in comparison with the 15 non-EU countries from the Group of Twenty (G20). Health is one of the areas addressed;
- Reports presenting data on the main demographic trends, different aspects of people's well-being and data on children and young people in the EU.

Eurostat has also developed an official website "Statistics Explained" presenting all statistical topics in an easily understandable way. The articles are completed by a statistical glossary clarifying all terms used and by numerous links to further information and the very latest data and metadata. Under the theme "Population and social conditions", there is an entry to the health topic.

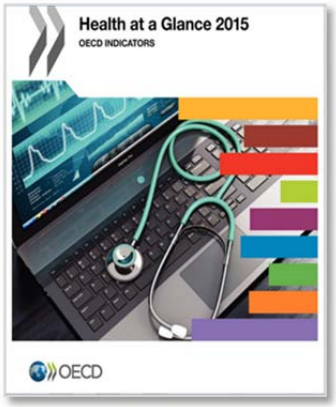
The publications are available at:
http://ec.europa.eu/health/reports/european/statistics/index_en.htm

"Statistics Explained" website:
http://ec.europa.eu/eurostat/statistics-explained/index.php/Main_Page

HEALTH AT A GLANCE: EUROPE 2015 – OECD/EC REPORT

On 4 November 2015, the latest edition of "Health at a Glance: Europe" was published. This publication, which is the result of a collaboration between the OECD and the European Commission in the field of health information, presents a set of key indicators related to health status, determinants of health, healthcare resources and activities, quality of care, access to care, and

health expenditure and financing in 35 European countries, including the 28 European Union Member States, four candidate countries and three EFTA countries.



The selection of indicators provides a wide range of information on the health status of each country. It turns out that no country is above the others in all categories and that there is room for improvement for all of them.

The report also focuses on pharmaceutical spending. Even though the growth of pharmaceutical has overall decreased in the past years, the spending in hospitals has increased. Despite the efforts of governments to boost the generic market (which contributes to slowing down spending) it remains low in some countries. Moreover, according to the OECD, the ageing of the population could lead to an increase in spending due to the high cost of new specialty drugs which could account for 50% of the market within 5 years.

The OECD report also points at other elements such as the persistent inequalities between and within countries and the fact that the slow improvement of quality of care will cost lives in the future.

More information: ***http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-at-a-glance-2015_health_glance-2015-en#page1***

TAILORING IMMUNIZATION PROGRAMMES FOR SEASONAL INFLUENZA (TIP FLU) – WHO PUBLICATION

The WHO published in November 2015 "Tailoring immunization programmes for seasonal influenza".

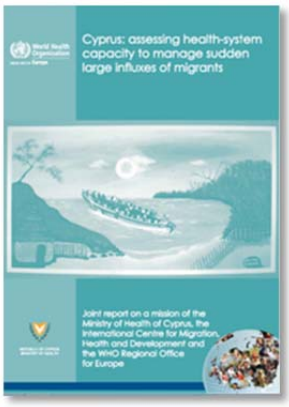
Seasonal influenza vaccination (SIV) of healthcare professionals is recommended as it protects both the professionals and their patients. Despite the fact that the WHO recommends SIV of healthcare professionals in most countries of the WHO European Region, which goes beyond the EU as is comprises 53 countries, the vaccination uptake remains low.

TIP-FLU was designing a new approach that would help collect evidence-informed solutions that help increase the SIV among healthcare professionals. It is based on behaviour changes and health programme planning models and provides tools tailored specifically to target healthcare professionals.

This publication is a step-by-step guide that policy-makers and programme managers can use easily.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0007/290851/TIPGUIDEFINAL.pdf

CYPRUS: ASSESSING HEALTH-SYSTEM CAPACITY TO MANAGE SUDDEN LARGE INFLUXES OF MIGRANTS (2015) – WHO PUBLICATION



The WHO Regional Office for Europe published in November 2015 a document "Cyprus: assessing health-system capacity to manage sudden large influxes of migrants".

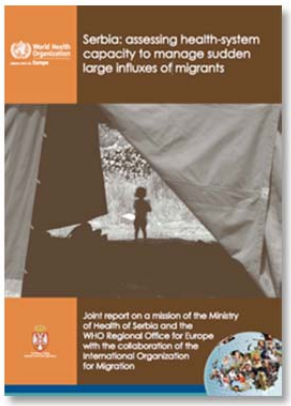
In December 2014, the Ministry of Health of Cyprus and the International Centre for Migration, Health and Development and the WHO Regional Office for Europe conducted a joint assessment mission in order to assess the capacity of the health system of Cyprus to manage the acute phase of public health needs related to a potential sudden large influx of migrants.

Cyprus took part in a massive evacuation of foreign citizens from Lebanon in 2006, but has received no major influxes of migrants in recent years. The crisis in the Syrian Arab Republic, however, has led to migrants arriving, albeit in small numbers, by sea. Thus, a sudden large arrival of migrants is a potential scenario that needs to be taken into account from the public health perspective. The assessment was conducted in the framework of the project Public Health Aspects of Migration in Europe (PHAME) of the WHO Regional Office for Europe, which operates under the European Policy framework Health 2020.

More information: ***http://www.euro.who.int/__data/assets/pdf_file/0020/293330/Cyprus-Assessment-Report-en.pdf***

SERBIA: ASSESSING HEALTH-SYSTEM CAPACITY TO MANAGE SUDDEN LARGE INFLUXES OF MIGRANTS (2015) – WHO PUBLICATION

The WHO Regional Office for Europe published in November 2015 a document "Serbia: assessing health-system capacity to manage sudden large influxes of migrants".



Serbia saw large influxes of migrants coming from Greece and the former Yugoslav Republic of Macedonia. This is pushing the Serbian National Health System to adapt to this phenomenon in a rapid and efficient way. The fact that most migrants are only in transit on their way to the EU and therefore are only staying a few days in Serbia makes it easier for the health system to cope humanely and efficiently. The few migrants that remain in asylum centres receive medical attention and treatments according to their needs. However, Serbia's system would be in difficulty, should there be more migrants staying in the country.

The Ministry of Health of Serbia and the WHO Regional Office for Europe conducted a joint assessment in June 2015 and an expert field assessment mission in August 2015 in order to evaluate Serbia's reaction to the influx of migrant. The conclusion of those missions was that Serbia needs a local and national health policy contingency plan to respond to any future large influx of migrants.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0010/293329/Serbia-Assessment-Report-en.pdf?ua=1

ANTIMICROBIAL RESISTANCE SURVEILLANCE IN EUROPE 2014 – ECDC PUBLICATION

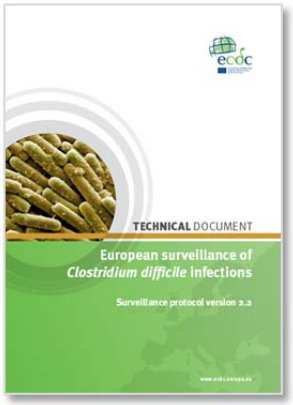
The European Centre for Disease Prevention and Control (ECDC) published in November 2015 a report on surveillance of antimicrobial resistance in Europe.

The report presents antimicrobial resistance data for seven microorganisms of major public health importance: Escherichia coli, Klebsiella pneumoniae, Pseudomonas aeruginosa, Acinetobacter species, Streptococcus pneumoniae, Staphylococcus aureus, and Enterococci.

For 2014, data were reported by 29 countries and the report also presents trend analyses for the period 2011–2014.

More information: ***http://ecdc.europa.eu/en/publications/Publications/antimicrobial-resistance-europe-2014.pdf***

EUROPEAN SURVEILLANCE OF CLOSTRIDIUM DIFFICILE INFECTIONS – ECDC SURVEILLANCE PROTOCOL



The European Centre for Disease Prevention and Control (ECDC) published in November 2015 a new version 2.2 of the surveillance protocol for *Clostridium difficile* infections (CDIs).

This protocol prescribes the methodology, and provides the data collection tools required to achieve the objectives of European surveillance of CDIs. This requires national or regional coordinators to choose one of three CDI surveillance options for data collection by surveyors at the hospital level.

This technical document is an update of the "European Surveillance of *Clostridium difficile* infections. Surveillance protocol version 2.1", published in May 2015.

European Surveillance of *Clostridium difficile* infections using this protocol starts in January 2016.

More information:
http://ecdc.europa.eu/en/publications/Publications/European-surveillance-clostridium-difficile.v2FINAL.pdf

PEER REVIEWS ON PREPARDNESS FOR CASES OF EBOLA IN ROMANIA AND BELGIUM – ECDC PUBLICATIONS

In October, the European Centre for Disease Prevention and Control (ECDC) published two peer reviews on the preparedness of Romania and Belgium for cases of Ebola.

Both peer review visits took place last March (on March 16-19 for Belgium and on March 19-21 for Romania) and aimed at identifying strength and points of improvement in both health emergency systems.

Both visits concluded that Belgium and Romania were taking the threat seriously but that there was room for improvement, as the handling of Ebola requires resources and organisation. The experts established that Belgium had to work on a broader legal framework to support and back up hospitals that committed to becoming 'designated hospitals'. Furthermore, a more thorough evaluation of systems performances would also be needed. In Romania, the conclusion of the experts is that there is the possibility for improvement in the procurement and use of personal protective equipment (PPE).

In both cases, they highlighted the need to develop dissemination and regular simulation exercises at all healthcare levels.

ECDC report on Belgium:
http://ecdc.europa.eu/en/publications/Publications/ebola-preparedness-belgium.pdf
ECDC report on Romania:
http://ecdc.europa.eu/en/publications/Publications/ebola-preparedness-romania.pdf

TTIP: WHAT IT WILL MEAN FOR US AND WHAT IS THE ALTERNATIVE? – OSE PAPER

The European Social Observatory (OSE) has published in November 2015 a briefing paper by Martin Myant – Senior Researcher at the European Trade Union Institute – describing why the negotiating parties want a Transatlantic Trade and Investment Partnership (TTIP), what the agreement will contain and what trade liberalisation may lead to. The paper argues that TTIP offers no improvements in economic or social conditions for European citizens. On the contrary, the Partnership threatens a reduction in protection for employees and consumers and a substantial enhancement of the power of private business.

It concludes that if the Partnership is to be continued at all, then it should do so with the exclusion of the Investor-State Dispute Settlement and with means to ensure there is no reduction in regulatory protections through attempts to achieve compatibility.

More information:
http://www.ose.be/files/publication/OSEPaperSeries/Myant_2015_OSEBriefingPaper11_nov2015.pdf

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

The study aims at comparing the guidelines for health technology assessment (HTA) elaborated by national HTA authorities, focusing on decision-making at national level, with the actual information needed by hospital managers when deciding about investments in new treatment.

The researchers conducted face-to-face interviews with 53 hospital managers from nine European countries. They concluded that the hospital managers focused on clinical, economic, safety and organisational factors when deciding whether to invest in a new treatment or not. These are the most relevant aspects taken into account.

The researchers concluded that HTAs should be altered to reflect the information needs of hospital managers when deciding about investments in new treatments.

More information:
http://www.healthpolicyjrnl.com/article/S0168-8510%2815%2900215-8/pdf

ASSESSING THE PERFORMANCE OF MATERNITY CARE IN EUROPE: A CRITICAL EXPLORATION OF TOOLS AND INDICATORS – BMC HEALTH SERVICES RESEARCH PUBLICATION

The paper is a critical review of the tools and indicators currently used to measure maternity care performance within Europe, particularly regarding physiological or 'normal birth'. In order to complete their work, the authors conducted a review of the material published between 2005 and 2013.

The authors identified 388 indicators and seen tools designed for assessing maternity care. It results that intrapartum care is the most frequently controlled and postnatal and neonatal care of mother and baby are the least assessed. Moreover, most of those indicators evaluate the technical intervention and adverse or undesirable outcomes rather than non-intervention (like vaginal birth) or positive ones.

The authors concluded that the existing factors and tools were useful to measure technical interventions and undesirable health outcomes but not good outcomes. It is therefore difficult if not impossible to establish a link between a form of care and a good outcome. The authors emphasised a need for indicators which capture non-intervention care, and positive outcomes especially considering the fact that most birth are low-risk and requiring no interventions.

More information:
http://www.biomedcentral.com/content/pdf/s12913-015-1151-2.pdf

SELF-RATED HEALTH AND HOSPITAL SERVICES USE IN THE SPANISH NATIONAL HEALTH SYSTEM: A LONGITUDINAL STUDY – BMC HEALTH SERVICES RESEARCH PUBLICATION

The purpose of the study was to establish a link between the subjective self-rated health and socioeconomic, demographic and health variables and the use of hospital services among the population of the Valencia Region, Spain.

The authors took a pool of 5,275 adults in the Valencia Region. They used logistic regression models to calculate the odds ratio between the use of hospital services and self-rated health, sex, age, educational level, employment status, income, country of birth, chronic conditions, disability and previous use of hospital services.

It resulted that, four years after the initial assessment, 22.4% of participants used hospital services. This use was correlated with poor self-rated health regardless of the sex of the patient. The biggest correlation factor in men was chronic disease whereas in women, it was low education level.
The authors concluded that self-rated health was a predictor of hospital services use. Moreover, other interactions may reflect more complex predictive models, by gender.

More information:
http://www.biomedcentral.com/content/pdf/s12913-015-1158-8.pdf

HOW SHOULD HEALTH SERVICE ORGANISATIONS RESPOND TO DIVERSITY? A CONTENT ANALYSIS OF SIX APPROACHES – BMC HEALTH SERVICES RESEARCH PUBLICATION

There is an increasing diversity of patient population to which healthcare organisations need to respond. The authors of the study compared six approaches to organisational responsiveness to diversity and tried to pinpoint the main issues and recommendations on how to address them.

The approaches selected were geographically spread out, classified between domains and dimensions (operationalization), and then compared according to that classification. The authors emphasised seven domains from the studies: organisational commitment, empirical evidence on inequalities and needs, a competent and diverse workforce, ensuring access for all users, ensuring responsiveness in care provision, fostering patient and community participation, and actively promoting responsiveness. The operationalisations were different according to the context. However, the main recommendations were similar: healthcare organisations should take an intersectional approach when curing patients, broaden the target population and pay attention to the socio-economic status, gender, etc. of their patients.

In conclusion, the authors established that there was a broad consensus about what needs to be done in order to be more responsive to patient diversity.

More information:
http://www.biomedcentral.com/content/pdf/s12913-015-1159-7.pdf

ASSESSING FEASIBILITY AND ACCEPTABILITY OF STUDY PROCEDURES: GETTING READY FOR IMPLEMENTATION OF NATIONAL STROKE GUIDELINES IN OUT-PATIENT HEALTHCARE – BMC HEALTH SERVICES RESEARCH PUBLICATION

Swedish national guidelines for stroke care (SNGSC) have been used for over a decade, yet stroke rehabilitation in out-patient health varies considerably. The study assessed the feasibility and acceptability of study procedures including analysis of the context in out-patient setting in order to facilitate future implementation studies of the SNGSC.

The authors of the study assessed the feasibility of a survey of healthcare records and the acceptability of recruitment, observations and interviews with managers, staff and patients. They found that it would prove materially difficult for clinical staff to recruit out-patient patients and they would need to be relieved from this task. Regarding the assessment of the implementation of the guidelines by the study of healthcare records, the authors of the study established that it was feasible and a suitable assessment. The same conclusion was drawn regarding interviews.

This framework was established by the authors of this feasibility study as the most relevant for a suitable assessment of the implementation of the SNGSC for out-patients.

More information: ***http://www.biomedcentral.com/content/pdf/s12913-015-1177-5.pdf***

EUROPEAN PARLIAMENT INTEREST GROUP ON RHEUMATIC AND MUSCULOSKELETAL DISEASES – LAUNCH MEETING

On 19 November 2015, HOPE attended the launch meeting of the European Parliament Interest Group on Rheumatic and Musculoskeletal Diseases (RMDs).

The Interest Group is chaired by MEP Roberta Metsola (EPP, Malta), with the European league against rheumatism (EULAR) as secretariat.

After an introduction by the Chair, the meeting started with an overview of the situation of RMDs in Europe by Prof. Hans Bijlsma, EULAR President. He stressed that RMDs are one of the major chronic diseases affecting the European population. RMDs affect 1 in 4 patients in the EU and have important social and economic consequences. Indeed RMDs are the major occupation disease and have an important impact on the labour market as 2 in 5 patients declare to be limited in their everyday activities. RMDs have also a huge impact on health systems as they represent the second most common reason for consulting a doctor.

It followed a presentation about the achievements of the Interest Group during its previous mandate 2009-2014. The group then discussed about the future role and goals of the Interest Group as well as procedures and methodologies to be followed.

LAUNCH OF THE EUROPEAN CANCER PLAN FOR CHILDREN AND ADOLESCENTS – MEPS AGAINST CANCER INTEREST GROUP

On 18 November 2015, HOPE attended the launch of the European Cancer Plan for Children and Adolescents by MAC interest group (MEPs against cancer) and SIOPE (European Society for Paediatric Cancer) hosted by Alojz Peterle (EPP, Slovenia) at the European Parliament.

The event started with an introduction by Gilles Vassal, President of SIOPE. He presented the organisation and established the importance of research against a disease which is the leading cause of death in the EU and kills 6 000 children and adolescents yearly in Europe. He then presented the European cancer plan which aims at increasing the cure rate for patients with poor prognosis, increase quality of life and tackle inequalities across Europe by 2025.

During the 'Inequalities' session, the speakers highlighted the importance of closing the inequality gap in Europe. There is indeed a 10 to 20% survival gap between eastern and western Europe and, depending on the disease; families have to move to other countries for children to get treatment. That is financially hard on the family and affects their quality of life. The solution of building a European Reference Network was also put forward to help reduce inequalities in Europe.

The 'Innovation' session focused on the innovation, or lack thereof, in children and adolescents cancer. The fact that adult and children cancers are different was emphasised, showing therefore that the innovation in adult diseases could not be applied to children and adolescents. There is a lack of innovation in this field (partly because of the stronger regulatory framework) that needs to be resolved quickly.

The third session touched upon 'Survivorship'. A cancer survivor explained the concept of late effects and the importance of LTFUs (Long-term follow-up) in order to ensure the quality of life of the 80% of children that survive cancer so they can be full members of society. The Survivorship Passport was presented as a good tool to help with the long term follow-up of cancer survivors.

The overall conclusions of the event showed that it is important to make a difference between child and adult cancer and to adapt research accordingly. Moreover, it is crucial to tackle the huge inequalities in Europe regarding the access to care the follow-up and the survival rate.

ANTIMICROBIAL RESISTANCE: PREVENTION, AND NOT JUST TREATMENT – HEALTH FIRST EUROPE EVENT

On 17 November 2015, HOPE attended the event "Anti-microbial resistance: Prevention, and not just treatment" organised by Health First Europe in Brussels.

The event was chaired by MEP Renate Sommer (EPP, Germany) who started with an introduction on Antimicrobial Resistance (AMR). She highlighted the fact that AMR affects one million people yearly at a huge human and economic cost. She also explained that there were ways to prevent AMR (like diagnostic tests, training professionals, informing the patients) and that the EU needed to address the problem with a common response.

Dr. Herman Goossens, from Antwerp University then presented the different initiatives that existed to tackle AMR at global, regional and national level. He demonstrated that setting national targets and using tools like communication campaigns to inform patients and healthcare professionals were efficient in reducing the consumption of antibiotics and sending prevention messages (such as hygiene campaigns).

Dr. Dominique Monnet then presented the view of the European Centre for Disease Prevention and Control (ECDC) on AMR. He established the situation of AMR in different EU countries and pointed out the inequalities. He also confirmed that countries that took real action were able to decrease AMR. Dr. Monnet mentioned the support action of the ECDC, in country visits, in training professionals and in conducting surveys and research.

Dr. Stéphane Vandam from the World Health Organisation (WHO) then presented a global view from the WHO on AMR. According to the WHO, only 33 countries out of 133 in the world have a national plan against AMR which represents a big issue globally. He presented 5 objectives to fight AMR: raise awareness and understanding on AMR; strengthen knowledge and evidence based research; lower the infection rate; increase the use of medicine and develop economies for sustainable investments to allow all countries to fight AMR. All WHO countries committed to develop a plan by 2017. However, the commitment is not binding. Regarding the European region,

Dr. Vandam confirmed that the WHO Europe regional office had established a 2011-2020 action plan adopted by all 53 countries of the region.

Finally, Amanda Massey, executive Director of Health First Europe confirmed that AMR was a patient safety issue and that a lot had already been done at EU level (like the establishment of minimum patient safety standards of the targets to reduce antibiotics use) but that the action had to continue.

ACCESS TO HEALTH SERVICES IN THE EU – EUROPEAN PARLIAMENT INTEREST GROUP ON ACCESS TO HEALTHCARE

On 17 November 2015 HOPE attended the meeting of the European Parliament Interest Group on Access to Healthcare. The meeting aimed at discussing the recently released opinion by the Expert Panel on Effective Ways of Investing in Health on access to health services in the EU.

The event was attend by members of the Interest Group MEPs Andrey Kovatchev (EPP, Bulgaria), Biljana Borzan (S&D, Croatia) and organised by Patient Access Partnership, which provides the secretariat of the Interest Group. Patient Access Partnership is a patient-led multi-stakeholder network bringing together patients, the medical and public health community, industry and the European and Member States policy makers and institutions, in order to develop and move forward on innovative solutions to reduce inequities in access to quality healthcare in the European Union.

The meeting started with a presentation from Maria Iglesia Gomez, Head of Unit for Healthcare Systems at the European Commission DG SANTE. She highlighted the fact that healthcare systems are currently confronted with the challenge of having to provide better care to patient with less resources and facing budgetary constraints. Patients are more demanding for personalised healthcare and innovative solutions and therapies, but this has a cost and raises the question of universal access. Access to care is an important issue for the Commission, which is currently supporting a pilot project on access to healthcare in rural areas, as proposed by the European Parliament Interest Group.

In the future agenda of the European Commission there is the development of tools Member States can use by themselves to measure access to healthcare. Mrs. Iglesia Gomez mentioned that last year, in the context of the European Semester, country specific recommendations to some Member States addressed the issue of access to healthcare. The Commission wants to take a step further in improving indicators to measure access.

Anne Calteux, Senior Advisor to the Luxembourg Minister of Health talked about the Luxembourg Presidency related activities. She mentioned the conference the Presidency organised in July on the topic of personalised medicine and the Council conclusions on this topic which will be adopted during the next EPSCO meeting in December. The conclusions calls on Member States and the Commission to support access to clinically effective and financially sustainable personalised medicine; raise awareness on the benefits and risks of personalised medicine and exchange good practices. She mentioned the Presidency discussed also the Expert Panel opinion on access to health services in the EU. Member States expressed the wish to be more consulted by the Expert Panel before and after the release of opinions.

Two Expert Panel representatives took the floor during the meeting. Prof. Jan De Maeseneer, Head of the Department of Family Medicine and Primary Health Care at Ghent University and Chair of the Expert Panel made an introduction about the Expert Panel and its objectives.

Dr Sarah Thomson, Senior Health Financing Specialist with the WHO Regional Office for Europe in Barcelona and rapporteur for the opinion made a presentation on major findings. She stressed that the EU made substantial progress in tackling unmet healthcare needs in the 2005-2009 period. However this trend reversed after 2009, as a result of the economic crisis.

She reported that cost was the most universal problem across Member States in access to care and that inequalities are often the result of poor resources allocation.
The main recommendation from the Expert Panel is about the need to develop a new generation of data collection so to allow better monitoring of access to care.

POLITICO ANNUAL HEALTHCARE SUMMIT

On 10 November 2015, HOPE attended POLITICO Annual Healthcare Summit.

The Summit opened with an interview of EU Commissioner for Health and Food Safety Vytenis Andriukaitis. Asked about which changes he would like to see at the end of his 4-year mandate, he replied he would like to see number of premature deaths reduced, and Member States focusing more on prevention, an area in which the EU is still weak.

He also declared that today there is no EU single market. Indeed, there is a need for more solidarity and a more coherent EU for this to really happen. Today Member States have different health systems models: however, it must be possible to create interoperability within these models, the Commissioner affirmed.

It followed the interview of Maggie De Block, Belgian Minister for Social Affairs and Public Health. The Minister presented a multiannual pact (2015-2018) Belgium stipulated with the pharmaceutical industry. The pact aims to ensure fastest access to medicines for patients while taking into consideration the budgetary constraints healthcare services are currently facing. The pact is based on four pillars, namely:

1. accessibility, which means faster access to medicines and at cheaper prices;
2. growth and innovation, by using the potential offered by big data and research;
3. deontology, by providing for stricter transparency measures;
4. budget stability and predictability thanks to the multiannual coverage of the pact.

Belgium, The Netherlands and Luxembourg have also joined forces on orphan drugs. The three countries will jointly negotiate with pharmaceutical companies to moderate the price of these drugs. Other countries such as Austria, Denmark and Hungary expressed interest in having more information on this cooperation.

The summit continued with two panels. The first was dedicated to the topic of safe and speedy market access. Most of the debate concentrated around European Medicines Agency's adaptive pathways approach to improve timely access to medicines. Vladimir Kopernicky, Medical Affairs

Leader at Eli Lilly welcomed this approach while Yannis Natsis from the Transatlantic Consumer Dialogue (TACD) stated there are already mechanisms in place to guarantee faster access to medicines but these have never been evaluated. Furthermore, there is the need to balance benefits from faster access with potentially increased risks for patients.

The second panel focused on the theme of affordable and profitable drugs and mainly discussed issues around pricing and reimbursement of medicines.

Videos of the event are available at: http://www.politico.eu/event/annual-healthcare-summit/

ESNO SUMMIT 2015

On 5 and 6 November 2015 HOPE attended the European Specialist Nurses Organisations (ESNO) summit in Brussels. The summit addressed the growing role specialist nurses are playing in the health landscape and stressed the urgent need to recognize it at EU level. It was attended by representatives from patients, carers, managers, educators, and the European Commission.

In its opening statement, ESNO President Francoise Charnay-Sonnek highlighted ESNO priorities, among which there are the definition of common set of competences for specialist nurses and the development of a common training framework. This is of outmost importance for the recognition of this profession across Member States. A survey carried out by ESNO demonstrated the importance of professional mobility. Indeed, findings show that 2/3 specialist nurses are interested in working in another country.

The summit continued with presentations from different stakeholders representing hospital pharmacists, patients and from the European Commission and the European Medicines Agency.

Prof. Walter Sermeus from the Catholic University of Leuven presented the results of RN4CAST, a EU-cofunded project in which HOPE has been involved as advisor. Findings showed that improved patient-to-nurse staffing ratios, sound nursing work environments and a better educated nurse workforce are associated with improved nurse wellbeing and better patient outcomes, including higher patient satisfaction and lower patient mortality.

The second day was dedicated to hearing from nursing practice in different specialist roles and discussing core competences of principle in nursing specialty.

Presentations are available at: http://esno.org/summit-2015.php

EUROPEAN HEALTH PROPERTY NETWORK 2015 WORKSHOP

HOPE was invited to the workshop organised in Brussels on 16 and 17 November 2015 by the European Health Property Network on the topic: *Are We Getting Better? Evaluating Changes to Europe's Health Care Facilities: Methods, Tools and Case Studies.*

Europe's healthcare buildings have to change and improve. The pressures of designing strategies to anticipate changing health needs and to make better use of scarce financial resources have driven

technological innovation, new methodologies in planning, designing and restructuring hospitals facilities, and sophisticated tools to model the future of healthcare systems.

EuHPN has been operating since 2000, and for the 15th anniversary of the network's founding, the 2015 EuHPN workshop was structured around a number of topics linked to the overall Evaluation theme. They had invited a mix of top quality speakers to engage with participants from a wide range of healthcare infrastructure backgrounds to explore this topic in depth.
Two days of plenary sessions and interactive debate concentrated on finding practical value in evaluation: learning from the past, understanding how to assess and use evidence, and scenario-building for the future, through a series of linked sessions on:

- Evaluation and the Patient Voice
- Evaluation methodologies and tools
- Evaluating design
- New technologies
- Sustainable healthcare buildings: meeting environmental and social challenges
- Strategic planning and large-scale change.

More information: http://www.euhpn.eu/

PHARMACEUTICAL PRICING - EURIPID

HOPE was invited to the kick-off meeting of the EURIPID project taking place in Brussels on 25 November 2015. This sensitive meeting by invitation-only was attended by several Permanent representations, the Commission and significant EU stakeholders.

The grant *PJ-05-2014: Statistical data for medicinal product pricing* (http://bit.ly/1Rgecjx) under the third EU Health Programme was awarded to the consortium of OEP (National Health Insurance Fund Administration, Hungary), GÖG (Austrian Health Institute), SÚKL (State Institute for Drug Control, Czech Republic), TLV (Dental and Pharmaceutical Benefits Agency, Sweden) and Pharmeca a.s. (Czech Republic) acting on behalf of the EURIPID Collaboration.

The general objective of the activity under the grant is to achieve a better coordination at the EU level in order to facilitate the control by the Member States of public budgets for medicinal products whilst avoiding/mitigating possible negative impacts on patient access to medicinal care.

Three specific objectives were identified in order to achieve the general objective:

1. determining an optimized dataset and data lay-out for the presentation of information related to medicinal products pricing;
2. providing the necessary (additional) information related to medicinal products pricing in a standardised web-based format;
3. developing a Guidance Document on a coordinated approach of national authorities regarding the use of external reference pricing to avoid/mitigate negative impact for patient access to medicines.

This funding by the Commission on a topic of Member State competence is part of its strategy to work on access to healthcare but also on the competitiveness of the industry. The Commission argues for the need to work on better understanding of pricing, and exploring better pricing mechanisms. The representative of the Commission mentioned as well a study that will be soon published on the enhanced cross country coordination and on the value of innovation.

EURIPID is based on a database from 26 countries on more than 250 000 individual products with more than 10 million price records. Hospital prices are not yet concerned, but the project might expend to expensive innovative drugs prices.
During the panel on access to medicine, BEUC representing the consumer, promoted among other things the group purchasing. BEUC recently published a paper pointing out that with the crisis drugs are more expensive in some countries, patients do not get the innovative medicine they need and there are shortages of antibiotics and vaccines.

PATIENT'S RIGHTS AND FAIR ACCESS – LONDON

HOPE was invited to speak at the Policy-UK Forum: Patient's Rights and Fair Access: The way ahead for cross-border EU healthcare to present its position and its recent publication on Medical Tourism.

Two years on from the integration of cross-border health Directive 2011/24/EU into Member States law, this offered delegates an opportunity to analyse the success and failures of the cross-border health system, as well as the challenges and barriers to the uptake of cross-border health.

The event was an opportunity to take an in-depth look at the challenges facing EU cross-border health, such as liabilities, the future of funding and reimbursement schemes, the interoperability of e-health across borders, and the availability of personal health records to clinicians in other EU healthcare systems.

Rob Dickman, Senior Policy Adviser, EU and International Healthcare Policy, Department of Health detailed the present and future challenges faced by the NHS while Keith Pollard (international medical travel journal) and Neil Lunt (University of York) presented a global perspective on medical tourism.

PRIVATE SECTOR – EXPERT WORKSHOP

HOPE was invited to speak at the meeting Eurofound organised on 4 November 2015 in Brussels.

This expert workshop was part the ongoing research project "Delivering public services- a greater role for the private sector? Hospital services".

The aim of this expert workshop was to discuss the preliminary findings of Eurofound's research and to learn more about other current research activities in this area. It also provided a good opportunity to debate with key European stakeholders about the role of private providers and its impact on the quality, accessibility and efficiency of hospital services.

The project is asking two questions:

- To what extent and in which areas are private providers expanding and/or replacing the public sector in the delivery of services in hospitals?
- What are the consequences of higher private sector involvement for the quality, accessibility and effectiveness of services?

This project takes forward the work on delivery of public services launched in 2014 and narrows its scope to provide a more in-depth view of services in hospitals. Data from the OECD show that since 2009 health spending has fallen in health services, particularly in Europe. Given that hospitals are one of the main sources of healthcare expenditure, they have been subject to measures that aim to contain costs and/or widen the choice of providers including through privatisation.

The objectives are:

- to identify and map the countries where an expansion of the private sector in delivering hospital services has occurred;
- to examine whether and to what extent expansion of the private sector did or did not help to cope with the challenges Member States are facing, with special regard to the consequences of the financial and economic crisis.
- to document the implications for access, including cost barriers, and the quality and effectiveness of selected services.

The project focused on hospital services in 2015 and it is planned to examine residential care in 2016. It will analyse aspects of privatisation in hospitals such as outsourcing services, developing public–private partnerships, the corporatisation of public hospitals and selling public hospitals to the private sector. The analysis will seek to distinguish between for-profit and not-for-profit private service providers and the context they operate in. The impact of these changes on the quality, effectiveness and accessibility of services will also be investigated.

The project will start with an in-house literature review that will describe the background in which privatisation takes place. This will help to identify countries which have seen a substantial privatisation of hospital services. Eurofound will use contributions from its network of correspondents to map developments in these countries (10–12). Case studies will be contracted to identify measures that have been evaluated in terms of the impact on affordability, effectiveness and accessibility. The analysis of these measures will be the subject of an expert workshop. The literature review, national contributions, case studies and workshop will contribute to a consolidated report written in-house.

AGENDA

UPCOMING CONFERENCES

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.

A call for posters is now open and will close on 31 January 2016. 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: www.rare-diseases.eu

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

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.

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/***