NEWSLETTER

N° 98 – November 2012

CONTENT

Click on a title to go directly to the article

EU INSTITUTIONS AND POLICIES

Public Health

EUROPEAN ANTIBIOTIC AWARENESS DAY 2012

ANTIMICROBIAL RESISTANCE – DRAFT REPORT ADOPTED

PATIENT SAFETY – STATE OF PLAY IN MEMBER STATES

PATIENT SAFETY – WORKING GROUP

IMPLEMENTATION OF EUROPEAN REFERENCE NETWORKS – CONSULTATION

ENVI PARLIAMENTARY COMMITTEE – NEW VICE-CHAIR

Justice

DATA PROTECTION – COUNCIL

Environment

FLUORINATED GASES – NEW DRAFT REGULATION

Internal Market

PROFESSIONAL QUALIFICATIONS – CONSIDERATION OF AMENDMENTS

E-PROCUREMENT AND MODERNISATION OF STATE AID – EESC OPINIONS

E-INVOICING IN PUBLIC PROCUREMENT – CONSULTATION

COMMISSION 2013 WORK PROGRAMME UNVEILED

EUROPEAN PROGRAMMES AND PROJECTS

JOINT ACTION ON CHRONIC DISEASES

EU HEALTH PROGRAMME: SELECTED PROJECTS – EDITION 2012

HONCAB PROJECT – KICK-OFF MEETING

REPORTS AND PUBLICATIONS

HEALTH AT A GLANCE: EUROPE 2012

ANTIMICROBIAL RESISTANCE IN EUROPE – ECDC 2011 SURVEILLANCE REPORT

HIT WALES – WHO PUBLICATION

HIT SCOTLAND – WHO PUBLICATION

HIT NORTHERN IRELAND – WHO PUBLICATION

A COMPARATIVE ANALYSIS OF HEALTH FORECASTING METHODS – OECD HEALTH WORKING PAPER

WHAT WE'VE ACHIEVED TOGETHER – REPORT ON THE WORK OF WHO IN THE EUROPEAN REGION IN 2010–2011

OTHER NEWS – EUROPE

WHY HEALTH IS CRUCIAL TO EUROPEAN RECOVERY

RISK MANAGEMENT FOR PATIENT SAFETY – WORKSHOP

EU PATIENT ROUNDTABLE ON CLOSTRIDIUM DIFFICILE INFECTION

EUROPEAN INNOVATION PARTNERSHIP ON HEALTHY AGEING – FIRST CONFERENCE OF PARTNERS

EURO HEPATITIS CARE INDEX

INTERNATIONAL CONFERENCE ON CROSS-BORDER HEALTH CARE

2013 - EUROPEAN YEAR OF CITIZENS

CHES POLICY DIALOGUE ON ACTIVE AND HEALTHY AGEING – WITH ICT?

HEALTH 2020 – WHO HEALTH POLICY FRAMEWORK

UPCOMING CONFERENCES

17 December 2012 – Berlin (Germany)
DUQUE FINAL CONFERENCE: "DEEPENING OUR UNDERSTANDING OF QUALITY IMPROVEMENT IN EUROPE"

22-24 May 2013 – Gothenburg (Sweden)
HPH CONFERENCE 2013: TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE

30-31 May 2013 –Ghent (Belgium)
CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE

10-12 June 2013 – The Hague (The Netherlands)
HOPE AGORA 2013: PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

Public Health

EUROPEAN ANTIBIOTIC AWARENESS DAY 2012

On 16 November 2012, HOPE attended the launch event of the fifth European Antibiotic Awareness Day, an annual European public health initiative coordinated by the European Centre for Disease Prevention and Control (ECDC). HOPE is part of this initiative, which aims to raise awareness on the problem of antimicrobial resistance, and provide a platform and support for national campaigns on the prudent use of antibiotics.

On this occasion, the ECDC released new EU-wide data on antibiotic resistance and consumption. Data show that antibiotic resistance remains a major European and global public health problem, originated for a large part from the misuse of antibiotics.

In particular, over the last four years, there has been a Europe-wide increase of antibiotic resistance and of multi-drug resistance in bacteria such as *Klebsiella pneumoniae* and *Escherichia coli*. The increasing trend of combined resistance means that, for patients who are infected with these multidrug-resistant bacteria, only few fast-line therapeutic options remain available. This is translated in increasing healthcare costs, extra length of stay in the hospital, treatment failures, and sometimes death.

For these reasons, national awareness campaigns play a crucial role in educating the public, primary care and hospital prescribers about prudent use of antibiotics.

More information:
http://ecdc.europa.eu/en/eaad/Pages/Home.aspx

ANTIMICROBIAL RESISTANCE – DRAFT REPORT ADOPTED

On 6 November 2012, the European Parliament's Committee on Environment, Health and Food Safety (ENVI) adopted the draft report on "Microbial challenge - rising threats from antimicrobial resistance". The non-binding resolution drafted by Anna Rosbach (ECR, Denmark) obtained full support with 62 votes in favour and none against.

The report wants to tackle the problem of antimicrobial resistance by underlining the need for a more cautious use of drugs, improvements in animal welfare and development of new business models to stimulate innovation.

In particular, it focuses on 6 main areas:

- Prudent use of antimicrobials in human and veterinary medicine
- Prevention
- Development of new antimicrobials or alternatives for treatment
- Monitoring and reporting
- Communication, education and training
- International cooperation

A plenary vote is scheduled for 10 December 2012.

PATIENT SAFETY – STATE OF PLAY IN MEMBER STATES

On 15 November 2012, the European Commission published a report on the state of implementation of a number of actions to increase patient safety. The EU Member States agreed these actions in 2009 with the adoption of the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01).

The report notes that Member States have implemented various measures such as embedding patient safety in public health policies and identifying competent authorities on patient's safety. However, the Commission considers that more efforts are needed on training and education of health professionals and on provisions for patient empowerment.

The report also shows that implementation of the Council Recommendation has slowed down due to the financial constraints resulting from the crisis.

On the prevention and control of healthcare associated infections, 26 out of 28 responding countries have implemented a combination of actions to prevent and control such infections. Thirteen Member States reported that the adoption of the Recommendation had triggered initiatives on healthcare associated infections, in particular on implementation of inter-sectoral mechanisms, on monitoring and assessing strategies to prevent and control infections, and on strengthening information campaigns towards healthcare workers.

The report concludes by listing a number of areas where there still is room for improvements, both at EU and at Member State level. Examples of these areas include the need for adequate numbers of specialised infection control staff receiving regular training, reinforcement of tailored basic infection prevention and control structures and practices in nursing homes and other long-term care facilities, and improved information to patient regarding prevention and control of healthcare associated infections.

More information:
http://ec.europa.eu/health/patient_safety/docs/council_2009_report_en.pdf

PATIENT SAFETY – WORKING GROUP

Since 2006, the Patient Safety and Quality of Care Working Group brings together representatives from all 27 EU countries, EFTA countries, international organisations, EU bodies and key EU stakeholders, including HOPE. The Group assists in developing the EU patient safety and quality agenda.

The last meeting of the Working Group took place on 20 November 2012 in Brussels. The main objective was to present and discuss the follow up of the Commission Report to the Council on the implementation of the Council Recommendation 2009/C 151/01, which was published on 15 November 2012.

It was underlined that the time between the adoption of the Recommendation and the reporting was insufficient. The Commission proposed an extension of the implementation period by 2 years, so a new progress report will be published in June 2014. Furthermore, it was stressed how more evidence about costs of unsafe care is needed to help political prioritisation.

During the meeting, Mr. Jean Bacou from the *Haute Autorité de Santé* (FR) provided an update on the work of the Joint Action on Patient Safety and Quality of Care (PaSQ), in which HOPE is a major partner. The main objective of the Joint Action is to support the implementation of the Council Recommendation on Patient Safety. Until now, first achievements include the publication of the website (www.pasq.eu), a glossary and framework, as well as a first selection of safe clinical practices for implementation. A data collection process also started in November 2012: the next steps will be the preparation of exchange mechanisms (e.g. site visits, online courses, twinning programmes) and implementation of safe clinical practices in Member States.

More information:
http://ec.europa.eu/health/patient_safety/events/ev_20121120_en.htm

IMPLEMENTATION OF EUROPEAN REFERENCE NETWORKS – CONSULTATION

On 23 November 2012, the European Commission launched a stakeholders' consultation on the implementation of European Reference Networks (ERN) under the framework of Article 12 of Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

The Directive requires the European Commission to support Member States in the development of ERN between healthcare providers and centres of expertise. The main benefit of the ERN and of the Centres of Excellence is to facilitate improvements in access to diagnosis and delivery of high quality, accessible and cost-effective healthcare in the case of patients who have a medical condition requiring a particular concentration of expertise or resources, particularly in medical domains where expertise is rare.

In particular, article 12 of the Directive requires the Commission to adopt a list of criteria that the networks must fulfil, and the conditions and criteria, which providers wishing to join networks must meet. The Commission is also required to develop and publish criteria for establishing and evaluating ERN.

Therefore, the aim of the consultation is to seek for opinions and contributions of interested parties, based on evaluated experiences, regional or national models, technical and professional standards, criteria or recommendations which could provide inputs and facilitate the definition of technical and quality criteria (scope, general and disease specific elements).

The consultation will remain open until 24 January 2013.

More information:
http://ec.europa.eu/health/cross_border_care/consultations/cons_implementation_ern_en.htm

ENVI PARLIAMENTARY COMMITTEE – NEW VICE-CHAIR

On 5 November 2012, the Environment, Health and Food Safety Committee (ENVI) elected Christa Klass (EPP, Germany) new Vice-Chair. She has been in the ENVI Committee since 1994 and she worked on many dossiers and topics such as pesticides and biocidal products.

These elections came after the third Vice Chair János Àder became the Hungarian President in May 2012 and subsequently left the European Parliament.

DATA PROTECTION – COUNCIL

On 26 October 2012, the Council (Justice and Home Affairs) took note of the state of play on the proposal for a regulation on the protection of individuals with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation).

The choice of legal instrument was raised during the debate. Some delegations expressed their preference for a directive instead of a regulation since it allowed for more flexibility where needed. However, some other delegations preferred the choice of a regulation, as proposed by the Commission.

Ministers have already discussed this proposal at the informal ministerial meeting in July 2012 on the basis of three questions: the administrative burden, the need for special treatment for the public sector and the number of delegated acts.

The proposal is the subject of in-depth discussions by experts in the Working Party on Data Protection, which began under the Danish Presidency and will continue under the Irish Presidency.

FLUORINATED GASES – NEW DRAFT REGULATION

On 7 November 2012, the European Commission proposed a new draft regulation on fluorinated greenhouse gases (F-gases) with the aim to reduce emissions by two-thirds of today's levels by 2030.

The new legislative proposal establishes a phase-down measure that from 2015 will gradually limit the total amount of Hydrofluorocarbons (HFCs) - the most significant group of F-gases - that can be sold in the EU and reduces this in steps to one fifth of today's sales by 2030.

It also bans the placing on the market and the use of certain products and equipment that contain F-gases where suitable alternatives to the use of those substances are available.

The new proposal also maintains and/or strengthens some requirements of the current Regulation, in particular regarding training and certification for personnel involved in servicing equipment, labelling of F-gas equipment, reporting on production, imports and exports of F-gases.

Emissions of F-gases, which have a warming effect up to 23,000 times more powerful than carbon dioxide, have risen by 60% since 1990, while all other greenhouse gases have been reduced. These gases are used in an increasing number of applications such as air conditioning, refrigeration systems, aerosols and extinguishers. Hospitals are a major sector in which theses gases are used.

More information:
http://ec.europa.eu/clima/policies/f-gas/legislation/docs/com_2012_643_en.pdf

PROFESSIONAL QUALIFICATIONS – CONSIDERATION OF AMENDMENTS

On 6 November 2012, the European Parliament Committee on Internal Market and Consumer Protection (IMCO) discussed the amendments tabled on the draft report on the recognition of professional qualifications and administrative cooperation through the Internal Market Information System (IMI).

More than 653 amendments have been proposed, but the Rapporteur Bernadette Vergnaud (S&D, France) is confident that compromises can be found. Nevertheless, she stressed that more time is needed in order to allow discussions. Vote in Committee will then be postponed to 10 January 2013.

The Rapporteur highlighted the following main points.

- On partial access, there is a general agreement on the fact that Member States may refuse to apply the principle of partial access to healthcare professions. Nevertheless, national authorities should remain able to derogate to this rule on a case by case basis.
- Early warning system need further discussion in order to ensure patient safety without jeopardize professional rights.
- For professional card, many amendments have been tabled regarding the timeframe for processing application.
- On tacit recognition, the Rapporteur is in favour of this principle, precising that this shall not constitute automatic recognition of the right to practise.
- For training courses there is a consensus on the need to delete the reference to remuneration.
- For nurses, it has to be assessed whether a dual-track training system is appropriate vis-a-vis the nursing profession. The rapporteur considers that further discussions are needed on this issue.

E-PROCUREMENT AND MODERNISATION OF STATE AID – EESC OPINIONS

On 14 November 2012, the European Economic and Social Committee (EESC) endorsed two opinions on e-procurement and on modernisation of state aid.

On e-procurement, the EESC supports the aim of the European Commission to complete the gradual transition towards a full e-procurement system by mid-2016. Administrations which have already switched to e-procurement made savings of 5-20%. If e-procurement were to be applied to all EU procurement, savings would amount to more than 100 billion Euros.

On state aid modernisation, the EESC believes that the European Commission proposal for an EU state aid modernisation must be re-orientated. The EESC warns against the risk of giving Member States greater responsibility in managing state aids: it would lead to confusion and a subjective application of the rules. It also thinks that the ceiling for *de minimis* aid (which is applied to each firm on the basis of a rolling period of three consecutive years) should be permanently increased from 200,000 Euros to 500,000 Euros.

More information:
http://www.eesc.europa.eu/?i=portal.en.events-and-activities--484-plenary-session-opinions

E-INVOICING IN PUBLIC PROCUREMENT – CONSULTATION

On 22 October 2012, the European Commission launched a public consultation on e-invoicing in the field of public procurement.

The European Commission is considering ways to overcome the barriers created by the lack of interoperability between the national e-invoicing systems in the field of public procurement and to stimulate the take-up of e-invoicing in the EU. In view of the decision of several Member States to make e-invoicing mandatory for their public procurement, the extension of this requirement to all public procurement in the EU is one of the options under consideration.

The objective of this consultation is therefore to gather views and information on the use of electronic invoicing in public procurement, i.e. in the business-to-government (B2G) sector, and on the perceived need of action at EU level. Input is also sought as to the most appropriate solutions to promote the uptake of B2G e-invoicing and to enhance interoperability between the various national and proprietary systems.

The consultation will remain open until 14 January 2013.

More information:
http://ec.europa.eu/internal_market/consultations/2012/einvoicing_en.htm

COMMISSION 2013 WORK PROGRAMME UNVEILED

On 25 October 2012, the European Commission unveiled its 2013 Work Programme. Its overarching goal is to tackle the economic crisis and to put the EU back on the road to sustainable growth.

Relevant forthcoming initiatives to be tabled during 2013 and the first part of 2014 include:

- a Regulation on State aid Modernisation on a general block exemption. It sets the most appropriate conditions for state aid, exempted from the notification requirement, to be compatible with the internal market. This will reduce administrative burden for national authorities.
- initiative on e-invoicing in the field of public procurement. This initiative would eliminate the fragmentation of the internal market by promoting the use of business-to-government (B2G) e-invoicing in the public sector and enhancing the interoperability of national e-invoicing systems. It would help to reduce the operating costs of enterprises and the procurement costs of public authorities by fostering the automation of procedures related to invoicing.
- proposals for reinforced partnering in research and innovation under Horizon 2020 through the renewal and creation of public-private partnerships in key industrial sectors, such as pharmaceuticals, energy, transport, aeronautics, electronics, air traffic management and bio-based products.
- review of standardisation acquis. The initiative will consist of two parts:
  - an initiative to establish strategic priorities and specific mandates to support EU policy for international competitiveness, innovation, digital interoperability and technological development.
  - an independent review will be launched in 2013 to assess progress against strategic objectives and evaluate the performance of the current governance in the European standardisation system.

More information:
http://ec.europa.eu/atwork/key-documents/index_en.htm

EUROPEAN PROGRAMMES AND PROJECTS

JOINT ACTION ON CHRONIC DISEASES

On 5 November 2012, the European Commission's Directorate-General and the Executive Agency for Health and Consumers met Member States in Luxembourg to discuss and develop a concept for the Joint Action on Chronic Diseases.

This Joint Action wants to address the challenge of the increased burden that chronic conditions and diseases place on the health systems and individuals in Europe, with a specific focus on multi-morbidity.

In particular, three possible specific objectives were identified:

1) to map across Europe new innovative actions in the field of social media, behavioural science and new technologies as well as the more traditional actions on the risk factors;
2) to examine the barriers to uptake for prevention, targeted screening of risk groups, and treatment of major chronic diseases. Diabetes will be used as a case study;
3) to look in more detail at how to address multi-morbidity and other complex issues in the framework of chronic diseases.

An info workshop will be held in Luxembourg by the Executive Agency for Health and Consumers next 10 and 11 December. The proposal will then be finalised and submitted for evaluation by mid-March 2013.

EU HEALTH PROGRAMME: SELECTED PROJECTS – EDITION 2012

The European Commission has recently published a booklet containing a selection of 27 projects, which were funded under the second Health Programme and were presented to the public in a scientific poster exhibition at the European Health Forum Gastein 2012 and the 5th Annual European Public Health Conference 2012. The projects in this publication cover a wide range of health themes, from health information to health security and topics such as alcohol commercials, fighting obesity, AIDS and organ donation.

The second Health Programme came into force on 1 January 2008 and has since co-funded 115 projects with an amount of about € 75 million. It is intended to complement the national actions and policies of the 27 EU countries by adding a European layer.

More information:
http://ec.europa.eu/health/programme/docs/selected_projects_en.pdf

HONCAB PROJECT – KICK-OFF MEETING

The project to support the creation of a pilot network of hospitals related to payment of care for cross border patients (HoNCAB) was officially launched on 24 and 25 October 2012 in Luxembourg.

HoNCAB project strives to take advantage from the interval between the adoption of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare and its definitive application in the Member States. The Directive represents a major step forward in providing clarity about the rights of patients who seek healthcare in another Member State. However, it has also opened up uncertainties about the practical implications that the Directive will have on the organisation of healthcare systems, especially when it comes to payment and reimbursement of services.

Therefore, the general objective of the project is to obtain a better understanding of the financial and organisational requirements that may arise as a result of a patient receiving healthcare outside the Member State of affiliation.

To this end, the project will make available some preliminary but "real" data on the impact of patient mobility and will fine-tune the methods of classification of the tariffs and related techniques for comparison. Furthermore, the HoNCAB project aims to provide a framework for the launch of a pilot hospital network, designed to grow over time. Such a network will allow the participating hospitals to have a practical experience of the opportunities and critical issues of cross-border care and to share problems and solutions with other Member States.

The HoNCAB project is co-financed by the European Commission (Executive Agency for Health and Consumers) under the Second Programme of Community Action in the Field of Health (2008-2013).

HOPE is the Leader of Work Package n° 2, dedicated to the dissemination of the project.

REPORTS AND PUBLICATIONS

HEALTH AT A GLANCE: EUROPE 2012

The second edition of "Health at a glance: Europe", a joint report result of collaboration between the OECD and the European Commission, has recently been published.

It presents a set of key indicators of health status, determinants of health, health care resources and activities, quality of care, health expenditure and financing in 35 European countries, including the 27 EU Member States, 5 candidate countries and 3 EFTA countries.

The report shows that in 2010, the health spending per capita slowed or fell in almost all European countries, reversing a trend of steady increases in many countries.

From an annual average growth rate of 4.6% between 2000 and 2009, health spending per person fell to -0.6% in 2010. This is the first time that health spending has fallen in Europe since 1975.
As a result of the slowdown or negative growth in health spending per capita in 2010, the percentage of GDP devoted to health stabilised or declined slightly in many EU Member States.

While the report does not show any worsening health outcome due to the crisis, it also underlines that efficient health spending is necessary to ensure the fundamental goal of more viable health systems in EU countries.

More information:
http://ec.europa.eu/health/reports/docs/health_glance_2012_en.pdf

ANTIMICROBIAL RESISTANCE IN EUROPE – ECDC 2011 SURVEILLANCE REPORT

The European Centre for Disease Prevention and Control (ECDC) has recently published a surveillance report on antimicrobial resistance in Europe in 2011. It was released in occasion of the European Antibiotic Awareness Day 2012, which is held every year around the 18 November.

The report presents antimicrobial resistance data for seven invasive pathogens of major public health importance: *Streptococcus pneumoniae*, *Staphylococcus aureus*, *Escherichia coli*, *Enterococcus faecalis*, *Enterococcus faecium*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa.*

For 2011, data were reported by 29 countries and the report presents trend analyses for the period 2008–2011. This edition includes a focus chapter on the demographic characteristics of cases of invasive gram-negative infections in Europe.

Although the levels of resistance in the gram-positive pathogens under surveillance (*Streptococcus pneumoniae*, *Staphylococcus aureus*, *Enterococcus faecium* and *Enterococcus faecalis*) tend to be stabilising, or even decreasing in some countries, there is a general increase across Europe of antimicrobial resistance in the gram-negative pathogens (*Escherichia coli*, *Klebsiella pneumoniae* and *Pseudomonas aeruginosa*).

More information:
http://www.ecdc.europa.eu/en/publications/Publications/antimicrobial-resistance-surveillance-europe-2011.pdf

HIT WALES – WHO PUBLICATION

The European Observatory on Health Systems and Policies has just published a health system review for Wales (United Kingdom), as part of the series “Health Systems in Transition” (HiTs).

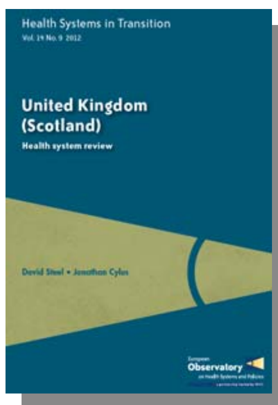
The Health Systems in Transition (HiT) profiles are reports that provide a detailed description of a health system, reforms and policy initiatives under development in a specific country. Main chapters focus on organisation and governance of the health system, financing, physical and human resources,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

For several decades, Wales had a health system largely administered through the United Kingdom Government's Welsh Office. From 1999, responsibility for most aspects of health policy was devolved to Wales, resulting in increasing differences between the policy approach and framework in England and Wales. Health services in Wales are financed almost entirely out of general taxation and are therefore, largely free at point of use.

This report reveals a system that generally provides high quality services and health outcomes facilitated by substantial real growth in health spending, although health inequalities still remain resistant to improvement. However, with the change in the financial climate, Wales is now facing a severe reduction in expenditure, and there is some concern that the health system is not financially sustainable in the longer term unless additional funds can be found to meet rising demands.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/177135/E96723.pdf

HIT SCOTLAND – WHO PUBLICATION



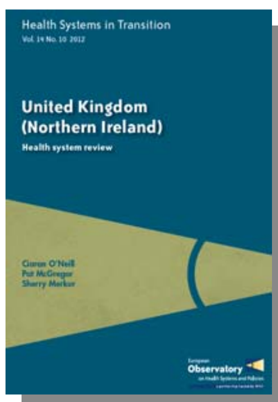
The European Observatory on Health Systems and Policies has released a health system review for Scotland (United Kingdom), as part of the series "Health Systems in Transition" (HiTs).

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

The health system in Scotland has increasingly diverged from that in England in the past decade, and substantial increases in funding have led to a significant growth in the clinical workforce. As a result, Scotland has made progress in terms of population health and the quality and effectiveness of care. However, a number of challenges remain: although life expectancy has improved, it remains below that in the rest of the United Kingdom. More progress is needed to close the gap in health status between Scotland and other developed countries.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0008/177137/E96722.pdf

HIT NORTHERN IRELAND – WHO PUBLICATION



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

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

The organisation of the National Health Service (NHS) in Northern Ireland is radically different to that in England, despite superficial similarities. A crucial difference is the commissioning of hospital services. In Northern Ireland, unlike in England, there is no competition between trusts, and this has two implications: funds to hospitals are distributed geographically, based on a formula designed to ensure horizontal equity, and there is no market pressure on individual hospitals and control is bureaucratic, with the emphasis being on consultation and cooperation among health and social care bodies.

Without competition, effective control over the system requires information and transparency to ensure provider challenge, and a body outside the system to hold it to account. The restoration of the locally elected Assembly in 2007 has created such a body, but it remains to be seen how effectively it will exercise accountability.

More information at:
http://www.euro.who.int/__data/assets/pdf_file/0007/177136/Northern-Ireland-HiT.pdf

A COMPARATIVE ANALYSIS OF HEALTH FORECASTING METHODS – OECD HEALTH WORKING PAPER

Concerns about health care expenditure growth and its long-term sustainability have risen to the top of the policy agenda in many OECD countries that is why the OECD has recently published a working paper presenting a comparative analysis of health expenditure forecasting methods.

The study aims to identify good practices in the development of health-spending forecasting models that can be shared among OECD countries. In so doing, it has the potential to enhance transparency and support improvement in future health expenditure modelling exercises.

Methods reviewed in this study were selected on the basis of demonstrated institutional or governmental participation in the model development and/or policy applications of the model.

More information:
http://www.oecd-ilibrary.org/social-issues-migration-health/a-comparative-analysis-of-health-forecasting-methods_5k912j389bf0-en

WHAT WE'VE ACHIEVED TOGETHER – REPORT ON THE WORK OF WHO IN THE EUROPEAN REGION IN 2010–2011

WHO European Region has recently published the first report of the Regional Director for Europe Zsuzsanna Jakab. It describes what has been achieved in 2010–2011 by combining the forces of the WHO Regional Office for Europe and its 53 Member States.

Efforts have been done to address some major challenges in the European region such as the financial crisis, the gaps in health and health-system development within and between countries, communicable and non-communicable diseases in Europe, and to take the opportunities offered by the value given to health as a driver of growth.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0011/175988/Report-of-the-Regional-Director-on-the-work-of-WHO-in-the-European-Region-in-20102011.pdf

WHY HEALTH IS CRUCIAL TO EUROPEAN RECOVERY

HOPE chief executive was invited to speak at the Friends of Europe high-level European Policy Summit WHY HEALTH IS CRUCIAL TO EUROPEAN on European recovery that took place on Tuesday 27 November 2012 in Bibliothèque Solvay, Brussels.

With the subtitle "Health care systems under pressure: eradicating inefficiencies and freeing up resources", the conference was looking at the long-term consequences of the crisis. Rising unemployment and reduced tax revenues mean most EU governments will be struggling to provide their citizens with reliable and affordable healthcare. In Greece, an estimated 30% of people have started to turn to street clinics for their medical needs, while in Spain, a measure introduced earlier this year requires older people to pay in part for drugs they previously received through the healthcare system for free. Across Europe longer waiting times, lower patient satisfaction and reduced healthcare provisions all underline the need for reform. But where can greater efficiencies be found? Which cost-cutting measures are beneficial, and which detrimental? Can e-health help deliver better care for less money within citizen-centred health delivery systems? Is greater centralization of healthcare the answer, and what should policymakers focus on to ensure healthcare drives rather than drains European economies?

Among the speakers were Erik Briers Executive Director of the European Cancer Patient Coalition (ECPC), Josep Figueras Director, European Observatory on Health Systems and Policies & Head, WHO European Centre on Health Policy, Alojz Peterle MEP President of MEPs Against Cancer (MAC), Substitute of the European Parliament Committee on the Environment, Public Health and Food Safety, and Paola Testori Coggi European Commission Director General for Health and Consumers.

RISK MANAGEMENT FOR PATIENT SAFETY – WORKSHOP

On 21 November 2012, HOPE attended and co-chaired one of the session the European workshop on "Risk Management for Patient Safety" organised by Det Norske Veritas (DNV).

The objective of the workshop was to bring together national, European and international experts on patient safety and risk management to discuss the current challenges and needs in this field.

The workshop was addressed among others, by representatives from the European Commission, WHO and DNV, who highlighted the respective work carried out in the area of patient safety. 10% of patients hospitalised in the EU suffer from an adverse event, demonstrating how there is still considerable room for improvements. More competences on proactive risk assessment methods are needed, but there is also the necessity to raise awareness on the costs of unsafe care, especially in times of austerity.

Overviews of the Joint Action on Patient Safety and Quality of Care (PaSQ), as well as QUASER and DUQUE projects (three projects in which HOPE is involved) were also provided.

The main messages from the event were that exchange experiences between Member States on patient safety are keys for further improvements in this area. More efforts regarding continuous education and training of healthcare professionals, information to patient and their empowerment are also the ways forward.

Finally, healthcare suffers from under management: to date there has been limited use of proactive approaches to identify and manage risk within clinical healthcare practices. Explore how knowledge on proactive risk management can be shared between healthcare and other safety critical industries might help to improve patient safety.

EU PATIENT ROUNDTABLE ON CLOSTRIDIUM DIFFICILE INFECTION

On 7 November 2012, HOPE hosted the EU Patient Round Table on *Clostridium difficile* infection (CDI) and other healthcare associated infections (HAIs). The event was supported by Astellas Pharma Europe Ltd.

CDI is a leading healthcare associated infection in Europe and it is mainly caused by the use of antibiotics, which can clear the normal 'good' bacteria from the bowel and allow the overgrowth of CDI. CDI causes diarrhoea, which in some cases can be severe, and is associated with significant morbidity and mortality. Although CDI can occur in the community setting, it is most common in hospitals and nursing homes.

Despite its importance, there is limited awareness of CDI across Europe, particularly among people at risk (people over the age of 65 years, in those using broad spectrum antibiotics, and in patients who have a prolonged period of hospitalisation). Therefore, the main aim of the round table was to try to reverse this trend and ensure all patients potentially at risk of CDI are properly informed and educated about the infection, and empowered to communicate with their healthcare providers about CDI and HAIs.

In the first part of the round table, the burden of CDI within the policy context of European action on HAIs was presented. CDI experts also provided a comprehensive picture of the disease.

In the second session, all participants discussed best ways to inform patients about HAIs and the risks of CDI. Information to patients, patient empowerment and health literacy were considered key resources to ensure patients become effective partners on issues related to the safety and quality of their care.

EUROPEAN INNOVATION PARTNERSHIP ON HEALTHY AGEING – FIRST CONFERENCE OF PARTNERS

On 6 November 2012, the first Conference of Partners of the European Innovation Partnership on Healthy Ageing was held in the European Commission. The objective of the Partnership is to increase by two the healthy years lived. The leaders of different Action Plans presented the activities and expected results of the Plans. HOPE is involved in the Action Plan A3 on Prevention of Functional Decline and Fragility.

Sergio Pecorelli, president of AIFA (the Italian Regulatory Agency for Medicines) explained the Action Plan A1 "Prescription and Adherence to Treatment". The objectives are the following: improve patients' adherence; empowerment; contribute to the improvement of adherence in the health care system; contribute to the research and methodology; and foster communication. For each of the objectives there are many deliverables, which include software, guidelines, training programmes and round tables.

Nick Guldemond, programme director at Delft University of Technology and representative of Medical Delta, presented the Action Plan A2 on Falls Prevention. The objectives are the following: improve awareness and understanding fall prevention; facilitate activity and self-management to reduce risks; systematic approach to identifying people at risk; implementing holistic evidence based strategies; increase sustainability of health and social care by reducing the personal, system and societal costs; scale up nationally and regionally by sharing best practices and governance models. There are four action areas: implement an integrated and person centred service pathway + technology; data and evidence; awareness, information and education to underpin the implementation; and governance: innovation, sustainability and scaling-up.

Olle Ljungqvist, Chairman of European Nutrition for Health Alliance, presented the Action Plan A3 on prevention of functional decline and fragility. The overall objective is to develop and implement sustainable multimodal interventions for the prevention and comprehensive management of functional/cognitive decline and frailty. Two objectives: 1) Management Frailty and Functional Decline, which will be tackled through E-learning tools and modules on prevention of frailty and functional decline, tailored to train health professionals across Europe; 2) Promote systematic-routine screening for pre-frailty and Undernutrition. HOPE will contribute to this deliverable.

George Crooks, Medical Director for NHS 24 and Director of the Scottish Centre for Telehealth & Telecare, presented the Action Plan B3 on Integrated Care for Chronic Diseases. They propose a horizontal integration of community health services and social care with the cooperation of industry putting citizens at the heart of the actions with information to manage and deliver their own care. The scope is having by 2015-2020 Integrated Care Programmes serving older people, supported by innovative tools and services, in at least 20 regions. They will do this by organisational models; education and training for the workforce, service users, patients and carers; and creating an innovative care pathway, which fosters patients' empowerment through health education and prevention. In this action plan, there are 143 stakeholders involved and 67 commitments.

Mariëlle Swinkels, policy advisor and developer of the province of Noord-Brabant in the Netherlands, presented the Action Plan C2 on Development of Interoperable Solutions for Independent Living. There will be two deliverables: By 2015 providing key global standards and

validated implementations of interoperable platforms, solutions and applications for independent living; and evidence on the return on investment of these solutions and applications, based on experience involving at least 10 major suppliers, 100 SMEs and 10,000 users. Some of the actions will be to empower users to understand the benefits of these solutions as well as to help social care institutions foster smart services. They will also work on procurement and regulation and to promote the use of guidelines.

The Action Plan 4 on Action on Innovation for Age Friendly Environments (AFE) was presented by Anne-Sophie Parent, Secretary General of AGE Platform Europe. The objective of this Action Plan is the promotion, take-up and implementation of supportive physical and social environments to promote healthy and active ageing. There are four main activities: implement strategies to create AFE in partnership with older persons and share good-practice; campaign for launch of an EU Covenant on Demographic Change; undertake research into links between spatial context and older people's health and wellbeing, to help develop cost effective solutions; and joint initiatives to tackle ethical issues and increase effectiveness of ICT based solutions to promote AFE.

The audience raised questions concerning the links between Action Plans but also on having just the indicator of two more years of healthy life. There were complaints that there was no economic or gender analysis in any of the actions (not to mention equity in any of the strategies); and having patients as targets instead of partners.

John Beard, Director of the Department of Ageing and Life Course at the World Health Organisation, presented the WHO Strategy on Age Friendly Cities. He explained the four main messages around the issue of ageing: health promotion across the life course; primary health care and long term care; age friendly environments; and rethinking ageing as it is a consequence of the social and economic development and it increases the range of experiences society can profit. The representative of WHO said that a healthy city is the one which environment permits healthy ageing. The main points are: accessibility; affordable transport; communication and information; access to health and social care; opportunities to participate and to have input on matters that concerns the elder. Beard gave the example of a no-cost strategy to make New York more friendly for the elderly. First, they did an assessment to see how older people live and look at the environment. Afterwards, they created different commissions that were able to engage other actors in order to: transform school buses –which were not used in the evenings- into buses for older people; create Age Friendly Business which were companies that let older people use their toilets (they were identified with a label at the entrance); and redesign traffic lights to let older people cross at their rhythm.

Jean-Marie Robine, Research Director of the *Institut National de la Santé et la Recherche Médical* (France), explained how the progress of partnership will be monitored and how its impact will be measured. According to her, the factors that influence healthy life years are: educational attainment; lifestyle; prevention and treatment for risk factors; disease management; mainstreaming and assistive services. The monitoring process will be carried out through the input from experts and group members about their monitoring process. He said the key is to find indicators in terms of healthy life and not in terms mortality.

EURO HEPATITIS CARE INDEX

On the 6th of November 2012, the Euro Hepatitis Care Index was launched in a meeting in Brussels. This 10 month study was carried out by the European Liver Patients Association (ELPA), the European Association for the Study of the Liver (EASL) and the Swedish think tank Health Consumer Powerhouse (HCP). Dr. Tatjana Reic, President of ELPA, said the Index is a tool to empower patients and physicians to promote national plans in the field of Hepatitis B and C in their respective Member States. "This Index highlights policy shortcomings in hepatitis care in all Member States as well as existing best practices", she said.

The study points out that more than 23 millions of people are still unaware of being infected of Viral Hepatitis in Europe (that is less than the 20% of the patients). For that, representatives from the three organisations as well as MEP's, representatives from the Cypriot Presidency of the Council, experts and policy makers of different countries agreed that awareness-raising activities are the first fundamental step to be taken in every country to ensure that the population and the governments understand the seriousness of viral hepatitis and commit to consider prevention as a strategic issue.

Dr. Beatriz Cebolla, Project Manager (HCP), said "the general situation in the EU is far from being optimal": France is the country with the highest case findings, with a detection rate of 40%, followed by Slovenia and Germany (14%). Considering all countries, less than 20% of infected people receive treatment. The fact that France is the only country in the EU together with Scotland to have implemented a national strategy is revealing of the need to improve the overall situation in Europe.

The Index findings and the presentations made by participating policy-makers and hepatitis experts highlighted the following main points:

- Surveillance of hepatitis diffusion and collection of patients' data in national registries are necessary to start building the pillars of national action plans, which are lacking in European countries. In this sense, it is important to look into and learn from the examples of Scotland, France (and very soon Bulgaria and Croatia), which have already developed national strategies and, as the Index shows, are proving that by taking action now tangible results in tackling hepatitis can be achieved in the short term already. Since disease burden costs will increase in the next years, it is important to understand that investing today in prevention and systematic screening of risk groups can make countries save a lot of money in the future, especially considering that if more patients are identified, more will be treated and that the effectiveness of new drugs keeps growing over time.
- All countries should commit to promote free and equal access to testing, vaccination and treatment, while paying particular attention to those population groups at higher risk of infection (e.g. IDUs, prisoners, migrants, MSM, sex workers). In this regard, it is highly important to invest also in more qualified professionals and social workers, not only as regards treatment but also in terms of awareness-raising activities.
- The involvement of all stakeholders, including patient organisations, clinicians and specialists, in the development of national action plans has proven to be fundamental to drive successful change. In particular, patient empowerment must be considered as a central part of the solution, primarily for their knowledge of viral hepatitis.

- Collaboration between countries and among institutions is necessary in order to push forward the issue of hepatitis at all levels of policy-making. Between those European countries where a national action plan is not yet in place it is worth considering fostering cooperation in view of a regional plan. The Bulgarian Chairmanship of the WHO Standing Committee for Europe has committed to present this proposal at the next meeting of Health Ministers. Furthermore, the European Union should take a leadership position for the establishment of an EU strategy to implement national plans, while the European Commission and the Council of Ministers should take note of the European Parliament's Written Declaration on hepatitis screening.

The report is available at: http://www.hep-index.eu/

INTERNATIONAL CONFERENCE ON CROSS-BORDER HEALTH CARE

On 25-26 October 2012, HOPE was invited to share view at the International Conference on Cross-border Health Care, held in Bled, Slovenia.

The Conference organised by HOPE Governor for Slovenia Simon Vhrunec was under the patronage of the President of the Republic of Slovenia, Dr Danilo Türk. The main goal was to provide the most relevant and up-to-date information on the Directive 2011/24/EU on the application of patient's rights to cross-border healthcare to an audience of healthcare institution managers, health funds, patient groups, regulators, healthcare providers and national experts from Slovenia and other countries in the region.

The cross-border healthcare Directive will be applicable from 25 October 2013. This means Member States have less than one year to introduce the necessary legislative and organisational changes. To date, many Member States are still far from completing the transposition of the EU legislation.
For HOPE this was an opportunity to remind that patient crossing borders is not something new and that we can learn from past and present experiences. It is clear that cross-border care is more complex in an already complex environment. Continuity of care is certainly the most important element to take into consideration. The major overall change the cross-border directive is the push for more transparency on availability, prices and quality indicators.

2013 - EUROPEAN YEAR OF CITIZENS

On 23 October 2012, the European Parliament voted to designate 2013 European Year of Citizens, with the aim of raising awareness of the rights linked to EU citizenship.

Every Union citizen enjoys a set of rights under the EU treaties, but they are often unaware of these rights. The European Year will aim to educate the general public, in particular young people, in how they can benefit from them.

The activities organised for the European Year of Citizens will focus on explaining the rights linked to moving to and living in other EU countries, such as the recognition of academic and professional qualifications, access to cross-border healthcare and social security.

Events during the Year will include hearings, conferences and education and awareness-raising campaigns. Platforms will also be set up for authorities at EU, national, regional and local level and other public and civil society organisations to share their experience.

More information:
http://ec.europa.eu/citizenship/european-year-of-citizens-2013/index_en.htm

CHES POLICY DIALOGUE ON ACTIVE AND HEALTHY AGEING – WITH ICT?

On the 16th of October in Brussels the Coalition for Health, Ethics & Society (CHES) held a Policy Dialogue on "Active and Healthy Ageing – with ICT?", under the auspices of the European Policy Centre of Europe's Political Economy Programme.

There were four speakers: Robert Madelin, Director-General of DG Information Society and Media at the European Commission; Nicola Bedlington, director of the European Patients' Forum and a member of the CHES Steering Committee; Jan van Emelen, Innovation Director of the *Association Internationale de la Mutualité*; and Joel Haspel, Director of EMEA Healthcare Strategy at Oracle.

For Robert Medelin, ICT is the key for better and more cost-effective health systems but he showed quite sceptical regarding the willingness of Europe to fully introduce it in our systems. "If Europe continues to develop and make good use of ICT, it'll be better off economically, happier and healthier. In future, telemedicine will be everywhere. It can save lives as well as hospital beds. Maybe a mobile phone can give you cognitive behavioural therapy as effectively as a person," he said. "ICT will play a key role in future healthcare delivery. The evidence is already there but Europe is not sure whether it wants the solutions", concluded the commissioner.

Nicola Bedlington said "ICT can only make healthcare delivery more efficient and effective by actively involving patients. Explore what lies behind patients' acceptance and confidence in ICT". "We believe ICT can be a major, driving force in the development of effective, quality and cost-efficient health care. ICT can save money and time, for example by reducing the need for face-to-face visits", the representative from the European Patients' Forum said. For her, ICT "can complement the human factor but never replace it". Bedlington pointed out some challenges regarding the introduction of ICT in healthcare like end-user resistance, the lack of user training and the lack of eHealth literacy.

Jan van Emelen said healthcare insurers "are very conservative and look for added value for their members, such as ways to improve the quality of care and to reduce costs. This is why it takes so long regarding ICT". He said 80 % of expenditures are due to chronic conditions but the model of healthcare does not adapt to that. He suggested an "integrated customized care" and to integrate the social and the medical care.

Joel Haspel said "people are more likely to take care of themselves when they're having fun. Governments can only regulate so much. Education, while important, can't change everyone's behaviour or transform a society on its own". According to him, in the United States there an emerging field of 'gameification' which is used in different aspects of people's life, e.g. at work or in healthcare. "Gameification is about searching for ways to harness our natural desire for fun – our drive to be both competitive and playful – and using this to help us to live longer and healthier lives".

This event received additional support from Oracle Corporation. The Coalition for Health, Ethics & Society (CHES) is supported by a non-restricted education grant from Johnson & Johnson while the EPC is a strategic partnership with the King Baudoin Foundation and the Compagnia di San Paolo.

HEALTH 2020 – WHO HEALTH POLICY FRAMEWORK

The WHO Regional Committee for Europe adopted a document entitled "Health 2020" at its 62nd session in Malta, which was held on 10-13 September 2012.

This new European health policy framework sets out the strategic directions and priority policy action areas for Member States and the WHO Regional Office for Europe. The main aim is to significantly improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems.

To this end, Health 2020 sets out four priority areas:

1) investing in health through a life-course approach and empowering people;
2) tackling Europe's major health challenges: non-communicable and communicable diseases;
3) strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response;
4) creating resilient communities and supportive environments.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0009/169803/RC62wd09-Eng.pdf

AGENDA

UPCOMING CONFERENCES

DUQUE FINAL CONFERENCE

"DEEPENING OUR UNDERSTANDING OF QUALITY IMPROVEMENT IN EUROPE"

17 December 2012 – Berlin (Germany)

In light of great advances in the assessment and improvement of quality of care, policymakers, healthcare providers and researchers are keen to evaluate the effectiveness of various quality improvement governance approaches, particularly at the hospital level.

The DUQuE project, led by a consortium of prestigious research centres and universities in the field of health care quality in Europe, provides promising theoretical insights and evidence-based toolkits related to improving the effectiveness of quality improvement systems in hospitals.

Using data from 188 hospitals from seven European countries (Czech Republic, France, Germany, Poland, Portugal, Spain and Turkey), the four year multi-method project assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care (specifically clinical effectiveness, patient safety and patient reported outcomes).

The conference will enable the presentation of DUQuE's main findings, and provide a friendly, open forum for the discussion of the results. Evidence-based guidance documents, practical toolkits and appraisal schemes for hospital managers, purchasing agencies and governments interested in the development and assessment of hospital quality improvement systems will also be presented. The conference attendance will be free.

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

To register, send your request to duque@uk-koeln.de

HPH CONFERENCE 2013

TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE

22-24 May 2013 –Gothenburg (Sweden)

The 21st International Conference of the Health Promoting Hospitals Network (HPH) will be held from May 22-24, 2013, in Gothenburg, Sweden.

The programme will highlight innovative themes with a high potential for HPH. Under the working title "Towards a more health-oriented health service", the conference will focus on:

- WHO Euro's health 2020 strategy
- Patient-reported health outcomes as promising tools
- Findings from neuropsychoimmunology and consequences for health promotion
- Health impacts of environment and design
- Patient empowerment
- Health system support for health promotion

The Call for Papers will be open from 1 October to20 December 2012.

More information: http://www.hphconferences.org/gothenburg2013

CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE

30-31 May 2013 –Ghent (Belgium)

Flemish hospitals: Quo vadis? That is the main question Zorgnet Vlaanderen wants to address at its conference with and for Flemish hospitals. What can and will the Flemish hospitals mean for the patient of tomorrow?

All care providers are ready to agree that Flemish health care is in need of a fundamental reorganisation. The challenges ahead are enormous, while the financial and human resources are shrinking every day. If we want to safeguard the quality of care provided by our health care system, it desperately needs to be redefined.

The main message should be clear: now and in the future, the patient is central. This means that his/her needs are the main focus and that care providers need to work in multidisciplinary teams, even looking beyond hospital walls, to answer these needs. Hospitals are just one link in this chain of care providers.

Zorgnet Vlaanderen wishes to think about the ways in which this message can be translated into a future-oriented health care and hospital policies by purposefully go beyond borders to find solutions and formulate recommendations for government policy.

More information and a detailed program to follow soon: www.zorgnetvlaanderen.be

HOPE AGORA 2013

PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

10-12 June 2013 – The Hague (The Netherlands)

In 2013, HOPE organises its exchange programme for the 32nd time. The HOPE Exchange Programme starts on 13 May and ends on 12 June 2013.

This 4-week training period 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.

Each year a different topic is associated to the programme, which is closed HOPE Agora, a conference and evaluation meeting. The 2013 HOPE Agora will be held in Den Haag (The Hague, The Netherlands) from 10 to 12 June 2013 around the topic "Patient Safety in Practice - How to manage risks to patient safety and quality in European healthcare".

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

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