NEWSLETTER

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LITHUANIAN PRESIDENCY OF THE COUNCIL OF THE EUROPEAN UNION

HEALTH PRIORITIES

Lithuania will take over the Presidency of the Council of the European Union on 1 July 2013 for a period of six months.

Lithuanian Presidency's main priorities in the field of health include the legislative initiatives on Clinical Trials and Medical Devices, with the objective to reach on both dossiers a general approach/political agreement by the end of the mandate. The Presidency will also work on other legislative initiatives: the Transparency Directive, the Tobacco Products Directive and the Regulation establishing the fees payable to the European Medicines Agency.

The following conferences will be organised under the Presidency:

- Conference of experts "*Mental health: challenges and possibilities*" (10 -11 October 2013);
- NGO Lithuanian Health Forum "*Sustainable Health Systems for Sustainable Growth*" (19-20 November 2013).

About ten additional events associated with the Presidency have also been planned and they are currently under discussion for the finalisation of some practical aspects.

More information: http://www.eu2013.lt/en

Public Health

MEDICAL DEVICES – CONSIDERATION OF AMENDMENTS

On 29 May 2013, the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) discussed the amendments to the legislative proposals on medical devices and in vitro diagnostic medical devices.

The Rapporteur on medical devices, Dagmar Roth-Behrendt (S&D, Germany), stressed how more than 700 amendments have been tabled and highlighted three critical issues on which discussions are currently focusing:

- reprocessing: amendments go into many different directions but the Rapporteur believes it is important to make a clear distinction in the legislation between single use and reusable devices so to avoid mislabelling;
- market access, where the Rapporteur has proposed the introduction of a streamlined centralised (via EMA) and decentralised marketing authorisation procedure (via national authorities). The centralised procedure raised some concerns in terms of resources needed for its set-up, which may be problematic in times of austerity;
- notified bodies: their quality should be strengthened, with notified bodies having in-house staff such as medical doctors, pharmacologists, medical engineers etc. so to restrict the possibility for outsourcing.

The Commission also took the floor, stressing how a pre-market authorisation for high-risk medical devices will not necessarily increase patient safety, as also highlighted by the impact assessment.

On reprocessing, the Commission ensured that its proposal, which placed the reprocessor in the same position as the original manufacturer, was aimed to create a strict approach and ensure a high level of responsibility. Nevertheless, the Commission affirmed to understand that there are issues in this direction, especially concerning hospitals, and so it stands ready to work towards a constructive solution. Finally, the Commission also affirmed to agree on the necessity to strengthen monitoring and criteria for notified bodies.

On the proposal on in vitro diagnostic medical devices, 399 amendments have been tabled. The Rapporteur Peter Liese (EPP, Germany) listed the areas covered by these amendments such as

notified bodies, consultation of ethics committees, informed consent and genetic advice for DNA tests, identification system and its harmonisation. On in-house tests, the Rapporteur affirmed that amendments proposed by Rebecca Taylor MEP set a good basis to find a compromise on this issue.

Taking the floor also on this dossier, the Commission clarified that amendments introducing the necessity of a medical prescription for some devices might pose problems from a legal perspective, because of the principle of subsidiarity. The Commission also declared to be ready to work towards a solution regarding ethics committees.

The vote in Committee is scheduled for 10 July 2013.

INVESTING IN HEALTH – EXPERT PANEL NOMINATION

On 22 May 2013, the European Commission nominated an independent expert panel that will provide advice on effective ways of investing in health.

This panel, composed of 12 experts selected on the basis of their expertise, will provide advice in fields such as health planning, budget prioritisation, health services research, hospital and healthcare management, healthcare provision and health education and promotion. The Commission will circulate advice from the panel to Member States. However, this advice will remain informal and non-binding.

More information:
http://ec.europa.eu/health/healthcare/docs/dec_members_expert_panel_2013_en.pdf

CROSS-BORDER THREATS TO HEALTH – AGREEMENT

The Committee of Permanent Representatives (Coreper) approved on 15 May 2013 a compromise agreed between the Irish Presidency, the Commission and the European Parliament on the draft decision on serious cross-border threats to health. The decision aims to strengthen cooperation and coordination between Member States in order to effectively prevent and respond to a possible spread of severe human diseases across borders.

In particular, the following key elements are included in the Decision:

- The establishment of a legal basis and the recognition of a strengthened role for the Health Security Committee (HSC), a currently informal body composed of representatives of Member States and the Commission. In the future, members of the HSC will have to consult each other in order to coordinate their responses to health threats, including risk and crisis communication.
- The establishment of a legal basis for the joint procurement procedure of medical counter measures (including vaccines), on a voluntary basis. This should allow an equitable access to vaccines and at better prices.

- A wider approach to health security at EU level, thanks to the extension of the existing coordination mechanism for communicable diseases to all health threats of biological, chemical, environmental and unknown origin.

After intense negotiations, a compromise resulted not possible on article 12, which was withdrawn at Member States' request. The article would have authorised the Commission to adopt common and temporary public health measures by way of delegated acts.

In order to enter into force, the text needs now to be formally approved by the European Parliament and the Council.

eHEALTH – IRISH PRESIDENCY DECLARATION

On 13 May 2013, EU Health Ministers meeting in Dublin at the Ministerial eHealth High Level Conference organised jointly by the Irish Presidency of the Council of the European Union and the European Commission, agreed a Declaration on eHealth presented by the Irish Presidency.

The Declaration is aimed at prioritising the use of ICT in health among Member States to contribute to better, safer, sustainable and innovative healthcare systems for all European citizens.

As part of the Declaration Ministers agreed to the following actions:

- strengthening coordination of all policies related to eHealth;
- promoting an ecosystem dialogue aimed at mutual learning and sharing of good experiences between industry, academia, patients, citizens and the health service;
- accelerating the implementation of existing and proven devices and processes to create an innovative market and to ensure that citizens receive optimum outcomes in a shorter timeframe, by delivering on existing priorities.

To support these actions Irish Minister for Health James Reilly, on behalf of the Irish Presidency, called on Member States to enhance their cooperation on eHealth and called on the European Commission to support Member States in their efforts to deploy eHealth solutions through ecosystems, utilising the appropriate tools and instruments available.

The declaration is available at:
http://eu2013.ie/media/eupresidency/content/documents/eHealth-Irish-Presidency-Declaration-13.05.13.pdf

ENVI COMMITTEE – EXCHANGE OF VIEWS WITH TONIO BORG

On 7 May 2013, the Parliamentary Committee on Environment, Public Health and Food Safety (ENVI) held an exchange of views with Tonio Borg, the EU Commissioner for Health and Consumer Policy.

Discussing the medical devices Regulations, Mr. Borg stressed that these dossiers constitute a priority for him. He noticed how the Commission does not envisage a pre-market authorisation system for high-risk medical devices, believing this will be detrimental to innovation, implying higher costs and not necessarily increasing patient safety. The Commission believes the "scrutiny mechanism" is a better solution since it will empower public authorities to be informed and make their views known before high-risk devices access the market.

On clinical trials, he ensured that the Commission's proposal does not intend to exclude ethics committees from the assessment of clinical trials application and that the Commission will accept changes in the proposals to reinforce this aspect. However, it has to be taken into account that the Regulation, directly applicable in all Member States, cannot impose a particular structure for the ethics committees. Finally, on the issue of transparency, all information for the authorisation of a clinical trial would be published and it will become compulsory to publish an extensive summary of the results one year after the trial.

Mr. Borg also provided an update on the Health Programme for the period 2014-2020, announcing that negotiations will restart after an agreement on the Multiannual Financial Framework (MFF) will be reached.

Replying to some questions made by MEPs about the impact of the crisis and austerity measures on health services, the Commissioner pointed out how these measures aim to ensure the long-term sustainability of health systems, improving their efficiency and effectiveness. DG ECFIN is leading the process while DG SANCO is offering technical expertise upon request and advising the taking up of measures which seek to preserve the core values of the EU health systems, including universality, equity and access to good quality care, rather than simply suggest budget cuts.

Finally, he announced that DG SANCO is collaborating with DG ENV on the issue of endocrine disruptors and that some criteria will be proposed by the end of 2013.

PUBLIC PROCUREMENT AND CONCESSIONS – TRILOGUE NEGOTIATIONS

On 6 May 2013, representatives from the Council, European Commission and Parliament continued negotiations on the public procurement and concessions Directives after three trilogue meetings already held in the previous months. Cooperation between public entities, fight against social and environmental dumping and sub-contracting were the main topics discussed.

The scope of measures still needs to be examined but a consensus seems possible on the issue of combating social and environmental dumping, while divergence remains on the more stringent rules proposed by the Parliament on sub-contracting, although Members States agree on the need for the contractor to give more information on subcontractors.

Updating the Parliamentary Internal Market and Consumer Protection Committee (IMCO), the Rapporteur Marc Tarabella (S&D, Belgium), stressed the need to protect public services and explained that, during the last trilogue meeting, the Irish Presidency demonstrated its willingness to reach an agreement on this dossier and conclude negotiations before the end of its mandate.

PROFESSIONAL QUALIFICATIONS –TRILOGUE NEGOTIATIONS

After the approval on 23 January of Bernadette Vergnaud's (S&D, France) draft report on the recognition of professional qualifications, negotiations have started between the European Parliament, the Commission and the Council. Two trilogue meetings took place on 20 March and 24 April, where it was possible to find consensus on a number of issues.

In particular, the three institutions reached an agreement on:

- the introduction of a professional skills card, an electronic certificate based on the existing Internal Market Information System (IMI), which facilitate information exchange between Member States administrations;
- tacit recognition, in case administrations fail to respond to the applicant within the time limit;
- the set up of an alert system on disqualifications of health professionals.

A consensus seems also possible on the 12 years entry level to training for nurses, increasing it from ten to 12 years. However, divergence remains on some issues, such as partial access where the Council wants to maintain the possibility for Member States to reject it on the basis of overriding reasons of general interest. Positions also diverge on the inclusion of notaries and on the issue of implementing and delegated acts.

The Irish Presidency hopes to wrap up the work on this dossier by 29 May 29.

DATA PROTECTION – VOTE POSTPONED

On 6 May 2013, Rapporteur on the General Data Protection Regulation, Jan Philipp Albrecht (Greens/EFA, Germany), called on the Parliamentary Committee on civil liberties, justice and home affairs (LIBE) to postpone the date for adopting his report, initially scheduled for 29 May 2013. However, he emphasised its intention to proceed with the vote before the summer break.

Agreements have been reached yet on a certain number of compromises but more time is needed for discussions, also in consideration of the number of amendments the dossier has received, which are more than 1.300. The Rapporteur also added that they are currently working on the issues that have been raised in terms of research and health, and that an agreement will be reached very soon.

On its side, the Irish Presidency is also continuing to work on this dossier and the Rapporteur hopes they will be able to adopt a ground for a negotiating mandate with the Council before summer.

SOCIAL INVESTMENT PACKAGE – IRISH PRESIDENCY CONFERENCE

On 2 and 3 May 2013, the Irish Presidency of the Council of the EU organised at the Leuven Institute for Ireland in Europe a conference on the implementation of the Social Investment Package.

The Social Investment Package has been adopted on 20 February by the European Commission with the aim to help Member States to use their social and health budgets more efficiently and effectively, by promoting best practices and providing guidance. It is accompanied by several staff working documents, of which two are dedicated to the themes of Long-Term Care in Ageing Societies and Investing in Health.

More than 240 participants representing Member States officials, elected representatives, civil society, social partners, the private sector and others attended the event, which aimed to lead to proposals for future joint actions in support of the implementation of the Social Investment Package.

The conference was addressed also by the EU Commissioner for Employment, Social Affairs and Inclusion, László Andor and the Irish Minister for Social Protection, Joan Burton who highlighted the importance of social investment to overcome the economic crisis and restore and maintain prosperity in Europe.

The main conclusion of the conference was that people are Europe's biggest asset and only by investing more and better in their skills and capacities, from birth to old age, Europe will get out of the crisis and ensure credibility and legitimacy. Participants also emphasised the importance of local and regional partnerships for the implementation of the Social Investment Package and the necessity to strengthen alliances between social innovators and stakeholders, as well as knowledge sharing.

More information on the Social Investment Package:
http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&moreDocuments=yes

HEALTH C – FIRST MEETING

On 15 and 16 May 2013, the HEALTH C project consortium met in Munich for the first project meeting after the kick-off in December 2012.

HEALTH C is a 2 years duration initiative co-founded by the European Commission through the Lifelong Learning programme – Leonardo da Vinci – Development of Innovation subprogram. The project aims at supporting health authorities' staff in development of competences required for managing communication in emergency situations caused by a health crisis in a scenario of transnational emergencies. To this end, the main result of the project will include the development of a training course in communication in emergency situations and the respective training material, including a tool-kit.

The project is led by the Portuguese Inova + with HOPE, the Azienda Sanitaria Locale della provincia di Brescia (Italy), the Ludwig-Maximilians-Universität München (Germany), the Aarhus Social and Health Care College (Denmark) and the Spanish Artica Telemedicina as associated partners. HOPE is the Leader of Work Package 2, which is dedicated to the identification of target groups' training needs and competences.

The meeting represented an opportunity for partners to update each other on latest activities carried out and agree on next steps. The key topic of discussion was the development of a survey to analyse strengths, weaknesses, opportunities and threats of the target groups, but also containing questions related to training needs and features of the e-learning platform for the training course. This survey will be finalised and implemented in June 2013.

More information: ***http://healthc-project.eu/***

JOINT ACTION HEALTH TECHNOLOGY ASSESSMENT – STAKEHOLDERS MEETING

On 13 May 2013, HOPE participated as stakeholder at EUnetHTA Meeting, which took place in Brussels.

In 2004, the European Commission and Council of Ministers targeted Health Technology Assessment (HTA) as "a political priority", recognising "an urgent need for establishing a sustainable European network on HTA". EUnetHTA was established to create an effective and sustainable network for HTA across Europe, to help developing reliable, timely, transparent and transferable

information and to contribute to HTAs in European countries. EUnetHTA is a network of government appointed organisations (from EU Member States, EEA and Accession countries) and a large number of relevant regional agencies and non-for-profit organisations that produce or contribute to HTA in Europe.

The main purpose of the meeting was to discuss the stakeholder forum co-chairmanship, and to exchange information and potential activities regarding the setting up of the future permanent network of HTA agencies, since this was addressed very quickly during the e-meeting. Therefore, the following points have been discussed:

- stakeholder co-chair of the Stakeholder Forum;
- interest of Stakeholder Forum members;
- mandate of co-chair, including duration;
- process for nomination in 2013 and in the future;
- permanent network of HTA agencies;
- exchange of information on status of development (e.g. implementing act, financing);
- status of stakeholder consultation and common activities.

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

JOINT ACTION EUROPEAN HEALTH WORKFORCE PLANNING AND FORECASTING – WP5 MEETING

On 16 and 17 May 2013, HOPE participated to the WP5 Meeting on JA European Healthcare Workforce, hosted by Agenas (National Agency for Regional Healthcare Services), the WP5 leader.

A huge number of participants from Member States (or EU associates) and associations participated to this meeting, which has set the first piece of the puzzle and the Joint Action is on the way. The kick-off was followed by a series of discussions on methods, templates, focusing on the prime deliverable concerning the minimal data set.

More information: http://euhwforce.eu/

JOINT ACTION FOEDUS – LAUNCH

The Join Action on facilitating exchange of organs donated in EU Member States (FOEDUS) is a 3 years duration initiative funded by the European Union under the EU Health Programme.

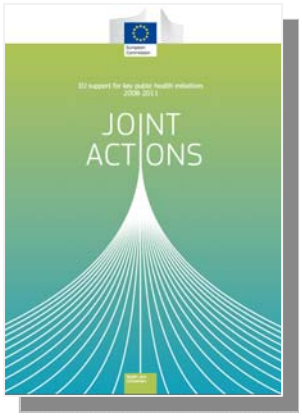
This Joint Action, launched on 7 May 2013, aims at:

- finding a common methodology for the cross-border organ exchange through the analysis of the existing logistical and organisational barriers;
- developing a tested methodology to inform the general public about organ donation in general and international exchange of organs in particular, teaching experts to avoid wrong communication attitudes.

A common form for international cross-border exchanges will be created with recommendations regarding standards for bi-multilateral agreement. It will be developed along with necessary medical information for speeding-up the procedures of screening donors and organs.

Taking advantage of COORENOR project, the cross-border organ exchange IT platform will be upgraded with donor forms, among other features. As a final point, a set of guidelines on how to communicate effectively about organ donation and cross border organ exchanges will be produced.

JOINT ACTIONS 2008-2011 – BROCHURE



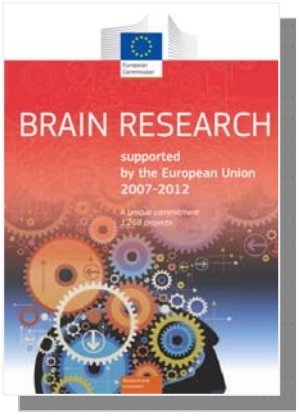
Since 2008, 20 Joint Actions have been funded under the Health Programme (for the period 2008-11). This has led to organisations joining together to develop the best solutions for common European public health problems, ready to be rolled out at national level. The European Commission's investment over this period has amounted to more than EUR 40 million, with a similar amount invested by participating organisations.

This brochure provides a comprehensive description of the Joint Action funding mechanism and a brief description of each these 20 Joint Actions, their results and impact on national health policies. Funding provided through these Joint Actions supports the goals of the Health Programme 2008-13 and directly contributes to the Europe 2020 Strategy, by promoting European and national-level investments in the health sector in Europe.

HOPE is involved in several Join Actions described in the brochure such as the European network for HTA (EUnetHTA), the eHealth Governance Initiative (EHGov) and the European Union Network for Patient Safety and Quality of Care (PaSQ), etc.

The brochure is available at:
http://ec.europa.eu/health/programme/docs/joint_actions_2008_2011_en.pdf

BRAIN RESEARCH – EC PUBLICATION



The European Commission has recently published, in occasion of the European Month of the Brain (May 2013), a report containing the descriptions of more than 1200 projects supported by the EU in the period 2007-2012.

Brain research is a particularly difficult challenge and involves a multidisciplinary approach from genetics, cell biology, physiology, imaging, bioinformatics, anatomy and clinical investigations, to behavioural sciences. Studying brain disease often requires long-term longitudinal studies in order to decipher the complex interplay between genetic, environment and life style factors. This complexity is one of the reasons for the long development cycles in brain research, where scientific work providing the basic results requires long term commitments and substantial investment.

In answer to this challenge, the EU 7th Framework Programme for Research and Technological Development (FP7) has supported brain research as never before, with priority to promote further advancement in this field of high socio-economic relevance.

The report is available at:
http://ec.europa.eu/research/conferences/2013/brain-month/pdf/publication_emob.pdf

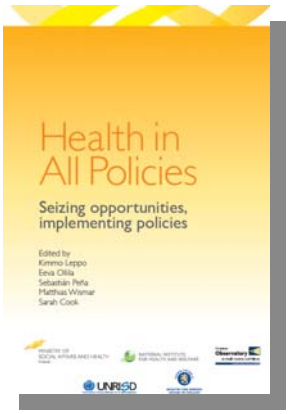
HOSPITAL HEALTHCARE EUROPE 2013

The 2013 edition of Hospital Healthcare Europe, the Official HOPE Reference Book, has been recently released.

Hospital Healthcare Europe is an annual publication produced by Campden Publishing in association with HOPE, and distributed to leading hospitals throughout Europe.

It provides hospital healthcare professionals with an invaluable state-of-the-art overview of their field through articles from the biggest names in Europe.
A section is dedicated to HOPE bulletin, which includes the following themes: EU mechanisms relating to health policy at the EU level; ageing patients, ageing workforce; data and trends in hospitals across Europe; the current crisis, hospitals and healthcare.

HEALTH IN ALL POLICIES – WHO PUBLICATION



Health in All Policies (HiAP) is an approach to policies that systematically takes into account the health and health-system implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity. It is founded on health-related rights and obligations and has great potential to improve population health and equity.

However, incorporating health into policies across sectors is often challenging and even when decisions are made, implementation may only be partial or unsustainable.

This volume published in collaboration with the National Institute for Health and Welfare of Finland (THL), the European Observatory on Health Systems and Policies, and the UN Research Institute for Social Development aims to improve our understanding of the dynamics of HiAP policy-making and implementation processes. Drawing on experience from all regions, and from countries at various levels of economic development, it demonstrates that HiAP is

feasible in different contexts, and provides fresh insight into how to seize opportunities to promote HiAP and how to implement policies for health across sectors.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

GOVERNANCE OF CLINICAL TRIALS – OECD RECOMMENDATION

The OECD Recommendation on the governance of clinical trials is a policy instrument that defines a new framework for better oversight of clinical trials. It is intended to facilitate international cooperation in clinical trials on medicinal products, particularly for trials initiated by academic institutions.

The Recommendation is accompanied by an Explanatory Memorandum, which contains information about the background and the context of the Recommendation, and provides concrete information for facilitating the implementation of the principles contained in it.

More information:
http://www.oecd.org/sti/sci-tech/oecd-recommendation-governance-of-clinical-trials.pdf

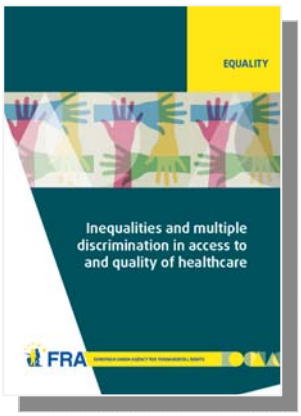
EXPENDITURE ON PREVENTION UNDER SHA 2011 – OECD GUIDANCE

Experience from the substantial health gains of the 20th century suggests that spending on prevention could be an important actor. Therefore, gathering data on such spending that are consistent and comparable, both over time and across countries, is potentially very useful.

This paper aims to help clarify what should be included as spending on prevention under System of Health Accounts (SHA) 2011 to facilitate accurate comparisons.

More information:
http://www.oecd.org/health/health-systems/Expenditure-on-prevention-activities-under-SHA-2011_Supplementary-guidance.pdf

INEQUALITIES AND DISCRIMINATION IN ACCESS TO HEALTHCARE – FRA PUBLICATION



The EU Agency for Fundamental Rights (FRA) has recently released the findings from its research into inequalities and multiple discrimination in access to and quality of healthcare.

This research project looks at how 'multiple' discrimination is legally addressed and examines relevant case law with a special focus on healthcare. It also explores healthcare users' and professionals' views and

experiences on how people of different gender, age, disability and ethnic origin experience discrimination and multiple discrimination when accessing the health system.

It found respondents had experienced unequal or unfair treatment in relation to access to and quality of healthcare, discusses a number of barriers they face and points to possible improvements.

More information:
http://fra.europa.eu/sites/default/files/inequalities-discrimination-healthcare_en.pdf

CHRONIC ILLNESS SELF-MANAGEMENT – STUDY

Although there currently exists a vast amount of literature concerning chronic illness self-management, the developmental patterns and sustainability of self-management over time remain largely unknown.

This paper aims to describe the patterns by which different chronic illness self-management behaviors develop and are maintained over time. The participants' self-management behaviors could be described in four different developmental patterns: consistent, episodic, on demand, and transitional. The developmental patterns were related to specific self-management behaviors. Most participants took long-term medications in a consistent pattern, whereas exercise was often performed according to an episodic pattern.

The findings show that self-management does not develop as one uniform pattern. Instead different self-management behaviors are enacted in different patterns. Therefore, it is likely that self-management activities require support strategies tailored to each behavior's developmental pattern.

More information:
http://www.biomedcentral.com/content/pdf/1471-2458-13-452.pdf

PATIENT-CENTRED CARE PATHWAY ACROSS HEALTHCARE PROVIDERS – STUDY

Different models for care pathways involving both specialist and primary care have been developed to ensure adequate follow-up after discharge. These care pathways have mainly been developed and run by specialist care and have been disease-based.

In this study, primary care providers took the initiative to develop a model for integrated care pathways across care levels for older patients in need of home care services after discharge. The aim of this paper is to investigate the process and the experiences of the participants in this developmental work. The participants were drawn from three hospitals, six municipalities and patient organisations in Central Norway. Disease-based care pathways for older patients were found

to be neither feasible nor sustainable in primary care. A common patient-centred care pathway that could meet the needs of multi- morbid patients was recommended.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-121.pdf***

IMPACT OF RESEARCH PROJECTS ON DECISION-MAKING – STUDY

This article reports on the impact assessment experience of a funding program of non-commercial clinical and health services research. The aim was to assess the level of implementation of results from a subgroup of research projects (on respiratory diseases), and to detect barriers (or facilitators) in the translation of new knowledge to informed decision-making.

In this study and according to key informants, the impact of these research projects on decision-making can be direct (the application of a finding or innovation) or indirect, contributing to a more complex change in clinical practice and healthcare organisation, both having other contextual factors. The channels used to transfer this new knowledge to clinical practice are complex. Local scientific societies and the relationships between researchers and decision-makers can play a very important role. Specifically, the relationships between managers and research teams and the mutual knowledge of their activity have shown to be effective in applying research funding to practice and decision-making. Finally the facilitating factors and barriers identified by the respondents are closely related to the idiosyncrasy of the human relations between the different stakeholders involved.

More information: ***http://www.health-policy-systems.com/content/pdf/1478-4505-11-15.pdf***

INCIDENCE AND COSTS OF BLEEDING-RELATED COMPLICATIONS IN FRENCH HOSPITALS – STUDY

Limited information is available on the epidemiology and economics of bleeding during surgery in France. The objective of this study was to examine the incidence, costs and length of stay (LOS) of bleeding-related complications during various surgical procedures.

A retrospective DRG (diagnosis-related group) analysis was conducted using the French National database PMSI (Programme Medicalise des Systemes d'Informations). Patients undergoing surgery during 2008 were identified according to their DRG classifications and those with at least one episode of secondary haemostasis and blood transfusion (according to French procedure codes) were designated as 'with bleeding' (WB). The analysis focused on DRGs where >=10% of patients presenting with bleeding and compared them to patients who did not require blood transfusions (i.e. without bleeding: WoB). The present study for France demonstrates a significant increase of hospital LOS and associated costs following post-surgical bleeding, supporting the need for blood conservation strategies.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-186.pdf***

EFFECT OF ACTIVITY-BASED FINANCING ON HOSPITAL LENGTH OF STAY – STUDY

This paper examines how the level of the activity-based component in the financing system of Norwegian hospitals influences the average length of hospital stays for elderly patients suffering from ischemic heart diseases. During the study period, the activity-based component changed several times due to political decisions at the national level.

The results show a significant, negative association between the level of activity-based financing and length of hospital stays for elderly patients who were suffering from ischemic heart diseases. The effect is small, but an increase of 10 percentage points in the activity-based component reduced the average length of each hospital stay by 1.28%. In a combined financing system such as the one prevailing in Norway, hospitals appear to respond to economic incentives, but the effect of their responses on inpatient cost is relatively meagre. The results indicate that hospitals still need to discuss guidelines for reducing hospitalisation costs and for increasing hospital activity in terms of number of patients and efficiency.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-13-172.pdf

TOWARDS COST-EFFECTIVE HEALTHCARE – PROMOTING GOOD HEALTH AND PREVENTING DISEASE – BRUSSELS, 6 MAY 2013

The European Policy Centre organised on 6 May 3013 a CHES Policy Dialogue on "*Towards cost-effective healthcare – promoting good health and prevent disease"*.

On average only 3% of Member States' health budget is spent on health promotion and disease prevention. With the demand for healthcare set to rise, it makes sense, economically and socially, to spend more on promoting health and preventing diseases rather than just treating diseases. But with the ongoing financial crisis and austerity measures, how can it be ensured that prevention is not a victim of short-termism?

What are the economic and social benefits of health promotion and disease prevention? Which tools can the EU use to encourage Member States, and the healthcare systems, to pay more attention to health promotion? What is and should be the role of European healthcare systems in promoting health? How could stronger focus on health promotion help to tackle health inequalities and make healthcare systems more cost-effective?

These questions and more were debated by a panel of speakers, including Michael Hübel, Head of Unit, Programme and Knowledge Management, Health and Consumers Directorate General, European Commission, Christoph Schwierz, Policy Analyst, Sustainability of Public Finances, Directorate-General for Economic and Financial Affairs, European Commission, Pascal Garel, Chief Executive, European Hospital and Healthcare Federation (HOPE) and Clive Needle, Director, EuroHealthNet (tbc). The discussion will be chaired by Annika Ahtonen, EPC Policy Analyst.

CHES aims to promote a multi-stakeholder dialogue between health and non-health practitioners on European issues relating to health, ethics and society.

More information is available on CHES website, where also a brief report of the event will be published.

HEALTHCARE IN TIMES OF AUSTERITY: BOOSTING COST-EFFECTIVE PREVENTION – BRUSSELS, 7 MAY 2013

Friends of Europe organised on 7 May 2013 a workshop "Healthcare in times of austerity: boosting cost-effective prevention".

Healthcare systems across Europe are among the best in the world – but expenditure is mainly allocated to diagnosis and treatment, with cost-effective prevention accounting for less than 3% of healthcare budgets. As a result, influenza, one of the most known preventable diseases, afflicts approximately 1 in 10 Europeans annually and still claims more lives than traffic accidents. It also results in a considerable economic burden in terms of healthcare costs, lost days of work or education and general social disruption that, according to the World Health Organization, can reach US$ 6 million per 100 000 inhabitants annually in countries like Germany or France.

What are the public health and economic benefits of the influenza vaccination and what can be done to raise public awareness of these? Seasonal influenza vaccination coverage rates remain limited in many countries across Europe, with a widening gap between western and eastern Europe, jeopardising the achievement of the Council's recommended target of 75% vaccination coverage amongst at-risk groups by the winter of 2014/2015. What barriers still exist to the successful implementation of influenza immunisation programmes? More generally, how can Europe's healthcare spending model be re-shaped to boost prevention and reduce the social and economic costs of diseases? How can the various stakeholders from politics, industry and civil society work together to address these challenges and what role should the EU play in this area?

Those were the question asked to four speakers : Karin Kadenbach MEP, Member of the European Parliament Committee on the Environment, Public Health and Food Safety; John F. Ryan, Acting Director for Public Health at the European Commission Directorate General for Health and Consumers; Marc van Ranst, Chairman at the Department of Microbiology and Immunology at the University of Leuven and Head of the Diagnostic Virology Laboratory, University Hospitals Leuven; Mike Watson, Member of the Vaccines Europe Board and Vice President Global Immunisation Policy at Sanofi Pasteur. Additional video contributions were made by Roberto Bertollini, Chief Scientist and WHO Representative to the EU; and Mark Sprenger, Director of the European Centre for Disease Prevention and Control (ECDC).

CLOSTRIDIUM DIFFICILE INFECTION IN EUROPE – LAUNCH EVENT

On the 19th of April, the "Clostridium Difficile Infection in Europe" report was launched during a meeting hosted by HOPE. Experts from across Europe highlight the current deficiencies in the management of CDI and outline the steps that are needed to address them. Hospital patients with CDI are up to three times more likely to die in hospital (or within a month of infection) than those without CDI. Furthermore, CDI has an enormous impact on healthcare systems and infected patients can stay in hospital an extra 1–3 weeks, at an additional cost of up to €14,000, compared with patients without CDI. There is currently little research into how and why the incidence and severity of CDI continues to increase. The most recent comprehensive incidence study was carried out in Spain, in 2008, and showed that two thirds of CDI cases were going un-diagnosed.

The CDI in Europe Report, written by a group of leading European infectious disease experts with the support of Astellas Pharma Europe Ltd., demonstrates how CDI threatens patient safety and the quality of care provided. The Report makes recommendations to improve CDI management, within the context of current EU policy initiatives, which call for: increased awareness of the signs and symptoms of CDI to improve rates of testing and diagnosis as well as improved awareness of and compliance with guidelines for CDI therapy and infection control. The Report also makes a case for the introduction of national-level surveillance systems in all Member States and increased patient education and awareness.

The Report identifies a number of reasons why CDI is not being well managed. In many countries there is an inadequate level of awareness of CDI among doctors and other healthcare workers, resulting in under-diagnosis. Where this happens treatment is delayed or omitted, leading to increased morbidity, complications and implications for the treatment of other co-existing diseases. Proactive infection control measures may also be delayed, risking further outbreaks. Additionally, only a third of European countries have a nationally recommended diagnostic test algorithm for CDI, with testing in nursing homes and the community being particularly limited.

EUROPEAN MONTH OF THE BRAIN – CONFERENCE ON BRAIN RESEARCH

On 14th of May 2013, HOPE participated to a conference organised in Brussels in occasion of the European Month of the Brain, in which were presented the main brain researches projects funded by the EC.

The European Union invested heavily in brain research through its Framework Programmes for Research and Technological Development. The period 2007-2012 saw an investment of almost EUR 2 billion, to fund 1.268 projects and 4.312 scientists. The topics discussed during the conference were:

- to showcase and raise awareness about benefits, added value and impact of EU-supported research in the area of brain research and healthcare;
- to define the next scientific challenges for brain research (in particular in the fields of understanding how the brain works, disease prevention, diagnosis and therapy of brain diseases, and industry-driven research);
- the conference is targeted to all interested stakeholders: scientists, laypeople, industry and patient representatives, policymakers and media.

RECIPES FOR SUSTAINABLE HEALTHCARE – CONFERENCE

On 28th of May, HOPE participated to the conference "Recipes for Sustainable Healthcare", which was a multi stakeholder public debate hosted by AbbVie, Philips and the European Public Health Association. During the event, the following points have been discussed:

- presentations from high-level European policy-makers;
- a multi-stakeholder public debate entitled From Crisis to Recovery: how to drive sustainable healthcare together;

- sharing of pan-European best practices in sustainable healthcare;
- workshops to cast light on the experience of living with chronic disease and empowerment strategies;
- What's cooking in European Healthcare?

In an environment of demographic change and economic constraints, the pressures on healthcare and social systems are extraordinary. Current solutions to this crisis centre on cutting headline costs rather than investing in keeping people healthy and productive. An innovative approach, focusing on sustainable healthcare to ensure individuals reach old age in good health, is preferable and necessary.

Whilst good work has already begun to address the sustainability of healthcare systems, this conference went further and offered concrete ideas and solutions that will help inform a more sustainable, forward-thinking healthcare environment for the future.

IMPACT OF ECONOMIC CRISIS ON HEALTH – WHO EXPERTS CONFERENCE

Taking stock of the effects of the economic crisis on the healthcare system in the European Region, the WHO brought together senior policy-makers from ministries of health, finance and health insurance funds, as well as patient organisations, international partners and researchers, to review the situation across the Region today.

The conference held on 17–18 April 2013 reviewed how health systems have been affected and reviewed the various responses. Disease prevention, strengthening primary health care, cost–effectiveness to reduce inefficiencies and increase the use of generic medicines and streamlining benefit packages have been enhanced by participants as the steps to reform healthcare systems. This measures echo the European Commission measures proposed in the 'Investing in Health' document part of the Social Investment Package.

More information:
http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/health-systems-financing/news/news/2013/04/reigniting-economic-growth-and-reducing-unemployment-are-good-health-policy

DISASTERS – NEW EUROPEAN RESPONSE CENTRE

On 15 May 2013, the European Commission lunched the Emergency Response Centre (ERC), which will provide a better coordinated, faster and more efficient European response to disasters in Europe and the world.

It will be operational on a 24/7 basis and it will receive and analyse appeals for assistance from affected countries and serve as a hub to support coordination at various levels: Commission, Member States, the affected country, humanitarian partners and civil protection teams deployed to the field. The ERC will also support close coordination between the different Commission services

involved in the response to emergencies where a multi-sectoral response is needed, and will regularly exchange information with the crisis centres of the EU's main international partners.

OBSERVATORY VENICE SUMMER SCHOOL 2013 – 21-27 JULY 2013, VENICE (IT)

The Observatory Summer School 2013 will take place in Venice from 21 to 27 July on the theme "*Time for Change: Innovative Ways of Improving Population Health*". As every year, it is organised by the European Observatory on Health Systems and Policies and the Veneto Region (IT), one of its partners.

European countries increasingly recognize the importance of population health interventions in national health policy. Too often though, public health runs along traditional lines, drawing on established knowledge and training but overlooking key developments and issues such as the new challenges posed by the economic crisis, emerging environmental threats and changes in health behaviours; technological advances in human genomics and biomarkers, information systems and social communication; innovations in organisation and skill mix, just to mention a few ones.

The Summer School will build on participants' own knowledge and expertise in public health and marshal the latest evidence on new developments to:

- provide a state of the art account of innovative strategies to improve population health;
- assess the implications of improved measurement (of burden of disease, determinants of health; health outcomes and well-being) for both old and new challenges;
- interpret what innovative interventions mean for improving population health;
- draw practical policy and implementation lessons to deliver better public health interventions.

The six-day course combines formal teaching with a highly participative approach involving participant presentations, round tables, panel discussions and group work. It draws on the latest evidence and a multidisciplinary team of experts from key organisations in the field like WHO, OECD and the EC.

The Observatory Summer School is primarily aimed at senior to mid-level policy-makers, with some junior professionals. Summer School 2013 is specifically targeted to:

- national and regional health policy-makers who wish to increase their understanding of health system performance and its implications for policy;
- professionals working in the health sector whose responsibilities address performance assessment and improving health system performance at both a policy and implementation level.

More information: ***http://www.observatorysummerschool.org/index.php***

AGENDA

UPCOMING CONFERENCES

Patient Safety in Practice

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

11 june 2013 - The Hague, The Netherlands

A NVZ/NFU Conference in collaboration with HOPE

Nederlandse Vereniging van Ziekenhuizen

Nederlandse Federatie van Universitair Medische Centra

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

11 June 2013 – The Hague (The Netherlands)

NVZ, the Dutch Hospitals Association, and NFU, the Dutch Federation of University Medical Centres, in collaboration with HOPE, the European Hospital and Healthcare Federation, will organise on 11 June 2013 in The Hague, The Netherlands, a conference on European best practices in improving the safety of patients in hospitals.

Cross-border healthcare is increasing the importance of exchanging effective measures across Europe. The Irish EU Presidency has declared patient safety its priority and the European Commission is currently gathering best practices in this field. National and international policymakers are building networks for the exchange of best practices. Members of the Joint Action on Patient Safety and Quality of Care (PaSQ) will have an adjacent to the conference in The Hague.
Programme

Not only hospitals but the government and the media as well pay more attention to the safety of patients. The Director General for Curative Care, Leon van Halder (Ministry of Health), Niek Klazinga (OECD and Amsterdam Medical Centre), Wim van Harten (Netherlands Cancer Institute), Erik Heineman (Academic Medical Centre Groningen, UMCG) and Diana Delnoij (Zorginstituut NL and University of Tilburg) will talk during the morning about the cultural aspects that influence the patient safety in hospitals and how managers can deal with this effectively.

In the afternoon, the Dutch organisers have chosen to present a European overview of best practices on seven themes in breakout sessions:

- medication safety;
- reporting incidents;
- communication gaps;
- patient participation;
- infection prevention;
- safety in the operating theatre;
- working in teams.

For each theme, two examples from different Member States will be presented. Each example will offer the participants to the conference a practical example of how to improve patient safety and will offer them the tools they need to implement this best practice within their own healthcare organisation.

Patient safety in Dutch hospitals
As in all European countries, patient safety is part of the quality policy of Dutch hospitals. The Dutch Safety Management Systems Programme (VMS) is officially ended but the implementation of the themes of patient safety will continue until 2015. All Dutch hospitals are implementing a safety system to improve patient safety in a systematic way across ten related themes. Dutch hospitals are very much willing to share their experiences and to learn new ways to improve their safety systems.

HOPE Exchange Programme
The conference is part of the HOPE Agora, the annual evaluation and closing conference of the HOPE Exchange Programme. Since 1981, HOPE organises an exchange programme for professionals with managerial responsibilities working in hospitals and healthcare facilities. Managers are working during four weeks in one of the other Member States. The aim of HOPE Exchange Programme is to promote a better understanding of the functioning of hospitals and healthcare services within the European Union and neighbour countries. It facilitates co-operation and exchange of best practices.

At the end of this exchange, participants to the HOPE Exchange Programme will present their findings in The Hague on 12 June 2013. This year the participants of the exchange programme will look at the measures taking in European hospitals to improve patient safety. The exchange programme therefore constitutes a practical addition to the goal of the conference.

The conference will be held in English. There will be no simultaneous translation.

Programme:
http://hope-agora.eu/2-programme/agora_programme.html#conferenceprogramme

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

EQUIP'AID. SHARING FOR BETTER HEALTHCARE

19-20 November 2013 – Chamonix Mont-Blanc (France)

The conference "Equip'aid. Sharing for better healthcare" to be held in Chamonix Mont-Blanc (Haute-Savoie, France) from 19 to 20 November 2013 will bring together participants from Northern countries, countries in transition and developing countries.

This will be the first international meeting of reference devoted to the improvement of medical equipment support projects of healthcare facilities in the field of international aid. The term "medical equipment support projects" is defined as an international aid project aiming to improve the healthcare facility of a health care structure through the reinforcement of its pool of medical equipment, through financial contributions or supply of equipment/equipment supply.

The conference will have the following objectives:

- sharing information and experiences, by promoting dialogue between the stakeholders of medical equipment support projects,
- identifying synergies, by examining the various practices and policies to transfer medical equipment and to make it available,
- facilitating research work and transversal thinking about the issues of the sector, with the aim of improving practices over time,
- developing a common vision around the orientation for thinking chosen for this first edition: "Sharing for better healthcare".

The Equip'aid conference organisers are issuing a call for papers. Proposals of oral presentations, posters or audio-visual projections must focus on one or several of the topics listed above (see "Organisation of the conference").

As detailed in thecall for papers, contributors are invited to send to ***equipaid@alterna-com.com*** by email before 30 April 2013. The form for submission is available on ***www.equipaid.org***

For further information or to pre-register, please consult the website : www.equipaid.org

28TH EAHM CONGRESS
"HOSPITAL MANAGEMENT IN TIME OF CRISIS"

28-30 November 2013 – Kirchberg (Luxembourg)

Many people strongly believe that the funding is the crucial factor of the effectiveness. When the economic is weakened and the hospital budget reduced, what can a hospital manager undertake to continue to deliver a better care? We believe that a crisis may serve as a « wake-up call » that prompts the hospital to make beneficial organisational and structural changes.

Luxembourg 2013 is the forum where the CEO, Hospital Managers from all over Europe will share their experiences and best practices in healthcare management.

Luxembourg 2013 will address constraints as well as challenges and opportunities around 3 topics:

- strategic guidelines in crisis;
- business process reengineering;
- managing innovation (new building, new logistics, new technologies).

Luxembourg2013 will offer networking opportunities with the key decision makers from the major hospitals in Europe and the healthcare industry representatives in the informal, effective business setting. At the exhibition, healthcare professionals will provide in-depth insight into the latest developments in healthcare.

The congress "Hospital Management in time of crisis" is organised by the FHL (Fédération des Hôpitaux Luxembourgeois) under the patronage of EAHM (European Association of Hospital Managers).

More information and registration: www.eahm-luxembourg2013.lu