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N° 106 – July-August 2013

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19-20 November 2013 – Chamonix Mont-Blanc (France)
EQUIP'AID. SHARING FOR BETTER HEALTHCARE

Registration is now open

http://www.weezevent.com/evenement.php?id_evenement=24623&id_page=42432

28-30 November 2013 – Kirchberg (Luxembourg)
28TH EAHM CONGRESS "HOSPITAL MANAGEMENT IN TIME OF CRISIS"

HOPE EXCHANGE PROGRAMME 2014



QUALITY FIRST!

CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

Since 1981, HOPE has organised the HOPE Exchange Programme. It consists in a 4-week training period for managers and other professionals with managerial responsibilities working in hospitals and health care facilities. The aim of the Programme is to promote a better understanding of the functioning of health care and hospital systems within the EU and neighbouring countries by facilitating co-operation and exchange of best practices. During their stay, the HOPE Exchange Programme participants are discovering a different health care institution, a different health care system as well as other ways of working.

The HOPE Exchange Programme is not a medical or technical programme; it is a practical and multi professional management programme. Doctors, nurses, but also economists, lawyers, computer technicians and other professionals are very welcome to join it. HOPE also collaborates with a wide range of host institutions sending or receiving participants, both in the private and public sector. Thanks to all of them, every year more than a hundred professionals are able to do their training in more than 20 countries in the European Union and Switzerland.

Each year a different topic is associated to the Programme: the 2014 Programme is dedicated to the theme "*Quality first! Challenges in the changing hospital and healthcare environment*".

The HOPE Exchange Programme 2014 starts on 28 April and ends on 25 May, followed by the 2 or 3 days closing conference "HOPE Agora" that starts on 26 May. The closing conference is considered as part of the training.

Applications are open from 15 August to 31 October 2013.

More information on the HOPE Exchange Programme:
[***http://www.hope.be/o4exchange/exchangefirstpage.html***](http://www.hope.be/o4exchange/exchangefirstpage.html)



EUROPEAN REFERENCE NETWORK – PUBLIC CONSULTATION SUMMARY REPORT

The European Commission has recently published a report which summaries the replies and describes the main outcomes of the Public Consultation on the implementation of European Reference Network (ERN). The consultation was open for submissions from 23 November 2012 to 22 February 2013.

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 requires the European Commission to support Member States in the development of European Reference Networks composed of healthcare providers and Centres of Expertise.

The main benefit of the European Reference Networks and of the Centres of Expertise 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.

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 fulfil. The Commission is also required to develop and publish criteria for establishing and evaluating European Reference Networks and it must facilitate the exchange of information and expertise on the establishment of the networks and of their evaluation.

Therefore, the objective of the consultation was to seek the views of interested parties on the potential scope of European Reference Networks, and the criteria for healthcare providers wishing to join them. In particular, it sought opinions and contributions based on evaluated experiences, regional or national models, technical and professional standards, criteria or recommendations which could facilitate the definition of technical and quality criteria (scope, general and disease specific elements).

The report is available at:

http://ec.europa.eu/health/cross_border_care/docs/cons_ern_report_en.pdf

MEDICAL DEVICE – EXPERT GROUP MEETING

On 9 July 2013, HOPE attended in Brussels the meeting of the Medical Device Expert Group, a group composed of Member States, industry and other stakeholder representatives in the area of medical devices.

During the meeting, an update was provided on the legislative dossiers on medical devices and in vitro diagnostic medical devices. Until now, 11 meetings of the Council Working Party on Pharmaceuticals and Medical Devices took place (seven under the Irish Presidency of the Council and four under the Cyprus Presidency): more than half of the text has already been examined.

The two draft reports by Dagmar Roth-Behrendt (S&D, Germany) and Peter Liese (EPP, Germany) were presented to the European Parliament Committee on Environment, Public Health and Food Safety (ENVI) on 24 April and amendments were discussed on 29 May. The most critical points emerged from discussions in the Parliament relate to the issues of pre-market authorisation, reprocessing, classification for certain types of devices such as those composed of substances intended to be ingested, inhaled, and exemptions for in-house testing for in vitro diagnostic medical devices. The vote in the Parliamentary Committee is scheduled for September 2013.

Another point in the agenda was the "PIP Action Plan", aimed at greater control of Notified Bodies. There has been an intense work on two documents: an *Implementing Regulation on Designation and Supervision of Notified Bodies* and *Recommendations for Audits and Assessment*, which are both expected to be adopted by the end of July.

Among the actions proposed by the PIP Action Plan there is the improvement of the vigilance system for medical devices. In order to enhance coordination among Member States on current issues, the Commission is organising monthly teleconferences to promote exchange of information. The Commission also started a joint assessment process, which is carried out on a voluntary basis: eight assessors from DG SANCO are working with Member States and until now nine audits of Notified Bodies have been conducted and more are expected before the end of 2013.

Next steps include a Commission staff working document which will be published in autumn 2013 and will constitute a continuation of the PIP Action Plan. It will highlight progress made until now under the plan and which improvements are needed.

During the meeting, the Commission also provided an update on the Council Directive on basic safety standards for protection against the dangers arising from exposure to ionising radiation. At the end of May the Council agreed a compromise. The file will return to the Council for final approval following the European Parliament plenary vote, which is scheduled for 10 September 2013. Member States will have then four years to transpose the directive into national legislation.

The next meeting of the Medical Device Expert Group will take place in November 2013.

HEALTH TECHNOLOGY ASSESSMENT – IMPLEMENTING ACT

On 26 June 2013, the European Commission adopted an Implementing Act setting out the necessary rules for the establishment, management and transparent functioning of the Network of national authorities or bodies responsible for Health Technology Assessment (HTA). This Network is foreseen by the Directive on Patients' Rights in Cross border Healthcare (2011/24/EC).

HTA provides policy-makers with information on the benefits and comparative value of health technologies and procedures. It is a key tool when planning healthcare budgets and vital for the long term sustainability of Europe's healthcare systems.

The HTA Network of national authorities will help facilitate efficient use of HTA resources in Europe, create a sustainable system of HTA knowledge sharing, and will promote good practice in HTA methods and processes. To date, the cooperation is conducted by the [EUnetHTA](#) consortium, where HOPE is involved as a stakeholder, which is reaching key success on methodological development and testing of pharmaceutical products and medical devices.

More information:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:175:0071:0072:EN:PDF>

EU HEALTH POLICY FORUM – INVESTING IN HEALTH POSITION PAPER

The EU Health Policy Forum has recently released a position paper on “Investing in Health”. The Forum is composed of 52 umbrella organisations representing European stakeholders in the fields of public health and healthcare, including HOPE.

The position paper is a reaction to the adoption in February of the Social Investment Package for growth and cohesion and its accompanying working document on Investing in Health, which contains strategies to improve the efficiency and effectiveness of health systems in a context of tighter public healthcare budgets and discusses how health can contribute to increase human capital and social inclusion.

In the position paper, the EU Health Policy Forum welcomes the Commission’s document, considering it represents an important step towards meeting the objectives of the EU Health Strategy. The Forum encourages DG SANCO to continue its work on health inequalities in order to support Member States to address its underlying causes and ensure that groups are not further excluded due to lack of access to affordable care or social support.

More emphasis should be placed on health promotion and disease prevention and greater links should be established between the Investing in Health paper and the paper on Long-Term Care. Cooperation should also be enhanced between different Commission’s Directorates General, notably DG SANCO, EMPL, RTD and REGIO.

Regarding investments on health workforce, the Forum recognises that education and training of healthcare professionals form a fundamental pillar of high quality healthcare services. Therefore,

sufficient resources should be allocated for the effective provision of training, including continuous professional development.

The position paper is available at:

http://ec.europa.eu/health/interest_groups/docs/euhpf_position_paper_investing_health_en.pdf

CROSS-BORDER THREATS TO HEALTH – PLENARY VOTE

On 3 July 2013, MEPs voted in Strasbourg the report by Gilles Pargneaux (S&D, France) on serious cross-border threats to health, endorsing the agreement reached in May between the Irish Presidency, the Commission and the European Parliament. The report was adopted with 678 votes in favour, 21 against and 4 abstentions.

This 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.

The text introduces some key innovations:

- a common procedure for the joint procurement of medical counter measures (including vaccines), on a voluntary basis. This should allow an equitable access to vaccines and at better prices;
- the possibility for the Commission to recognise a situation of “public health emergency” to accelerate the authorisation of medicines needed to combat the crisis, without awaiting the decision of the WHO. A close coordination between the two institutions is nevertheless required;
- 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. This means that the HSC will be formally mandated to support the exchange of information between the Member States and the Commission on policy, strategy, and technical issues relating to health security as well as coordinate in liaison with the Commission preparedness planning and public health response.

The Decision will take effect after publication in the Official Journal of the EU.

More information:

<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0311&language=EN&ring=A7-2012-0337>

ACCESS TO CARE FOR VULNERABLE GROUPS – PLENARY VOTE

On 4 July 2013, the European Parliament voted during the Strasbourg plenary session the non-legislative report by Jean Lambert (Greens/EFA, UK) on the impact of the crisis on access to care for vulnerable groups. The report was adopted with 537 votes in favour, 65 votes against, 25 abstentions.

With access to care threatened by fiscal contraction across Europe, the report reveals key findings and recommendations to improve the access to care and support services for vulnerable groups.

It calls for earlier intervention, the need for whole-costs assessment of all cuts and changes to care schemes, EU-led austerity programmes to include an effective social protection and care element, a new law on “Carer's Leave”, new anti-discrimination measures, better dialogue between governments and care providers, including trade unions, and for governments to pay close heed to especially vulnerable groups, including non-documented migrants, Roma and the homeless.

More information:

<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0328&language=EN&ring=A7-2013-0221>

LITHUANIAN PRESIDENCY – INFORMAL COUNCIL OF HEALTH MINISTERS

On 8 and 9 July 2013, EU Health Ministers met in Vilnius, Lithuania for the first informal Council of Ministers during the Lithuanian Presidency of the European Union.

The meeting was attended by EU Health Ministers, the EU Health Commissioner Mr. Tonio Borg and hosted by the Minister of Health of the Republic of Lithuania Mr. Vytenis Povilas Andriukaitis.

The number-one health priority for the Lithuanian Presidency will be the adoption of the Council conclusions on modern, responsive and sustainable health systems.

During the meeting, participants addressed this topic and focused their discussions on how healthcare systems can adapt to the current demographic, economic and technological challenges. Mr Borg affirmed that the Commission is ready to support EU Member States in preparation to deal with the challenges ahead and he highlighted how improvement of healthcare systems does not mean cutting services but a “reorganisation” in a cost effective way.

Mr. Joseph Figueras, Director of the European Observatory on Health Systems and Policies and head of the WHO European Centre on Health Policy presented a three step proposal on how to ensure that healthcare systems are truly sustainable: concentration on value based coverage, structural delivery reform and strengthening good governance.

Finally, the meeting addressed also the issue of mental health and well-being for the elderly, recognising the social and economic importance of healthy ageing and the need to find strategies to better integrate into society and labour market people with mental health problems.

ORGAN DONATION AND TRANSPLANTATION – STUDY ON THE UPTAKE AND IMPACT OF THE EU ACTION PLAN

The results of a study on the uptake and impact of the EU Action Plan on organ donation and transplantation (2009–2015) have recently been published. The study was carried out by NIVEL (Netherlands Institute for Health Services research) in the frame of a specific contract with the Executive Agency for Health and Consumers (EAHC).

The Action Plan, adopted by the European Commission in December 2008, is a non-binding instrument to help the Member States address the shortage of organs, enhance transplant systems and improve quality and safety of transplant procedures. In the first three years since the adoption of the Action Plan, various efforts have been made by the Member States, both at the national level and at the European level.

The study provides an overview of the state of implementation of the Action Plan in 35 countries (27 EU Member States and 8 neighbouring non-Member States). What becomes most apparent is the great diversity between countries, for instance regarding the number of transplantations from deceased donors or the importance of living donors. Also regarding the Action Plan differences between countries exist. This diversity suggests that there is room for improvement and that there are many opportunities for countries to share their experiences and learn from each other. The study concludes with recommendations at national and European levels.

More information:

http://ec.europa.eu/health/blood_tissues_organs/docs/organs_actor_study_2013_en.pdf



FLUORINATED GASES – DRAFT REPORT ADOPTED

On 19 June 2013, the Parliamentary Committee on Environment, Health and Food Safety (ENVI) voted the draft report by Bas Eickhout (Greens/EFA, Netherlands) on fluorinated greenhouse gases (F-gases). The draft legislation was adopted by 48 votes to 19, with 1 abstention.

F-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 these gases are used.

The Committee proposes to entirely phase out the use of F-gases between 2015 and 2020 in several sectors, where safe, energy-efficient and cost-effective alternatives are available.

The new legislative proposal also 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 placed on the market. MEPs agreed they must be reduced to 16% of the levels sold in 2008–11 by 2030, against the 21% suggested by the European Commission.

To respect the principle that the polluter should pay, the producers will be charged with a fee of up to 10 Euros per tonne of CO₂ equivalent for the HFCs they use, while in the Commission's proposal it was foreseen an allocation of free quotas by the Commission to companies already producing HFCs. The Commission would be responsible for carrying out an impact assessment to define the system and charges.

MEPs also proposed an export ban to prevent appliances using fluorinated gases being dumped in countries outside the EU.

The Committee gave the mandate to the Rapporteur to start negotiations with Member States, which should begin after the summer break.



E-INVOICING IN PUBLIC PROCUREMENT – NEW COMMISSION PROPOSAL

On 26 June 2013, the European Commission published a new legislative proposal for a Directive on e-invoicing in public procurement, accompanied by a communication setting out its vision for the full digitisation of the public procurement process, so-called 'end-to-end e-procurement'.

The Commission estimates that the adoption of e-invoicing in public procurement across the EU could generate savings of up to €2.3 billion.

The draft Directive proposes the establishment of a European e-invoicing standard which is expected to improve interoperability between different, mainly national, e-invoicing systems. It aims to eliminate legal uncertainty, excessive complexity, and additional operating costs for economic operators who currently have to use different electronic invoices across the Member States. It will also help boost the uptake of e-invoicing in Europe which remains very low, accounting for only 4-15% of all invoices exchanged.

The Communication on end-to-end e-procurement presents the Commission's vision on the digitisation of the public procurement process, placing the draft Directive in a broader context. It identifies the current state of implementation of e-procurement and e-invoicing across the EU and sets out actions which should be taken by the EU and by Member States to achieve the transition towards end-to-end e-procurement:

More information:

http://ec.europa.eu/internal_market/publicprocurement/e-procurement/e-invoicing/index_en.htm



CONCEPT OF MEDICAL CARE AND VAT EXEMPTION - JUDGMENT

- Judgment of the Court
- Request for a preliminary ruling – Value added tax – Exemptions – Hospital and medical care and closely related activities

In the case C-91/12 of 21 March 2013, the Court gives a ruling on how to define the concept of 'medical care' as used in Directive 2006/112 EC, in order to decide whether a VAT exemption applies to plastic surgery and cosmetic treatments.

In its conclusions, the Court affirms that supplies of services consisting in plastic surgery and other cosmetic treatments fall within the concepts of 'medical care' and 'the provision of medical care' where those services are intended to diagnose, treat or cure diseases or health disorders or to protect, maintain or restore human health.

It also determines that the subjective understanding that the person who undergoes plastic surgery or a cosmetic treatment has of it is not in itself decisive in order to determine whether the intervention has a therapeutic purpose. Consequently, the fact that the purpose of such interventions is determined by a health professional, may influence the assessment of whether plastic surgery or a cosmetic treatment fall within the concept of 'medical care' or 'the provision of medical care'.

More information:

<http://curia.europa.eu/juris/document/document.jsf?docid=135403&pageIndex=3&occ=first&part=1&text=&doclang=EN&mode=req&dir=next&cid=2132284>



RESEARCH PROJECTS IN THE ICT DOMAIN – 2012 COMMISSION REPORT

The European Commission has recently published the ICT statistical annual monitoring report (StReAM) for 2012, which provides a comprehensive overview of the monitoring activity carried out by DG Communication Networks, Content and Technology in 2012.

The research activities monitored are the ICT research actions under the Seventh Framework Programme 2007-2012 (FP7), including the Artemis and Eniac Joint Technological Initiatives (JTIs), and the Ambient Assisted Living (AAL) Joint Programme (JP); as well as the policy support actions carried out under the Competitiveness and Innovation Framework Policy Support Programme (CIP ICT PSP).

In particular, findings under the strategic objective “ICT for Health” show that:

- ICT for Health accounts for 7% of funding allocated over the period 2007 - 2012;
- 99 projects have been granted funding, for total 1,188 participations;
- compared to the average figures for the ICT Theme of FP7, this strategic objective shows a higher percentage of large scale integrating collaborative projects, which account for 43% of participations and 53% of funding;
- governmental organisations account for slightly more than half of total funding;
- in absolute terms, the UK is the main recipient in terms of funding (14.5%), followed by Germany with 14%, Greece also has a strong performance in this area performing fifth among the top 5 beneficiary countries;
- the top recipient for this strategic objective is the Fraunhofer Institute followed by Philips, the University of Oxford, the University College London and the Greek foundation for research and technology.

The report is available at:

https://ec.europa.eu/digital-agenda/sites/digital-agenda/files/Stream_2012.pdf

REFINEMENT – PRELIMINARY FINDINGS

REFINEMENT (“Financing systems effects on the quality of mental health care in Europe”) is a EU-funded project which undertakes a mix of quantitative and qualitative analyses in nine European countries, covering the principal social welfare and health care-financing models in respect of the issue of mental health in Europe.

The overarching aim of the project is to look at the relationship between different models of health care financing systems and the extent to which mental healthcare services can meet the goals of high quality, equity, efficiency and better long term health outcomes. The results of the research will suggest the best practice healthcare financing models that may be used in different parts of Europe where different mixes of tax, social health insurance, private health insurance and out of pocket payments are used to achieve these goals.

The project, which is still running, has already produced an atlas of mental healthcare in the nine REFINEMENT countries (Italy, Austria, UK, Spain, Finland, Norway, France, Estonia and Romania) and preliminary findings demonstrate that mental healthcare service delivery and quality seem to be influenced to a greater degree than other healthcare services by both financial and non-financial incentives. Also, it appears that empirical studies of the efficiency of mental health service delivery are less frequently performed than studies of services delivered by general hospitals, nursing homes and primary healthcare units.

Project partners believe the results of their work will help European policy makers and care providers to understand the complexity of financing the mental healthcare system, including primary and social care services in different national and community settings.

The project and will run until December 2013.

More information: <http://www.refinementproject.eu/index.php>

HONCAB – FIRST INTERIM MEETING AND WEBSITE LAUNCHED

The first interim meeting of HoNCAB project took place from 3 to 5 July in Brussels.

HoNCAB started in September 2012 and will run for 36 months. It 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 WP2, dedicated to the dissemination of the project.

The aim of HoNCAB is to help hospitals prepare for the new conditions that will apply when EU's rules on patients' rights to cross-border care (Directive 2011/24/EU) will come into force.

The project will refine methods for classifying and comparing tariffs for hospital care, and provide a framework for a pilot Network of Hospitals that can give participating hospitals practical experience of the opportunities and critical issues of cross-border care, and share problems and solutions.

The meeting represented an opportunity for partners to update each others on the latest progress as well as next steps. In this occasion, the website of the project (www.honcab.eu) was also officially launched.

During the three days, three main topics have been discussed:

- next steps for the setting up of a web-based application which will be used by hospitals to collect cross-border patients' information according to pre-defined variables such as socio-demographic, health-related and administration variables. After the piloting of the web-based application (July-August 2013), selected hospitals will participate in a specific training programme in autumn 2013, in order to standardise procedures among the participating countries.
- content and modalities for the administration of a questionnaire, which will gather the feedback from patients on their satisfaction with the quality of care received and reimbursement. The data collection process will officially start in November 2013;
- a protocol outlining the organisational structure of the Network of Hospitals, roles and responsibilities as well as procedures for its expansion, including requirements for participation.

More information:

<http://www.honcab.eu/>

EUROTRACS – KICK-OFF MEETING

On 2 and 3 July 2013, HOPE participated to the Kick-Off Meeting of EUROTRACS (European Treatment & Reduction of Acute Coronary Syndrome cost analysis), which was hosted by the Biomedical Research Park in Barcelona.

The meeting covered the outline of the study, the presentation of the project and the work packages and the explanation of deliverables and their timetables. EUROTRACS main objective consists in utility analysis (cost-effectiveness) in terms of cost per Quality-Adjusted Life Year (QALY) saved in two fields: 1) three population interventions (and their combinations) designed to prevent coronary artery disease, aimed at reducing smoking, dyslipidaemia, and hypertension population prevalence, and 2) optimal use of coronary angiography and percutaneous intervention procedures in the management of patients with acute coronary syndrome (ACS) with special emphasis on the elderly (>64 years) to minimize the inequalities in this patient subgroup that has higher mortality than patients <65 years.

The proposed action will allow policy makers to design national and international public health actions aimed at decreasing coronary artery disease (CAD) morbidity and mortality in the most cost-efficient manner. Those public health actions will in turn increase Europeans' quality of life and longevity. The results from this cost-effectiveness analysis will ultimately decrease CAD and ACS-related mortality, morbidity and costs and improve survival and quality of life for ST elevation ACS patients in European countries. In addition, identification of the ACS procedures associated with the minimum in-hospital mortality is an urgent requirement in order to update current guidelines, especially regarding the elderly. Importantly, when successfully implemented these interventions to reduce classic CAD risk factors prevalence will help to eliminate sex-related and socioeconomic inequalities in CAD mortality.

PASQ – HCO LIST AND TOOL BOXES PUBLISHED ON WEBSITE

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

It is building on European Union Network for Patient Safety (EUNetPaS)' experience and network to promote the organisation of Patient Safety and Quality of Care platforms in all European Member States to improve Patient Safety and Quality of Care through sharing of information, experience(s) and the implementation of good practices.

During the last few months, part of the work within work package 5 ("*Patient Safety Initiative Implementation*") focused on the recruitment of Health Care Organisations (HCOs) for implementation of the Safe Clinical Practices (SCPs) that have been selected. HOPE was responsible for this task.

The selected SCPs are:

- WHO Surgical Safety Checklist;
- Medication Reconciliation;
- Multimodal intervention to increase hand hygiene compliance;
- Paediatric Early Warning Scores.

An overview of the SCPs which will be implemented in PaSQ Member States and the list of participating HCOs have been recently published on PaSQ website.

Through the website it is also possible to access tool boxes that have been developed for each SCP, in order to guide HCOs through the implementation process. They include information on the specific SCP and additionally they offer a selection of tools like videos, checklists and guidelines which can be used and/or adapted by the HCOs.

The list of HCOs participating in the implementation is available at:

<http://www.pasq.eu/Wiki/SCP/OverviewofSCImplementationinPaSQMemberStat.aspx>

The tool boxes are available at:

<http://www.pasq.eu/Wiki/SCP/WorkPackage5ToolBoxes.aspx>

QUASER – GUIDES FOR HOSPITALS AND PAYERS AVAILABLE

The Quality and Safety in European Union Hospitals (QUASER) project is a three-year EU co-funded research project exploring the relationships between the organisational and cultural characteristics of hospitals, and how these impact upon clinical effectiveness, patient safety and patient experience.

As announced in the previous newsletter issue, during the last months, the work of the consortium has been focused on developing two Guides which constitute the main outputs of the project:

- *A Guide for Hospitals*, to help hospitals in Europe reflect upon and implement organisation-wide quality improvement programmes;
- *A Guide for Payers*, to help payers of hospital services in Europe identify the strengths and weaknesses of a hospital's approach to quality improvement and reflect on their actions and behaviours to support quality improvement in hospitals.

Both guides have recently been published and are now available for download.

The guides are available at:

<http://www.ucl.ac.uk/dahr/quaser>

REPORTS AND PUBLICATIONS



OECD HEALTH DATA 2013

OECD Health Data 2013, released on 27 June 2013, offers the most comprehensive source of comparable statistics on health and health systems across the 34 OECD countries. Covering the period 1960 to 2011, this interactive database can be used for comparative analyses on health status, risk factors to health, health care resources and utilisation, and health expenditure and financing.

The database includes key indicators covering:

- Health status (such as life expectancy, maternal and infant mortality)
- Non-medical determinants of health (such as food consumption, alcohol and tobacco consumption, obesity and overweight (survey and measured data)
- Health care resources and utilisation (such as health employment, in-patient beds, medical technology, immunisation, average length of stay, discharges, surgical procedures, and transplants)
- Pharmaceutical consumption and sales, and generics market
- Long-term care resources and utilisation (such as long-term care beds in nursing homes, long-term care recipients either in institutions or at home, by age and gender)
- Health expenditure include data for total expenditure on health, prevention and public health, expenditure on in-patient care, expenditure on out-patient care, expenditure on home care, pharmaceuticals and other medical non-durables, therapeutic appliances and other medical durables, current health expenditure by provider, along with data on health expenditure by financing agent/scheme.
- General data on Demographic and economic references are also available for reference, including population age structure, macro-economic references and monetary conversion rates.

OECD Health Data 2013 show that, after falling sharply in 2010, health spending remained flat across OECD countries in 2011 as the economic crisis continued to have an impact, particularly in those European countries hardest hit by the crisis.

While health spending grew on average by close to 5% year-on-year from 2000 to 2009, this has since been followed by a sluggish growth of around 0.5% in 2010 and 2011. Current expenditure on health (i.e., excluding capital expenditure) grew by 0.7% in both years. Preliminary figures for some countries suggest a continuation of this trend in 2012.

More information:

<http://www.oecd.org/els/health-systems/oecdhealthdata.htm>

HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL USE IN EUROPEAN ACUTE CARE HOSPITALS – ECDC REPORT



In 2011–2012, 29 EU/EEA Member States and Croatia participated in the first EU-wide, ECDC-coordinated point prevalence survey of healthcare-associated infections and antimicrobial use in acute care hospitals. Data from a total of 273.753 patients in 1149 hospitals were submitted to ECDC in order to estimate the prevalence of healthcare-associated infections in European hospitals.

This report presents the findings of that survey, together with data on antimicrobial use in those hospitals, and makes some proposals for ways to maximise the prevention of infections and antimicrobial resistance in European healthcare institutions.

The report is available at:

<http://www.ecdc.europa.eu/en/publications/Publications/healthcare-associated-infections-antimicrobial-use-PPS.pdf>

WHAT FUTURE FOR HEALTH SPENDING? – OECD STUDY

The OECD has recently published the study “What future for health spending?”

The findings show that rising spending on health and long-term care will continue to put pressure on public budgets over the next decades.

Starting from around 6% of GDP in 2006-10, the combined public health and long-term care expenditure for OECD countries is projected to reach 9.5% in 2060 even assuming that policies act more strongly than in the past to rein it in. Without such policy action, spending could reach 14% of GDP.

More information: <http://www.oecd.org/eco/growth/aaaaaawhatfuture.pdf>

HEALTH WORKFORCE PLANNING IN OECD COUNTRIES – OECD STUDY

This paper reviews the main characteristics and results from 26 health workforce projection models in 18 OECD countries. It focuses mainly on physician models, but also includes some nurse models.

Health workforce planning aims to achieve a proper balance between the supply and demand for different categories of health workers, in both the short and longer-term. Workforce planning in the health sector is particularly important, given the time and cost involved in training new doctors and other health professionals.

In a context of tight budget constraints, proper health workforce planning is needed not only to guide policy decisions on entry into medical and nursing education programmes, but also to assess the impact of possible re-organisations in health service delivery to better respond to changing health care needs.

More information:

http://www.keepeek.com/Digital-Asset-Management/oced/social-issues-migration-health/health-workforce-planning-in-oced-countries_5k44t787zcwb-en

VALUE IN PHARMACEUTICAL PRICING – OECD STUDY

This study analyses how 14 OECD Countries refer to "value" when making decisions on reimbursement and prices of new medicines. It details the type of outcomes considered, the perspective and methods adopted for economic evaluation when used; and the consideration of budget impact.

It describes which dimensions are taken into account in the assessment of "innovativeness" and the consequences of this assessment on prices; it confirms that treatments for severe and/or rare diseases are often more valued than others and shows how countries use product-specific agreements in an attempt to better align value and price.

More information:

http://www.keepeek.com/Digital-Asset-Management/oced/social-issues-migration-health/value-in-pharmaceutical-pricing_5k43jc9v6knx-en

PUBLIC SPENDING ON HEALTH AND LONG-TERM CARE – OECD REPORT

This paper proposes a new set of public health and long-term care expenditure projections till 2060, following up on the previous set of projections published in 2006. It disentangles health from long-term care expenditure as well as the demographic from the non-demographic drivers, and refines the previous methodology, in particular by better identifying the underlying determinants of health and long-term care spending and by extending the country coverage to include BRIICS countries.

On average across OECD countries, total health and long-term care expenditure is projected to increase by 3.3 and 7.7 percentage points of GDP between 2010 and 2060 in the cost-containment and the cost-pressure scenarios respectively. For the BRIICS over the same period, it is projected to increase by 2.8 and 7.3 percentage points of GDP in the cost-containment and the cost-pressure scenarios respectively.

More information:

http://www.keepeek.com/Digital-Asset-Management/oced/economics/public-spending-on-health-and-long-term-care_5k44t7jwwr9x-en

BELGIUM: ENHANCING THE COST EFFICIENCY AND FLEXIBILITY OF THE HEALTH SECTOR TO ADJUST TO POPULATION AGEING – OECD REPORT

The OECD has recently published the report “*Belgium: Enhancing the Cost Efficiency and Flexibility of the Health Sector to Adjust to Population Ageing*”.

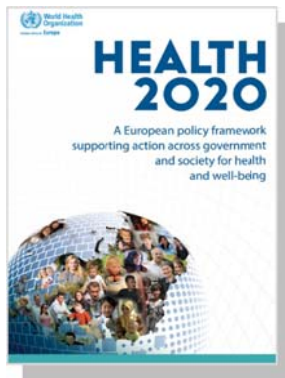
Findings show that Belgium has a good record in delivering accessible care, but adaptation to population ageing will be complicated by the fragmentation of responsibilities in the healthcare system and a strong reliance on government regulations. The organisation of the system could be rationalized by giving sickness funds a more active role as promoters of cost-efficiency, better aligning the incentives of the different levels of government and focusing on medium-term budgeting.

At the level of care providers, the report highlights that better information flows and incentive structures could facilitate addressing practice and efficiency variations and supplier-induced demand. Once incentives for cost-efficiency are in place, a shift towards a more demand-driven system could be encouraged by phasing out over-prescriptive hospital regulations. In addition, according to the report relative remunerations of doctors should be revised regularly to ensure an adequate supply per specialty. In long-term care, home care, which is generally cost-efficient, could be further encouraged by giving more autonomy to patients to organise their care.

More information:

http://www.keepeek.com/Digital-Asset-Management/oececonomics/belgium-enhancing-the-cost-efficiency-and-flexibility-of-the-health-sector-in-belgium-to-adjust-to-population-ageing_5k44ssnfdnr7-en

HEALTH 2020 – WHO POLICY FRAMEWORK



The WHO has recently published a shorter version of Health 2020, a European policy framework supporting action across government and society for health and well-being. This shorter form provides European politicians and policy-makers with the main values and principles, and key strategic advice to support action for health and well-being.

Health 2020 was adopted by the WHO Regional Committee for Europe in 2012. It is a value- and evidence-based framework that allows a strategic approach to be taken towards its goal to improve health and well-being.

Health 2020 presents a wealth of new evidence, for example on the social determinants of health and on the economics of public health and prevention. It puts strong emphasis on the political, professional and civil

society engagement needed to ensure health improvement and the reduction of health inequities, within a whole-of-society and whole-of-government approach.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0006/199536/Health2020-Short.pdf

ETHICAL ISSUES IN PATIENT SAFETY RESEARCH – WHO REPORT



The WHO has recently published the report “*Ethical Issues in Patient Safety Research*”, which reflects on the specific ethical questions that can arise in the conduct of patient safety research and improvement activities, and aims to provide clear guidance on how to interpret internationally accepted ethical principles in such contexts.

In response to requests from research ethics committees, patient safety researchers and interested professionals, this publication provides thirteen specific guidance points about the specific nature of ethical risks associated with patient safety activities and ways to minimize these. It also looks at the criteria for identifying minimal risks, breaches of confidentiality and offers suggestions for protecting it, together with privacy and anonymity. It also identifies other ethical situations where patients or providers may be affected by research and patient safety activities, providing guidance on the obligations that researchers have towards patients and research participants in such scenarios.

More information:

http://apps.who.int/iris/bitstream/10665/85371/1/9789241505475_eng.pdf

SUCCESSES AND FAILURES OF HEALTH POLICY IN EUROPE – WHO PUBLICATION

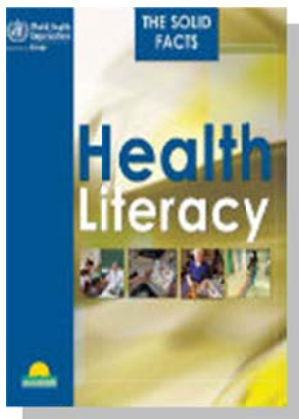
In the last 40 years, the health of Europeans overall has improved markedly, yet progress has been very uneven from country to country. This report considers the impact health policy has had on population health. It asks questions about mortality trends and health policy activity.

By offering a comparative analysis of the successes and failures of health policy in most of the countries of the WHO European Region, it helps readers identify best practices for health improvement in the following areas: tobacco; alcohol; food and nutrition; fertility, pregnancy and childbirth; child health; infectious diseases; hypertension; cancer screening; mental health; road traffic injuries; and air pollution.

More information:

<http://mcgraw-hill.co.uk/html/0335247512.html>

HEALTH LITERACY: THE SOLID FACTS – WHO PUBLICATION



As societies grow more complex and people are increasingly bombarded with health information and misinformation, health literacy becomes essential. People with strong health literacy skills enjoy better health and well-being, while those with weaker skills tend to engage in riskier behaviour and have poorer health.

With evidence from the recent European Health Literacy Survey, this report identifies practical and effective ways public health and other sector authorities and advocates can strengthen health literacy in a variety of settings, including educational settings, workplaces, marketplaces, health systems, new and traditional media and political arenas. The report can be used as a tool for spreading awareness, stimulating debate and research and, above all, for informing policy development and action.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf

FLOODS IN THE WHO EUROPEAN REGION: HEALTH EFFECTS AND THEIR PREVENTION – WHO PUBLICATION

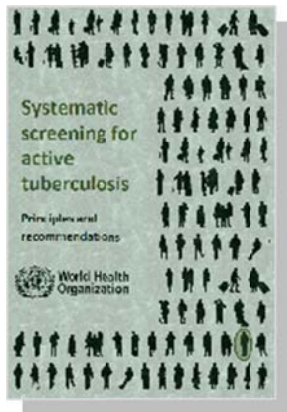
In 2009–2011, the WHO Regional Office for Europe and the United Kingdom Health Protection Agency undertook a project to investigate the adverse health effects of floods and to understand how best to protect the health of populations during floods in the WHO European Region. A questionnaire was sent to 50 of the 53 Member States of the WHO European Region to collect information on recent experience of floods, their health effects and current preparedness and response mechanisms. In addition, a systematic review was undertaken of the epidemiological literature on the global impact of flooding on health.

Analysis of the returned questionnaires and the peer-reviewed literature brought to light many issues pertinent to Europe. These findings will help WHO to prepare evidence-based guidance for the European Region on health concerns before, during and after flooding incidents and the measures for prevention, response and recovery.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0020/189020/e96853.pdf

SYSTEMATIC SCREENING FOR ACTIVE TUBERCULOSIS – WHO PUBLICATION



WHO has developed guidelines on systematic screening for active tuberculosis (TB) based on a thorough review of available evidence. Early detection of TB is essential to further improve health outcomes for people with TB, and to reduce TB transmission more effectively. Systematic screening in high risk groups is a possible complement to efforts to improve the patient-initiated pathway to TB diagnosis.

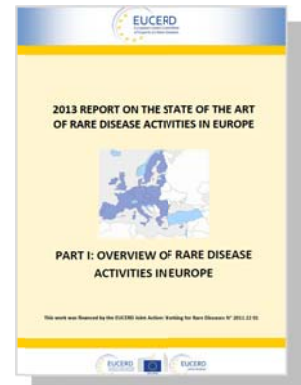
The available evidence suggests that screening, if done in the right way and targeting the right people, may reduce suffering and death. However the review also highlights several reasons to be cautious. As discussed in detail in this document, there is a need to balance potential benefits against the risks and costs of screening.

More information:

http://apps.who.int/iris/bitstream/10665/84971/1/9789241548601_eng.pdf

STATE OF THE ART OF RARE DISEASE ACTIVITIES IN EUROPE – 2013 EUCERD REPORT

The 2013 report on the state of the art of rare disease activities in Europe has recently been published. It provides an informative and descriptive overview of rare disease activities at European Union and Member State level in the field of rare diseases and orphan medicinal products up to the end of 2012. The report, has been produced by the Scientific Secretariat of the European Union Committee of Experts on Rare Diseases (EUCERD), through the EUCERD Joint Action: Working for Rare Diseases (N° 2011 22 01), which covers a three year period (March 2012 – February 2015).



The report is composed of five volumes:

- An Overview of Rare Disease Activities in Europe
- Key Developments in the Field of Rare Diseases in Europe in 2012
- European Commission Activities in the Field of Rare Diseases
- European Medicines Agency Activities and other European Activities in the Field of Rare Diseases
- Activities of European Member States and Other European Countries in the Field of Rare Diseases

Each part contains the following description of the methodology, sources and validation process of the entire report, and concludes with a selected bibliography and list of persons having contributed to the report.

More information: http://ec.europa.eu/health/rare_diseases/publications/index_en.htm

OPTIMIZING TRIAGE AND HOSPITALIZATION IN ADULT GENERAL MEDICAL EMERGENCY PATIENTS – STUDY

Patients presenting to the emergency department (ED) currently face unacceptable delays in initial treatment, and long, costly hospital stays due to suboptimal initial triage and site-of-care decisions. Accurate ED triage should focus not only on initial treatment priority, but also on prediction of medical risk and nursing needs to improve site-of-care decisions and to simplify early discharge management. Different triage scores have been proposed, such as the Manchester triage system (MTS). Yet, these scores focus only on treatment priority, have suboptimal performance and lack validation in the Swiss health care system.

The authors propose a large prospective cohort study to optimize initial patient triage. Specifically, the aim of this trial is to derive a three-part triage algorithm to better predict treatment priority; medical risk and thus need for in-hospital treatment; post-acute care needs of patients at the most proximal time point of ED admission.

More information: <http://www.biomedcentral.com/content/pdf/1471-227X-13-12.pdf>

ASSESSING PATIENT SAFETY CULTURE IN HOSPITALS ACROSS COUNTRIES – STUDY

It is believed that in order to reduce the number of adverse events, hospitals have to stimulate a more open culture and reflective attitude towards errors and patient safety. The objective of this study is to examine similarities and differences in hospital patient safety culture in three countries: the Netherlands, the USA and Taiwan.

This is a cross-sectional survey study across three countries. A questionnaire, the Hospital Survey on Patient Safety Culture (Hospital SOPS), was disseminated nationwide in the Comparison of patient safety culture data has shown similarities and differences within and between countries. All three countries can improve areas of their patient safety culture. Countries can identify and share best practices and learn from each other.

More information: <http://intqhc.oxfordjournals.org/content/25/3/213.full.pdf+html>

A COMPARISON OF NEW MODES OF CONTROL IN EUROPEAN HOSPITALS – STUDY

Hospital governance increasingly combines management and professional self-governance. This article maps the new emergent modes of control in a comparative perspective and aims to better understand the relationship between medicine and management as hybrid and context-dependent.

The findings reveal that managerial control is not simply an external force but increasingly integrated in medical professionalism. These processes of change are relevant in all countries but

shaped by organisational settings, and therefore create different patterns of control. The comparison highlights how organisations matter and brings the crucial relevance of 'coordination' of medicine and management across the levels (hospital/department) and the substance (cost/quality-safety) of control into perspective. Consequently, coordination may serve as a taxonomy of emergent modes of control, thus bringing new directions for cost-efficient and quality-effective hospital governance into perspective.

More information: <http://www.biomedcentral.com/content/pdf/1472-6963-13-246.pdf>

HEALTH TECHNOLOGY ASSESSMENT – STUDY

Identifying treatments that offer value and value for money is becoming increasingly important, with interest in how health technology assessment (HTA) and decision makers can take appropriate account of what is of value to patients and to society, and in the relationship between innovation and assessments of value.

This study summarizes points from a Health Technology Assessment International (HTAi) Policy Forum discussion, drawing on presentations, discussions among attendees, and background papers.

More information:

<http://journals.cambridge.org/action/displayFulltext?type=1&pdfType=1&fid=8954198&jid=THC&volumeld=-1&issueld=-1&aid=8954196>

OTHER NEWS – EUROPE



COCIR CODE OF CONDUCT– NEW E-LEARNING TOOL



COCIR, the European trade organisation and the leading voice for the medical imaging, electromedical and health ICT industry in Europe, takes ethics and transparency very seriously. In 1996, COCIR issued guidelines to set standards for its member companies in their interactions with healthcare professionals based on four main principles – separation, transparency, proportionality and documentation.

In 2009, COCIR introduced its first formal Code of Conduct to significantly reinforce these guidelines. Then in 2011, COCIR deployed its code more widely in European and other non-EU countries by approaching key stakeholders in other geographies. To facilitate deployment, COCIR has published a Code of Conduct booklet and translated its code and other supporting documents into 5 other languages (Dutch, French, German, Italian and Spanish).

More recently, COCIR has launched an online e-learning tool which is available for anyone who would like to learn more about the COCIR Code of Conduct. This e-learning tool is free of charge and publicly available via the COCIR website, including for iPad, at <http://www.cocir.org/>. You can also follow COCIR on Twitter at <http://twitter.com/COCIR>

For more information on the COCIR Code of Conduct, please contact Linda Brindle at: brindle@cocir.org

CHILD LIFE COUNCIL – INTERNATIONAL SCHOLARSHIPS FOR 2014 ANNUAL CONFERENCE

The Child Life Council (CLC) has recently announced the availability of several international scholarships to attend the CLC 32nd Annual Conference on Professional Issues in New Orleans, Louisiana, which will take place on 22-25 May 2014.

CLC is the leading membership association supporting child life professionals as they empower children and families to master challenging events related to health care. Membership is currently comprised of more than 5,000 individuals in nearly 500 hospitals and other organisations worldwide, including child life specialists, child life assistants, university educators and students, hospital administrators and staff, and others involved in the psychosocial care of children.

Each scholarship will cover registration for the conference, up to five nights lodging at the conference hotel, actual cost of economy round-trip airfare up to—but not exceeding— \$1,800 US, and a small stipend for meals and incidentals.

Applicants may be from any country outside North America. Applications are encouraged from any health care professional from outside North America who has an interest in the psychosocial care of children. The award process will look most favourably on professional practitioners or administrators in a position to be able to introduce, or greatly enhance, psychosocial care consistent with child life practice and principles in their respective parts of the world. Applicants must have proficiency in English, as it is the official language of the conference.

All applications must be received by the CLC office no later than October 30, 2013. Awardees will be named and all applicants will be notified of the decision in early January 2014.

More information and the application form are available at:

<http://www.childlife.org/Annual%20Conference/ConferenceScholarship.cfm>

INTEREST GROUPS ON CARERS AND ON MENTAL HEALTH – JOINT MEETING

On 10 July 2013, in the European Parliament, took place the joint meeting of the European Parliament Interest Groups on Carers and on Mental Health, Well-being and Brain Disorders. Introduced by Marian Harkin MEP, and Nessa Childers MEP, this meeting dealt with the Joint Action on Mental health, more specifically the work stream on Community Care (way of treatment which allows people to live in their community). The aim of the meeting was to favor a discussion between the different health stakeholders and to raise awareness of the importance for policymakers to take account of mental health and well being, not only for patients but also for their carers.

Juergen Scheftlein, European Commission-DG SANCO, provided the context and background of the Joint Action on Mental Health. The Commission considers its potential in term of health promotion and illness prevention, and is aware of the role of social factors and of economical challenges. The objective is to work with different actors, as the European Pact on Mental Health and Well-being initiated. It appears that further EU level mental health action will need to include carers as they play a vital role in community care and as many studies show that they feel undervalued and have a poor well-being level. José Maria Caldas de Almeida, the Joint Action Coordinator, justified its necessity, as there is a high prevalence of mental disorders in Europe and huge treatment gaps across the EU (for example in the access social treatments). The Joint Action's aim is the promotion of prevention, better care and social inclusion (favored by community care) as well as the development of a common framework for action, even if implementation is difficult and requires a strong leadership.

Frank Goodwin (President Eurocarers) underlined the need for a lifecycle approach in relation to community care provision and the need to build citizen empowerment. He also stressed carers' hard work conditions and the impact on their own health. Representing patients' voice, Pedro Montellano (President GAMIAN-Europe), promoted a more personalized medication, better access to care, respect for patients' rights and citizen's involvement in the policy process. There is a need for collaboration between institutional care and community care. Kevin Jones (Secretary General

EUFAMI) stressed that developing comprehensive community based services is necessary to the recovery and to help the families in the managing of community care. It is essential to promote coordinated programs and a greater awareness in society to fight prejudice and reduce stigma.

At the end, participants underlined the importance of the recovery aspect and the role of local governments in implementing a social model of care. Closing the session, Jean Lambert MEP referred to a report voted in the July plenary session of the European Parliament, addressing access to care for vulnerable groups. All the panelists welcomed the Joint Action, which has created an open space for innovation and invites politicians to go further.

EUROPE'S PRIVATISATION GOLDMINE: THE EASY WAY TO TACKLE THE ECONOMIC CRISIS? – MEETING

The 10 July 2013, HOPE participated to the lunchtime event "*Europe's privatisation goldmine - The easy way to tackle the economic crisis?*", during which Dr Julia Borrmann and Dr Christian Helmenstein from Economica Institute of Economic Research, Austria, explained the effect that privatization produced in public sector in some European Countries.

Europe struggles under the twin burden of high public debt and low growth. Yet many governments own assets worth billions of euro. Research shows that privatising public assets not only reduces debt but improves productivity and growth performance. The potential for privatization in many European countries is enormous, but governments remain reluctant to access this goldmine.

EFPIA GUIDING PRINCIPLES AND DISCLOSURE CODE – LAUNCH EVENT

LAUNCH OF THE GUIDING PRINCIPLES ON ETHICS & TRANSPARENCY, LA HULPE, 2 JULY 2013

On 2 July 2013, EFPIA organised a meeting in La Hulpe to present and discuss the Guiding Principles Promoting Good Governance in the Pharmaceutical Sector, a list resulting from the work undertaken by the Platform on Ethics and Transparency. It establishes the governance necessary to guide interactions in the pharmaceutical sector between patients, physicians, competent authorities and pharmaceutical industries.

A representative of the European Commissioner Mr Tajani opened the meeting stressing out that the platform on ethics & transparency has given the opportunity to stakeholders from different interest to exchange views in a regulation-free area, and according to him, these principles would set an example for other sectors. As Mr Barroso declared, pharmaceutical industry contributed to Europe's economic recovery, and access to medicines is a major issue. That is why a new policy agenda had been initiated to strengthen the pharmaceutical industry's competitiveness.

EFPIA & EGA presented the elaboration process, starting by reminding that even if a lot of good standards and platforms existed already, these mechanisms were still lacking in certain countries, as well as collaborations between stakeholders. They expressed their intention to create a culture where every stakeholder takes care of this issue. The ultimate aim is to establish a system of full disclosure on payments of all kind made to all partners. Bram Van Houten, the Dutch ministry of

health, welfare and sport, presented the ethical regulation in the Netherlands. This model of co-operation between stakeholders based on self regulation was presented as an excellent system, provided that it remained within certain bounds in order to prevent from undue influence and ensure the independence of professionals involved in the process.

To implement the code, EFPIA is establishing a network of codes organised at national level and announced the entry into vigor soon of a ban on gifts as well as an agreement with their US counterparts about patient's information.

The different stakeholders (patients represented by EPF, doctors by CPME, pharmacists by PGEU and pharmaceutical wholesalers by GIRP), as well as EMA (European Medicines Agency) welcomed and appreciated the initiative and were encouraging their members to take an active role in the process.

LAUNCH OF EFPIA DISCLOSURE CODE FOR HEALTHCARE PROFESSIONALS AND PROFESSIONAL ORGANISATIONS, LA HULPE, 2 JULY 2013

The EFPIA transparency initiative was launched in a context of increased external scrutiny. Ways of action put in place encompassed legal action (like in France or Denmark) or self-regulation (like in United Kingdom or Netherlands). Ways of enforcing the code were said to encompass measures such as, potentially, restricting sponsoring to organisations that fully respect the principles of disclosure. Questions were raised on the lacking global dimension of the code and the threat of regulatory dumping. International standards and codes (WMA and IFPMA) were said to prevent this from happening. Participants welcomed the principle to regulate the "transfer of values" but also insisted on the need to be more specific regarding the type of relation involved. Others also feared that companies would take over the organisation and running of international CME by stopping funding to societies and organising regional events concentrating best of European or American conferences. With their new code, EFPIA expected that companies disclosed transactions but some feared that this information could be used by some journalists eager to create scandal. At the same time, reciprocal mechanisms could encompass disclosure by professionals or organisations themselves, cross-collaboration and exchange of data via a common platform.

In conclusion, the opportunity to exchange comments and discuss was very much appreciated. EFPIA will be looking into how to best organise this kind of interaction. In terms of the code's implementation, the impact of national laws was seen as predominant.

IMPROVING PROSTATE CANCER CARE ACROSS EUROPE, A CALL TO ACTION – MEETING

Nessa Childers MEP hosted on 9 July 2013 the launch of Europa Uomo's White Paper in the European Parliament to discuss recommendations for addressing the growing burden of prostate cancer in Europe. Europa Uomo (The European Prostate Cancer Coalition), a European advocacy movement for the fight against prostate cancer, has developed with leading clinical experts from across Europe, a European White Paper report which aim is to improve the lives of men living with the disease as well as promoting equal access to high quality care.

Nessa Childers MEP opened the meeting pointing out the need for urgent action on the issue of prostate cancer. Indeed, it is the most common male cancer in Europe, affecting over 3 million men and killing at least one man every 7 minutes. By 2020, the number of those living with prostate cancer is set to rise, partly due to a rapidly ageing population. Resources, public awareness, research and access to care vary a lot from a country to another, and a phenomenon of embarrassment of the men affected tends to delay the detection and has to be fought.

After a presentation of Europa Uomo by its new chairman Hans Randsdorp, Tom Hudson, White Paper Project Lead and Former Chairman of the Europa Uomo, underlined the lack of communication and awareness concerning the disease. There are many barriers to early detection and that is why the access to PSA testing and examination has to be easier and free, and patients should be treated by multiprofessional team care taking in account all the aspects of the disease.

Louis Denis, MD FACS, Director of the Oncology Centre Antwerp emphasized the importance of making the distinction between two types of prostate cancer. Treatments are improving, but the essential stakes now are their affordability, the equal access to these treatments, their evaluation. Classification, collaboration, solidarity and research have to be improved to create a personalized, socially integrated care, based on the quality of life and cost efficiency.

Antoni Montserrat Moliner, Policy Officer for Cancer and Rare Disease at the European Commission's Directorate of Public Health reminded the existence of a Joint Action on Comprehensive Cancer Control between the Commission and the Member States within the 2013 Work Plan for Implementation for Health Program, as well as the new version of the European Code against Cancer which will be proposed in 2014, two opportunities for the different stakeholders to express their interest and point of view on the issue.

The conclusion focused on the necessity of rising awareness on the danger of the prostate cancer, and the importance of broadcasting information, for example with social Medias like Twitter.

THE FUTURE OF HEALTH SPENDING AND THE IMPLICATIONS FOR POLICY – PANEL DISCUSSION

Bruegel, an independent and non-doctrinal European think tank dedicated to improve the quality of economic policy, and the OECD (for Economic Co-operation and Development) jointly organised on 26 June 2013 a panel discussion untitled "the future of health spending and the implications for policy".

The Chairman of the event Guntram Wolff from Bruegel reminded that health care expenditures are on the rise for numerous reasons whereas austerity and long-term financial sustainability concerns impose tough trade-offs between different spending categories. Joaquim Oliveira Martins presented a new OECD-report on public health expenditures projections over the next 50 years. The report distinguishes health care and long term care spending and analyzes their causes, which lead to two different scenarios: a "cost pressure scenario" with a residual growth of spending every year and a "cost-containment scenario" in which policy actions will reduce the pressure on expenditure. Overall, on average across OECD countries, the total health and LTC expenditure to GDP ratio is

projected to increase in both scenarios. On that base panellists from different perspectives discussed how to deal with those projections.

Rodrigo Moreno-Serra (Imperial College's Centre for health policy), insisted on the fact that health policies implemented in the last decades were successful in containing growth in expenditure, despite the extreme heterogeneity among countries in the policies adopted. But improvements are possible, and taking into account both supply side and demand side of the issue is necessary to deal with competitiveness, institutional aspects, pressures on public budget, control of quantity and quality of service. The key objective is the cost efficiency which requires the combination of short term and long term considerations and the sustainability of the expenditures.

A similar message was given by William Dorling (Pfizer). In the last century the stability was maintained by spending productivity dividends wisely among low productivity sectors as health care and education. He claimed that we should avoid measures that will produce greater costs in the future; pursuing this direction, he considers the universal coverage an achievement that EU should be proud of.

According to Christoph Schwierz (DG ECFIN) an increase in healthcare costs is not worrying because higher cost in the low productive sectors will be covered thanks to high productivity increases in other sector of the economy.

His central claim was that our health care system should be named "sick care system", as only 3% of total expenditure on health care is related with prevention, where as it is essential to reduce total cost. Finally, he stressed that many progresses were done, but more on the fiscal side than structural changes. There is still room for improvements, mainly in the structure of long-term care and in shifting the system from sick to health care.

COMPETENCES EVALUATION IN EUROPE: CHALLENGES AND SOLUTIONS FOR HEALTH PROFESSIONALS – SEMINAR

The seminar "*Competences evaluation in Europe – Challenges and solutions for health professionals*" will be held in Paris on September 6th. The event aims to present the results of the ECETIS project - Common European assessment of professional skills in healthcare and social sector - and to provide examples of European good practices in the field of competences evaluations.

The seminar will be addressed by several experts, including Pascal Garel, HOPE Chief Executive, who will focus on the theme "*Human resources in the health sector: which perspectives for Europe?*".

The ECETIS project's purpose is to adapt, test and transfer a Spanish training created by UNED Madrid (Universidad Nacional de Educación a Distancia), for skills assessors in the health care and social care sectors. The project is funded by the European Union through the Leonardo Da Vinci programme.

Evaluation and recognition of professional skills is a key component of the European employment and lifelong learning strategies.

There is thus an increasing need in Europe for a common base enabling to assess the professional competencies and practices:

- in the recognition of competence acquired through work experience or non-formal training;
- for the tutoring activities;
- for the analysis of professional practices;
- for the human resources planning and forecasts.

AGENDA



UPCOMING CONFERENCES

EQUIP'AID. SHARING FOR BETTER HEALTHCARE

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



“Equip’aid. Sharing for Better Healthcare” is the first international meeting of reference, devoted to the improvement of medical equipment support projects for healthcare facilities in the field of international aid.

The conference will be held in Chamonix Mont-Blanc (Haute-Savoie, France) on **November 19th & 20th 2013** and will bring together participants from Northern countries, countries in transition and developing countries.

The following people are expected to participate as speakers: Adriana Velasquez Berumen (Coordinator of the Medical Device Unit, WHO), Nora Berra (Member of European Parliament), Jean-Hervé Bradol (Director of Studies at Medecins sans Frontières Foundation), Pascal Canfin (Deputy Minister for Development at the French Ministry of Foreign Affairs), Véronique Moreira (Vice-President of the Rhône-Alpes Regional Council & Delegate for International Solidarity), Jean-Jacques Romatet (President of the International Relations Committee of the Association of Chief Executives of Teaching Hospitals).

Registration is now open

http://www.weezevent.com/evenement.php?id_evenement=24623&id_page=42432

For further information and for the provisional programme, 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