NEWSLETTER

N° 109 – November 2013

CONTENT

REPORTS AND PUBLICATIONS

OTHER NEWS – EUROPE

UPCOMING CONFERENCES

23-25 April 2014– Barcelona (Spain)

22ND INTERNATIONAL HPH CONFERENCE

ABSTRACT SUBMISSION OPEN

26-28 May 2014 – Amsterdam (The Netherlands)

HOPE AGORA 2014
QUALITY FIRST!
CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

SAVE THE DATE

Public Health

EUROPEAN ANTIBIOTIC AWARENESS DAY 2013

The European Antibiotic Awareness Day 2013 took place on 18 November to raise awareness about the threat of antibiotic resistance and the prudent antibiotic use. Resistance to antimicrobials has taken on serious proportions in Europe: every year, 25.000 patients die of infections caused by antimicrobial-resistant bacteria. This is all the more alarming because antimicrobials are vital for modern human and veterinary medicine.

In 2011, the Parliament called on the Commission to urgently establish an action plan against antimicrobial resistance (AMR). A 5 year action plan was launched to be implemented with Member States. Based on a "one health" approach, the plan promotes actions such as efficient communication campaigns on the appropriate use of antimicrobials, research for new effective antimicrobials and improved monitoring in humans and animals.

This year's ECDC stakeholder event entitled "*Everyone's responsible*" was held on 15 November 2013. During the event information was provided on most recent antimicrobial resistance and antibiotic consumption trends. The Commission presented the most recent initiatives to combat antimicrobial resistance in the EU and announced the results of the Special Eurobarometer on Antimicrobial Resistance.

The Eurobarometer seeks to measure the use of antibiotics among EU citizens in the 28 Member States and their level of knowledge about the nature and effectiveness of antibiotics and the risks associated with unnecessary use. Furthermore, it seeks to determine the impact of antibiotic awareness campaigns on the knowledge and behaviour in the area.

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

CROSS-BORDER THREATS TO HEALTH – DECISION ENTERS INTO FORCE

On 5 November 2013, the Decision on serious cross-border threats to health entered into force. This new legislation 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 Decision provides four major benefits:

- it strengthens preparedness planning capacity at EU level by re-enforcing co-ordination as well as sharing best practices and information on national preparedness planning. The aim is to ensure that all Member States are adequately prepared to face any crisis and to reduce as far as possible the impact of any such event on health, society and the economy;
- it improves risk assessment and management of cross-border health threats, also providing risk assessment for threats that are not communicable diseases and of which no EU Agency is in charge;
- it establishes the necessary arrangements for the development and implementation of a joint procurement of medical countermeasures, including vaccines;
- it enhances the coordination of response at EU level by providing a legal mandate to the Health Security Committee (HSC) in co-ordinating preparedness. In case of crisis, the HSC is now able to decide quickly on the coordination of national responses, communication messages to the public and to the healthcare professionals.

The text of the Decision is available at:
http://ec.europa.eu/health/preparedness_response/docs/decision_serious_crossborder_threats_22102013_en.pdf

PERSONALISED MEDICINE – COMMISSION REPORT

On 13 November, the Commission published a report which takes stock of the progress made in the field of personalised medicine and the opportunities and challenges associated with its implementation in a healthcare setting.

The report focuses on three main areas:

1. the potential and issues with the use of '-omics' technologies in the research and development of personalised medicine and current EU research funding in the area;
2. recent developments in EU legislation for placing medicinal products and devices on the market;
3. factors affecting the uptake of personalised medicine in health care systems.

The report concludes that personalised medicine has the potential to offer new treatment opportunities for the benefit of patients, including better targeted treatment, avoiding medical errors and reducing adverse reactions to medicines. It also highlights that personalised medicine should be seen as an evolution of medicine, rather than a revolution, and recognises the challenges associated with its successful entry in healthcare systems.

Finally, the conclusions also stress that the European Commission will continue to monitor the developments of personalised medicine in the coming years and maintain a fruitful dialogue with stakeholders.

The report is available at:
http://ec.europa.eu/health/files/latest_news/2013-10_personalised_medicine_en.pdf

PATIENT SAFETY AND QUALITY OF CARE – COMMISSION WORKING GROUP

On 4 November 2013 HOPE attended in Brussels the Commission Working Group on Patient Safety and Quality of Care. The working group brings together representatives from all 28 EU countries, EFTA countries, international organisations, EU bodies and key EU stakeholders, including HOPE. The Group assists in developing the EU patient safety and quality agenda.

The meeting started with an update from two subgroups constituted in spring 2013, respectively working on the development of recommendations on reporting and learning systems and on education and training in patient safety. A mapping exercise has been carried out during the summer and a first version of the reports containing the results of this exercise will be discussed in a meeting scheduled for January 2014. The recommendations will then have to be finalised by the beginning of March 2014.

The Commission also presented the preparatory steps undertaken to prepare the second report on the implementation of the 2009 Council Recommendation on patient safety. Besides the information collected through a questionnaire to be completed by all Member States, a public consultation will also be launched by the end of 2013 and a Eurobarometer will be released in January 2014. The report, which will indicatively be published in April 2014, will provide an assessment of the implementation and progress since 2012, date of release of the first report.

Another point in the agenda was the presentation of the findings of QUASER, a 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. The hospital guide produced within the project was presented, as well as future steps, which consist in the implementation of the guide in seven NHS Trusts in England. The implementation process will start in 2014 and will last three years.

Finally Jean Bacou from the *Haute Autorité de Santé* (FR) and coordinator of the Joint Action on Patient Safety and Quality of Care (PaSQ) presented the latest progress of the Join Action. He highlighted that there are currently 140 health care organisations from 17 different countries taking part in the implementation of four safe clinical practices (WHO surgical safety checklist; medication reconciliation; multimodal intervention to increase hand hygiene compliance; paediatric early warning scores). Moreover, about 35 exchange mechanisms (i.e. international meeting, workshops, etc.) have been organised to share good practices and experiences. Mr. Bacou also presented some preliminary elements for discussion related to the sustainability of the Network after the end of the Joint Action in March 2015.

The next meeting of the Working Group on Patient Safety and Quality of Care will be held on 14 February 2014 in Brussels.

More information: http://ec.europa.eu/health/patient_safety/events/ev_20131104_en.htm

HEALTH PROGRAMME 2014-2020 – AGREEMENT

The Committee of Permanent Representatives (Coreper) approved on 13 November a compromise reached at the beginning of the month between the Lithuanian presidency, the European Parliament and the Commission on the EU Health Programme for the period 2014-2020.

The new EU Health Programme is aimed at encouraging innovation in healthcare, increasing the sustainability of health systems, improving the health of EU citizens and protecting them from cross-border health threats. The programme will have up to EUR 449.4 million (in current prices) at its disposal.

More precisely, the new EU Health Programme seeks to complement Member States' health policies in the following four areas:

1. promotion of good health and prevention of diseases; eligible actions include for instance the exchange of good practices for addressing risk factors such as smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity;
2. protection from cross-border health threats which might be improved via an increase of the capacities for scientific expertise;
3. innovative and sustainable health systems where the new EU Health Programme could provide support of the voluntary cooperation between Member States on health technology assessment (HTA);
4. increased access to better and safer healthcare; eligible actions include support for Member States and patient organisations to help patients affected by rare diseases and the reduction of practices that increase antimicrobial resistance.

In order to enter into force the draft regulation still needs to be formally approved by the European Parliament and the Council.

CROSS-BORDER HEALTHCARE – GUIDELINES ON MINIMUM DATASET FOR ELECTRONIC EXCHANGE

On 19 November 2013, the European Commission published the guidelines on a minimum/non-exhaustive patient summary dataset for electronic exchange in accordance with the cross-border Directive 2011/24/EC.

The third meeting of the eHealth Network in May 2013 supported the use of basic and extended Patient Summary datasets and agreed to draw up guidelines on data that can be exchanged electronically across borders. This paper provides the first draft of the guidelines and should be seen as a living document which will be enhanced over time.

The primary focus of the guidelines is to support the objective of continuity of care and patient safety across borders, as stated in Article 14 (2) (b) (i) of the Directive on patients' rights in cross-border healthcare. The guidelines focus on emergency or unplanned care in a cross-border context.

The secondary focus of the guidelines is for reference use at national level. More advanced and elaborate Patient Summaries exist in some Member States, but the eHealth Network agreed that the guidelines could serve as a common baseline for Patient Summaries at national level.

The aim is to enable Member States to understand not only what data is to be included in the patient summary but also to assess the implications of adopting such a patient summary in practice, especially in terms of organisational, technical and semantic requirements. The desired outcome is that Member States commit to implementing the dataset in their national systems.

The guidelines are available at:
http://ec.europa.eu/health/ehealth/docs/guidelines_patient_summary_en.pdf

REFLECTION PROCESS ON CHRONIC DISEASES – FINAL REPORT

Chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths in the region. Chronic diseases affect more than 80% of people aged over 65 in Europe. Moreover, in patients over 65, the presence of multiple conditions or co-morbidities has a multiplier effect on the burden of disease and on management costs. This is particularly significant as current forecasts indicate that in the EU, the population aged 65 and above will rise from 87.5 million in 2010 to 152.6 million in 2060.

The Council conclusions of 2010 on "innovative approaches for chronic diseases in public health and healthcare systems" invited Member States and the Commission to initiate a reflection process aiming to identify options to optimise the response to the challenges of chronic diseases, the cooperation between Member States and summarise its outcomes in a reflection paper.

The European Commission has recently published a final report which summarises the work done. It focuses on main two priorities for EU action on chronic diseases:

- prevention & health promotion;
- disease management with an emphasis on patient empowerment.

In order to continue the discussion on where further EU action might add value, DG Health and Consumers intends to organise an EU summit on chronic diseases in 2014. The summit would review action to date and provide a forum for participants from Member States and stakeholder organisations on future needs.

The final report is available at:
http://ec.europa.eu/health/major_chronic_diseases/docs/reflection_process_cd_final_report_en.pdf

PROFESSIONAL QUALIFICATIONS – ADOPTION

On 15 November 2013, the Council of the EU adopted a review of the professional qualifications Directive, endorsing the plenary vote that took place in the European Parliament last October. The aim of the Directive is to facilitate the free movement of EU citizens by making it easier for professionals (including health professionals) qualified in one Member State to practise their profession in another Member State.

The new legislation introduces the following innovative aspects:

- the creation of a professional skills card, an electronic certificate issued by the professionals' home country and based on the existing Internal Market Information System (IMI), which will facilitate information exchange between Member States administrations and therefore automatic recognition in the host country;
- the set up of an alert system on disqualifications of health professionals;
- a clarification of the rules on partial access (i.e. access to some activities of a certain regulated profession), to facilitate the recognition of professions that are not recognised in others states and in cases where the professional is not fully qualified in the state of origin. A Member State will be able to refuse a partial access to a profession on the grounds of public health concerns. This may in particular be the case for health professionals.
- while taking into account the competence of Member States to decide on the qualifications required for the pursuit of professions in their territory and on the organisation of their education systems, the development of common training principles will try to better respond to the needs of the professions. Under the new rules, qualifications obtained under common training frameworks, based on a common set of knowledge, skills and competences or standardised training tests, will automatically be recognised by Member States. Professional associations and organisations which are representative at national or Union level will be able to propose common training principles;
- a clarification of the provisions concerning language skills. Competent authorities will be able to apply language controls after the recognition of the qualifications, which is particularly important for professions with patient safety implications;
- the recognition by the home country, when a graduate applies for accessing a regulated profession, of the professional traineeship completed in another Member State.

The Directive will enter into force after publication in the Official Journal of the EU.

HORIZON 2020 – VOTE IN PLENARY

On 21 November 2013, MEPs adopted during the European Parliament plenary session in Strasbourg the Horizon 2020 package, the European Union's framework programme for research and innovation for the period 2014-2020.

This legislative package voted by MEPs is made up of five regulations on:

- the establishment of Horizon 2020 (adopted with 533 votes to 29, with 22 abstentions);
- the specific programme implementing Horizon 2020 (559 votes in favour, 24 against, 19 abstentions);
- rules for participation (506 votes in favour, 81 against, 9 abstentions);
- the European Institute for Innovation and Technology (EIT) (516 votes in favour, 27 against, 18 abstentions);
- the strategic innovation agenda of the EIT (523 votes in favour, 16 against, 58 abstentions).

The new research framework programme will have a total budget of 70.2 billion Euros.

Simplification has been one of the main goals in the design of Horizon 2020. This will have a simpler programme architecture based on three pillars:

1. excellent science (32% of the total budget);
2. industrial leadership (22%);
3. societal challenges, which addresses major concerns shared by citizens in Europe and will focus in areas such as health, climate, food, security, transport and energy (39%).

Simplification has also been obtained through the establishment of a single set of participation rules for all programmes; the use of electronic signature for grants and amendments; simplified funding rules (with two standard funding rates, one funding rate per project and indirect costs covered by a single flat-rate); and a reduced burden of financial controls and audits thanks partly to the use of flat rates for indirect costs, a major source of error in the past.

The Council of the EU will have now to confirm the adoption of the package in early December, enabling the Horizon 2020 programme to start on 1st January 2014.

More information: ***http://ec.europa.eu/research/horizon2020/index_en.cfm***

WORKING TIME – GREECE AND IRELAND REFERRED TO COURT OF JUSTICE

On 20 November 2013, the European Commission referred Greece and Ireland to the EU's Court of Justice for failure to comply with the EU rules on working time limits for doctors in public health services.

In particular, Greece fails to ensure that doctors working in public hospitals and health centres work no more than 48 hours per week on average, including any overtime. The Commission affirms that in practice, doctors working in Greece often have to work a minimum average of 64 hours per week and over 90 hours in some cases, with no legal maximum limit.

The situation is similar in Ireland, where the Commission says there are still numerous cases where junior doctors are regularly required to work continuous 36-hour shifts, to work over 100 hours in a single week and 70-75 hours per week on average, and to continue working without adequate breaks for rest or sleep. Irish national law provides for limits to doctors' working time, but in practice public hospitals often do not apply the rules to doctors in training or other non-consultant hospital doctors.

The Commission considers these situations a serious infringement of the EU's Working Time Directive, endangering doctors' health and safety.

LABILE BLOOD PRODUCTS – OPINION OF THE ADVOCATE-GENERAL

Request for a preliminary ruling – Directive 2001/83/EC – Directive 2004/27/EC – Directive 2002/98/EC – Scope of application – Labile blood products – Plasma prepared by a method involving an industrial process

In case C-512/12 (Octapharma France SAS v Agence nationale de sécurité du médicament et des produits de santé -ANSM- and Ministère des affaires sociales et de la santé) the Advocate-General replies to the questions raised by the French Conseil d'État on which European Union legal regime applies to a plasma product called «Octaplas», produced by Octapharma. This product is prepared by a method involving an industrial process and is used in blood transfusions.

By a decision of 20 October 2010 ANSM classified as a labile blood product the industrially produced plasma (plasma SD), which includes Octaplas.

The French EFS (L'Établissement français du sang) has a monopoly under French law for organising in the national territory the collection of blood and the preparation and distribution of labile blood products. Thus, plasma SD has to be administered and distributed exclusively by the EFS.

Octapharma appealed this decision arguing that the authorisation for marketing of industrially prepared plasma is governed exclusively by Council Directive 2001/83, as amended by Directive 2004/27, and that industrially prepared plasma should rather be categorised as a medicinal product. The French authorities contested this, principally on the basis that the marketing in France of industrially prepared plasma is governed exclusively by another European Union instrument, namely, Directive 2002/98/EC setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components.

The advocate-general's opinion runs counter to current French practice. He proposes that plasma from whole blood which is prepared by a method involving an industrial process and which is intended for transfusions falls, and exclusively, within the scope of Directive 2001/83/EC relating to medicinal products for human use.

HORIZON 2020 – DRAFT WORK PROGRAMMES 2014-2015

The European Commission has recently published the draft work programmes for 2014-2015 of Horizon 2020, the new European Union's framework programme for research and innovation.

Under the pillar Societal Challenge, the area of "Health, demographic change and wellbeing" (SC1) will include topics such as:

- understanding health, ageing and disease;
- effective health promotion, disease prevention, preparedness and screening;
- improving diagnosis;
- innovative treatments and technologies;
- advancing active and healthy ageing;
- integrated, sustainable, citizen-centred care;
- improving health information, data exploitation and providing an evidence base for health policy and regulation.

There will also be a specific call for coordinated support to the activities of the European Innovation Partnership on Active and Healthy Ageing, and another for support to the Joint Programming Initiative "More Years, Better Lives - the Challenges and Opportunities of Demographic Change".

The draft programmes are being made public just before the adoption process to provide potential participants with the currently expected main lines of the work programmes 2014-2015. They are working documents not yet endorsed by the Commission and their contents do not in any way prejudge the final decision of the Commission.

Horizon 2020 and its first annual Work Programme will be adopted on 11th December 2013. The first call for proposals (first funding round) will be published at the same time.

More information: ***http://ec.europa.eu/research/horizon2020/index_en.cfm?pg=h2020-documents***

The draft work programme in the area of Health, demographic change and well-being is available at: http://ec.europa.eu/research/horizon2020/pdf/work-programmes/health_draft_work_programme.pdf#view=fit&pagemode=none

HEALTH C – FIRST NEWSLETTER RELEASED

The HEALTH C project of which HOPE is a partner has recently released its first newsletter illustrating the main achievements of the first year of activity and next steps. The newsletter is available in seven different languages (Danish, English, French, German, Italian, Portuguese and Spanish).

HEALTH C is a two-year initiative co-funded by the European Commission through the Lifelong Learning programme – Leonardo da Vinci – Development of Innovation sub-programme. 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 newsletter briefly lists several results already available such as:

- SWOT analysis;
- background report;
- best practices in health crisis communication;
- communication guidelines.

An update is also provided on the next steps for the upcoming months and a preliminary overview of the training course structure and the set of resources to be included in the toolkit.

The newsletter is available at: http://healthc-project.eu/download/

MOMENTUM – SECOND SIG REVIEW WORKSHOP

On 18 and 19 November 2013, HOPE participated to the second SIG Review Workshop of Momentum, the Thematic Network for Mainstreaming Telemedicine Deployment in Daily Practice.

Momentum is about creating a platform across which the key players can share their knowledge and experience in deploying telemedicine services into routine care to build a body of good practice.
One of the outcomes of the project will be the development of a Blueprint that validates a consolidated set of methods supporting the telemedicine service implementation process.

During the meeting four telemedicine use cases were presented and analysed in depth by the four Special Interest Groups (SIGs) composing the project, respectively dedicated to telemedicine strategy and management (SIG1), organisational implementation and change management (SIG2), legal and regulatory issues (SIG3) and technical infrastructure and market relations (SIG4).

The four presented and analysed cases are:

- Chronic Disease Management service of Maccabi (Israel);
- RWeyes, an online service to share competences and resources with medical imaging (Sweden);
- ITHACA, a service for treatment adherence and follow up of patients affected by hypertension (Catalonia);
- Teledyalisis for patients with kidney failure (Norway).

Based on the analysis of these four select cases, Momentum will be proposing:

- a set of guidelines, the Blueprint, with success factors and a description of the conditions for these factors to lead to successful deployment, and
- a self-assessment tool for telemedicine practitioners to customise the Momentum Blueprint to their particular case.

Next steps will include a further review by the SIGs leaders and their team of the four use cases presented during the meeting and the identification of 10 success factors and the key characteristics of the service that justifies them.

Another similar workshop will be organised at the end of January to present the results of this work and discuss next steps.

More information: http://www.telemedicine-momentum.eu/

EUROPEAN COLLABORATION FOR HEALTHCARE OPTIMISATION – FINAL CONFERENCE

The healthcare agenda of European Member States is driven by the question of how we can achieve better healthcare accessible to all, and sustainability of systems and services in different economic times. The European Collaboration for Health Optimization (ECHO) project is an international effort to deliver unique insights on the unwarranted variation in the effectiveness, quality and safety, and efficiency of health systems and services. It shows, from a geographical perspective, whether populations are over or under exposed to healthcare procedures, and from a hospital-provider perspective it allows for analysing patients' exposure to high or low hospital care quality.

During the final conference results of this pilot project were presented, showing how the involved countries can improve the access, safety and utilisation of their healthcare services. The emphasis was on how unwarranted variation can be tackled, and which areas of care are in need of improvements.

More information: www.echo-health.eu

HEALTH PROGRAMME – PROPOSALS AWARDED FOR 2013

On 29 October 2013, the European Commission published a document listing the accepted proposals for the award of a financial contribution by DG SANCO.

Funding has been assigned to four types of different actions: projects, conferences, joint actions and operation grants. Those actions intend to have a special European dimension, meaning that a minimum of various partners of different European Countries have to be involved in the project plan.

The Joint Action on Chronic Diseases (CHRODIS-JA) in which HOPE is involved has been accepted.

More information: http://ec.europa.eu/health/programme/docs/award_decision2013_en.pdf

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING – LEAFLET PUBLISHED

The European Innovation Partnership on Active and Healthy ageing has recently published a new leaflet aimed at explaining the objectives of the partnership and how to get involved.

This collaborative partnership aims to improve older peoples' lives, helping them to contribute to society, and reduce pressure on health and care systems, ultimately contributing to sustainable growth. Its main goal is to obtain commitment and investment from stakeholders – public and private, EU, national and local – who have jointly agreed on three priority areas for action:

- prevention, screening and early diagnosis;
- care and cure;
- active ageing and independent living.

The leaflet is available at: http://ec.europa.eu/health/ageing/docs/leaflet_eip_aha_en.pdf

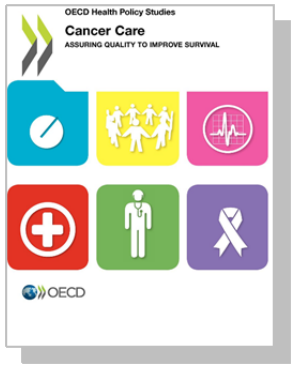
HEALTH AT A GLANCE 2013 – OECD REPORT

This seventh edition of Health at a Glance provides the latest comparable data on different aspects of the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in the costs, activities and results of health systems.

Key indicators provide information on health status, the determinants of health, health care activities and health expenditure and financing in OECD countries. Each indicator in the book is presented in a user-friendly format, consisting of charts illustrating variations across countries and over time, brief descriptive analyses highlighting the major findings conveyed by the data, and a methodological box on the definition of the indicator and any limitations in data comparability.

More information:
http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf

CANCER CARE: ASSURING QUALITY TO IMPROVE SURVIVAL – OECD REPORT



Cancer remains a major health care challenge in OECD countries and the financial burden associated with cancer is also growing. However, despite recent improvements in cancer treatment and prevention, countries are doing not as well as they could to fight the disease: an estimated one-third of cases could be cured if detected on time and adequately treated, and another one-third could be prevented entirely if more far-reaching public health measures were in place. Furthermore, cancer survival data show almost a four-fold difference across OECD countries. While some countries are lagging behind in cancer care performance, other countries have designed systems that make them global leaders in the fight against cancer.

This report aims to share best practices and improve cancer care performance across countries. Drawing on questionnaires and structured interviews conducted with cancer experts in 35 countries, it describes variations in the resources countries allocate to cancer care, care practices and

governance systems for cancer care. It explores the policy trends in cancer care across countries over the past decade and identifies which policy approaches are associated with the best cancer survival.

The report concludes by offering concrete recommendations for creating and supporting high-quality cancer care systems.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/cancer-care_9789264181052-en#page1

MANAGING HOSPITAL VOLUMES: GERMANY AND EXPERIENCES FROM OECD COUNTRIES – OECD WORKING PAPER

To help inform a conference organised by the Germany Ministry of Health (BMG) and the OECD on "Managing Hospital Volumes" on the 11th April 2013, the OECD Secretariat produced this paper giving an international perspective on Germany's situation and the current policy debate. It provides a number of observations about the structure and financing of hospitals in Germany.

The paper begins by arguing that Germany has a more open-ended approach to the financing of hospital services and weaker controls over the hospital budget than in many other OECD countries. In large part this reflects that DRGs in Germany are almost strictly used for pricing, whereas other countries use DRGs as one of many tools they have to influence hospital budgets. This is compounded by a situation where State governments do not have an incentive to rationalise hospital capacity where this may be desirable. Finally, the paper argues that the vast array of quality information available in Germany ought to be used to better direct financing.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/managing-hospital-volumes-germany-and-experiences-from-oecd-countries_5k3xwtg2szzr-en#page1

HOW'S LIFE? – 2013 OECD REPORT

The second edition of "How's Life?", a bi-annual assessment of people's well-being in OECD countries and in selected emerging economies, has recently been released.

This assessment is based on a multi-dimensional framework covering 11 dimensions of well-being (income, jobs, housing, health, work-life balance, education, social connections, civic engagement and governance, environment, personal security and subjective well-being) and on a broad set of outcomes indicators. Each issue also contains several chapters focusing on more specific aspects.

The 2013 editions of "How's Life?" covers four topics: gender differencies in well-being; well-being in the workplace; and sustaining well-being over time.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/economics/how-s-life-2013_9789264201392-en#page1

HOSPITALS AND BORDERS – WHO PUBLICATION

The European Union Directive on the application of patients' rights in cross-border health care explicitly calls for Member States to cooperate in cross-border health care provision in border regions. Given that most such collaboration in the health care field involves secondary care, the new legal requirement means that hospitals that are close to national frontiers will be the focus of significant attention.

In this volume, seven case studies examine the circumstances under which cross-border collaboration is likely to work, the motivations and incentives of health care actors and the role played by health systems, individuals and the EU in shaping cross-border collaboration. The study is original in offering qualitative and analytical scientific evidence on aspects of cross-border collaboration involving hospitals in 11 EU and non-EU countries (Austria, Belgium, Bulgaria, Denmark, Finland, France, Germany, the Netherlands, Norway, Romania and Spain).

This book is of interest to decision-makers and field actors engaged in or considering cross-border collaboration. Questions on feasibility, desirability and implementation are at the core of the analysis. The book puts forward policy conclusions directly linked to the EU Directive on patients' rights and proposes a "toolbox" of prerequisites for starting or maintaining cross-border collaboration in health care. In addition to its deliberate policy perspective, it also focuses on at the intersection between the EU and domestic health systems known as cross-border health care.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0019/233515/Hospitals-and-Borders.pdf

HIT AUSTRIA – WHO PUBLICATION

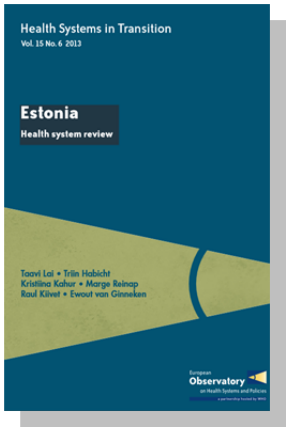
The European Observatory on Health Systems and Policies has recently published a health system review on Austria as part of the series "Health Systems in Transition" (HiTs).

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

According to the review, Austrians are much more satisfied with their health system than most of their fellow Europeans. This could be explained by the high level of coverage and provider choice that Austrian patients generally enjoy and by the decentralized planning and governance of the system that allows to cater for local needs and preferences. However these same factors are also likely to generate fragmentation and lack of coordination, which makes the Austrian health system more costly than average and could hamper its performance. This is why since 2005, with the creation of the Federal Health Agency and regional health platforms, reform is aimed at intensifying cross-stakeholder coordination at all levels and promoting outpatient care.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0017/233414/HiT-Austria.pdf

HIT ESTONIA – WHO PUBLICATION



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

This publication presents the evolution of the Estonian health system since 2008, when the previous HiT was published. It describes Estonia's response to the 2008 financial crisis, which included a tough austerity package with cuts in benefits and prices, increased cost sharing for certain services, extended waiting times, and a reduction in specialized care.

The report highlights a number of pre-crisis challenges still remaining:

- ensuring sustainable health financing;
- guaranteeing a sufficient level of human resources;
- prioritizing patient-centred health care;
- integrating health and social care services;
- implementing intersectoral action;
- safeguarding access to health care for lower socioeconomic groups;
- improving evaluation and monitoring;
- reducing high rates of smoking and alcohol consumption;
- reversing the trend toward increasing obesity rates.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0018/231516/HiT-Estonia.pdf

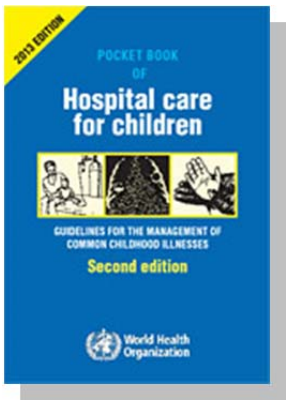
HEALTH AND ENVIRONMENT: COMMUNICATING THE RISKS – WHO PUBLICATION

Public administrations at all levels must often manage complex situations related to environmental determinants of health, often surrounded by controversy. Many factors contribute to a rapid escalation of such situations: increased sensitivity in the face of uncertain risks, uneven distribution of risks and benefits, and decreasing trust in authorities making decisions influencing public health. There is a need, in such circumstances, to assess the extent of possible effects on health and the environment and to manage information, evidence and communication on possible risks, while understanding and taking into consideration stakeholders' opinions, interests and values.

The WHO Regional Office for Europe organised a workshop in Trento, Italy to enable participants to share experience in the management and communication of environmental risks. This report builds on the presentations and discussions from the workshop and presents a series of key messages useful to regional and local authorities, as well as to risk managers in general.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0011/233759/e96930.pdf

HOSPITAL CARE FOR CHILDREN – WHO POCKET BOOK



This is the second edition of the Pocket book of hospital care for children. It is for use by doctors, nurses and other health workers who are responsible for the care of young children at the first level referral hospitals.

The Pocket Book is one of a series of documents and tools that support the Integrated Management of Childhood Illness (IMCI). It is an update of the 2005 edition, and presents up-to-date evidence based clinical guidelines from several recently updated and published WHO guidelines and recommendations. The guidelines are for use in both inpatient and outpatient care in hospitals with basic laboratory facilities and essential medicines.

These guidelines focus on the management of the major causes of childhood mortality in most developing countries, such as newborn problems, pneumonia, diarrhoea, malaria, meningitis, septicaemia, measles and related conditions, severe acute malnutrition and paediatric HIV/AIDS. It also covers common procedures, patient monitoring and supportive care on the wards and some common surgical conditions that can be managed in small hospitals.

More information:
http://apps.who.int/iris/bitstream/10665/81170/1/9789241548373_eng.pdf

ANTIMICROBIAL RESISTANCE – EUROBAROMETER

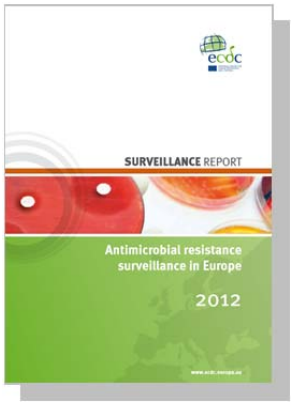
On the occasion of the 2013 European Antibiotic Awareness Day (18 November 2013), the European Commission released a Special Eurobarometer on Antimicrobial Resistance.

This Special Eurobarometer seeks to measure the use of antibiotics among EU citizens in the 28 Member States and their level of knowledge about the nature and effectiveness of antibiotics and the risks associated with unnecessary use. Furthermore, it seeks to determine the impact of antibiotic awareness campaigns on the knowledge and behaviour in the area.

The results reveal a modest positive evolution since the first survey taken in 2009: 35% of respondents say they have taken antibiotics in the past year, which represents a 5% decrease since the 2009 survey. 2% fewer people took antibiotics against flu in 2013 (18% vs 20%), and more people are aware that antibiotics do not kill viruses than in 2009 (40% vs 36%).

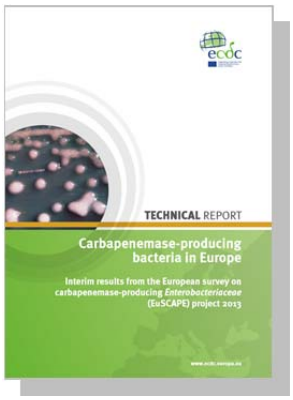
More information:
http://ec.europa.eu/public_opinion/archives/ebs/ebs_407_en.pdf

ANTIMICROBIAL RESISTANCE SURVEILLANCE AND EUSCAPE SURVEY – ECDC REPORTS



On the occasion of the 2013 European Antibiotic Awareness Day (18 November 2013), the European Centre for Disease Prevention and Control (ECDC) released two new reports providing new EU-wide data on antibiotic resistance.

The "*Antimicrobial resistance surveillance in Europe - 2012 report*" (EARS-Net annual report) presents antimicrobial resistance data for seven microorganisms of major public health importance: Escherichia coli, Klebsiella pneumonia, Pseudomonas aeruginosa, Acinetobacter species, Streptococcus pneumoniae, Staphylococcus aureus, and Enterococci. For 2012, data were reported by 30 countries and the report also presents trend analyses for the period 2009–2012.



The ECDC also released the report on "Carbapenemase-producing bacteria in Europe". The publication unveils the results of a survey (EuSCAPE) based on a self-assessment by national experts from 38 countries of carbapenem-resistant infections in Europe. The results indicate that the spread of carbapenem-resistant infections is much wider than indicated by EARS-Net, which only includes the most severe infections, that is bloodstream infections.

The EARS-Net annual report is available at:
http://www.ecdc.europa.eu/en/publications/Publications/antimicrobial-resistance-surveillance-europe-2012.pdf

The EuSCAPE report is available at:
http://www.ecdc.europa.eu/en/publications/Publications/antimicrobial-resistance-carbapenemase-producing-bacteria-europe.pdf

EUROPEAN UNION HEALTH MANDATE: TAKING STOCK OF PERCEIVED ACHIEVEMENTS, FAILURES AND MISSED OPPORTUNITIES – A QUALITATIVE STUDY

The European Union (EU) health mandate was initially defined in the Maastricht Treaty in 1992. The twentieth anniversary of the Treaty offers a unique opportunity to take stock of EU health actions by giving an overview of influential public health related EU-level policy outputs and a summary of policy outputs or actions perceived as an achievement, a failure or a missed opportunity.

More information: ***http://www.biomedcentral.com/content/pdf/1471-2458-13-1074.pdf***

IS TUBERCULOSIS CROSSING BORDERS AT THE EASTERN BOUNDARY OF THE EUROPEAN UNION? – STUDY

The Eastern border of the European Union consists of 10 countries after the expansion of the EU in 2004 and 2007. These 10 countries border to the East to countries with high tuberculosis (TB) notification rates. Authors analyzed the notification data of Europe to quantify the impact of cross-border TB at the Eastern border of the EU.

More information: ***http://eurpub.oxfordjournals.org/content/23/6/1058.full.pdf+html***

AUSTERITY AND HEALTH IN EUROPE – STUDY

Many European governments have abundantly cut down public expenditure on health during the financial crisis. Consequences of the financial downturn on health outcomes have begun to emerge. This recession has led to an increase in poor health status, raising rates of anxiety and depression among the economically vulnerable. In addition, the incidence of some communicable diseases along with the rate of suicide has increased significantly. The recession has also driven structural reforms, and affected the priority given to public policies.

The purpose of this paper is to analyse how austerity impacts health in Europe and better understand the response of European health systems to the financial crisis. The current economic climate, while challenging, presents an opportunity for reforming and restructuring health promotion actions. More innovative approaches to health should be developed by health professionals and by those responsible for health management. In addition, scientists and experts in public health should promote evidence-based approaches to economic and public health recovery by analyzing the present economic downturn and previous crisis. However, it is governance and leadership that will mostly determine how well health systems are prepared to face the crisis and find ways to mitigate its effects.

More information: ***http://www.healthpolicyjrnl.com/article/S0168-8510(13)00230-3/fulltext***

OVERALL SCORES AS AN ALTERNATIVE TO GLOBAL RATINGS IN PATIENT EXPERIENCE SURVEYS – STUDY

Global ratings of healthcare by patients are a popular way of summarizing patients' experiences. Summary scores can be used for comparing healthcare provider performance and provider rankings. As an alternative, overall scores from actual patient experiences can be constructed as summary scores.

This paper addresses the statistical and practical characteristics of overall scores as an alternative to a global rating in summarizing patient survey results.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-479.pdf***

HOSPITAL PROCESS ORIENTATION FROM AN OPERATIONS MANAGEMENT PERSPECTIVE – STUDY

Although research interest in hospital process orientation (HPO) is growing, the development of a measurement tool to assess process orientation (PO) has not been very successful yet. To view a hospital as a series of processes organised around patients with a similar demand seems to be an attractive proposition, but it is hard to operationalize this idea in a measurement tool that can actually measure the level of PO.

This research contributes to HPO from an operations management (OM) perspective by addressing the alignment, integration and coordination of activities within patient care processes. The objective of this study was to develop and practically test a new measurement tool for assessing the degree of PO within hospitals using existing tools.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-475.pdf***

POPULATION-BASED FUNDING FORMULAE FOR HEALTHCARE – A COMPARATIVE ANALYSIS OF SEVEN MODELS

Population-based funding formulae act as an important means of promoting equitable health funding structures. To evaluate how policy makers in different jurisdictions construct health funding formulae and build an understanding of contextual influences underpinning formula construction the study carried out a comparative analysis of key components of funding formulae across seven high-income and predominantly publically financed health systems: New Zealand, England, Scotland, the Netherlands, the state of New South Wales in Australia, the Canadian province of Ontario, and the city of Stockholm, Sweden. Despite broadly similar frameworks, there are distinct differences in the composition of the formulae across the seven health systems. Ultimately, the development of funding formulae is a dynamic process, subject to availability of data reflecting health needs, the influence of wider socio-political objectives and health system determinants.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-470.pdf***

MISSED MEDICATION DOSES IN HOSPITALISED PATIENTS – A DESCRIPTIVE ACCOUNT OF QUALITY IMPROVEMENT MEASURES AND TIME SERIES ANALYSIS

The objective of this paper is to investigate the changes in overdue doses rates over a 4-year period in an National Health Service (NHS) teaching hospital, following the implementation of interventions associated with an electronic prescribing system used within the hospital. Conclusions Electronic prescribing systems can facilitate data collection relating to missed medication doses. Interventions providing hospital staff with information about overdue doses at a ward level can help promote reductions in overdue doses rates.

More information: ***http://intqhc.oxfordjournals.org/content/25/5/564.full.pdf+html***

HEALTH SYSTEMS AND FINANCIAL CRISIS – NEW WEB PLATFORMS LAUNCHED

The European Observatory on Health Systems and Policies has recently launched two web platforms on health systems and on the financial crisis. The platforms aim to promote international comparison and support evidence informed policy making in health. Both monitors are based on the Observatory's extensive network of partners and experts and combine various dissemination channels.

The *Health Systems and Policy Monitor (HSPM)* is an innovative web platform that allows policy decision makers, practitioners and academics to follow and understand changes in national health systems across Europe and beyond. The HSPM platform makes the Observatory's Health Systems in Transition (HiT) series accessible on line and allows easy navigation through and between HiTs. It also provides up-to-date information about ongoing health system reforms and changes so that users can identify and understand shifts in policy and allows users to compare health systems information across countries.

The *Health and Financial Crisis Monitor (HFCM)* collates scientific evidence about the effects of the financial crisis on health and health systems across Europe, particularly in those countries most affected. The platform is intended to support and inform policy makers and those who advise them by identifying and organising publications, data and analysis on this subject. This web monitor is developed jointly by the Observatory and the Andalusian School of Public Health. It is also linked with a dedicated Twitter channel that also provides information on grey literature (press articles, opinion pieces) as well as on relevant events and activities.

Health Systems and Policy Monitor (HSPM):
http://www.hspm.org/mainpage.aspx

Health and financial crisis monitor (HFCM):
http://www.easp.es/hfcm/

COLLABORATIVE APPROACHES AND USE OF STRUCTURAL FUNDS – WORKSHOP

On the 5th of November, HOPE participated to a Workshop hosted by EuroHealthNet which is involved in a Joint Action on Health Inequalities called Equity Action that is being financed by DG SANCO. EuroHealthNet is coordinating a Regional work-strand of the Joint Action that has focused

largely on how the public health sector can become more involved in applying Structural Funds to achieve their objectives and reduce health inequalities. Furthermore, EHN has almost finalized a report with the results of this work, which essentially lays out why public health should get more engaged, and provides examples of how they could do so. In addition, it is taking part in a work-strand focusing on 'Stakeholder Engagement', which has chosen 'Equity from the Start' as a cross-cutting theme for its work. As a contribution to the Stakeholder Engagement work-strand, EHN was committed to bringing together EU-level Stakeholders around the theme of 'Equity from the Start', although EuroChild is essentially already doing this by bringing together EU stakeholders to take forward the EU Recommendation on Investing in Children.

This workshop was the opportunity to explore in greater detail, with a small group of relevant EU-level stakeholders, how public health and social sector bodies can work more closely together and in particular how they can apply Structural Funds, to support initiatives that can promote "Equity from the Start".

EHEALTH: TOWARDS IMPROVING PATIENT SAFETY, INCREASING CLINICAL ACCOUNTABILITY AND ADDRESSING INFORMATION GOVERNANCE – ROUNDTABLE

MEPs Antonyia Parvanova and Rebecca Taylor hosted this roundtable discussion, co-organised by ACCA (the Association of Chartered Certified Accountants) and Hanover, to feed into the eHealth Action Plan 2012-2020 debate and underline the importance of sharing of good eHealth practice in Europe.

The debate started with a new eHealth and patient safety study completed by ACCA at Leicester University Hospital in the UK. It explored the impact of adopting a mobile and fully interoperable patient hand-over system. The report clearly demonstrated that the proposed multi-faceted solution not only increased patient safety, but also won the confidence of the doctors and nurses using it and promises to generate a good return on investment for the hospital.

The way healthcare is delivered is changing. There is a growing demand to ensure greater access to healthcare services with scarce resources, whilst ensuring the quality of services and patient safety. New technologies can support healthcare systems face these new challenges. The European Commission's eHealth Action Plan, presented in 2012, highlighted the barriers to greater use of digital solutions in healthcare. The green paper on Mobile Health (mHealth) will complement the Action Plan and will focus on the quality and security of exchanged patient data. Other regulatory initiatives, including the currently discussed Regulation on Medical devices and Regulation on In-Vitro diagnostics medical devices, try to improve patient safety. However, the adoption of eHealth solutions will not simply happen by putting in place the right legal framework and technological safeguards.

Despite three decades of eHealth investment by European Member States, a certain level of skepticism about the value of eHealth still persists. It is crucial to support the dissemination of evidence of good eHealth in order to allow the EU as a whole to reap the benefits that eHealth can provide.

AGENDA

UPCOMING CONFERENCES

22ND INTERNATIONAL HPH CONFERENCE

23-25 April 2014– Barcelona (Spain)

The abstract submission for the 22nd International HPH conference, which will be held in Barcelona on 23-25 April 2014 under the title *"Changing hospital & health service culture to better promote health"*, is now open.

Topics applicable for abstract submission include:

- Health literacy – an emerging concept for more patient-oriented healthcare
- Developing healthcare organisations into salutogenic workplaces
- Better responding to community health needs through a culture of collaboration
- Child and maternal health
- Older patients
- Migrants and minorities
- Psychiatric patients and mental health
- Alcohol consciousness
- Tobacco cessation
- Physical activity
- Environment-friendly management
- Cooperation between HPH and self-help/patient groups – approaches and experiences
- Health promoting integrated care
- Sustainable and health promoting health services
- Cooperation between HPH and Pain-free hospitals

ABSTRACT SUBMISSION OPEN

Abstract submission will be open until 20 December 2013.

More information: ***http://www.hphconferences.org/barcelona2014/***

HOPE AGORA 2014

QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

26-28 May 2014 – Amsterdam (The Netherlands)

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33rd time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from **26 to 28 May 2014** around the topic "Quality first! Challenges in the changing hospital and healthcare environment ".

SAVE THE DATE

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