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EUROPE 2020 STRATEGY – PUBLIC CONSULTATION

On May 2014, a public consultation on the Europe 2020 strategy was launched. The aim is to inform the review of the strategy and to seek views on the lessons learned from the early years of the strategy and on the elements to be taken into account in its further development.

The Europe 2020 strategy was launched in March 2010, consisting in promoting smart, sustainable and inclusive growth. Its aim is to achieve a competitive European economy while preserving the EU's social market economy model.

The strategy is built around five main target areas:

- Employment
- Research and development
- Climate and energy
- Education
- Fight against poverty and social exclusion

The consultation is open until 31 October 2014.

After closure of the public consultation, the Commission will analyse the replies and make proposals for the further development of the strategy in 2015.

More information and link to the consultation:
http://ec.europa.eu/europe2020/public-consultation/index_en.htm

PATIENT SAFETY – COMMISSION PUBLISHES PACKAGE

In the EU, it is estimated that around 8 to 12% of patients in hospitals are affected by adverse events while receiving healthcare (e.g. infections, surgical errors, medical device failure, errors in diagnosis, etc.).

On 19 June 2014, the European Commission published a patient safety package, in order to assess how the EU is dealing with the challenge of patient safety, and to underline the progress made since 2012 and the efforts that still remain to improve patient safety. The Commission highlights the progress that has been made such as national programmes for patient safety, systems for patients to report adverse events. But there is still a long way to go, especially on the training of healthcare professionals.

The package is composed of three documents.

1. A **report on the implementation of the 2009 Council Recommendation on Patient Safety**. The 2009 Council Recommendation on patent safety set up a strategy based on four areas of action: policies and programmes on patient safety, empowering patients, reporting adverse events and education and training of healthcare workers. This report tries to underline the progress made, especially in terms of: development of policies and programmes (26 countries developed patient safety strategies or programmes), reporting systems on adverse events (existing in 27 countries) and patient empowerment. The report concludes that there is a need for further efforts at EU level and proposes a list of actions including the development of guidelines and a common definition of quality of care.

2. A **Eurobarometer survey on patient safety and quality of care** conducted between November and December 2013 in all the EU Member States.

   The results show that:

   - 53% of EU citizens think it is likely patients could be harmed by hospital care in their country.
   - 27% said that they or a relative have experienced an adverse event while receiving healthcare. Of those who experienced such an adverse event, 46% reported it. But in 37% of the cases when the event was reported, nothing happened next: only 1 in 5 received an apology and 17% an explanation.

3. The **results of a Public Consultation** held between December 2013 and February 2014. Over 90% still see patient safety as an issue in the EU. Consequently, the results show an important support for the areas of improvement identified by the Commission. The majority of participants (72%) also highlighted the fact that giving more importance to a wider quality of care would lead to considerable benefits.

The Commission also published at the same time two reports on Reporting and learning systems for patient safety incidents across Europe and on Education and training in patient safety across Europe produced by the Commission Patient Safety and Quality of Care Working Group. The Group brings together representatives from all 28 EU countries, EFTA countries, international organisations and stakeholders, including HOPE. The group assists in developing the EU patient safety and quality agenda. Both report gathers existing knowledge and illustrates examples and experiences from EU countries in the areas of education and training and reporting and learning systems. In particular, in the report on Reporting and learning systems for patient safety incidents across Europe, HOPE Exchange Programme was mentioned by the Latvian member of the Working Group as being the rationale for the establishment in Latvia of a reporting and learning system at the hospital level.

All the documents composing the patient safety package are available at:
http://ec.europa.eu/health/patient_safety/policy/package_en.htm

COMMISSION NEW EXPERT GROUP ON CANCER CONTROL – CALL FOR EXPRESSION OF INTEREST

For nearly three decades, numerous actions have been implemented and supported at EU level, in order to fight cancer. The first "Europe against Cancer" programme was launched back in 1985. On 4 June 2014, the European Commission adopted a decision establishing an expert group on cancer control. The aim of this group is to assist the creation of legal instruments, guidelines and recommendations on cancer control.

This expert group will be composed by representatives of European Union, European Economic Area and European Free Trade Association countries, as well as representatives of patients' organisations, organisations of cancer prevention and a representative of the International Agency for Research on cancer.

A call for expression of interest has been launched, relating to the appointment of:

- a representative of producers of products or service providers in the field of cancer;
- representatives of patients' organisations in the field of cancer;
- representatives of European associations acting in the field of cancer prevention;
- representatives of European professional associations or scientific societies acting in the field of cancer.

The deadline for applications is 20 July 2014.

Once selected, the members will be appointed by the Director-General for Health and Consumers. Their mandate will last three years and may be renewed. All the documents produced by this expert group will be publicly available.

More information:
http://ec.europa.eu/health/major_chronic_diseases/diseases/cancer/call_eg_cancercontrol_en.htm

TRANSPARENCY MEASURES FOR NANOMATERIALS ON THE MARKET – PUBLIC CONSULTATION

On 13 May 2014, the European Commission launched an impact assessment in order to identify and develop adequate means to increase transparency and ensure a regulatory monitoring of nanomaterials. The use of nanomaterials is becoming more common in healthcare applications such as for example in disease diagnosis and screening technologies or in medical devices, including surgical instruments and surgical masks.

This impact assessment is part of the Communication on the Second Regulatory Review on Nanomaterial. More information such as a draft problem definition or policy objectives can be found in the working document.

The public consultation has been launched in order to support this impact assessment. The aim is to gain stakeholders views on the information available on nanomaterials on the market, the problem definition and the policy options contained in the working document. All interested stakeholders can contribute, but there are two different consultations:

- one for industry stakeholders;
- one for all interested stakeholders.

The period of consultation lasts until 5 August 2014.

More information: ***http://ec.europa.eu/enterprise/sectors/chemicals/reach/nanomaterials/public-consultation_en.htm#h2-2***

EPSCO COUNCIL – CONCLUSIONS ON THE ECONOMIC CRISIS AND HEALTHCARE AND ON NUTRITION AND PHYSICAL ACTIVITY

During the last meeting of the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council on 20 June, Ministers adopted conclusions on:

- *Economic crisis and healthcare*. The conclusions underline the impact of the crisis on healthcare systems and suggested ways to make them more resistant. These include:
  - a greater integration of primary and hospital care;
  - better use of information and communications technologies;
  - development of e-health services.

- *Nutrition and physical activity*, which encourage Member States to promote a healthy diet and physical activity to reduce the issue of chronic diseases. The conclusions invite Member States and the Commission to support the development and/or implementation of national Food and Nutrition Action Plan and take actions such as promote healthy diet and improve existing data collection.

The Council conclusions on the economic crisis and healthcare are available at: http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/143283.pdf

The Council conclusions on nutrition and physical activity are available at: http://www.consilium.europa.eu/uedocs/cms_Data/docs/pressdata/en/lsa/143285.pdf

MEDICAL DEVICES – EPSCO COUNCIL

During the last meeting of the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council on 20 June, Ministers took note of a progress report by the Greek Presidency of the Council of the EU on the two draft Regulations on medical devices and on in vitro diagnostic medical devices. The aim of both proposals is to address inconsistencies in interpretation by the Member States of the current rules, increase patient safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability.

At the meeting Ministers provided guidance for future work on these dossiers in relation to the following three aspects:

- Designation of notified bodies and their monitoring. Most Member States are supportive of the idea that procedures for the designation of the notified bodies should be clarified and that more cooperation is needed at EU level to ensure compliance with similar standards throughout the EU.
- Reporting of incidents, market surveillance and corrective measures. While all Member States are in favour of strengthened measures regarding post-market surveillance and responsibility for follow-up by manufacturers, not all agree on the balance between controls before and after placing devices on the market.
- Role and tasks of the medical device coordination group (MDCG). The establishment of the MDCG was welcomed by the Member States, but at the same time they highlighted the fact that the group should not be overburden with too many duties.

The Council instructed its preparatory bodies to continue examining the two files with a view to agreeing a Council position in the autumn.

In parallel, Ministers discussed the joint actions taken by the European Commission and the Member States to implement the so-called "PIP Action Plan", which was adopted in 2012. The Plan aimed to restore confidence following the scandal of defective breast implants produced by the French PIP company.

Several actions were undertaken to implement the Plan and are described in the Commission Staff Working document discussed during the EPSCO Council meeting. Some of these actions consisted in the re-assessment by Member States of the qualifications and the scope of activities of their notified bodies; voluntary joint audits of notified bodies by teams involving auditors from several

Member States and the Commission; and monthly vigilance teleconferences with Member States, chaired by the Commission services, which aim to improve coordination between Member States. Finally, the Staff Working document highlights areas where continuation and further work is needed in the future. These are: market surveillance; functioning of notified bodies; communication and transparency; sharing of knowledge and good practices.

The Commission Staff Working document on the implementation of the "PIP Action Plan" is available at: http://ec.europa.eu/health/medical-devices/files/swd_pip_14_en.pdf

CONTINUOUS PROFESSIONAL DEVELOPMENT – WORKSHOP IN BRUSSELS, 20 JUNE 2014

A technical workshop was organised in Brussels on 20 June 2014 to present the first results of the study concerning the review and mapping of continuous professional development (CPD) and lifelong learning for health professionals in the EU.

A number of recent EU policy initiatives and legislation underline the importance of regularly updating and improving skills of health professionals through lifelong learning (LLL) and continuous professional development (CPD), to improve quality of care and patient safety, and to avoid skills mismatches and workforce shortages. According to the amended Directive on the recognition of Professional Qualifications Member States "shall ensure that professionals are able to update their knowledge, skills and competences to maintain safe and effective practice". The Directive introduces an exchange of information and best practice for optimising CPD in the Member States.

In this context the consortium, consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), the Pharmaceutical Group of the European Union (PGEU), led by the Standing Committee of European Doctors (CPME) was contracted by the Consumers, Health and Food Executive Agency (CHAFEA) and funded by the Health Programme to carry out a 12 month study concerning the review and mapping of CPD and LLL for five health professions (doctors, nurses, dentists, midwives and pharmacists) in EU, EFTA and EEA countries.

Launched in October 2013, the study consists of a literature review on CPD and LLL concepts, a second literature review on European level initiatives, an online survey of national CPD systems in 31 countries, and a technical workshop. The study aims to provide an accurate, comprehensive and comparative account of CPD models, approaches and practices for health professionals and how these are structured and financed in the EU- 28, and the EFTA/EEA countries; and, facilitate a discussion between organisations representing health professionals and policy- makers, regulatory and professional bodies to share information and practices on the continuous professional development (CPD) of health professionals and to reflect on the benefits of European cooperation in this area for the good of the patients of Europe.

CPD is mandatory for the majority of the 5 sectoral professions in most of the 31 countries surveyed: 19 countries for doctors and midwives, 20 countries for dentists and pharmacists and 21 countries

for nurses. In addition, a significant number of survey respondents anticipate that CPD will become mandatory in the next few years. Voluntary CPD frameworks exist in 22 countries for dentists, in 18 countries for doctors, in 15 countries for midwives, in 12 countries for nurses and in 11 countries for pharmacists.

The survey results suggest that the distinction between mandatory and voluntary CPD might to some extent be artificial as both categories encompass many different arrangements. Mandatory CPD can be based on a clearly defined requirement, sometimes directly linked to revalidation or it can be only a general obligation in which case it might be unenforceable. In other cases, voluntary CPD is de-facto mandatory for a part of the profession, for instance for the professionals working in the statutory health system or under an insurance scheme, or is based on a requirement set by an individual employer. There are also examples of professional associations establishing their own CPD requirements for their members resulting in a significant percentage of the profession participating in CPD. Mandatory and voluntary systems often co-exist and may have separate structures and requirements or may be interlinked by the same CPD activities fulfilling the requirements of both.

Compliance with both mandatory and voluntary CPD is most often monitored by professional bodies with regulatory competences or by professional associations, as it is the case for doctors, dentists and pharmacists.

There are usually no direct consequences if a professional does not follow recommendations under a voluntary CPD framework but some serious consequences for not complying with voluntary CPD have been reported. These include a reprimand by a professional body, fewer career progression opportunities, lower payment rates under a national health system or being expelled from a professional association.

Self-funding by the health professional is the leading source of financing for CPD activities across the five professions. Another common funding source is the employer which is most relevant to nurses and midwives and least relevant to dentists. The private /commercial sector is particularly important for doctors and pharmacists.

DATA PROTECTION – MEETING OF THE JHA COUNCIL

The last meeting of the Justice and Home Affairs Council took place on 5 and 6 June 2014. The Council reached a partial general approach on specific issues of the draft Regulation that sets out a general EU framework for data protection. The new legislation aims to strengthen current EU data protection rules, to ensure a more harmonised approach to data protection and privacy across the European Union.

A general approach is a Council's political agreement pending the first-reading position of the European Parliament. This general approach is considered as partial when it covers only parts of the proposed legislative act. In this case, it includes the text about territorial scope, the text concerning the respective definitions of "biding corporate rules" and "international organisations" and the transfer of personal data to third countries or international organisations.

Regarding the territorial scope, Ministers agreed that the new legislation will apply in the future to all companies not established in the EU when they are processing personal data of EU citizens.

In regards to transfer of data to third countries or international organisations, this would not require any specific authorisation when the Commission has decided that such third country or organisation ensures an adequate level of protection (e.g. rule of law, respect of human rights and fundamental freedoms etc.). In case of absence of such a decision, the compromise text operate a classification between appropriate safeguards which do not require any specific authorisation from supervisory authorities (i.e. binding corporate rules, standard data protection clauses as well as approved codes of conduct and certification mechanisms) and appropriate safeguards that remain subject to authorisation from the competent supervisory authority (in particular contractual clauses not based on agreed standard contractual clauses).

Transfers can also be based on derogations in specific situations such as for example when the subject has given its explicit consent or based on important reasons of public interests.

The Council also held an orientation debate on the "one-stop-shop" mechanism on the basis of a document prepared by the Greek Presidency of the Council. As a conclusion, the Presidency stated there are a large number of Member States considering that the direction taken by this paper is a positive one.

Finally, despite the partial agreement, the Presidency insisted on the following points:

- nothing is agreed until everything is agreed;
- the agreement does not exclude future changes to the text of Chapter V (transfer of personal data to third countries or international organisations);
- the agreement is without prejudice to horizontal questions such as the legal nature of the instrument.

HEALTH AND SAFETY AT WORK – PUBLICATION OF STRATEGIC FRAMEWORK

The EU Occupational Health and Safety Strategy for the period 2007-2012 was launched in 2007. This strategy was quite successful as it helped reducing the number of work accidents leading to absences by 27.9% in the EU, and building a common framework for coordination between the Member States.

On 6 June 2014, the European Commission presented a new Strategic Framework on Health and Safety at Work (2014-2020). This strategic framework identifies key challenges and objectives for health and safety at work, and illustrates actions and instruments to deal with these. The aim is to ensure that the EU keeps playing a role of leader in the promotion of high standards of working conditions.

The Strategic Framework identifies three challenges for health and safety at work:

- to improve implementation of existing health and safety rules;
- to improve the prevention of work-related diseases;
- to take into account of the ageing of the EU's workforce.

The instruments preconised are social dialogue, awareness raising, enforcement of EU legislation etc.

The framework will be reviewed in 2016, in order to take into account the results of the current evaluation of the EU health and safety legislation.

The new Strategic Framework on Health and Safety at Work 2014-2020 is available at:
http://ec.europa.eu/social/BlobServlet?docId=11828&langId=en

TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP – WHICH IMPACT ON HEALTH SERVICES?

In July 2014, the European commission will host the sixth round of EU-US trade negotiations on the TTIP, a free trade agreement that will affect around 40% of global trade.

On 17 June 2014, Social Platform hosted a debate on the TTIP, organised jointly with SOLIDAR, the European Public Health Alliance (EPHA) and the European Federation of Public Services Unions.

The aim was to debate about the possible impacts of TTIP on social and health services. For now on, the Commission has not discussed yet the treatment of these services: it is not known whether they will be included or excluded from the partnership. The debate tried to expose which impact could the TTIP have on social and health services, in case these are included on the negotiations. According to some participants, the impact could be dramatic.

During the debate, representatives of the civil society expressed concerns. Some important points were underlined, such as the following potential dangers:

- threats to traditional instrument of providing and regulating public services, and to freedom to reintroduce regulation;
- exclusion of chronic/elderly/poor patients;
- downward harmonisation / lowering of standards while the US is the worst performing of industrial countries (in terms of life expectancy, diseases such as obesity, diabetes…);
- development of a huge bureaucratic itinerary for patients (in order to have authorisation of medical services etc.);
- insufficient prevention of care coverage.

Moreover, some concerns were raised about:

- the lack of transparency on the negotiations;
- the choice between negative listing (obligations apply to all sectors except those listed on annexes) or positive listing (obligations apply only for sectors explicitly listed in the schedule);
- the respect of subsidiarity.

To conclude, participants advocated more transparency in the negotiations, an adequate civil society monitoring and, eventually, the explicit exclusion of public services, including health services, from the negotiations. In order to achieve that, they emphasised the need for more backup from some Member States, to ensure a greater weight on the negotiations.

REIMBURSEMENT OF CROSS-BORDER CARE – ADVOCATE GENERAL'S OPINION

FREE MOVEMENT OF PERSONS – SOCIAL SECURITY SCHEMES – REIMBURSEMENT OF CROSS-BORDER CARE – PRIOR AUTHORISATION

In case C-268/13 (Elena Petru v. Casa Județeană de Asigurări de Sănătate Sibiu andCasa Națională de Asigurări de Sănătate) the Tribunal Sibiu addressed the Court concerning the interpretation of article 22, paragraph 2, second indent of Regulation 1408/71 on the application of social security schemes to employed persons and their families moving within the Community.

Elena Petru, a Romanian citizen, claimed to be reimbursed for a surgical treatment she had in Germany as she argued that the Romanian hospital where she was supposed to be treated lacked of the necessary medicines and medical equipment.

The Advocate General concludes that a Member State is obliged to authorise a healthcare service that is among the benefits to which the patient is entitled within its Member State of affiliation in case of a temporary shortage in a hospital that makes it impossible to provide that service.

On the other hand, the Advocate also concludes that the same article cannot be used as a basis to oblige a Member State to authorise a healthcare service that is among the benefits to which the patient is entitled within its Member State of affiliation, in case of a structural and prolonged shortages in the hospital, even when this might entail the impossibility to provide effectively certain healthcare services, unless such authorisation does not call into question the financial sustainability of the social security scheme in a Member State.

More information:
http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1403614538306&uri=CELEX:62013CC0268

HEALTH PROGRAMME – PUBLICATION OF CALLS FOR PROPOSALS

On 6 June 2014, two calls for proposals have been published in the Official Journal of the EU, within the framework of the 3rd Programme of the EU's action in the field of health (2014-2020).

This call for applications consists on:

- a call for proposals for the award of a financial contribution to specific actions in the form of project grants. This call is constituted of 7 individual topics in the areas of chronic diseases, ageing, medicinal product pricing, health monitoring and healthcare associated infections. In particular these are:
  - innovation to prevent and manage chronic diseases;
  - early diagnosis and screening of chronic diseases;
  - professional reintegration of people with chronic diseases;
  - adherence, frailty, integrated care and multi-chronic conditions;
  - statistical data for medicinal product pricing;
  - health monitoring and reporting system;
  - healthcare associated infection in long-term care.

- a call for proposals for the award of a financial contribution to functioning of non-governmental bodies (operating grants).

The deadline for all online submissions is 25 September 2014.

The call for proposals for projects is available at:
http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/3hp/calls/hp-pj-2014.html

The call for proposal for operating grants is available at:
http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/3hp/calls/hp-fpa-2014.html

HEALTHY DIET: EARLY YEARS AND AGEING POPULATION – CALL FOR PROPOSALS

The Commission's Directorate General for Health and Consumers (DG SANCO) launched a call for proposals on "Healthy diet: early years and ageing population". As the European population is getting older, this subject has become over the years an important challenge at the European level. Indeed, in order to live longer but also healthier, the issues of malnutrition and lack of physical activity have to be tackled. A balanced diet and adequate physical activities help to ensure that people can live longer, but also that they have healthy and active lives even in their elderly years.

The EU can deal with this challenge by intervening in various areas such as assessment, management or research. The European Commission call for proposals aims to support activities linked with healthy diet in early years and ageing population, identifying three priorities:

1. promoting a balanced diet and adequate nutrition status in all ages;
2. screening for nutritional status in older people;
3. implementing good practices in nutrition management in clinical and community settings.

The activities funded will be implemented within a period of no longer than 18 months.

The deadline to submit applications is 14 August 2014.

More information: ***http://ec.europa.eu/dgs/health_consumer/funding/call_health_diet_en.htm***

HEALTH C – FREE TRAINING COURSE ON CRISIS COMMUNICATION AVAILABLE

The Health C project is delivering its final results. The training course and the training materials are now available for testing.

The self-study materials are available for free after registration at the project e-learning platform: **http://healthcmoodle.eu/**. Through the platform it is possible to access the e-learning materials in seven different languages: English, German, Portuguese, Spanish, Italian, French and Danish.

The self-study at distance is supposed to have an estimated duration of 18 hours, however the exact time needed to learn the materials and complete the exercises will depend on your own learning style.

The course targets health communication managers who wish to become more actively engaged in the communication activities within their organisation. The course "*Communication in health emergency: all you need to know*" is composed of the following three core modules:

Module 1: Communication competences and processes;
Module 2: Use of the traditional media: interacting and communicating with traditional media;
Module 3: Use of the social media.

A final conference of the project will take place in Brescia (Italy) on 30 September 2014. It will address the topic of communication in health crisis management and will provide an overview of the training course and the results of the piloting. Furthermore, the conference will represent a networking opportunity for all those who are interested in working on this topic across Europe.

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.

More information on the Health C project: http://healthc-project.eu/en/

AGEINGWELL – MID-TERM MEETING

On 17 and 18 June 2014, HOPE attended the AgeingWell mid-term meeting in Brussels. The aim of the AgeingWell Network is to build and animate a European network focused on improving the quality of life of elderly people by promoting the market uptake of ICT solutions for Ageing Well.

During the meeting, participants reviewed a business plan for the continuation of the Network after the end of the project in December 2014. Partners worked in small groups to explore how the network can be sustained and exploited from the perspective of the stakeholders. Main points discussed were the rebranding of the Network to ICT4Ageing, the presentation of the information available under the Knowledge Center and financial sustainability.

Partners worked in small groups also to discuss how to address the various members and stakeholders and engage them in a consultation to be carried out in September 2014. The aim is to collect their opinion regarding future challenges for the ICT for Ageing market and the necessary measures and policies to be promoted in order to leverage the competitiveness of this market.
Each group came up with a set of questions that could be included in the questionnaire to be sent out to the various stakeholders.

The meeting concluded with a review of the website and the Knowledge Center and inputs and ideas were collected to improve the contents and ensure they are disseminated to a wider target audience.

More information on AgeingWell: http://www.ict-ageingwell.net/

CANCON – STAKEHOLDER FORUM

On 6 June 2014, HOPE participated to CanCon Stakeholder Forum, as project collaborative partner. The CanCon objectives were briefly described, following a description of the Forum programme.

The objectives of the Stakeholder Forum consisted in:

- informing stakeholders and provide them with first-hand information,
- gathering views and contributions on various elements of the Joint Action,
- assessing the potential stakeholder contributions in each Work Package,
- disseminating results throughout the stakeholder groups.

It was emphasised that Joint Actions are important mechanisms not only for the involved Member States and the European Commission, but also for the broader range of stakeholder groups. It is important to create the right linkages between Joint Actions themselves and also with other groups, as this helps foster sustainability of the activities being carried out. Stakeholders can also play an important role in disseminating the Joint Action outputs. In general, the Collaborating Partners of CanCon and the Stakeholder Forum act as internal/external reviewers of the Joint Action outputs.

The Stakeholder Forum was split into two smaller breakout groups. Each group heard brief presentations from all of the Work Packages – one section focused on horizontal work (Guide Coordination, Member State Platform, Dissemination, Evaluation), the other on core work (Screening, Integrated Cancer Control, Community Level Cancer Care, Survivorship and Rehabilitation).

More information: http://www.cancercontrol.eu/index.php

JOINT ACTION HEALTH WORKFORCE PLANNING AND FORECASTING – WP5 WORKSHOP

On 18 June 2014, HOPE participated to Joint Action Health Workforce Planning and Forecasting WP5 Workshop which was focused on the way to successfully start the pilot projects in Portugal and Italy.

The focus was on the collection of advices among participants. In particular, HOPE took part to the working group in charge of discussing several aspects that Italy and Portugal should take into consideration in the planning process such as: stakeholders' involvement; human resources and training for health workforce planners; data availability and professions in scope; select planning models and legislative boundaries. The final user requirements on the handbook were collected.

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

TBICARE – EU-FUNDED ICT TOOL

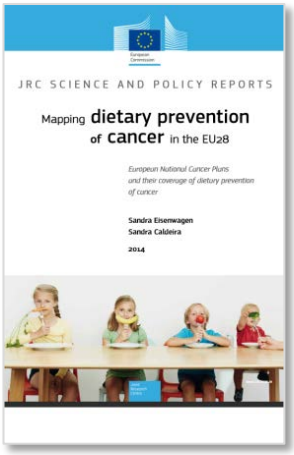
In the EU, of the 1.6 million people suffering a TBI (traumatic brain injuries) every year, 70.000 are in a life-threatening situation and 100.000 more will be left with a permanent disability. In order to tackle this issue, the TBICARE project (a joint initiative between partners in Finland, France, Lithuania, and UK) collects data from hundreds of TBI patients, using it to build a model that will improve care.

Traumatic brain injury is the most common cause of permanent disability in people under 40 years, and the diagnosis and treatment can be very difficult because of the complex nature of the brain. Researchers from the TBICARE project are developing a tool that will allow doctors to enter data from tests in the emergency department and will predict the most effective treatment for each patient.

3 million of euros have been invested by the EU in TBICARE, in backing over three years to help build the tool. TBICARE project will end in August 2014, and is part of a wider initiative, the Virtual Physiological Human Initiative, to promote the use of ICT to improve diagnosis and treatment.

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

MAPPING DIETARY PREVENTION OF CANCER IN THE EU28 – COMMISSION REPORT



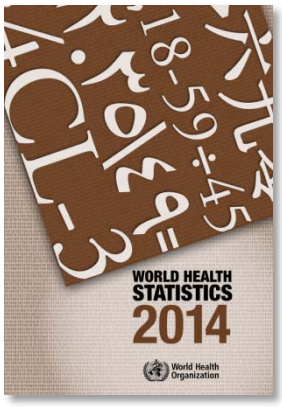
The European Commission has been active in supporting actions against cancer for over 25 years. More recently in 2009, a Communication on Action Against Cancer was adopted and led to the formation of a joint action called the European Partnership for Action Against Cancer (EPAAC), which finished in February 2014 and of which HOPE was a partner. A new joint action (CanCon) started in 2014 and see HOPE as a collaborating partner.

The Joint Research Centre (JRC), as the European Commission's in-house science service, has started activities in the areas of cancer care quality and cancer information as well as nutrition and public health. In close collaboration with the Directorate General for Health and Consumers (DG SANCO), the JRC will draw on its experience in harmonisation, its independence of private and commercial interests as well as its networking and collaboration capacities to facilitate and drive improvements both in cancer information and care quality.

The present report focuses on diets, one particular aspect of cancer prevention. It assesses the degree of attention given to dietary prevention of cancer in National Cancer Plans (NCPs) throughout the EU28 plus four additional countries (Norway, Switzerland, Iceland and Turkey). The report contains a thorough summary of the content of these NCPs in regards to dietary prevention. The report falls short of addressing the extent to which the measures proposed by NCPs were implemented or evaluated. In times of financial crisis, inexpensive but far reaching diet-related interventions are promising cost-effective strategies to cut cancer and other healthcare-related budgets. The effect of successfully implementing such measures will likely extend beyond reducing cancer incidence as it is likely to affect other diseases and conditions from obesity to type II diabetes and cardiovascular diseases.

More information:
https://ec.europa.eu/jrc/sites/default/files/mapping_dietary_prevention_of_cancer_in_eu28_%28online%29.pdf

WORLD HEALTH STATISTICS 2014 – WHO PUBLICATION

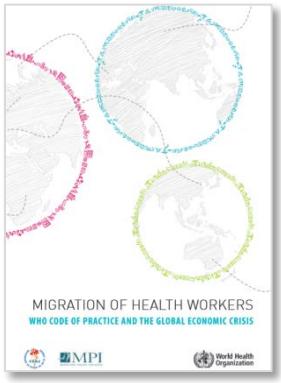


World Health Statistics 2014 contains WHO's annual compilation of health-related data for its 194 Member States, and includes a summary of the progress made towards achieving the health-related Millennium Development Goals (MDGs) and associated targets.

This year, it also includes highlight summaries on the ongoing commitment to end preventable maternal deaths; on the need to act now to combat rising levels of childhood obesity; on recent trends in both life expectancy and premature deaths; and on the crucial role of civil registration and vital statistics systems in national and global advancement.

More information:
http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf?ua=1

MIGRATION OF HEALTH WORKERS – THE WHO CODE OF PRACTICE AND THE GLOBAL ECONOMIC CRISIS



This publication provides insights into steps taken to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel globally and it features detailed experiences from 13 countries: Australia, Belgium, Canada, El Salvador, Italy, the Netherlands, Norway, the Philippines, Poland, Romania, Switzerland, the United Kingdom and the United States. It also gives other countries valuable guidance and recommendations on how they, too, can implement the Code.

While the country response has had positive impact, there is still much to do to redress major inequalities in international migration of the health workforce. More critically, achieving universal health coverage requires sound health workforce planning, quality transformative education systems for health professionals, innovative strategies of service delivery and regulation. Addressing local and international migration issues, as discussed in the publication, is part and parcel of these efforts. Key messages and recommendations are targeted for health policy-makers and decision-takers in governments, nongovernmental organisations and other partners and stakeholders, including civil society. The book has contributions from The Migration Policy Institute, Civil Society, OECD, academic institutions, and, ministries and directorates of health.

More information: http://www.who.int/hrh/migration/14075_MigrationofHealth_Workers.pdf

HEALTH BEHAVIOURS AND INCENTIVES – EUROHEALTH OBSERVER

This issue's Eurohealth Observer section looks at health-related behaviours and incentives. The overview article discusses the use of insights from behavioural science to nudge populations towards making positive changes to their health and lifestyle.

Four articles follow on inequalities and health behaviours, effectiveness and ethics of health incentives, nudging and solidarity, and the nudging debate in the Netherlands. Other articles include: Political strategies in public health; Pharmaceutical cost containment in Poland and Hungary; Joint hospital procurement in Croatia; and Eurohealth Monitor.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0017/252251/EuroHealth_v20n2.pdf?ua=1

HIT CROATIA – EUROPEAN OBSERVATORY PUBLICATION

The European Observatory on Health Systems and Policies has recently published a health system review on Croatia 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.

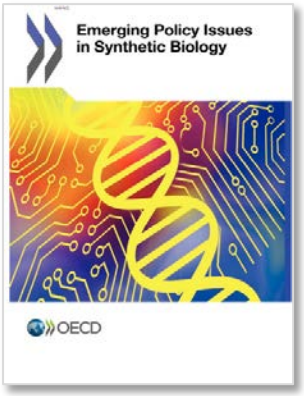
On 1 July 2013 Croatia became the 28th Member State of the European Union, after over three decades of political and economic transformation. In the years before accession, Croatia implemented a number of important reforms in the health sector, including changes in the payment mechanisms, pharmaceutical pricing and reimbursement as well as health care provision (emergency care reform). The most important one was the 2008 financial reform to address long-standing problems of hospital deficits.

However, by no means should Croatia slow down its reform efforts, especially as the EU, alarmed by the recent deterioration of Croatia's economy, put it under increased budgetary scrutiny. Recently, the European Commission urged Croatia to strengthen its cost-effectiveness, especially in the hospital sector, which still is fraught with inefficiencies and remains a key source of debt in the system.

This mounting pressure may further spur the implementation of the Government's 2012-2020 National Health Care Strategy, which sets out reform priorities for the health care sector, such as

coordination between various levels of care as well as improving quality and accessibility of care across regions.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0020/252533/HiT-Croatia.pdf?ua=1



EMERGING POLICY ISSUES IN SYNTHETIC BIOLOGY – OECD REPORT

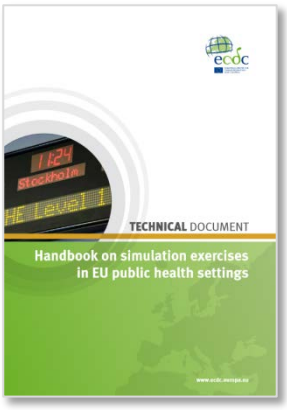
Synthetic biology is at such an early stage of development that there is no uniform agreement as yet about what it actually is. To some, it represents a natural extension of genetic engineering, and therefore is "business as usual". For others, it is a way to bring mass manufacturing out from the decades of biotechnology research. Currently the discipline is limited by the ability to synthesise DNA cost-effectively but this is a technical barrier that it is anticipated will be overcome.

Synthetic biology raises a number of policy issues around R&D funding, company investment, PPP arrangements and innovative financing, infrastructure requirements, education and training, intellectual property (IP), regulation, and public engagement. In preparation for the continuing development and greater use of synthetic biology, some countries have started to prepare synthetic biology technical roadmaps and a global roadmap for the medium term would be an extremely useful policy tool. Technical roadmaps could both identify likely future policy requirements, and be a useful vehicle in public engagement.

More information: ***http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/emerging-policy-issues-in-synthetic-biology_9789264208421-en#page1***

SIMULATION EXERCISES IN EU PUBLIC HEALTH SETTINGS – ECDC HANDBOOK

The purpose of this simulation exercise handbook is to support organisations in the public health sector in strengthening their response to events involving communicable diseases, based on effective simulation exercises as a part of preparedness.



This handbook is meant to serve as a guide on how to guarantee strategic-level support of decision-makers in order to set an exercise programme within the preparedness plans of the organisation; and how to take all the necessary steps in conceptualising, designing, planning, coordinating, conducting and evaluating simulation exercises.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/Simulation-exercise-manual.pdf

DOES FEEDBACK INFLUENCE PATIENT-PROFESSIONAL COMMUNICATION? – EMPIRICAL EVIDENCE FROM ITALY

Healthcare providers often look for feedback from patient surveys. Does health-professional awareness of patient survey results improve communication between patients and providers? To test this hypothesis, authors analysed the data of two surveys on organisational-climate and patient experience in Italy.

The two surveys were conducted in 26 hospitals in the Tuscany region and involved 8942 employees and 5341 patients, respectively. Statistical analysis showed that the patient experience index significantly improved when the professionals' knowledge of the patient survey results increased by 1%. These findings suggest that the control systems should focus more on the dissemination phase of patient survey results among health professionals in order to improve the quality of services.

More information:
http://www.healthpolicyjrnl.com/article/S0168-8510%2814%2900046-3/pdf

INVOLVING PATIENT IN THE EARLY STAGES OF HEALTH TECHNOLOGY ASSESSMENT – A STUDY PROTOCOL

Public and patient involvement in the different stages of the health technology assessment (HTA) process is increasingly encouraged. The selection of topics for assessment, which includes identifying and prioritising HTA questions, is a constant challenge for HTA agencies because the number of technologies requiring an assessment exceeds the resources available.

Public and patient involvement in these early stages of HTA could make assessments more relevant and acceptable to them. Involving them in the development of the assessment plan is also crucial to optimise their influence and impact on HTA research.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-14-273.pdf

SCOPING REVIEW OF PATIENT-CENTERED CARE APPROACHES IN HEALTHCARE – LITERATURE REVIEW

The purpose of this scoping review was to describe how three tenants of patient-centered care provision (communication, partnership, and health promotion) are addressed in patient-centered care models/frameworks across the literature.

All identified approaches to patient-centered care incorporated strategies to achieve effective communication, partnership, and health promotion indicates that clinicians can select a patient-centered approach from the literature that best suits their patient's needs, and be confident that it

will satisfy the three core elements of patient-centered care provision. While empirical literature on specific patient-centric frameworks and models was limited, much empiric evidence was sourced for the most consistently defined component of patient-centered care, communication.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-14-271.pdf

VARIATIONS AND INTER-RELATIONSHIP IN OUTCOME FROM EMERGENCY ADMISSIONS IN ENGLAND – A RETROSPECTIVE ANALYSIS

The quality of care delivered and clinical outcomes of care are of paramount importance. Wide variations in the outcome of emergency care have been suggested, but the scale of variation, and the way in which outcomes are inter-related are poorly defined and are critical to understand how best to improve services.

This study quantifies the scale of variation in three outcomes for a contemporary cohort of patients undergoing emergency medical and surgical admissions. The way in which the outcomes of different diagnoses relate to each other is investigated.

More information:
http://www.biomedcentral.com/content/pdf/1472-6963-14-270.pdf

PATIENT SAFETY - HIGH 5S – INTERIM REPORT 2010-2013

The interim report of the High 5s project, which contains the interim findings and outcomes, has recently been published. The High 5s Project was launched in 2007 to examine the concept of standardisation in clinical processes by implementing targeted patient safety improvement strategies. The High 5s name derives from the Project's original intent to significantly reduce the frequency of 5 challenging patient safety problems in 5 countries over 5 years.

The Mission of the High 5s project is to facilitate implementation and evaluation of standardised patient safety solutions within a global learning community to achieve measurable, significant and sustainable reductions in challenging patient safety problems.

The High 5s project is a patient safety collaboration among a group of countries and the WHO Collaborating Centre for Patient Safety in support of the WHO Patient Safety Programme. The countries collaborating are: Australia, France, Germany, the Netherlands, Singapore, Trinidad and Tobago, and the United States of America.

More information:
http://www.who.int/patientsafety/implementation/solutions/high5s/High5_InterimReport.pdf?ua=1

LIGHTING EUROPE – RAISING AWARENESS ON EMERGENCY LIGHTING

The association Lighting Europe is trying to draw attention to the subject of lighting in the field of health. In order to do so, they launched campaigns and published position papers about different subjects, all related to the lighting industry but which can have an important impact on health-related issues.

First, Lighting Europe launched a campaign to raise awareness on the subject of emergency lighting, underlining the fact that some efforts have to be done on the maintenance of such equipment. Indeed, once the system set up, the correct maintenance is not ensured in a lot of cases. An emergency lighting system has to be checked on a regular basis in order to be efficient. Yet, it appears that around 30 to 70% of the systems are not tested and consequently are not functioning properly. This issue can become an important health-related issue as those systems are really

essential to ensure an effective and quick evacuation in case of threat. Thus, Lighting Europe is advocating for automatic testing equipment that ensure a good functioning of emergency lighting systems, and may lead to a significant cost-reduction. Moreover, Lighting Europe is also recommending the use of internally illuminated signs, more reliable than photo-luminescent ones which need high amounts of light.

Another initiative that links both topics of lighting and health is the "Human centric lighting". This project has been built on the knowledge that human biological rhythms are influenced by lighting, having important effects on health, productivity and well-being. Knowing that, human centric lighting could support concentration, safety, but also healing processes and prevention of chronic diseases. Such a device can regulate luminance level and distribution, in order to recreate conditions as natural as possible.

More information: ***http://www.lightingeurope.org/***

HEART FAILURE – EXPERT ROUND TABLE

On 11 June 2014, Novartis International AG organised an expert roundtable to discuss key challenges and policy recommendations to improve care for patients with heart failure.

The roundtable brought together 19 experts representing policy makers, healthcare professionals, patient organisations and civil society groups from across Europe. It provided a multi-stakeholder perspective on the key findings of a recently published Policy Report that outlines key challenges and policy asks for improving heart failure care.

Heart failure is a progressive and debilitating disease. It currently affects 15 million in Europe. 1 in 5 people will develop heart failure at some point in their life. It presents a major health-economic burden with yearly costs of about €45 billion worldwide, which is expected to double in the next 15 years based on demographic and lifestyle trends. 3.5 million acute heart failure episodes happen in the EU and U.S. each year. As such, heart failure is the most common cause of hospitalisation in the over 65 year olds and causes more deaths than some advanced cancers, including breast and bowel cancer, and it is more likely to kill than a heart attack.

Despite these shocking facts and the serious implications for patients, caregivers and societies, heart failure is often misunderstood and generally underestimated, and almost absent in the public policy debate. The level of heart failure awareness remains low among healthcare professionals, policy makers, and the general public.

At the same time, heart failure is related to a number of European policy priorities such as chronic disease management, active and healthy ageing, and sustainable health systems. A common and more inclusive definition of heart failure is needed to better communicate the challenges and opportunities related to improving heart failure care and to help drive the policy debate in line with existing European and national policy priorities.

Participants agreed that healthcare systems need to place a greater emphasis on community and home care services to complement effective emergency services and ensure a holistic care approach. In the long-term, a more integrated approach to heart failure care can reduce hospital admissions and significantly improve patient outcomes.

This also requires a change of paradigm in healthcare financing, given that the model of activity based hospital compensation does not currently provide incentives for hospitals to invest in measures that keep patients out of hospital. This is despite the fact that hospitalisation is the most expensive treatment option for heart failure patients. It was agreed that the right set of incentives are needed to focus the system on maximising patient outcomes. Such incentives can be instrumental in driving the introduction of patient follow-up plans and facilitate the integration of the various elements of heart failure care.

Participants recognised the need to develop ways in which health outcomes can be better measured and valued as one of the key challenges. In this regards the need to invest in health registries was stresses in order to obtain real life data to more effectively assess the burden, care gaps, and disparity between regions and countries. Existing initiatives in real-life outcomes research and existing health registries in the Nordic countries could be explored and possibly extended.

AGENDA

UPCOMING CONFERENCES

APDH 5TH INTERNATIONAL HOSPITAL CONGRESS

THE NATIONAL HEALTH SERVICE - (RE)COGNISE THE CHANGES

20- 22 November 2014 – Lisbon (Portugal)

The Portuguese Association for Hospital Development (APDH) is preparing its "5th International Hospital Congress", this year under the theme "*The National Health Service - (Re)Cognise the Changes*" taking place on 20, 21 and 22 November 2014 in Lisbon.

On 20 November, the 8th edition of the Best Practices for Health Award will take place. At the same time, participants will be invited to participate to roundtables and workshops.

On 21 November, the conference will be opened by eminent speakers, representatives of Portuguese Institutions and European Organisations. One of them will be Mrs.Dr. Sara Pupato Ferrari, HOPE President. The topics presented during the day will be: reforms of the National Health System: different perspectives; 40 years history of the public hospitals in Portugal and the evaluation of the Patient Safety culture in the health organisations.

On 22 November, the discussion will be on the role of hospital in the society and the acknowledgement of changes in the NHS. At the end of the conference the winner for the Best Practices for Health and the Scientific Poster of the 5th International Congress of Hospital will be nominated.

More information: www.apdh.pt

HOPE AGORA 2015

HOSPITALS 2020

31 May-2 June 2015 – Warsaw (Poland)

In 2015, HOPE organises its exchange programme for the 34th 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.

The HOPE Exchange Programme 2015 starts on 4 May and ends on 30 May, followed by the closing conference "HOPE Agora" in Warsaw (Poland) from 31 May to 2 June 2015. The closing conference is considered as part of the training and all professionals should attend it.

Each year a different topic is associated to the programme. "**Hospitals 2020**" will be the topic for 2015.

Submission of applications for the 2015 programme will be open from 1 July to 31 October 2014.

More information and application forms for the HOPE Exchange Programme are available on:
http://www.hope.be/04exchange/exchangefirstpage.html