



NEWSLETTER

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EUROPEAN HOSPITAL CONFERENCE

HOPE ACTIVITIES



HOPE AGORA 2015

Meeting from 1 to 2 June 2015 in Warsaw (Poland), the European Hospital and Healthcare Federation held its 20th Board of Governors and organised the closing conference of the 34th HOPE Exchange Programme, hosted by the Polish Hospital Federation.



HOPE Exchange Programme was attended this year by 128 professionals and focused on the topic "Hospitals 2020: hospitals of the future, healthcare of the future". This topic was all about innovations in management and organisation of hospitals and healthcare services.

During HOPE Agora, participants on the programme reported back the results of their stay abroad. In their presentations, participants were asked to identify elements in the healthcare system of the host country which they found inspiring when looking at the challenges that they face at home in their own country. Without judging the system of the visited country, participants described, based on their experience abroad, what they would like to see implemented in 2020 in their own country, region, institution, or ward.

Presentations of the findings focused on innovations in organisation and management that the participants have come across. These innovations were recognised in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.

On the two days, participants were also very active on social media and interacted and exchanged information presented by using a specific Twitter hashtag ([#HOPEep2015](https://twitter.com/HOPEep2015)).

HOPE is currently preparing a report which will summarise the main findings presented during HOPE Agora 2015.

More information and presentations: <http://www.hope-agera.eu/>

STUDY VISIT ASSURING QUALITY IN THE ENGLISH NHS

29-30 October 2015 – Dartford (Kent - UK)

HOPE UK member is organising on 29-30 October 2015 a study visit for senior healthcare professionals, managers and policy makers on "Assuring quality in the English NHS".

The English NHS has seen significant reforms in the past 5 years, with an increasing focus on the quality of care provided. This study tour is aimed at clinical and managerial colleagues working in senior operational, policy or strategic roles in other European health systems. The two-day programme will provide delegates with a deeper knowledge of the NHS in England, including how healthcare is purchased and regulated from both a financial, quality and safety perspective. Additionally, there will be a strong focus on the largest component of the workforce in the NHS - its nurses - and how important nurses and nurse leadership is in providing and maintaining quality.

The event will hear from national healthcare policy makers, regulators, commissioners (purchasers) and leaders. There will also be a local focus, with the opportunity for a hospital tour and to see how national policy is interpreted and implemented locally to provide high quality care. A more detailed programme will be available shortly.

The hosts for the visit are Dartford and Gravesham NHS Trust, which offers a comprehensive range of mainly acute hospital based services to more than 270,000 people in Kent, in the South East of England. The Trust's specialties include day-care surgery; general surgery; trauma; orthopaedics; cardiology; maternity and general medicine. The Trusts team of nearly 3000 professional and friendly staff provide care for patients across the full range of day-patient, in-patient and out-patient care.

Dartford can be reached by fast, and direct, trains from Central London.

For more information, or to register your interest, please contact:

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EUROPEAN SEMESTER 2015 – COUNTRY-SPECIFIC RECOMMENDATIONS

On 13 May 2015, the Commission adopted country-specific economic policy recommendations (CSRs) for 2015 and 2016. Every spring, the Commission adopts Country-specific recommendations which aim to provide tailored advice to Member States on how to boost jobs and growth, while maintaining sound public finances. This year, 10 recommendations concerned Member States' healthcare systems.

CSRs are part of EU's calendar for economic policy coordination, also known as the European Semester. CSRs advocate a set of concrete actions to be undertaken by the Member States during a period of 12-18 months, in order to support at best the EU's long-term jobs and growth plan, the Europe 2020 strategy. These recommendations also reflect the objectives of the Commission's economic and social agenda defined in the Annual Growth Survey 2015. These objectives are boosting investment, implementing structural reforms and pursuing social responsibility.

The 2015 CSRs focused on four main priorities:

- removing barriers to financing and supporting investment;
- improving the business environment and productivity;
- adapting public finances to make them more supportive to growth;
- improving employment policy and social protection.

First, Member States shall boost their investment to support future growth. This requires for example removing barriers to financing and launching investment projects. The Commission also recommended a rapid implementation of its €315 billion Investment Plan for Europe. Then, the Commission stressed the need to deliver ambitious structural reforms in product, service and labour markets that raise productivity, competitiveness and investment. Member States were urged to boost job creation and growth in order to promote prosperity and greater social fairness.

Member States were also called to reform their financial sector in order to ease access to finance for investment. The Commission asked them to pursue responsible fiscal policies that strike a balance between short-term stabilisation and long-term sustainability. Finally, Member States shall improve their employment policy and social protection in order to ensure stronger social cohesion as a key component of sustainable economic growth.

The Commission called on the Council to endorse the proposed approach for the 2015-2016 CSRs, and asked the Member States to strictly implement them.

More information:

http://ec.europa.eu/europe2020/making-it-happen/country-specific-recommendations/index_en.htm

BETTER EU REGULATION – COMMISSION'S NEW PACKAGE

On 19 May 2015, the Commission published its new "Better regulation package" setting out the way it will commit to provide a better EU regulation in the coming years.

Better regulation is a basis for timely and sound policy decisions. It is also a tool for strengthening the single market and promoting investments in the EU. In addition, improving EU regulation participates in guaranteeing citizens' rights and restoring citizens' confidence in the EU. EU regulation should be kept clear from unnecessary burden, simpler and easier to understand.

Accordingly, in a communication on "Better regulation for better results - An EU agenda", the Commission committed to improve EU regulation by focusing on three main challenges:

- openness and transparency;
- better regulatory tools;
- refreshing the existing stock of legislation.

First, the Commission stressed the need to provide a more transparent and inclusive EU regulation. It committed to focus on better impact assessment and consultation process. The Commission announced it will set up a web portal for stakeholders to track EU initiatives and will apply new consultation standards. In addition, explanatory memorandum will be improved in order to provide more transparent regulations.

Then, the Commission work will follow new guidelines for better regulation and will be submitted to a better scrutiny. In this regards, a new regulatory scrutiny board will be set up for evaluating the quality of the EU regulatory process.

Finally, the Regulatory Fitness and Performance (REFIT) Programme will constitute a major tool for assessing the existing regulatory framework. Indeed, the regulatory quality assessment programme will be used to repeal out-dated regulation as well as to identify new policy challenges and improve implementation.

The Commission also invited the European Parliament and the Council, together with Member States and social partners to participate in this better regulation initiative.

The Commission "Better regulation package" is available at:

http://ec.europa.eu/smart-regulation/index_en.htm



CROSS-BORDER HEALTHCARE – EUROBAROMETER REPORT

In May 2015, the Commission published a special Eurobarometer report concerning “*Patients’ rights in cross-border healthcare in the EU*”. The Eurobarometer survey was realised in October 2014 and covered the 28 EU Member States, receiving 27.868 responses.

In 2007, a Eurobarometer on “Cross-border Health Services in the EU” was conducted in order to evaluate the number of EU citizens who had received healthcare in another Member State, and to understand their willingness to receive healthcare abroad.

Then, in 2011, the Directive on the application of patients’ rights in cross-border healthcare (Directive 2011/24/UE) was adopted. The major aim of this new legislation was to clarify the existing rules on access and reimbursement of cross-border healthcare, as well as to promote high quality care in the EU.

In this context, the present survey is a follow up of the 2007 Eurobarometer aiming at assessing the situation after the entry into force of the above mentioned Directive. The 2014 Eurobarometer addresses five major topics:

- patients’ experience of cross-border healthcare in the EU;
- citizens’ willingness to travel to another Member State to receive healthcare;
- citizens’ knowledge about their rights to cross-border healthcare;
- citizens’ needs for information in relation to such rights;
- role of National Contact Points.

Among the main outcomes of the survey, the report first points out that patient mobility in the EU remains a marginal phenomenon. Indeed, last year cross-border healthcare concerned only 5% of EU citizens. However, half of the respondents declared that they would be willing to receive healthcare abroad, either for receiving treatment that is not available at home or for better quality treatments.

When it comes to the main barriers to cross-border healthcare, respondents mentioned language barriers, the fear of not being reimbursed and the lack of information on patient safety.

Finally, the study revealed a partial knowledge of patients about their entitlement to be reimbursed for cross-border healthcare.

The Eurobarometer report on patients’ rights in cross-border healthcare in the EU is available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_425_sum_en.pdf

CROSS-BORDER HEALTHCARE – PARLIAMENTARY QUESTION

On 3 March 2015, Commissioner for Health and Food Safety Vytenis Andriukaitis replied to a parliamentary question on cross-border healthcare from MEP Nicola Caputo (S&D, Italy).

Parliamentary questions are aimed at enabling the European Parliament to scrutinize actions from EU institutions and bodies. These questions are addressed by Members of the European Parliament to other European Union Institutions and bodies, which should then provide a reply to the European Parliament.

On 9 January 2015, MEP Nicola Caputo asked a question on cross-border healthcare for written answer by the Commission. The question was divided in three points:

- How does the Commission intend to encourage Member States to work together to provide clear rules and reliable information to patients regarding access to and reimbursement for healthcare received in another EU country?
- How will it help Member States to provide patients with healthcare of the highest quality, above all when they are seeking treatment away from home, and to ensure that all countries are able to conform to these high standards?
- How will it support harmonisation of legal and economic regulations in relation to patient rights?

Commissioner for Health and Food Safety, Vytenis Andriukaitis, informed about the Commission's ongoing work with regards Directive 2011/24/EU on the application of patients' rights in cross-border healthcare.

First, Mr. Andriukaitis reply stated that the Commission is currently monitoring the transposition of the directive into Member States' legislations and will provide a report about its implementation to the European Parliament and the Council in late 2015. Then, the Commissioner added that the Commission will engage in 2015 in a dialogue with Member States and stakeholders on the best ways to take forward the patient safety and quality of care agenda in the EU.

He concluded by saying that no further harmonisation could be envisaged with regards to the organisation and the delivery of health services and medical care as such a competence remains under Member States' responsibility.

MEP Nicola Caputo parliamentary question on cross-border healthcare is available at:

<http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=E-2015-000238&language=EN>

Commissioner for Health and Food Safety's reply on the parliamentary question is available at:

<http://www.europarl.europa.eu/sides/getAllAnswers.do?reference=E-2015-000238&language=EN>

EVALUATION OF THE CROSS BORDER HEALTHCARE DIRECTIVE – COMMISSION REPORT

On 28 May, the Commission released an evaluative study on the cross-border healthcare Directive (2011/24/EU).

The deadline for transposition into Member States' legislation of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare was 25 October 2013. Article 20 of the Directive requests a report to be submitted to the European Parliament and to the Council including information on related processes in place and the overall operation of the Directive in the first years of its implementation.

The Commission's evaluative study focused on three main aspects of the Directive's implementation:

- reimbursement;
- quality and safety of care;
- undue delay.

Concerning reimbursement, the report points out that some progress has been made regarding dissemination of information about the Directive and the role of National Contact Points. However, there is still a lack of patients' awareness about their rights to reimbursement and new possibilities offered under the Directive. The evaluative study also reports that many different practices were observed among Member States in terms of prior authorization.

As far as quality and safety of care is concerned, the report calls on National Contact Points to provide patients with more comprehensive information on the quality and safety of the care delivered by healthcare providers in their respective countries. However the report notices that, while the administrative burden caused by prior authorisation and reimbursement procedures could prevent the effective use of the Directive, quality of care did not appear as a major obstacle to patients' mobility.

Finally, with regards to undue delay, the study shows a large difference in Member States' practices. The report also points out that undue delay is most often evaluated on an individual basis and that only two countries (The Netherlands and Denmark) have specific rules in place to determine the maximum waiting time for all treatments.

Conclusions highlight the fact that the Directive is still at an early stage of its implementation. Therefore, more evaluative efforts have to be conducted in the future to monitor implementation and impact produced. The study also reveals that demand for cross-border healthcare has the potential to grow if better and more target information is provided to patients. In this regard, the report recommends National Contact Points to provide additional information not only on citizens' rights but also on the specific steps to be taken to benefit from cross-border healthcare. Furthermore, it recommends enhancing usefulness of information contained on National Contact Points' websites and close collaboration with patients' organisation to review this information.

The evaluative study on the cross-border healthcare Directive (2011/24/EU) is available at: http://ec.europa.eu/health/cross_border_care/docs/2015_evaluative_study_frep_en.pdf

PATIENT SAFETY AND ANTIMICROBIAL RESISTANCE – PARLIAMENT RESOLUTION

On 19 May 2015, the European Parliament adopted during the monthly plenary in Strasbourg a resolution on “Safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance”.

The resolution stressed that “*the key to overall healthcare quality lies in patient safety*”. From 8 to 12 % patients admitted to hospitals suffer adverse events in the EU. However, there is few current data on adverse events’ prevalence and incidence in Member States’ healthcare systems. Alongside, there is a continuous increase in the number of people dying of drug-resistant infections in the EU.

In this context, the European Parliament resolution on safer healthcare in Europe focused both on the implementation of the 2009 Council recommendations on patient safety as well as on the fight against antimicrobial resistance. In this respects, the resolution makes an assessment of today’s situation and urges the Member States as well as the Commission and some EU Agencies to take some actions in this field.

With regards to patient safety, the resolution urges Member States to conduct data collection on the prevalence and the incidence of adverse events in their territory, as well as to raise healthcare providers’ awareness on this issue. The European Parliament also recommends Member States to improve health professionals’ trainings, and to exchange good practices on this issue.

The resolution asks the Commission, jointly with the European Centre for Disease Prevention and Control and the European Medical Agency to develop specific guidelines for patients and healthcare professionals aiming at reducing adverse events in the EU.

Finally, the European Parliament called on Member States to cooperate in the definition of minimum patient safety standards and indicators for safety and quality healthcare in the EU.

The European Parliament resolution on safer healthcare in Europe is available at:
<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P8-TA-2015-0197&format=XML&language=EN>



EU DIGITAL SINGLE MARKET – COMMISSION ADOPTS STRATEGY

On 6 May 2015, the Commission published a communication and a staff working document on a “Digital Single Market Strategy for Europe”.

In its strategy, the Commission proposed a series of 16 initiatives based on three pillars:

- better access for consumers and businesses to digital goods and services;
- digital networks and innovative services;
- digital economy as a potential for growth.

Among others, eHealth is an essential sector that has an important role to play in the development of the EU digital single market. Indeed, some eHealth actions have already been taken at EU level, following the eHealth Action Plan 2012-2020. For instance under Horizon 2020, the EU Programme for research and innovation many research, innovation and development actions have been implemented to test solutions for the European market. Besides, the eHealth network established by the cross-border healthcare directive (Directive 2011/24/EU) has adopted guidelines on patient summaries and e-prescriptions and is working on the use of health data for public health and research. Furthermore, the existing data protection legislation (Data Protection Directive 95/46/EC) is under review.

However, despite current efforts, some obstacles still restrain eHealth’s development. Indeed, in a context of potentially increasing cross-border healthcare, the lack of legal and technical interoperability constitutes an obstacle to the free movement of patients. In this regards, the percentage of hospital exchanging clinical information across Europe remains low. In addition, the absence of an EU wide legal framework regulating telemedicine services restrains innovation and threatens the efficiency of healthcare systems.

Accordingly, the Commission advocated the need to use standardisation and interoperability as tools for boosting EU competitiveness. Measures taken should promote health digital technology as an opportunity for citizens, healthcare providers and industries. The Commission pointed out that industry would benefit from more standardisation and interoperability in so far it would enhance their efficiency and open a new market, with job creations in sectors such as pharmaceuticals, healthy homes or medical devices.

Finally, such measures would also benefit to patients. Indeed, access to e-services such as telemedicine would foster more inclusive healthcare systems. Besides, as far as eHealth is concerned, a EU Digital Single Market Strategy will improve patients safety, for instance by establishing common standards for the cross-border transfer of medical data.

The Commission communication is available at:

http://ec.europa.eu/priorities/digital-single-market/docs/dsm-communication_en.pdf

The Commission staff working document is available at:

http://ec.europa.eu/priorities/digital-single-market/docs/dsm-swd_en.pdf



HONCAB – WP LEADERS MEETING

On 29 and 30 April 2015, HOPE attended the HoNCAB project WP leaders meeting in Rome.

HoNCAB started in September 2012 and will come to an end in August 2015. Its main objective is to obtain for patients a better understanding of the financial and organisational requirements that may arise as a result of receiving healthcare outside their Member State of affiliation, thus preparing hospitals for the new conditions that applied after the entry into force of the new EU's rules on patients' rights in cross-border healthcare (Directive 2011/24/EU).

Because of the imminent end of the project, the WP leaders meeting had the objectives to review the activities performed to date and to plan what remains to be done until the end of the project as well as discuss critical issues and possible solutions.

Some preliminary results were presented. Among them, there is the establishment and testing of a knowledge management system composed of a dataset to be used by hospitals to collect and exchange relevant information on the basis of a pre-defined set of variables. Until the 22nd of April 2015, 293 patients' data have been correctly uploaded in the system. The data analysis has already started; results will be presented at the end of the project. Two questionnaires were also administered to patients, respectively investigating patients' perception on quality of care received, their motivation to seek treatment abroad and patients' satisfaction with the reimbursement procedure.

The project also set-up of a pilot Network of Hospitals with the aim to share practical experiences, problems and solutions related to cross-border care. HOPE has been designated as secretariat of the Network of Hospitals. The Protocol of the HoNCAB Network, which describes the objectives of the Network, benefits and activities of the Network's members as well as the procedures to apply to become a member is currently being reviewed. The aim is to present a document outlining key elements for the future sustainability and enlargement of the Network.

HOPE is also the leader of the dissemination activities and will contribute to the advertisement of the results achieved by the project and to the organisation of the project final conference.

More information on HoNCAB is available at: <http://honcab.eu/>

EUROTRACS – FINAL WORKSHOP

EUROTRACS project came to an end in Barcelona on 7 and 8 May 2015.

The goals of the final event were discussing about the results produced by the partners so far as well as about future developments of the project.

HOPE was involved in the dissemination activity (WP2) and was invited to present the activities carried out to spread EUROTRACS results at the European level and to explain its strategy for the sustainability of the project in the future. HOPE provided a dedicated article on the contribution of EUROTRACS and EURHOBOP to the EU Health Programme 2008-2013 on its publication Hospital Healthcare Europe 2015. It contributed also to the content of EUROTRACS brochure, writing a short summary of the article mentioned above as well as describing other successful European projects on the topic of chronic diseases.

Furthermore, HOPE made aware its Members and network of the progress and results of the project through its monthly Newsletter and trimestral Update. For the sustainability of EUROTRACS in the future, HOPE will collaborate with other partners in identifying the stakeholders that will receive the final results of the project. The final results of EUROTRACS will be disseminated through HOPE Newsletter to HOPE Liaison Officers and Members and to their own network at the national level and through HOPE Update to European Institutions and European Stakeholder Organisations. Finally, HOPE will make these results available on its website and will notify its network through social networks. The partners gave their availability in being involved in further collaborations.

More information on EUROTRACS: <http://www.eurotracs-project.eu/>

CANCER CONTROL JOINT ACTION POLICY CONFERENCE – CANCER SURVIVORSHIP: A POLICY DIALOGUE

On 13 May 2015, HOPE attended the CanCon Policy Conference about Cancer Survivorship, held at the Committee of Regions in Brussels aimed at discussing with a wide audience the main topics faced by Cancer Control (CanCon) Joint Action and in particular the issues related to survivorship.

The CanCon Joint Action has been launched 15 months ago, with different objectives: to reduce cancer burdens and cancer mortality in the EU and to help raise cancer survival. To do so CanCon wishes to improve the quality of cancer care among Member States; to improve the quality of life of cancer patients and survivors with proposals on survivorship; and to ensure reintegration and palliative care and a decrease in inequalities at various levels of the cancer control field.

In the first part of the conference speakers represented the point of view of institutions and organisations. These were: The Cancer Society of Finland, Association of European Cancer League, Slovenian National institute of Public Health, London School of Hygiene and Tropical Medicine, National Institute of Cancer (France), MEPs against Cancer.

It was stated that in order to improve the actual conditions of oncology patients, efforts must concentrate on prevention activities and screening. To better “control” cancer, a best practices

guide is needed and to do so is necessary both a top-down and a bottom-up approach. Governments have to implement it and then, regions and NGOs should provide their contribution to the spread and dissemination.

NGOs and associations have an advocacy role in cancer field and should collaborate in making effective and tailor-made policies. Universities and research centers should instead work on useful projects. Consistent and updated databases containing information about cancer and patients is necessary to deal with cancer related issues.

In the second and last part of the conference, the role of cancer patients, cancer leagues and employees were discussed. In particular the main advices given by the guest speakers concerned the creation of tailor-made support services to patients, such as privileged access to credit, job reintegration, social and psychological sustain. Moreover, as emerged from the employers perspective, small business do not have the power to cope with diseased employees because they do not have HR departments and the right set of competences. For these reasons new policies, legislations and plans are needed in supporting diseased employees.

More information about CanCon Joint Action: <http://www.cancercontrol.eu/index.php>

REUSE OF JOINT WORK IN NATIONAL HTA ACTIVITIES – HTA NETWORK REFLECTION PAPER

DG SANTE recently published a paper regarding the creation of HTA strategies and cooperation among bodies and stakeholders at EU level.

This paper aims to provide concrete recommendations on how Joint Work shall develop to make it easier for national and regional HTA bodies to reuse it in national activities. Moreover, it wants to address recommendations on how national/ regional HTA bodies could address some of the facilitating factors which could enable reuse of Joint Work in national activities. Most importantly, it wants to be a source of recommendations on how to facilitate the reuse of national/regional work produced in another country/region.

A general consideration should be made in relation to the Medical Devices sector. The HTA Network has clearly indicated the need to keep a broad scope of cooperation on HTA, including Medical devices and other technologies.

To be specific, the paper provides recommendations on how and what Joint Work shall develop to facilitate national and regional HTA bodies reuse of it in national/regional HTA activities. Then it analyse activities to sustain the HTA Strategy, especially for reuse. In the last chapter, it is explained how national/ regional HTA bodies could address some of the factors which may facilitate the reuse of Joint Work and the reuse of national/regional work performed by other bodies.

More information:

http://ec.europa.eu/health/technology_assessment/docs/reuse_jointwork_national_hta_activities_en.pdf

PROVIDING ONLINE SUPPORT SERVICES TO INFORMAL CARERS - INNOVAGE

On 6 May 2015, HOPE took part in a conference organised by Eurocarers to discuss the needs of carers and the innovAge project.

The project is dedicated to develop, implement and evaluate potential cost-effective social innovations. It is as well to create a web-based platform collecting social innovations from anywhere in the world.

Few countries are committing themselves to support formal and informal carers. For this reason a web tool to address the needs of informal carers will be created. This platform will be implemented in 27 EU Member States with common and country-tailored services.

The platform's aim is to provide support services such as legal and financial information to informal carers as well as services to countries where these are totally absent and promoting a network of carers and carers organisations. These support services will be delivered through fora, email communication, social networking, and audio/video conferencing.

As emerged from the conference, in EU Member States there are almost 20 million carers, working more than 20 hours per week. Many of them do not recognize themselves as carers. There is an issue of information, education and psychological support and some of them lack digital skills making the ICT field results very important.

Finally, all the countries involved in the project are working on disseminating knowledge about the innovAge project. The purpose is to create a fertile environment to introduce the new platform and services.

More information about innovAge: <http://www.innovage.group.shef.ac.uk/>

ASSET – NEW PANDEMIC PREPAREDNESS AND RESPONSE BULLETIN

In April 2015, the ASSET (Action plan on Science in Society related issues in Epidemics and Total pandemics) project released the first issue of a Pandemic Preparedness and Response Bulletin called "Share and move".

Newly emerging infections pose several crisis-related health challenges including effective preparedness and response strategies to vaccine development.

The ASSET project was set up to answer to a Commission call for developing a Mobilization and Mutual Learning Action Plan in response to epidemics and pandemics with regard to Science in Society related issues. The project, started in January 2014 and ending in January 2018, aims at developing a partnership for sharing knowledge and experience in order to face scientific and societal challenges on pandemic and associated crisis management. It is financed under the EU Seventh Framework Programme for Research and Innovation.

ASSET combines public health, vaccine and epidemiological research, social and political sciences, law and ethics, gender studies, science communication and media, in order to develop an

integrated, transdisciplinary strategy, which will take place at different stages of the research cycle, combining local, regional and national levels.

ASSET Pandemic Preparedness and Response Bulletin "Share and move" provides information on policy initiatives in pandemics and related crisis management developed at local, national and international levels, such as new legislation or projects. The new bulletin contains health data, information and indicators on public health emergency preparedness, emergent communicable diseases, and national pandemic plans revision.

Among many issues, some of the topics addressed in the first edition of the bulletin are:

- implementing the EU Decision on serious cross-border threats to health (Decision 1082/2013);
- the role of communication in a well-planned vaccination programme;
- assessment of human influenza pandemic scenarios in Europe: parameters to define how severity profiles may develop;
- WHO evaluation one year after the Ebola outbreak ;
- news from the ASSET project and from other projects on related topics.

More information on ASSET is available at: <http://asset-scienceinsociety.eu/>

The ASSET Pandemic Preparedness and Response Bulletin "Share and move" is available at: http://www.asset-scienceinsociety.eu/sites/default/files/asset_bulletin_-_issue_1.pdf

USE OF ESIF FOR INVESTMENTS IN HEALTH – NEW COMMISSION TOOLS

On 13 May 2015, the Commission launched new tools to support Member States in the use of European Structural and Investment Funds (ESIF) for effective health investments. These new tools comprise a Guide and a Technical toolkit.

These guide and toolkit were developed by the consultancy firm EY, as part of the project "ESIF for Health" co-financed under the EU Health Programme.

ESIF provide many opportunities for investment in the health sector under the 2014-2020 programming period. However, EU funding mechanism often appears too difficult to understand and implement because of complicated orientation in funding possibilities as well as the related administrative burden, that is why they are under-used by many health stakeholders.

In this context, the objective of the "ESIF for Health" project was to facilitate effective access to ESIF for both national officials from Ministries of Health, managing authorities and other stakeholders, by providing them with tools to make practical use of these funds.

The Guide for effective investment in health has been developed for stakeholders who have an interest in the use of European Structural and Investment Funds (ESIF) for investment in health in the programming period 2014-2020, such as for instance Ministries of Health.

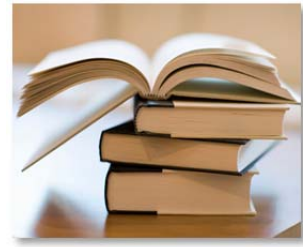
The guide provides Ministries of Health, managing authorities of operational programmes, and other stakeholders with a list of health actions that could be funded from ESIF in the 2014-2020 programming period and with a guidance on effectively projecting health priorities into ESIF programming and implementation process. Finally, the last part of the guide is devoted to the identification of a list of critical success factors that help deliver successful health investment outcome.

The Guide is accompanied by a Technical toolkit. The Technical toolkit comprises several tools offering technical advice on a number of areas which are essential to achieve sustainable and effective investments in health under ESIF. Some of the tools developed are a checklist for the successful management of calls for proposals and assessment and selection of project applications or a set of indicators useful for the final evaluation of actions.

The Guide for effective investments in health under ESI funds is available at:
http://www.esifforhealth.eu/pdf/WP2_Guide_FINAL_20150211.pdf

The Technical toolkit is available at: http://www.esifforhealth.eu/Supporting_tools.htm

REPORTS AND PUBLICATIONS



UNLEASHING THE POWER OF BIG DATA FOR ALZHEIMER'S DISEASE AND DEMENTIA RESEARCH – OECD PUBLICATION

Recently OECD published a paper called "Unleashing the power of big data for Alzheimer's disease and dementia".

More than 35 million people worldwide were affected by dementia in 2010, whose annual costs were estimated at USD 604 billion. The number of people with dementia is expected to exceed 115 million by 2050.

Despite decades of intensive research, the causal chain of mechanisms behind Alzheimer's has remained elusive as reflected in recent failures of well-designed clinical trials on promising investigational new drugs. The multi-factorial nature of the disease requires the collection, storage and processing of increasingly large and very heterogeneous datasets (behavioural, genetic, environmental, epigenetic, clinical data, brain imaging, etc.).

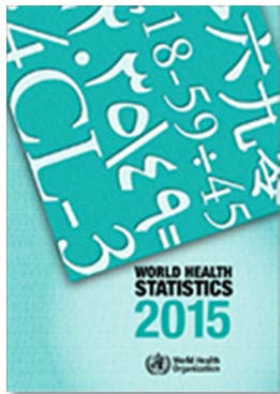
No nation has all the assets to pursue this type of research independently. In an effort to tackle this huge challenge, the OECD held a consultation on "Unlocking Global Collaboration to Accelerate Innovation for Alzheimer's Disease and Dementia" which looked at ways to harness developments in life sciences and information technologies to accelerate innovation in the prevention and treatment of this disease.

This paper reports on the opportunities offered by the informatics revolution and big data. Creating and using big data to change the future of Alzheimer's and dementia requires careful planning and multi-stakeholder collaboration. Numerous technical, administrative, regulatory, infrastructure and financial obstacles emerge and will need to be hurdled to make this vision a reality.

More information:

http://www.keepeek.com/Digital-Asset-Management/ocd/science-and-technology/unleashing-the-power-of-big-data-for-alzheimer-s-disease-and-dementia-research_5jz73kvmvbw-en#page1

WHO WORLD HEALTH STATISTICS REPORT



2015 is the final year for the United Nations Millennium Development Goals (MDGs) – set by governments in 1990 to guide global efforts to end poverty. This year's World Health Statistics – published on 13 May 2015 by the World Health Organization (WHO) – assesses progress towards the health-related goals in each of the 194 countries for which data are available.

By the end of this year if current trends continue, the world will have met global targets for turning around the epidemics of HIV, malaria and tuberculosis and increasing access to safe drinking water. It will also have made substantial progress in reducing child under-nutrition, maternal and child deaths, and increasing access to basic sanitation.

"The MDGs have been good for public health. They have focused political attention and generated badly needed funds for many important public health challenges," says Dr Margaret Chan, Director-General of WHO. "While progress has been very encouraging, there are still wide gaps between and within countries. Today's report underscores the need to sustain efforts to ensure the world's most vulnerable people have access to health services."

More information:

http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439_eng.pdf?ua=1&ua=1

SUPPORT TOOL TO ASSESS HEALTH INFORMATION SYSTEMS AND DEVELOP AND STRENGTHEN HEALTH INFORMATION STRATEGIES – WHO PUBLICATION



WHO recently published a paper that has the aim to help Member States to develop, strengthen and monitor health information strategies.

Good health information supports public health policy-making. During its meeting in December 2013, the Standing Committee of the Regional Committee asked the WHO Regional Office for Europe to develop a practical tool to support Member States in developing and improving their national health information systems by developing national strategies. This would support countries in implementing the European policy framework, Health 2020. Good health information from strong national health information systems can help Member States identify areas for action to address Health 2020 priorities and evaluate the effects of Health-2020-related policies and interventions.

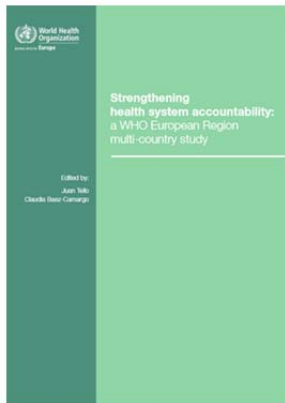
The support tool is based on existing tools developed by WHO's Health Metrics Network and covers all the phases related to health information strategy development – from assessment of the current state of health information systems, through strategy development and implementation to evaluation. Moreover, it addresses all the different elements of health information systems, such as governance, databases and resources. This allows flexibility: Member States can either apply it as a whole or pick out specific phases or elements that require particular attention or have priority in

their national contexts. The support tool has been set up to accommodate the diverse situations of health information systems and strategies within the WHO European Region.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0011/278741/Support-Tool-Web-en.pdf?ua=1

STRENGTHENING HEALTH SYSTEM ACCOUNTABILITY – A WHO EUROPEAN REGION MULTI-COUNTRY STUDY



Recently WHO published a report summarizing European countries experiences in strengthening health-systems' accountability focused on rigorous goals and performance review.

It takes stock of the measures that countries in the WHO European Region have put in place since the adoption of the Tallinn Charter: Health Systems for Health and Wealth (2008) and the Health 2020 policy framework (2012).

Recent years have undoubtedly brought significant challenges to the health systems in the Region, including international and national environments affected by an economic crisis, increased health needs and scarcity of resources. Nevertheless, countries across the Region have taken abundant and significant steps to improve health-system accountability.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0007/277990/Strengthening-health-system-accountability-multi-country-study.pdf?ua=1

BUILDING PRIMARY CARE IN A CHANGING EUROPE – EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES PUBLICATION



Recently the European Observatory on health Systems and Policies has published a paper called: *Building Primary Care in a Changing Europe*. This new volume consists of structured case studies summarizing the state of primary care in 31 European countries. It complements the previous study, *Building primary care in a changing Europe*, in which authors provided an overview of the state of primary care across the continent, including aspects of governance, financing, workforce and details of service profiles.

These case studies establish the context of primary care in each country; the key governance and economic conditions; the development of the primary care workforce; how primary care services are delivered and an assessment of the quality and efficiency of the primary-care system.

The studies exemplify the broad national variations in accessibility, continuity and coordination of primary care in Europe today, something which complicates the assessment of primary care's role in contributing to the overall performance of the health system despite growing evidence of the added value of a strong primary care sector.

This book builds on the EU-funded project 'Primary Health Care Activity Monitor for Europe' (PHAMEU) that was led by the Netherlands Institute for Health Services Research (NIVEL) and co-funded by the European Commission.

More information:

http://www.euro.who.int/_data/assets/pdf_file/0011/277940/Building-primary-care-changing-Europe-case-studies.pdf?ua=1

ASSESSING CHRONIC DISEASE MANAGEMENT IN EUROPEAN HEALTH SYSTEMS – EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES PUBLICATION



On 13 May 2015 the European Observatory on Health Systems and Policies came out with a new publication about chronic disease management in the European health systems.

Many countries are exploring innovative approaches to redesign delivery systems to provide appropriate support to people with long-standing health problems. Central to these efforts to enhance chronic care are approaches that seek to better bridge the boundaries between professions, providers and institutions, but, as this study clearly demonstrates, countries have adopted differing strategies to design and implement such approaches.

This book systematically examines experiences of 12 countries in Europe, using an explicit comparative approach and a unified framework for assessment to better understand the diverse range of contexts in which new approaches to chronic care are being implemented, and to evaluate the outcomes of these initiatives. The study focuses on the content of these new models, which are frequently applied from different disciplinary and professional perspectives and associated with different goals and does so through analyzing approaches to self-management support, service delivery design and decision-support strategies, financing, availability and access. Significantly, it also illustrates the challenges faced by individual patients as they pass through the system.

This book complements the earlier published study *Assessing Chronic Disease Management in European Health Systems*. It builds on the findings of the DISMEVAL project (Developing and validating DISease Management EVALuation methods for European health care systems), led by RAND Europe and funded under the European Union's Seventh Framework Programme (FP7) (Agreement no. 223277).

More information:

http://www.euro.who.int/_data/assets/pdf_file/0010/277939/Assessing-chronic-disease-management.pdf?ua=1

TARGETED SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTIONS – ECDC PROTOCOLS

On 4 May 2015, the European Centre for Disease Prevention and Control (ECDC) Healthcare - Associated Infection Surveillance Network (HAI-Net) published a new version of its software application HelicsWin.Net for the manual entry of hospital data related to ECDC point prevalence survey of healthcare-associated infections (HAI) and antimicrobial use in acute care hospitals. In addition, HAI-Net released its first protocol for the surveillance of *Clostridium difficile* infections in Europe.

The ECDC is an EU agency aimed at protecting at best Europe from infectious diseases. Its main missions are to identify, assess and communicate current and emerging threats to human health caused by infectious diseases.

Coordinated by the ECDC, HAI-Net is a EU network for the surveillance of healthcare-associated infections. It is aimed at coordinating EU point prevalence surveys of HAI and antimicrobial use in acute care hospitals, EU surveillance of surgical site infection, of HAI in intensive care units and long term care facilities.

▪ ***New version of the software application HelicsWin.Net***

The software HelicsWin.Net aims at enabling local users, such as hospitals, to collect surveillance data at the hospital and ward levels related to ECDC point prevalence survey of healthcare-associated infections (HAI) and antimicrobial use. Data are then stored internally by HelicsWin.Net.

The new version of the software application HelicsWin.Net includes two modules:

- HAI-Net PPS: ECDC point prevalence survey (PPS) of healthcare-associated infections and antimicrobial use in acute care hospitals, and
- HAI-Net ICU: European surveillance of HAIs in intensive care units

The new version also features a module for the pilot study of the new protocol for surveillance of HAI and prevention indicators (e.g. consumption of alcohol-based hand rubs) in European intensive care units (ICU). The protocol can be accessed from within the software after installation. The pilot study will take place between May and September 2015, and hospitals and ICU interested in participating in this pilot study are invited to contact their country's National Focal Point for HAI or send an e-mail to ARHAI@ecdc.europa.eu, which will forward the request.

▪ ***Protocol surveillance of *Clostridium difficile* infections (CDI) in Europe***

Each year, about 124 000 cases of *Clostridium difficile* infections are detected in Europe. Nevertheless, there is still a lack of standardised surveillance of CDI in European hospitals. Accordingly, EU launched a call for tender in 2010 to support capacity building for CDI surveillance in Europe.

The consortium that won the tender carried out an ECDIS Net project developing a protocol for CDI surveillance. The protocol is aimed at prescribing a methodology and providing data collection tools for CDI surveillance. The protocol proposed three options from simple

surveillance and data collection for each hospital, to information collection on each CDI case and microbiological data.

In the first half of 2016, a new HelicsWin.Net module for surveillance of CDI will be made available and EU-wide data collection will be organised.

The HelicsWin.Net software is available at:

http://ecdc.europa.eu/en/activities/surveillance/HAI/about_HAI-Net/Pages/HELICSWinNet-download-page-HWN.aspx

The protocol surveillance of Clostridium difficile infections in Europe is available at:

<http://ecdc.europa.eu/en/publications/Publications/Clostridium-difficile-infections-surveillance-protocol-version-2.1.pdf>

INEQUALITIES IN ACCESS TO HEALTH – MDM REPORT

On 18 May 2015, Doctors of the world (Mdm) published a report on “Access to healthcare for people facing multiple health vulnerabilities”. This report focuses on obstacles in access to care for children and pregnant women in Europe. Mdm is an international organisation for medical development providing free access to medical and social services for vulnerable people in the world.

While the EU affirms its adherence to values of universality, access to good quality care, equity and solidarity, Mdm warns against Europe’s alarming inequalities in access to healthcare. Indeed, in a context of economic crisis and austerity measures, Mdm observed an increase in unmet healthcare needs, with a strong impact on vulnerable groups.

In this context, Mdm realized this report in order to raise awareness on the need for urgent action in order to improve access to health in Europe. This report is based on 41,238 medical and social Mdm consultations.

To start with, Mdm reported that the majority of people seen did not have any healthcare coverage and many of them were subjected to violence. As far as children are concerned, the report draws the attention on the lack of access to immunisation programmes and paediatric care. 65.5% of children were not vaccinated against mumps, measles and rubella. And a majority had not received immunisation against tetanus. Then, Mdm observed that a majority of pregnant women had not access to timely antenatal and postnatal care prior to consulting to Mdm. The report also stresses the lack of access to termination of pregnancy.

Finally, the Mdm report provides a general overview of the situation in access to healthcare in Europe. In this way, the report looks into the demographic characteristics, living conditions and administrative situation of people facing health vulnerabilities. Besides, it provides information on different challenges these groups are facing in terms of access to healthcare, experience of violence and health status.

Accordingly, Mdm urged EU institutions and Member States to provide full access to healthcare to vulnerable groups such as children and pregnant women residing in the EU. In this way, Mdm

warned against restrictive laws and complex administration processes that constitute a major barrier to access to healthcare.

More information: http://issuu.com/medecinsdumonde/docs/2015-04-21_european_report_2015_fin

MENTAL HEALTH AND INTEGRATION – EIU STUDY

In October 2014, the Economist Intelligence Unit (EIU) published a report on "*Mental Health and Integration. Provision for supporting people with mental illnesses*". The EIU is the research and analysis department of The Economist Group, the sister company of *The Economist* newspaper.

This report is based on a comparative study of 30 European countries including EU Member States together with Switzerland and Norway. This study was conducted during the first half of the year 2014, and aimed at assessing the degree of commitment of the targeted countries to integrating people with mental illnesses in the society.

The report first stressed nowadays main challenges in terms of mental health and integration, before assessing current good practices and providing guidance to policy makers on what still remains to be achieved in this field.

Mental illnesses are quite poorly understood and subject to important prejudices. Besides, mental illness constitutes both a human and an economic burden in the EU. Indeed, 38% of EU residents, i.e. around 165 million people, are affected at some point by mental illnesses. In addition, WHO estimates that mental illnesses cut annually GDP in Europe of 3 to 4%.

EIU's study relied on numerous interviews with mental health experts, and on a set of 18 indicators on mental health and integration that can be classified into 5 categories:

- access to medical help and services;
- access to job opportunities;
- life environment;
- governance;
- the fight against stigma.

As a result from this study, some areas where action is needed could be identified.

First, as there is still few data on mental health and integration, the report advocates more funding to support research in this field. In this way, the report shows a correlation between good results in integrating of people with mental illnesses and the proportion of GDP spent on that issue.

Then, EIU stresses the need to provide integrated community-based services. In this respect, the study shows that there is still really low progress on shifting from hospital care to community-based care. Inadequate therapy and medication for mental illnesses require a more holistic approach.

Finally, the report recommends the development of integrated employment services.

Together, these recommendations call for a political leadership to tackle the issue of mental health and integration. On 11 and 12 May, mental health was on the EU agenda with a conference on "Mental health in all policies: Supporting sustainability and growth in Europe" which took place in Helsinki. The conference involved experts, decision makers and other stakeholders across government sectors together with a strong representation of relevant NGOs. The focus was on the promotion of mental health, in order to provide good practices for collaboration across sectors in Europe.

More information: http://mentalhealthintegration.com/media/whitepaper/eiu-janssen_mental_health.pdf

THE IMPACT OF TTIP ON HEALTH – LSE STUDY

On January 2015, the London School of Economics and Social Sciences (LSE) published a study on "*The Transatlantic Trade and Investment Partnership: international trade law, health systems and public health*".

TTIP is currently one of the most popular acronyms in the international policy making scene. It stands for Transatlantic Trade and Investment Partnership (TTIP). In practice, the TTIP is an agreement which regulates trade between the European Union 28 Member States and the United States of America (USA). The TTIP is currently in the negotiation phase, which was set to finish by the end of 2014, but negotiations have dragged on and have been re-launched in 2015.

While some TTIP negotiation documents have been made public, the access to such documents is still quite limited and TTIP's potential impact on health appears really unclear for the public. In this context, the objective of the LSE's study was to evaluate available evidence on potential health related risks and benefits from the TTIP.

The study first provides an assessment of the overall potential health impact of TTIP before providing some guidelines for EU health community possible future action in this respect.

With regards to the potential positive impact of TTIP on health, the study stresses the possible competitive benefits for the EU health sector, notably in the pharmaceutical sector. In this way, potential drops in prices and cost of production would be beneficial both for pharmaceutical industries and patients.

However, many risks of TTIP impact on health were identified. Indeed, a process of privatisation of the health sector is feared as it could lower equal access to health services.

Besides, the study refers to a 2013 paper from the Centre for International Environment Law on this matter. This paper stressed the fact that TTIP could restrain the continued developments towards stronger EU laws on health protection, and consequently pre-empt stronger laws by the Member States. The paper also warns against the potential weakening of EU human health standards in fields such as endocrine disruptors.

Accordingly, the LSE study proposes some recommendations for future action. First, the study draws the public health community's attention on some particular aspects of TTIP that could have a greater impact on health, such as sanitary and phytosanitary measures, or technical barriers to

trade. Then, a strong engagement of the public health community on the development process of the TTIP is advocated for defending “healthy trade agreements”. Finally, the study presses public health agencies to use impact assessment tools for better measuring potential impacts of TTIP on health systems and health law.

More information:

<http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/TheTTIPInternationalTradeLawHealthSystemsandPublicHealthFinalJan2015.pdf>

KEEPING HEALTH HIGH ON THE EU AGENDA: ROLE FOR ECONOMIC GOVERNANCE?

– EUROPEAN POLICY CENTER PUBLICATION

Recently the European Policy Centre published an article concerning the health system management and spending in the EU agenda and the role of the EU Member States.

In an attempt to get Europe out of the economic crisis and establish right conditions for growth, the EU coordinates and monitors Member States’ economic and budgetary policies via a system called the European Semester.

As Member States’ spending on the health sector accounts for 10% of GDP and is expected to grow, it is no wonder that an increasing emphasis has been paid to sustainability of health systems, an area that is traditionally considered as a national competence.

In this Policy Brief, the authors reflect on the strengths and weaknesses of the European Semester and country-specific recommendations in promoting more sustainable and efficient health systems in Europe, and why the EU must continue to play a role in encouraging Member States to value health and improve their spending on health.

More information:

http://www.epc.eu/documents/uploads/pub_5547_keeping_health_high_on_the_eu_agenda.pdf

EUROPEAN COLLABORATION ON RELATIVE EFFECTIVENESS ASSESSMENTS: WHAT IS NEEDED TO BE SUCCESSFUL? – STUDY

The objective of this study is to identify the possible barriers and critical success factors for the implementation of European collaboration in the field of relative effectiveness assessment (REA) of drugs.

For what concerns the methodology used, data were gathered through semi-structured interviews with representatives from eight European health technology assessment (HTA) organisations involved in assessment of drugs for coverage decision-making (AAZ, AIFA, AHTAPol, HAS, HVB, IQWiG, NICE and ZiN).

The results show that potential barriers identified mainly relate to methodology, resources and challenges with implementation in the respective national processes (e.g. legal restrictions). The most critical success factors for production of cross-border assessments were the continuous cooperation of competent partners, and the quality and timely availability of the assessment.

To conclude, further adaptation of the process and methods is required for optimal collaboration. In the near future it can be expected that cross-border assessments will meet in particular the needs of smaller/middle-sized European countries and also European countries with less developed HTA systems as the potential efficiency/quality gains are the highest for these countries. Therefore, national implementation of cross-border assessments is especially likely in these countries in the coming years. Once more experience is gained with cross-border assessments, and successes become more evident, efficiency/quality gains may also be likely for some larger countries with well-established processes.

More information:

http://ac.els-cdn.com/S0168851015000342/1-s2.0-S0168851015000342-main.pdf?_tid=5abd36d4-fdfd-11e4-926f-00000aabof02&acdnat=1432022711_559caf90420545ae531fc7b71dod5a66

UNDERSTANDING STAFF PERSPECTIVES OF QUALITY IN PRACTICE IN HEALTHCARE – PAPER

Extensive work has been focused on developing and analysing different performance and quality measures in health services. However less has been published on how practitioners understand and assess performance and the quality of care in routine practice. This paper explores how health service staff understands and assess its own performance and quality of its day to day work. Asking staff how they knew they were doing a good job, it explored the values, motivations and behaviours of staff in relation to healthcare performance. The paper illustrates how staff perceptions of quality and performance are often based on different logics to the dominant notions of performance and quality embedded in current policy.

21 people were interviewed, comprising of health visitors, occupational therapists, managers, human resources staff and administrators. Analytic themes were developed using open and axial coding.

Diverse aspects of quality and performance in healthcare are rooted in different organisational logics. Staff values and personal and professional standards are an essential element in understanding how quality is co-produced in everyday service interactions. Tensions can exist between patient centred, relational care and the pressures of efficiency and rationalisation.

Understanding the perspectives of staff in relation to how quality in practice helps us to reflect on different mechanisms to manage quality. Quality in everyday practice relies upon staff values, motivations and behaviours and how staff interacts with patients, putting both explicit and tacit knowledge into specific action. However organisational systems that manage quality often operate on the basis of rational measurement. These do not always incorporate the intangible, relational and tacit dimensions of care. Management models need to account for these relational and experiential aspects of care quality to support the prioritisation of patients' needs. Services and knowledge

management and ethics of care literature can provide stronger theoretical building blocks to understand how to manage quality in practice.

More information:

<http://www.biomedcentral.com/content/pdf/s12913-015-0788-1.pdf>

INFLUENCE OF HOSPITALISATION ON PRESCRIBING SAFETY ACROSS THE CONTINUUM OF CARE – AN EXPLORATORY STUDY

This study aims to further explore the current role of hospitalization in prescribing error exposure and medication-related communication as patients are transferred from and back to ambulatory care.

Methods assisted by electronic decision support, pre-admission and discharge medication regimens of 187 adult patients in a German university hospital were comparatively screened for clinically relevant categories of potentially inadequate prescribing. Binary logistic regression analysis was conducted to identify risk factors predisposing individuals to prescribing errors as a result of hospitalization. Additionally, it was established to what extent medication changes and potentially inappropriate prescribing decisions originating from inpatient treatment were communicated in discharge letters.

Results show that 94.7% of the patients are subjected to differences between pre-admission and discharge prescriptions occurring at a rate of 461 per 100 hospitalizations. However, these modifications in drug therapy do not have a significant effect on the total number of potential prescribing errors per patient even though a large potential for improvement exists. For instance, almost a quarter of study participants with impaired kidney function lacks appropriate dose adjustment for one or more drugs before onset and at the end of inpatient treatment alike.

Overall, the probability of error exposure following hospitalization rises with an increasing number of prescribed drugs per patient, while individuals treated on surgical wards are four times more likely to be discharged with a prescribing-related safety hazard than their counterparts from medical departments.

In the study population's discharge summaries only 14.8% of medication changes and none of the potentially inappropriate prescribing decisions made during inpatient care are addressed.

Finally, there is an urgent need for standardized and evidence-based measures contributing to patient safety across sectorial interfaces of drug therapy. Findings provide useful orientation for the targeted and rational design of such improvement strategies.

More information:

<http://www.biomedcentral.com/content/pdf/s12913-015-0844-x.pdf>



MENTAL HEALTH PROMOTION AT WORK – EUROHEALTHNET ROUNDTABLE

On 19 May 2015, EuroHealthNet organised a roundtable on “Mental health promotion at work”. The event gathered a wide range of stakeholders including representatives from the Commission and of the EU Agency for Health and Safety at Work, industries, academics, associations as well as national public health agencies involved in the promotion of mental health at work.

EuroHealthNet is a non-for-profit partnership bringing together public bodies coming from local to international levels in order to build healthier communities and to tackle health inequalities within and between European countries.

According to a WHO survey, one third of the European population is affected each year by mental health disorders. Mental health disorders do not only have a negative impact on quality of life and social inequalities, but it is also costly for the economy. Indeed, mental health disorders cost around 610 billion € per year to the EU economy.

However, mental health is still a neglected area in health policies. In this context, the EuroHealthNet roundtable aimed at establishing a picture of today’s scene in mental health promotion at work, notably by describing the existing EU legal framework in this field and discussing related national initiatives. Then, this event was also an opportunity for calling for more action and looking at future developments in terms of mental health prevention and promotion at workplace.

Deputy Head of unit in the health safety and hygiene at work unit of DG Employment, Social affairs and Inclusion, Dr Fransisco Jesus A Ivarez Hidalgo affirmed that mental health is becoming one of the main priorities in health and safety at work. In this way, he referred to the EU strategy on health and safety at work for the period 2014-2020. The strategy focuses on avoiding occupational diseases, improving the implementation of existing EU legislations and addressing concerns on ageing and mental health at work.

Brenda O’Brien, manager of Brussels liaison office of the EU Agency for Health and Safety at Work, presented the “Healthy workplaces manage stress campaign” for 2014-2015. This campaign is aimed at raising awareness on mental health promotion at work, developing psychosocial risk assessment methods and increasing enterprises practical knowledge on this issue.

Then, the roundtable focused on the social and economic benefits of mental health promotion at work. In this regard, scientific evidence was presented on the link between modern working conditions and its risks for mental health. In addition, EU studies showed that promoting mental health at work can enable to save costs of 135 billion € per year.

Finally, looking at the future, Jürgen Scheftlein, policy officer at the mental health unit of DG SANTE, presented findings from the Joint Action on Mental health and wellbeing and the EU Mental

Health Compass. As the Joint Action notably focuses on promoting health at workplace, the following recommendations were made:

- promote cross sectorial cooperation, at local, regional, national and EU level;
- focus on prevention;
- promote health systems action in care for addressing work related illnesses in mental health.

The Compass for action on mental health and well-being is a tool for sharing information on mental health situations and activities across the EU. Together with the Joint Action on mental health and wellbeing, this monitoring mechanism is expected to be a way for follow up actions in the Member States.

More information on the Joint action on Mental Health and Wellbeing is available at:
<http://www.mentalhealthandwellbeing.eu/the-joint-action>

EU-Compass for Action on Mental Health and well-being is available at:
http://ec.europa.eu/health/mental_health/eu_compass/index_en.htm

MEETING OF THE PARLIAMENT INTEREST GROUP ON CARERS

On 6 May 2015, the European Parliament, jointly with the European Association Working for Carers (EUOCARERS), organised a meeting of the European Parliament Interest Group on Carers. The meeting focused on "Family vs State responsibility for long term care across the EU: the feasibility of one model?" This event gathered MEPs, representatives of carers associations, as well as informal carers themselves.

Informal carers are persons providing care in an unpaid way to people affected by disability, chronic illness or other conditions needing long lasting care. Research has shown that 80 % of care is provided by families and friends in the EU. Accordingly, carers are a key to the provision, the organisation and sustainability of health and social care systems. However, carers are facing a number of challenges such as the increasing need for care, which is likely to be multiplied by three in the next coming years. Together with increasing shortages of formal caregivers, and the trend towards smaller families, these challenges lead to a decrease in informal carers' potentials.

In this regard, as the EU does not have competence to legislate in this field, the interest group recommended that EU decision makers use soft law to address this concern.

To start with, participants advocated EU support in the sharing of information about existing best practices. In this sense, Paul O'Mahony from the Carers Association (Ireland) affirmed that Italy could be given as an example to follow since 2/3 of the care is provided by families and migrant workers are resorted to as carers. Besides, the Austrian tax funded system of care funding to families was also quoted as a model.

Paola Panzeri from the Confederation of Family Organizations in the EU (COFACE) stressed the need to set the right balance when sharing the burden of the care. In this way, she called the Commission to draft a recommendation on family carers.

Finally, after leading the meeting, MEP Marian Harkin (Ireland, ALDE) affirmed that the EP interest group on carers would actively work to tackle the underlined issues and undertake necessary actions in this regard.

MOBILITY OF HEALTH PROFESSIONALS IN THE EU – POLICY SEMINAR ON ETHICAL RECRUITMENT AND POLICY COHERENCE

On 5 May 2015 Nessa Childers MEP (S&D, Ireland) hosted an event co-organised by EPHA (European Public Health Alliance) together with the Health Workers for All (HW4All) project and the European Federation of Public Service Unions (EPSU).

This policy seminar, taking place at the European Parliament in Brussels, was an opportunity to discuss the principles contained in the WHO Global Code of Practice on the International Recruitment of Health Personnel in the European context.

The event provided an opportunity for stakeholders to discuss the status quo of the implementation of the WHO Global Code in Europe, and to bring relevant messages to MEPs with an interest in health workforce issues. The global health worker crisis is growing, and incoherent policies at the European level are contributing to it. In 2010, the Member States of the World Health Organization endorsed the WHO Global Code, which addresses the root causes of health workforce migration and brain drain and urges its signatories to adopt ethical recruitment practices, boost education and training, increase retention, and improve working conditions, remuneration and migrants' rights.

The principles of the WHO Code are equally valid at EU level where increased migration from poorer Member States, as well as from countries hit hard by the ongoing economic crisis, is creating distribution imbalances within and between countries that potentially threaten the sustainability of health systems and contribute to an increase in health inequalities. Despite the WHO Code - which was endorsed by the EU and its Member States and became an integral part of the Action Plan on the EU Health Workforce in 2012 - political consensus on sustainable health workforce management is still a way off.

The event was a timely opportunity to discuss concrete solutions and share good practices examples related to ethical recruitment and the rights of mobile health workers adopted by European countries, including those instigated by trade unions, health professional organisations and other stakeholders. The conference was open to policy makers from the EU Institutions and those working at national/regional/local levels, health professionals, health managers, representatives of patient groups and vulnerable groups, NGOs, academics and others interested in mobility of health professionals and the many policy areas that influence health workforce sustainability.

UNIVERSAL ACCESS TO HEALTH – ROUNDTABLE LUNCH

On 5 May 2015, the European Generic and Biosimilar Medicines Association (EGA), together with the European Patients' Forum (EPF), the International Association of Mutual Benefit Societies (AIM) and Doctors of the World, organised a roundtable lunch on "Universal access to health: one year after the EU elections". This event gathered MEPs, representatives of industries, patients, doctors and health mutual and health insurance funds.

To start with, MEPs expressed their views on access to health in the EU, before proposing some recommendations for future actions to be set on the European agenda.

As part of the recent MEPs Interest Group on Access to Health, MEP Karin Kadenbach (S&D, Austria) advocated the need for more dialogue between health stakeholders. She stressed the need for investing in health and promoting innovation in the pharmaceutical sector.

Alojz Peterle MEP (EPP, Slovenia) added that health should rank among EU's first priorities. Indeed, he affirmed that health is not only a value but also a key for EU's economy. In this way, Peterle proposed the creation of a European Semester for Health following the example of the existing European Semester for economic policy guidance and surveillance.

Then, stakeholders discussed the current state of access to health in the EU. They listed a certain number of barriers to access to health and recommended some actions to EU decision makers. For example, EGA Director General Adrian van den Hoven, representing pharmaceutical industries, stated that patent linkage and complex rules on safety and quality standards constituted barriers to sustainable access to high quality medicines.

According to Doctors of the World's European project coordinator Frank Vanbiervliet, the main obstacles to access to health for patients are: financial issues, legal and administrative barriers and the lack of understanding of healthcare system concerning patients' rights to coverage. He also called for a greater focus on illegal migrants' situation.

Finally, EPF's Secretary General Nicola Bedlington insisted on the need to promote R&D and access to innovation. She also affirmed that EU decision makers should improve the regulatory system and pricing mechanisms as well as to encourage patients' empowerment.

AGENDA



UPCOMING CONFERENCES

HPH CONFERENCE 2015

*PERSON-ORIENTED HEALTH PROMOTION IN A RAPIDLY CHANGING WORLD:
CO-PRODUCTION – CONTINUITY – NEW MEDIA & TECHNOLOGIES*

10-12 June 2015 – Oslo (Norway)

The Health Promoting Hospitals (HPH) conference of 2015 will be held in Oslo, Norway, on 10-12 June 2015, with the title “Person-oriented health promotion in a rapidly changing world: Co-production – continuity – new media & technologies”. With this general theme, the conference will pay special attention to the comprehensive somato-psycho-social health needs of patients and their families, but also those of healthcare staff and community members.

There will be four sub-themes:

- addressing people’s comprehensive health needs;
- co-producing health – healthcare for people by people;
- continuity of care for people by strengthening individuals and improving cooperation between healthcare services and other institutions;
- using new media & technologies to address people’s health needs.

More information: <http://www.hphconferences.org/oslo2015.html>

HOSPITAL+ INNOVATION CONGRESS

21-22 October 2015 – Odense (Denmark)

The Hospital+ Innovation Congress will take place on 21-22 October 2015 in Odense (Denmark).

In the next ten years, Denmark will invest more than €5.6 billion in 16 new hospitals projects. These include new greenfield projects as well as expansion of existing capacity.

The congress is an open invitation to the international health community to join the discussion and to co-create innovative solutions to current issues under this year's themes, patient involvement and increased efficiency. At the congress, you are invited to learn about Danish perspectives of building hospitals and to contribute to future healthcare solutions.

In 2013, the conference was a great success with more than 350 participants from all over the world networking and sharing knowledge with their peers in an international environment.

More information: <http://www.hospitalplusinnovation.com/>

EUROPEAN HOSPITAL CONFERENCE

19 November 2015 – Düsseldorf (Germany)

The 3rd Joint European Hospital Conference (EHC) will take place as part of MEDICA 2015 on 19 November 2015. The EHC will address different political, medical and economic topics from across all of Europe. Dr. Vytenis Andriukaitis, Commissioner for Health and Food Safety within the EU Commission, plans to participate in this conference.

High-ranking speakers from the European Hospital and Healthcare Federation (HOPE), the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH) will take a detailed stance on the topics:

Patient-oriented hospital care in the future
Patient-oriented hospital care in the practice

All presentations will be translated simultaneously into English, French and German.

More information:

http://www.medica.de/cipp/md_medica/custom/pub/content,oid,33332/lang,2/ticket,gu es t/sr c,EHC2/~EUROPEAN_HOSPITAL_CONFERENCE.html