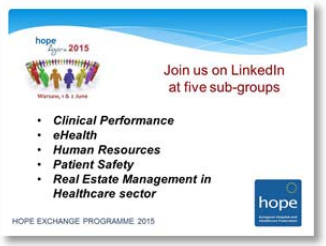
NEWSLETTER

N° 127 – June 2015

CONTENT



HOPE EXCHANGE PROGRAMME – LINKEDIN GROUPS

Starting from February 2015, HOPE inaugurated several groups on LinkedIn in order to stimulate the debate on outstanding themes related to healthcare in Europe.

These groups are mainly, but not exclusively, aimed at HOPE Exchange former participants and represent platforms allowing professionals with different backgrounds and roles to exchange information on a voluntary basis.

The main topics identified so far are clinical performance, eHealth, human resources, patient safety and real estate management in healthcare sector.

The total members' number for all the groups is 283, and the most numerous is the one dedicated to human resources, followed by eHealth, patient safety, clinical performance and real estate management in human resources.

The groups and the related discussions can be joined at the following links:

Clinical Performance:
https://www.linkedin.com/grp/home?gid=8298374

eHealth:
https://www.linkedin.com/grp/home?gid=8297586

Human Resources:
https://www.linkedin.com/grp/home?gid=8254078

Patient Safety:
https://www.linkedin.com/grp/home?gid=8293738

Real Estate Management in Healthcare sector:
https://www.linkedin.com/grp/home?gid=8291973

Public Health

MEDICAL DEVICES – COUNCIL ADOPTS PARTIAL GENERAL APPROACH

On 19 June 2015, the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council adopted a partial general approach on the two draft Regulations on medical devices and in vitro diagnostic medical devices.

The two Commission's proposals were published in September 2012. 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. The necessity of revision of the current EU rules particularly emerged following the scandal of defective breast implants produced by the French PIP company.

The text agreed would ensure increased traceability of medical devices as they would have to be provided with a unique identifier. An EU database would be used by manufacturers to report serious incidents and corrective actions they have taken to reduce the risk of recurrence.

The Council also agreed on strengthened rules for the designation of notified bodies, independent third-party organisations designated by Member States to carry out conformity assessment. On the basis of these new rules, notified bodies would be allowed to carry out unannounced factory inspections.

On the issue of reprocessing of medical devices, the Council agreed that reprocessing of medical devices can take place when permitted by national law. The Commission, via the adoption of implementing acts, would establish and regularly update a list of categories or groups of single-use devices which cannot be reprocessed safely and therefore may under no circumstances be reprocessed. Furthermore, as regards single-use medical devices reprocessed and used within healthcare institutions, Member States may decide not to apply rules relating to manufacturers' obligations whether a certain set of safety requirement are in place.

Trilogue negotiations will start as soon as the Council will agree on the remaining text.

EUROPEAN HEALTH WORKFORCE – EXPERT GROUP

HOPE participated on 17 June in Brussels to the *Expert Group on European Health Workforce,* which brought back together representatives of Members States, European Institutions and European Stakeholders Organisations.

The meeting was focused on debating the last topics related to European Workforce, with a special focus on Recruitment & Retention and Continuous Professional Development in Europe. More in particular, speakers presented to the audience the first results of the Joint Action on European Health Workforce Planning and Forecasting; the results from the DG SANTE survey regarding an information exchange on continuous professional development of health professionals; the OECD – Eurostat – WHO – Europe Joint Questionnaire 2015 data on health workforce migration; the findings and recommendations of the European Commission study to map recruitment and retention of the health workforce and the preliminary findings from the European Commission co-funded OECD study on education and training of doctors and nurses.

More information:
http://ec.europa.eu/health/workforce/policy/index_en.htm

Presentations are available at:
http://ec.europa.eu/health/workforce/events/ev_20150617_en.htm

PATIENT SAFETY AND QUALITY OF CARE – EXPERT GROUP

On 8 June 2015, HOPE attended a meeting of the Commission's Patient Safety and Quality of Care Expert Group. The Expert Group brings together representatives from all 28 EU countries, EFTA countries, international organisations and stakeholders, including HOPE. The group assists the European Commission in developing the EU patient safety and quality agenda.

During the meeting of the group, HOPE Dutch member NVZ presented the Dutch patient safety programme. In the period from 2008 until 2013 the Dutch Hospital Association (NVZ), together with the associations of nurses and medical specialists, ran a national program aimed at implementing a certified safety management system in every hospital in the Netherlands and improving safety based on ten themes which can support the reduction of unintended, preventable harm in hospitals. The programme turned out to be very successful as results indicate that 50% of harm to patients was prevented thanks to this initiative.

Another point in the agenda was the discussion of a sustainable structure to continue the work of the Expert Group after 2016. The new structure will feature a Steering Group whose members will reflect the actual membership of the Expert Group, but with the possibility for Member States to organise closed meetings to discuss particularly sensitive and confidential issues. A novelty is constituted by the fact that the Steering Group will report results of its work directly to the Council Working Party on Public Health at Senior Level, thus enabling an open dialogue and possibility to influence future policy decisions relevant for patient safety and quality of care.

Work Streams composed of 20-25 experts and mandated by the Steering Group to work on a specific topic will also be created. Experts will be selected through a call for interest. The new

framework will also include a permanent network which will build on PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care) main activities.

The above mentioned framework will be presented for endorsement on 15 July during the meeting of the Council Working Party on Public Health at Senior Level.

As usual, the meeting represented also the opportunity to hear from other initiatives in the area of patient safety and quality of care. An update on the work of the Commission's Expert Group on Health Systems Performance Assessment (HSPA) was provided. HSPA was created in September 2014 with the aim to provide a forum for exchange of experiences and information regarding the use of HSPA at national level and identify tools and methodologies that can support national policymakers in the development of HSPA. Members of the Group are Member States, Norway, WHO and OECD.

The HSPA Expert Group selected its working priorities for the years 2015 and 2016, which will be quality of care and integrated care. Regarding quality of care, the outcome of the work will be a report composed of two sections: one will contain a collection of experiences relevant at national or subnational level, the other will take as a base the OECD report on *"Cardiovascular Disease and Diabetes"* published in June 2015 for Member States to declare whether data provided has been useful to steer policies and/or which additional data would be needed.

The Joint Research Centre of the Commission presented the project European Quality Assurance Scheme for Breast Cancer Service whose aim is to establish a set of essential and evidence-based quality requirements for breast cancer care across Europe. The scheme will also explore whether standardisation could play a role in helping in the implementation process of these requirements thus ensuring that inequality of national and cross-border care is minimised.

JRC is also co-organising with the European Association of Research and Technology Organisations (EARTO) and CEN/CENELEC a conference on the 20-21 of October in Ispra (Italy) on the theme *"Putting Science into Standards: a quality assurance scheme for breast cancer services".* Several members of the Expert Group criticised the work currently carried out by JRC in this area, in particular the willingness to look into standardisation as a possible mean to ensure quality breast cancer care in Europe. In March 2015, HOPE adopted a position paper on the issue of standardisation expressing concern about the possible development of standardisation in healthcare at EU level, as this risk to jeopardise good quality of care.

Attendants also had the opportunity to hear the results of the InterQuality project (http://interqualityproject.eu/). Co-financed under the EU Seventh Framework Programme for Research and Innovation, the project aimed to investigate the effect of different financing methods and incentives on the quality, effectiveness and equity of access to healthcare, including hospital care.

More information:
http://ec.europa.eu/health/patient_safety/policy/index_en.htm

More information on the Dutch patient safety programme:
http://www.vmszorg.nl/_page/vms_inline?nodeid=4635&subjectid=15822

COMPETITION AMONG HEALTHCARE PROVIDERS – EXPERT PANEL ON INVESTING IN HEALTH FINAL OPINION

On 12 June 2015, the Expert Panel on Effective Ways of Investing in Health adopted a final opinion on "*Competition among healthcare providers: Investigating policy options in the EU*".

The Expert Panel on Effective Ways of Investing in Health is a multi-sectorial and independent expert panel set up by the Commission to provide it with sound and timely scientific advice in order to promote modern, responsive and sustainable health systems.

Competition is an instrument for organising the use of resources to achieve health policy goals. It is often used as a mean of improving efficiency by allocating resources where they are likely to be most valuable. However, introduction or increase of competition among healthcare providers will not always be the best instrument to achieve health systems goals: it will probably not solve all health systems problems and it may have adverse effects.

Thus, the opinion assesses the role of competition among health service providers in EU health systems. It explores how competition can contribute to the attainment of health system goals under different conditions and examines the effects of competition on health system performance in different European countries.

The opinion highlights that there is not a set of conditions which will ensure that competition will improve health systems performance. This depends on the specific problems faced by each system and the objectives to be met. Thus, these conditions vary across countries, health systems sub-sectors and time.

When looking at the introduction of competition in the hospital sector the main dimension used by healthcare providers to differentiate their services might be quality of care. However, the opinion states that there is not enough evidence about the fact that competition can lead to better quality care. Furthermore, positive outcomes may vary according to the type of indicator used.

As a conclusion, the opinion calls on decision makers to take into account five factors when considering the introduction, change or enhancement of competition among healthcare providers:

1. take into account this constitutes a delicate policy exercise;
2. it requires additional policy actions and should be accompanied by a constant evaluation;
3. it requires the enforcement of competition rules to avoid distortions;
4. implement a careful monitoring to avoid adverse effect and preserve equity;
5. take into account that there is no sufficient empirical evidence.

The final opinion is available at:
http://ec.europa.eu/health/expert_panel/opinions/docs/oo8_competition_healthcare_providers_en.pdf

BETTER CROSS-BORDER COOPERATION FOR HIGH-COST CAPITAL INVESTMENTS IN HEALTH – STUDY

The European Commission is currently conducting a study on "Better cross-border cooperation for high-cost capital investments in health" as part of the Public Health Programme 2014-2020. The study is planned to run until December 2015.

The general objective of this study is to enable effective cross-border cooperation between EU Member States to pool resources for high-cost medical equipment investments for cases where overall efficiency gains (lower resources invested for a given level of population level health outcomes) are expected from the public payer perspective, taking account of possible impacts on health service accessibility.

A specific objective of the study is to produce a proposal for possible policy measures and concrete actions to facilitate cross-border cooperation on investment and use of high-cost medical equipment. This will take into account the results of a stakeholder consultation. HOPE has been invited to reply to the consultation and provide inputs about challenges and success factors for cross-border cooperation.

CRIMINALISING SOLIDARITY – PUBLIC CONSULTATION

The EU is currently carrying out an evaluation of the implementation of the Facilitation Directive (2002/90/EC) that concerns facilitation of the entry, transit and residence of undocumented migrants in the EU and will in July present its Impact Assessment, and in September its Communication (which might propose a revision depending on their findings). The European Parliament will also carry out a study by the end of this year.

The Directive states that anyone who intentionally assists an undocumented migrant to enter or transit across the EU is breaking the law, as well as those who profit financially by helping undocumented migrants to reside in the EU. In many cases, this means organised smuggling rings, employers or landlords who seek to exploit undocumented migrants' vulnerable position.
However, the Facilitation Directive does not rule out imposing similar sanctions on individuals or organisations that offer humanitarian assistance to undocumented migrants. This could include the provision of emergency shelter, food and medical attention, even if these services are delivered to the undocumented migrant free of charge. In addition, more and more responsibility is being placed on service providers to report undocumented migrants, putting them in difficult situations that could lead to the suppression of moral conscience, financial penalties and arrest. Service providers should not have to bear the burden of acting as immigration officers.

Through an online public consultation the European Social Platform is trying to collect information about the experience of NGOs and service providers across the EU. They want to know if NGOs and service providers has felt pressured to exclude undocumented migrants from their services, if they experiences any sanctions or/and had to conceal their activities to avoid sanctions. They also welcome irregular migrants experience of accessing services.

Social Platform is the largest civil society alliance fighting for social justice and participatory democracy in Europe. They consist of 48 pan-European networks of NGOs and work to ensure that

EU policies are developed in partnership with the people they affect, respecting fundamental rights, promoting solidarity and improving lives.

The public consultation is available at:
https://socialplatformbxl.wufoo.com/forms/public-consultation-criminalising-solidarity/

More information:
http://www.socialplatform.org/what-we-do/over-arching-campaigns/criminalising-solidarity/

SERIOUS ADVERSE EVENTS AND REACTIONS FOR BLOOD AND ITS COMPONENTS – COMMISSION REPORT

On 3 June 2015, the Commission published the summary of the 2014 annual reporting of serious adverse events and reactions for blood and blood components. This report comprises a summary of the data received by the Member States during one year in 2013 as well as preliminary conclusions.

At the European Union level, the quality and safety of blood are promoted by the Directive setting standards of quality and safety for the collection, testing, processing, storage and distribution of human blood and blood components (Directive 2002/98/EC). In this way, the Commission adopted a Directive setting some traceability requirements and notification of serious adverse reactions and events (Directive 2005/61/EC). This Directive provides that Member States shall submit to the Commission an annual report on the notification of serious adverse reactions and events (SARE) received by the competent authority.

In 2013, 1739 serious adverse reactions (SAR) and 2,972 serious adverse events (SAE) were reported with a likely or certain attribution to blood or blood component transfused. This report aims at collecting data on SAR and SAE in order to identify quality issues and better address them to improve safety and quality of blood in the EU.

To start with, the summary reports the percentage of SAR per blood component, as well as the number of cases per category of SAR. In this regard, anaphylaxis/ hypersensitivity, febrile non haemolytic and transfusion reaction were identified as being the most common SAR.

Besides, the report shows that the whole blood collection, testing of donation and processing are the activity steps which are concerned the most with SAE, and SAE appeared to be mostly attributed to human error.

From 2011 to 2014 the number of SAR reported increased and the number of SAE decreased. However the number of deaths due to SAR decreased. Deaths due to SAR resulted mainly from clinical practice and unforeseen reactions.

The summary conclusions show that the report enabled to share experience and knowledge on haemovigilance, thereby supporting the development of national systems. It emphasised on the importance to better assess such data on SAR donors in order to make transfusion medicine possible. Finally, the Commission recommended Member Stated to continue this data collection for evaluating the safety of their blood sector.

The report is available at:
http://ec.europa.eu/health/blood_tissues_organs/docs/blood_sare_2014_en.pdf

PETITIONS TO THE PARLIAMENT ON MUTUAL RECOGNITION, CROSS-BORDER HEALTHCARE AND WORKING TIME

On 29 June 2015, answers from the Commission to three petitions from EU residents were notified to the Member States.

Any citizen acting individually or jointly with others, company or association having its headquarters in the EU, can submit a petition to the European Parliament on a topic where the EU is competent and which is of a direct concern for him/her. Such petitions can contain individual complaints, request or observation. The aim of this process is to give an opportunity to the European Parliament to raise attention to any infringement on citizens' rights by Member States, local authorities or other institutions. Petitions shall be submitted to the European Parliament Committee on petitions who decides on the admissibility of the petition as well as on the type of action which should be taken.

The first petition concerned mutual recognition of professional qualifications for nurses. The petitioner achieved her professional qualifications for becoming a nurse in Croatia, but she had issues with the recognition of her professional qualifications while seeking a job in Ireland while Croatian authorities refused to confirm her diploma. The Commission answered that there was an on-going investigating process on the matter with the Croatian authorities, and that the Petitions Committee would be kept updated on the progress in due course.

The second petition was submitted by an Italian doctor working in a Polish hospital. The petitioner alleged a violation of the working time Directive (Directive 2003/88/EC) by failing to respect minimum rest periods between shifts set out in that Directive. More particularly, he denounced the fact that Polish hospitals are hiring doctors who have set up an "individual health company" instead of directly employing doctors. The Commission specified that the rights contained in the Working Time Directive only apply to workers and not to self-employed persons. Therefore, working hours and rest periods of self-employed doctors are regulated by national law.

Finally, the third petition concerned the use of the European Health Insurance Card and the possibility to prescribe drugs for chronic conditions in Spain for citizens coming from another Member State. The Commission stated that it was ready to contact the relevant national authorities to request clarifications regarding this case, while adding that more information on that case were needed to determine whether there was a breach of EU law.

More information on European Parliament petitions can be found at:
http://www.petiport.europarl.europa.eu/petitions/en/howAndWhy

EU eGOVERNMENT ACTION PLAN 2016-2020

The European Commission's eGovernment Action Plan 2011-2015 supports the provision of a new generation of eGovernment services. It identifies four political priorities based on the Malmö Declaration on eGovernment:

- empower citizens and businesses;
- reinforce mobility in the Single Market;
- enable efficiency and effectiveness;
- create the necessary key enablers (such as e-Identification and eSignature) and pre-conditions to make things happen.

The goal is to optimise the conditions for the development of cross-border eGovernment services provided to citizens and businesses regardless of their country of origin, by fostering interoperability of the different systems and key enablers.

In order to continue the EU eGovernment activities beyond the mandate of the current Action Plan, the Commission will present a new eGovernment Action Plan 2016-2020, in the framework of the Digital Single Market strategy. This plan will include:

- making the interconnection of business registers a reality by 2017;
- launching in 2016 an initiative with the Member States to pilot the "Once-Only" principle, extending and integrating European and national portals to work towards a "Single Digital Gateway" to create a user friendly information system for citizens and business;
- accelerating Member States' transition towards full e-procurement and interoperable e-signatures.

On the 1st of July, the European Commission organised in Brussels a workshop on the new eGovernment Action Plan 2016-2020. The aim of this workshop was to gather the views and opinions of key stakeholders over the course of three sessions dealing with the policy principles, key enablers and key objectives of the new eGovernment Action Plan.

The view of stakeholders will also be collected through a public consultation which will soon be launched by the European Commission.

More information: ***http://ec.europa.eu/digital-agenda/en/european-egovernment-action-plan-2011-2015***

DATA PROTECTION – COUNCIL ADOPTS GENERAL APPROACH

On 15 June 2015, after months of intense negotiations the Justice and Home Affairs Council adopted a general approach on the Regulation on the protection of individuals with regard to the processing of personal data and the free movement of such data (General data protection Regulation).

The proposal for a general data protection Regulation was published by the Commission in January 2012. The draft legislation aims to strengthen current EU data protection rules and to ensure a more harmonised approach to data protection and privacy across the European Union. It contains provisions which could have an important impact on the provision of healthcare services and research.

Ministers agreed on a set of rules which would allow citizens to benefit from an enhanced level of data protection. In particular, under the draft legislation an unambiguous consent is required for the processing of data subjects' data. Citizens would also benefit from a higher level of control over their data thanks to easier access to their data and the possibility to exercise a right to erasure and "to be forgotten". However, an exemption from this right is provided for health purposes, which is essential for healthcare providers to deliver the appropriate diagnosis, treatment and ensure patient safety.

The Council also agreed on a one-stop-shop rule which enables businesses with subsidiaries in several Member States to deal only with their home national data protection authority in their own language when dealing with important transnational cases.

Data controllers must implement appropriate security measures and provide, without undue delay, notification of personal data breaches to the supervisory authority as well as to those significantly affected by the breach. Besides, independent national data protection authorities would be given more competences for imposing effective sanctions in case data protection rules are not respected. Data controllers will face fines up to €1 million or 2% of their annual worldwide turnover.

The Council also agreed on a set of provisions specifically concerning the processing of data for historical, statistical or scientific purposes. The text of the general approach is more favourable to research that the Parliament's position adopted back in March 2014.

The general approach adopted by the Council enables the start of trilogues with the Commission and the Parliament. The first of such meetings took place on 24 June and aimed at reaching an agreement on the overall roadmap for trilogue negotiations and the general method and approach for delegated and implementing acts. The next trilogue will take place on 14 July. Items discussed will be the territorial scope (Article 3) and international transfers (Chapter V). A final agreement on the general data protection regulation is expected before the end of the year.

HEALTHCARE COALITION ON DATA PROTECTION – JOINT PAPER ADOPTED

In June 2015, the Healthcare Coalition on Data Protection adopted a Joint Paper putting forward four key recommendations to facilitate healthcare and health research for the benefit of patients.
The proposal for a general data protection Regulation was published by the Commission in January 2012. The draft legislation aims to strengthen current EU data protection rules and to ensure a more harmonised approach to data protection and privacy across the European Union. It contains provisions which could have an important impact on the provision of healthcare services and research.

The Healthcare Coalition on Data Protection gathers key stakeholders in the health sector in Europe around a common cause: the need to facilitate the safe processing of good quality health data for health purposes. The Coalition gathers representatives of medical research, healthcare providers, the pharmaceutical industry and the medical technology industry, including HOPE. Ahead of the JHA Council meeting on 15 June, the Coalition proposed 4 key recommendations for the benefit of patients:

1) *Clarify the conditions under which personal health data may be used for research and healthcare purposes*
   In its position adopted in March 2014, the European Parliament introduced a requirement for specific consent for the use of personal health data in scientific research and an exception to this requirement in case of pseudonymised data. Such a requirement will make much valuable research difficult or impossible. The Coalition called for the provisions in the Commission's proposal to facilitate the processing of appropriately protected personal data and for such data to be held for extended periods for research purposes to be maintained.

2) *Clarify how privacy rights are to be applied in the context of research and healthcare purposes*
   Implement the right to be forgotten and to erasure and the right to rectification in the healthcare and research context requires careful consideration of the consequences. This recommendation advocates for an exemption to the right to be forgotten and to erasure and to the right to rectification for healthcare purposes. It also supports Article 10 of the Commission's proposal, which clarifies that rights are exercisable in relation to directly-identifiable data.

3) *Avoid excessive administrative burden* linked to the impact assessment obligations outlined in the Commission's proposal and ensure that the definition of data subject contained in article 4 takes a proportionate and context-specific approach by taking into account the "means reasonably like to be used" to identify an individual.

4) *Provide more flexible procedures and mechanisms for exercising the rights of the data subject*
   Given the sensitiveness of data contained in health records and the amount of work needed to input all data retrospectively, it was recommended to allow for more flexible timelines to respond to patients' access requests as well as to include the possibility to charge a fee for providing such information.

The Joint Statement is available at:
http://www.cocir.org/uploads/media/Healthcare_Coalition_on_Data_Protection_4_key_recommendations_for_health_FINAL_5_June_2015.pdf

ESIP EUROPEAN CONFERENCE 2015 – EUROPE'S SOCIAL SECURITY SYSTEM: ARE THEY FUTURE PROOF?

On 4 June 2015, HOPE attended to the European Social Insurance Partnership (ESIP) Conference 2015. The main topic was the sustainability and condition of the European Social Security Systems.

During the first session the guest speakers talked about the general situation of the 28 EU Member States in the field of social security systems. The second part focused on the role of the EU and the power of integration of activities, actions and regulations.

For what concerns the social security systems Europe is now facing many challenges and will face them the future. The ageing population and the decrease of the birth rate represent major issues for the political agenda.

The demographic change will have a great impact also on the healthcare sphere. The health expenditure is going to increase more and more. Long-term care will represent a major field of expenditure, bringing the need of identifying new ways to make it sustainable in the long term. It is necessary to boost the efficiency of the healthcare systems and this should be done focusing on few areas.

Rationalising the use of resources is still a good way to bring efficiency, as well as enhancing the quality of the medical interventions. A main role is also played by prevention, which is one of the best practices in terms of cost-effectiveness. In the end, great efforts should be done in the area of e-health, which still represents a challenge. But the healthcare issue is not the only one. The retirement system is also at risk. Indeed, there will be more people retiring than new contributors in the near future.

This situation will make new reforms necessary to ensure adequacy of pensions and strong social protection mechanisms. Each sector belonging to social security will need to take actions to ensure universal, equal access and high quality of social protection. The role of international partnerships and cooperation, to answer to these challenges, is evidently fundamental in this field.

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

Presentations are available at:
http://esip.eu/index.php?q=node/1645

FINANCING SOCIAL ECONOMY ENTERPRISES: SOCIAL IMPACT INVESTMENT AND FINANCING MECHANISM – SOCIAL ECONOMIC INTERGROUP

On 25 June 2015, HOPE participated to a Public Hearing of the Social Economic Intergroup. The conference concerned investment and financing in social economy. The European Parliament hosted it and representatives of European Parliament and Commission and members of the European Economic and Social Committee were invited.

The role played by social economy in certain European countries, in this post-crisis period, is very critic. Social investments are tools that could fill in part of the gaps provoked by the 2007 crisis. Well-being, occupation and welfare are positively affected by social entrepreneurship.

As stated by the co-president of the Social Economy Intergroup and MEP, Mrs. Bicerra, social economy cannot replace social policies or public funding. However, it is more than evident that social economy can easily manage market failures related to income, resource allocation and policies.

In light of this, it is clear that a financing and an investment system should be implemented both at national and supranational level for social enterprises. Legislation for new financial instruments as the crowdfunding must be set to make it spread all over the European Union and to protect consumers.

All the guest speakers agreed about the necessity of an international activity, involving all relevant stakeholders, both public and private. The Council should adopt conclusions about the topic, having then the elements to create an action plan. As pointed out by the Director for Europe 2020 at DG Employment, Social Affairs and Inclusion, Mr. Gotor, between the end of 2015 and the beginning of 2016 new activities will be launched to support the social entrepreneurship. The European Investment Bank (providing monetary support) and European Investment Fund will sustain these activities, as the previous ones in this field.

Finally, at the national and European level, it is necessary to regulate the system of loans for social enterprises. Bank fear of bad loans and associate this concept with social entrepreneurship, even if at the end only the 1.7% of the total loans ends up to be "bad". Creating a loan system ad hoc, as it happens for small and medium enterprises in the Italian system, could increase of 30% the level of loans granted to social enterprises.

More information:
http://www.socialeconomy.eu.org/social-economy-intergroup

TTIP: INCREASED TRADE FOR BETTER LIVING? – CONFERENCE

On 15 June 2015, HOPE attended the conference "TTIP: Increased Trade for Better Living?" organised by Demeter International and the European Public Health Alliance, under the umbrella of ARC 2020 and the European Economic and Social Committee. Within this event, a workshop was also organised on the specific topic of TTIP and its effects on health and services.

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 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.

The conference aim was to collect from institutions and civil society representatives a list of concrete recommendations for decision makers regarding the creation of better and fairer international trade agreements between the EU and the USA.

During the first day, major concerns about the TTIP impact on health and services were related to the protection of public health in the European Union. The speech of a representative from the European Commission, Ivone Kaizeler, focused on regulatory issues for pharmaceuticals, biosimilars and medical devices. She stated that the aim of the TTIP is to better harmonise the regulatory systems and market access processes among the EU and the USA. In particular, the objective is to facilitate companies to save time and economic resources and to avoid duplications in evaluation processes.

On the other hand Penny Clarke, representative of the European Federation of Public Service Unions, expressed deep concerns about public healthcare and TTIP. In particular she said that TTIP is not the right field to talk about safety and healthcare standards, since it can have a negative impact on health standards. According to her, being in a "positive list" approach and then favoring access of US services and products into the EU market might be risky.

It is still not known what is the role of healthcare services in TTIP treaties. EU and USA have different approaches in public utilities and services of economic interest. These differences bring to legal uncertainty and a lack of clarity in negotiations and regulatory field.

During the workshop, several points arose from the discussion. If health services are included in the TTIP text, exact definitions are needed to avoid ambiguities. A positive list should offer clarity as to which services have been included in the list of committed sectors. TFEU article 168 which requires that health may be included in all EU policies should fully apply to the whole TTIP negotiations. The subsidiarity principle and the subsequent responsibility of Member States for healthcare services must not be undermined and trade agreements must not force privatisation in the health sector, as there is no evidence that privatisation guarantees better health outcomes. Member States have different traditions of organising their healthcare systems and distinctions should be made between

publicly funded services, for profit private services, and not-for-profit private services. Healthcare services are not ordinary services: the fundamental principle of universal healthcare in Europe is not negotiable. The potential impacts of regulatory cooperation on quality insurance in healthcare, medical devices and pharmaceuticals should be further investigated and need in depth assessment before any legally binding agreements are made.

On 9 June 2015, the debate and vote on Parliament's recommendations on the on-going TTIP negotiations were postponed. An extraordinary meeting of the European Parliament's trade committee was held an on 29 June 2015 in Brussels to address this political stalemate.

More information on TTIP:
http://ec.europa.eu/trade/policy/in-focus/ttip/index_en.htm

"TTIP: Increased Trade for Better Living?" conference conclusions:
http://www.epha.org/IMG/pdf/TTIP_-Conference_draft_conlusions__FINAL.pdf

EU HEALTH PROGRAMME – 2015 WORK PLAN AND CALLS FOR PROPOSALS

On 2 June 2015, the Commission published the 2015 work plan for the third EU Health Programme.

The EU Health Programme is the main financial instrument that the Commission uses to implement the EU Health Strategy. The third EU Health programme 2014-2020 funds health initiatives, with a budget of 449.4 million euros.

Each year, the Commission publishes a work plan setting up the priority areas and criteria for funding actions in health. The 2015 work plan sets the maximum contribution for the implementation of the third EU Health Programme for the year 2015 at 59 750 000 euros. It defines priorities and actions to be undertaken, including the allocation of resources. The allocation of resources for the year 2015 is as follows:

- Grants, which will co-finance projects, Joint Actions, functioning of non-governmental bodies, presidency conferences, activities of international organisations such as OECD and the Council of Europe: € 35 415 000
- Procurement: € 16 423 805
- Prizes: € 60 000
- Other actions: € 3 731 000

As far as grants for projects are concerned, the Commission published on 5 June the calls for proposals for projects under the 2015 work plan. Legally established organisations can be awarded grants, such as public authorities and public sector bodies, universities, higher education establishments and non-governmental organisations. EU contribution can cover from 60% up to 80% of the eligible costs of the project.

The 2015 call for proposals focuses on the five following topics:

- good practices on measures reducing the availability of alcoholic beverages;
- early diagnosis and treatment of viral hepatitis;
- early diagnosis of tuberculosis;
- implementation and scaling up of good practices in the areas of integrated care, frailty prevention, adherence to medical plans and age-friendly communities;
- common assessment methodology on quality, safety and efficacy of transplantation therapies.

Interested organisations can submit their proposals for a project until the 15th of September 2015 at 17.00 (Brussels time). Proposals shall be submitted through an electronic submission system.

Several InfoDays are organised in the Member States and other countries participating in the Health Programme, in collaboration with the National Focal Points.

Grants can be also assigned to Joint Actions. In 2015, the following actions are identified:

- Health Technology Assessment;
- Prevention of frailty;
- Market surveillance of medical devices;
- Rare cancer.

Procurement covers activities such as the evaluation and monitoring of actions and policies; studies; provision of advice, data and information on health; scientific and technical assistance; communication, awareness-raising and dissemination of results; information technology applications in support of policies. The most relevant actions considered for 2015 are the following:

- Conceptual and structural work towards the development of a European approach on chronic diseases;
- Health innovation and e-Health: Use of e-Health and Big Data in Healthcare Policy and Research;
- ESIF support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness;
- Methodological improvements to international comparisons of the technical efficiency of the hospital sector;
- Health System Performance Assessment;
- Implementation of Cross-border healthcare Directive and development of European Reference Networks;
- Preparatory work to set up a framework for a sustainable EU collaboration on patient safety and quality of care;
- Comparative assessment of the accessibility of healthcare services;
- Definition of a minimum basket of care for hospital patients.

A prize will be assigned this year to non-governmental bodies which engaged in the fight against Ebola while other actions covers contributions paid by the EU as subscriptions to bodies of which it is a member, administrative agreements with the Joint Research Centre (JRC), system inspections on medicinal products, and special indemnities paid to experts for participating in meetings and for work on scientific opinions and advice on health systems.

More information on the 2015 work plan for the Health Programme is available at:
http://ec.europa.eu/health/programme/events/adoption_workplan_2015_en.htm

The 2015 calls for proposals for projects are available at:
http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/3hp/calls/hp-pj-2015.html

More information about the InfoDays organised in the Member States:
http://ec.europa.eu/chafea/health/national-infodays-2015_en.html

EBOLA – EU HEALTH AWARD 2015 FOR NGOS

On 11 June 2015, the Commission announced a new EU Health Award, which this year will be focusing on rewarding the achievements of non-governmental bodies (NGOs) which engaged in the fight against Ebola. The EU Health Award is an initiative funded under the 3rd Health Programme 2014-2020.

These non-governmental bodies showed solidarity, which is one of the key values of the EU, by providing care and support to the least privileged and most fragile communities. By doing so, they helped to prevent the spread of the disease and therefore to minimise risks for EU citizens.

Now that the Ebola crisis has subsided, it is time to learn. Thus, the Commission has decided to gather a set of good practices from non-governmental bodies that could be relied on if a similar emergency strikes the EU. In this way, the EU Health Awards aim at highlighting transferable initiatives that can serve as models in case of a future outbreak or any serious health threat in the EU/EEA territory.

The call for applications for the EU Health Award will focus on the following areas:

- initiatives that benefit the health of EU citizens and the EU health workforce (training, communication activities, preparedness and response…);
- initiatives involving the detection, control and/or elimination of the disease in the emergency area.

Winners will be rewarded with a first prize of 20 000 €, a second prize of 15 000 € and a third prize of 10 000 €. Besides, winners will be invited to join the EU Health Policy Forum's regular meetings for one year, as well as to join its IT Platform to discuss current and future health issues.

Candidates can submit their applications **until 31 July 2015**.

More information: ***http://ec.europa.eu/health/ngo_award/home/index_en.htm***

INNOVATIVE FINANCING OPPORTUNITIES FOR ACTIVE AND HEALTHY AGEING – COMMISSION CONFERENCE

On 3 June 2015, HOPE attended in Brussels the Commission conference on "Innovative financing opportunities for active and healthy ageing".

The conference particularly built upon the European innovation partnership on active and healthy ageing (EIP-AHA). The Partnership aims at promoting innovation by leveraging financing and investments in innovation and improving coordination and coherence between funding for research and innovation at European, national and regional level in Europe. In this context, the aim of this conference was to explore how to leverage public and private financial instruments and maximise synergies in the area of active and healthy ageing.

Deputy Director General for Health Martin Seychel affirmed that ageing is a great challenge in terms of public finances in Europe. However, he stressed the fact that such challenge should not only be considered as a cost but also as a great opportunity for growth and job creation.

John Davis, Head of division Life sciences and health at the European Investment Bank presented the Investment Plan for Europe for 2015-2017. In this way, he explained to the present stekolders which sectors, counterparts and operations are eligible under this funding scheme.
Vassilis Tsabidis from Innovation Unit in DG Connect presented another financing tool, by explaining the process and opportunities of public procurement of innovations and pre-commercial procurements for financing initiatives in active and healthy ageing.

Examples of successful use of EU funding at regional level were provided. In this respect, Sonia Martinez Arca, Director General of Innovation and Management of Public Health in the Galician Health Ministry, presented "Hospital 2050", an innovation plan benefiting of a public grant provided by the European Regional Development Fund in Galicia. Hospital 2050 innovation plan aims at ensuring patient safety while promoting the use and evaluation of new technologies, as well as guaranteeing hospitals efficiency and sustainability.

Finally, some recommendations and advices were given for a successful application of EU funding schemes. Innovative solutions, multidisciplinary teams and transparency were presented as key to successful initiatives. More particularly, as far as the hospital sector is concerned, speakers advocated the promotion of integrated care, healthcare network cooperation and patient centred care.

More information on the European innovation partnership on active and healthy ageing: https://webgate.ec.europa.eu/eipaha/

eSTANDARDS – KICK-OFF MEETING AND UPDATE

On 6 and 7 May 2015 HOPE attended eStandards kick-off meeting in The Hague (Netherlands). The meeting represented the opportunity for partners to agree on the main activities to be carried out in the next months.

eStandards project is financed under Horizon 2020, the EU research and innovation programme. It will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing.

The project brings together the leading Standards Organizations in Europe and health stakeholders including HOPE.

To reach its goal, activities within the Work Packages composing the project have started. One of these activities has the objective to support large scale eHealth deployment. This will be achieved through the publication of a Guideline on interoperability of different standards. It will provide guidance on how to handle the coexistence of different standards, ultimately facilitating the achievement of interoperability between deployment projects using competing profiles and standards. The guide will focus on the use cases "Patient summary" and "ePrescription" and will build on and draw conclusions from collected case studies.

Thus, the first step for the development of this guideline will be the collection of case studies about research and deployment projects where solutions have been developed for the coexistence of competing or overlapping standards in large-scale eHealth deployment, nationally and cross-border. The aim is not to invent new solutions but to document the existing ones.

The information needed is about projects where standards (and profiles) were used concurrently, which concepts were devised for their concurrent use, and what were the successes, failures, and lessons learned from the individual projects.

A template has been produced for the collection of this information.

More information: http://www.estandards-project.eu/

IMPLEMENTATION OF THE SECOND PROGRAMME OF COMMUNITY ACTION IN THE FIELD OF HEALTH IN 2013 – REPORT

On 22 June 2015, the European Commission published a report that focuses on the Health Programme's implementation in 2013.

The Programme started on 1 January 2008 and ended on 31 December 2013. Under Article 13 of the Programme Decision, the Commission shall annually report to the Health Programme Committee on all actions and projects funded through the programme, and keep the European Parliament and the Council informed.

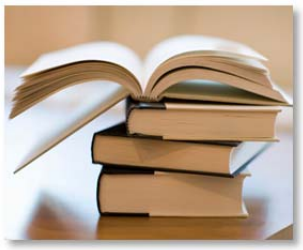
The programme, with a total budget of EUR 321.500.000, provided a wide range of funding instruments in order to achieve its objectives. These were: actions co-financed with Member State authorities ("joint actions"); projects; co-funding for conferences and operating grants to specifically support non-governmental organisations and network; direct agreements with international organisations; public procurement and other actions.

The programme main aim was to complement, support and add value to the policies of the Member States, and contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and improving public health.

The three objectives were:

- improving citizens' health security;
- promoting health, including the reduction of health inequalities;
- generating and disseminating health information and knowledge.

The report is available at:
http://ec.europa.eu/health/programme/docs/implementation_2013_en.pdf



ASSESSING MEDICINES IN THE EU – ENVI COMMITTEE STUDY

In June 2015, the European Parliament published a study entitled "Towards a harmonised EU assessment of the added therapeutic value of medicines".

This study was requested by the EU Parliament Committee on Environment, Public Health and Food Safety (ENVI) with the aim to investigate the feasibility and the opportunities of introducing a harmonised EU approach in the assessment of the added therapeutic value (ATV) of medicines. Accordingly, the study first sets the scene of added therapeutic value of medicines in Europe, before providing a comparative analysis of ATV practices among Member States. Finally, the study provides recommendations on the use of ATV.

The ATV of a medicine refers to a way to measure therapeutic benefits of new medicinal products. The ATV includes an assessment of the efficacy, the effectiveness, and the safety of the product in comparison with the best existing and available treatment options. Then, it also encompasses a broader analysis of the introduction of new medicines including their impact on healthcare budget. ATV enables to deliver crucial information to both patients and physicians, but it is also used by public authorities in market authorisation or pricing and reimbursement procedures.

The study reports many differences in terms of assessment and definition of the ATV across Member States. However, it was observed that Member States' ATV rely on common principles and objectives. Therefore, the study proposed some recommendations for action that could facilitate the development and implementation of a harmonised EU approach concerning the assessment of medicines in Europe.

An agreement on a shared definition of ATV was advocated. Indeed, such common approach would facilitate the communication between the stakeholders. A shared definition of ATV could also enable to conduct joint assessments among several Member States thereby alleviating administrative burdens, concentrating the expertise of national authorities, and promoting innovative medicines in Europe.

As pricing and reimbursement are under the full competence of national authorities, the study also called for sharing of good practices and detailed methodological guidelines in ATV. In this regards, the study advocates the creation of an international European joint expert committee. Composed of qualified delegates from Member States, such committee could conduct efficacy, effectiveness and safety assessment before any pricing and reimbursement procedure is initiated at national level.

More information:
http://www.europarl.europa.eu/RegData/etudes/STUD/2015/542219/IPOL_STU(2015)542219_EN.pdf

EUROPEAN SUMMIT ON INNOVATION FOR ACTIVE AND HEALTHY AGEING – COMMISSION REPORT

In May 2015, the European Commission published the final report on the "European Summit on Innovation for Active and Healthy Ageing".

On 9 and 10 March 2015, the European Summit on Innovation for Active and Healthy Ageing took place in Brussels. This summit organised by the European Commission was attended by 1400 people representing European institutions, national ministries, regional authorities, leaders from industry, and civil society.

While by 2050 one in three Europeans will be over 65, the objective of the summit was to mobilise and engage a large and diverse set of stakeholders for the co-creation of a future EU agenda on innovation in active and healthy ageing.

To start with, the report summarises EU representatives' introductory speeches at the launch of the summit. In this regards, European Commissioner Günther Oettinger for the Digital Economy and Society advocated the need to promote technological innovation in active and healthy ageing. Carlos Moedas, European Commissioner for Research, Science and Innovation said that this challenge should turn knowledge into value, creating economic growth and jobs. Furthermore, Markku Markkula, President of the Committee of the Regions insisted on the need of collaboration with the European regions while addressing the challenges of active and healthy ageing.

The report also presents the main outcomes of the summit's thematic sessions which focused on:

- Sustainable health and care systems through innovation
- Growth opportunities of the Silver Economy
- What next for Europe's workforce and social model?
- Innovation for Active and Healthy Ageing, from concept to reality, from local to global

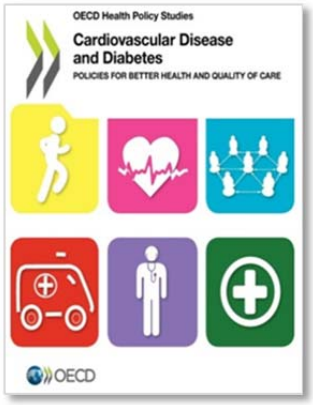
Besides, the report gives an overview of the main outcomes of the summit's works streams, as well as its proposals for action. In terms of economic growth, it was suggested to promote investments in ageing-friendly features, and support the development of silver tourism. In addition, the summit called for the support of private and public investment in innovation for ageing.

Concerning health and care innovation, the report insists on the need to share good practices to involve patients and carers in the design of a new care model. EU institutions were also called to enhance their efforts in promoting and supporting research and development in technology for active and healthy ageing.

Finally, the summit's exhibition on "Experience innovation in action and meet the pioneers" is presented at the end of the report.

More information:
http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=2015-summit

CARDIOVASCULAR DISEASE AND DIABETES: POLICIES FOR BETTER HEALTH AND QUALITY OF CARE – OECD PUBLICATION



In June 2015, OECD published a report about how countries perform in their ability to prevent, manage and treat cardiovascular disease and diabetes.

Fewer people are dying from stroke and heart attacks than before, but rising levels of obesity and diabetes, particularly among younger people, are going to push mortality rates higher.

Cardiovascular disease remains the leading cause of death in OECD countries and obesity and diabetes rates are rising: approximately 85 million people have diabetes in OECD countries, representing around 7% of people aged 20-79 years old.

That number is projected to reach 108 million by 2030, a 27% increase, and meaning a further 23 million patients with higher healthcare needs and greater risk of complications. Obesity rates are also rising in most countries, affecting one in five people in the OECD.

The likelihood of dying from a stroke or heart attack varies widely: from less than 200 per 100,000 people in Japan, France, Korea and Israel each year to over 500 in Central and Eastern Europe countries, including Slovak Republic, Hungary, Estonia and Czech Republic.

The report says that many countries are still a long way from making the necessary reforms in their health systems to deliver the necessary quality of care needed to improve cardiovascular disease outcomes. This report contains also a series of recommendations for the countries involved in the study.

More information: http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/cardiovascular-disease-and-diabetes-policies-for-better-health-and-quality-of-care_9789264233010-en#page1

SURVEILLANCE OF NON-COMMUNICABLE DISEASES – WHO-EU PROJECT REPORT

On 15 June 2015, the WHO Regional Office for Europe published a final report for the dissemination of results from an EU-WHO project on "Integrated surveillance of non-communicable diseases" (iNCD). This project coordinated efforts from the WHO regional Office for Europe, the European Commission, an expert group and representatives of the Member States.

Non-communicable diseases (NCD) are the cause of 75% of deaths in Europe. However, there is still a lack of information on the current health situation and trends including risk factors and their determinants.

WHO and the EU both monitor NCD by conducting data collection and analysis. Accordingly, the WHO-EU iNCD project aims to avoid duplication of efforts between different international organisations, and to use innovative dataset for enhancing the analysis of evidence and communicating the results to policy-makers. The final report of the project provides a synthesis of the work carried out.

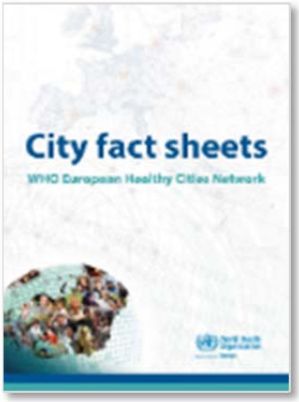
The outcomes of the iNCD project contribute to:

- Assess the availability and the quality of the NCD data and indicators which are key for the integrated surveillance of non-communicable diseases;
- Knowledge sharing and learning thereby highlighting international and national examples of good practices in NCD monitoring;
- Use of innovative datasets and data visualisation tools for a better analysis and synthesis of the available data.

These results should lead to improved information-based policy decisions in the area of NCD.

More information:
http://ec.europa.eu/health/indicators/docs/incd_en.pdf

CITY FACT SHEETS: WHO EUROPEAN HEALTHY CITIES NETWORK – WHO PUBLICATION



This publication is a compilation of facts about 100 cities in nearly 30 of the 53 countries of the WHO European Region that were members of the WHO European Healthy Cities Network in Phase V.

It includes data on population, economic stability, longevity and on social and environmental determinants of health.

Information about cities has been gathered accessing European databases, notably from Eurostat and OECD. Eurostat and OECD do not cover all European Member States of the WHO and for this reason it was sought to identify similar databases in such countries. Data were identified at NUTS 3 levels (NUTS stands for Nomenclature of Territorial Units for Statistics of the European Union, and level 3 covers local government areas). Then they were shared with individual cities for validation and clarification.

The overall goal of the WHO European Healthy Cities Network, throughout the phases, has been to put health high on social and political agendas. Evidence continues to accumulate that this is in fact the case. The result of that evidence leads to the production of a range of materials: guidebooks, reviews, scientific articles, tools and expert peer support.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/280842/CityFactSheetsBook_12-06.pdf

THE EUROPEAN MENTAL HEALTH ACTION PLAN 2013–2020 – WHO PUBLICATION

In June 2015, WHO published the European Action Plan in the field of mental health, which focuses on seven interlinked objectives and proposes effective action to strengthen mental health and well-being.

Mental disorders represent one of the top public health challenges in the WHO European Region, affecting about 25% of the population every year. In all countries, mental health problems are much more prevalent among the people who are most deprived.

The WHO European Region therefore faces diverse challenges affecting both the mental well-being of the population and the provision and quality of care for people with these problems.

Investing in mental health is essential for the sustainability of health and socioeconomic policies in the European Region. The Action Plan corresponds to the four priority areas of the European policy framework for health and wellbeing, Health 2020, and will contribute directly to its implementation.

More information: http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf?ua=1

HEALTH SYSTEM DEVELOPMENTS IN FORMER SOVIET COUNTRIES – EUROPEAN OBSERVATORY FOR HEALTH SYSTEMS AND POLICIES PUBLICATION

Recently, the European Observatory for Health Systems and Policies published a paper describing health systems development in ex-soviet countries.

Nearly 25 years after the dissolution of the Soviet Union, all of the countries in the Region are actively engaged in the process of reforming their healthcare systems, with various degrees of success.

Looking first at primary care, the authors highlight the heterogeneity between the countries in the Region in their struggles to operationalise the family medicine model and to overcome the many infrastructural, financial and human resources obstacles.

Furthermore, this paper analyses further challenges (regarding some European Union countries) which are listed as follows: Luxembourg presidency health priorities, Eurohealth Systems and Policies, new strategies in care for older people (Denmark and Norway), out-of-pocket payments (the Netherlands), access to long-term care services (Spain) and Eurohealth Monitor.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0003/280605/EuroHealth_v2n1.pdf?ua=1

ECONOMIC CRISIS, HEALTH SYSTEMS AND HEALTH IN EUROPE: COUNTRY EXPERIENCES – EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES PUBLICATION

At the beginning of June 2015, the WHO - European Observatory for Health Systems and Policies published a book concerning the effect of the financial crisis over the European Health Systems.

The financial and economic crisis had a visible but varied impact on many health systems in Europe, eliciting a wide range of responses from governments faced with increased financial and other pressures. This book maps health system responses by country, providing a detailed analysis of policy changes in nine countries and shorter overviews of 47 countries. It draws on a large study involving over one hundred health system experts and academic researchers across Europe.

Focusing on policy responses in three areas – public funding of the health system, health coverage and health service planning, purchasing and delivery – this book gives policy makers, researchers and others, systematic information about national contexts of particular interest to them, ranging from countries operating under the fiscal and structural conditions of international bailout agreements to those that, while less severely affected by the crisis, still have had to operate in a climate of diminished public sector spending since 2008.

Along with a companion volume that analyses the impact of the crisis across countries, this book is part of a wider initiative to monitor the effects of the crisis on health systems.

More information: ***http://www.euro.who.int/__data/assets/pdf_file/0010/279820/Web-economic-crisis-health-systems-and-health-web.pdf?ua=1***

ACCESS TO HEALTHCARE – DOCTORS OF THE WORLD LEGAL REPORT

On 3 June 2015, Doctors of the World (Médecins du Monde, MdM) published a legal report on access to healthcare in 12 countries: Belgium, Canada, France, Germany, Greece, Luxembourg, Netherlands, Spain, Sweden, Switzerland, Turkey and United-Kingdom.

MdM is an international organisation in medical development providing medical assistance to vulnerable groups around the world.

The legal report provides an overview of the existing legal framework in the selected countries as far as access to healthcare is concerned.

First, the report looks into the different functioning and structures of the national health systems. In this way, the report provides information on the competent health authorities, the organisation and the funding of the system. Then, MdM's study describes the amount of coverage, patients' contribution and other conditions for access to healthcare.

The report also explains the applicable legal framework in access to healthcare for migrants in each selected country. Accordingly, rights in access to healthcare are classified by group of migrants including asylum seekers, undocumented migrants and EU citizens.

Besides, MdM study also focuses on the protection schemes of seriously ill nationals and prevention and treatment of infectious diseases.

More information: ***https://mdmeuroblog.files.wordpress.com/2015/06/mdm-legal-report-on-access-to-healthcare-in-12-countries-3rd-june-2015.pdf***

MINING CARE TRAJECTORIES USING HEALTH ADMINISTRATIVE INFORMATION SYSTEMS: THE USE OF STATE SEQUENCE ANALYSIS TO ASSESS DISPARITIES IN PRENATAL CARE CONSUMPTION

Pregnant women are a vulnerable population. Although regular follow-ups are recommended during pregnancy, not all pregnant women seek care. This pilot study wanted to assess whether the integration of data from administrative health information systems and socio-economic features allows identifying disparities in prenatal care trajectories.

About the research methodology, prenatal care trajectories were extracted from the permanent sample of the French health insurance information system linked to the hospital discharge. The records of 2.518 women who gave birth without complications in France in 2009 were analysed. State sequence data analysis was performed to identify homogeneous groups of prenatal care trajectories. Socio-economic data were used to characterise their living environment.

Three groups of homogeneous prenatal care trajectories were identified: women with relatively high prenatal care consumption; women with no prenatal care and women with an intermediate level of prenatal care. Furthermore, analysis of the socio-economic data demonstrated the association between disparities in prenatal care trajectories and the women living environment. Women with relatively high care consumption generally lived in socio-economically privileged areas.

The approach which was used demonstrates that data from health administrative information systems could be used to describe prenatal care. However, more individual variables and an improvement of the data quality are needed to efficiently monitor the content and timing of prenatal care. Moreover, state sequence analysis, which was used in this context for the first time, proves to be an interesting approach to explore care trajectories. Finally, the integration of heterogeneous sources of data, including contextual information, might help identifying areas that require health promotion actions toward vulnerable populations, such as pregnant women.

More information: ***http://www.biomedcentral.com/content/pdf/s12913-015-0857-5.pdf***

CONSENTING FOR CONTACT? LINKING ELECTRONIC HEALTH RECORDS TO A RESEARCH REGISTER WITHIN PSYCHOSIS SERVICES – A MIXED METHOD STUDY

Research registers of potential participants linked to Electronic Health Records (EHRs) provide a basis for screening and identifying people suitable for studies. Such a system relies upon people joining the register and giving permission for their record to be used in this way. This study describes the process of training clinicians to explain EHR-linked research registers to service users, and to recruit them onto the register.

The methodology used during the research included many different steps. First of all, training materials were developed for clinicians to help them to describe the register to service users. These materials were based upon findings from focus groups reported elsewhere. They were tested with 31 clinicians in early intervention psychosis services and then each clinician discussed the register with service users on their caseload. Consultations were recorded and analysed in relation to their coverage of the training criteria. Service users also provided data on the acceptability of the process from their perspective. The content of clinicians' explanations to service users was described, and then compared against the likelihood of service users joining the register. Finally, interpretive statistics were used to explore differences between consultations in which service users agreed to join the register, and consultations where they did not agree to join.

Service users appeared more likely to join the register if they felt control over what they signed up to. Clinicians' explanations did not always include that researchers would be able to see the service users' EHR. Service users often confused the idea of signing up to the register and signing up to studies themselves.

To conclude, EHR-linked research registers provide recruitment opportunities, and help service users to find out about research. Implementing these registers within mental health settings requires a trained clinical workforce and an informed service user population.

More information: ***http://www.biomedcentral.com/content/pdf/s12913-015-0858-4.pdf***

THE ATTACK ON UNIVERSAL HEALTH COVERAGE IN EUROPE: RECESSION, AUSTERITY AND UNMET NEEDS

The research shows that more than 1.5 million extra people have unmet need for healthcare since the beginning of the economic crisis in Europe. The advent of the Great Recession has placed European health systems under severe pressure, with real terms cuts to funding in many countries.

Accounts in the peer-reviewed literature and popular media have catalogued examples of vulnerable groups and individuals unable to access necessary care. Although there have been case-studies of Spain, Greece and other individual countries, there has been no systematic attempt to quantify changes in unmet need for medical care across the European Union.

In the paper it is quantified the increase in self-reported unmet need. A comparative measure of healthcare access defined as being unable to obtain care when people believed it to be medically necessary, in association with the Great Recession.

More information: ***http://eurpub.oxfordjournals.org/content/eurpub/25/3/364.full.pdf***

EUROSCAN INTERNATIONAL NETWORK MEMBER AGENCIES: THEIR STRUCTURE, PROCESSES, AND OUTPUTS

The EuroScan International Network is a global network of publicly funded early awareness and alert systems for health technologies.

In order to write this publication, EuroScan members were asked to reply to a questionnaire. Information collected was updated between March and May 2013.

Fifteen of the seventeen member agencies responded. The principal purpose of agencies is to inform decisions on coverage or reimbursement of health services and on undertaking secondary research. The main users of information are national governments, health professionals, health services purchasers, commissioners, and decision makers; and healthcare providers.

It came out that most EuroScan agencies are small with almost half having less than two full time equivalent staff. All agencies assessed technologies when they are between the investigational and established, but under diffusion stages. Barriers to collaboration are attributed to different system aims, purposes, and requirements such as: a lack of staff, finance or opportunity; language differences and restrictions on dissemination.

What emerged is that the majority of agencies were supportive of increased collaboration either involving the whole EuroScan Network or between individual agencies. Despite differences in the detailed identification processes, members thought that this was the most feasible phase to develop additional collaboration.

More information:
http://journals.cambridge.org/download.php?file=%2FTHC%2FS0266462315000100a.pdf&code=a9e681e8547cdcd03a840b894cced959

A LONG LIFE IN GOOD HEALTH: SUBJECTIVE EXPECTATIONS REGARDING LENGTH AND FUTURE HEALTH-RELATED QUALITY OF LIFE

The purpose of this study was to investigate individuals' subjective quality adjusted life years (QALYs) expectation from age 65 onwards in a representative sample of the Dutch generic public. Subjective life expectancy is considered relevant in predicting mortality and future demand for health services as well as for explaining peoples' decisions in several life domains, such as the perceived impact of health behaviour changes on future health outcomes. Such expectations and in particular subjective expectations regarding future health-related quality of life remain understudied.

A web-based questionnaire was administered to a sample of the adult population from the Netherlands. Information on subjective expectations regarding length and future health-related quality of life were combined into one single measure of subjective expected QALYs from age 65 onwards. This was related to background, health and lifestyle variables. The implications of using different methods to construct our main outcome measure were addressed.

Individuals with unhealthier lifestyles, chronic diseases, severe disorders or lower age of death of next of kin reported lower QALY expectations. Indicators were varyingly associated with either subjective life expectancy or future health-related quality of life, or both.

Extending the concept of subjective life expectancy by correcting for expected quality of life appears to generate important additional information contributing to our understanding of people's perceptions regarding ageing and lifestyle choices.

More information: http://goo.gl/4AV5kx

EXTENDING TREATMENT NETWORKS IN HEALTH TECHNOLOGY ASSESSMENT: HOW FAR SHOULD WE GO?

This paper aims to explore the increasing in precision from including additional evidence in health technology assessment.

In particular, authors evaluated the benefit of extending treatment networks in terms of precision of effect estimates. Furthermore they examined how this depends on network structure and relative strength of additional evidence. In the study network, complexity augmented by adding more evidence connecting treatments under five evidence scenarios.

Results show that in all possible scenarios, extending the network enlarged the precision of the A versus B treatment effect.

Once the comparison of interest is connected to all others via "first-order" indirect evidence, there is no additional benefit in including higher order comparisons. This conclusion is generalisable to any number of treatment comparisons, which would then all be considered "focal". The increase in precision is modest when direct evidence is already strong, or there is a high degree of heterogeneity.

More information: http://www.valueinhealthjournal.com/article/S1098-3015%2815%2901916-6/pdf

HEALTHCARE REFORM – CONFERENCE – BRUSSELS – 11 JUNE 2015

The Belgian association of hospital managers organised on 11 June 2015 a conference "*The Healthcare Reform: How deep is the blue ocean?*".

The conference was taking place in the US Ambassador's Residence. Speakers shared their vision on the healthcare transformation: going from the US Health Reform Care (the Affordable Care Act), to the European Union vision and zoom in to the Healthcare reform in Belgium.

After the introduction of the day by Mr. Paul d'Otreppe, President of the Belgian Association of Healthcare managers, Mrs. Liz Fowler, former advisor of President Obama presented the "Obamacare". The changing healthcare landscape with the influence of the European Union was presented by Pascal Garel, Chief Executive of HOPE. Then three presentations followed to present the actual situation of the 6th Belgian State reform and the new hospital financing at three levels: Federal, Flemish and Wallonian.

HOPE Chief Executive, Pascal Garel, presenting the influence of the European Union in the changing healthcare landscape in Europe.

Presentations are available at:
http://www.ziekenhuisdirecteurs.be/fr/actualit%C3%A9s-activit%C3%A9s/11-juin-2015-healthcare-reform-how-deep-is-blue-ocean-0

INTERNATIONAL GENDER CONGRESS – BERLIN, SEPTEMBER 2015

Sex and gender are important issues in the biomedical research and healthcare. Women and men may present with different symptoms, need different treatments and have different outcomes in many diseases.

The International Society of Gender Medicine is organising two joint congresses: the 7th Congress of the International Society for Gender Medicine, September 20-21, and the International Congress of Gender Medicine, September 22-23, in Berlin, Germany.

These four days will provide a platform for doctors, nurses, researchers, other health professionals, students and policy makers from a large variety of disciplines who are interested in the science of gender and sex specific medicine. Participants will discuss gender and sex specific medicine in an international context by promoting excellent research in clinical medicine, basic sciences and public health. The focus will be on the communication between junior and senior researchers in gender medicine.

Both events together will offer the best science as well as ample possibilities for exchange and discuss the present options to include gender into research, clinical medicine and public health.
An outstanding scientific program will feature cutting edge state-of-science lectures, will offer opportunities to discuss findings with the most reputed experts and follow novel developments in the field.

More information on the 7th Congress of the International Society for Gender Medicine:
http://igmcongress.com/

More information on the International Congress of Gender Medicine:
www.genderkongress.com/en/

EUROPEAN CONGRESS OF AMBULATORY SURGERY – PARIS, JANUARY 2016

The European Congress of Ambulatory Surgery will take place on 28 and 29 January 2016 in Paris, France. It is co-organised by the French Association for Ambulatory Surgery (AFCA) and the International Association for Ambulatory Surgery (IAAS).

On this occasion, stakeholders of ambulatory surgery from European countries (United Kingdom, Belgium, Italy, Spain, Portugal, Norway, Denmark, Sweden, Germany, Hungary) and the members of the IAAS General Assembly, thus from outside Europe (USA, Japan, China) will also attend and participate in the debates on ambulatory surgery.

The organising committees from AFCA and IAAS, in collaboration with other specialised societies in surgery (orthopaedics, gynaecology, urology, ENT…) and anaesthesia will closely work together to build two days of quality scientific meetings. Issues will trigger exchanges on ambulatory surgery between professional stakeholders from all around Europe and beyond.

More information: ***http://www.afca-iaas2016.org/***

MEP INTEREST GROUP ON ACCESS TO HEALTHCARE

On 24 June 2015, HOPE attended in Brussels the conference "Creating synergies between the access to healthcare agendas at EU level", organised by the Interest Group on Access to healthcare.The aim of the event was to present the Patient Access Partnership (PACT) and the European Parliament Interest Group on Patient Access to healthcare launched respectively in 2014 and in 2015.

The co-chairing MEPs, Biljana Borzan (S&D, Croatia), Karin Kadenbach (S&D, Austria), Cristian Silviu Buşoi (EPP, Romania) and Dr. Andrey Kovatchev (EPP, Bulgaria), introduced the background, the objectives and the first steps of the EP Interest Group on Patient Access to Healthcare. It is an informal group of MEPs committed to improve access to healthcare in Europe. It was launched on the 27th of January 2015. It is the official partner of the PACT in the European Parliament, connecting healthcare stakeholders with EU policy developments.

The co-chairs explained the link between the economic crisis and the impact on healthcare systems and how this affects the quality-life of a person. They also pointed out that Member States cannot deal with this challenge individually. Despite differences in the healthcare system of each country, all stakeholders should find solutions together.

Dr. Stanimir Hasardjiev, Secretary General of the PACT, presented it and its objectives. The PACT is a patient-led multi-stakeholders network bringing together patients, the medical and public health community, industry and European and Member States policy makers and institutions in order to develop and move forward on innovative solutions to reduce inequities in access to quality healthcare in Europe. The PACT's mission is to enable the different healthcare stakeholders to join forces to develop, drive and implement sustainable solutions to reach significantly improved patient access to quality healthcare in EU.

He also presented the "Health partnership" in Bulgaria, which was officially launched on 26 March 2015 at the Council of Ministers in Sophia. It follows the model of European Access Patient Partnership Platform, launched in January 2015. The "Health Partnership" will work as an advisory body of the Council of Ministers, which will provide a platform for discussions on health-related issues in Bulgaria.

Finally, Prof. Kyriakos Souliotis, Assistant Professor of Health Policy at the University of Peloponnese (Greece), made a keynote on "Mapping access across the EU – identifying gaps and barriers". Because of the crisis, the Greek healthcare system was put under a severe pressure and budget restrictions. He presented the different European healthcare systems and the inequalities existing between the Member States.

More information: ***http://eupatientaccess.eu/page.php?pg_id=1***

ORAL CANCER: DENTISTS SAVING LIVES – CONFERENCE

On 23 June 2015, HOPE took part to a conference hosted at the European Parliament concerning oral cancer challenges and the role of dentists in early prevention.

The first speaker of the conference was Professor Saman Warnakulasuriya, from the King's College of London. He pointed out that there is a general difficulty to early detect oral cancers due to a general lack of awareness about it especially among GPs, dentists and patients towards the existence and the symptoms. The poorest layers of the society are the most affected and they are the one that access to healthcare services the less. In particular access to dental care is still an issue for all the countries of the European Union.

Oral cancer is on the top ten list of cancers per incidence in Europe, which is particularly high especially in eastern countries as Hungary but also in France. Furthermore the 50% of the patients affected die 5 years after surgery. The percentage is reduced to nearly 23% in case of early detection. In the same case the negative impact on the quality of life is very few if compared to patients whose condition is worse.

Pre-cancer detection plays a very important role in order to reduce the burden of this disease and a strong campaign of awareness should be addressed especially to elderly and young people.

EUROPEAN PARLIAMENT INTEREST GROUP ON MENTAL HEALTH, WELL-BEING AND BRAIN DISORDERS

On 2 June 2015, HOPE took part to the European Parliament interest group on mental, well-being and brain disorders. This conference has been organised by the European Parliament, together with the European Brain Council and Gamian Europe.

The event focused on the mental health topic all around, analysing the current situation from both the economic and the healthcare points of view. The experience of a patient has been shared, to make clear which are the problems that have still to be solved in this area.

According to the panel, one of the main challenges consists in the research activity which is unpredictable and does not ensure easy and fast returns on investments. For these reasons it is underfunded.

There is a difficulty to diagnose the right disorder and to provide a proper therapy to the patient. It is very common that patients undergo to different diagnoses and treatments for years, and this worsens their health condition and well-being.

What emerged from the conference is that there is a deep need to shift from brain treatment research to brain functioning research. The processes of diagnosis and prescription should be revised to ensure the best to patients. They should feel and be part of the decision process together with their families and they need to be empowered. The role of self-help groups is growing more and more to support the success of the care pathway.

Finally, the creation of a general database, based on worldwide data collection, recording brain diseases related information could be a good starting point to ameliorate brain disease care.

LAUNCH OF THE MEP FRIENDS OF THE LIVER INTEREST GROUP

On 20 May 2015, HOPE attended the launch of the MEP Friends of the Liver Interest Group, which took place in the European Parliament in Brussels.

This event was organised by the European Parliament jointly with the European Association for the Study of the Liver (EASL) and the European Public Health Alliance (EPHA). It gathered representatives of civil society organisations, EU institutions and Member States' representatives and researchers.

Liver disease is a growing public health problem in Europe. Liver diseases include liver cirrhosis, but also Hepatitis B and Hepatitis C, liver cancer and fatty liver disease. Liver diseases death toll is increasing, while about 15 million people suffer from hepatitis B and almost 8 million citizens are infected with Hepatitis C in Europe.

In this context, MEP Dr Cristian-Silviu Buşoi (EPP, Romania) introduced the MEP Friends of liver interest group. He said that the group will aim at raising awareness about liver disease and its links to other chronic conditions such as heart disease, cancer and diabetes. The group will also promote prevention and a better identification of risk factors. Finally, it should support research for new drugs so that patients have access to the best treatments and medicines.

Prof. Patrizia Burra from EASL described the burden of liver disease in the EU and the need for a MEP interest group to focus on this issue. She presented EASL's roadmap for EU's liver research (HEPAP). The HEPAMAP is a tool for raising awareness on liver disease and to highlight the need for EU support in liver disease treatments and drugs research.

Presenting the patients' perspective, European liver patients association's (ELPA) President Tatiana Reic stressed the need to improve liver disease prevention. Accordingly, she called the EU to develop evidence based standards in diagnosis of liver disease. Then, ELPA's president advocated the importance of promoting transparency in pricing, to ensure patients' equal access to new drugs. Besides, in spite of the Commission's drop of an EU Alcohol Strategy, she affirmed that EU should take more actions in this field.

In this respect, MEP Dr Biljana Borzan (S&D, Croatia) affirmed that the EU has its role to play in addressing the main risk determinants of liver disease such as alcohol. Accordingly, she proposed to follow up on this issue by tabling a parliamentary written question to the Commission on the issue of the absence of an EU Alcohol Strategy.

MOBILITY OF HEALTH PROFESSIONALS IN THE EU – EVENT AT THE EUROPEAN PARLIAMENT

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

This policy seminar, at the European Parliament in Brussels, was an opportunity to investigate the principles contained in the WHO Global Code of Practice on the International Recruitment of Health Personnel in the European context. Participants discussed whether and to what extent these principles are applicable in such a context, where professional mobility is encouraged in the Internal Market yet posing increasing challenges for the health systems of Member States experiencing significant out-migration from Southern and Central/Eastern countries.

The report of the event is available at:
http://www.epsu.org/IMG/pdf/05-05-15-Brussels-RT-EP-WEMOS_EPHA_EPSU-Summary-Event-Report.pdf

PATIENT GROUPS UNDERSTANDING OF BIOSIMILARS – STUDY

As the number of available biosimilars increases, PatientView is currently carrying out a survey to find out patient' groups view/awareness of biosimilars.

The financial support for the study is provided by a consortium of pharmaceutical companies: Baxalta, Hospira, and Sandoz. The multiple nature of the funding sources should ensure independence of results.

The study is open to any health-advocacy organisation based in Europe. Results will help to inform the creation of educational materials designed to improve the public's understanding of the subject of biosimilars.

The survey on the perspective of patient groups on biosimilars is available at:
http://www.surveymonkey.com/r/?sm=Mj9GmUomnZjQorc%2bOeMY8SJHQeXpzaEv9uE8fqM1%2fBk%3d

DATA FOR HEALTH AND SCIENCE – BBMRI-ERIC SEMINAR

On 16 June 2015, the Biobanking BioMolecular Research Infrastructure (BBMRI-ERIC) organised a seminar on "Data for Health and Science". BBMRI-ERIC is one of the largest research centres in Europe aiming at establishing, operating, and developing a pan-European distributed research infrastructure of biobanks and biomolecular resources.

The seminar took place in the context of the on-going review of the EU legislation on data protection and aimed at explaining the reasons why personal data is necessary for scientific research, including medical research, and how the EU General Data Protection Regulation could

ensure access to data in scientific research while protecting the privacy and rights of data subjects through ethical, legal, and technical measures.

In the first part of the seminar, speakers focused on the importance of data analytics. The Director from the Insight Centre for Data Analytics, Professor Barry O'Sullivan highlighted the potentials of big data to improve public health. He also stressed that data are community goods: thus it is important to prevent monopolies in the ownership of data. He also mentioned that the use of open data is a key to research efficiency, particularly in the health sector. Indeed, the collection and the use of patients' data through blood analysis, imaging or tissue samples, is essential in health research and thereby to create new diagnostics tools and treatments.

In the second part of the seminar a wide range of stakeholder had the opportunity to express their views, including patient organisations, research organisations and academia. All speakers called for a research friendly EU General Data Protection Regulation.

The new legal framework on data protection was presented by Paulo Silva, Legal Officer at the European Commission, DG Justice. The research community affirmed it welcomed the new regulation as a great initiative for putting an end to the existing fragmentation between Member States' data protection schemes, as well as enhancing citizens' trust in the developing EU digital market. However, EU institutions were called to ensure that the regulation to be adopted would be foreseeable and take a proportionate approach.

Dealing with the proposal of the EU General Data Protection regulation, the role of consent in the use of data for research purposes appeared as major issues of concern. In this regard, Jasper Bovenberg, lawyer at BBMRI-ERIC, advocated an opt-out system so that patients' data can be used unless the latter oppose it. Several speakers highlighted the negative effect the introduction of a specific consent would have for health research, as this would make very difficult the processing of personal data concerning health.

The Justice and Home Affairs Council adopted a general approach on the Regulation during the last meeting taking place on 15 June. Trilogues between the Parliament, the Council and the Commission started on 24 June. A final agreement on the text of the Regulation is expected before the end of the year.

Presentations are available at:
http://www.iscintelligence.com/event.php?id=262

HPH CONFERENCE 2015 – OSLO (NORWAY)

The Health Promoting Hospitals (HPH) conference of 2015 was 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 payed 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 were 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***

AGENDA

UPCOMING CONFERENCES

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/***

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.

Deadline for application is 15 October 2015.

Provisional programme

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

Ms Ali STROWMAN
Deputy Director of Nursing & Quality Dartford and Gravesham NHS Trust
ali.strowman@nhs.net

Mr Michael WOOD
Senior European Policy Manager
NHS European Office
Michael.wood@nhsconfed.org

EUROPEAN HOSPITAL CONFERENCE

19 November 2015 – Düsseldorf (Germany)

The 3rd Joint European Hospital Conference (EHC) will takes 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,g_u_e_s_t/src,EHC2/~/EUROPEAN_HOSPITAL_CONFERENCE.html

HOPE AGORA 2016
INNOVATION IN HOSPITALS AND HEALTHCARE: THE WAY FORWARD

6-8 June 2016 – Rome (Italy)

In 2016, HOPE celebrates its 50th anniversary. To mark this occasion, HOPE Agora will be organised in Rome (Italy), the city where HOPE was founded in 1966.

HOPE Agora will take place from 6 to 8 June and will conclude the HOPE exchange programme, which in 2016 will reach its 35th edition. The topic will be "*Innovation in hospitals and healthcare: the way forward*".

This 4-week training period starting on 9 May 2016 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.

Applications for the HOPE Exchange Programme 2016 are now open. Deadline for application is 31 October 2015.

More information on the HOPE Exchange Programme 2016:
http://www.hope.be/04exchange/exchangeprogramme2016.html

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