NEWSLETTER

N° 100 – January 2013

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IRELAND'S PRESIDENCY OF THE COUNCIL OF THE EUROPEAN UNION

HEALTH PRIORITIES UNVEILED

The Ireland's Presidency of the Council of the European Union started in January 2013 and will run for a period of six months.

In the health area, the Presidency unveiled the following priorities.

- **Cross-border health threats –** The European Commission has adopted a legislative proposal, which seeks to protect citizens from a wide range of serious cross-border health threats including communicable diseases and threats of a biological, chemical or environmental nature. The Presidency will work to reach agreement with the European Parliament on this proposal.

- **Health for Growth –** The Irish Presidency will continue negotiations with the aim to finalise an agreement with European Parliament on this dossier. The proposal is the legal instrument for implementation of the European Public Health programme for 2014 to 2020. The programme aims to support Member States to develop innovative and sustainable health systems, increase access to better and sustainable health systems for citizens, promote health and prevent disease, and protect citizens from cross-border health threats.

- **Clinical Trials –** The Presidency aims to make progress on the proposal for a Regulation concerning clinical trials on medicinal products for human use. This proposal is designed to address the fall in clinical trial applications in Europe, by reducing the administrative burden and costs on sponsors, while at the same time ensuring that subjects are fully protected.

- **Medical devices and in-vitro diagnostic medical devices –** The Presidency is committed to making progress on proposals on medical devices and in-vitro diagnostic medical devices, which were published in late 2012. The aim of the two proposals is to provide a legislative framework for the manufacture and placing on the market of medical devices and in-vitro diagnostic devices to ensure a high level of protection for patients and healthcare professionals.

During the Presidency, two high-level conferences will also be held in Dublin: the first will run in parallel with the World of Health IT Conference and Exhibition in May 2013. The second is a high-level expert conference co-hosted with DG Research and Innovation on the future of brain research.

More information: http://www.eu2013.ie/

Public Health

IONISING RADIATION – DRAFT REPORT PRESENTED

On 23 January 2013, the Environment Public Health and Food Safety Committee (ENVI) of the European Parliament discussed the draft report on basic safety standards to protect the health of the public, patients and workers against the dangers arising from exposure to ionising radiation.

The Rapporteur Thomas Ulmer (EPP, Germany) welcomed the Commission's proposal as a further step towards improving protection against exposure to ionising radiation. In his report, he made some amendments aiming to reduce the administrative burden related to requirements for certain medical devices, to avoid duplication of work in connection with the Medical Devices Directive.

A specific chapter on protection of the environment has also been deleted since the Rapporteur estimates that the scientific basis for determining the impact of radiation on non-human species is currently insufficient. In his view, the issue should instead be dealt with in a separate legal act, once sufficient data will be available, on the basis of the environmental provisions of the Lisbon Treaty.

More information:
http://www.europarl.europa.eu/meetdocs/2009_2014/documents/envi/pr/921/921092/921092en.pdf

HTA – RESULTS OF PUBLIC CONSULTATION

In December 2012, the European Commission published the results of a public consultation on the modalities of stakeholder consultation in the future Health Technology Assessment (HTA) Network.

Article 15 of Directive 2011/24/EU on the application of patient rights in cross-border healthcare envisages the establishment of a permanent, voluntary HTA Network in the EU, connecting national authorities and bodies responsible for HTA appointed by the Member States. It also specifies that stakeholder consultations on the Network's activities should take place.

In order to assess how best to structure such stakeholder involvement, the European Commission launched a public consultation between May and August 2012, receiving 52 contributions.

In general, respondents expressed a clear interest in the HTA Network. However, their capacity to actively engage differs, depending on resources they have at their disposal. This means that in the future, the effective involvement of stakeholders with low resources would depend on the Network's ability to accommodate their needs and to develop different ways of consultation.

More information:
http://ec.europa.eu/health/technology_assessment/docs/cons_hta_network_results_en.pdf

MEDICAL PRESCRIPTIONS – COMMISSION IMPLEMENTING DIRECTIVE

On 20 December 2012, the European Commission adopted an implementing directive to facilitate the recognition of medical prescriptions issued in another Member State. It represents an essential step forward in achieving the main goal of the recently adopted directive on patients' rights in cross-border healthcare.

The new rules introduce a common set of descriptive elements to be included in a medical prescriptions to help identify prescribers, patients and prescribed products. Today the number of cross-border prescriptions is estimated to be low (between 0.02% and 0.04% of all prescriptions in the EU). According to the Commission, thanks to the new dispositions an estimated extra 200 000 prescriptions will be dispensed every year, benefiting patients and health authorities by avoiding delays, interruptions in treatment and extra costs.

The provisions of the implementing directive will have to be transposed into national law by 25 October 2013.

More information:
http://ec.europa.eu/health/cross_border_care/docs/impl_directive_presciptions_2012_en.pdf

DATA PROTECTION – DRAFT REPORT PRESENTED

On 10 January 2013, Jan Philipp Albrecht (Greens/EFA, Germany) presented to the Parliamentary Committee on Civil Liberties, Justice and Home Affairs (LIBE) the draft report on the proposal for a regulation on the protection of individuals with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation).

The report is the result of more than one year of intensive work and discussions on this topic. It proposes amendments in a number of relevant areas:

- **processing of health data:** the processing of these data is further restricted and some of the exceptions (for instance, regarding research) will be limited;
- **pseudonymised data:** amendments aim to encourage the pseudonymous use of services and propose alleviations with regard to obligations for the data controller when pseudonymised data are used;
- **right to be forgotten:** the right to be forgotten has been restricted. Where the publication of personal data took place based on legal grounds, the report affirms that a "right to be forgotten" is neither legitimate nor realistic;
- **documentation requirements:** the proposed amendments will reduce administrative burdens for data controllers. Information rights and documentation requirements have been merged so that data controllers would only need to prepare one set of documentation;
- **delegated and implementing acts:** the use of delegated and implementing acts has been limited to technical provisions only;
- **mandatory designation of a data protection officer (DPO):** it is no longer based on the size of the enterprise, but rather on the relevance of the data processing. For instance, a DPO must be appointed as soon as a controller or processor processes data about more than 500 individuals per year or the core activities of the controller or the processor consist of processing special categories of data such as health data. The role and position of DPOs is also further elaborated extending the minimum period of designation to four years instead of two;
- **data protection impact assessment obligation:** the obligation is further refined and expanded determining the situations where this assessment should be conducted (this includes the processing of health data) and the elements to be assessed.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bCOMPARL%2bPE-501.927%2b04%2bDOC%2bPDF%2bV0%2f%2fEN

HORIZON 2020 – NEGOTIATIONS ON BUDGET

The French Minister for Higher Education and Research, Geneviève Fioraso, who was at the European Parliament in Brussels on Wednesday 9 January, told a small group of journalists that the French government had decided to set a "red line" of €67-70 billion in talks on the budget of Horizon 2020, the European Union's future framework research programme.

Horizon 2020 budget might then go well below the €80 billion suggested by the Commission. To support its position, the European Commission released an impact assessment revealing that a cut of only €1 million for Horizon 2020 would directly translate into lack of subsidies for some 600 small businesses. At the same time, 500 fewer projects would see the light of day throughout the life of the programme (2014-2020), which will undermine EU's competitiveness.

On its side, the European Parliament affirmed through Amalia Sartori (EPP, Italy), the chairman for the Committee on industry, research and energy (ITRE), that there will be no agreement if the budget will be lower than €100 billion.

Negotiations will continue under the Irish Presidency, which announced its willingness to ensure a timely approval of this dossier.

WORKING TIME DIRECTIVE – NEGOTIATIONS STOPPED

After unsuccessful negotiations between the European Parliament and the Council, in December 2011 the social partners decided to take on the dossier concerning the revision of the Working Time Directive.

Directive 2003/88/EC lays down minimum requirements for the organisation of working time in respect of periods of daily rest, breaks, weekly rest, maximum weekly working time, annual leave and aspects of night work, shift work and patterns of work. But it poses a series of technical and legal problems, and few Member States manage to apply it entirely.

On 14 December 2012, negotiations stopped after the social partners could not reach an agreement on two fundamental issues: the issue of on-call time (i.e. periods when the worker is required to be available to the employer at the workplace in order to provide his or her services in case of need) and the opt-out clause relative to the 48 hours per week limit.
During the discussions, employers – BusinessEurope, the European Association of Craft, Small and Medium-Sized Enterprises (UEAPME), and the European Centre of Employers and Enterprises providing Public Services (CEEP) – advocate for on-call time to be considered different from working time. This clashed with the position of the European Trade Union Confederation (ETUC) that wants a balance between health and security and calls for the disappearance of the opt-out clause.

The European Commission may now decide to publish a new proposal in 2013.

PROFESSIONAL QUALIFICATIONS – DRAFT REPORT ADOPTED

On 23 January 2013, the Parliamentary Committee on Internal Market and Consumer Protection (IMCO) adopted the draft report of Bernadette Vergnaud (S&D, France) on recognition of professional qualifications with 33 votes in favour, 4 against and 2 abstentions.

MEPs backed the introduction of a professional skills card, an electronic certificate based on the existing Internal Market Information System (IMI), which facilitate information exchange between Member States administrations. This would remain voluntary and should save time and ease the recognition process, because professionals could ask their home country to arrange the recognition, rather than having to apply to the host country, as at present.

To ensure patient safety, the new draft law enables EU Member States to test doctors' knowledge of the language used where they are apply to get a job. An alert system will also be set up to prevent health professionals, such as doctors, nurses or veterinary surgeons, who have been convicted of a crime or face disciplinary action from transferring their practice to another EU Member State.

On partial access, this will be impossible for professions for which there is automatic recognition and if the professional is not fully qualified in the state of origin.

MEPs also voted to extend the directive's scope to cover traineeships (paid and unpaid) as an integral part of a professional's experience.

Finally, on the issue of nurses, MEPs reached a compromise proposing a minimum of 12 year of general education for starting nursing training, with an exception for ten years in curricula that combine educational and working experience.

MEDICAL DEVICES DONATION – EUROPAID PROJECT

Committed to improve patient safety inside but also outside the European continent, HOPE is taking part in a European Union co-financed three-year project called "Strengthening cooperation tools and developing dialogue between medical devices donation actors : improving practices in projects support equipment of health organisations in developing countries " (DCI-NSA/2009/205-811).

Led by the association Humatem, this project is developed in partnership with HOPE, Biology Without Borders, *Cap Solidarités*, and *Urgence Réhabilitation Développement*.

This project is co-financed by EuropeAid. It will help improving supply of services to donation actors as well as of resources for information and training: documentary, training campaigns, technical and methodological support, thematic groups, discussion forum and international conference).

The action plan is available on:
http://www.humatem.org/fichiers/a_telecharger/actu/Action_plan_version_anglaise090412.pdf

The documentary is available on:
http://humatem.org/page.php?rubrique=le_centre_de_ressources_sur_le_don_de_materiel&sous_rubrique=outils_sensibilisation

CHAIN OF TRUST – FINAL CONFERENCE

On 24 January 2013, HOPE attended the final conference of Chain of Trust, a EU co-funded project started in 2011 and in which HOPE has been involved in the role of advisor. The overall objective of the project was to assess the perspective of the main end users of telehealth services across the EU, to see whether and how views have evolved since the initial deployment of telehealth and what barriers there still are.

During the final conference, main project findings and recommendations were presented to stakeholders and policymakers, including representatives from the European Commission and the European Parliament, who should be key actors in defining strategies for taking forward the project's results.

In particular, the project showed that education and training of healthcare professionals and patients are very important in order to provide them with the skill set required for new ways of

communicating and interacting. It also highlighted the role of healthcare managers, including in hospitals: they should support health professionals to effectively integrate telehealth in the delivery of care on the one hand, and to properly inform and support their patients on the other, especially in the context of chronic disease management.

Finally, recommendations also call for the development of national strategies on telehealth and for EU support in providing Member States with the required infrastructure.

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

GREEN@HOSPITAL – ENERGY CONSUMPTION IN HOSPITALS

Green@Hospital is a EU Research Project that aims at integrating the latest ICT solutions in order to obtain a significant energy saving in existing hospital buildings, through a better management of energy resources and losses reduction. It started in March 2012 and it will run for 36 months.

Hospitals are known to be large energy consumers and in most European countries the high proportion of ageing building stocks makes hospitals amongst the least energy efficient public buildings. Green@Hospital will develop a Web-based Energy Management and Control Systems, which will be piloted in four different hospitals in order to demonstrate its validity under real operating conditions.

In September 2012, the consortium published its first two deliverables, namely a dissemination strategy and a document entitled "Standard energy audit procedure", which describes how to perform an exhaustive energy audit in hospitals. Others progress include the pre-installation monitoring phase of a smart lighting system in the Italian pilot hospital, which started officially in January 2013.

More information: http://www.greenhospital-project.eu/the-project/

CALL FOR TENDER – MARKETS OF TISSUES AND CELLS FOR TRANSPLANTATION

The European Commission has recently published a call for tender concerning an EU-wide economic overview of the markets of tissues and cells for transplantation.

The objective of the tender is the production of a report, which provides detailed information, in-depth analysis of economics and forecast on the global and EU market of tissues and cells for transplantation. In particular, the report should provide insights into the following aspects:

1. The characteristics of the EU tissues and cells market, such as steps from donor recruitment over donation, procurement/collection, testing, processing, storage, distribution to transplantation. Covering market size, prices, the extend and ratio of voluntary unpaid donations versus paid

donations, concerns and conflicts, supply and demand volumes and other elements in order to better understand these markets.

2. The main actors involved in the different steps from donor recruitment to transplantation, for the EU27 Member States, but also on the EU level and on the global level, also covering public and private actors in this sector. Contact details of the main actors should be collected. This also includes flows between markets (i.e. EU Member States as well as from/to third countries).
3. Regulations on reimbursement and financing in the EU Member States as well as countries outside the EU, to better understand the various models of organisation of reimbursement, the overall costs for tissues transplantation, including transplant tourism. This should include also compensation schemes for donors.
4. A forecast for the EU market and trends on tissue transplantation for the next 10 years, with respect to economic, medical, social, political and ethical evolutions in the different sectors within the field of tissues and cells' markets. This includes the impact of future technological developments and their respective needs for legal provisions to warranty safety and quality of tissue transplantation.

The deadline for submission is 22 February 2013.

More information:
http://ec.europa.eu/eahc/health/tenders_H19_2012.html

CALL FOR TENDER – ANTIMICROBIAL RESISTANCE

The European Commission has recently published a call for tender concerning a preparatory action on antimicrobial resistance and research on the causes of non-prudent use of antibiotics in human medicine.

The action foresees the development of a study aimed at identifying the key factors that drive the sales and non-prudent use of antibiotics in human medicine obtained without prescription, to assess the level of enforcement of the legal prescription-only requirement for antimicrobial agents in the EU and Croatia, and to document best practices aimed at strengthening a more prudent use of antimicrobial agents.

Based on the findings, policy options for the EU Member States and Croatia to promote a more prudent use of antibiotics should also be developed.

The deadline for submission is 8 March 2013.

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

QUASER – QUALITY AND SAFETY IN EUROPEAN UNION HOSPITALS

The Quality and Safety in European Union Hospitals (QUASER) project is a three-year Seventh Framework Programme (FP7) co- funded project investigating the relationships between organisational and cultural factors and quality in European hospitals. HOPE acts as advisor in this project.

The aim of the project is to design and disseminate an evidence-based guide for hospitals to implement quality improvements and a framework for payers to assess hospital quality.
In particular, three dimensions of quality are explored: clinical effectiveness, patient safety and patient experience. A multi-level perspective is employed to understand influences on hospital quality at the macro, meso and micro levels, and the interactions between these levels.

The consortium has recently published its fourth newsletter, providing updates on the progress with work. A report on the cross-case analysis, comparing how quality is enacted in each country was delivered in September 2012. This will form the basis of the Guide for Hospitals and Framework for Payers, the design of which is currently continuing and will be further refined during a third and final stakeholder event to be held in 2013.

More information:
https://www.ucl.ac.uk/dahr/quaser/index/QUASER_Newsletter_Winter_2012_v2.pdf

EUROPEAN INNOVATION PARTNERSHIP ON ACTIVE AND HEALTHY AGEING – INVITATION FOR COMMITTMENT

The European Commission has launched the *Invitation for Commitment* to the Action Plans of the European Innovation Partnership on Active and Healthy Ageing. HOPE is already involved in this initiative as partner of the Action Plan dedicated to the prevention of functional decline and frailty.

This second call for commitment is available to all European stakeholders who seek to focus on the Action Plans of the Partnership and implement transformative solutions in the delivery of care to Europe's growing number of ageing citizens.

The Invitation for Commitment process largely follows the same steps as the first Invitation for Commitment launched in May 2012.

Prospective new members are invited to express their commitment, a measurable and concrete engagement in support of a specific Action Plan. They will also have to indicate to which thematic area and which deliverables they would work towards and what is their concrete contribution. They can do so either by joining existing commitment, or targeting and filling a thematic or geographical gap.

The deadline for submission is 15 February 2013.

More information: http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/guide_commitment.pdf#view=fit&pagemode=none

PASQ – SECOND COORDINATION MEETING

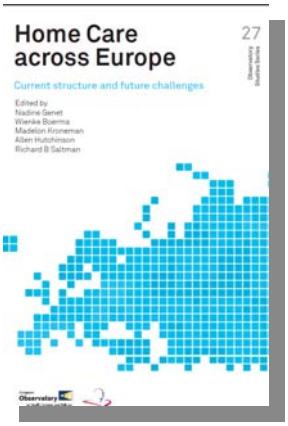
On 14 and 15 January 2013, HOPE attended the second coordination meeting of the European Union Network for Patient Safety and Quality of Care (PaSQ Joint Action).

During the meeting in Berlin, an update was provided on the work carried out by the seven Work Packages (WPs) of which the project is composed. Working sessions were then organised for Work Package 4, 5, 6 and 7. They are respectively dedicated to Patient Safety Good Clinical Practices, Patient Safety Initiative Implementation, Quality Healthcare Systems Collaboration in the EU and Network Sustainability. HOPE is part of all these four WPs and will be a key partner for the work to be carried out in the forthcoming months.

In particular, HOPE will help the Network in setting up the Exchange Mechanisms for the sharing of best practices and experiences in Safe Clinical Practices and Good Organisational Practices (WP4 and 6). HOPE will also help WP5 in the implementation of selected Safe Clinical Practices in healthcare organisations.

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

HOME CARE ACROSS EUROPE – WHO STUDY



For every person over the age of 65 in today's European Union, there are four people of working age but, by 2050, there will only be two. Demand for long-term care, of which home care forms a significant part, will inevitably increase in the decades to come.

Despite the importance of the issue, however, up-to-date and comparative information on home care in Europe is lacking. This study attempts to fill some of that gap by examining current European policy on home care services and strategies.

Home care across Europe probes a wide range of topics including the links between social services and health-care systems, the prevailing funding mechanisms, how service providers are paid, the impact of governmental regulation, and the complex roles played by informal caregivers. Drawing on a set of Europe-wide case studies the study provides comparable descriptive information on many aspects of the organisation, financing and provision of home care across the continent. The document will help frame the coming debate about how best to serve elderly citizens as European population age.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0008/181799/e96757.pdf

REDUCING UNNECESSARY HOSPITAL DAYS TO IMPROVE QUALITY OF CARE – A RANDOMISED CONTROLLED TRIAL

According to a recent paper, over 20% of hospital bed use is inappropriate, implying a waste of resources and the increase of patient iatrogenic risk.

The paper describes a cluster, randomised controlled trial carried out in a large University Hospital of Northern Italy, aiming to evaluate the effect of a strategy to reduce unnecessary hospital days. The primary outcome was the percentage of patient-days compatible with discharge. Among secondary objectives, to describe the strategy's effect in the long-term, as well as on hospital readmissions, considered to be a marker of the quality of hospital care.

Results indicate that a strategy, involving physician direct accountability, can reduce unnecessary hospital days. Relatively simple interventions, like the one assessed in this study, should be

implemented in all hospitals with excessive lengths of stay, since unnecessary prolongation may be harmful to patients.

More information: http://www.biomedcentral.com/content/pdf/1472-6963-13-14.pdf

EUROPEAN HOSPITALS IN TERMS OF QUALITY AND SAFETY – A COMPARATIVE STUDY IN FIVE COUNTRIES

A recent investigated the feasibility of using common process and outcome indicators to compare hospitals for quality and safety in five countries (England, Portugal, The Netherlands, Sweden and Norway).

The cross-country comparison identified the following seven challenges with respect to comparing the quality of hospitals across Europe:

- different indicators are collected in each country;
- different definitions of the same indicators are used;
- different mandatory versus voluntary data collection requirements are in place;
- different types of organisations oversee data collection;
- different levels of aggregation of data exist (country, region and hospital);
- different levels of public access to data exist;
- hospital accreditation and licensing systems differ in each country.

Findings indicate that if patients and policymakers are to compare the quality and safety of hospitals across Europe, then further work is urgently needed to agree the way forward. Until then, patients will not be able to make informed choices and some governments will remain in the dark about the quality and safety of care available to their citizens as compared to that available in neighbouring countries.

More information:
http://intqhc.oxfordjournals.org/content/early/2013/01/04/intqhc.mzs079.full.pdf+html

PUBLIC EXPENDITURE: THE QUALITY OF PUBLIC EXPENDITURE IN THE EU

A recent report of the Commission Directorate General finance looked at main reform measures considered necessary in the health sector:

- ensuring a sustainable financing basis to the sector, a good pooling of funds and a resource allocation that is not detrimental to more vulnerable regions;
- adjusting existing cost-sharing systems so they encourage a cost-effective use of care;
- ensuring a balanced mix of different staff skills and preparing for staff needs;

- improving and better distribute primary health care services and reducing the unnecessary use of specialist and hospital care;
- increasing hospital efficiency through increasing use of day-case surgery and concentration of some hospital services;
- ensuring a cost-effective use of medicines (e.g. greater use of generic medicines) while allowing for innovation;
- improving the general governance (by ensuring coherence of decision-making, clear priorities and goals and improved management skills) of the system;
- improving data collection and information channels and using available information to support performance;
- using health technology assessment more systematically to help decision-making processes;
- improving population's life-styles and access to more effective health promotion and disease prevention.

More information:
http://ec.europa.eu/economy_finance/publications/occasional_paper/2012/pdf/ocp125_en.pdf

PORTUGAL
OPEN LETTER TO EUROPEAN POLITICAL LEADERS AND HEALTH AUTHORITIES

On 15 January 2013, an *Open letter to European political leaders and health authorities* was presented at the headquarters of the Portuguese Medical Association in Lisbon.

The letter was signed by the Presidents of the Medical Associations of Portugal, Spain, Greece and Ireland, and by many other representatives of the medical and academic community of the four countries, including the President of the Portuguese Association for Hospital Development, Mrs. Ana Escoval.

The letter calls for an urgent review of austerity policies to prevent further deterioration of health and health services, for an immediate action to minimise the health effects of the crisis and for the mobilization in defence of European citizens' right to health.

The Open letter will be presented in all four countries at the end of January.

The letter can be received on request by contacting: sg@hope.be

FROM COST TO INVESTMENT AND VALUE: A NEW LOOK AT PUBLIC HEALTH SPENDING – DEBATE

On 24 January 2013, HOPE participated to the round table "From cost to investment and value: A new look at public health spending", hosted by European Policy Center and organised together with the European Health Technology Institute for Socio-Economic Research (EHTI), an organisation financed by the Medical Devices industry.

The purpose of this discussion was to gain a better understanding of public health spending through the point of the view of the different stakeholders and experts involved in the healthcare system. By considering these different approaches, it provided the opportunity to assess the need for further research in this area.

With the current austerity in Europe, the focus is often placed on the costs of public services. This frequently results in cost-cuttings that are counterproductive when analysed in the light of societal benefits.

In addition public health costs are generally considered as direct costs rather than investments that could be depreciated over a number of years. Significant gains in value to society are often not considered at all.

Medical devices are not spared by this scrutiny. Indeed, the societal benefits of getting people healthy and enabling them to get back to work after suffering different illnesses or surgeries are not taken into account in the decisions related to healthcare costs. Also, the value that devices offer to the sustainability of the healthcare system is recurrently being disregarded.

With the demographic trend that will see an expanded aged population requiring and expecting a high level of care and a shrinking of the number of taxpayers contributing to the gross domestic product in the years to come, the pressure on healthcare resources will keep increasing.

IMPROVING ACCESS TO LIFE-SAVING THERAPY FOR ACUTE HEART ATTACK PATIENTS – CONFERENCE

On 23 January 2013, HOPE participated to the conference "Improving access to life-saving therapy for acute heart attack patients - Fighting chronic conditions through intervention", hosted by Mrs. Antigoni Papadopoulou at the European Parliament, in which were presented the results of an international research collaboration led by ECCF (European Critical Care Foundation).

Cardiovascular diseases in Europe represent besides a growing socio-economic burden and the leading cause of death (contributing to more fatalities than all cancers combined). Despite a decline in mortality, the incidence of CVD is expected to increase within the next few decades, mainly due to growth of the elderly population. These trends will inevitably lead to an increase in the health burden and economic costs of the disease, resulting in a pressing need for more effective therapies. Although disease prevention policies have a role to play in mitigating these trends, timely, effective intervention when acute heart attacks occur is key to improving patient outcomes and therefore reducing the burden on health systems.

Primary Percutaneous Coronary Intervention (p-PCI) is one such life-saving reperfusion therapy for patients with acute myocardial infarction (a certain type of heart attack). The procedure is used to re-open blocked arteries in order to restore blood flow to the heart. Scientific evidences, shown it also reduces death, recurrent infarction, and the rate of heart failure. It is therefore of benefit to both patients and health budgets.

Despite substantial evidence of the benefits of this therapy on mortality and morbidity, there are surprising variations in access to p-PCI across the EU: from 5 to 92% of eligible patients depending on the country. These inequalities do not appear to be related to national economic variables, but stem from differences in the organisation of healthcare systems, such as emergency transport systems, hospital networks and treatment reimbursement agreements. Action to overcome barriers in access to p-PCI requires mobilizing multiple partners for action such as: health service providers, hospital staff, emergency transport services, patient organisations, policy makers and the general public.

According o the organisers of the day, to improve access to care for acute heart attack patients, the European Union and Member States should:

- improve the quantity and quality data collection, and invest on research into the determinants of p-PCI diffusion in Europe and the reasons for variations between EU Member States in the delivery of care to acute heart attack patients;
- encourage the dissemination of p-PCI into clinical practice through the exchange of best practices;
- support and coordinate policy actions to raise standards to the level of the best performing EU countries, including appropriate training of healthcare professionals;
- optimize the efficiency of health services through the implementation of integrated care management plans aimed at reducing the barriers to the use of p-PCI, especially emergency response times;
- educate patients on the early recognition of heart attack symptoms;
- recognize the importance of local community involvement and culture-specific elements in integrated care plans.

EUROPEAN YEAR OF CITIZENS – KICK-OFF

The European Commission kicked off the European Year of Citizens. It should raise awareness on the rights that derive from EU citizenship, including issues such as access to cross-border healthcare and recognition of academic and professional qualifications.

In 2010, the Commission published the EU Citizenship Report , which outlined 25 concrete actions to remove obstacles to EU citizens exercising their right to free movement in the EU. During the European Year 2013, the Commission will publish a second EU citizenship report, which will serve as an action plan for the removal of the remaining obstacles that hinder citizens from fully enjoying their rights as EU citizens.

To mark the European Year of Citizens 2013, a range of events, conferences and seminars will be also organised across the EU at Union, national, regional or local level.

The calendar of events is available at: http://europa.eu/citizens-2013

MERCURY POLLUTION – NEW LEGALLY-BINDING TREATY ADOPTED

On 19 January 2013, over 140 governments meeting at the United Nations forum in Geneva agreed, after four years of negotiations, to a global legally-binding treaty to address mercury pollution.

The Minamata Convention on Mercury, which takes the name from a city in Japan where serious health damage occurred because of mercury pollution in the mid-20th Century, provides controls and reductions across a range of products, processes and industries where mercury is used, released or emitted. These range from medical equipment such as thermometers and energy-saving light bulbs to the mining, cement and coal-fired power sectors.

Among the provisions of the treaty, governments have also agreed on a range of mercury-containing products whose production, export and import will be banned by 2020. These include certain kinds of non-electronic medical devices such as thermometers and blood pressure devices.
Boosting medical care and better training of health care professionals in identifying and treating mercury-related effects will also form part of the new agreement.

The new treaty needs ratification from 50 countries and will be open for signature in October, during a special meeting in Japan.

AGENDA

UPCOMING CONFERENCES

HPH CONFERENCE 2013

TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE

22-24 May 2013 – Gothenburg (Sweden)

The 21st International Conference of the Health Promoting Hospitals Network (HPH) will be held from May 22-24, 2013, in Gothenburg, Sweden.

The programme will highlight innovative themes with a high potential for HPH. Under the working title "Towards a more health-oriented health service", the conference will focus on:

- WHO Euro's health 2020 strategy
- Patient-reported health outcomes as promising tools
- Findings from neuropsychoimmunology and consequences for health promotion
- Health impacts of environment and design
- Patient empowerment
- Health system support for health promotion

More information: http://www.hphconferences.org/gothenburg2013

The Call for Papers will be open until 31 January 2013 on:
http://www.hphconferences.org/gothenburg2013/abstract-submission/about-submission.html

1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH

"HOSPITAL PURCHASERS: RELEVANT STAKEHOLDERS OF THE EUROPEAN INDUSTRIAL INNOVATION"

28 May 2013 – Paris (France)

The first European Forum of Public Procurement of Innovation for health will be organised by Resah-idf in partnership with HOPE and with the support of the European Commission within the Salons de la Santé et de l'Autonomie from 28 to 30 May 2013 in the Parc des Expositions, Porte de Versailles in Paris. Simultaneous interpretation (French/English) will be available.

Hospital Procurement, with a 120 billion euro volume of expenses European wide, has a major role to play in the enforcement of competitive and innovation capacity, at the regional, national and European level.

The one-day conference will focus on:

- Horizon 2020 and the European policy for demand-driven innovation;
- the role of hospital purchasers in the process of industrial innovation, with learning of success stories from several European countries;
- the legal "toolbox" of Public Procurement of Innovation (Pre-commercial procurement, Intellectual Property issues, cross-border call for tenders, etc.);
- industry expectation, especially SMEs, toward hospital buyers.

For further information please contact: contact@resah-idf.com

CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE

30-31 May 2013 –Ghent (Belgium)

Flemish hospitals: Quo vadis? That is the main question Zorgnet Vlaanderen wants to address at its conference with and for Flemish hospitals. What can and will the Flemish hospitals mean for the patient of tomorrow?

All care providers are ready to agree that Flemish health care is in need of a fundamental reorganisation. The challenges ahead are enormous, while the financial and human resources are shrinking every day. If we want to safeguard the quality of care provided by our health care system, it desperately needs to be redefined.

The main message should be clear: now and in the future, the patient is central. This means that his/her needs are the main focus and that care providers need to work in multidisciplinary teams,

even looking beyond hospital walls, to answer these needs. Hospitals are just one link in this chain of care providers.

Zorgnet Vlaanderen wishes to think about the ways in which this message can be translated into a future-oriented health care and hospital policies by purposefully go beyond borders to find solutions and formulate recommendations for government policy.

More information and a detailed program to follow soon: www.zorgnetvlaanderen.be

HOPE AGORA 2013

PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

10-12 June 2013 – The Hague (The Netherlands)

In 2013, HOPE organises its exchange programme for the 32nd time. The HOPE Exchange Programme starts on 13 May and ends on 12 June 2013.

This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed HOPE Agora, a conference and evaluation meeting. The 2013 HOPE Agora will be held in Den Haag (The Hague, The Netherlands) from 10 to 12 June 2013 around the topic "Patient Safety in Practice - How to manage risks to patient safety and quality in European healthcare".

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

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