NEWSLETTER

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UPCOMING CONFERENCES

22-24 May 2013 – Gothenburg (Sweden)

HPH CONFERENCE 2013: TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE

30 May 2013 – Paris (France)

1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH-HOSPITAL PURCHASERS: RELEVANT STAKEHOLDERS OF THE EUROPEAN INDUSTRIAL INNOVATION

Registration is now open

Français

http://www.salons-sante-autonomie.com/fr/conferences-congres/1ere-rencontres-europeennes-de-l-achat-public-d-innovation-en-sante/

English

http://www.salons-sante-autonomie.com/en/conferences-congress/1st-european-forum-for-public-procurement-of-healthcare-innovation/

30-31 May 2013 –Ghent (Belgium)

CONFERENCE FLEMISH HOSPITALS: TOGETHER WE CARE

Registration is now open

http://www.togetherwecare.be/

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

HOPE AGORA 2013: PATIENT SAFETY IN PRACTICE – HOW TO MANAGE RISKS TO PATIENT SAFETY AND QUALITY IN EUROPEAN HEALTHCARE

Registration for the conference on 11 June is still open

http://hope-agora.eu/5-registration/agora_registration.html

Please check first with the organisers for availability of evening event and hotel accommodation

kclsymposium@isala.nl

19-20 November 2013 – Chamonix Mont-Blanc (France)

EQUIP'AID. SHARING FOR BETTER HEALTHCARE

Public Health

ENDOCRINE DISRUPTERS – VOTE IN PLENARY

On 14 March 2013, during the plenary in Strasbourg, MEPs voted the report by Åsa Westlund (S&D, Sweden) on the protection of public health from endocrine disrupters. The resolution was adopted with 489 votes in favour, 102 against and 19 abstentions.

Endocrine disrupters are substances that cause adverse health effects by disturbing the production or activity of hormones. They include dioxins, PCBs, phthalates, parabens and bisphenol A. These substances are present in many products such as pesticides, pharmaceuticals, plastics, including medical devices.

The report calls for a number of specific measures, including:

- fast measures to protect vulnerable groups such as children, young people and pregnant women;
- development of EU horizontal criteria for deciding which substances are endocrine disrupters and which are not;
- the addition of tests identifying endocrine disrupters to existing EU legislation on chemicals;
- the recognition of endocrine disrupters as substances of very high concern in REACH regulation.

The report is available at:
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2013-91

CLINICAL TRIALS AND MEDICAL DEVICES – NEWS FROM THE IRISH PRESIDENCY

In response to an oral question made in the European Parliament on 5 March 2013, the Irish Presidency declared that the proposals on the Clinical Trials and the two Medical Devices Regulations constitute a high priority and have been identified as two of the four priority areas for the Health Presidency programme.

To date, officials from the Irish Department of Health have chaired seven meetings of the relevant Council Working Party in Brussels and significant progress has been made.

On the Clinical Trials proposal, the Irish Presidency declared its willingness to complete a first examination of the entire proposal by the end of its mandate and a number of meetings have taken place with the Rapporteur Glenis Willmott (S&D, UK).

With regard to the two Medical Devices Proposals, discussions have already been carried out on some of the key chapters and informal meetings on these dossiers have taken place with both Rapporteurs Dagmar Roth-Behrendt (S&D, Germany) and Peter Liese (EPP, Germany).

PHARMACOVIGILANCE – NEW BLACK SYMBOL

On 7 March 2013, the European Commission adopted a new Implementing Regulation introducing a black symbol to identify medicinal products that are subject to additional monitoring.

This Regulation is an implementing act of the EU Pharmacovigilance legislation, which rationalises the system for monitoring the safety of medicines on the European market and improves patient safety and public health through better prevention, detection and assessment of adverse reactions to medicines.

The new black symbol, which represents an inverted equilateral triangle, will allow patients and health care professionals to easily identify medicinal products that are undergoing additional monitoring, and its accompanying text will encourage them to report unexpected adverse reactions through national reporting systems.

From September 2013, the symbol will be used to identify the following pharmaceutical products that are subject to additional monitoring:

- all medicinal products authorised after 1 January 2011 that contain a new active substance;
- biological medicinal products, such as vaccines or plasma derived products, authorised after 1 January 2011;
- products for which certain additional information is required post-authorisation, or for which authorisation is subject to conditions or restrictions on their safe and effective use.

More information:
http://ec.europa.eu/health/files/eudralex/vol-1/reg_2013_198/reg_2013_198_en.pdf

PATIENT SAFETY AND QUALITY OF CARE – COMMISSION WORKING GROUP

On 8 March 2013, HOPE attended the meeting of the European Commission Working Group on Patient Safety and Quality of Care. The main objective was to discuss and adopt the Work Plan for 2013-2014 as well as agree on working methods to achieve the work plan actions.

During the meeting, it was agreed that the Working Group will develop a Recommendation on reporting and learning systems and a Recommendation on education and training of health workers in patient safety. The group will also contribute to the update of a reflection paper on quality of

healthcare, which was developed by the Commission in 2010. These documents will be approved in the first half of 2014.

During the meeting, the WHO also presented its draft guidelines for adverse events reporting and learning systems. The guidelines cover a wide range of aspects such as the role and components of reporting systems, taxonomy, characteristics of successful reporting systems and national requirements. The guidelines constituted the basis for the development of a Minimal Information Model for Patient Safety-Reporting (MIMPS), a theoretical model allowing the identification of a minimum subset of categories to report safety incidents and make comparisons across countries. WHO and the Commission will work together to tailor-made and test MIMPS in five different countries.

A presentation was also given on the EUNetPaS guide for education and training in patient safety. In 2013, the guide was translated and adapted to the national context by the German Coalition for Patient Safety. This adapted guide will be tested to verify whether it can contribute to the creation of effective education and training schemes in patient safety.

More information: ***http://ec.europa.eu/health/patient_safety/events/ev_20130308_en.htm***

FLUORINATED GASES – DRAFT REPORT PRESENTED

On 21 March 2013, Bas Eickhout (Greens/EFA, Netherlands) presented to the Parliamentary Committee on Environment, Health and Food Safety (ENVI) its draft report on fluorinated greenhouse gases (F-gases).

The Commission proposal presented in November 2012 aims to reduce emissions by two-thirds of today's levels by 2030. The new legislative proposal establishes also a phase-down measure that from 2015 will gradually limit the total amount of Hydrofluorocarbons (HFCs) - the most significant group of F-gases - that can be sold in the EU and reduces this in steps to one fifth of today's sales by 2030.

F-gases are used in an increasing number of applications such as air conditioning, refrigeration systems, aerosols and extinguishers. Hospitals are a major sector in which theses gases are used.

The Rapporteur, while supporting many elements in the Commission proposal, submitted over 50 amendments. These include strengthened containment and recovery measures such as earlier service bans and the introduction of delegated acts to specify maximum leakage rates. The Rapporteur also proposed additional placing on the market prohibitions and bans when sustainable alternatives are available.

Finally, a phase-down tightened schedule and the introduction of an allocation fee to use the HFC quotas are introduced.

The draft report is available at:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-%2f%2fEP%2f%2fNONSGML%2bCOMPARL%2bPE-506.101%2b01%2bDOC%2bPDF%2bV0%2f%2fEN

DATA PROTECTION – COUNCIL MEETING

On 7 March 2013, the Council (Justice and Home Affairs) held an orientation debate 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).

Conclusions show that the work should continue along the following lines:

- controllers should have an obligation to engage in prior consultation with the supervisory authority where their risk assessment indicates that the processing operations envisaged are likely to present a high degree of specific risk. Further work needs to be done on the definition of the applicable criteria;
- the designation of a data protection officer should be optional;
- the controller's obligations can be lightened in cases where a data protection officer is designated on a voluntary basis;
- the application of approved codes of conduct and the use of approved data protection certification mechanisms should be incentivised by establishing linkages with the risk assessment process;
- work on the risk-based approach should be continued by further developing criteria for enabling the controller and processor to distinguish risk levels and by further exploring the use of pseudonymous;
- work on finding flexibility for the public sector related to Article 6(3) as well as to other parts of the draft regulation should be continued.

The European Parliament is also continuing its work on this dossier, for which more than 4000 amendments have been tabled. The Rapporteur Jan Philipp Albrecht (Greens/EFA, Germany) decided to postpone the vote in the Committee on Civil Liberties, Justice and Home Affairs (LIBE) from April to 30-29 May 2013.

SOCIAL INVESTMENT PACKAGE – INVESTING IN HEALTH AND LONG-TERM CARE

As announced in the past issue, on 20 February the European Commission adopted the Social Investment Package for growth and cohesion. The Social Investment Package is accompanied by several staff working documents, of which two are dedicated to the themes of Long-Term Care in Ageing Societies and Investing in Health.

Investing in Health contains strategies to improve the efficiency and effectiveness of health systems in a context of tighter public healthcare budgets and discusses how health can contribute to increasing human capital and social inclusion.

The first section focuses on the theme of sustainability of health systems, identifying cost-effective reforms and innovative solutions that Member States should try to encourage and put into effect. The areas identified include:

- more cost-effective provision and use of health services through adequate incentives. These could include financial incentives to encourage patients to use primary care and putting in place referral systems to secondary care;
- reduce the unnecessary use of specialist and hospital care while improving primary healthcare services;
- reduce in-patients and increase out-patients, for example through the use of day surgery instead of in-patient surgery when this is not necessary;
- ensure a balanced mix of staff skills and anticipating staff needs due to ageing. This include improving staff motivation through non-financial aspects (working conditions, career advancement etc.) and encouraging continuous professional development, addressing also the uneven distribution of health staff across regions and developing human resources planning mechanisms;
- strengthen health promotion and disease prevention outside the health sector;
- improve data collection;
- use health technology assessment (HTA) more systematically for decision-making processes;
- promote a greater use of generic medicines.

On the theme of innovation and cost-effectiveness, this section highlights how health technology assessment (HTA) constitutes an essential tool to inform decision-makers and to assess the value of specific actions or technologies. eHealth is also mentioned for its contribution in assisting and enhancing prevention, diagnosis, treatment, monitoring and management concerning health and lifestyle.

The second section highlights how investing in people's health contribute to reinforce employability, thus making active employment policies more effective and contributing to growth.

The third section is dedicated to the theme of health inequalities, recognising barriers faced by disadvantaged groups in access to healthcare. HOPE report on "*The Crisis, Hospitals and Healthcare*" is citied since it provides some important evidences on the impact of the economic crisis on health systems and the provision of healthcare services.

The fourth and final section focuses on EU funds and how they can help Member States invest in sustainable, innovative and reformed health systems, in people's health for employability and in reducing health inequalities.

The staff working document on *Long-Term Care in Ageing Societies* presents policy options to address future Long-Term Care (LTC) challenges.

The document starts with an analysis of LTC services in Europe and suggests policy responses to tackle future LTC challenges. These include:

- raising the productivity of care delivery;
- reducing the incidence and overall prevalence of frailty and disability;
- reducing dependency, i.e. enabling older people to continue to manage independent living with functional limitations.

Future actions to be taken include the development of a report on *Innovative approaches to social protection against LTC risks* by the Social Protection Committee (SPC-WG-AGE) and the project JRC-IPTS of the Institute for Prospective Technological Studies (from the EU Joint Research Centre), running in 2013-2014 with the aim to produce guidelines for Member States to design long-term care strategies.

The documents are available at:
http://ec.europa.eu/social/main.jsp?catId=1044&langId=en&moreDocuments=yes

LATE PAYMENTS – DEADLINE FOR TRANSPOSITION

By 16 March 2013 all Member States should have integrated the Late Payments Directive into their national law. The European Commission recently stated that the damaging late payment culture has to end and declared its decision to adopt a zero tolerance policy against delays in transposition as well as against poor quality transposition.

The Late Payments Directive was adopted in January 2011. It obliges public authorities to pay for goods and services within 30 calendar days or, in very exceptional circumstances, within 60 days.
A derogation allows, public hospitals and health establishments to prolong delays in payment for up to 60 days.

ADHOPHTA: ADOPTING HOSPITAL BASED HEALTH TECHNOLOGY ASSESSMENT – A NEW EUROPEAN PROJECT

The EU has granted the project AdHopHTA (Adopting Hospital based HTA in EU) under the 7th Framework Research Program. The first aim of AdHopHTA is to strengthen the use and impact of excellent quality HTA results in hospital settings, making available pragmatic knowledge and tools to facilitate adoption of hospital based HTA initiatives. As a secondary aim, the project will build an adequate ecosystem where formal coordination among existing hospital based HTA initiatives and liaisons with national and regional agencies will flourish.

In the last years, several hospital based HTA initiatives have emerged in Europe, but they have never been examined systematically, thus limiting the possibility to learn from all these heterogeneous experiences. Those small hospital-based HTA-units produce valuable knowledge which is not easily accessible or transferrable to other EU hospitals and lack coordination between them. Additional, there is no efficient bridging strategy between national and regional HTA programs. These are the problems that AdHopHTA (2012-2015) will address, making available pragmatic knowledge and tools to facilitate adoption of hospital based HTA-initiatives.

AdHopHTA has 10 partners with different, but complementary, backgrounds: five hospitals with HTA-programs (Hospital Clinic Barcelona/FCRB-Spain - Coordinator; Odense University Hospital-Denmark; Hospital District of Helsinki and Uusimaa-Finland; Hospices Cantonaux CHUV-Switzerland; Università Cattolica del Sacro Cuore-Italy), two hospitals without an HTA program (Ankara Numune Training and Research Hospital-Turkey; Tartu Univeristy Hospital-Estonia), two national HTA agencies (The National Health Center for Health Services-Norway; Ludwig Boltzmann Institute for HTA-Austria) and one business school (IESE-Spain). An advisory board with representatives of international societies and key institutions are (HTAi, INAHTA, EuroSCan, EUnetHTA, ISQUA, CEDIT-Assistance Publique Hôpitaux Paris, HTA Centrum at Sahlgenska University Hospital) will support the work.

The final output of the project will be a handbook on best practices for hospital based HTA, a deployment toolkit and a (pilot) repository on hospital based HTA-products. The results of AdHopHTA will facilitate the start of new hospital based HTA-programmes as much as improve the quality and efficiency of current hospital based HTA-programmes.

HAPPI – WEBSITE LAUNCHED

HAPPI (Healthy Ageing – Public Procurement of Innovations) is a European project aimed at linking together European organisations involved in public sector health procurement in order to identify innovative and sustainable products and solutions to help people age well. The HAPPI project aims to put in place purchasing arrangements, including contracts, to enable healthcare organisations to procure these items.

The consortium has recently launched the website of the project, which provides manufacturers, purchasers and the wider public with detailed information on the project, its objectives, milestones and members. Suppliers can already register on the website to express their interest in the project.

From September 2013, the website will open the access to a platform where suppliers will have the opportunity to submit their innovative solutions for caring for an ageing society. Furthermore, the platform lays the foundations for a long-term dialogue between healthcare purchasing organisations and innovative suppliers across Europe.

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

JOINT ACTION ON MENTAL HEALTH AND WELL-BEING – LAUNCH

The new Joint Action on Mental Health and Well-Being, funded under the EU Health Programme, will be running from 1 February 2013 till January 2016 and coordinated by Universidade Nova de Lisboa (Portugal).

Mental health and well-being, prevention of mental disorders and the improvement of care and social inclusion of people with mental disorders in Europe are the drivers of the Joint Action.
Europe is facing a rise in diagnoses of mental disorders and the estimated numbers reach to 50 million citizens (about 11% of the population).

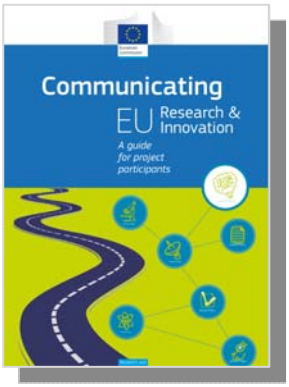
In this context, the Joint Action will build on the work done under the *European Pact for Mental Health and Well-being*, and will give sequence to the 2011 *Council Conclusions on the European Pact for Mental Health and Well-being* by establishing a process for structured collaborative work involving the Member States and associated countries, the European Union, relevant stakeholders and international organisations.

The joint action will address:

- the promotion of mental health at the work place and in schools;
- promoting action against depression and suicide;
- developing community mental health care and;
- promoting the integration of mental health in all policies.

The expected result is a more rigorous and comprehensive knowledge on of mental health and well-being situation in the EU and the development of an endorsed framework for action.

COMMUNICATING EU RESEARCH AND INNOVATION – A GUIDE FOR PROJECT PARTICIPANTS



The European Commission has recently published the guide "Communicating EU Research & Innovation - A guide for project participants". Its objective is to offer a tool for participants of projects under the 7th Framework Programme for Research and Technological Development to better communicate about the project and its achieved results.

The short guide offers some examples of successful communication activities and provides an elaborate checklist to help develop a sound strategy for communication.

Moreover it informs about legal requirements and expectations starting at the negotiation phase right up to the end of the project and how the European Commission can help to increase the outreach, for example by publicising events and results via the Commission's websites.

The guide is available at:
http://ec.europa.eu/research/participants/portal/ShowDoc/Extensions+Repository/General+Documentation/Guidance+documents+for+FP7/Communication/Coomunicating-Research-120925-WEB_en.pdf;efp7_SESSION_ID=9xqJRQhSKjKbSlSGBTl1bZ9rTZbJLfdyvBbnZXVnhLGrBF242M1d!-516911583

HIT LATVIA – REPORT

The European Observatory on Health Systems and Policies has released a health system review for Latvia, as part of the series "Health Systems in Transition" (HiTs).

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

The Latvian health system, based on general tax-financed statutory health care provision, provides coverage to the entire population and access to a basic service package, but still leaves patients exposed to substantial user charges and direct payments. The financial crisis means the government faces a huge struggle to prevent deterioration of the health status. Important reforms such as moving service provision away from hospital care, and increasing provision of ambulatory care have been implemented successfully, along with a social safety net to protect the poor from the negative consequences of user charges. But the lack of financial resources poses the main challenge, and an increase in public expenditure is needed to ensure adequate funding of the health service.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0006/186072/e96822.pdf

TUBERCULOSIS SURVEILLANCE AND MONITORING IN EUROPE 2013 – ECDC REPORT

This is the fifth report launched jointly by the European Centre for Disease Prevention and Control (ECDC) and the WHO Regional Office for Europe (WHO/Europe) following on from reports under the EuroTB project, established in 1996.

The 2015 Millennium Development Goal (MDG) target of halting the prevalence and death associated with tuberculosis (TB) and reversing its incidence has been partially achieved in 2011, with TB incidence falling in

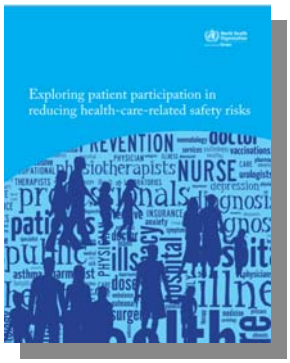
the Region at a rate of about 5% per year between 2000 and 2011. Nevertheless, the prevalence of TB was estimated at 56 cases per 100 000 population (about 500 000 prevalent cases) in the Region and TB mortality was 4.9 deaths per 100 000 population (around 44 000 in total). It will therefore not be possible to reach the target of 50% reduction by 2015.

In 2011, of an estimated 78 000 multidrug-resistant tuberculosis (MDR-TB) cases in the European Region, 29 473 (38%) were detected. The prevalence of MDR among new TB cases in the Region amounted to 14% and 47.7% among previously treated cases. Testing coverage for resistance to second line drugs almost doubled compared to last year, however it is still at a very low level (9% of MDR-TB cases).

The WHO Regional Office for Europe has established the European Green Light Committee and the European Laboratory Initiative to help countries develop and/or adjust their national plans in response to the M/XDR-TB threat. This will help countries to reduce the proportion of MDR-TB cases among those previously treated by 20% detect 85% of estimated MDR-TB patients and successfully treat at least 75% of them.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0004/185800/Tuberculosis-surveillance-and-monitoring-in-Europe-2013.pdf

EXPLORING PATIENT PARTICIPATION IN REDUCING HEALTH-CARE-RELATED SAFETY RISKS – WHO REPORT



Laws and declarations on patients' rights do not automatically make health care safer, but can help to empower patients. Empowered patients can better manage their own health and health care and participate in efforts to improve safety.

This report presents an overview of the legal influences on patient safety and explores the relationship between patients' rights, patient participation and patient safety. It provides a synthesis of studies of patient involvement, with detailed examples from Bulgaria, France, the Netherlands, Poland and Portugal. It highlights the need to strengthen a continuum of information between various levels of care, including patient experiences, health literacy and engagement. It offers recommendations on the macro, meso and micro levels of health service delivery. By contributing to the wider process of evidence collation, it will help identify efficient ways to build realistic and informed expectations of health care, while encouraging patients to be vigilant and knowledgeable, thus ensuring maximum safety standards.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0010/185779/e96814.pdf

INTERNATIONAL VARIATIONS IN A SELECTED NUMBER OF SURGICAL PROCEDURES – OECD WORKING PAPER

This paper summarises recent international data on rates of five surgical procedures (i.e. caesarean, hysterectomy, prostatectomy, hip replacement and appendectomy) across OECD countries. It examines trends over time and compares age- and sex-specific rates for a recent year, for a sub-set of countries for which data are available. The report shows substantial international variations for most procedures, but also striking similarities between countries; some procedures show universal trends, with trends in rates by sex and age behaving in very similar ways.

A full understanding of the reasons for and consequences of different utilisation rates demands a detailed understanding of patterns of illness and patient preferences, incentives embedded within health systems, and above all mechanisms to link activity to outcomes. While recognising the many limitations of the data that exist, the analyses reported here paint a picture of widespread differences in the rates at which certain procedures are performed (e.g. hysterectomy and prostatectomy) yet, for others (e.g. appendectomy), they indicate the emergence of growing international convergence. It is important to recognise that these findings are simply a stimulus to further enquiry into health services. Where variation is observed, there is no way, using these data alone, of knowing which rate is the "right" one in any country. It is not even possible to say that the presence of variation is a sign of important health service delivery problems.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/international-variations-in-a-selected-number-of-surgical-procedures_5k49h4p5g9mw-en

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

The purpose of this publication is to compare hospitals in terms of quality and safety between countries is important for a number of reasons. For example, the 2011 European Union directive on patients' rights to cross-border health care places a requirement on all Member States to provide patients with comparable information on health-care quality, so that they can make an informed choice. Here, we report on 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; and finally, hospital accreditation and licensing systems differ in each country.

The findings indicate that if patients and policymakers 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 about where they receive their health care in different countries, 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/25/1/1.full.pdf+html

CONSOLIDATED HEALTH ECONOMIC EVALUATION REPORTING STANDARDS – (CHEERS) STATEMENT

Economic evaluations of health interventions pose a particular challenge for reporting. There is also a need to consolidate and update existing guidelines and promote their use in a user friendly manner.

The Consolidated Health Economic Evaluation Reporting Standards (CHEERS) statement is an attempt to consolidate and update previous health economic evaluation guidelines efforts into one current, useful reporting guidance. The need for new reporting guidance was identified by a survey of medical editors. A list of possible items based on a systematic review was created. A two round, modified Delphi panel consisting of representatives from academia, clinical practice, industry, government, and the editorial community was conducted. Out of 44 candidate items, 24 items and accompanying recommendations were developed. The recommendations are contained in a user friendly, 24 item checklist.

More information:
http://www.resource-allocation.com/content/pdf/1478-7547-11-6.pdf

GOVERNING PUBLIC HOSPITALS – EUROHEALTH PUBLICATION

Eurohealth is a quarterly publication that provides a forum for researchers, policy-makers and experts to express their views on health policy issues and so contribute to a constructive debate on health policy in Europe.This new issue is dedicated to the theme of governing public hospitals. The overview article discusses innovative strategies in governing public hospitals. Four case study articles are then presented focusing on autonomous hospitals in Spain, governance arrangements in the Netherlands, legal forms of hospitals in the Czech Republic, and decentralisation in Norway. Other articles include: A nudge in the wrong direction; Addressing critical health workforce challenges; Pay-for-performance in FYR Macedonia; Reform in the Bulgarian pharmaceutical sector; and Eurohealth Monitor.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0018/186021/EuroHealth-v19-n1.pdf

STRUCTURAL FUNDS – HOPE/COCIR SEMINAR

HOPE and COCIR organised a workshop in Brussels on 18 March 2013.

Tonio Borg, EU Commissioner for Health and Consumer Policy gave a keynote speech at the workshop. The Commissioner reported that "The economic dimension of healthcare has never been considered as closely as it is now: The efficiency of public spending and cost effectiveness are included in many policies at any government level". He added, "EU countries must decide how to use their share of the Structural Funds. The Commission encourages Member States to seize this opportunity to implement reforms needed to maintain quality of care, coupled with efficient and sustainable health systems."

The Commissioner also outlined, "We need innovative ways how to deliver better healthcare, to more people, in a more efficient manner. And we need to make smart and long-term investments in health with a much greater focus on promoting good health."

The workshop was an opportunity for the CEO of HOPE to deliver several messages on behalf of hospitals and healthcare services. The evaluations made on the use of structural funds in healthcare are seldom positive, however compared to other sector such as transport for example; healthcare has nothing to be ashamed of. There is certainly more complexity in healthcare systems than in any other part of the economy. It is true however that the lack of capacity and of mutualisation at national level explains a lot, in particular in central and eastern Europe. There is a clear need to improve capacity building, bring more technical assistance, improve process and transparency, and follow a strategic approach.

In the previous programmes, the structural fund benefited to health infrastructures and ehealth and certainly not enough on social funds. However, the situation is very different now at the eve of the 2014-2020 programme. Healthcare is facing more rationing than rationalising, and in the short term cuts investment is suffering a lot. An additional difficulty is that health is not visible as it was in the previous programme where it was among the ten priorities. Health will then be more than ever in competition with other sectors. Negotiations taking place at national level show that it is already difficult to prioritise health.

Presentations are available at:
http://www.amiando.com/COCIRworkshop2013.html?page=934217

INNOVATION AND PATIENT ACCESS TO PERSONALISED MEDICINE – IRISH PRESIDENCY CONFERENCE

On 20 and 21 March 2013, wide consensus emerged at the conference on "*Innovation and Patient Access to Personalised Medicine*" on the need for radical change if Europe's approach to healthcare is to benefit from the potential of personalised medicine.

Declaring his support for the innovative responses that personalised medicine can offer to the challenges faced by health systems, Irish Health Minister James Reilly warned: "We are losing a lot of research from Europe because of red tape". His remarks were echoed by John Perry TD, Irish Minister of State. "It is important that governments recognise the possible value for money from innovation, and that they ensure that the EU regulatory framework does not discourage progress", he said.

The conference was organised in Dublin as part of the Irish Presidency of the EU Council by the European Alliance for Personalised Medicine (EAPM). Policymakers were joined by researchers, healthcare professionals, and representatives of patient associations and the healthcare industry in exploring how personalised medicine can effectively deliver "the right medicine for the right patient at the right time".

"Treatment of patients is changing from the current model, where a population is treated and some do not respond, to a model where a targeted population is treated and they all respond", continued Dr Reilly. "Personalised medicine promises a wealth of new possibilities for European patients, by making healthcare delivery as tailored to the individual as their fingerprints", he said.

Patricia Reilly, a senior adviser to European Research Commissioner Máire Geoghegan-Quinn, said "Personalised medicine should allow better prediction, prevention and treatment". But there are many obstacles, she added. "Progress will depend on an unprecedented level of cooperation and collaboration. There is a pressing need to break down barriers and speak the same language".

Wide collaboration is essential since personalised medicine depends on the engagement of an unprecedented combination of stakeholders. Because it analyses individual biological information acquired from patients through new techniques, it requires interaction between the disciplines of biology, mathematics, statistics, pathology and medicine. It requires new tools in information technology and communication, new links between diagnosis and treatment, new research infrastructure, new approaches by regulatory authorities, and new relationships between doctors and patients.
The conference identified a series of crucial changes needed to secure the successful development of personalised medicine.

They include:

- data protection laws that safeguard patients' privacy, but permit wider circulation of data for research and healthcare;
- new collaboration mechanisms to move research results into health systems;
- better coordination of regulation relating to pharmaceuticals, diagnostics and imaging;

- information and communication technologies that can efficiently generate and analyse data;
- engagement of patients as active partners in healthcare, rather than passive subjects;
- smart but robust clinical trial methodologies that respond to a new approach to data;
- healthcare technology assessment that is attuned to the broader benefits of new approaches to medicine;
- more flexible systems for pricing and reimbursement that effectively incentivise new approaches to healthcare;
- enhanced training of healthcare professionals in proactive healthcare management;
- support for public-private partnerships that can promote the wide collaboration necessary for the development of personalised medicine.

"It is an ambitious agenda, but one that will help transform healthcare and the quality of life of Europeans, by ensuring that European medicine is at the forefront of putting science at the service of citizens", concluded former UK Health Minister John Bowis and former European Health Commissioner David Byrne at the end of the conference.

TOWARDS NON-TOXIC HEALTHCARE – DEBATE

On 21 March 2013, HOPE attended the debate "Towards non-toxic healthcare – Alternatives to phthalates in medical devices". The main objective of the event, organised by Health Care Without Harm (HCWH) Europe and hosted by Corinne Lepage MEP (ALDE, France), was to raise awareness on the issue of endocrine disrupters in medical devices.

The event also aimed at contributing to the current debate on the European Commission's proposals on the Medical Devices Regulations.

Medical device producers, doctors and hospitals facility managers were invited to share their experience in producing, purchasing and using medical devices without endocrine disrupting chemicals, in particular phthalates. Endocrine disrupters are substances that cause adverse health effects by disturbing the production or activity of hormones. These substances include phthalates, which are used as PVC plasticizers and are abundant in PVC-based medical devices such as blood bags, intravenous bags, tubes, catheters and disposable gloves. Alternatives exist today but there are still some economic and technical barriers that need to be addressed.

During the debate it was mentioned the growing scientific evidence that exists on the toxic effects of plasticizers in PVC-containing medical devices, pointing out the risks for foetus, new-borns and infants. It was also highlighted the necessity of EU legislations encouraging the use of phthalates-free medical devices. This would help to sustain and increase the demand of these products, which will ultimately result in a reduction of their price.

The project PVCFreeBloodBag was also presented. Co-financed by the European Commission under the Life+ Programme, its final objectives are to produce and test a PVC-free blood bag that fulfil

requirement specification and to cooperate with European healthcare to raise awareness and increase demand.

LEADERSHIP FOR PUBLIC HEALTH. A VISION FOR THE FUTURE – CONFERENCE

On 21st of March 2013, HOPE participated to the conference "Leadership for Public Health - A vision for the future" organised by LEPHIE - Leaders for European Public Health.

During the event, have been discussed the following issues:

- the essential role of leadership in Public Health Practice;
- the key elements of effective Public Health Leadership;
- how effective Public Health Leaders can be developed;
- the pivotal role of Public Health education in delivering the new generation of leaders to meet these challenges.

Throughout Europe, Public Health agencies are experiencing an identity crisis, due to the restructuring of both Public Health roles and responsibilities and health systems. Adding to this crisis, European Health Systems are under increasing financial pressure to deliver efficient results with less resources and Public Health policies continue not to be well understood by the public. The continuous change and reform in European health systems led to repeated calls for the development of effective Public Health leaders. Today's Public Health practitioners have to be able to work constructively in a turbulent environment, with a wider range of stakeholders than ever before. They have to be able to build strong networks and team at every level of the Public Health System, from politicians and policy makers to the mass media and the public themselves.

This Senior Health Policy Forum was designed to create space for senior public health professionals from the worlds of policy through education to engage with and to develop a deeper understanding the issues that demand more effective Public Health Leadership; to gain a clear appreciation of the Public leadership competencies required to meet these challenges; to understand how Public Health education can play an important role to develop the new generation of Public Health leaders.

EUROPEAN RESEARCH ON RARE DISEASES. EXPLORING PUBLIC-PRIVATE INVESTMENT SYNERGIES – CONFERENCE

On 5 March 2013, HOPE participated to the conference "European research on rare diseases: Exploring public -private investment synergies", hosted by Italian MEP Vittorio Prodi.

During the conference, participants discussed about how to leverage existing models to promote best practices in the research on rare diseases. Rare diseases affect close to 30 million people in the EU-27 and despite the high quality of public research and the existence of "centers of excellence", there is a lack of innovative approaches for the development of new therapies. The definition of optimized methods and resources use requires coordination in both investments and infrastructures that only a public private Partnership approach can supply.

The thousands of different pathologies defined as "rare" have in common specific features that increase patient vulnerability: their low prevalence; the heterogeneity of diseases with different research needs and therapeutic responses, as well as the complexity of diseases often affecting different organs; fragmented knowledge or no knowledge at all on the pathogenesis / pathophysiological mechanisms and epidemiology of many rare diseases, which make diagnosis difficult to make and therapies slow to develop. The principle of equality, enshrined in the legislative systems of all EU countries, needs to be implemented for rare diseases patients with a positive action, granted by specific research initiatives such as: supporting an EU wide structure of excellence through networking and cooperation programs, by Member States; rethinking of health and social care in order to respond to the complex challenges of rare diseases, involving continuous training, information provision, patients participation and careers in co-production of scientific knowledge; developing research through a supranational response, in order to minimize isolation and efforts duplications.

Research on rare diseases implies also an economic argument. The estimated low return on investment discourages the development of orphan products, thus leaving a huge unmet medical need. The perceived economic unattractiveness of research in rare diseases is also a deterrent for young researchers who often do not find a favourable research climate producing long-term collaboration. The serious gap existing in Europe between basic research and the industry sector needs to be addressed in order to avoid "clinical" trials migration elsewhere. Hence, research on rare diseases does not happen spontaneously because of its inherent characteristics and scarce interest for commercial sponsors. This creates a strong need of public support, as only public funds can bridge the critical gap in rare disease research. The need for public support is founded on the accomplishment of universally recognized right to health, a public good that national authorities must pursue, assuming the role of investors in research when private funders do not. The efforts of the public sector should be complemented by the private sector (industry, patient organisations, foundations and other stakeholders). Public private partnership seems to be the decisive element of success for rare diseases research as best practices in Europe have shown.

Last but not least, during the conference the participants underlined the importance to invest in rare diseases research also because the cost of non-research is probably higher than the cost of any research aimed to overcome the knowledge of so many rare diseases. While the costs of non research have not been quantified yet, it is true that wrong/delayed diagnosis translate into an increase of expenses and waste of resources for healthcare and social system. A patient who is properly treated stops being a consumer of ineffective treatment or superfluous hospital admissions.

THE ALARMING RISE IN CHRONIC KIDNEY DISEASE IN EUROPE: HOW TO DEAL WITH THIS COSTLY PROBLEM – CONFERENCE

On 5 March 2013, HOPE participated to the conference "The alarming rise in chronic kidney disease in Europe: How to deal with this costly problem" hosted by Ms Zofija Mazej Kukovic MEP, former Health Minister of Slovenia, and advocate of increasing political priority for chronic kidney disease.

More than 10% of the European population suffers from chronic kidney disease (CKD). This shockingly large number of people affected is of grave concern first because many of these will progress to end-stage kidney disease, which requires life on dialysis or transplantation. This is a personal and economic tragedy for those affected and consumes disproportionate amounts of healthcare resources. Second, CKD even in its earliest stages greatly increases the risk of premature death from cardiovascular disease, the largest and most expensive health care threat confronts in Europe today.

During the debate, it emerged the urgent need for improved public awareness, prevention strategies, early detection, education and subsequent management of CKD in clinical practice.

Prevention: the impact on the lives of patients as a result of late identification and diagnosis of CKD is incalculable. Dialysis system alone accounts for 2% of national healthcare budgets. This figure is set to double in the next five years. The need for a fundamental shift in policy and for much more greater attention to primary and secondary prevention, is valid not only for CKD, but for other chronic diseases such as cardiovascular diseases, cancer, diabetes and respiratory diseases.

Early detection: screening for the risk factors of CKD is fundamental to stop the CKD epidemic. Improvement of existing technologies to detect CKD is needed so as to ensure that every citizen has equal access to high-quality healthcare.

Education: high priority should be given for provision on information to patients and their families on how to minimize the risks and complications of progressive kidney damage, together with support to help them make necessary lifestyle changes. This includes promoting a healthy lifestyle by eating healthily, taking regular exercise, controlling stress levels and not smoking; ensuring good control of blood pressure and blood sugar; taking the correct doses of medication.

Renal replacement therapy: at present more than 500.000 patients in Europe are being treated with kidney dialysis machines or have kidney transplants, a number that has more than doubled over the past fifteen years. If this trend continues, national government will spend between 3% and 5% of their annual healthcare budgets on renal replacement therapies. Patients on renal replacement therapies currently face enormous problems because the access to, extent and quality of services for renal replacement therapy varies greatly throughout the EU and opportunities for the best and most cost-effective treatment – kidney transplantation – are severely restricted because of the significant shortage of kidney donors. It is necessary to harmonize national legislations amongst EU countries allowing patients to access to renal replacement therapy more easily.

Research: EU has an important role to play in increasing collaboration between investigators in the field and integrating European kidney research. Research is important in order to both increase understanding about CKD and to devise novel strategies for improving outcomes along the entire spectrum of the disease, from prevention to early detection and diagnosis, management and treatment.

MANAGING HOSPITAL VOLUMES – ANALYSES AND POLICY OPTIONS

On the 11th of April 2013, an interesting joint action meeting will take place in Berlin: "Managing Hospital Volumes – analyses and policy options". The German Federal Ministry of Health (BMG) and the Organisation for Economic Co-operation and Development (OECD), in cooperation with the Association for Social Security Policy and Research (GVG) will contribute to the debate at the Hertie School of Governance. This event aims to provide an opportunity to exchange ideas and insights on volume trends in the hospital sector with representatives from other OECD countries, to analyse causes and reasons at national and international level, as well as to share experience and know-how and discuss possible steering instruments and policy options for limiting this dynamic uptrend.

The hospital sector accounts for a major share of health expenditure in OECD countries. In Germany, for instance, it approximates one third of the total amount spent by the statutory health insurance system. Consequently, this volume increase in the hospital sector is high on the political agenda, both in Germany and in many other OECD countries.

In Germany, a steady increase in the volume of in-patient services has been observed in recent years. The reasons for and causes of this trend are the subject of a controversial debate. Several German studies conclude that it cannot solely be explained by demographic development and medical progress, but instead partly due to wrong economic incentives.

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

1ST EUROPEAN FORUM OF PUBLIC PROCUREMENT OF INNOVATION FOR HEALTH

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

30 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.

Registration is now open

Français
http://www.salons-sante-autonomie.com/fr/conferences-congres/1ere-rencontres-europeennes-de-l-achat-public-d-innovation-en-sante/

English
http://www.salons-sante-autonomie.com/en/conferences-congress/1st-european-forum-for-public-procurement-of-healthcare-innovation/

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 are Flemish hospitals able and willing to mean for the patient of tomorrow?

All care providers are ready to agree that chronic care is the most important challenge for our health care system. To overcome this challenge health care will need a fundamental reorganisation, taking the known limitations in financial and human resources into account. If we want to safeguard the quality of care of our current health care system, it desperately needs to be redefined.

The main message should be clear: the starting point of health care should be the patient and his/her needs, followed by an analysis of what is financially feasible. Not the other way around! In hospitals, care providers work in multidisciplinary teams; in turn, hospitals work together and reach out to other care providers. Put differently, hospitals are a link in the chain of care providers. In the future, ICT innovations can further facilitate cooperation between these different levels. Finally, a new financing model should be developed to support the entire system.

Together with you, Zorgnet Vlaanderen wants to think about the ways in which these talking points can lead to practical solutions for a future-oriented health care and hospital policy. Based on the motto "Together we care", Zorgnet Vlaanderen identifies the following four central topics:

- Cooperation between hospitals and with other care providers
- Cooperation within hospital walls
- ICT as a tool for cooperation
- Financing that stimulates cooperation

The seminars are presented in Dutch or English. Simultaneous interpreting is provided.

Registration is now open
http://www.togetherwecare.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)

On 11 June 2013, the Dutch Federation of Hospitals (NVZ), in cooperation with the European Hospital and Healthcare Federation (HOPE), will organise in The Hague (The Netherlands) a conference on European best practices in improving the safety of patients in hospitals.

Cross-border healthcare is increasing the importance of exchanging effective measures across Europe. The Irish EU Presidency has declared patient safety its priority and the European Commission is currently gathering best practices in this field. National and international policymakers are building networks for the exchange of best practices. Members of the Joint Action on Patient Safety and Quality of Care (PaSQ) will have an adjacent to the conference in The Hague.

Patient Safety in Practice
During the morning session, an overview of cultural aspects that influence patient safety across Europe will be presented. Prof. Niek Klazinga from OECD will present his findings on the improvement of quality and patient safety in European Member States based on the DUQuE research project. Prof. Wim van Harten, Prof. Erik Jan Heideman and Prof. Diana Delnoij will then focus on effective quality management from the perspective of the hospital manager, the medical specialist and the patient.

The Dutch hospitals have chosen to present a European overview of best practices on seven themes:

1) medication safety;
2) reporting incidents;
3) communication gaps;
4) patient participation;
5) infection prevention;
6) safety in the operating theatre;
7) working in teams.

For each theme, two examples from different Member States will be presented. Each example will offer the participants to the conference a practical example of how to improve patient safety and

will offer them the tools they need to implement this best practice within their own healthcare organisation.

HOPE Exchange Programme
Since 1981, HOPE organises an exchange programme for professionals with managerial responsibilities working in hospitals and healthcare facilities. Managers are working during four weeks in one of the other Member States. The aim of HOPE Exchange Programme is to promote a better understanding of the functioning of hospitals and healthcare services within the European Union and neighbour countries. It facilitates co-operation and exchange of best practices.

At the end of this exchange, participants to the HOPE Exchange Programme will present their findings in The Hague on 12 June 2013. This year the participants of the exchange programme will look at the measures taking in European hospitals to improve patient safety. The exchange programme therefore constitutes a practical addition to the goal of the conference.

Safety management systems in the Netherlands
The Netherlands started its Safety Management Systems Programme (VMS) in 2007. For five years hospital managers, nurses and doctors worked together to improve patient safety on ten themes (***www.vmszorg.nl***). Under this programme, all Dutch hospitals have committed themselves to developing and certifying a safety management system. In April 2013, the results of the programme will be presented. It is expected that these results will contribute to the discussion on effective safety measures in European hospitals.

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

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

Registration for the conference on 11 June is still open

http://hope-agora.eu/5-registration/agora_registration.html

Please check first with the organisers for availability of evening event and hotel accommodation

kclsymposium@isala.nl

EQUIP'AID. SHARING FOR BETTER HEALTHCARE

19-20 November 2013 – Chamonix Mont-Blanc (France)

The conference "Equip'aid. Sharing for better healthcare" to be held in Chamonix Mont-Blanc (Haute-Savoie, France) from 19 to 20 November 2013 will bring together participants from Northern countries, countries in transition and developing countries.

This will be the first international meeting of reference devoted to the improvement of medical equipment support projects of healthcare facilities in the field of international aid. The term "medical equipment support projects" is defined as an international aid project aiming to improve the healthcare facility of a health care structure through the reinforcement of its pool of medical equipment, through financial contributions or supply of equipment/equipment supply.

The conference will have the following objectives:

- sharing information and experiences, by promoting dialogue between the stakeholders of medical equipment support projects,
- identifying synergies, by examining the various practices and policies to transfer medical equipment and to make it available,
- facilitating research work and transversal thinking about the issues of the sector, with the aim of improving practices over time,
- developing a common vision around the orientation for thinking chosen for this first edition: "Sharing for better healthcare".

The Equip'aid conference organisers are issuing a call for papers. Proposals of oral presentations, posters or audio-visual projections must focus on one or several of the topics listed above (see "Organisation of the conference").

As detailed in thecall for papers, contributors are invited to send to ***equipaid@alterna-com.com*** by email before 30 April 2013. The form for submission is available on ***www.equipaid.org***

For further information or to pre-register, please consult the website : www.equipaid.org