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UPCOMING CONFERENCES

19-20 November 2013 – Chamonix Mont-Blanc (France)
EQUIP'AID. SHARING FOR BETTER HEALTHCARE

REGISTER NOW
http://www.weezevent.com/evenement.php?id_evenement=24623&id_page=42432

28-30 November 2013 – Kirchberg (Luxembourg)
28TH EAHM CONGRESS "HOSPITAL MANAGEMENT IN TIME OF CRISIS"

REGISTER NOW
http://eahm-luxembourg2013.lu/web/register-eahm-luxembourg2013/

23-25 April 2014– Barcelona (Spain)
22ND INTERNATIONAL HPH CONFERENCE

ABSTRACT SUBMISSION OPEN

26-28 May 2014 – Amsterdam (The Netherlands)
HOPE AGORA 2014
QUALITY FIRST!
CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

SAVE THE DATE

EUROPEAN HEALTH FORUM GASTEIN

In the context of the 16th European Health Forum Gastein held from 2 to 4 October 2013, HOPE was invited for a discussion to the concluding panel during the parallel session on « Investing in health » at the European Health Forum on 3 October 2013. The session was devoted more precisely to the topic « From health to wealth, priorities for investment by 2020 ». The moderation was done by Paola Testori Coggi, the Director General for health at the Directorate General Health and Consumers of the European Commission.

This was an opportunity for HOPE Chief Executive Pascal Garel to emphasise the need, expressed several times, for a better coordination between EU policies, in particular in the context of a growing need for the integration of care, social and health. He reacted also against the general opinion of the need of closing hospitals as a sort of end in itself. He reminded the major changes that took place recently in the hospital sector, in particular with the development of day care. The renewed interest for primary care is welcomed by hospitals that are facing massive impact of both the demographic shift and the crisis.

The discussion also covered the structural funds for which it is recognised that the health sector in most countries is not structured enough to compete with other sectors of the economy. Capacity building is clearly needed to overcome the many obstacles in getting those resources.

ENSURING HIGH QUALITY, PATIENT CENTRED CARE – NHS/HOPE SUMMIT

On 28 and 29 October 2013, European health leaders gathered in Birmingham to share their experiences of how to improve healthcare for patients.

Sixty-four delegates from 22 European countries took part in a summit on how to improve quality, organised by the Hospitals Forum at the NHS Confederation and the European Hospital and Healthcare Federation (HOPE). The event was attended by chief executives and hospital managers, to see what countries are doing to improve relationships between staff and patients and if any best practices can be shared.

The two-day event gave delegates the opportunity to visit wards and to see what England is doing to provide better healthcare for patients, with the aim of sharing experiences and best practice with European colleagues and prompting a deeper understanding of the different approaches to quality and patient-centred care.

Speaker presentations:
http://www.nhsconfed.org/Documents/HOPE%20presentations%20onsite%20final.pdf

Public Health

CROSS-BORDER HEALTHCARE – DIRECTIVE ENTERS INTO FORCE

On 25 October 2013 was the deadline for the transposition into Member States' national laws of the Directive 2011/24/EC on patients' rights in cross-border healthcare.

The law is supposed to clarify the rules on access to healthcare in another EU country, including reimbursement. From the 25th of October, patients travelling to another EU country for medical care will enjoy equal treatment with the citizens of the country in which they are treated. If they are entitled to that healthcare at home, then they should be reimbursed by their home country. Their reimbursement will be up to the cost of that treatment at home. In some cases, patients may need to seek authorisation before travelling for treatment, in particular if the treatment requires an overnight stay at a hospital or highly specialised and cost-intensive healthcare.

The new legislation would also make it, in principle, easier for patients to access information on healthcare in another EU country: patients are entitled to receive any relevant information from National Contact Points, established under the new Directive, and information from health care and treatment providers directly. In order to increase transparency on quality and safety standards across the EU, the Directive advocates mutual assistance and cooperation between Member States in particular on the interoperability of eHealth tools and the use of health technology assessment. It also facilitates the recognition of prescriptions for medical products in every Member State.

Finally, the Directive will provide for the development of European reference networks, to encourage the pooling of knowledge and maximise the cost effective use of resources in highly specialized healthcare, such as the diagnosis and treatment of rare diseases.

Less than a third of Member States had transposed the directive on time.

The European Commission released a leaflet and a video to inform patients about the Directive and their rights as well as things they should consider before going abroad for treatment.

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

PATIENT SAFETY – PLENARY VOTE

On 22 October 2013, MEPs adopted during the plenary session in Strasbourg the own initiative report by Oreste Rossi (EFD, Italy) on patient safety.

An estimated 30-40% of adverse events related to medical treatment, in both the hospital sector and community care, are preventable. These include healthcare-associated infections (HAIs), which are contracted by an estimated 5% of patients in hospitals each year.

The Council Recommendation from 2009 called for the implementation of a series of measures to improve patient safety in the EU. In 2012 the Commission published, on the basis of the information provided by Member States, an assessment of actions taken to comply with the Council recommendation.

The resolution adopted highlights that some of the Council's recommendations have so far been implemented by only a few Member States, and that there is room for improvement in hospital and non-hospital care. In particular, it calls for further efforts to be made in the domains of patients' empowerment and the overall training of health professionals and carers, as well as in the implementation of European classifications on patient safety and the development of European guidelines on patient safety standards.

The text also highlights that progress should still be made with respect to informing patients about HAIs and supporting research into the prevention and control of HAIs. It also encourages the Member States and regional and local authorities to prioritise, as far as possible, approaches based on mediation when adverse events associated with healthcare occur.

More information: ***http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0435&language=EN***

MEDICAL DEVICES – PLENARY VOTE

On 22 October 2013, MEPs adopted during the plenary session in Strasbourg the reports by Dagmar Roth-Behrendt (S&D, Germany) on medical devices and by Peter Liese (EPP, Germany) on in vitro diagnostic medical devices. The reports were respectively adopted with 569 votes in favour, 79 against and 44 abstentions and with 525 votes in favour, 21 against and 132 abstentions.

The aim of both proposals is to address inconsistencies in interpretation by the Member States of the current rules, increase patient safety, remove obstacles to the internal market, improve transparency with regards to information to patients, and strengthen the rules on traceability.

The new rules provide that notified bodies, independent third-party organisations designated by Member States to carry out conformity assessment, must have a permanent team of in house experts who meet up-to-date qualification requirements. Special notified bodies will be designated by the European Medicines Agency in order to assess a select number of devices that pose the highest risk.

On the issue of single-use medical devices, the new legislation makes all devices re-processable by default unless they are included on a list of medical devices unsuitable to reprocessing that should be established by the Commission via delegated acts. Persons or institutions who wish to reprocess a single-use device must be held liable and ensure the traceability of the reprocessed device.

In separate legislation aiming at reinforcing patient safety for in vitro diagnostic medical devices, MEPs called for involvement of an ethics committee and introduced provisions on informed consent and genetic counselling. Finally, the exemption for "in house" tests has been maintained for the vast majority of in vitro diagnostic medical devices.

The plenary voted to open negotiations with the Council on both the files in the coming weeks. Possible first-reading agreements would then be put to a vote in the Environment, Public Health and Food Safety Committee (ENVI).

More information: ***http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0428&language=EN&ring=A7-2013-0324***

http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0427&language=EN&ring=A7-2013-0327

IONISING RADIATIONS – PLENARY VOTE

On 24 October 2013, MEPs adopted during the plenary session in Strasbourg the report by Thomas Ulmer (EPP, Germany) on the on the Council Directive laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation.

The report was adopted with 455 votes in favour, 102 against and 20 abstentions.

The new Directive builds on almost two decades of research on radioprotection at international level. It provides for a system of radiation protection of European workers, members of the public and patients including also those exposed through medical applications and the use of certain building materials.

Under this system, Member States will establish legal requirements and an appropriate regime of regulatory control, which, for all exposure situations, reflect a system of radiation protection based on the principles of justification, optimisation and dose limitation. Furthermore, the Directive provides for radiation protection education, training and provision of information.

Final decision is now expected from the Council. Member States will have then 4 years to transpose the directive into national legislation.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2013-452

PHARMACOVIGILANCE – VIDEO AND LEAFLET EXPLAIN NEW BLACK SYMBOL

Since 1 September 2013, a black inverted triangle has started to appear in the product information of medicines that are being monitored particularly closely by regulatory authorities. The new black symbol allows patients and health care professionals to easily identify medicinal products that are undergoing additional monitoring, and its accompanying text encourages them to report unexpected adverse reactions through national reporting systems.

The symbol is 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.

The European Commission has recently released a leaflet and video to explain the new symbol and how to report side effects.

More information:
http://ec.europa.eu/health/human-use/pharmacovigilance/developments/index_en.htm

COMMISSION GUIDELINE ON PAEDIATRIC INVESTIGATION PLANS – PUBLIC CONSULTATION

In accordance with the Paediatric Regulation (EC) 1901/2006 the Commission has to draw up detailed arrangements concerning the format and content of paediatric investigation plans. In September 2008 the Commission published a relevant guideline, which has been in use for the last five years. In its recent report on the Paediatric Regulation, the Commission undertook to review the guideline in order to take into account the experience gained.

The Commission therefore requested the European Medicines Agency and its Paediatric Committee to suggest amendments to the current guideline.

In order to further explore which parts of the current guideline should be updated the Commission has prepared a concept paper which is now being rolled out for public consultation with a view of receiving feedback from stakeholders on this issue. All citizens and organisations (public and private) are invited to contribute.

The deadline for contributions is 3 January 2014.

More information:
http://ec.europa.eu/health/human-use/paediatric-medicines/developments/

DATA PROTECTION – DRAFT REPORT ADOPTED

On 21 October 2013, the parliamentary committee on Civil Liberties, Justice and Home Affairs (LIBE) adopted the draft report by Jan Philipp Albrecht (Greens/EFA, Germany) on the general data protection regulation. The new legislation aims to strengthen current EU data protection rules, to ensure a more harmonized approach to data protection and privacy across the European Union.

The draft proposal contains provisions, which could have an important impact on the provision of healthcare services and research. MEPs introduced an explicit consent requirement clarifying that where processing is based on consent, an organisation or company could process personal information only after obtaining clear permission from the data subject, who could withdraw his/her consent at any time. A person's consent means any freely given, specific, informed and explicit indication of his/her wishes, either by a statement or by a clear affirmative action.

The draft legislation also establishes that the execution of a contract or the provision of a service cannot be made conditional upon consent to processing personal data that is not strictly needed for the completion of that contract or service. MEPs also added that the withdrawing of consent must be as easy as giving it.

The new rules would also clarify provisions related to the right to erasure. Any person would have the right to have their personal data erased if he/she requests it. To strengthen this right, if a person asks a data controller to erase his/her data, the organisation/company should also forward the request to others where the data are replicated. The right to erasure would cover the right to be forgotten as proposed by the Commission.

The committee vote also set out Parliament's mandate to start negotiations with national governments in the Council. Inter-institutional talks will start as soon as the Council agrees on its own negotiating position for both proposals (regulation and directive covering personal data processed to prevent, investigate or prosecute criminal offences or enforce criminal penalties). The Parliament aims to reach an agreement on this major legislative reform before the May 2014 European elections.

More information:
http://www.janalbrecht.eu/fileadmin/material/Dokumente/DPR-Regulation-inofficial-consolidated-LIBE.pdf

PROFESSIONAL QUALIFICATIONS – PLENARY VOTE

On 9 October 2013, the European Parliament confirmed with a plenary session vote the trialogue agreement reached in June on the professional qualifications Directive. The aim of the Directive is to facilitate the free movement of EU citizens by making it easier for professionals (including health professionals) qualified in one Member State to practise their profession in another Member State.

The law include two major innovative aspects:

- the introduction of a professional skills card, an electronic certificate issued by the professionals' home country and based on the existing Internal Market Information System (IMI), which will facilitate information exchange between Member States administrations;
- the set up of an alert system on disqualifications of health professionals.

The new legislation also clarifies rules on partial access (i.e. access to some activities of a certain regulated profession), to facilitate the recognition of professions that are not recognised in others states and in cases where the professional is not fully qualified in the state of origin. A Member State will be able to refuse a partial access to a profession on the grounds of public health concerns. This may in particular be the case for health professionals.

While taking into account the competence of Member States to decide on the qualifications required for the pursuit of professions in their territory and on the organisation of their education systems, the development of common training principles will try to better respond to the needs of the professions. Under the new rules, qualifications obtained under common training frameworks, based on a common set of knowledge, skills and competences or standardised training tests, will automatically be recognised by Member States.

The file has now returned to the Council for final approval.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0408&language=EN&ring=A7-2013-0038

VAT LEGISLATION – PUBLIC CONSULTATION

On 14 October 2013, the European Commission launched a consultation on the review of existing VAT legislation on public bodies and tax exemptions in the public interest.

The Commission adopted in December 2011 a Communication on the future of VAT that sets out the fundamental characteristics that must underlie the new VAT regime, and priority actions needed to create a simpler, more efficient and more robust VAT system in the EU.

One of the priority areas in this regard is the review and possible revision of the VAT rules on the public sector including the special rules for public bodies and the tax exemptions in the public interest. To prepare the ground for a possible future legislative initiative in this area the European Commission launched two economic studies and had discussions in January 2013 with Member States within the Group on the future of VAT and with VAT experts within the VAT expert Group; furthermore a Fiscalis stakeholder conference on this issue was held in Italy in April 2013, to which HOPE participated.

In the context of the preparation of an impact assessment on this issue, the European Commission is launching this public consultation to give all interested stakeholders a further opportunity to express their views on the issue.

The deadline to submit contributions is 14 February 2014.

More information:
http://ec.europa.eu/taxation_customs/common/consultations/tax/2013_vat_public_bodies_en.htm

EUROPEAN COMMISSION WORK PROGRAMME FOR 2014

The European Commission adopted on 22 October 2013, its work programme for 2014, focussing on growth, the digital agenda and the free movement of workers. It identifies ICT and health and social care as one of the key priorities, and stresses the need to invest in education and skills and increased labour mobility. As such, drivers for boosting education, training, skills, employment and social cohesion will be reinforced through the implementation of EU wide programs, such as Erasmus+. The European Commission also identifies the European Structural and Investment Funds as key topic for 2014; and expresses that the EU needs to support investment in innovation and research through a full implementation of the Horizon 2020 programme.

More information : http://ec.europa.eu/atwork/key-documents/index_en.htm

REGULATION 883/2004 AND REIMBURSEMENT OF MEDICAL COSTS – REFERENCE FOR A PRELIMINARY RULING

In case C-255/13, questions are put to the Court concerning application of the rules on reimbursement of medical costs contained in Regulation 883/2004 to a person who, as a result of a serious medical condition, was obliged to remain physically for eleven years in a Member State in which he was on holiday when the condition first manifested itself.

More information:
http://curia.europa.eu/juris/document/document.jsf?text=&docid=138428&pageIndex=0&doclang=EN&mode=req&dir=&occ=first&part=1&cid=2720766

PASQ – THIRD COORDINATION AND WP7 MEETINGS

On 17 and 18 October 2013, HOPE attended the third coordination meeting of the European Union Network for Patient Safety and Quality of Care (PaSQ) Joint Action. The meeting, held in Paris, aimed to update partners on the work carried out by the seven work packages composing the project, take decisions concerning next steps as well as initiate preliminary discussions on the future of the Network.

Dedicated working sessions were organised for Work Package 4, 5, 6 and 7, respectively dedicated to Patient Safety Good Clinical Practices, Patient Safety Initiative Implementation, Quality Healthcare Systems Collaboration in the EU and Network Sustainability.

Work package 4 and 6 sessions focused on the Exchange Mechanisms (e.g. meetings, workshops, study tours, etc.) that have now started in the different Member States and lessons learned from the first ones that have already taken place. A preliminary analysis of the patient safety practices and good organizational practices submitted by Member States has also been presented. The submitted practices are currently under review and will be displayed on PaSQ website by the end 2013. The submission of these practices is still possible by filling in the questionnaire available on PaSQ website.

During work package 5 session, HOPE, task leader for the recruitment of the health care organizations participating in the safe clinical practices implementation process, presented an overview of the recruited health care organizations. There are currently about 140 health care organisations from 17 Member States taking part in the implementation of the selected safe clinical practices (WHO surgical safety checklist; Medication reconciliation; Multimodal intervention to increase hand hygiene compliance; Paediatric early warning scores). The implementation process officially started in July 2013 and will continue until September 2014.

Finally, the work package 7 session was dedicated to continue the discussion initiated with the first WP7 meeting held in Bratislava on 30 September and 1 October 2013. An initial document gathering proposals for the sustainability and the creation of a permanent network on patient safety, as well as future working priorities within the network was presented and discussed. This will be further revised based on inputs from PaSQ partners and finalised in 2014.

The next PaSQ meeting will be held in Budapest in January 2014.

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

HEALTH C – SECOND CONSORTIUM MEETING

On 21 and 22 October 2013, HOPE attended in Madrid the second consortium meeting of the HEALTH C project.

HEALTH C is a two-year initiative co-funded by the European Commission through the Lifelong Learning programme – Leonardo da Vinci – Development of Innovation sub-programme. The project aims at supporting health authorities' staff in development of competences required for managing communication in emergency situations caused by a health crisis in a scenario of transnational emergencies. To this end, the main result of the project will include the development of a training course in communication in emergency situations and the respective training material, including a tool-kit.

During the meeting, HOPE, Leader of Work Package 2 dedicated to the identification of target groups' training needs and competences, illustrated the main conclusions of a report analysing the weaknesses, strengths and competences of the target groups, as well as opportunities and threats for an effective crisis communication. This will serve, together with the good practices and communication guidelines collected through Work Package 3, as a base to define priorities to be treated in the training course and the respective materials.

An update was also provided on the activities of the other work packages composing the project and next steps were decided. In particular, based on WP2 and WP3 results, discussions focused on the content of the modules composing the training course and the tool-kit.

The training course will be piloted in the spring of 2014 and will be composed of in-class lessons and distance learning using the e-learning platform Moodle. Particular attention will be given to the use of traditional and new media channels (i.e. social media) in crisis communication.

The next meeting will be held in April 2014 in Aarhus, Denmark.

More information: http://healthc-project.eu/en/

RENEWING HEALTH – USER ADVISORY BOARD MEETING

On 8 October 2013, HOPE attended the User Advisory Board meeting of Renewing Health, a European project co-funded by the European Commission under the ICT Policy Support Programme.

Renewing Health aims at implementing large-scale real-life test beds for the validation and subsequent evaluation of innovative telemedicine services using a patient-centred approach and a common rigorous assessment methodology. The User Advisory Board, of which HOPE is one of the

members, is composed by representatives of patients and their informal caregivers, healthcare professionals, health authorities, healthcare organizations and payers.

The aim of the meeting was to share and discuss with participants preliminary results from some of the piloted telemedicine services. The following pilots were presented: remote monitoring and health coaching for patients with diabetes and heart disease (Finland), telemedicine real-time nursing consultations for Chronic Obstructive Pulmonary Disease (COPD) patients (Denmark) and telemonitoring for chronic heart failure (Veneto Region, Italy).

Preliminary results show a positive feedback from patients in Finland and a slight reduction in the total re-admissions to hospital and in the number of re-admission days in Denmark. Furthermore, the Danish pilot underlined some benefits such as proximity of the patient with the nurse, safety and patient empowerment. In Italy, from the first data analysis it was noticed a reduction in the number of visits to the emergency department and specialist visits.

During the meeting, the project United4Health was also presented. It will build on services, experiences and results from the Renewing Health project with a more in depth focus on evaluation and organizational aspects.

Until the end of 2014 Renewing Health will be able to provide indicators on clinical effectiveness economical and organisational outcome, patient satisfaction and transferability of the services piloted. Results of the project will be publicly available in the summer of 2014.

More information: http://www.renewinghealth.eu/home

eHGI – PSC MEETING

On 17 October 2013, HOPE attended the meeting of the eHealth Governance Initiative (eHGI) Policy and Strategy Committee (PSC). The eHGI supports cooperation between Member States at Political Governance levels and eHealth Stakeholders. The European eHealth Governance Initiative ultimately aims at improving the health status of European citizens, quality and continuity of care and sustainability of European health systems. It is achieving this through the development of strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way.

During the meeting, the following two draft documents were presented and discussed by the PSC members:

- Guidelines on minimum data set for patient summaries;
- Standing Coordination Group.

These papers received validation before being further submitted to the eHealth Network members on 31 October 2013.

More information: http://www.ehgi.eu/Pages/default.aspx?articleID=2

STRUCTURAL FUNDS – NEW TOOLBOX FOR HEALTH INVESTMENTS

A toolbox for effective structural funds investments in health 2014-2020 has been developed by the working party on public health at senior level, Subgroup 2, chaired by Hungary.

In 2011, the Council invited Member States and the Commission to initiate a reflection process aiming to identify effective ways of investing in health, so as to pursue modern, responsive and sustainable health systems. Based on its mandate, Subgroup 2 main output is a toolbox, whose primary purpose is to provide a source of reference for all Member States, regions and stakeholders to help improve the performance and effectiveness of Structural Funds investments in health.

The principle of the toolbox is to help develop a more systematized approach to the planning and management of an important area of application of Cohesion Policy and European Structural and Investments Funds 2014–2020 for health investments. The toolbox should contribute to: improve Member States "administrative capacity" for ensuring effective investments; provide consistency and continuity in the quality of planning and management actions, and technical decision-making by Member States and regions; establish a generic base for subsequent or parallel development of planning, procurement, implementation and evaluation processes within Member States.

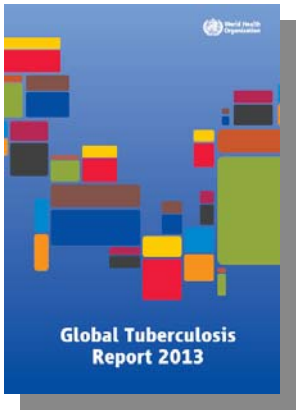
The toolbox does not replace existing guidelines, but it aims to complement guidance including its more specific application to the health sector. It bridges between the EU 2014–2020 Structural Funds processes, procedures and expectations, and Member States internal planning and investment management processes. It can enhance but obviously not replace Member States internal systems and processes. Many Member States have identified the necessity to improve their capacities and competencies for Structural Funds planning, negotiation, implementation and evaluation: the toolbox represents one element of providing better support in these critical areas of Structural Funds management.

It is generic in nature but relevant for the health systems and easy to "translate" and apply to local circumstance. The mandate for Subgroup 2 suggests strongly that the toolbox should also have general scope instead of following a specific thematic pathway (e.g. infrastructure, workforce skilling, ICT and e-Health). It bridges across main areas of investment. This principle ensures that it does not lead or influence Structural Funds investment focus – this is the clear prerogative of Member States – but is intended to facilitate and support their investment decisions.

The fundamental aim of the toolbox is to assist Member States in accessing and applying Structural Funds in an effective manner. Section 1 of the toolbox stressed the need for all future structural investments to demonstrate and deliver better value and more effective outcomes. There are well developed international standards (characteristics) by which projects can be judged, these have been formulated over time by major institutions such as the OECD, USAID, WHO and the European Commission.

The toolbox is available at:
http://www.gyemszi.hu/conf/upload/BEK2874_001.pdf

WHO GLOBAL TUBERCULOSIS REPORT 2013

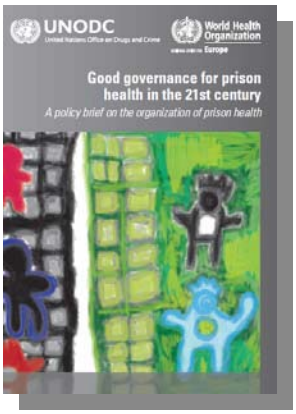


Tuberculosis (TB) remains a major global health problem. In 2012, an estimated 8.6 million people developed TB and 1.3 million died from the disease (including 320 000 deaths among HIV-positive people). The number of TB deaths is unacceptably large given that most are preventable.

Nearly 20 years after the WHO declaration of TB as a global public health emergency, major progress has been made towards 2015 global targets set within the context of the Millennium Development Goals (MDGs). Two years ahead of the deadline, the Global Tuberculosis Report 2013 and accompanying supplement Countdown to 2015 assess progress towards the 2015 targets and the top priority actions needed to achieve and/or move beyond them.

More information:
http://apps.who.int/iris/bitstream/10665/91355/1/9789241564656_eng.pdf

GOOD GOVERNANCE FOR PRISON HEALTH IN THE 21ST CENTURY – WHO POLICY BRIEF



Against the background of concern about ministerial responsibility for the health of prisoners in Europe, the members of the WHO European Network on Prison and Health asked the WHO Regional Office for Europe to provide a document on the governance of prison health. A special Expert Group for the Stewardship of Prison Health and members of the WHO European Network on Prison and Health has contributed to this document.

The Expert Group concluded, with regard to institutional arrangements for prison health, that: managing and coordinating all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility, and health ministries should provide and be accountable for health care services in prisons and advocate healthy prison conditions. The Expert Group considers that such governance of prison health is in accordance with and supportive of the

new European policy for health, Health 2020, and will lead to better health and well-being of prisoners as part of better public health.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf

ICT AND THE HEALTH SECTOR – OECD REPORT

The future sustainability of health systems will depend on how well governments are able to anticipate and respond to efficiency and quality of care challenges. Bold action is required, as well as willingness to test innovative care delivery approaches. A whole new world of possibilities in using mobiles and the Internet to address healthcare challenges has opened up. The potential of mobile devices, services and applications to support self-management, behavioural modification and "participatory healthcare" is greater than ever before.

A key hurdle is, however, the big data challenge, dealing with the exponentially accelerating accumulation of patient data – all of which must be mined, stored securely and accurately, and converted to meaningful information at the point of care. In order to fully exploit the new smart approaches to care, acceptance, privacy and usability issues will also have to be carefully considered.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/icts-and-the-health-sector_9789264202863-en#page2

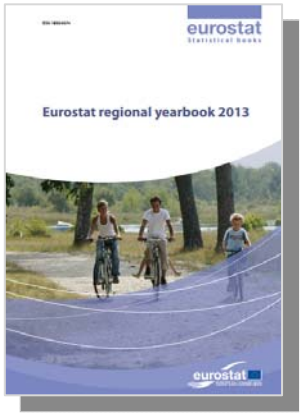
HEALTH INEQUALITIES, THE FINANCIAL CRISIS, AND INFECTIOUS DISEASE IN EUROPE – ECDC REPORT

The European Centre for Disease Prevention and Control (ECDC) has recently released a report on "*Health inequalities, the financial crisis and infectious disease in Europe*".

This report summarises the importance of addressing health inequalities by identifying key areas for attention from health professionals and policy makers. Presenting key findings from studies on the subject, it makes the case that socio-economic determinants can have a substantial impact on infectious disease control in Europe.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/Health_inequalities_financial_crisis.pdf

EUROSTAT REGIONAL YEARBOOK 2013



Statistical information is an important tool for understanding and quantifying the impact of political decisions in a specific territory or region. The Eurostat regional yearbook 2013 gives a detailed picture relating to a broad range of statistical topics across the regions of the Member States of the European Union (EU), as well as the regions of EFTA and candidate countries.

Each chapter presents statistical information in maps, figures and tables, accompanied by a description of the main findings, data sources and policy context. These regional indicators are presented for the following 11 subjects: economy, population, health, education, the labour market, structural business statistics, tourism, the information society, agriculture, transport, and science, technology and innovation.

In addition, four special focus chapters are included in this edition: these look at European cities, the definition of city and metro regions, income and living conditions according to the degree of urbanisation, and rural development.

More information:
http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-HA-13-001/EN/KS-HA-13-001-EN.PDF

EUROPOPP – REPORT ON MENTAL HEALTH SYSTEMS IN THE EUROPEAN UNION

Many people are affected by mental health problems and the impact and consequences are considerable. Prevention of mental illness and promotion of mental health have become important areas of focus among European Union (EU) policy makers.

In December 2010, the Executive Agency for Health and Consumers (EAHC) of the European Commission's Directorate General for Health and Consumers commissioned the EuroPoPP project to provide an up-to-date profile of mental health systems across European Members States and other countries, with a focus on prevention of mental illness and mental health promotion activities.

A report focusing on mental health systems in the European Union Member States, status of mental health in populations and benefits to be expected from investments into mental health has recently been released. In particular it comprises:

- a review of the relevant European literature;
- a series of 29 country profiles (EU Member States and other countries, Croatia and Norway), and analyses of these;
- suggestions for strengthening systems to support prevention and promotion;
- economic and social benefits of investments in prevention and promotion;

- existing monitoring indicators to assess the quality of mental healthcare;
- future plans for prevention and promotion in Member States and other countries;
- discussion and policy recommendations for Member States and the European Commission

More information:
http://ec.europa.eu/health/mental_health/docs/europopp_full_en.pdf

IMPROVING HEALTH FOR ALL EU CITIZENS – 'EUROPEAN UNION EXPLAINED' SERIES

The European Commission has recently published a brochure dedicated to the theme "*Improving health for all EU citizens*", as part of the "European Union explained series". This series of short papers provides clear, easy-to-understand explanations of what the EU does in various policy areas, why the EU is involved and what the results are.

Public health Citizens' health is a core EU priority. EU health policy complements national policies to ensure that everyone living in the EU has access to quality healthcare. The main objectives of EU health policy are to prevent disease, promote healthier lifestyles, promote well-being, protect people from serious cross-border threats to health, improve access to healthcare, promote health information and education, improve patient safety, support dynamic health systems and new technologies, set high quality and safety standards for organs and other substances of human origin, ensure high quality, safety and efficacy for medicinal products and devices for medical use.

More information:
http://europa.eu/pol/pdf/flipbook/en/public_health_en.pdf

IMPACT OF DEPRIVATION ON OCCURRENCE, OUTCOMES AND HEALTH CARE COSTS OF PEOPLE WITH MULTIPLE MORBIDITY – STUDY

This study aimed to estimate the impact of deprivation on the occurrence, health outcomes and health care costs of people with multiple morbidity in England. Incidence and mortality from diabetes mellitus, coronary heart disease, stroke and colorectal cancer, and prevalence of depression, were used to define multi-disease status. Costs of health care use were estimated for each state from a two-part model.

The higher incidence of disease, associated with deprivation, channels deprived populations into categories of multiple morbidity with a greater prevalence of depression, higher mortality and higher costs. This has implications for the way that resources are allocated in England's National Health Service.

More information: ***http://hsr.sagepub.com/content/18/4/215.full.pdf+html***

ESTIMATING LIFETIME HEALTHCARE COSTS WITH MORBIDITY DATA - STUDY

In many developed countries, the economic crisis started in 2008 producing a serious contraction of the financial resources spent on healthcare. Identifying which individuals will require more resources and the moment in their lives these resources have to be allocated becomes essential.

It is well known that a small number of individuals with complex healthcare needs consume a high percentage of health expenditures. Conversely, little is known on how morbidity evolves throughout life. The aim of this study is to introduce a longitudinal perspective to chronic disease management.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-440.pdf***

STAKEHOLDER PERSPECTIVES ON IMPLEMENTING ACCREDITATION PROGRAMMES – STUDY

Accreditation programs are complex, system-wide quality and safety interventions. Despite their international popularity, evidence of their effectiveness is weak and contradictory. This may be due to variable implementation in different contexts. However, there is limited research that informs implementation strategies.

Authors aimed to advance knowledge in this area by identifying factors that enable effective implementation of accreditation programs across different healthcare settings.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-13-437.pdf***

COMPARISON OF FIVE INFLUENZA SURVEILLANCE SYSTEMS DURING THE 2009 PANDEMIC AND THEIR ASSOCIATION WITH MEDIA ATTENTION - STUDY

During the 2009 influenza pandemic period, routine surveillance of influenza-like-illness (ILI) was conducted in The Netherlands by a network of sentinel general practitioners. In addition during the pandemic period, four other ILI/influenza surveillance systems existed.

For pandemic preparedness, authors evaluated the performance of the sentinel system and the others to assess which of the four could be useful additions in the future. They also assessed whether performance of the five systems was influenced by media reports during the pandemic period.

More information: ***http://www.biomedcentral.com/content/pdf/1471-2458-13-881.pdf***

PUBLIC HEALTH ECONOMICS – A SYSTEMATIC REVIEW OF GUIDANCE FOR THE ECONOMIC EVALUATION OF PUBLIC HEALTH INTERVENTIONS

If Public Health is the science and art of how society collectively aims to improve health, and reduce inequalities in health, then Public Health Economics is the science and art of supporting decision making as to how society can use its available resources to best meet these objectives and minimise opportunity cost.

A systematic review of published guidance for the economic evaluation of public health interventions within this broad public policy paradigm was conducted.

More information: ***http://www.biomedcentral.com/content/pdf/1471-2458-13-1001.pdf***

HEALTH ECONOMIC EVALUATIONS AND ASSESSMENT OF TREATMENT EFFECTS – REVIEW

Economic evaluation in modern health care systems is seen as a transparent scientific framework that can be used to advance progress towards improvements in population health at the best possible value. Despite the perceived superiority that trial-based studies have in terms of internal validity, economic evaluations often employ observational data.

In this review, the interface between econometrics and economic evaluation is explored, with emphasis placed on highlighting methodological issues relating to the evaluation of cost-effectiveness within a bivariate framework.

More information: ***http://www.healtheconomicsreview.com/content/pdf/2191-1991-3-21.pdf***

PATIENT AND HOSPITAL COST DRIVERS IN VASCULAR SURGERY – STUDY

An increasing focus on hospital productivity has rendered a need for more thorough knowledge of cost drivers in hospitals, including a need for quantification of the impact of age, case-mix and other characteristics of patients, as well as establishment of the cost-quality relationship.

The aim of this study is to identify cost drivers for vascular surgery in Danish hospitals with a specific view to quality of the treatment: Is higher quality associated with increased costs, when all other cost drivers are accounted for?

More information: ***www.healtheconomicsreview.com/content/pdf/2191-1991-3-22.pdf***

DEVELOPING A SUSTAINABLE HEALTH AND CARE SYSTEM – LESSONS FOR RESEARCH AND POLICY

What have been the lessons so far from the last five years of trying to shape a future-proof health and care system for England? What is on the agenda for research and policy development? Every health and care system faces an increasing range of challenges as it tries to improve quality and safety within financial and environmental limits, while demand and the cost of technologies rise.

However, it is unlikely that these challenges will be addressed successfully and sustainably unless they are considered, not as separate problems, but at a system level.

More information: ***http://hsr.sagepub.com/content/18/4/193.full.pdf+html***

PUBLIC PROCUREMENT– WORKSHOP

On 2 October 2013, HOPE attended the workshop organised by Health Care Without Harm (HCWH) Europe on sustainable public procurement in European healthcare.The objective of the workshop was to bring together European policymakers and public procurers to stimulate debate on the link between green and social public procurement, provide comparative information from different case studies across Europe as well as recommendations for the long-term sustainability of the health care sector.

The workshop started with a presentation from the European Commission where the different main elements of the public procurement Directive where explained in depth. The Commission also highlighted next steps announcing that the Parliament plenary vote will take place in early 2014. A conference will also be organised on 12 February 2014 on the public procurement Directive, with a focus on implementation issues. During the workshop, several best practices of green and social public procurement in the European healthcare sector were showcased.

Marion Jaros from the city of Vienna illustrated the Vienna database for disinfectants (WIDES). The database, also translated in English, allows the purchasers to compare different adverse events related to disinfectants utilisation and allows hospitals to take into account effectivity, safety and environmental factors when procuring disinfectants and to ensure the safe use of these products.
Health Care Without Harm Europe is also working on a database of PVC free materials which could be used by hospitals for their purchasing.

Charlotta Brask from the Stockholm County Council presented the Swedish experience and highlighted some key elements enabling successful green public procurement in healthcare. In particular she stressed the importance of securing the commitment of the leadership for the decisions to be taken and to plan follow-up activities to assess the respect of social and environmental criteria that have been set up.

Finally, the workshop was also addressed by MEP Marc Tarabella (S&D, Belgium), Rapporteur for the public procurement Directive. He stressed that the new legislation would allow for more sustainable public procurement and would enable authorities to consider not only the price, but also environmental or social benefits or innovative ideas offered by a bidder. Furthermore, the new rules would also include tougher rules on "abnormally low" bids and subcontracting, so as to ensure compliance with labour laws and collective agreements.

More information:
http://noharm-europe.org/content/europe/sustainable-public-procurement-european-healthcare

FUTURE OF HEALTH R&D INVESTMENT IN EUROPE – DEBATE WORKSHOP

A new study commissioned by Janssen EMEA from the Deloitte European Centre on Health Economics and Outcomes Research about pharmaceutical development was presented on 7 October 2013 in Brussels.

The report provides a detailed assessment of current and future trends in health R&D investment and the potential impact of these on the health of Europeans, as well as on Europe's economy. The study also provides an overview of the public and private health research investments during the last decade, and concludes with a number of high level policy recommendations.

The main issues discussed during the event were:

- factors pointing to an unavoidable rise in European healthcare expenditure by 2030;
- the evidence that there is a worrying stagnation in European private and public investment in health R&D;
- the demand for increased investment in health R&D, which will play a fundamental and positive role in economic growth in Europe.

The goal to reach during the debate was sharing the analysis with experts from various backgrounds.

More information:
http://www.ilsole24ore.com/pdf2010/SoleOnLine5/_Oggetti_Correlati/Documenti/Impresa%20e%20Territori/2013/10/janssen-ue-rd-rapporto-ricerca-sanitaria.pdf?uuid=ee69fa64-2f48-11e3-8139-558c81b67bae

RECONCILING HEALTHCARE NEEDS AND PUBLIC FINANCE: HOW TO TACKLE THE CHALLENGE AT A TIME OF AUSTERITY? – CHES POLICY DIALOGUE

European healthcare systems are under enormous pressure due to a combination of demographic change and budget constraints. HOPE participated to a Policy Dialogue (organised by the Think Tank CHES), to discuss how to manage this challenge and, in particular, how to reconcile healthcare needs and public budgets at a time of austerity. What can the EU do to encourage smarter healthcare spending in the Member States and what could be the role for the European Semester in this? How far is performance of healthcare systems dependent on expenditure? Can technological developments and pharmaceutical innovation make caring for people more cost-effective, and could more be done to exchange best practice among Member States?

These questions and others were discussed by Servaas Deroose, Deputy Director General for DG Economic and Financial Affairs at the European Commission, Tony O'Brien, Director General Designate, Health Service Executive from Ireland, Sarah Wamala, Director General of the Swedish National Institute of Public Health, Donald O'Connell, Vice-President for Finance EMEA, Johnson & Johnson, and Herb Riband, Vice President for Value, Access & Policy, Amgen.

INVESTING IN HEALTHCARE: BREAKING DOWN THE SILOS – SUMMMIT

On 16 October 2013, HOPE participated to the summit organized by Fit for Work Europe on the theme *"Investing in Healthcare: Breaking down the Silos".*

Healthcare systems are facing many challenges including an ageing population, the need to manage chronic conditions and budgetary pressures. Rheumatic & Musculoskeletal Disorders (RMDs) are prevalent and potentially disabling conditions that consume a large proportion of health care resources and together are the leading cause of functional loss in adults. This chronic condition is very much related to work disability and an ageing population.

The summit, chaired by Dr Antonyia Parvanova (MEP, Bulgaria), was organized with the endorsement of the Lithuanian Presidency of the EU and in partnership with the European Economic and Social Committee. The event was an opportunity to go further in the debate about how chronic conditions and their societal impact can be tackled and in particular what should be the role of early intervention in facilitating workers return to work. In this context, evidence was presented to demonstrate how governments can work differently and find new budget pathways to deliver better healthcare and societal outcomes.

MENTAL HEALTH – WHO MINDBANK

WHO MiNDbank is a new online resource database which brings together a range of country and international resources, covering development, human rights, disability, and mental and general health. These include policies, plans, laws, guidelines and service standards.

The MiNDbank has been made possible thanks to the collective efforts of WHO Member States in sharing their national resources, with a view to achieving better health outcomes for all. It is a timely resource which will support Member States to implement the Comprehensive Global Mental Health Action Plan 2013-2020.

The WHO is currently seeking views on the pre-release abridged version of the MiNDbank, which includes resources for 13 countries in order to gather opinions on how the platform can be improved. After this consultation period, MiNDbank will be publicly launched on 10 December (to coincide with Human Rights Day 2013) and will contain resources for approximately 150 countries.

More information: ***http://test.worldmentalhealth.info/***

AGENDA

UPCOMING CONFERENCES

EQUIP'AID. SHARING FOR BETTER HEALTHCARE

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

"Equip'aid. Sharing for Better Healthcare" is the first international meeting of reference, devoted to the improvement of medical equipment support projects for healthcare facilities in the field of international aid.

The conference will be held in Chamonix Mont-Blanc (Haute-Savoie, France) on **November 19th & 20th2013** and will bring together participants from Northern countries, countries in transition and developing countries.

The following people are expected to participate as speakers: Adriana Velasquez Berumen (Coordinator of the Medical Device Unit, WHO), Nora Berra (Member of European Parliament), Jean-Hervé Bradol (Director of Studies at Medecins sans Frontières Foundation), Pascal Canfin (Deputy Minister for Development at the French Ministry of Foreign Affairs), Véronique Moreira (Vice-President of the Rhône-Alpes Regional Council & Delegate for International Solidarity), Jean-Jacques Romatet (President of the International Relations Committee of the Association of Chief Executives of Teaching Hospitals).

REGISTER NOW

http://www.weezevent.com/evenement.php?id_evenement=24623&id_page=42432

For further information and for the provisional programme, please consult the website: www.equipaid.org

28TH EAHM CONGRESS
"HOSPITAL MANAGEMENT IN TIME OF CRISIS"

28-30 November 2013 – Kirchberg (Luxembourg)

Many people strongly believe that the funding is the crucial factor of the effectiveness. When the economic is weakened and the hospital budget reduced, what can a hospital manager undertake to continue to deliver a better care? We believe that a crisis may serve as a « wake-up call » that prompts the hospital to make beneficial organisational and structural changes.

Luxembourg 2013 is the forum where the CEO, Hospital Managers from all over Europe will share their experiences and best practices in healthcare management.

Luxembourg 2013 will address constraints as well as challenges and opportunities around 3 topics:

- - strategic guidelines in crisis;
- - business process reengineering;
- - managing innovation (new building, new logistics, new technologies).

Luxembourg2013 will offer networking opportunities with the key decision makers from the major hospitals in Europe and the healthcare industry representatives in the informal, effective business setting. At the exhibition, healthcare professionals will provide in-depth insight into the latest developments in healthcare.

The congress "Hospital Management in time of crisis" is organised by the FHL (Fédération des Hôpitaux Luxembourgeois) under the patronage of EAHM (European Association of Hospital Managers).

REGISTER NOW

http://eahm-luxembourg2013.lu/web/register-eahm-luxembourg2013/

22ND INTERNATIONAL HPH CONFERENCE

23-25 April 2014– Barcelona (Spain)

The abstract submission for the 22nd International HPH conference, which will be held in Barcelona on 23-25 April 2014 under the title *"Changing hospital & health service culture to better promote health"*, is now open.

Topics applicable for abstract submission include:

- Health literacy – an emerging concept for more patient-oriented healthcare
- Developing healthcare organizations into salutogenic workplaces
- Better responding to community health needs through a culture of collaboration
- Child and maternal health
- Older patients
- Migrants and minorities
- Psychiatric patients and mental health
- Alcohol consciousness
- Tobacco cessation
- Physical activity
- Environment-friendly management
- Cooperation between HPH and self-help/patient groups – approaches and experiences
- Health promoting integrated care
- Sustainable and health promoting health services
- Cooperation between HPH and Pain-free hospitals

ABSTRACT SUBMISSION OPEN

Abstract submission will be open until 20 December 2013.

More information: ***http://www.hphconferences.org/barcelona2014/***

HOPE AGORA 2014

QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

26-28 May 2014 – Amsterdam (The Netherlands)

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33rd time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from **26 to 28 May 2014** around the topic "Quality first! Challenges in the changing hospital and healthcare environment ".

SAVE THE DATE

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