NEWSLETTER

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HOPE AGORA 2014
QUALITY FIRST!
CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

SAVE THE DATE

Public Health

MEDICAL DEVICES – EXPERT GROUP MEETING

On 16 January 2014, HOPE attended in Brussels the meeting of the Medical Devices Expert Group, a group composed of Member States, industry and other stakeholder representatives in the area of medical devices.

On this occasion, an update was provided by the Commission on the status of the two Regulations on medical devices and in vitro diagnostic medical devices. In order to make significant progress on these dossiers, the Greek Presidency of the Council of the EU has planned two meetings per month of the Council Working Party on Pharmaceuticals and Medical Devices.

The first meeting took place on 9 January to examine chapters VII and IX. The second meeting was held on 27 and 28 January with the objective to have a political discussion on chapter IV and to perform a second analysis of chapters II and III in order to reach compromises.

The Commission also highlighted that the most controversial points relate to the issues of re-processing of "single-use" medical devices, scrutiny mechanism, the future database Eudamed, in-house devices and rules on clinical aspects.

Another point in the agenda of the meeting was the "PIP Action Plan", aimed at greater control of Notified Bodies. The Commission provided an overview of the progress made since the adoption of the Plan and draw attention to two new rules adopted on 24 September 2013. These new rules consist in a *Commission Implementing Regulation* clarifying the criteria to be met by Notified Bodies, which are responsible for inspecting manufacturers of medical devices, and a *Recommendation* clarifying the tasks these bodies have to undertake when they perform audits and assessments in the medical devices sector.

The Commission made also available some information about the voluntary joint assessment of Notified Bodies performed by the Commission and the Member States' designated authorities. Twenty countries participated in the joint assessment and a final report released by mid-2014 will highlight best practices and opportunities for improvement, which came to light thanks to the voluntary joint assessment.

Finally, the Commission updated stakeholders on the upcoming Commission's staff working document, which will represent a continuation on the "PIP Action Plan". The document will describe the medical devices sector, the regulatory framework, reaction at EU level to the PIP breast implants scandal and actions taken until now, as well as what needs to be further enhanced.

Some possible areas where strengthening would be required include:
1. market surveillance;
2. notified Bodies and vigilance;
3. coordination, review of working groups and clinical issues;
4. post market surveillance and unique device identification.

More information: ***http://ec.europa.eu/health/medical-devices/index_en.htm***

DELEGATED ACT ON THE SAFETY FEATURES FOR MEDICINAL PRODUCTS FOR HUMAN USE – UPDATE ON IMPACT ASSESSMENT

Following the Stakeholder's workshop attended by HOPE on 6 December 2013, the Commission informed stakeholders about the impact assessment on safety features for medicinal products for human use.

The impact assessment was successfully finalised at the end of December 2013. It assessed the benefits and cost-effectiveness of the options for the technical characteristics of the unique identifier, the modalities of verification of the safety features and the repository for the unique identifiers.

The Commission is now proceeding with the drafting of the delegated Regulation and will propose the following cost-effective options.

- The composition, format and carrier of the unique identifier will be fully harmonised across the EU. The unique identifier will be placed in a 2D barcode and contain the manufacturer code, a serialisation number, a national reimbursement number (if present), the batch number and the expiry date.
- Medicine authenticity will be guaranteed by an end-to-end verification system supplemented by risk-based verifications by wholesale distributors. Medicines will be systematically verified before being dispensed to patients. Medicines at higher risk of falsification (returns or medicines not being distributed directly by manufacturers) will be additionally checked at wholesaler level.
- The repository containing the unique identifiers will be set up and managed by stakeholders. National competent authorities will be able to access and supervise the database.

PATIENT SAFETY AND QUALITY OF CARE – RLS WORKING GROUP

On 23 January 2014, HOPE attended the meeting of the subgroup on Reporting and Learning System (RLS) of the Patient Safety and Quality of Care Working Group.

The objective of the meeting was to review a draft report on "Reporting and Learning Systems for adverse events across Europe", which will take stock of existing knowledge in this field and illustrate examples and experiences from reporting countries in the EU. Participants were divided in small groups, each examining a particular section of the report and made some proposals for corrections. The final version will be presented at the next Patient Safety and Quality of Care Working Group meeting scheduled for 14 February.

The meeting represented also an opportunity for WHO to present the project "Minimal information model for reporting patient safety incidents (MIMPS)", aimed to facilitate comparison, sharing and global learning from the occurrence and actions around patient safety incidents. The project, which kicked off in January 2014, will involve several European institutions from different EU countries to collaborate in testing and adapting a draft template developed by the WHO and advising in modifications, and also to explore methods of extracting a common learning dataset from existing patient safety reporting systems.

The project will end in 2015 with the release of recommendations for structuring reporting Systems through MIMPS.

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

INVESTING IN HEALTH EXPERT PANEL – NEW MANDATES

The Expert Panel on effective ways of investing in health is a panel of independent scientists set up to provide the Commission with sound and timely scientific advice on effective ways of investing in health. In January 2014, two new mandates have been assigned to the Expert Panel.

With the first new mandate, the Commission consulted the Expert Panel to obtain its view on a possible future EU agenda on quality of health care with a special emphasis on patient safety. In particular, the Expert Panel has been requested to define dimensions that should be given priority at EU level in relation to quality of health care and actions that could be taken, as well as added-value and ways to evaluate the effectiveness of these actions. The panel will have to finalise its opinion by May 2014.

With the second new mandate, the Commission would like the panel to investigate if and how health systems in the European Union could benefit from competition among providers of health services, in terms of enhancing equitable access to improved quality of care, cost-effectiveness in service organisation and delivery, transparency, accountability and expenditure control.

The panel will have to centre its work into four main research lines:

1. which conditions have to be fulfilled for competition between providers of health care to be effective;
2. how differences between EU Member States' health systems have an impact on possible competition between health care providers;
3. how to deal with several specific aspects when considering the introduction of competition in the health care sector;
4. assess the impact of current practices of competition in health care systems in EU countries on quality of, access to and expenditure control in health care.

The Expert Panel will have time to finalise its opinion until September 2014.

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

BISPHENOL A IN MEDICAL DEVICES – PUBLIC CONSULTATION

The European Commission and the Scientific Committee on Emerging Newly Identified Health Risks (SCENIHR) have recently launched a public consultation on the preliminary opinion adopted by SCENIHR on the safety of the use of bisphenol A in medical devices.

The aim of this opinion is to assess whether the use of bisphenol A in medical devices could give reasons for concern from the health point of view and, if possible, to provide indications on limit values for bisphenol A release from medical devices. With this public consultation, the Scientific Committee is seeking feedback from the scientific community and stakeholders on the risk assessment related to the safety of the use of bisphenol A in medical devices.

The deadline to submit written comments on the preliminary opinion is 26 March 2014.

More information:
http://ec.europa.eu/health/scientific_committees/consultations/public_consultations/scenihr_consultation_18_en.htm

eHEALTH ACTION PLAN – PLENARY VOTE

On 14 January 2014, MEPs adopted during the plenary session in Strasbourg the report by MEP Pilar Ayuso (EPP, Spain) on the eHealth Action Plan for the period 2012-2020.

The eHealth Action Plan 2012-2020 was published by the Commission in December 2012 and provides a roadmap to empower patients and healthcare workers, to link up devices and technologies, and to invest in research towards the personalised medicine of the future.

Public health expenditure in the EU's 27 Member States was on average 5.9% of GDP in 1990, rose to 7.2% in 2010, and projections show that expenditure may continue to grow to 8.5% in 2060 due to

the ageing population and other socio-economic and cultural factors. The Rapporteur noticed that eHealth can meet these challenges, making available solutions for the provision of reliable, effective and high-quality healthcare. This is possible as eHealth improves access to healthcare services for people living in remote and sparsely-populated areas, improves working conditions and reduces waiting times.

The report adopted by MEPs calls on the Commission and Member States to take actions such as to bring different stakeholders together to share experience and best practices and to proceed with guidelines and legislation on the legal and data protection considerations relating to eHealth. It also stresses the need for doctors, other professionals involved in healthcare, patients and informal carers to be provided with continuous and specialised assistance and training in eHealth.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2014-0010&language=EN&ring=A7-2013-0443

CLINICAL TRIALS – PARLIAMENT ENDORSES COMPROMISE

On 22 January 2014, the parliamentary committee on Environment, Public Health and Food Safety (ENVI) endorsed a compromise on the regulation on clinical trials on medicinal products for human use. The compromise had been reached in December 2013 in the context of the trilogue negotiations between the Council, the European Parliament and the Commission.

The main objective of the new legislation is to make the European Union more attractive for clinical research and to invert the decreasing number of investigations of medicines in humans conducted in the EU, while maintaining the high standards of patient safety.

The agreement reached sets the timeline for authorisation of clinical trials at 60 days. If no decision is taken within this period the authorisation is deemed to be given ("tacit approval"). Decisions on applications for substantial modifications of clinical trials must be taken within 49 days. In the absence of decision the authorisation is considered to be given.

The agreement also streamlines the authorisation procedure for clinical trials. In the future, one single application will be sufficient for conducting clinical trials in several Member States. Under the current directive an application must be submitted to each Member State where the clinical trial will be conducted.

The text still needs to be formally approved by the European Parliament in plenary session. The plenary is scheduled for 2 April 2014.

FLUORINATED GREENHOUSE GASES – COUNCIL ADOPTION

On 18 December 2013, the Permanent Representatives Committee (Coreper) approved a compromise agreed with the European Parliament on a draft regulation on fluorinated greenhouse gases (F-gases). With this approval, the Council endorsed the agreement reached between the Lithuanian Presidency of the Council of the European Union and representatives of the European Parliament on 16 December.

Fluorinated greenhouse gases (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 these gases are used.

The new rules would allow a reduction in the emission of F-gases by two-thirds of today's levels by 2030. In most recent equipment, where energy-efficient and cost-effective measures are available, the use of F-gases would be banned. Finally, the new legislation would also introduce a phase-down measure that will gradually limit the total amount of Hydrofluorocarbons (HFCs) -the most significant group of F-gases- that can be placed on the market with a freeze in 2015, and reaching 21 % of the levels sold in 2009-12 by 2030.

The text still needs to be formally adopted by the Parliament, whose vote in plenary is expected to take place in early 2014, and by the Council, which is due to take its decision after the vote in Parliament.

PUBLIC PROCUREMENT – PLENARY VOTE

On 15 January 2014, the European Parliament adopted during the plenary session in Strasbourg the directive on public procurement.

The new legislation would enable authorities to consider not only the price, but also environmental or social benefits or innovative ideas offered by a bidder. The new legislation would also include tougher rules on "abnormally low" bids and subcontracting, so as to ensure compliance with labour laws and collective agreements.

MEPs also inserted a new procedure to encourage bidders to offer innovative solutions. The new prescriptions provide for "innovation partnerships" enabling authorities to call for tenders to solve a specific problem without prescribing a solution. Authorities and bidders could then negotiate the most appropriate one.

Bidding would be simplified by providing a standard "European Single Procurement Document" based on self-declarations and with only the winning bidder having to provide original documentation.

Final decision is now expected from the Council. The new rules will enter into force 20 days after publication in the Official Journal of the EU.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P7-TA-2014-0025

e-INVOICING IN PUBLIC PROCUREMENT – DRAFT REPORT ADOPTED

On 17 December 2013, the parliamentary committee on Internal Market and Consumer Protection (IMCO) unanimously adopted the draft report by MEP Birgit Collin-Langen (EPP, Germany) on the directive on electronic invoicing in public procurement.

The Commission's proposal was published in June 2013 with the aim to facilitate interoperability in electronic invoicing in public procurement. MEPs supported the establishment of a European standard for e-invoicing and precised in an amendment the requirements to be met by the standard's content. MEPs also set the deadline of 24 months for the elaboration and adoption by the European standardisation organisation of such a standard.

Finally, other key amendments relate to the establishment of procedures to ensure the maintenance and further development of the European standard and the revision of the requirements for the content of the standard.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&mode=XML&reference=A7-2014-0004&language=EN#title2

EXECUTIVE AGENCY FOR HEALTH AND CONSUMERS BECOMES CHAFEA

From 1 January 2014, the *Executive Agency for Health and Consumers* (EAHC) changes its name and becomes the *Consumers, Health and Food Executive Agency* (CHAFEA).

The agency was created on 1 January 2005 with the name of *Public Health Executive Agency.* In 2008, the name was changed into *Executive Agency for Health and Consumers* (EAHC) and the Agency's mandate was prolonged and expanded to include actions in consumer protection and training for safer food. In December 2013, the Agency's mandate was further extended until 2024.

CHAFEA implements the EU Health Programme, the Consumer Programme and the Better Training for Safer Food initiative. The Agency provides a professional service in performing the tasks and activities entrusted to it by the European Commission, and it works closely with the Health and Consumers Directorate General.

More information: ***http://ec.europa.eu/eahc/index.html***

CALL FOR TENDER – EXTERNAL COMMUNICATION ACTIVITIES IN THE FIELD OF PUBLIC HEALTH, CONSUMERS AND FOOD SAFETY

The Consumers, Health and Food Executive Agency (CHAFEA) has recently published a call for tender concerning the conclusion of framework contracts in cascade on external assistance for external communication activities in the field of public health, consumers and food safety.

The purpose of the invitation to tender is to conclude framework contracts in cascade with tenderers capable of assisting the CHAFEA as regards advice, preparation and implementation of information and communication activities relevant to the following policy areas: public health, consumer rights and food safety.

The subject of the framework contract is to provide the Executive Agency with communication and dissemination services which are grouped in the following three work packages:

- (WP1) multimedia graphic design, information material and websites;
- (WP2) conferences, exhibitions and other events;
- (WP3) audio-visual services.

This will entail work with the National Focal Points (NFP) which have been nominated by the countries participating in the 2nd Health Programme and their designation will be renewed for the 3rd Health Programme.

The deadline for submission is 21 February 2014.

More information: ***http://ec.europa.eu/eahc/health/tenders_H14_2013.html***

PASQ – BACK TO BACK MEETING AND DATABASE OF GOOD PRACTICES LAUNCHED

From 29 to 31 January 2014, HOPE attended the back to back meeting of the European Union Network for Patient Safety and Quality of Care (PaSQ Joint Action). The meeting, held in Budapest, aimed at updating partners on the work carried out by the four core work packages composing the project, as well as foster discussions among partners and take decisions concerning next steps.

Specific working sessions were organised for Work Package 4, 5, 6, respectively dedicated to Patient Safety Good Clinical Practices, Patient Safety Initiative Implementation and Quality Healthcare Systems Collaboration in the EU. Discussions also continued within Work Package 7, dedicated to the issue of Network Sustainability after the end of the Joint Action.

During the meeting, the recently launched database of Patient safety (PSPs) and Quality of care (GOPs) good practices was also presented. Patient safety practices have been reported by professionals at local level while Quality of care good practices have been reported by EU Member States, Regions and PaSQ EU Stakeholders. All of these practices were reviewed twice, before their display, to ensure they included the appropriate information to facilitate their understanding and transferability. HOPE contributed to this work, being part of the team of reviewers.

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

The database of good practices is available at:
http://www.pasq.eu/Wiki/PatientSafetyandQualityofCareGoodPractices.aspx

JOINT ACTION HEALTH WORKFORCE – CONFERENCE AND STAKEHOLDER FORUM

The Joint Action Health Workforce Planning and Forecasting conference, co-funded by the EU Health Programme, focused on health workforce planning, mobility, recruitment and retention of health workers which are key areas for European cooperation under the European Commission's Action Plan for the EU health workforce.

Held on 28 and 29 January 2014 in Bratislava, the event provided an important opportunity to meet with policy makers from Europe who are active on the field of health workforce planning and to participate in development of a European platform for networking initiatives and sharing of expertise.

During the first day, participants were hosted in the Plenary Assembly which has been followed by a baseline overview session on the general topic of health workforce planning and mobility. During the second day meeting, eminent speakers clarified the strategies on health workforce planning and mobility adopted by OECD countries. Furthermore, representatives of Finland and Portugal and a recruitment agency explained their experience related to workforce planning and forecasting, mobility and migration in their own countries.

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

MOMENTUM – THIRD SIG WORKSHOP

On 24 January 2014, HOPE attended the third SIG review workshop of Momentum, the Thematic Network for Mainstreaming Telemedicine Deployment in Daily Practice.

Momentum is about creating a platform across which the key players can share their knowledge and experience in deploying telemedicine services into routine care to build a body of good practice. One of the outcomes of the project will be the development of a Blueprint that validates a consolidated set of methods supporting the telemedicine service implementation process.

The meeting aimed at building consensus on the future Blueprint, especially in relation to its content and target audience to be addresses, and on the main critical success factors for a successful deployment of telemedicine services in routine care and to the benefit of a health care system.

During the meeting, parallel sessions were organised for each of the four Special Interest Groups (SIGs) composing the project, respectively dedicated to telemedicine strategy and management (SIG1), organisational implementation and change management (SIG2), legal and regulatory issues (SIG3) and technical infrastructure and market relations (SIG4). Participants further specified and debated the critical success factors for the deployment of telemedicine services and paved the way for the work to be carried out in the upcoming months.

The SIGs will now continue the work remotely and will meet again in spring 2014.

More information: http://www.telemedicine-momentum.eu/

EUNETHTA – STAKEHOLDER FORUM AND TRAINING COURSE

On 15 and 16 January 2014, HOPE participated respectively to EUnetHTA Stakeholder Forum meeting and EUnetHTA Training course for Stakeholders. Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology, in a systematic, transparent, unbiased, robust manner. Its aim is to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value. Despite its policy goals, HTA must always be firmly rooted in research and the scientific method.

EUnetHTA supports collaboration between European HTA organisations that brings added value at the European, national and regional level through:

- facilitating efficient use of resources available for HTA;
- creating a sustainable system of HTA knowledge sharing;
- promoting good practice in HTA methods and processes.

During the EUnetHTA Stakeholder Forum meeting, participants had the possibility to be updated on the job done by the work packages. Then, speakers talked about the interaction existing between EUnetHTA and HTAN and the EUnetHTA contribution on HTAN "position paper". During this day, they have been presented the Joint Action 1 technical report and the challenges tackled by Joint Action 2. The EUnetHTA Training course for Stakeholder has been organised in order to get to the participants an overview of EUnetHTA tools and guidelines. Furthermore, there were presentations on current topics such as: how to use HTA for decision making and how can patients and providers best contribute to the HTA process.

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

EXPAND – KICK-OFF

On 6 February 2014, the project EXPAND (Expanding Health Data Interoperability Services) will kick off with a workshop held in Lisbon (Portugal) where project members will discuss how to secure the sustainability and expandability of the epSOS (Smart Open Services for European Patients, www.epsos.eu) pilot services and similar mature assets.

EXPAND project will operate in the gap between piloting and deployment and aims to exploit "appropriate" eHealth assets, developed in various initiatives in order to move from a set of point-solutions to a large-scale deployment of cross-border facilities. The overall project goal of EXPAND is to successfully handover to an environment of sustainable cross-border eHealth services established at EU level by the Connecting Europe Facility (CEF) and at national level through the deployment of suitable national infrastructures and services. The EXPAND project is a Thematic Network co-funded through the Competitiveness and Innovation Framework Programme and started on 1 of January, 2014. It is intended to be concluded in December 2015.

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

PARENT – WORKSHOPS IN BRUSSELS

From 2 to 4 December 2013, the Joint Action PARENT (PAtient REgistries iNiTiative) held a meeting in Brussels with the participation of approximately 50 PARENT partners and external registry experts, coming from different European countries and Malaysia.

The overall objective of PARENT is to support EU Member States in developing comparable and interoperable patient registries in clinical fields of identified importance (e.g. chronic diseases, medical technology). The aim is to rationalise the development and governance of interoperable patient registries, thus enabling the use of secondary data for public health and research purposes in cross-organisational and cross-border setting.

The event began with a meeting of the PARENT Executive Committee and was followed by two major workshops. The first workshop was led by the PARENT Work Package 4 team and was devoted to the Registry of Registries, while the second one had a double focus: the structure of the PARENT Guidelines and Recommendations and the entire PARENT Framework and its different use cases (including advanced functionalities of the Pilot Registry of Registries).

Effective discussions arose during the workshops and important feedback, opinions and suggestions were collected on the PARENT activities already performed and those planned for the near future.

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

JOINT ACTION ON CHRONIC DISEASES – KICK-OFF MEETING

The Joint Action on chronic diseases and promoting healthy ageing across the life cycle (CHRODIS) has been launched in Madrid on 29 and 30 January 2014.

Coordinated by the Spanish Health Institute Carlos III, the objective of the Joint Action is to promote and facilitate a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes.

Health promotion and prevention will focus on behavioural risk factor, social determinants and inequalities in health. Work on multi-morbidity will focus on multi-disciplinary and integrated care, patient safety and professional training. Diabetes as a case study will focus on multidisciplinary care covering the whole range from primary prevention to treatment and addressing national plans.

The CHRODIS Joint Action, involving 38 organisations from 22 Member States, Norway and Iceland, will run until the end of March 2017.

HORIZON 2020 – CALLS FOR INDEPENDENT EXPERTS

The European Commission has launched calls for expression of interest with the objective to establish a database of independent experts for European research and innovation.

The calls are addressed to individuals and to organisations to suggest experts. The experts will assist with research and innovation assignments including the evaluation of proposals, monitoring of projects, and evaluation of programmes, and design of policy.

Assignments mainly concern research and innovation, falling within the Horizon 2020 programme designed to address the challenges Europe is facing through funding excellent science, technology and innovation.

More information:
http://ec.europa.eu/research/participants/portal/desktop/en/experts/index.html

EUROPEAN HEALTH FORUM GASTEIN – CONFERENCE REPORT 2013

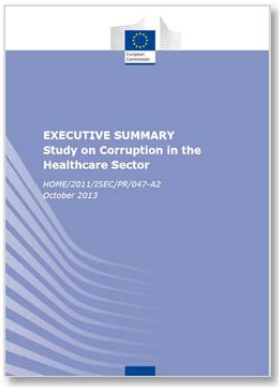
The conference report of the 16th European Health Forum Gastein (EHFG) has recently been published.

The 16th edition of the EHFG, held under the main title of "Resilient and Innovative Health Systems for Europe" from 2 to 4 October 2013, explored the relationship between austerity policies and necessary innovations in health care systems in order to keep them resilient.

HOPE Chief Executive Pascal Garel was invited for a discussion to the concluding panel during the parallel session on "Investing in health" 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.

More information:
http://www.ehfg.org/fileadmin/ehfg/Programm/2013/EHFG_2013_Conference_Report.pdf

CORRUPTION IN THE HEALTHCARE SECTOR – COMMISSION STUDY



The fight against corruption is currently one of the priority areas for the European Commission. The Commission has adopted a comprehensive anti-corruption package in June 2011, which includes, among others, the publication of a bi-annual anti-corruption report, which evaluates the Member States' efforts against corruption.

The overall impact of corruption in healthcare on society and on individuals is larger than the monetary value of the sums involved. Corruption in healthcare may, among other, lead to a provision of services or procurement of equipment and drugs at above market prices. It may lead to low quality in the provision of healthcare services. It may threaten the goal of universal health coverage and increase inequality in

health status between socioeconomic groups. Corruption in healthcare may lead to a non-optimal allocation of health budgets. It may also lead to market distortions and distrust in provisions of services by the government.

More information:
http://ec.europa.eu/dgs/home-affairs/what-is-new/news/news/docs/20131219_study_on_corruption_in_the_healthcare_sector_-_summary_en.pdf

PUBLIC HEALTH EXPENDITURE IN THE EUROPEAN UNION – COMMISSION REPORT

The European Commission has published the report "*Estimating the drivers and projecting long-term public health expenditure in the European Union - Baumol's «cost disease» revisited*".

This paper breaks down public health expenditure in its drivers for European Union countries. Baumol's "unbalanced growth model" suggests that low productivity growth sectors, such as health services, when facing an inelastic demand curve result in a rising expenditure-to-GDP ratio.

Although national income and relative prices of health services are found to be important determinants of public health expenditure, significant residual growth persists, inter alia, reflecting the impact of omitted variables, such as technological progress, and policies and institutions. Consequently, in order to obtain sensible long term projections, it is necessary to make (arbitrary) assumptions on the future evolution of a time drift/residuals.

More information:
http://bookshop.europa.eu/en/estimating-the-drivers-and-projecting-long-term-public-health-expenditure-in-the-european-union-pbKCAI13507/?CatalogCategoryID=l1QKABstlLsAAAEjCpEY4e5L

INFLUENZA VACCINATION – COMMISSION REPORT

The Commission has recently released a progress report on the implementation of the Council Recommendation of 22 December 2009 on seasonal influenza vaccination (2009/1019/EU).

The Recommendation urges Member States and EEA countries to improve vaccination coverage for seasonal influenza, in order to reach by winter 2014-15 a vaccination rate of 75 per cent for older age groups.

The report notices that almost all countries have national and/or regional vaccination policies or strategies for seasonal influenza in place. Despite this, there is little evidence that increasing vaccination coverage is a priority in many Member States and trend data on older people does not show increasing coverage rates in most countries.

Finally, the document suggests some possible ideas for improvement to be adopted both at European Union and Member States levels. Some of them include the strengthening of the efforts in collecting and monitoring of vaccination coverage data for all target risk groups, engaging with health workers more directly and actively and share lessons learned, best practices and approaches between Member States.

More information:
http://ec.europa.eu/health/vaccination/docs/seasonflu_staffwd2014_en.pdf

HEALTH ADVOCACY FOR COMMUNICABLE DISEASES – ECDC REPORT

The European Centre for Disease Prevention and Control has recently published the report "*A rapid evidence review of health advocacy for communicable diseases - Insights into health communication*".

This evidence review seeks to examine and encapsulate international evidence on public health advocacy initiatives, to identify gaps in the evidence and to provide recommendations.

The report concludes that health advocacy for communicable diseases is clearly still at a nascent stage and the current evidence base is very underdeveloped. The duration and complexity of public health advocacy campaigns and initiatives makes the need for theory-based evidence imperative. The shared consensus in the literature about core components of health advocacy initiatives and the existence of templates and toolkits in the area means that foundations do exist upon which to advance advocacy for the prevention of communicable diseases.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/Health-advocacy-technical-report-January-2014.pdf

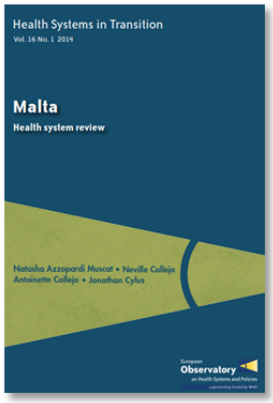
MENTAL HEALTH AND WORK: SWITZERLAND – OECD REPORT

Tackling mental ill-health of the working-age population is becoming a key issue for labour market and social policies in OECD countries. OECD governments increasingly recognise that policy has a major role to play in keeping people with mental ill-health in employment or bringing those outside of the labour market back to it, and in preventing mental illness.

This report on Switzerland is the fifth in a series of reports looking at how the broader education, health, social and labour market policy challenges are being tackled in a number of OECD countries. It concludes that the Swiss system is well resourced to address the challenges in various policy fields; that due the involvement of a large number of stakeholders much needed policy coordination across different sectors is a difficult task; and that a stronger mental health focus is required in Switzerland's health, social and labour market policies.

More information:
http://www.keepeek.com/Digital-Asset-Management/oecd/employment/mental-health-and-work-switzerland_9789264204973-en#page1

HIT MALTA – WHO PUBLICATION



The European Observatory on Health Systems and Policies has recently published a health system review on Malta 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.

This review on Malta discusses many achievements that have occurred in the health system since the last HiT report was published in 1999. Two key events in the past decade have contributed to the further development of the health system. Malta's accession to the European Union in 2004 played an important role guiding new legislation in public health and health protection. The construction of the new acute general hospital Mater Dei Hospital in 2007 was significant in shaping the flow of capital resources. Important reforms include the use of health technology assessment to define the benefit package, improvements in access to medicines through the Pharmacy of Your Choice scheme, and expansion of prevention and community-based services.

While Maltese citizens enjoy one of the highest life expectancies in Europe, the ageing of the population is already putting pressure on public finances. Current policies that are often geared towards hospitalisation and institutionalisation of older people are costly and contribute towards inefficient utilisation of resources. Successfully managing this issue will require strategic investments and efforts to shift care away from hospitals and into the community. The new National Health Systems Strategy under development will help to provide direction.

More information: ***http://www.euro.who.int/__data/assets/pdf_file/0010/241849/HiT-Malta.pdf***

THE EFFECTIVENESS OF SUBSTITUTION OF HOSPITAL WARD CARE FROM MEDICAL DOCTORS TO PHYSICIAN ASSISTANTS: A STUDY PROTOCOL

Because of an expected shrinking supply of medical doctors for hospitalist posts, an increased emphasis on efficiency and continuity of care, and the standardisation of many medical procedures, the role of hospitalist is increasingly allocated to physician assistants (PAs). PAs are non-physician clinicians with medical tasks.

This study aims to evaluate the effects of substitution of hospital ward care to PAs. Findings from this study will help to further define the role of non-physician clinicians and provides possible key components for the implementation of PAs in hospital ward care. Like in many studies of organisational change, random allocation to study arms is not feasible, which implies an increased risk for confounding. A major challenge is to deal with the heterogeneity of patients and hospital departments.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-14-43.pdf***

MENTAL HEALTH POLICY IN EASTERN EUROPE: A COMPARATIVE ANALYSIS OF SEVEN MENTAL HEALTH SYSTEMS

The objective of this international comparative study is to describe and compare the mental health policies in seven countries of Eastern Europe that share their common communist history: Bulgaria, the Czech Republic, Hungary, Moldova, Poland, Romania, and Slovakia.

The social and economic transition in the 1990s initiated the process of new mental health policy formulation, adoption of mental health legislation stressing human rights of patients, and a strong call for a pragmatic balance of community and hospital services. In contrast to the development in the Western Europe, the civic society was suppressed and NGOs and similar organisations were practically non-existent or under governmental control. Mental health services are financed from the public health insurance as any other health services. There is no separate budget for mental health. The author can observe that the know-how about modern mental health care and about direction of needed reforms is available in documents, policies and programmes. However, this does not mean real implementation.

The burden of totalitarian history still influences many areas of social and economic life, which also has to be taken into account in mental health policy. After twenty years of health reforms and reforms of health reforms, the transition of the mental health systems still continues. In spite of many reform efforts in the past, a balance of community and hospital mental health services has not been achieved in this part of the world yet.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-14-42.pdf***

REDUCING HOSPITAL ADMISSIONS FROM NURSING HOMES: A SYSTEMATIC REVIEW

The geriatric nursing home population is vulnerable to acute and deteriorating illness due to advanced age, multiple chronic illnesses and high levels of dependency. Although the detriments of hospitalising the frail and old are widely recognised, hospital admissions from nursing homes remain common. Little is known about what alternatives exist to prevent and reduce hospital admissions from this setting.

The objective of this study, therefore, is to summarise the effects of interventions to reduce acute hospitalisations from nursing homes. Overall, eleven interventions to reduce hospital admissions from nursing homes were identified. None of them were tested more than once and the quality of the evidence was low for every comparison. Still, several interventions had effects on reducing hospital admissions and may represent important aspects of nursing home care to reduce hospital admissions.

More information: ***http://www.biomedcentral.com/content/pdf/1472-6963-14-36.pdf***

CLOSTRIDIUM DIFFICILE INFECTION – ROUND TABLE

Physicians need to be alert to the risk of *Clostridium difficile* infection (CDI), according to a Round Table meeting of experts held in Brussels on 31 January.

CDI is the leading cause of healthcare-associated diarrhoea in Europe. In severe cases the infection can cause serious bowel conditions that can be life-threatening. CDI often extends hospitalisation and is estimated to cost European healthcare systems 3 billion Euros each year (2006 values). CDI is increasingly common in many countries, but many cases are missed, largely owing to a lack of awareness and diagnostic testing.

Prof. Mark Wilcox, Professor of Medical Microbiology at the University of Leeds and the Lead on *Clostridium difficile* for the Health Protection Agency in England, said: "Across Europe, the diagnosis of CDI is being missed in one in four patients with diarrhoea because of a lack of test request or the use of inadequate laboratory tests. Doctors from all specialties, and other members of the healthcare team, should consider CDI in hospitalised patients with diarrhoea and order the necessary tests so that treatment and infection control measures are provided as quickly as possible when patients are infected."

The Round Table was hosted by CDI Europe, a group of expert microbiologists and infectious disease physicians. It gathered professional societies representing physicians who care for patients at particular risk of CDI, such as those aged over 65 years, patients with chronic kidney disease, and immunocompromised and critically ill patients. Participants discussed how professional bodies can collaborate to improve clinical awareness, diagnosis and the quality of care for patients. Such efforts are in line with calls for European-wide improvements in education for healthcare professionals and patients to tackle healthcare-associated infections.

Dr Nicola Petrosillo, Director of the Infectious Diseases Division, L. Spallanzani National Institute for Infectious Diseases, Rome, Italy said: "Multifaceted infection control interventions, including isolation, barrier nursing and antibiotic stewardship, are crucial to preventing the spread of CDI in the hospital setting. Moreover, since CDI is often preventable, subject to hospital practices, its incidence could serve as a useful indicator of the quality of care".

The Round Table was organised and funded by Astellas Pharma Europe Ltd. HOPE supports the activities of the CDI Europe group and recognises the importance of addressing healthcare associated infections including CDI in order to safeguard patient safety and to ensure the highest quality of care in hospitals across Europe.

AGENDA

UPCOMING CONFERENCES

22ND INTERNATIONAL HPH CONFERENCE

23-25 April 2014– Barcelona (Spain)

The Health Promoting Hospitals and Health Services (HPH) conference 2014 is the first such event on the Iberian Peninsula. The HPH network in Catalonia that will host the conference was only founded in 2008 but has quickly developed into a HPH stronghold in South-Western Europe. It has recently focused on innovative and timely topics such as health literacy or workplace health promotion. Upon the proposal of the local hosts, the Scientific Committee decided to dedicate this conference to "*Changing hospital & health service culture to better promote health*".

By focusing on this general theme, the conference program acknowledges the need for organisation-wide reform and development to support a more health promoting culture in health care, following the demand of WHO's Ottawa Charter for a re-orientation of healthcare services, and concepts of Health Promoting Hospitals and Health Services (HPH). The conference will also address the feasibility of cultural change in healthcare in times of economic crisis. There will be three sub-themes:

- Health literacy - an emerging concept for more patient-oriented healthcare;
- Enhancing the health environment for health professionals - Developing a more salutogenic culture for and by healthcare staff;
- Better health care responses to community needs through a culture of cooperation between organisations and settings.

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

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