



# NEWSLETTER

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## HOPE ACTIVITIES



### HOPE AGORA 2014

Meeting from 26 to 28 May 2014 in Amsterdam (the Netherlands), the European Hospital and Healthcare Federation elected a new President and Vice-President and organised the closing conference of the 33<sup>rd</sup> HOPE Exchange Programme.



*Vice-President Mrs. Eva Weinreich-Jensen, outgoing President Mr. Georg Baum and newly elected President Mrs. Dr. Sara Pupato Ferrari*

Mrs. Dr. Sara Pupato Ferrari, Secretary General of the Spanish Agency for Consumer Affairs, Food Safety and Nutrition of the Ministry of Health, Social Services and Equality, was elected President of HOPE, being previously for three years Vice-President to Mr. Georg Baum, CEO of the German Hospital Federation (DKG – Deutsche Krankenhausgesellschaft). The new Vice-President is Mrs. Eva Weinreich-Jensen from the Danish Regions (Danske Regioner).

The topic of the 33<sup>rd</sup> HOPE Exchange programme was “Quality first! Challenges in the changing hospital and healthcare environment”. Healthcare professionals, participants in the HOPE Exchange programme, were bringing back to Amsterdam the results of their 4-week stay abroad.

Quality healthcare is one of the most important factors in how individuals perceive their quality of life. In most European countries this is now a major political issue. Behind this trend are several factors, such as patients’ rising expectations, patient’s choice and a growing awareness among healthcare professionals, politicians and citizens that not all healthcare services are of the same quality.

Participants started by looking at the challenges identified at national/regional/healthcare organisation level. They were invited to identify examples of specific quality initiatives that have been successful at national, regional or institution level. On the basis of elements discovered during their stay, the participants divided per host country, had to do a presentations capturing good practices. They were also invited to check whether concepts such as patient centeredness, patient perspective, patient empowerment, and patient involvement were considered when improving quality (at board level, operational management involvement team and patient, and in the treatment). A report on the participants’ findings will be published later this year.

**More information:** <http://www.hope-agma.eu/>

## HOPE ON SOCIAL NETWORKS



On the occasion of its 33<sup>rd</sup> Exchange Programme and Evaluation Conference, HOPE jumped into social networks, in order to allow members and participants to stay easily in touch, to actively participate and to be updated on all the news regarding the forthcoming events.

The audience was invited to follow the Evaluation Conference on [Twitter](#) and to tweet using the hashtag #hopeagora14, as well as to join the official HOPE Exchange Programme page on [Facebook](#). HOPE has also a [LinkedIn](#) page created to inform professionals in its network on activities carried out and latest publications and will further develop it.

*HOPE page on Twitter:*

<https://twitter.com/euhospitals>

*HOPE page on LinkedIn:*

[https://www.linkedin.com/company/hope---european-hospital-and-healthcare-federation?trk=top\\_nav\\_home](https://www.linkedin.com/company/hope---european-hospital-and-healthcare-federation?trk=top_nav_home)

*HOPE Exchange Programme page on Facebook:*

<https://www.facebook.com/HopeExchangeProgram?fref=ts>

## EU INSTITUTIONS AND POLICIES

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### **EUROPEAN UNION ELECTIONS – RESULTS**

On 25 May 2014, the final results of the EU elections have come in. Despite a rise of anti-European parties, political balances in the European Parliament remained widely unchanged. The centre-right and the centre-left parties seem to move towards a coalition.

Here are the results, with a turnout of 43.09%:

- European People's Party (EPP): 213 MEPs (28.36%)
- Socialists & Democrats (S&D): 189 MEPs (25.17%)
- Alliance of Liberals and Democrats for Europe (ALDE): 64 MEPs (8.52%)
- Greens/European Free Alliance (Greens//EFA): 52 MEPs (6.92%)
- European Conservatives and Reformists (ECR): 46 MEPs (6.13%)
- European United Left/Nordic Green Left (GUE/NGL): 42 MEPs (5.59%)
- Members not belonging to any political group (NI): 41 MEPs (5.46%)
- Europe of freedom and democracy (EFD): 38 MEPs (5.06%)
- Newly elected Members not allied to any of the political groups set up in the outgoing Parliament: 66 MEPs (8.79%)

During the first plenary session starting on July 1<sup>st</sup>, MEPs will choose a new President and Vice-Presidents of the Parliament. Before this date, some new political groups may emerge: at least 25 MEPs from 7 countries are requested to form a group.

The new European Commission President will then be elected. For the first time, European political parties presented official candidates. Over the coming weeks, the European Council should give its official nomination. The nominated candidate will then try to rally support from political groups in Parliament, which is expected to vote on whether to approve or not the Council candidate during the 14-17 July plenary session.

**More information:** <http://www.europarl.europa.eu/>



### ***EUROPEAN REFERENCE NETWORKS – PUBLICATION OF DELEGATED AND IMPLEMENTING DECISIONS***

Under the European Directive on the application of patients' rights in cross-border healthcare, the development of European Reference Networks was seen as a primordial area for cross-border cooperation among Member-States.

On 17 May 2014, a Commission delegated decision and an implementing decision have been published in the Official Journal of the EU.

The delegated decision sets out criteria and conditions that European Reference Networks and healthcare providers wishing to join one must fulfil.

To fulfil those criteria, the Networks must focus on actions to:

- provide highly specialised healthcare for rare or low prevalence complex diseases or conditions;
- have a clear governance and cooperation structure;
- have knowledge and expertise to diagnose, follow up and manage patients with evidence of good outcomes;
- exchange, gather and disseminate knowledge, evidence and expertise within and outside the Network;
- make a contribution to research.

The applicants for membership of a Network must amongst others:

- have put strategies in place to ensure that care is patient-centred;
- ensure feedback on patient experience and the active evaluation of patient experience;
- apply transparent and explicit organisation and management rules and procedures;
- have the capacity to provide academic, university or specialised level training;
- be able to exchange expertise with other healthcare providers and to support them.

The implementing decision sets out criteria for establishing and evaluating European Reference Networks and for facilitating the exchange of information and expertise on establishing and evaluating such networks.

DG SANCO is also organising a conference on European Reference Networks on 23<sup>rd</sup> of June in Brussels. The conference will bring together highly specialised healthcare providers, experts, national authorities, decision-makers, and independent bodies with experience in the assessment and evaluation of healthcare providers.

The aim of the conference is to discuss the state of play on the organisation of highly specialised networks and their members across the EU and to look into the next steps of the deployment process, in preparation for the forthcoming call for European Reference Networks in 2015.

*The Commission delegated decision is available at: [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL\\_2014\\_147\\_R\\_0006](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL_2014_147_R_0006)*

*The Commission implementing decision is available at: [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL\\_2014\\_147\\_R\\_0007](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOL_2014_147_R_0007)*

## **MONITORING THE SAFETY OF MEDICINES – EUROPEAN MEDICINES AGENCY REPORT**

On 2 May 2014, the European Medicines Agency (EMA) presented to the European Commission its first report since the application of the EU's new pharmacovigilance legislation. Indeed, responsibility for implementing this legislation is shared between the European Commission, the national competent authorities and EMA.

The report concerns the period from July 2<sup>nd</sup> 2012 to July 1<sup>st</sup> 2013, and reveals promising results to ensure the main objectives of the legislation are achieved: better collection of key information on medicines, better understanding and analysis of data, greater transparency, etc.

Some concrete achievements can be underlined during this first period of reporting:

- product information changes for medicines following assessment of signals of new or changing safety issues;
- initiation of a number of major public health reviews, for instance on hormonal contraceptives and venous thrombo-embolism;
- training of individuals in pharmacovigilance.

This report also highlights the activities that contribute to monitor the safety of medicines and reduce their risk.

*The report is available at:*

*[http://ec.europa.eu/health/files/pharmacovigilance/2014\\_ema\\_oneyear\\_pharmacov\\_en.pdf](http://ec.europa.eu/health/files/pharmacovigilance/2014_ema_oneyear_pharmacov_en.pdf)*

*More information on Pharmacovigilance :*

*[http://ec.europa.eu/health/human-use/pharmacovigilance/index\\_en.htm](http://ec.europa.eu/health/human-use/pharmacovigilance/index_en.htm)*

## ***CLINICAL TRIALS DATA TRANSPARENCY – CHANGE OF POLICY AT EUROPEAN MEDICINES AGENCY?***

On 16 May Emil O'Reilly, the European Ombudsman, addressed a letter to the European Medicines Agency (EMA) in which she expresses worries about what seems to be an important change of policy concerning clinical trials data transparency.

In 2012, EMA announced a new pro-active transparency policy aimed to give a broad public access to clinical trials data. But according to the Ombudsman, a significant change is currently occurring in EMA's policy. Indeed, EMA might be planning to limit access to clinical data with strict confidentiality requirements. Data will only be consulted on screen, using an interface provided by EMA, and restrictions will be imposed on the use of this data.

Yet, in April 2014, the European Parliament and the Council adopted the clinical trials Regulation under which an EU database identifying each clinical trial have become fully functional. This change on EMA's policy, according to Emil O'Reilly "could undermine the fundamental right of public access to documents established by EU law".

That is why the Ombudsman has asked EMA's Director to inform her by 31 May how the Agency intends to deal with requests for public access to clinical trials data. She also asked for the reasons and the legal basis for such a change.

***More information:***

<http://www.ombudsman.europa.eu/en/resources/otherdocument.faces/en/54347/html.bookmark>

## ***PHARMACOVIGILANCE – REASONED OPINIONS TO DENMARK, ITALY, THE NETHERLANDS AND SLOVENIA***

On 16 April 2014, the European Commission published its monthly package of infringement decisions in which it pursues legal action against Member States for failing to comply with their obligations under EU law. In April, the Commission has taken 135 decisions, including 31 reasoned opinions and 4 referrals to the European Union's Court of Justice. One of these reasoned opinions concerns the safety of medicines.

Indeed, the European Commission urges through a formal request four Member States (Denmark, Italy, the Netherlands and Slovenia) to ensure full transposition of the pharmacovigilance Directive (2012/26/EU). This directive specifies the requirements for monitoring the safety of medicines on the European market. Those four Member States have been required to transpose this Directive into national law by 28 October 2013 but they have not done it yet. If they do not take adequate measures, the Commission may refer the cases to the Court of Justice of the European Union.



## ***EU HEALTH MINISTERS – INFORMAL MEETING***

On 29 April 2014, an informal meeting of the EU Health Ministers was held in Athens in order to discuss the effects of the economic crisis on health, migration and its effects on healthcare, and eHealth with a focus on ePrescription and mHealth.

Concerning the effects of the economic crisis on healthcare, the ministers agreed that the European Union has to ensure access for all to healthcare and adapt health systems to the actual economic environment. The aim is to ensure health systems' resilience, especially in exchanging best practices and information among Member States. A focus will have to be made on several fields such as:

- the cost and pricing of pharmaceutical products;
- the basket of basic healthcare services mainly covering the most vulnerable groups;
- investing in prevention and healthcare cost reduction;
- health systems performance assessment.

About migration and public health, ministers agreed on:

- promotion of access to healthcare for all migrants;
- development of guidelines and methodology for the control of communicative diseases;
- the need for special health services for vulnerable migrants groups (pregnant women, children etc.);
- better information and exploitation of structural funds' resources, including the new Fund for Asylum, Migration and Integration.

Moreover, Ministers emphasised eHealth as a solution to contain costs and provide a better healthcare. EU Health Commissioner Tonio Borg declared that "the introduction of ePrescription has created one of the most advanced systems in Europe".

*More information:* <http://www.gr2014.eu/>



## ***PROFESSIONAL QUALIFICATIONS – COMMISSION PUBLISHES MAP OF REGULATED PROFESSIONS***

On 8 May 2014, the European Commission published an interactive map of European regulated professions: access to these professions is conditioned by the possession of specific qualifications.

This map provides information on how professions are regulated in the different Member States: the number of regulated professions and their distribution by sector of the economy, the evolution of the number of recognition decisions, the national contact points in charge of informing professionals about the procedures to obtain recognition of professional qualifications.

According to Michel Barnier, European Commissioner for the Internal Market, this map will allow to assess “the diversity of approaches adopted by Member States to protect their public interests by regulating certain professions”. The map will also highlight the obstacles persisting in Europe and will allow taking the necessary steps.

This mapping tool is part of the transparency effort made by the modernisation of the Directive on the recognition of professional qualifications adopted in November 2013. Article 59 of the Directive requires Member States to provide the Commission with a list of their regulated professions and undertake an assessment of the justification and proportionality of the rules in place.

The Communication of 2 October 2013 on the evaluation of national regulations on access to professions presented a work plan for the Commission and the national administrations participating in the mutual evaluation during a period of two years.

Member States will have to publish action plans based on this map, present the measures they intend to take in order to resolve problems identified and modernise their legislative environment. Then, the Commission will provide a report to evaluate Member States’ plans and to ensure the efficiency of their measures.

*The map is available at:*

[http://ec.europa.eu/internal\\_market/qualifications/regprof/index.cfm?action=map](http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm?action=map)



### **HEALTH PROGRAMME – ANNUAL WORK PLAN 2014**

On 26 May 2014, the European Commission published the Health Programme Annual Work Plan for 2014. The maximum contribution for the implementation of the Programme for the year 2014 is set at 58 579 000 Euros.

Funding will be used to finance the following activities.

#### **Projects**

In 2014, the following actions are identified for funding:

- potential of innovation for the prevention and management of major chronic diseases (diabetes, cardiovascular diseases...);
- promotion of early diagnosis and screening of preventable chronic diseases;
- development of innovative approaches to promote the professional reintegration of people with chronic diseases and improving their employability;
- support in areas related to adherence, frailty, integrated care and multi-chronic conditions;
- financial support for statistical data in the area of medicinal product pricing in Member States;
- sustainable health monitoring and reporting system;
- healthcare associated infections via prevention and control in nursing homes and long-term facilities.

#### **Join Actions**

In 2014, the following actions are identified:

- facilitation of sharing of best practices in the field of nutrition and physical activity;
- improvement of HIV and co-infection prevention;
- improvement of the situation of people with dementia;
- response to highly dangerous and emerging pathogens in the EU;
- Improved coordination and resource sharing for medical devices;
- support to eHealth Network;
- support to an EU wide rare diseases information database;
- strengthening the Member States' capacity of monitoring and control in the field of blood transfusion and tissue and cell transplantation.

#### **Operating grants**

which can offer support to finance some of the core operating costs for non-governmental bodies that promote a health agenda in line with the Programme.

#### **Presidency conference grants**

#### **Direct grant agreements with international organisations**

such as the WHO

## Public procurement

It covers activities such as the evaluation and monitoring of actions and policies; studies; provision of advice, data and information on health; scientific and technical assistance; communication, awareness-raising and dissemination of results; information technology applications in support of policies.

An InfoDay on the 3rd Health Programme and the calls for proposals and tender to be launched to implement this 2014 Work Plan, will be held on 10 June 2014 in Luxemburg.

*The implementing decision concerning the 2014 Work Plan of the Health Programme is available at: [http://ec.europa.eu/health/programme/docs/wp2014\\_en.pdf](http://ec.europa.eu/health/programme/docs/wp2014_en.pdf)*

*The annex of the decision, which contains priorities and actions to be undertaken and allocation of resources, is available at: [http://ec.europa.eu/health/programme/docs/wp2014\\_annex\\_en.pdf](http://ec.europa.eu/health/programme/docs/wp2014_annex_en.pdf)*

## AGEINGWELL – 3<sup>RD</sup> INTERNATIONAL EVENT AT eHEALTH FORUM

On 14 May 2014, HOPE attended the AgeingWell 3<sup>rd</sup> International Event in Athens, Greece. The aim of the AgeingWell Network is to build and animate a European network focused on improving the quality of life of elderly people by promoting the market uptake of ICT solutions for Ageing Well.



The event was organised within the eHealth Forum 2014, organised by the Greek Presidency of the European Union in cooperation with the European Commission and which represents a unique forum for the exchange of experience, good practices and mutual support in the area of eHealth.

The 3<sup>rd</sup> International Event focused on the theme “*ICT Solutions for Independent Living in Own Home*” and aimed to bring together developers, service providers, public authorities and end users to discuss the development and adoption of ICT/mHealth solutions for independent living for the growing elderly population of Europe.

In the first part of the event, a number of eHealth and mHealth solutions focusing on accessibility, health prevention, quality of life, follow up and continuous care was presented. Key barriers to the adoption of technologies were discussed such as interoperability, effective implementation in times of a financial crisis and scaling up.

In the second part of the session, the end users such as municipalities and patients' associations presented their perspective. Key points were the need to improve seniors' involvement in the development of ICT solutions and intergenerational communication.

*More information on AgeingWell: <http://www.ict-ageingwell.net/>*

*More information on the eHealth Forum: <http://ehealth2014.org/>*

### ***eHGI – FINAL PSC AT eHEALTH FORUM***

On 14 May 2014, HOPE attended the final Policy and Strategy Committee (PSC) meeting of the eHealth Governance Initiative (eHGI) which was held in Athens, Greece. The event was organised within the eHealth Forum 2014, organised by the Greek Presidency of the European Union in cooperation with the European Commission and which represents a unique forum for the exchange of experience, good practices and mutual support in the area of eHealth.

The eHGI 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 this PSC, discussions focused on the outcomes of the eHealth Network meeting held the day before. The eHealth Network brings together national authorities responsible for eHealth to work on a voluntary basis on common orientations in this area and to promote an interoperable and sustainable eHealth implementation across Europe.

In particular, the eHealth Network endorsed a multiannual work plan whose objective is to plan working capacity, secure resources, and agree on the deliverables for the eHealth Network after 2014. It was also announced the continuation of the eHGI in a second Joint Action which will take place between 2015 and 2018. The new Joint Action will have 2.4 million Euros budget at its disposal. European stakeholders will be represented through the Commission's eHealth Stakeholder Group to ensure more coherence and avoid duplication of efforts.

*More information on the eHGI: <http://www.ehgi.eu>*

*More information on the eHealth Forum: <http://ehealth2014.org/>*

## **MOMENTUM – 3<sup>RD</sup> WORKSHOP**

On 15 May 2014, HOPE attended in Athens, Greece, the 3<sup>rd</sup> 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 for telemedicine deployment.

On 14 May 2014, the project published a list of crucial 18 factors to deploy telemedicine in a successful way. Those 18 factors cover a wide range of areas: legal issues, financing, management, security, technology etc. For now, these factors are a proposal and need to be validated. Thus, their publication initiated a public consultation: interested parties are invited to provide their comments and submit successful practices via social networks, email, or face-to-face events.

The workshop represented the first opportunity to collect feedback to review and validate the list of critical success factors. This was done by testing them with four deployments cases that have not yet been included in the Momentum project. These four cases presented during the workshop were: KSYOS Telemedical Center (The Netherlands); Telecardiology service (Puglia region, Italy); Norwegian COPD pilot and Living It Up (Scotland, United Kingdom).

The intention is to keep gathering input over the next two months and to produce reports on the critical success factors by mid-July. These reports will constitute the basis for the development of the Blueprint which will be released in December 2014.

*More information:* <http://telemedicine-momentum.eu/>

*The list of critical success factors is available at:* [http://telemedicine-momentum.eu/wp-content/uploads/2014/05/Momentum\\_CSFs\\_vo1\\_6may2014.pdf](http://telemedicine-momentum.eu/wp-content/uploads/2014/05/Momentum_CSFs_vo1_6may2014.pdf)

## **JOINT ACTION HEALTH WORKFORCE PLANNING AND FORECASTING – CONFERENCE AND STAKEHOLDER FORUM**

The 8<sup>th</sup> and 9<sup>th</sup> of May HOPE participated to the Expert conference on HWF planning methodologies which was organised by the WP5 leader in Florence. The aim of the conference was to analyse and to assess the existing planning methodologies implemented in seven European Member States and to identify the best practices, which will be included and described in the Handbook on planning methodologies. The activities were carried out by a group of experts, both in-country and international, in collaboration with WP5 partners and WP Leaders. Participants were involved in several workshops in which they had the possibility to discuss in small group the implications at the national and European level of implementing a planning methodology.

*More information:* <http://www.euhwforce.eu/>

## **ACTIVE AGEING STRATEGIES – RESULTS OF THE EUROPEAN COMMISSION'S CALL**

In July 2013, the European Commission published a call for proposals to support the development of comprehensive active ageing strategies in EU countries, aiming to provide financial support for countries willing to engage in the development of such strategies. A special attention was paid on the collaboration of different levels of governance and stakeholders in different policy areas, working together to tackle this issue of ageing populations.

On 20 May 2014, results have been published: Latvia, Slovenia, Bulgaria, Italy, the UK and Ireland have been awarded.

- In Latvia, a strategy will be developed for longer and better working lives.
- After conducting an analysis in the area of healthy ageing, Slovenia will shape a set of measures and reforms in the field of employment, active ageing, assisted independent living and long term care.
- Bulgaria will implement its own strategy in gathering regional representatives, social partners, municipalities, community centres, civil society, researchers, media etc.
- The Italian project will focus on three regions (Apulia, Marche and Veneto) to improve policy coordination between public and private stakeholders, particularly in the areas of employment, participation in society and independent living.
- UK will try to deal with the topic of early retirement due to health issues, making recommendations on extension of working lives, development of age-friendly workplaces and health promotion.
- Ireland chose to focus on four topics: employment (development of an age-friendly workplace scheme), participation in society and independent living (implementation of the "Age friendly Cities and Countries Programme"), and assisted living technologies and social interventions.

*More information:* <http://ec.europa.eu/social/main.jsp?catId=632&langId=en>

## **QUALITY NATIONAL CANCER CONTROL PROGRAMMES – EPAAC EUROPEAN GUIDE**

Since the World Health Organisation first published its "National Cancer Control Programmes: Policies and Managerial Guidelines" in 2002, the role of these plans in national cancer policy has grown tremendously, particularly in Europe.

Whereas only three Member States of the European Union had implemented a National Cancer Control Programme (NCCP) in 2002, virtually all EU countries have taken decisive steps in this direction, in part thanks to the leadership EU-led initiatives such as the European Partnership for Action Against Cancer (EPAAC). At their core, NCCPs aim to improve cancer control through better planning and coordination of the range of cancer services offered through the national health

system, from prevention and health promotion to rehabilitation and palliative care services. This complex task requires action at all levels of the health system and beyond.

The information contained in this document, which arises from the EPAAC Joint Action, in which HOPE is a member, is by no means exhaustive, nor is it meant to constitute a single, authoritative guide to programme planning. Rather, it is meant to serve as a concise outline for policymakers who wish to understand the basics of cancer control policy. Additional sources with detailed information have been provided where relevant.

*More information:*

[http://www.epaac.eu/images/WP\\_10/European\\_Guide\\_for\\_Quality\\_National\\_Cancer\\_Control\\_Programmes\\_EPAAC.pdf](http://www.epaac.eu/images/WP_10/European_Guide_for_Quality_National_Cancer_Control_Programmes_EPAAC.pdf)



## REPORTS AND PUBLICATIONS

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### ***EUROPEAN HOSPITAL SURVEY: BENCHMARKING DEPLOYMENT OF eHEALTH SERVICES – COMMISSION REPORT***

The objective of this survey, conducted by PwC Luxembourg in cooperation with Global Data Collection Company (GDCC), was to benchmark the level of eHealth use in acute hospitals in all 28 EU Member States, Iceland and Norway.

This study builds upon previous studies in the area, most recently the eHealth Benchmarking III study of 2011. The survey targeted the Chief Information Officers (CIOs) of acute hospitals. Authors used Computer-Aided Telephone Interviewing (CATI) with native-speaking interviewers. In total, they called 26,550 healthcare establishments within EU28+2. Of the 26,550 establishments, 5,424 qualified as acute care hospitals and of this number, 1,753 hospitals completed the interview.

Results were analysed by hospital size (i.e. number of beds, categorised) and by ownership type (public, private not for profit, private). At a national level, authors analysed a number of eHealth take-up indicators and for certain countries, performed an analysis at regional level based on the NUTS2 classification.

*More information:* <http://ftp.jrc.es/EURdoc/JRC85852.pdf>

### ***EUROPEAN CHILD HEALTH SERVICES AND SYSTEMS – WHO BOOK***

In recent decades the health needs of children in Europe have changed. There is more chronic disease than ever before, and inequalities in health and well-being persist. Despite increasingly sophisticated technology, the delivery of care and organisational structures of healthcare services have not evolved sufficiently to meet these challenges.

Taking a purposefully child-centric view, this book aims to improve understanding of children's health services across Europe. Focusing on 10 western European countries, the book combines primary and secondary research on children's health services and wider child health systems.

Drawing extensively on literature reviews, government data, clinical case studies and a questionnaire distributed to child health leaders, the book identifies the common themes that are contributing to child health across the European landscape.



It addresses topics such as:

- primary care for children
- services for long-term conditions and noncommunicable diseases
- child public health
- mental health and behavioural disorders
- services for vulnerable and maltreated children.

This book shows that European countries face many common challenges in attempting to improve child health, and highlights the opportunities for learning from each other. It concludes with a strategy for improving the capacity of European health systems to drive improvements in health and equity. This book serves as a wake-up call to all those concerned with the well-being of Europe's children.

*More information:* <http://www.mcgraw-hill.co.uk/html/0335264662.html>

### **ADDRESSING NEEDS IN THE PUBLIC HEALTH WORKFORCE IN EUROPE – WHO POLICY SUMMARY**

Health systems in Europe face a number of increasingly complex challenges. Globalisation, evolving health threats, an ageing society, financial constraints on government spending, and social and health inequalities are some of the most pressing. Such challenges require not only different funding and organisational approaches to health services, but also demand a multidisciplinary public health workforce supported by new skills and expertise.

This policy summary aims to outline these needs and to consider measures and options towards meeting them.

*More information:* [http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/248304/Addressing-needs-in-the-public-health-workforce-in-Europe.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0003/248304/Addressing-needs-in-the-public-health-workforce-in-Europe.pdf?ua=1)

### **HEALTH PROFESSIONAL MOBILITY IN A CHANGING EUROPE – WHO PUBLICATION**



Health professional mobility in Europe has become a fast-moving target for policy-makers. It is evolving rapidly in direction and magnitude as a consequence of fundamental change caused by European Union (EU) enlargement and the financial and economic crisis.

Health professional mobility changes the numbers of health professionals in countries and the skill-mix of the workforce, with consequences for health-system performance. Countries must factor in mobility if they are forecasting and planning their workforce requirements. To this end they

need clarity on mobility trends and the mobile workforce, and effective interventions for retaining domestic and integrating foreign-trained health workers. Health professional mobility remains an unfinished agenda in Europe, at a time when the repercussions of the financial crisis continue to have an impact on the European health workforce and its patterns of mobility.

This book sheds new light on health professional mobility in this changing Europe. It is the second volume of the PROMeTHEUS project, following the previously published country case study volume. The 14 thematic chapters in this book are grouped in three parts:

- the changing dynamics of health professional mobility;
- the mobile individual;
- policy responses in a changing Europe.

The book goes well beyond situation analysis as it presents practical tools such as a yardstick for registry methodology, a typology of mobile individuals, qualitative tools for studying the motivation of the workforce and a set of concrete policy responses at EU, national and organisational level including bilateral agreements, codes and workplace responses.

*More information:*

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0006/248343/Health-Professional-Mobility-in-a-Changing-Europe.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0006/248343/Health-Professional-Mobility-in-a-Changing-Europe.pdf?ua=1)

## **KEY INFECTIOUS DISEASES AFFECTING MIGRANT POPULATIONS – ECDC REPORT**

Migrant health is receiving increasing attention in Europe and is a priority for the European Centre for Disease Prevention and Control (ECDC). This report presents the main findings of an ECDC project to assess the burden of infectious diseases among migrants in the EU/EEA based on available data for specific diseases: human immunodeficiency virus (HIV), tuberculosis (TB), hepatitis B, hepatitis C, gonorrhoea, syphilis, measles and rubella, malaria and Chagas disease.

Drawing overall conclusions about infectious diseases and migrants in the EU/EEA is challenging, as patterns and trends vary considerably, depending on the disease in question. This is confounded by the diversity of migrants, varying definitions of migrants and the changing patterns of migration both to and within Europe.

Some of the conclusions which became evident from an analysis of the data are that migrant populations in the EU/EEA are disproportionately affected by HIV and TB but not by gonorrhoea or syphilis; that hepatitis B, particularly chronic hepatitis infection, is an issue in migrant populations although definitive conclusions cannot be drawn about the burden of hepatitis C as data on acute and chronic infections are limited; that the lack of information on “country of birth” for measles and rubella cases in TESSy makes it impossible to draw conclusions on the occurrence of measles or



rubella among migrants; that some sub-groups of migrants, particularly those visiting malaria-endemic countries of origin, are at high risk of acquiring malaria and that Chagas disease has occurred in Europe as a result of migration from endemic countries in Latin America.

**More information:**

<http://www.ecdc.europa.eu/en/publications/Publications/assessing-burden-disease-migrant-populations.pdf>

## **HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL USE IN EUROPEAN LONG-TERM CARE FACILITIES – ECDC REPORT**



To quantify the magnitude of healthcare-associated infections in long-term care facilities at the European level, the European Centre for Disease Prevention and Control (ECDC) provided funding for the HALT project (healthcare-associated infections in long-term care facilities), which developed a sustainable methodology (based on a repeated point prevalence survey design) to study the prevalence of healthcare-associated infections and explore antimicrobial use in long-term care facilities.

This is the second survey, which was conducted between April and May 2013. 1.181 long-term care facilities (LTCFs) in 19 European countries (including three UK administrations) participated in this second survey of healthcare-associated infections and antimicrobial use in European LTCFs.

**More information:**

<http://www.ecdc.europa.eu/en/publications/Publications/healthcare-associated-infections-point-prevalence-survey-long-term-care-facilities-2013.pdf>

## **ACCESS TO HEALTHCARE FOR THE MOST VULNERABLE – MEDECINS DU MONDE REPORT**

On 13 May 2014, the International Network of Médecins du Monde (Doctors of the World) released its latest report entitled "Access to healthcare for the most vulnerable in social crisis – focus on pregnant women and children". This report presents the network's observations for 2013 on the social health determinants and health status of patients who have received support from 25 of the 160 European programmes providing access to healthcare. 29,400 consultations provided to 16,881 patients were analysed across 25 cities in 8 European countries.



The report reveals the following findings:

- 15.6% of patients are completely isolated
- 2/3 of pregnant women have no access to antenatal care (285 women seen)
- Only 1 in 2 children has been vaccinated against tetanus ( 1.703 children seen)

The organisation insists on these two last points and emphasises the real need for unconditional access to both antenatal care for pregnant women and to essential childhood vaccination.

*More information:*

<http://mdmeuroblog.files.wordpress.com/2014/05/mdm-access-to-healthcare-europe-2014.pdf>

### ***IMPACT OF CHANGED MANAGEMENT POLICIES ON OPERATING ROOM EFFICIENCY – STUDY***

To increase operating room (OR) efficiency, a new resource allocation strategy, a new policy for patient urgency classification, and a new system for OR booking was implemented at a tertiary referral hospital. Authors investigated and carried out a before-and-after study using OR data. The redesign facilitated effective daytime surgery and a more selective use of the ORs for high urgency patients out of hours. The synergistic effect probably exceeded the sum of the individual effects of the changes, because the effects of each intervention facilitated the successful implementation of others.

*More information:*

<http://www.biomedcentral.com/content/pdf/1472-6963-14-224.pdf>

<http://www.biomedcentral.com/content/pdf/1472-6963-14-206.pdf>

### ***INVOLVING PATIENTS IN DETECTING QUALITY GAPS IN A FRAGMENTED HEALTHCARE SYSTEM – STUDY***

The purpose of this study was to develop and validate a generic questionnaire to evaluate experiences and reported outcomes in patients who receive treatment across a range of healthcare sectors.

The patient questionnaire was developed in the context of a nationwide program in Germany aimed at quality improvements across the healthcare sectors. The number of patients with complex healthcare needs is increasing. Initiatives to expand quality assurance across organisational borders and healthcare sectors are therefore urgently needed. A validated questionnaire (called PEACS 1.0) is available to measure patients' experiences across healthcare sectors with a focus on quality improvement.

*More information:*

<http://intqhc.oxfordjournals.org/content/26/3/240.full.pdf+html>

## OTHER NEWS – EUROPE



### **PATIENT SAFETY – 2014 CONGRESS IN LIVERPOOL, UK**

On 21 and 22 May, HOPE attended in Liverpool (United Kingdom) the Patient Safety Congress 2014.

In particular, HOPE was invited to be one of the speakers within the stream dedicated to the theme of International clinical improvements, during the session entitled "Taking the best work from abroad and making it work for you- A Pan-European case study".

Over two days, the Patient Safety Congress 2014 was attended by 1,200 attendees. It represented an inspirational, solutions-driven gathering of ideas, policy and best practice, bringing together representatives from primary and community care, charities, associations, mental health and secondary care.



HOPE's presentation focused on HOPE activities in the area of patient safety as well as on the work performed within the European Union Network on Patient Safety and Quality of Care (PaSQ).

During the same session, Mrs. Saira Ghafur, Quality Improvement Fellow at the Sheffield Teaching Hospitals NHS Foundation Trust, talked about her experience and findings as a participant of the 2013 edition of HOPE Exchange Programme, dedicated to the theme "Patient Safety in Practice – How to manage risks to patient safety and quality in European healthcare".

**More information:** <https://www.patientsafetycongress.co.uk/>

### **EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES – SUMMER SCHOOL**

The 2014 edition of the Observatory Summer School will take place in San Servolo, Venice from 6 to 12 July 2014, dealing with the issue of "Re-thinking pharmaceutical policy : optimising decisions in an era of uncertainty".

As an addition to the participants' own knowledge and expertise, this School aims to:

- provide an advanced account of new strategies, to optimise pharmaceutical policy decisions;
- develop a wide body of evidence to provide a scope of concrete pharmaceutical policy options (for instance risk sharing agreements, personalised care or assessment of new technologies);
- interpret how those policy options could be operationalised considering resource, infrastructures and technology constraints in different settings;
- draw practical policy and implementation lessons to take better decisions that will have a positive impact on population health.
- participants will be guided to:
  - assess in a critical way methods to inform pricing decisions;
  - understand procurement strategies and policy options;
  - discuss the role of health technology assessment and value based pricing tools;
  - explore the role of risk-sharing agreements;
  - investigate the rational use of medicines, the role of generics.

*More information:* <http://www.observatorysummerschool.org/>

### **PHARMADISCLOSURE – EFPIA MEETING**

On 27 May 2014, a meeting on “Promoting greater collaboration and trust for better healthcare” was held, hosted by the European Federation of Pharmaceutical Industries and Associations (EFPIA). This event was part of EFPIA's Responsible Transparency initiative, which aims to prepare the pharmaceutical industry with complying to new disclosure rules for financial and others transfers of value with healthcare professionals. The aim of the event was to inform the public on the objectives of the disclosure initiative.

EFPIA's member organisations such as ABPI in the UK, Nefarma in the Netherlands, and Infarma in Poland presented their activities, and the way they are concretely implementing the policy locally: a long journey of surveys, consultations with healthcare professionals, implementation of a central platform to make information available to patients and stakeholders etc. The aim was to share concrete examples of good practices but also to raise some issues such as:

- Education/Communication: lack of information about everything the industry does, and lack of understanding of the value of industry/healthcare professionals relationships for patients.
- Need for a stronger leadership to drive a culture where financial transparency is embraced.
- Data protection
- Right not to disclose: how to deal with professional who refuse to disclose?

This event was the occasion to launch the Pharmadisclosure platform: [www.pharmadisclosure.eu](http://www.pharmadisclosure.eu)

*The EFPIA Disclosure code is available at:* <http://transparency.efpia.eu/the-efpia-code-2>

## ***INTERNATIONAL DIPLOMA ON MENTAL HEALTH LAW AND HUMAN RIGHTS – SUBMISSION OF APPLICATIONS OPEN***

The International Diploma on Mental Health Law and Human Rights is currently accepting applications for the academic year 2014-15.

The Diploma, now in its seventh year of existence, is a collaboration between WHO and the ILS Law College in Pune, India. The course builds the capacity of students to advocate for human rights and to influence national legislative and policy and service reform in line with the UN Convention on the Rights of Persons with Disabilities and other key international human rights standards. It is a one year Diploma and includes two residential sessions and distance learning.

Students to date have comprised health and mental health professionals, lawyers, mental health service users/survivors, government officials, social workers, human rights defenders and families and carers. The course is taught by a faculty of renowned international experts in the area.

The deadline to send applications is July 31<sup>st</sup> 2014.

*More information:* <http://cmhlp.org/>

## ***HOPE EXCHANGE PROGRAMME 2015***

In 2015, HOPE organises its exchange programme for the 34th 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.

The HOPE Exchange Programme 2015 starts on 4 May and ends on 30 May, followed by the closing conference "HOPE Agora" in Poland (location to be confirmed) from 31 May to 2 June 2015. The closing conference is considered as part of the training and all professionals should attend it.

Each year a different topic is associated to the programme. "**Hospitals 2020**" will be the topic for 2015.

You will be eligible to apply for the 2015 programme from 1 July to 31 October 2014.

*More information and application forms available from 20 June 2014 on:*  
<http://www.hope.be/o4exchange/exchangefirstpage.html>