NEWSLETTER

N° 97 – October 2012

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NEW HOPE PUBLICATION

AGEING HEALTH WORKFORCE AGEING PATIENTS

HOPE published on 31 October 2012 the report "Ageing health workforce – ageing patients: multiple challenges for hospitals in Europe". The findings of the 31st HOPE Exchange Programme and the broad topic of "Ageing health workforce and ageing patients" were extensively discussed in Berlin during HOSPAGE, a conference an evaluation meeting on 12 and 13 June 2012.

The report illustrates the contents and findings of HOSPAGE. Mainly following the structure and contents of the first day conference, it goes through the debates and results and gives notice of the solutions and situations identified by the HOPE Exchange Participants.

The topic is relevant, now more than ever, and calls to action at all possible levels. At European Union level, the Year of Active and Healthy Ageing and the European Innovation Partnership on Active and Healthy Ageing, follow the overarching objective of fostering share of knowledge and smart investments in health, addressing the actual and changing needs of patients and population. At the same time, the Action Plan for the EU health workforce - adopted as part of the Commission Communication for a job rich recovery in Europe - aims to assist Member States to tackle the challenges posed by an increasing need of health workforce in times of economic and financial constraints and sets out actions to foster European cooperation and share good practice to help improve health workforce planning and forecasting, to anticipate future skills needs, to improve the recruitment and retention of health professionals while mitigating the negative effects of migration on health systems. At national as well as at local level, initiatives are multiplying towards both improving working conditions for health professionals and improving well-being conditions of population, through actions aimed at improving prevention and promoting healthy lifestyles, increase and improve workforce planning and reduce unnecessary hospitalisation. The need and importance of learning from each other, foster innovation to counterbalance the effects of ageing health workforce and get to know and exchange good practices are deemed more and more important and all contributions to the discussion are valuable.

The report is available on: www.hope.be

Public Health

PHARMACOVIGILANCE – ADOPTION BY THE COUNCIL

Following the first reading agreement with the European Parliament in September, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) adopted on 4 October 2012 the regulation and the directive aimed at strengthening the post-authorisation monitoring of medicines for human use ("pharmacovigilance").

The Council secured that the new provisions lead to the early discovery of potentially dangerous medicinal products and do not lead to adverse reactions not being noticed due to "information overflow". For this purpose, the new legislation focuses in particular on obligations on marketing authorisation holders in relation to adverse reactions to medicinal products and further clarifies the procedures when competent authorities follow up such reporting.

Marketing authorisation holders that withdraw a medicine from the market will have to notify the competent authority and explain the reasons for their decision even if the withdrawal is voluntary. This also applies if the marketing authorisation holder withdraws a medicine from a third country market. This provision aims to avoid that the withdrawal of a medicine for safety reasons go unnoticed by or is hidden from competent authorities.

Finally, in order to better inform patients and medical professionals, additional groups of pharmaceutical products will be included on the publicly available list maintained by the European Medicines Agency (EMA) of medicinal products subject to additional monitoring (for instance for safety reasons).

The new regulation and the directive will enter into force 20 days after their publication in the Official Journal of the EU. The provisions of the directive will have to be applied twelve months after publication. The main provisions of the regulation must be applied six months after its entry into force, the rest being applicable from the date of entry into force.

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

CROSS-BORDER ORGAN TRACEABILITY – NEW IMPLEMENTING DIRECTIVE

On 10 October 2012, the European Commission adopted implementing measures for Directive 2010/53EU on quality and safety standards for human transplantation organs.

It will aim to facilitate cross-border transmission of valuable information about:

- organs and donors (e.g. types of organ,donor's age, gender, health history);
- the traceability of organs once exchanged, in compliance with confidentiality and data security measures;
- reporting of serious adverse events and reactions to specific organs.

The new piece of legislation makes mandatory for national authorities to exchange and store information on cross-border organ exchanges and to provide 24 hours a day, seven days a week service in case of serious adverse reactions or events. This will allow the medical teams to take appropriate and timely action and to ensure safety of patients.

In 2011, 30.000 organs were transplanted in the European Union, and many of them were shipped across borders. It is therefore of utmost importance to ensure EU-wide traceability of organs, particularly to cover cases where recipients suffer from adverse reactions to donated organs.

More information:
http://ec.europa.eu/health/blood_tissues_organs/docs/organs_impl_directive_2012_en.pdf

CROSS-BORDER THREATS TO HEALTH – DRAFT REPORT ADOPTED

On 10 October 2012, the European Parliament's Committee on Environment, Health and Food Safety adopted the draft report on "Serious cross-border health threats". The rapporteur Gilles Pargneaux (S&D, France) obtained full support by all political groups with 52 votes in favour, none against and six abstentions.

The Commission's proposal aims to build on lessons learned in recent crises, such as the outbreak of Escherichia coli bacteria infections in 2011 or the influenza H1N1 pandemic in 2009. It introduces the possibility of recognising a European "health emergency situation", speeding up the availability of medicines needed to combat the crisis. It also allows Member States to purchase medicines jointly, thus enabling more equitable access to vaccines at a better price.

Finally, the new legislation adds a clause to guarantee the independency and transparency of experts, in order to avoid conflicts of interest.

A plenary vote is scheduled for November 2012.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+COMPARL+PE-491.305+01+DOC+PDF+V0//EN&language=EN

Energy

ENERGY EFFICIENCY DIRECTIVE – ADOPTION BY THE COUNCIL

On Thursday 4 October 2012, the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) endorsed the Energy Efficiency Directive, after the adoption by the European Parliament on 11 September.

The Directive was adopted with the abstention of the Finnish delegation and with the Spanish and Portuguese delegations voting against.

It establishes a common framework of measures for the promotion of energy efficiency within the European Union in order to achieve its 2020 20 % headline target on energy efficiency and to pave the way for further energy efficiency improvements beyond that date.

Public bodies will need to play an exemplary role, as Member States will have to ensure that as from 1 January 2014, 3 % of the total floor area of heated and/or cooled buildings owned by their central government is renovated each year. In addition, Member States will establish a long-term strategy for mobilising investment in the renovation of the national stock of residential and commercial buildings.

Member States will have to comply with the provisions of this directive within 18 months from its entry into force (tentatively spring 2014).

More information:
http://ec.europa.eu/energy/efficiency/eed/eed_en.htm

Enterprise and Industry

NANOMATERIALS – COMMISSION'S COMMUNICATION

On 3 October 2012, the Commission adopted a Communication on the Second Regulatory Review on Nanomaterials.

It describes the Commission's plans to improve EU law and its application to ensure their safe use. It is accompanied by a Staff Working Paper on nanomaterial types and uses, including safety aspects, which gives a detailed overview of available information on nanomaterials on the market, including their benefits and risks.

In the past years, new nanomaterials and new uses have been rapidly developed. Those also include a number of biomedical and technical applications such as diagnostics and tumour therapies. In order to improve availability of information on nanomaterials, the Commission will create a web platform with references to all relevant information sources, including registries on a national or sector level, where they exist.

In parallel, the Commission will launch an impact assessment to identify and develop the most adequate means to increase transparency and ensure regulatory oversight, including an in-depth analysis of the data gathering needs for such purpose. This analysis will include those nanomaterials currently falling outside existing notification, registration or authorisation schemes.

Finally, the communication announces a study on occupational risks of nanomaterials, which will be carried out in 2013.

More information:
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0572:FIN:en:PDF

TRANSPARENCY DIRECTIVE – DRAFT REPORT

On 10 October 2012, the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) considered the draft report regarding the transparency of measures regulating the prices of medicinal products.

The Commission's proposal, published in March 2012, updates the current Directive 89/105/EEC and aims at clarifying its scope, shortens time limits for decisions and increases its effectiveness by proposing stronger enforcement measures.

The Rapporteur Antonyia Parvanova (ALDE, Bulgaria) has proposed a series of improvements to the Commission's proposal related to:

- clarifying definitions for exempted voluntary contractual agreements and health technology assessment;
- extending the timelines for generics from 15 to 25 days;
- improving transparency and accountability;
- softening the provisions under Article 8 on the remedies procedure;
- deleting article 16 on the notification of national measures due to issue with proportionality of the proposed procedure;
- reducing administrative burden by reducing Member States reporting to once a year.

The vote in ENVI Committee is scheduled for the end of 2012.

More information:
http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+COMPARL+PE-491.292+01+DOC+PDF+V0//EN&language=EN

Environment

FLUORINATED GASES – UPCOMING REVIEW

The European Commission will propose, by the end of the year, a review of the Regulation EC 842/2006 on certain fluorinated greenhouse gases. The draft proposal will aim to reinforce the emissions reductions objectives for these gases.

Fluorinated Greenhouse Gases are used in several types of products and applications, mainly as substitutes of ozone-depleting substances such as chlorofluorocarbons (CFCs), hydrochlorofluorocarbons (HCFCs) and halons, which are being phased out under the Montreal Protocol. Although F-Gases have no ozone-depleting properties, most of them have a high global warming potential. They concern hospitals as well as all sectors using air conditioning devices.

In July, a group of NGOs sent a letter to the climate commissioner Connie Heddegard, asking for a ban on the use of hydrofluorocarbons (HFCs) in new products and equipment.

According to them, quantitative limits should complement the placing on the market prohibitions and not be considered as the primary policy option in the preparation of the proposal for the F-Gas Regulation.

Internal market

EUROPEAN STANDARDISATION – REGULATION ADOPTED

On Thursday 4 October 2012, the Council adopted a regulation aimed at modernising and improving the European standardisation system. The regulation adapts the current legal framework to simplify it and to cover new aspects in order to reflect the latest developments and future challenges in standardisation. It includes means for the development of voluntary standards for services and not only for products as it is the case nowadays. In particular, the regulation introduces several novelties such as a wider participation and involvement of SMEs, consumer and social organisations in standardisation activities and the possibility of a better use by public authorities of relevant technical specifications when procuring hardware, software and information technology services.

The work of European healthcare stakeholders has been fruitful in exempting healthcare services from the scope of application of the provisions envisioned by the legislative proposal. The adopted Regulation will apply from January 2013.

PROFESSIONAL QUALIFICATIONS – DRAFT REPORT

On 10 October 2012, the European Parliament Committee on Internal Market and Consumer Protection discussed the draft report on the recognition of professional qualifications and administrative cooperation through the Internal Market Information System (IMI).

The rapporteur Bernadette Vergnaud (S&D, France) highlighted the following main points:

- partial access, for public health and safety reasons, should not apply to all professions. Derogations could be made on a case by case basis by national authorities;
- language skills tests should be carried out under the supervision of a national competent authority. Verification should be proportionate and at a reasonable cost for professionals.

Other issues such as the 12 years entry level to training for nurses were also discussed. She mentions having met many German stakeholders and recognised that the transition period she suggested is not sufficient.

The vote in Committee is scheduled indicatively for 28 November 2012.

More information:
http://www.europarl.europa.eu/meetdocs/2009_2014/documents/imco/pr/909/909378/909378en.pdf

ELECTROMAGNETIC FIELDS – EPSCO MINISTERS AGREE ON GENERAL APPROACH

On 4 October 2012, the EU's Employment and Social Policy Ministers agreed, after a lengthy negotiation process, a general approach on a draft directive on the minimum health and safety requirements regarding the exposure of workers to the risks arising from electromagnetic fields.

During the Council meeting, the majority of the Member States expressed their support to the text prepared by the Cyprus Presidency. The text agreed reviews exposure limitations on the basis of new scientific evidence and provides for derogations, in particular for medical applications using magnetic resonance imaging (MRI), but to a certain extent also for other activities, if this can be duly justified.

The new proposal of the Directive was adopted by the Commission in June 2011 and had been under discussion since. The initial Directive 2004/20/EC has never entered into force, due to problems with its implementation. As a result of these problems, the transposition of the directive into national law has been postponed twice, the most recently until 31 October 2013, in order to allow the Commission, the Council and the European Parliament to amend the directive.

CASE C-562/10
EUROPEAN COMMISSION V FEDERAL REPUBLIC OF GERMANY, 12 JULY 2012

JUDGMENT

In the judgment C-562/10, the European Court of Justice dismissed the action brought by the Commission, asking the Court to declare that Germany had failed to fulfil its obligations under Article 56 TFEU.

The action concerned the reimbursement of care services provided to a person temporarily staying in another Member State, at the same rate as granted in Germany, as well as the reimbursement to this same person of costs relating to the hire of care equipment.

The Court ruled that the Commission had failed to respond meaningfully to the arguments put forward by Germany, particularly concerning the fact that similar equipment was already being financed in Germany.

CASE C-174/11
FINANZAMT STEGLITZ V INES ZIMMERMANN, 19 JULY 2012

ADVOCATE GENERAL'S OPINION

Case C-174/11 concerns tax exemptions for out-patient care services, depending on whether these are provided by a public or private organisation.

With reference to this case, the advocate general Mazák recalls that in principle, and subject to certain conditions, the national legislature may foresee an exemption for out-patient care services. However, he underlines the fact that such a measure must comply with the principle of fiscal neutrality. This is not the case, he concludes, in the main proceedings.

PASQ – WEBSITE LAUNCHED

The website of the Joint Action on Patient Safety and Quality of Care (PaSQ) has been recently launched.

HOPE participates as co-leader of one work package in this project, which main objective is to support the implementation of the 2009 Council Recommendations on Patient Safety. The Joint Action aims to achieve this by strengthening cooperation between EU Member States, international organisations and EU stakeholders on issues related to the quality of health care, including patient safety and patient involvement.

It also plans to facilitate the exchange of information and establish common principles at the EU level through the integration of knowledge, experiences and expertise gathered from Member States and EU stakeholders. In addition it will work on facilitating the development of Patient Safety programmes in Member States, provide support to those countries less advanced in the field and promote the involvement of stakeholders through national platforms organised around one PaSQ national contact point in every EU Member State.

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

HEALTH FOR THE EU – A SELECTION OF 33 SUCCESSFUL PROJECTS

The European Commission, Directorate General for Health and Consumers has recently published a booklet, presenting a selection of 33 projects co-financed by the EU Health Programmes.

The publication showcases examples of successful projects covering a wide range of health issues such as nutrition and healthy lifestyles, health inequalities, youth health, cancer, health threats and health information.

The EU Health Programme seeks to support Member States in their efforts to improve health, which, in turn, will contribute to delivering a smarter, inclusive and more sustainable Europe by 2020.

Since 2003, the Health Programmes have financed projects worth close to 450 million euros.

More information:
http://ec.europa.eu/health/programme/docs/success_stories_full_en.pdf

TOWARDS UNIFORM HEALTHCARE PERFORMANCE MEASUREMENT – EUROHOPE PROJECT

On 14 September 2012, a EuroHOPE workshop was held at Finland's Permanent Representation in Brussels to present the first results of this project concerning performance measurement of healthcare in Europe.

This EU co-funded four-year research project explores the full cycle of care of five economically and nationally disease groups in seven European countries: Finland, Hungary, Italy, The Netherlands, Norway, Scotland (UK) and Sweden. Using national registers, EuroHOPE compares hospital productivity and quality of care of acute myocardial infarction (AMI), stroke, hip fracture, breast cancer and very low birth weight infants.

Unto Häkkinen, research professor of the National Institute for Health and Welfare (Finland) and Director of EuroHOPE, explained measuring healthcare performance –which data is not always available or good-quality- helps improve efficiency in healthcare systems. EuroHOPE aims to contemplate the relationship between outcomes/quality and the use of resources between countries, regions and providers as well as the reasons behind the differences, Häkkinen said.

Clas Rehnberg from Karolinska Institutet of Stockholm (Sweden) explained the framework for health system comparison of costs, efficiency and outcomes. EuroHOPE analyzed the different financing of health systems in the seven countries; the provision of services and regulation; the disease specific features as well as hospital features in a multi-level analysis (patients/ clinics/hospitals/ regions/countries) to provide a series of hypotheses about the best way to deliver care in each of the diseases studied.

Eva Belicza, from Semmelweis University of Budapest (Hungary), centered her speech in the results from the comparison of Acute Myocardial Infarction in Europe. In Norway and Sweden, there is a high incidence of AMI but a low mortality, just the opposite of what happens in Hungary and in Finland. There is a high variation among and within the countries in terms of health status of the AMI pts, length of stay, PCI % and mortality.

Antti Malmivaara, from the National Institute for Health and Welfare (Finland), spoke about the treatment of stroke patients in Europe pointing out that, even though the data of thrombolysis and stroke center is deficient, they found large differences in the quality and effectiveness of treatment between countries and between regions. According to the results, there is need to promote antithrombotic treatment both in primary and secondary prevention of stroke. Antti Malmivaara said that the best practice regions (3 in Finland and 2 in Sweden) must serve as example for others to learn how to improve treatment quality.

Emma Medin from Karolinska Institutet of Stockholm (Sweden) spoke about hip fracture in Europe. Osteoporosis is only found in 2% of the patients while hypertension and depression seem to be the two most common co-morbidities. The share of patients above 80 years old is largest in Sweden. Still, one year mortality is the lowest and the hospital length of stay is the shortest. The most relevant differences identified between countries are in post-surgical care (e.g. organisation of rehabilitation) and the differences in clinical guidelines (e.g. time to surgery).

Giovanni Fattore from Bocconi University of Milan (Italy) gave a speech about the differences in the care given to low birth weight infants in the countries studied by EuroHOPE. Giovanni Fattore said there is a great variety due to the different habits in describing diagnosis. There is also a great difference across countries in terms of mortality and length of stay. The results point out that a restructuration of the organisation of care might be needed, as well as a better quality data registration process and to facilitate the linkage procedure (national ID since birth).

Sverre A.C. Kittelsen from the Frisch Centre of Oslo spoke about costs and quality in Nordic hospitals. Swedish hospitals have the best performance regarding productivity but the least quality when for Finland it is the opposite. They detected large productivity and mortality differences between hospitals and countries.

The next steps for EuroHOPE will be developing methods for measuring costs, analyze health economic issues, create scientific articles and make suggestions to extend the activity to other countries. A final seminar of the project will be held in December 2013.

National and regional indicators of EuroHOPE will be published at http://www.eurohope.info

EUROPEAN COMMISSION – CALL FOR EXPERTS

The European Commission has published a call for expressions of interest in membership in the multisectoral and independent Expert Panel to provide advice on effective ways of investing in health.

The work of the panel is based on the principles of excellence, independence, multi-sectorial approach and transparency.
Members of the panel are appointed by the Commission on the basis of their expertise in one or more of the fields of expertise and collectively cover the widest possible range of disciplines.

The fields of expertise are set out in detail in Annex I to Decision 2012/C 198/06 and include:

- health planning and budget prioritisation
- health services research
- hospital and health care management
- health care provision, and
- health education and promotion

Members are appointed to the panel for a term of three years and may serve up to three consecutive terms.

The closing date for the submission of applications is 23 November 2012.

More information:
http://ec.europa.eu/health/healthcare/docs/call_experts_investing_health_2012_en.pdf

GOVERNING PUBLIC HOSPITALS – WHO STUDY

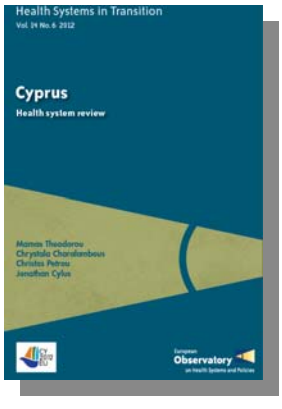
Governance of public hospitals in Europe is changing. Individual hospitals have been given varying degrees of semi-autonomy within the public sector and empowered to make key strategic, financial, and clinical decisions themselves.

The study explores the major developments and their implications for national and European health policy.
It focuses on hospital-level decision-making and draws together both theoretical and practical evidence. It includes an in-depth assessment of eight different country models of semi-autonomy, in the Czech Republic, England, Estonia, Israel, the Netherlands, Norway, Portugal and Spain.

The evidence that emerges throws light on the shifting relationships between public-sector decision-making and hospital-level organisational behaviour and will be of real and practical value to those working with this increasingly important and complex mix of approaches.

More information:
http://www.euro.who.int/__data/assets/pdf_file/0017/154160/e95981.pdf

HIT CYPRUS – WHO PUBLICATION



The WHO European Observatory on Health Systems and Policies has published the new profile of the Cypriot health system, 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. They are based on a periodically revised template in order to facilitate comparisons between countries.

The aim of the publication is to provide relevant information, in order to support policy-makers and analysts in the development of health systems

in Europe. 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.

More information at:
http://www.euro.who.int/__data/assets/pdf_file/0017/174041/Health-Systems-in-Transition_Cyprus_Health-system-review.pdf

SOCIAL MARKETING FOR THE PREVENTION AND CONTROL OF COMMUNICABLE DISEASE – ECDC EVIDENCE REVIEW

The European Centre for Disease Prevention and Control (ECDC) has recently published an evidence review on the use of social marketing for the prevention and control of communicable disease, with a particular emphasis on the European context.

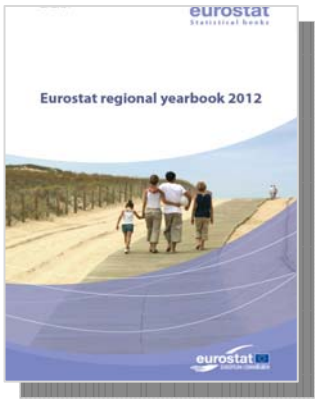
The report shows how social marketing principles have been successfully applied in hand hygiene and sexual health interventions, as well as highlighting the challenges ahead. It also offers insights for policy and practice such as the use of social marketing research methods in message development and dissemination.

The review found evidence that social marketing interventions can have positive impacts on communicable disease related health: for example, the evidence for social marketed hand hygiene in the hospital setting was noticeably associated with significant decrease in the incidence of healthcare associated infection (HCAI).

Five international reviews and three European reviews were included in the report and present established, emergent and innovative practice.

More information:
http://www.ecdc.europa.eu/en/publications/Publications/Social-marketing-prevention-control-of-communicable-disease.pdf

EUROSTAT REGIONAL YEARBOOK 2012

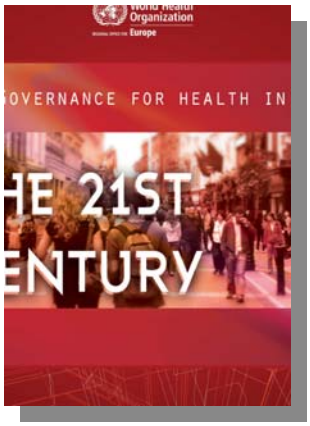


The Eurostat regional yearbook 2012 has been published. It provides an overview of key statistics available for the regions of Europe on a wide set of relevant social, economic and environmental issues. The aim of the publication is to cover as many subjects as possible for which Eurostat collects regional data.

Statistical information is an important tool for understanding and quantifying the impact of political decisions on the citizens in a specific territory or region. Hence, the 2012 edition contains 14 chapters covering core subjects, including health. The health chapter provides statistical findings on causes of death, diseases of the circulatory and respiratory system, cancer, hospital beds and healthcare professionals.

More information:
http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-HA-12-001/EN/KS-HA-12-001-EN.PDF

GOVERNANCE FOR HEALTH IN THE 21ST CENTURY – WHO STUDY



This publication describes the attempts of governments and other actors to steer communities, whole countries or even groups of countries in the pursuit of health as integral to well-being.

This study tracks recent governance innovations to address the priority determinants of health and categorizes them into five strategic approaches to smart governance for health. It relates the emergence of joint action by the health sector and non-health sectors, by public and private actors and by citizens, all of whom have an increasing role to play in achieving seminal changes in 21st century societies.

It was commissioned to provide the evidence base for the new WHO European health policy, Health 2020. Calling for a health-in-all-policies, whole-of-government and whole-of-society approach, Health 2020 uses governance as a "lens" through which to view all technical areas of health.

More information:
http://www.euro.who.int/en/what-we-publish/abstracts/governance-for-health-in-the-21st-century

PATIENT SAFETY RESEARCH – WHO GUIDE FOR DEVELOPING TRAINING PROGRAMMES

WHO has recently launched a comprehensive document that brings current concepts on curriculum building, training and education in the field of patient safety research.

The guide is intended for course organisers, trainers or faculty members who contribute towards curriculum development and the organisation of training programmes at their respective institutions.
It provides a list of core training objectives, based on a set of agreed core competencies, and examples for training programmes to be selectively chosen by educators based on their own programme objectives and target audience.

The main sections of the guide feature topics such as the global scope of patient safety; four steps to developing patient safety curricula; knowledge, skills and attitudes required for core competencies and examples of training programmes

More information:
http://apps.who.int/iris/bitstream/10665/75359/1/9789241503440_eng.pdf

LUXEMBOURG

FEDERATION DES HOPITAUX LUXEMBOURGEOIS (FHL)

To better express the willingness to cooperate with the hospital network and also be inline with hospital associations in neighbouring countries, the *Entente des Hôpitaux Luxembourgeois* (EHL) becomes the *Fédération des Hôpitaux Luxembourgeois* (FHL). The decision was taken by the General Assembly last 22 May 2012.

In order to facilitate its operating mode and make it more proactive, the organisational architecture of the FHL has been aligned with its new missions. The association has a new constitution and a new structure focused on the needs of the field. The new structures are: the Office of the Board of Directors, whose mission is to prepare the meetings of the Board and ensure the follow-up of the decisions and three platforms of directors: medical, nursing and administrative-financial directions.

The FHL has thus adopted governance that enables it to approach with confidence and ambition the major issues facing the hospital sector.

SPAIN

COMPETITION IN PROFESSIONAL SERVICES SECTOR

On 26 April 2012, the Spanish *Comisión Nacional de la Competencia* (CNC) published a report which analyse the state of competition in the professional services sector succeeding the transposition into Spanish law of the EU Services Directive.

The report makes some recommendations for the proper functioning of the professional services sector and highlights persistent obstacles for taking up and exercising professional activities. These obstacles are generated or reinforced by the lack of adaptation to the reforms introduced by the directive. Therefore, the report refers to certain health care professions.

More information: ***http://www.cncompetencia.es/Default.aspx?TabId=228***

JOBS FOR EUROPE – THE EMPLOYMENT POLICY CONFERENCE

On 6-7 September 2012, HOPE attended a major conference on employment policy organised by the European Commission.

The conference highlighted the pertinence of the measures outlined in the Employment Package, adopted by the Commission on 18 April 2012, to tackle the extremely serious unemployment situation in Europe and contribute to a job-rich recovery.

The conference was addressed, among others, by Presidents Barroso, Schulz and Van Rompuy, who underlined the urgency and priority that has to be given to employment policies during this time of financial, economic and social crisis.

The main messages from the event were that employment policies are important factors for macroeconomic performance and that all EU policies must be coordinated and governance strengthened to reduce unemployment and bring about a job rich recovery.

More information:
http://ec.europa.eu/social/main.jsp?langId=en&catId=88&eventsId=641&furtherEvents=yes&preview=cHJldmlldoVtcGxQb3JoYWwhMjAxMjAyMTU

PUTTING THE LANGUAGE SKILLS OF HEALTHCARE PROFESSIONALS UNDER THE SPOTLIGHT – SEMINAR

On 3 October 2012, HOPE attended the seminar "Putting the language skills of healthcare professionals under the spotlight". Hosted in the European Parliament (EP) by MEP Miguel Ángel Martínez, Vice-President of the EP responsible for Multilingualism, and MEP Hannu Takkula, from the Committee on Culture and Education, the issue of language skills for the mobility of healthcare professionals regarding the review of the Professional Qualifications Directive was discussed in this meeting.

MEP Bernadette Vergnaud, rapporteur on the modernization of Directive on "Recognizing Professional Qualifications (2005/36/EC) in order to facilitate the mobility of the professionals around Europe", opened the session. She said that the recognition of professional qualifications is different from the exercise of the profession, so language skills should be proved afterwards. Good language skills for health professionals are needed to ensure patients safety but the question for her

is who will be the authority to check that out: employers? Language certificates? What about those countries that have more than one official language?

Professor Kali Mattila, form the University of Tampere, explained how language skills of foreign doctors are tested in Finland. EU graduated doctors do not have to pass any exam but if they do not speak one of the official languages (Finnish or Swedish) they probably will not be hired. Non-EU doctors have to first pass a clinical test to measure their clinical knowledge where they should be able to make themselves understood. After that, there is another test about Finish Healthcare in which applicants have to be able to ready Finnish books and write. Then, there is a Clinical Skills Assessment were foreign doctors have to be able to write patients records and use X-ray machines. The average time doctors need to pass these exams is about two years but, still, patients complain about their poor capacity to communicate, so they still need to find a solution to this.

Erik Bodendieck, Vice-president of Sächsische Landesärztekammer (Medical Chamber of Saxony) said that, as Saxony is the most eastern region of Germany and lacks doctors, the rate of foreign doctors is 9.2%, much higher than the European average. Right now, foreign doctors need a B2 level to be able to work there but, for Bodendieck, the communication goes further than that. Relationship doctor-patient is a relation of trust, doctors have to be able to talk with patients about their problems, most of all now that the Patients' Rights Law for which patients have the right to know everything that concerns their own health is approved. The problem gets more complicated when you take the many dialects existing in Germany on account. Alternatives like the project "Bienvenido in Sachsen" with Spanish doctors and their families to whom they offer German language courses before departure could be a solution.

Juliet Wilson, from the University of Cambridge ESOL examination, considered their language testing as the most efficient way to ensure language skills for employers. She said they have explicit model of testing made through research and medical standards but they also understand that Member States need flexibility and to choose their own standards.

Miguel Ramos, from the Yuste Foundation shared some studies on communication skills of the Spanish Public Services to deal with non-Spanish speaking immigrants and population in risk of social exclusion. The lack of preparation of the public administration in these matters was proved and so they concluded there should be investment in translation and interpretation services. Miguel Ramos also spoke about the high number of doctors Spain has to import from Eastern Europe due to the increasing amount of Spanish doctors that migrate looking for better working conditions.

After these presentations, there was a panel session. Birgit Beger, Secretary General of the Standing Committee of European Doctors (CPME) said they also believed professional recognition should be something apart from the verification of language skills, and that this issue should not be a barrier for mobility. The CPME agrees to define the language skills needed for healthcare professionals, taking in account also the cultural differences and the different healthcare systems. The verification should be carried out by competent authorities and has to take into account patients' associations.

Laurene Souchet, Policy Officer of the European Patient's Forum, was of the same opinion as Beger. They also believe language testing should be apart from professional recognition but should also be mandatory. Patients' safety should be the first priority and, to ensure that, language skills of health

professionals must meet patients' needs. They believe patients' organisations should act as advisers in the organisation of the language testing.

Balazs Lengyel, from DG SANCO of the European Commission, spoke about the creation of a labor market for health professionals to meet job offers with demand and to promote mobility. The simplification of the Professional Qualifications Directive is also needed, he said.

IMPACT OF THE EURO CRISIS ON NATIONAL HEALTH POLICIES – CONFERENCE

The 14th Euroforum was held in Potsdam, Germany on 11 October 2012. The conference entitled "Impact of the Euro-crisis on national health policies", aimed to discuss how current and expected developments of the budgetary and monetary crisis may foster harmonisation ambitions of the European systems of social protection, and of the provision of healthcare in particular.

Since 2009, some Member States of the European Monetary Union are facing a significant public debt and budgetary crisis. Meanwhile, this has also led to a more critical assessment of the economic situation of neighbouring countries. Consequently, the European Commission, the European Central Bank, and the International Monetary Fund have established a bailout programme that is unrivalled in scope and size in the history of European integration.

A precondition for the allocation of funds is that the recipient countries commit to far-reaching reform measures in a range of policy fields, including some, which have been solely under the responsibility of the sovereign Member State according to EU treaties until now. As a result, the crisis may lead to further transfers of competencies to Brussels; the possible consequences on further policy fields have yet to be adequately examined.

The conference was addressed, among others, by Michael Schönsteinfrom from the OECD, whose speech focused on the reaction and consequences of the EU crisis for recipient countries and Udo Scholten from the Federal Ministry of Health, who presented the EU Task-Force "Health Policy in Greece".

THE FUTURE OF PERSONALIZED CANCER MEDICINE IN EUROPE – ECCO ONCOPOLICY FORUM

On 11 October 2012, the European Cancer Organization (ECCO) organised in Brussels its 4th edition of the Oncopolicy Forum dedicated this year to the future of personalized medicine in Europe. The high number of researchers among the speakers made of this event a very technical and particularly interesting one.

Cornelis J.H. van de Velde, ECCO President, chairing this first part of the conference, said personalized medicine (PM) will change the cancer landscape in Europe from detection to diagnosis, treatment and care. For him, PM will bring the optimal treatment based on the individual

particularities of patients' specific needs. But, "it is important to define the state of art" to find out the consequences the implementation of PM will bring in economic, organisational and professional terms, he said.

Máire Geoghegan-Quinn European Commissioner for Research, Innovation and Science said, in a video address, that our treatments are not selective enough. The European Commission (EC) will "reward evidence" and support "what really works" through Horizon 2020, the new funding instrument for research of the EC, which has allocated 8.5 billion euro for health and demographic change, she said.

Maria José Vidal-Ragout, Head of Unit of Medical Research, DG Research and Innovation of the European Commission, gave some examples of EC funded projects (Mammi and Cancerdip) and of the private-public partnerships (Eurocourse, Eurocam Platform and Trascan). She said the challenges of PM are finding the predictive and prognosis biomarkers, deal with co-morbility and the side effects of drugs. She, again, spoke about Horizon 2020.

Alexander M. M. Eggermont, President of the European Academy of Cancer Sciences and Director of the Institut Gustave Roussy, pointed out there are many varieties in each type of cancer. The drug development should identify those targets to be sure "we hit them". He gave some examples of treatments that work for some patients but not for others. For him, it is fundamental the early detection of the drug resistance. He believes personalized medicine can manipulate the host immune system to control tumours but "we are in an evolution, we can't over create expectations to population".

Gordon Mc. Vie, chair of the following session, said it is important to define PM as now there are "140 different definitions."

Peter Lichter, Head of Department of Molecular Genetics of the Cancer Research Centre (DKFZ), Heidelberg (Germany) said there is feasibility for real time next generation of cancer sequence linked to drug response. But there are many challenges for PM like the ethical and legal aspects of sequencing the whole human genome: how to deal with incidental additional findings about the predisposition for other diseases? There are also technical aspects for sensitive and specific standards to classify "-omics." Bioinformatics should be developed for evidence data extracted algorithms and data storage. There are also multiple levels of prognosis and predictive biomarkers. He insisted in the need of standardization by laboratory comparisons and the need to define the ethical aspects.

Martine Piccart, ECCO President-elect, gave a very critical speech. She offered a historical perspective of the treatment of breast cancer from breast amputation to the progress towards a less aggressive personalized loco-regional treatment of the illness. But the treatment fails in some women. Why 70% of the patients are cured with surgery and radiotherapy (often over treated with chemotherapy as well) while the remaining 30% develop metastasis (having suffered a wrong treatment for a long time)? For her, it is impossible to have a precise treatment with the lack of a precise diagnosis. Martine Piccart considering the 25 different breast cancers believes there is no funding for research, no political will, there is no authority to validate trials and treatments while the heterogeneity of reimbursement among Member States is also a problem. For her, the solutions

would be to take molecular diagnosis seriously, invest in trials and setting an EU cancer genome medicine centre.

Jonas Bergh from the Karolinska Institute (Sweden) said the process to prove new drugs in Europe is fairly well defined but what fails is the Health Technology Assessment (HTA). Jonas Bergh complaint about the lack of coordination among the 96 different drug evaluation organisations, the different levels of HTA and the different outcomes from the different reimbursement agencies in Europe. He believes HTA procedures need common guidelines and a more simple process. Bio-banking and related clinical data, as well as the transferral of clinical data and biopsy materials between regions and countries, should also be regulated.

After these three speeches, there was a debate mostly around the ethical aspects, the diagnostic problems and the political willing of personalized medicine in cancer treatment.

Bengt Jönsson, Professor in Health Economics of the Stockholm School of Economics (Sweden), said PM can reduce uncertainty linked to having specific markers and targets; to the outcome of the treatment and the risk of contracting cancer. For him, the key issues are: the need of an evidence-based approach on the uptake and use of new cancer medicines and the integration of regulatory issues, the HTA and reimbursement procedures. Bengt Jönsson recommended developing common databases to be shared among stakeholders.

For Angelo Paradiso, Giovanni Paolo II National Cancer Institute of Bari (Italy), the main critical aspects of PM are: regarding the new technologies, the delays of moving from new acquisitions to standard practice; the multidisciplinarity, the difficulty for doctors to work together with other professionals; and the technical availability due to the costs of biomolecular characterization and the lack of quality control programmes. Regarding to this last issue, Angelo Paradiso said centralization can be taken on account. For him, there should be a coordinated educational action at a European level in a multidisciplinary approach, involving all stakeholders – including patients- and an IPE doctoral training.

Jan Geissler, from the ECCO Patient Advisory Committee, warned about the risks of bio-markers based medicine: What if biomarkers are used to exclude patients that could benefit from therapy? Will the small targeted population act as a justification to raise price therapy per patient? Will personalized medicine mean the patients will be more alone? Jan Geissler believes patients can be partners of doctors to address, for example, information to other patients about their illness. They can also help in research as they have information doctors do not (feeling of the illness, side effects). The value and the barriers of PM must be explained in a disease context. He drove the attention to EUPAY, the Patients' Academy, as a good example of multidisciplinary work to empower patients.

Bernard Malavaud, from the European Alliance for Personalised Medicine (EAPM), said "PM is the right treatment for the right person at the right time". He said actual health systems are unsustainable and, thus, we need PM to avoid unnecessary treatments and improve treatment efficacy. Bernard Malavaud said that all stakeholders should be involved in this process. For him, there are five action points: organise early access; support research; training; support HTA and disseminate knowledge.

F. Calvo, Deputy General Director of INCa, said that a comprehensive cancer approach should include all aspects of cancer and must go from a national to an EU dimension. He explained the INCa's national programme for therapeutic cancer research based on designated clinical research centres and molecular biology platforms including private-public partnerships with the pharmaceutical industry. They settled up 16 clinical trial centres –that in 2001 had 1.788 patients- and 28 regional platforms starting 2006. The objective was to develop high quality molecular testing, create partnership among laboratories and making predictive tests for therapy. They have already signed agreements with Novartis, Pfizer, Lilly, Sanofi-Aventis and Roche for access to 8 molecules.

Otmar D. Wiestler, Director of the German Cancer Research Centre (DKFZ) of Heidelberg (Germany), explained what the DKFZ was about. It consists in a long-term partnership among the German Cancer Centre, the University and the Federal Government to implement new ideas for research and training on PM, for which they are recruiting junior and senior talents. Partners share infrastructure and platforms and they have set up a structure for continuous recruitment of patients: CCP data centre, bio-banking, AML Programme Network, Colorectal Programme Network and Glioma Programme Network. The German Government wants with this initiative to have the international lead in molecular stratification of paediatric oncology, brain tumours and other types of cancers in PM.

Paolo Casali of the Istituto Nazionale Tumori of Milan (Italy) said rare cancers are the 20% of all new cancers. "PM is not just about targeted cells but it puts the focus on the person". Casali believes reference networks are the key in these kinds of cancers to combine evidence, make recommendations and to reduce costs and inequalities. He said the Istituto Nazionale Tumori joined the EU Alliance for PM and has also created a Reference Network for Rare cancers.

Julio E. Celis, Vice-President of the Alliance for Biomedical Research in Europe, said the Alliance's objective is to improve knowledge through research from the "bench to implementation", to make a coherent and strategic action with all stakeholders to address unmet needs and to give scientific advice for new regulatory measures. Julio E. Celis also offered the audience the conclusions of the meeting.

PREVENTING CHRONIC DISEASES FOR A HEALTHIER EUROPE: THE CASE FOR RHEUMATIC AND MUSCULOSKELETAL DISEASES – CONFERENCE

On 16 October 2012, a conference on Rheumatic and Musculoskeletal Diseases was held in Brussels as part of the activities of the European Musculoskeletal Health Days. The event was organised by the European Musculoskeletal Alliance, a newly formed partnership between EULAR (the European League Against Rheumatism) and EFORT (the European Federation of the National Associations of Orthopaedics and Traumatology).

The conference gathered representatives from EULAR and EFORT as well as from the European Institutions, patients' associations, the University and experts. The scope of the event was raising awareness towards Rheumatic and Musculoskeletal Diseases (RMDs) and to contribute to the reflection process on chronic diseases and RMDs in order to develop specific recommendations in

these areas. Prof. Maxime Dougados, president of EULAR, said December's 2010 Recommendations of the European Council "welcomed prevention". "If we made efforts in RMD will be paid back", he stated. In fact, prevention was a concept highly repeated along the sessions, not so much primary prevention but secondary and tertiary prevention.

Paola Testori-Coggi, Director General of the DG Health and Consumers of the European Commission (EC) said the challenge today is the sustainability of health systems while providing better and wither treatments for patients. She said the solution, in one hand, is on the patients. "They have to be responsible towards their own health" for which they should become an "active part on prevention" avoiding tobacco, obesity and making physical activity, as well as joining screening programmes. But, for that, it is important to educate the population: "health literacy". In the other hand, health systems have to continue innovating. Health Technology Assessment (HTA) is fundamental to give evidence and data to provide policy makers with the best information to guide investments, she said.

PREVENTION OF CHRONIC DISEASES AS A KEY PRIORITY FOR THE EU AND MEMBER STATES

Pierre Hoffmeyer, EFORT President, said the joint initiative between EULAR and EFORT has the objective to work together to steer policymakers of Member States towards RMDs in terms of awareness, prevention, and research and to improve the quality and safety of treatments. Musculoskeletal conditions are the main cause of chronicity but still they are underestimated, Hoffmeyer said. According to him, they have a cost of 240 billion €. The links between risk factors and RMDs should be used to target ageing population for early detection of the illness, correct treatment and reduce suffering.

Dr. Stala Kioupi, from the Cyprus Ministry of Health, said it is important to establish which diseases contribute more to disability, taking co-morbidity on account, to offer early interventions and exercise programmes. Stala Kioupi shared the experience of the Cyprus National Health Strategy to reduce the impact of rheumatic diseases: the provision of new structures and services for early diagnosis, treatment and rehabilitation of patients with chronic conditions.

Marios Koulomas, from the Cyprus League Against Rheumatism (member of EULAR), which has spent the last 38 years of his life with rheumatism, said these illnesses are not just a medical issue; they have an enormous impact in all aspects of the person's life. He said we can change RMDs from a chronic condition if we foster prevention and entire care. For Koulomas, the most important prevention is the secondary: early diagnosis, intervention and treatment. Strategic plans should be made to meet all the needs of the patients, promote research and best practices.

STRENGTHENING THE PREVENTION OF CHRONIC DISEASES IN EUROPE: RMDS AS A MAJOR EXAMPLE

Prof. Alan Silman, Director of Arthritis Research of the UK, explained Osteoporosis Arthritis (OA) is the 8th leading cause of disease burden. Worldwide is the 4th cause of Years Lived with Disability (YLDs) and in Europe the 4th cause of disability. He considers that professionals have failed delivering the right messages in RMDs. Obesity is usually linked to diabetes but, in fact, people with obesity have 3 times more probabilities of developing knee arthritis than diabetes. He also pointed the attention to falls, which are the number 1 cause of hip fracture, "the problem is the fall not the

osteoporosis". Silman said professionals have to provide real data impact (Years Lived with Disability –YLDs- and Disability Adjusted by Life Years –DALYs-; economic cost of healthcare, social care and social housing), deliver the message about the relation between obesity and Osteoporosis and take big steps to reduce falls to prevent hip fracture.

Dr. Albert Werner, Policy Officer of Health Determinants Unit of DG Health and Consumers of the European Commission, presented the Council Conclusions of December 2010 on "Innovative Approaches for Chronic Diseases in Public Health and Healthcare Systems" that established the need of fostering health promotion, healthcare, research, information and data focused on the EU added value, the gaps in the EU response and the need for future action. On 2013, there will be the kick-off of the Joint Action on Chronic Diseases under the Health Programme with the participation of Member States.

EU Parliament Member, Anja Weisgerber, said the European Year on Active and Healthy Ageing is a great opportunity to raise awareness on Osteoporosis, which is under-diagnosed. But musculoskeletal diseases not only concern the elderly, also children and adolescents are affected, she said. Anja Weisgerber informed that politicians can give support providing information on the diseases and on their prevention; inviting interest groups to raise awareness in the European Commission (EC); classifying diseases as chronic; and raising awareness in National Parliaments. Right now, negotiations for the conditions of Horizon 2020 are ongoing so they can also influence in the call. She also invited the organisations in the meeting to send their amendments.

Nicola Bedlington, Director of the Patients Forum, said there is a significant link between health literacy and health inequalities. Health systems should reform and foster innovation to provide integrated services that embrace prevention, health promotion and patients-centred chronic disease management for the patients' empowerment. Nicola Bedlington believes not all chronic diseases can be prevented so early detection and a timely access to diagnostic testing and screening are highly important.

BEYOND COMMON LIFESTYLE FACTORS: WHAT IS NEEDED FOR A HOLISTIC APPROACH?

Prof. Alison Hammond, from the University of Salford (UK), said research is needed to detect how RMDs affect daily life. In her opinion, there have to be self-managed interventions in collaboration with health professionals for a cognitive-behaviour approach. Hammond shared some good practices of the Salford Programme which consists on adjusting working conditions to the needs of patients for them to stay in the labour market for longer and with better quality of life. Hammond believes doctors should ask questions related to the working conditions of patients.

Prof. Dr. Med Klaus-Peter Günter, from the University Hospital Carl Gustav Carus of Dresden (Germany), said secondary prevention is basic, "we have made a lot of progress but we have to provide solutions to all patients" and distribute the techniques. Günter spoke about the dramatic increase of back disorder since pre-school, which could be prevented through sports in school. He believes the instruments are there but "we have to develop them so they reach the population".

EVIDENCE FROM THE GROUND: TOWARDS MORE DISEASE PREVENTION STRATEGIES

Maarten de Wit, Stichting Reumaperspectief (The Netherlands), presented OMERACT, a world-wide initiative to improve outcome measures in rheumatology. He said it is very important to define the impact on the quality of life of patients with RMDs from the patients' perspective. EULAR made several recommendations for the inclusion of patients representatives in scientific projects. Patients can be trained to contribute to research, de Wit said. They can help measuring the impact of the disease and have participated in one of the Work Programmes of the eumusc.net, which gathers epidemiological data of RMDs. For him, some programmes failed for not including all stakeholders.

Prof. David Marsh, from the Institute of Orthopaedics and Musculoskeletal Science (UK), also raised awareness about the risk of falls for hip fracture. "About half of the patients with hip fracture have had a fracture before but nothing was done", Marsh said. "50% of hip fractures come from 16% of the population over 50 years old that have had at least one trauma fracture, while the other 50% of hip fractures come from the other 84%". He said the system must change to engage people automatically, "secondary prevention is more important than primary prevention". Marsh spoke about the experience of a fracture liaison service in every facture unit to deliver patients to a fall risk assessment, exercise classes, risk per fracture measurement, secondary prevention and education programmes. "There has to be a re-engineering of clinical systems in multidisciplinary teams". In 8 years of service they prevented 18 fractures (11 hip fractures) per 1000 patients.

CLOSING SESSION

Neil Betteridge, EULAR Vice President representing People with Arthritis and Rheumatism in Europe –PARE-, considers that understanding the pathogenic is obligatory, "we aim at controlling the disease but we don't know the causes". Neil Betteridge believes there are many successful targeted therapeutics but we cannot predict if a treatment will work or not. We have some clinical markers predicting response but not the molecular or biomarkers that are needed. We also understand very little about the environment". For him, the answers to these challenges are the following: having a holistic approach, biology analysis and clinical research focusing in the outcomes. Neil Betteridge said innovation by research is needed to understand the causes, predict the results and undertake prevention. He remembered the audience the opportunities Horizon 2020 will bring to research.

Prof. Karsten Dreinhöfer, from Charité –University Medicine Berlin, Centre for Musculoskeletal Surgery-, said that musculoskeletal diseases are the mayor cause of chronic diseases. He said physical activity is essential but, for that, it is necessary to have pain free mobility. For Karsten Dreinhöfer secondary and tertiary prevention are fundamental. He also believes in the need of technology for artificial joints, tissue engineering and stem cell research. He also calls the attention to multidisciplinary concepts as half of the people with one osteoporosis fracture will have another one in the future (80% of fragility patients that had a fracture were not aware of the risks).

Neil Betteridge closed the event gathering the main ideas of the meeting. The first one was the need to take more on account secondary prevention to focus in the lifestyle, and in the socioeconomic, genetic and biological determinants of the patients. Another important point was the need of education and awareness rising. The third main issue regarded patients' involvement: information to patients, further development of self-management tools and techniques,

involvement of patients in the development of health promotion initiatives as well as in research and innovation activities. Neil Betteridge said the EU and Member States should develop an EU Strategy on Chronic Diseases taking on account the common risk factors and provide with a platform to follow-up. There should be an EU strategy for RMDs as well as national plans for identification and dissemination of good practices.

MAKING MUSCULOSKELETAL DISEASES AN EU AND NATIONAL PRIORITY – EUROPEAN PARLIAMENT SESSION

On 16 and 17 of October 2012, Fit for Work Europe hold also a series of workshops and a session in the European Parliament having for theme "Making MSDs an EU and National Priority".

Musculoskeletal diseases (MSD) and rheumatoid problems (which include osteoarthritis, rheumatoid arthritis, osteoporosis, musculoskeletal trauma and general back pains) affect more than 120 million people in the European Union and account for €240 billion in lost revenue every year.

The high-level event in the European Parliament, moderated by MEP Antonyia Parvanova (ALDE, Bulgaria), aimed to send a powerful message to European policymakers and focused on how the EU chronic disease reflection process can help prioritise and ensure effective national organisation and planning to improve patient health and to minimise the socio-economic impact of musculoskeletal disorders.

During the session, participants highlighted the need to implement prevention and awareness campaigns about this phenomenon, create national strategies for better management of MSD as well as improve data collection and exchange of information at European level.

AGENDA

UPCOMING CONFERENCES ORGANISED AND CO-ORGANISED BY HOPE

4TH INTERNATIONAL CONGRESS OF HOSPITALS – "AGEING AND HEALTH: CHALLENGES IN TIMES OF CHANGE"

7-9 November 2012 – Lisbon (Portugal)

Following the last 10 years, APDH is organising the 4th International Congress of Hospitals, that will take place the 7, 8 and 9 November in Lisbon, at the Auditorium in the *Edifício Tomé Dias*, at the INFARMED - *Instituto Nacional da Farmácia e do Medicamento*. This year's theme will be "Ageing and Health: Challenges in times of Change".

The present economic and financial crisis has exposed many countries to serious internal disturbances, revealing national vulnerabilities at structural and systemic levels and an emerging need of international support. Like the other two countries before, this support was consummate in April 2011, with a request for an intervention to the European Commission (EC), the European Central Bank (ECB) and the International Monetary Fund (IMF). This resulted in the negotiation of an Economic Adjustment Program (Memorandum of Understanding) which covered all the existing sectors, including the health sector.

This situation prompted a strong rationalization of services and a strict control of the expenditure, strongly impacting in the health sector organisations, particularly the hospitals, due to the mandatory presentation of an operational cost reduction plan, by at least 200 million Euros; achieved by cutting on the management personnel and by concentrating on and by rationalizing the hospitals and health centres and by imposing yearly limits to the PPP contracting.

The strictness of these austerity measures impose some reflection regarding its impact, both at systemic and structural levels, and also because the economic and financial crisis cannot be isolated from other facts that must also be analysed, such as the demographic changes, the difficulties in accessing the health care, the weakening of the social security systems and the inevitable need for more sustainable policies. Therefore, it is crucial to find answers capable of reversing the economic crisis, but that will simultaneously keep unwavering health and support systems.

Some particularities of the health sector in the last years, which are also important to approach, are the existing global level predisposition, to the shortage of resources to face the needs of the populations and the phenomenon of the migration of health professionals, which is still poorly regulated.

The relevance of these situations placed them on top of the national and international agendas such as that of the World Health Organization, the European Hospital and Healthcare Federation (HOPE), the European Union and many others.

More information: Congress webpage

EUROPEAN ANTIBIOTIC AWARENESS DAY

16 November 2012 – Brussels (Belgium)

The European Centre for Disease Control organises with HOPE the European Antibiotic Awareness Day on 16 November 2012 in Brussels.

In November 2001, the European Union (EU) Health Ministers adopted a Council Recommendation on the prudent use of antimicrobial agents in human medicine which stated that EU Member States should inform the general public of the importance of prudent use of antimicrobial agents by, in particular, raising awareness of the problem of antimicrobial resistance and encouraging realistic public expectations for the prescription of antimicrobial agents.

As a result, for example, in Belgium and France, national awareness campaigns to educate the public and primary care prescribers about appropriate outpatient antibiotic use have successfully resulted in a decrease in antibiotic prescriptions

The success of these campaigns stimulated a European initiative coordinated by the European Centre for Disease Prevention and Control (ECDC), and named "European Antibiotic Awareness Day" (EAAD), to take place each year around the 18 November.

At the beginning of 2008, ECDC set up a Technical Advisory Committee for the EAAD, including representatives from Belgium, France, Greece, Poland, Spain, Sweden and the UK, as well as HOPE, the CPME representing doctors, the European Society of Clinical Microbiology and Infectious Diseases (ESCMID), DG SANCO and DG RTD and WHO/Europe. The TAC's terms of reference are to discuss in detail the strategy for EAAD, including campaign objectives, target audience, key messages and evaluation methodology.

Preparation of EAAD was achieved through collaboration amongst ECDC, the Technical Advisory Committee and the Network of National Antimicrobial Resistance (AMR) Focal Points. A good working partnership among all these institutions and Member State representatives was achieved through regular meetings, as well as exchange of information and ideas, in preparation of EAAD. Gaining political support for the campaign was identified early on as an important success factor. Therefore, a lunch seminar for MEPS was held in the European Parliament, Brussels, in October 2007, where the concept of an EAAD was publicly launched.

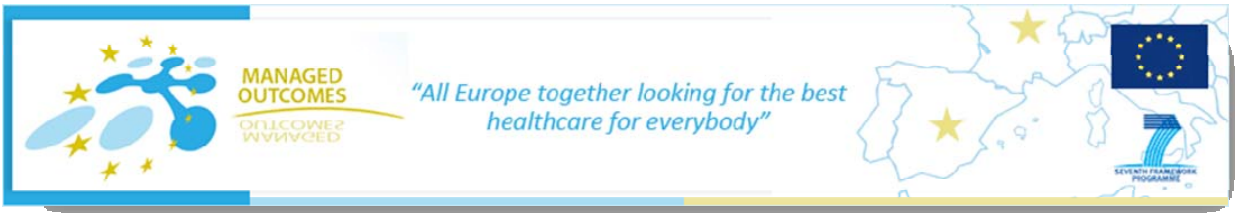
In the development of the campaign, ECDC and its partners decided to apply a social marketing approach. Health professionals have a key role to play in hospitals, by ensuring the correct prescribing, dosage, duration and selection of antibiotics.

The campaign objectives are to support national activities aimed at raising awareness of prudent antibiotic use among the general public as well as particular target audiences such as primary care prescribers and hospital prescribers. It is also to support national activities aiming at maintaining the efficacy of antibiotics and slowing down the emergence and spread of resistant bacteria.

More information:
http://antibiotic.ecdc.europa.eu

MANAGED OUTCOMES – FINAL SEMINAR

5 December 2012 – Brussels (Belgium)



The final seminar of the project MANAGED OUTCOMES in which HOPE is involved will take place in Brussels on 5 December 2012.

Leading experts from all spheres of the technological and health sectors will take part to the event in order to inform, discuss and debate how scientific innovation can reshape and transform the care process.

More details on the seminar and the registration form by contacting: ***sg@hope.be***

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More information on MANAGED OUTCOMES: http://www.managedoutcomes.eu/

DUQUE FINAL CONFERENCE

"DEEPENING OUR UNDERSTANDING OF QUALITY IMPROVEMENT IN EUROPE"

17 December 2012 – Berlin (Germany)

In light of great advances in the assessment and improvement of quality of care, policymakers, healthcare providers and researchers are keen to evaluate the effectiveness of various quality improvement governance approaches, particularly at the hospital level.

The DUQuE project, led by a consortium of prestigious research centres and universities in the field of health care quality in Europe, provides promising theoretical insights and evidence-based toolkits related to improving the effectiveness of quality improvement systems in hospitals.

Using data from 188 hospitals from seven European countries (Czech Republic, France, Germany, Poland, Portugal, Spain and Turkey), the four year multi-method project assessed the relationship of various quality improvement governance approaches with quality indicators of hospital care (specifically clinical effectiveness, patient safety and patient reported outcomes).

The conference will enable the presentation of DUQuE's main findings, and provide a friendly, open forum for the discussion of the results. Evidence-based guidance documents, practical toolkits and appraisal schemes for hospital managers, purchasing agencies and governments interested in the development and assessment of hospital quality improvement systems will also be presented. The conference attendance will be free.

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

To register, send your request to duque@uk-koeln.de

EAHP ANNUAL CONGRESS

IMPROVING PATIENT OUTCOMES- A SHARED RESPONSIBILITY

13-15 March 2013 – Paris (France)

The European Association of Hospital Pharmacists (EAHP) is accredited by the Accreditation Council of Pharmacy Education as a provider off continuing pharmacy education.

The EAHP represents more than 21.000 hospital pharmacists in 31 European countries and is an association of national organisations representing hospital pharmacists at the European and international levels.

The congress will address various topics such as the ethics and risks in antibiotic prophylaxis, European-wide pharmacy standards, the prevention of critical incidents, nutrition, medicines across the interface or inter-professional learning.

More information:
http://www.eahp.eu/sites/default/files/files/EAHP%20announcement_p1.pdf

HPH CONFERENCE 2013

TOWARDS A MORE HEALTH-ORIENTED HEALTH SERVICE

22-24 May 2013 – Gothenburg (Sweden)

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

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

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

The Call for Papers will be open from 1 October to20 December 2012.

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

HOPE AGORA 2013

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

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

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

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

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