



NEWSLETTER

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EU INSTITUTIONS AND POLICIES



COMMISSION'S 2013 DRAFT BUDGET TO INVEST IN GROWTH AND JOBS

On 25 April 2013, the European Commission adopted the Community draft budget for 2013.

For the first time, the budget plans a freeze on future spending, the increase of commitments being fixed at the level of inflation (2%). The draft budget also freezes the Commission's administrative budget to levels sensibly lower than inflation level, while reducing its staff by 1%, with the aim of reducing its staff by 5% within the next five years.

In its draft, the Commission however proposes a 6.8% increase (compared to 2012) in the level of payments, with the aim of contributing directly to growth and jobs in Europe, allocating €62.5 billion for "job friendly growth".

A particular effort was made for the research framework programmes (€9 billion, an increase of 28,1% compared to 2012), the programme for innovation and competitiveness (€546,4 million, an increase of 47,8%), structural and cohesion funds (€49 billion, an increase of 11,7%) and lifelong learning (€1,2 billion, an increase of 15,8%).

The suggested increase has already been strongly criticized by several of the "net EU budget contributors" Member States such as Germany, France, the United Kingdom, Austria, Sweden, the Netherlands, Finland and Italy.

More information:

http://ec.europa.eu/commission_2010-2014/lewandowski/index_en.htm



INFORMAL MEETING OF HEALTH MINISTERS - INNOVATION IN OVERCOMING CRISIS

On 23 and 24 April 2012, the European Health Ministers met in Horsens, Denmark, for an informal meeting.

The meeting focused on innovation and on the promotion of using regulation and legislation as a push factor and not as a hinder to innovation. The Health Ministers made clear that they acknowledged the key role of innovation in overcoming the crisis, and that the improvement of the existing framework for innovation in the health sector was a necessity to maintain efficient healthcare systems, especially in light of the challenges raised by the ageing of the European population. The debate also centred on how to ensure the cost-effectiveness of innovation

In addition, the Ministers highlighted the need to increase patient empowerment and insisted on the importance of giving patients who suffer from chronic illnesses the chance to play an active role in their follow-up and treatment.

Another crucial element that resulted from the meeting was the decision to make the Health Security Committee, the central platform for managing crisis arising in relation to medical devices. This decision, which follows from the PIP breast implant scandal, signifies that the Committee may henceforth be called upon to deliver a rapid and concrete response in the event of a European-scale crisis.

More information:

<http://tvnewsroom.consilium.europa.eu/event/informal-meeting-epsco-ministers/joint-doorstep/>

EUROPEAN INNOVATION PARTNERSHIP - CONFERENCE

On 3 April 2012, the conference of the European Innovation Partnership on Active and Healthy Ageing: "From Plan to Action" took place in Brussels.

Mrs. Neelie Kroes, Vice President of the European Commission responsible for the Digital Agenda, John Dalli, Commissioner for Health and Consumer Policy, and László Andor, Commissioner for Employment, Social Affairs and Inclusion, opened the conference.

Ministers, representatives of national and regional authorities, health and social care professionals, industry, insurers and NGOs were among the speakers and participants who joined the debate on how take the Partnership's agenda forward, from the Strategic Implementation Plan to concrete and deliverable actions.

Stakeholders were provided with practical information on how to participate in the Partnership and networking opportunities to find partners interested in similar specific actions. A call for commitments and a web-based marketplace for innovative ideas were launched.

Visitors to the exhibition were able to see and try out successful innovative solutions for active and healthy ageing from across Europe. Exhibitors demonstrated how their projects improve the quality and efficiency of care by addressing major chronic conditions such as cardiovascular diseases, COPD or diabetes, through the deployment of innovative practices such as ehealth, remote monitoring solutions or via phone applications. Home care and ambient assisted living solutions will demonstrate their positive impact on a patient's quality of life

EUROPEAN INNOVATION PARTNERSHIP - NEW WEBSITE

On 3 April 2012, a new website, the “Marketplace for innovation ideas”, was launched as part of the European Innovation Partnership on Active and Healthy Ageing.

The website is an interactive space where those who are interested and involved in the Partnership can work together and develop their innovative ideas.

This platform is a space designed for stakeholders to:

- find partners to collaborate with for their initiative/project;
- find an initiative to participate in;
- provide and search for information about ageing and innovation;
- get in touch with stakeholders;
- participate in discussions in the forum;
- promote events related to active and healthy ageing;

The Marketplace will also include an online workspace for the EIP on AHA's Action Groups once they are formed this summer, and will provide more information about the Reference sites once they are selected in 2013.

An Action Group is an assembly of partners contributing towards a common objective and committing to run a number of actions within the framework of the EIP on AHA. The Invitation for Commitment (a process in which you can submit your Commitment to be an active partner in the implementation of the Specific Actions of the EIP on AHA) is now open.

Reference Sites provide the EIP on AHA and its stakeholders with examples of a comprehensive, innovation-based approach to active and healthy ageing. They can be regions, cities, integrated hospitals or care organisations that are able to give evidence and concrete illustrations of their impact on the ground.

More information:

<https://webgate.ec.europa.eu/eipaha/>

HEALTH PROGRAMME 2008-2013 - MID-EVALUATION

In April 2012, the European Commission released a working document on the mid-evaluation of the Health Programme 2008-2013.

The Health Programme 2008-2013, which came into force on 1 January 2008, is the second programme of EU action in the field of health. The Programme aims to complement, support and add value to national policies and contribute to solidarity and prosperity in the EU by protecting and promoting human health and safety and improving public health. It is the main financial instrument of the EU Health Strategy set out in the White Paper "Together for Health: A Strategic Approach for the EU 2008-2013". The Programme is managed by the Commission with the assistance of the Executive Agency for Health and Consumers (EAHC).

Overall, the evaluation concluded that actions funded under the Health Programme contributed to EU-wide effects mostly in the areas of: promotion of best practices for enabling all citizens to benefit from state of the art procedures and ensuring capacity building where necessary; and professional networking.

EU added value has been also identified in other areas such as economies of scale for Member States when resources are pooled across the EU to shape joint solutions. However, the evaluators pointed out that determining *a priori* the potential "EU added value" of actions to be financed is crucial for targeting high-profile health issues and to increase the effectiveness and efficiency of the Programme.

The proposed Health for Growth Programme aims to improve the concept and design of the programme with a concrete and explicit orientation. While the new programme offers some continuity in terms of health topics and financial instruments that have worked well in the past, it puts the emphasis on working closely with Member States in developing innovative and sustainable health systems and helping them implement the EU health policy.

The new Programme will support Member States' efforts to improve the cost effectiveness of their health systems by facilitating the uptake of innovation, addressing health workforce shortages, fostering the prevention of chronic diseases, exchanging best practices and sharing knowledge, as well as combating cross-border health threats.

In line with the objectives of the Europe 2020 strategy, priority is given to four objectives and a reduced number of actions with proven EU added value so as to concentrate support in key areas where Member States cannot act in isolation in a cost-effective manner:

- (1) to develop common tools and mechanisms at EU level to address shortages of resources, both human and financial, and to facilitate uptake of innovation in healthcare in order to contribute to innovative and sustainable health systems;
- (2) to increase access to medical expertise and information for specific conditions also beyond national borders and to develop shared solutions and guidelines to improve healthcare quality and patient safety in order to increase access to better and safer healthcare for EU citizens;
- (3) to identify, disseminate and promote the uptake of validated best practices for cost-effective prevention measures by addressing the key risk factors, namely smoking, alcohol abuse and

- obesity, as well as HIV/AIDS, with a focus on the cross-border dimension, in order to prevent diseases and promote good health;
- (4) to develop common approaches and demonstrate their value for better preparedness and coordination in health emergencies in order to protect citizens from cross-border health threats.

More information:

http://ec.europa.eu/health/programme/docs/mid-term_eval_hp2008-2013.pdf

HEALTH TECHNOLOGY ASSESSMENT - STUDY ON PERMANENT SECRETARIAT

The European Commission (DG SANCO) is financing a study for an economic and governance analysis of the establishment of a permanent secretariat for European cooperation on Health Technology Assessment (HTA).

The study is in preparation of the action stated in Article 15 of Directive 2011/24/EU of 9 March 2011 on the application of patients' rights in cross-border health care; a permanent network on HTA in the EU is foreseen by the end of 2013

In 2006, the European Union and Member States established the EUnetHTA project as an answer to the need for a sustainable European HTA network. The aims of European cooperation on HTA are to reduce duplication of research effort, effective use of resources, increase the impact of HTA in decision-making in Member States and the EU, strengthen the relation between HTA and healthcare policy making, and support countries with minimal HTA experience. EUnetHTA coordinated the efforts of 29 European countries, including 25 Member States of the European Union, in evaluating health technology in Europe. EUnetHTA's Secretariat is the executive body acting under the supervision of the Executive Committee and assisting the Executive Committee in implementing the policy decisions.

The EUnetHTA Collaboration joined forces in 2009 with other partners in the EU Member States and the European Commission to implement the results of the EUnetHTA project and the Pharmaceutical Forum through a Joint Action on HTA 2010-2012 (EUnetHTA JA). The work of EUnetHTA JA is focused on the development of methods and tools aiming to harmonise practices of conducting and reporting on HTA. Some Member States have dedicated HTA agencies that perform HTAs on a regular basis, while other Member States are at the beginning of building capacity, therefore relying on centralised tools and support. The differences between the levels of HTA activity in Member States have an impact on the level of cooperation within the HTA network.

To support the effectiveness and efficiency of the HTA network, a more permanent solution for the coordination of its activities should be found, with the overarching objective to put into practice an effective and sustainable HTA collaboration in Europe that brings added value at the European, national and regional level.

The survey will compare three different scenarios of increasing intensity of cooperation and different alternative options for hosting such a permanent secretariat. The study will be reported as a cost-

benefit analysis (CBA), in which all identifiable costs and benefits are taken into account either quantitatively or qualitatively.

Since HOPE is currently involved in HTA and/or may play a role in the future organisation of HTA in the EU27, an interview was set up to discuss the following aspects:

- current functioning of the EUnetHTA Collaboration/Joint Action 1;
- costs and benefits of each scenario of cooperation with a specific focus on the societal gains, gains for the HTA network and other;
- costs and benefits of each hosting alternative and specifically synergies that can either be reached or lost through the choice of hosting.

Scenario 1 is the minimum variant and includes information sharing and exchange through the organisation and maintenance of an ICT platform for interaction, as well as preparations and follow-up for meetings and workshops. Additionally, in scenario 2, development and application of generic guidelines for assessing different health technologies will be added (more advanced and committed collaboration that asks for more coordination compared to scenario 1. Scenario 3 will also include the coordination of joint assessments including both rapid assessments and full assessments for producing core HTA information (higher level of collaboration and coordination).



HEALTH WORKFORCE ACTION PLAN - COMMISSION PROPOSAL

On 18 April 2012, the European Commission adopted a Communication, *“Towards a job rich recovery”*, laying out a set of measures to boost employment and economic growth in Europe. It included a specific health workforce action plan.

The general proposal, which focuses on the demand-aspect of job creation, emphasizes the need for a stronger employment and social dimension to EU governance. It lays down ways for Member States to involve employer’s and worker’s representatives more in setting EU priorities. In its Communication, the European Commission identifies three sectors as key fields with high employment potential for the future: healthcare, green economy and Information and Communication Technologies.

Recognizing healthcare as one of the areas having the biggest job potential, the Commission presented an Action Plan for the EU health workforce. The Working Document describes the contribution of the EU's health workforce to meet the 2020 employment target of 75% for women and men aged 20-64.

Healthcare is one of the largest sectors in the EU and accounts for approximately 8% of all jobs in the EU. With the ageing of the European population, there is an increasing demand for healthcare, thus representing a great potential for employment in the EU. However, the Commission considers that

the demanding working conditions and relatively low salaries of a majority of health professionals can represent an obstacle to the recruitment of the healthcare workforce.

In its Communication, the European Commission expresses the need for EU health systems to identify innovative solutions through the means of new technologies, products and organisational changes. The Action Plan's goal is to help Member States tackle these challenges and put in place actions that will encourage European cooperation, the sharing of good practices and the improvement of health workforce planning and forecasting. In addition, the Action plan is set to help anticipate future skill needs, improve the recruitment of health professionals and their retention, and mitigate the detrimental effects of migration on health systems.

More information:

[Commission staff working document on an action plan for the EU healthcare workforce \(2012\)](#)

ELECTROMAGNETIC FIELDS DIRECTIVE - TRANSPOSITION SET TO 31 OCTOBER 2013

A new directive postponing the transposition of Electromagnetic Fields Directive 2004/40/EC by 18 months, i.e. to 31 October 2013, entered into force on 24 April 2012.

Directive 2004/40/EC was adopted in 2004 alongside other measures aiming at protecting workers from the detrimental health effects of noise, vibration and optical radiation linked to the exposure to electromagnetic fields.

However, soon after its adoption, the medical community working with Magnetic Resonance Imaging (MRI) expressed its worries that the new Directive's overly strict exposure limits would hamper potential medical applications of MRI.

In light of the scientific community's worries, it was decided that the deadline for the transposition of the Directive would be postponed, in order to take into consideration both safety and security dimensions, and the potential of the medical applications of MRI.

More information:

http://europa.eu/legislation_summaries/public_health/health_determinants_environment/c11150_en.htm



eHEALTH STAKEHOLDER GROUP - FIRST MEETING

Following a call for expression of interest, the European Commission has established an eHealth Stakeholder Group.

This group comprises 29 European umbrella organisations, including HOPE, representing different groups like health professionals and managers, patients and consumers, industry, standardisation bodies. Their first meeting was held on 29 March 2012. The purpose was to understand the role of the group and establishing a 2012 work programme and a modus operandi.

The aim of the group is to ensure an informed dialogue with the European Commission and to add value to policy design and implementation. Areas for cooperation during the current year were agreed, namely patients' access to electronic health records, telemedicine deployment, interoperability, the EC Staff Working Paper and the eHealth Action Plan.

The next meeting of the group will take place on 7 May in Copenhagen during the eHealth Week.



PROFESSIONAL QUALIFICATIONS - PUBLIC HEARING

The Internal Market Committee (IMCO) organised in the European Parliament a public hearing on the modernisation of the Directive on Professional Qualifications on 25 April 2012.

Opened by IMCO Chairman, Malcolm Harbour, the meeting started with a statement by the IMCO Rapporteur, Bernadette Vergnaud. It was followed by a first session on modernisation of minimum training requirements, partial access to a regulated profession and the common training principles. Presentations were made by Beata Cholewka (Director Department for Nurses and Midwives, Polish Ministry of Health), Sarah Schoenmaekers (Lecturer 'EU Substantive Law' and 'European and International Law', University of Maastricht), Zlatko Fras (President of the European Union of medical specialists) and Vera Erdmann, Economist (Cologne Institute for Economic Research).

The second session focused on the professional card with presentations by Marc Seale (Chief Executive and Registrar of the Health Professions Council), Ms Margarita de Lezcano-Mújica Núñez (Vice-Director General for Titles and Recognition of Qualifications, Spanish Ministry of Education, Culture and Sport), Dr Giovanni Buttarelli (Assistant European Data Protection Supervisor), Arno Metzler (EESC Rapporteur on Recognition of professional qualifications and administrative

cooperation) and Dirk Bochar (Secretary-General of the European Federation of National Engineering Associations).

More information:

<http://www.europarl.europa.eu/committees/en/events.html?dropDownCommittee=IMCO>



SERVICES OF GENERAL ECONOMIC INTEREST - DE MINIMIS REGULATION

On 25 April 2012, the Commission adopted, as the final pillar of the package, the *de minimis* Regulation for the field of services of general economic interest (SGEI). The *de minimis* Regulation establishes a threshold below which compensation is deemed no aid.

The Regulation exempts from EU state aid rules aid of up to € 500 000 per company over a three-year period that is granted as compensation for the provision of services of general economic interest (SGEI). Compensation of this magnitude is deemed unproblematic because it is too low to have any impact on trade and competition. This is the last pillar of a new package of state aid rules for SGEI, the bulk of which has been adopted in December 2011.

Following a public consultation and a thorough revision process, the Commission adopted the first three texts of the new SGEI package on 20 December 2011 in order to define the conditions under which State aid in the form of public service compensation can be considered compatible with the EU rules.

More information:

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:114:0008:0013:EN:PDF>



INTEGRATED HOMECARE IN EUROPE FOR ELDERLY FRAIL SOMATIC PATIENTS

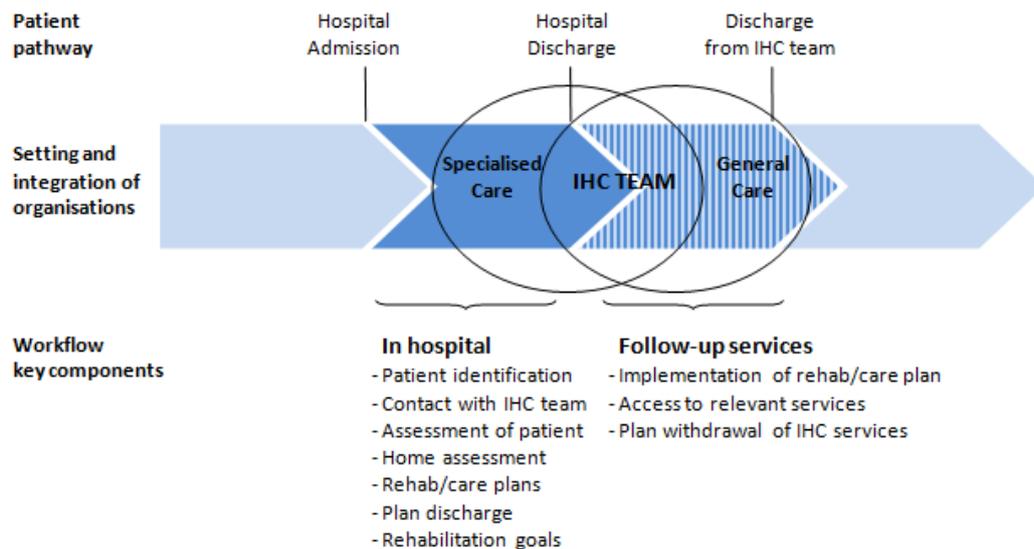
A new European Health Technology Assessment (HTA) summarises the evidence-base for multidisciplinary homecare services integrated across hospital services, general services in primary care and/or social services. The report concludes that integrated homecare (IHC) offers improved health at reduced costs.

A common trend in healthcare reforms in many European countries and worldwide, today, is the focus on more coordinated and integrated forms of services in view to overcome the problems associated with fragmented healthcare services' delivery.

A new European HTA addresses the continuity in discharge planning across specialised hospital-based services and general health services in primary care and/or social services. The focus of the report are elderly frail somatic patients in Europe – with a particular focus on patients with stroke, heart failure (HF) and chronic obstructive pulmonary disease (COPD) representing nearly 50% of all elderly high-risk somatic discharges in Europe.

The main results of the health technology assessment are the following.

- While IHC services for stroke patients reduces *the risk* for “Death or dependence” compared to usual care, the major effect for IHC services for heart failure and COPD are reduced risk of readmission to hospital. All three IHC prototypes show the best results for moderate-to-severely disabled patients with a moderate intensity of care.
- IHC-interventions provide a positive net saving to society, even in a worst-case scenario with moderated effects and high costs. It is estimated that each year about 800.000 new patients could benefit from IHC services in Europe.
- Patients, relatives and health professionals are satisfied with IHC services.
- A main organisational challenge of IHC is the establishment and sustenance of an integrated patient pathway characterised by a *horizontal, inter-organisational collaboration* between specialised services in hospital and general services in primary care and/or social services (figure next page).



The full HTA report as well as an executive summary, IHC guides for each of the selected conditions and contact details are available at the Homecare website: www.integratedhomecare.eu. The HTA has been developed as part of the Seventh Framework EU project, Homecare-222954.



CROSS-BORDER THREATS TO HEALTH - CALL FOR TENDER

A call for tender n° EAHC/2012/Health/01 was published in April 2012 concerning Multiple Framework Contracts in cascade for the "Scripting, planning, conduction and evaluation of exercises, training and assessment implementing the draft Decision on cross-border threats to health."

In December 2011, the European Commission made a draft proposal to the Council and the Parliament for a "Decision of the European Union on serious cross-border threats to health". The purpose of this proposal is to streamline and strengthen capacities and structures on health security to improve the protection of the citizens of the European Union (EU) from serious cross-border threats that can affect public health.

The proposal aims at providing protection that is comparable to the measures in place for communicable diseases to other types of serious cross-border threats to health. These other types of serious cross-border threats to health are events of biological, chemical, environmental or unknown origin, with potentially severe consequences for public health. Biological events can be caused by harmful substances produced by microbes and can be intentionally manipulated to cause illness. Environmental threats include those emerging from the effects of climate change. Radiological events are excluded from this initiative as they are dealt with under the provisions of the EURATOM Treaty.

The proposal will help implement the European Health Strategy and contribute to the objectives of Europe 2020 by promoting health as an integral part of the smart and inclusive growth objectives. Furthermore, it will contribute to the overall European Security context and in particular help achieving the agenda set out in the Internal Security Strategy.

The scope of the proposal covers the EU level coordination of preparedness and response planning for these threats to health, including procurement of medical countermeasures, early alerting, monitoring and assessment of the risks to public health from these potential threats and management of the identified risks and health-related crises.

As specific objectives, the proposal addresses three main areas: preparedness and response planning, risk monitoring and assessment, risk management and crisis communication.

CROSS-BORDER COOPERATION - SEMINAR

On 20 April 2012, the AEBR Seminar "INTERREG Management Cases" was hosted by the Committee of the Regions.

The final programme and presentations of this event, dealing in particular with the practical side of INTERREG management cases, in particular obstacles and difficulties faced by overlapping procedures, financial flows, etc., are available online.

More information:

http://www.aebr.eu/en/news/news_detail.php?news_id=141

RE-CO PROJECT SURVEY ON RE-COMMISSIONING IN NON-RESIDENTIAL BUILDINGS

The Re-Co project (Re-Commissioning - Raising Energy Performance in Existing Non-Residential Buildings), which is supported by the Intelligent Energy – Europe programme of the European Commission and led by the Grazer Energy Agency (GEA) is currently performing a short survey on Re-Commissioning.

GEA's is an organisation whose main goal is to promote the efficient, environmentally, climatically and socially favourable provision of energy services while simultaneously strengthening the regional economy and creating new jobs.

The focal point of the Re-Co project is Re-Commissioning in non-residential buildings, especially in buildings in the health sector, universities and office buildings. Its concrete target is to reach 10% primary energy savings through the optimization of existing building technology systems and user behaviour, i.e. using no-or-low-cost measures.

The Re-Co survey mainly focuses on Re-Commissioning and whether people are familiar and/or interested with/in this approach.

The questionnaires are available in two versions:

- an English one: <http://www.1ka.si/a/13243>
- and a German version: <http://www.1ka.si/a/13411>

More information:

http://eaci-projects.eu/iee/page/Page.jsp?op=project_detail&prid=2431

MENTAL HEALTH - RESTRICTION OF LIBERTY OF PATIENTS

24/25 May 2012, Saint-Martin Psychiatric Centre - Dave - Belgium



Education and Culture DG

Lifelong Learning Programme

As part of the Leonardo Partnership Programme 2010-2012, the European Commission finances a project called European Practices and Procedures for the Restriction of Liberty of Patients in Psychiatric Structures. Benchmarking across European Countries. Case Studies and Staff Experiences.

The final event will take place in Belgium on 24 and 25 May 2012 with a programme that presents the results of working groups as case studies.

More information:

www.mentalnet.eu

ORPHANET ACTIVITY REPORT

On 5 April 2012, Orphanet, the portal for rare diseases and orphan drugs, published its 2011 Activity Report.

Orphanet's key objective is to provide the community with a comprehensive set of information on rare diseases and orphan drugs in order to contribute to the improvement of the diagnosis, care and treatment of patients with rare diseases.

Amongst other things, the report provides information on Orphanet users, the evolution of the database content, Orphanet products and services, national and international collaborations of Orphanet, Community strategy and funding.

More information:

http://ec.europa.eu/health//latest_updates/index_en.htm?Page=2



REFORMING THE NHS: A VIEW FROM ENGLAND

The National Health Service in England is currently undergoing a period of unprecedented reform. Although funded centrally from national taxation, NHS services in England, Northern Ireland, Scotland and Wales are managed separately. Recent debate has focused on how this healthcare is being organized.

In July 2010, the UK coalition Government's white paper, *Equity and excellence: liberating the NHS*, proposed the most significant reorganisation of the NHS in England in its history. After a long and troubled legislative passage the resulting Health and Social Care Bill was finally passed in March 2012.

The NHS reforms intends to:

- devolve power to front-line doctors and nurses: Health professionals will be free to design and tailor local health services for their patients;
- drive up quality: Patients will benefit from a renewed focus on improving quality and outcomes;
- ensure a focus on integration: there will be strong duties on the health service to promote integration of services;
- strengthen public health: giving responsibility for local public health services to local authorities will ensure that they are able to pull together the work done by the NHS, social care, housing, environmental health, leisure and transport services;
- give patients more information and choice: patients will have greater information on how the NHS is performing and the range of providers they can choose for their healthcare;
- strengthen local democratic involvement: power will shift from central to local government

Following this reform, the overarching principle of the NHS being free at the point of use will remain. However, the structures governing the new health and social care system in England will change considerably in the coming few years.

The role of Central Government: Ministers in the national Department of Health will still be ultimately accountable for the NHS. However, their role will move from directly managing the system to setting the strategic direction of the NHS. A newly created independent body, the NHS Commissioning Board, will now hold to account all of the national bodies, with powers to intervene in the event of significant failure, or in an emergency.

Clinical-led Commissioning: the most significant area of change will be for commissioners, the main purchasers of healthcare in the NHS in England. Traditionally Primary Care Trusts (PCTs) have purchased health services for their local populations. Under the reform most NHS services will now be commissioned by groups of GPs working collaboratively across localities, who the government

believe are best placed to understand the collective needs of their patients. This will be a universal system involving all GP practices in England. To strengthen the decisions taken GPs will also be required to obtain advice from a broad range of professional expertise, which will involve working closely with clinical groups, patient representatives, locally elected councillors, local authorities and others.

The provider landscape: a key aspect of the reforms is to enable access for patients to a wider range of providers of NHS services, whether these are public, private or charities and voluntary organisations. Competition in the health sector will be used more explicitly as a driver to ensure greater choice for patients.

The implementation of the reforms will also be carried out in parallel to the current national funding challenge for the NHS to save £20bn by 2015.

For more information, contact Michael.wood@nhsconfed.org

NATIONAL HEALTH SERVICE (NHS) ANNUAL CONFERENCES AND EXHIBITIONS

20-22 June 2012, Manchester, UK

HOPE UK member the NHS Confederation will host its annual conference on 20-22 June in Manchester. The conference is the largest health event in the UK, attracting well over 1.000 chief executives, chairs, directors and other senior leaders from across the National Health Service and beyond (including representatives from the acute sector, primary care, community health services, emergency medical services, mental health providers, and a growing number of private and voluntary sector healthcare organisations that deliver services within the NHS).

The challenges facing hospitals and the healthcare system in England in the coming years mirror those of Europe's other healthcare systems. If you are interested in finding out more about how the NHS in England is adapting to the changing health context then this is the event for you.

The conference will provide a key forum for decision-makers in healthcare to:

- understand the key changes to the English health system;
- discuss emerging healthcare policy;
- network with colleagues dealing with similar issues;
- and to share and implement best practice.
-

Delegates will be able to choose amongst more than 40 sessions covering key themes, including:

- delivering high quality care;
- tackling financial challenges;
- leading and supporting workforce;
- integration of healthcare and partnership working.

The NHS European Office will themselves be hosting a session at the conference on the national implementation of the EU Directive on patients' rights in cross-border healthcare into UK law. We

will hear from purchasers, providers and policy-makers on the potential implications for the NHS in England and consider where the challenges and opportunities, financial and otherwise, might emerge.

More information, full programme and online booking:

www.nhsconfed.org/2012

Alternatively, delegates can contact Michael Wood, European Policy Manager, for more information:

michael.wood@nhsconfed.org

GREEK HEALTH CARE REFORMS - EUROPEAN SUPPORT

Germany will support the European Commission in the Greek health care reforms.

Federal Health Minister Daniel Bahr, his Greek counterpart Andreas Loverdos and the head of the Task Force of the European Commission, Greece, Horst Reichenbach, signed in April 2012 a "Memorandum of Understanding" signed on cooperation in health.

The Federal Ministry of Health in agreement with Greece and the Task Force accepted the task of supporting Greece instrumental in designing and implementing structural reforms in health care. The Federal Ministry of Health will coordinate in this context the support of other EU Member States. This coordinated approach will help to support the Greek government in its efforts, including in drug pricing and reimbursement reforms necessary to perform as well as conditions for the introduction of efficient accounting systems and organizational structures to create in the hospital setting.

Details of the support of Greece are to be defined by visiting experts from various EU Member States in April and May in an action plan. This action plan will be worked out between the Greek Ministry of Health, the Ministry of Health and the Task Force. Following this, it is also among the tasks of the Federal Ministry of Health to work towards an adequate implementation of agreed cooperation objectives.

HOPE CONFERENCES AND EVENTS CO-ORGANISED BY HOPE



AGING HEALTH WORKFORCE – AGING PATIENTS: MULTIPLE CHALLENGES FOR HOSPITALS IN EUROPE

11-13 June 2012 – Berlin (DE)

In 2012, HOPE Exchange Programme will be organised for the 31st time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, an evaluation meeting and conference. “Aging health workforce – aging patients: multiple challenges for hospitals in Europe” is the subject for 2012. HOPE German Member will organise the 31st edition of HOPE Agora in Berlin on June 11-13, 2012.

More information on HOPE Exchange Programme:

<http://www.hope.be/04exchange/exchangefirstpage.html>



FROM 11 TO 13 JUNE 2012 IN BERLIN, GERMANY
The European symposium on “Aging health workforce – aging patients”
Featuring the AGORA of HOPE Exchange Programme 2012

More information and registration:

www.hospage.eu

HOPE – European Hospital and Healthcare Federation

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