

MEETING OF THE LIAISON OFFICERS – N°31
EUROPEAN HOSPITAL AND HEALTHCARE FEDERATION
(HOPE)
6 APRIL 2016
VIDEO/TELEPHONE CONFERENCE
10.00 – 13.00

PARTICIPANTS

HOPE	GAREL Pascal NOTARANGELO Isabella LISI Valentina
AT	SEDLMEIER Claudia
BE	VICTOOR Valérie
DE	SCHREINER Marc
EE	EERIKSOO Hedy
ES	RUIZ DE LA SIERRA Asuncion
FR	LASNE Agathe
IE	FITZGERALD Eamonn
LU	PELLERIN Laure
MT	SAMMUT Antonella
NL	SMET Robbert
PL	SZCZERBAK Anna
SE	SVANFELDT Erik
UK	ZANON Elisabetta

CONCLUSIONS

o CONCLUSIONS OF THE PREVIOUS MEETING

The conclusions are adopted

1 DIRECTIVES IN DISCUSSION, TO BE TRANSPOSED OR TRANSPOSED

1.1. DIRECTIVE ON THE APPLICATION OF PATIENTS' RIGHTS TO CROSS-BORDER HEALTHCARE

TRANSPOSITION AT NATIONAL LEVEL

Liaison Officers sent updated information prior to and after the meeting. The excel sheet was revised accordingly ([annex 1](#)).

Following a short discussion it was decided not to update anymore this document in the future considering in particular the initiatives planned in the Work programme 2016. Relevant information will continue to be provided in the HOPE Newsletter.

TRANSPOSITION AT EUROPEAN LEVEL

The Liaison Officers expressed the wish to focus however on European Reference Networks. The CEO confirms that information will be provided on the info day of 7 April, a conference that will also be web streamed.

1.2. DIRECTIVE ON PUBLIC PROCUREMENT AND PURCHASING IN THE HEALTHCARE SECTOR

An Baeyens presented for DG for Internal Market, Industry, Entrepreneurship and SME's, the state of the art in this field ([annex 2](#)).

Marc Schreiner questioned An Baeyens on the red line between the competence of the Member States and the Union in this field.

An Baeyens answered that the Commission is responsible for public procurement rules and that with this new Directive the aim is to give possibility to public procurement to be more innovative. She added that if Member States want to continue to make stupid decisions they could. However, through the European semester, remarks were made to some countries on this regard. She also mentioned a public procurement meeting with Member States on 8 March, during which one afternoon was devoted to public procurement in healthcare. Many experts in the healthcare field joined the Ministry of Finance experts, showing the huge interest of Member States.

Valérie Victoor mentioned important shortages and the issue of stock guarantee. She wondered if public procurement would be a way to solve shortages?

An Baeyens confirmed that this is an issue foreseen in the public procurement.

Valérie Victoor referred to a discussion in Belgium concerning the debate whether hiring doctors in Belgian hospitals should be submitted to public procurement. She wondered if other countries had a similar issue to deal with.

An Baeyens confirmed that she knew about the debate, and that she knows that there are worries in the UK but that there was no other country that mentioned it.

Liaison Officers are invited, in writing, to provide feedback on the way the transposition goes, on difficulties or pending questions.

1.3. RAPID OVERVIEW OF OTHER EU ISSUES

1.3.1. Late payments

Liaison Officers are still invited, in writing, to check the accuracy of information provided in the report (sent as annex 3) that the European Commission submitted to the European Parliament and the Council on the implementation of this Directive by 16 March 2016.

1.3.2. Medical devices and IvD

Updated information will be provided by HOPE central office as soon as this issue will move.

1.3.3. Data protection

The CEO explained that HOPE office is currently working with the NHS Confederation (NHS office in Brussels) on a document presenting the consequences of the data protection regulation for healthcare and research. When ready, a draft will circulate to Liaison Officers for them to check it, to ask questions and eventually to provide additional elements.

Erik Svanfeldt emphasised the importance of such a paper for healthcare and medical research as this issue raised a lot of worries. No legislation raised so much interest and questions.

Valérie Victoor added that this also evoked a lot of worries from members. There are a lot of things moving as well in Belgium with initiatives from the Minister who wants to change things at federal level and there are also initiatives at regional level.

1.3.4. Falsified medicines

Jūratė Švarcaitė, Secretary General of the Pharmaceutical Group of the European Union (PGEU) presented the European Medicines Verification Organisations and the overall issue around it from the perspectives of the community pharmacies (**annex 3**).

Liaison Officers are invited to provide to HOPE central office any information on the development of the national medicines verification organisation in their country.

1.3.5. Patient safety

The CEO explained that since the last meeting of the Commission's Patient Safety and Quality of Care Expert Group (former Working Group) on 28 September 2015, the several attempts to put this higher on the agenda of the Commission have failed. The only element related to patient safety is a Joint action of 4 M euros on the Public Health 2016 work programme on Antimicrobial resistance and Health Care Associated Infections. He added that he will come back on this issue later this year as the European Centre for Disease Control is pushing for more activities on antimicrobial resistance in hospitals.

1.3.6. Standardisation

The CEO explained that he sent elements on the several initiatives taken by CEN members concerning health and social care. He adds that HOPE is following its work with the other European stakeholders on the basis of the position adopted by the Board of Governors.

Robbert Smet explained that his organisation contacted the Dutch Ministry of Health, which did not seem aware of those initiatives. The Dutch Hospital Federation is now working with other organisations such as medical specialists. He suggested that HOPE would contact the Dutch Presidency to increase awareness on the issue at Council level.

Elisabetta Zanon asked whether those initiatives are aiming at being accreditation systems for organisations.

The CEO answered that the worries concerned first the way the CEN and its members are working to produce standards. It is not adapted to the core business of healthcare organisations even if it might be appropriate for medical devices, IT or other equipment. He added that those initiatives and accreditation were however two separate issues. Accreditation systems are diversely used in Europe. What CEN and some of their members are trying to do is to enlarge their scope by creating standards in healthcare activities. Indeed, those standards could then be used as reference for accreditation mechanisms.

2 COMPARATIVE ACTIVITIES

2.1. COUNTRY PROFILES – UPDATE OF HOPE WEBSITE

The CEO said that the new HOPE website will be launched soon.

2.2. STUDIES TOURS

The CEO explained that Liaison Officers will get soon information on the proposed Finnish study tour but that, due to changes of position, Portuguese colleagues decided to postpone their study tour.

2.3. MIGRANTS AND REFUGEES

The Liaison Officers are invited, in writing, to comment the draft questionnaire on good practices.

2.4. EXPENSIVE NEW PHARMACEUTICALS

The CEO explained that very few answers were received but most of them pleading for exchange of good practices. HOPE central office will further work on this.

2.5. INTEGRATED CARE

The CEO explained that the initial idea of gathering good practices was jeopardised by the Commission all for a tender (sent as annex 6) concerning integrated care assessment that will include a collection of good practices on integrated care. Considering the risk of duplication, with much less resources, the Liaison Officers will be invited to discuss the opportunity to work instead on a position paper.

Valérie Victoor confirmed that this is a very trendy topic and that it was a good idea for HOPE to work on it.

Elisabetta Zanon regretted that the collection of good practices was abandoned.

The CEO proposed to work with her to see what could be feasible.

2.6. EUROPEAN PROJECTS TO SHARE PRACTICES

The projects of which HOPE members and their individual members could be part of will be reviewed.

HONCAB - HOSPITAL NETWORK FOR CARE ACROSS BORDERS IN EUROPE

The project to support the creation of a pilot network of hospitals related to payment of care for cross-border patients HoNCAB (<http://honcab.eu/>) started in September 2012 and recently benefited from a six-month extension, thus coming to an end in February 2016.

HoNCAB's main objective is to obtain for patients a better understanding of the financial and organisational requirements that may arise as a result of receiving healthcare outside their Member State of affiliation, thus preparing hospitals for the new conditions that applied after the entry into force of the new EU's rules on patients' rights in cross-border healthcare (Directive 2011/24/EU).

Among the results achieved to date, there is the establishment and testing of a knowledge management system composed of a dataset to be used by hospitals to collect and exchange relevant information on cross-border patients, on the basis of a pre-defined set of variables. To date, 679 patients' files were correctly uploaded on the HoNCAB database, together with 99 questionnaires from patients.

The project also set-up a pilot Network of Hospitals – The Hospital Network for Care Across Borders in Europe - with the aim to share practical experiences, problems and solutions related to cross-border care. HOPE has been designated as secretariat of the Network of Hospitals.

Beside its involvement as secretariat of the Network and leader of the dissemination activities, HOPE organised the project final conference. The conference was held in Brussels presenting results achieved, launching the Network of Hospitals, and discussing future activities with policymakers and key stakeholders.

Liaison Officers are invited, in writing, to give feedback on the ways to promote the network.

eSTANDARDS

eStandards (<http://www.estandards-project.eu/project>) is financed under Horizon 2020, the EU research and innovation programme. It kicked off in May 2015 and will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing.

The project brings together the leading Standards Organizations in Europe and health stakeholders including HOPE.



HOPE is involved as a partner in four of the seven Work Packages composing the project, namely:

- Work Package 3 on Develop Roadmap for aligning of Standardization Activities
- Work Package 4 on Support Large-scale eHealth Deployment
- Work Package 6 on Socio-economic aspects of standards-driven eHealth interoperability
- Work Package 7 on Global vision, Local Insight: Networking, Liaison, Stakeholder Engagement

ICT₄Life

The aim of the project is to conduct research and provide innovative solutions on new services for integrated care. Focusing on real medical problems, people with Dementia, Alzheimer or Parkinson disease, constitute the main group of users ICT₄Life will focus its analysis on. ICT₄Life validation will be done in real use case scenarios in 3 European countries of all this pathologies in order to validate ICT₄Life services, measure effects of treatment and to evaluate knowledge acquired about co-morbidities of these diseases.

The project thus contributes to the EU level effort in promoting active and healthy ageing and cover as well issues related to integrated care.

HOPE has been designated as the leader of the dissemination activities.

3 HUMAN RESOURCES

3.1. EUROPEAN WORKFORCE FOR HEALTH

The Joint Action on European Health Workforce Planning and Forecasting is organising a conference in Belgium on 3 and 4 May. Information will be provided in the HOPE Newsletter.

3.2. CODE OF ETHICAL BUSINESS PRACTICE

Rénata de Travieso presented for MedTech Europe (the European association of medical devices companies) the new code concerning its relations with scientific and other medical societies as this has consequences on hospital and healthcare services (**annex 4**).

Erik Svanfeldt asked whether there are differences with the codes in the pharmaceutical industry.

Rénata de Travieso answered that it was on purpose that there is no alignment of the two codes since the structures are quite different. There are however contacts with EFPIA, the European organisation representing the non-generic pharmaceutical sector.

Erik Svanfeldt asked whether there are codes concerning patient organisations.

Rénata de Travieso answered that there are none. Patient organisations are not falling under this code but there have been initiatives made ad-hoc.

The CEO concluded by inviting Liaison Officers to pass this information to colleagues in their organisations that are dealing with human resources.

3.3. WORKING TIME DIRECTIVE

Updated information will be provided by HOPE central office as soon as this issue will move.

3.4. EUROPEAN SOCIAL DIALOGUE

Updated information on the activities by HOPE central office will be provided after the next meeting between HOPE office and HOSPEEM office.

4 NEXT MEETINGS

Liaison Officers that are not Governors and/or National Coordinators are warmly invited to join the Rome HOPE Agora on 6-8 June 2016.

The CEO proposed to organise a two-hour meeting on Tuesday afternoon, considering that most Liaison Officers will be present in Rome, in particular those who are Governors and/or National Coordinators. **The meeting will take place on Tuesday 7 June from 17.00 to 19.00.**