

General Report

on the Activities of the

**European Hospital
and Healthcare Federation**

2014



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Atelier "La D mesure du Possible" with the participation of residents of "Centre Rainier III de l'H pital Princesses Gr ce de Monaco" and "Institut Claude Poupidou de Nice"

Artist: Fred P ri 

"La D mesure du Possible" is an innovative, digital, ergonomic, sensorial and interactive proposal specifically designed by Art dans la Cit  with Fred P ri  to improve the lives of older people in healthcare institutions, recreate the social link, break their isolation and anticipate disruptions related to aging with a unique stimulation of the senses and cognitive faculties.

General Report on the Activities of the European Hospital and Healthcare Federation — 2014

HOPE
Pascal GAREL, Chief Executive
Avenue Marnix 30, 1000 Brussels
Belgium
www.hope.be

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Introduction

The year 2014 saw elections not only in the European Parliament but also within HOPE. May was a particularly crucial month for the European institutions as European citizens were called to vote for the new Members of the European Parliament while HOPE elected a new President and Vice-President for a 3-year term.

To mark the beginning of the new mandate, HOPE issued a post-election statement to the newly elected Members of the European Parliament and to the European Commission, drawing EU decision makers' attention to several key policy priorities for EU action during the new legislative period.

Despite these institutional changes, many legislative issues continued to be debated in the EU political agenda such as the proposed Regulations on medical devices and in vitro diagnostic medical devices and the proposed Regulation on data protection, among many others. HOPE closely monitored these and other legislative issues likely to have an impact on hospital and healthcare services, and it participated in meetings and events where these issues were debated.

Quality of care was an area to which HOPE devoted particular attention in 2014, as the issue is gaining in importance at EU level and within Member States. The 2014 edition of the HOPE Exchange Programme was thus dedicated to the theme *"Quality first! Challenges in the changing hospital and healthcare environment"*. HOPE also continued its involvement in PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care) actively contributing to the work carried out in 2014, and it was regularly invited to attend and provide inputs to the Commission's Patient Safety and Quality of Care Working Group, of which HOPE is a member.

Besides the legislative agenda, 2014 was a year of active engagement for HOPE in several EU co-founded projects. Some of them were successfully completed such as Health C (Improving Crisis Communication Skills in Health Emergency Management) and three projects in the area of e-health: the thematic networks Momentum and AgeingWell, and the eHealth Governance Initiative.

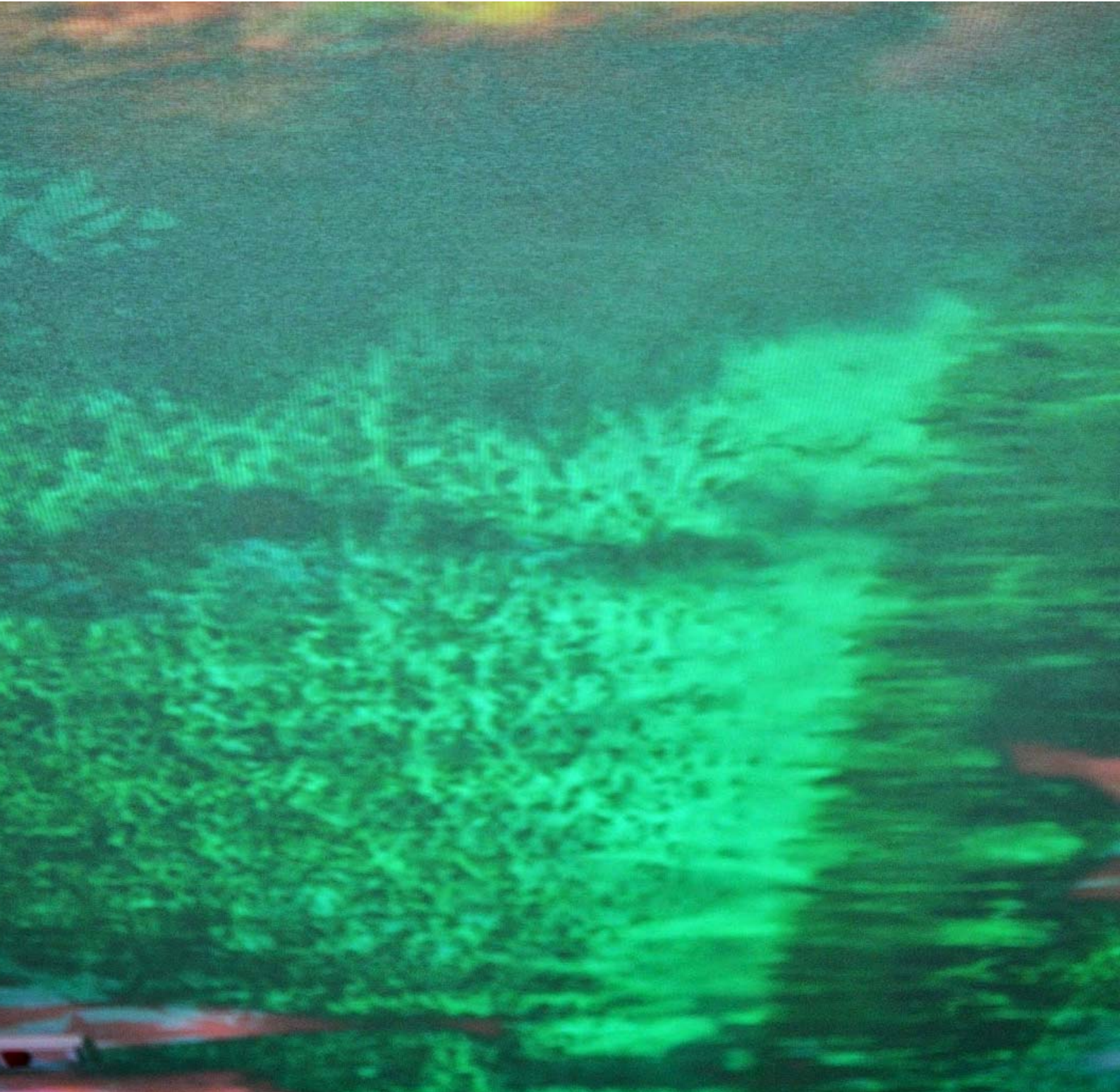
In other ongoing projects, HOPE's contribution remained significant throughout the year such as within the Joint Action on Health Workforce Planning and Forecasting and IPPOCA project (Improving Professional Practice on Child Abuse).

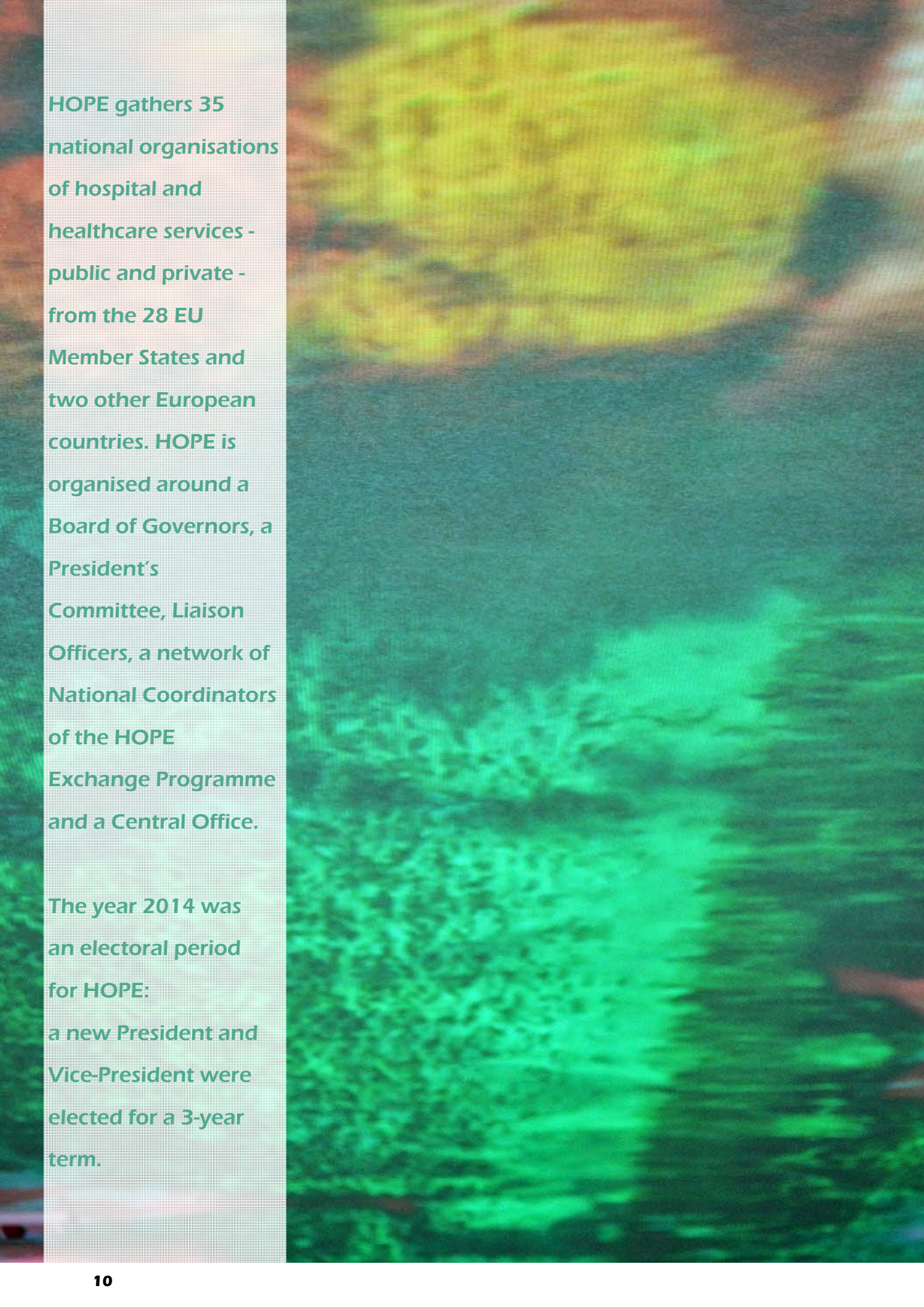
Consistent with HOPE's mission to facilitate cross-border exchange of good practices among its members, three study tours were also organised in 2014. Finally, HOPE participated as a speaker or contributed to the organisation of several international events and, as every year, published its official Reference Book "*Hospital Healthcare Europe*".



Chapter 1

LIFE AND GOVERNANCE





HOPE gathers 35 national organisations of hospital and healthcare services - public and private - from the 28 EU Member States and two other European countries. HOPE is organised around a Board of Governors, a President's Committee, Liaison Officers, a network of National Coordinators of the HOPE Exchange Programme and a Central Office.

The year 2014 was an electoral period for HOPE: a new President and Vice-President were elected for a 3-year term.

Election Time

Convening from 26 to 28 May 2014 in Amsterdam (The Netherlands) during the HOPE Agora, HOPE elected a new President and Vice-President for a three-year term.

Mrs. Dr. Sara C. Pupato Ferrari, Secretary General of the Spanish Agency for Consumer Affairs, Food Safety and Nutrition of the Ministry of Health, Social Services and Equality, was elected President of HOPE, being previously for three years Vice-President to Mr. Georg Baum, CEO of the German Hospital Federation (*DKG – Deutsche Krankenhausgesellschaft*). As a medical doctor, rheumatologist by specialty, she has been working in hospitals for more than 20 years and she has been involved in HOPE for almost 10 years, thus having a deep insight into HOPE's activities.

Mrs. Eva M. Weinreich-Jensen was elected Vice-President. With a background in political science, she has been working for the Danish Regions (*Danske Regioner*), the Danish HOPE member, since 2007. In 2009, she became involved in HOPE's activities, both in the President's Committee and in the Board.



Outgoing President Mr. Georg Baum and newly elected President Mrs. Dr. Sara C. Pupato Ferrari (right) and Vice-President Mrs. Eva M. Weinreich-Jensen (left)

Governance

HOPE gathers 35 national organisations of hospital and healthcare services - public and private - from 30 countries.

It is organised around a Board of Governors, a President's Committee, Liaison Officers, a network of National Coordinators of the HOPE Exchange Programme and a Central Office.

The *Board of Governors* (BoG) consists of the President and the Governors, one for each EU Member State. It is the forum for all major policy decisions. The BoG met twice in 2014: on 26 May in Amsterdam (The Netherlands) as part of the HOPE Agora 2014. The second meeting took place on 17 October in Madrid (Spain) with a discussion on the 50th anniversary of HOPE in 2016.



HOPE Board of Governors in Amsterdam (The Netherlands)

From the left to the right: Dr. Urmas SULE (Estonia), Mr. Pascal GAREL (HOPE Chief Executive), Mr. Francisco Antonio MATOSO (Portugal), Mr. Erik SVANFELDT (Sweden), Mrs. Dr. Aino-Liisa OUKKA (Finland), Mr. Gérard VINCENT (France), Mrs. Elisabetta ZANON (United Kingdom), Prof.Dr. Georgios KONSTANTINIDIS (Republic of Serbia), Mrs. Eva M. WEINREICH-JENSEN (HOPE Vice-President – Denmark), Dr. Simone TASSO (Italy), Mr. Georg BAUM (Outgoing HOPE President – Germany), Mrs. Dr. Sara C. PUPATO FERRARI (HOPE President – Spain), Mr. Simon VRHUNEC (Slovenia), Mr. Robbert SMET (The Netherlands), Mr. Willy HEUSCHEN (Belgium), Mr. Nikolaus KOLLER (Austria), Dr. Jaroslaw FEDOROWSKI (Poland), Mr. Marc SCHREINER (Germany), Mr. Marc HASTERT (Luxembourg), Dr. Paul Daniel MICALLEF (Malta).

Following the resignations of Mr. Marc Schreiner (Germany), Dr. György Harmat (Hungary), Mr. Joe Caruana (Malta) and Mr. Mike Farrar (United Kingdom), the following Governors were nominated: Mr. Georg Baum (Germany), Dr. Denis Vella Baldacchino (Malta) and Mr. Rob Webster (United Kingdom). Mrs. Asunción Ruiz de la Sierra was nominated Governor for Spain, replacing the newly elected HOPE President Mrs. Dr. Sara C. Pupato Ferrari.

On 26 May in Amsterdam and on 17 October in Madrid, the President welcomed the participation in HOPE of representatives from two new members : Dr. Simone Tasso from the Veneto Region (Italy) and the Croatian Representative Dr. Dragan Korolija-Marinić.

The *President's Committee* (PsC) consists of the President Mrs. Dr. Sara C. Pupato Ferrari (Spain), the Vice-President Mrs. Eva M. Weinreich-Jensen (Denmark), and three Governors nominated for a one-year term renewable. The President has the power to co-opt other representatives of HOPE delegations, without voting right, to contribute to the President's Committee. In May 2014, with the election of a new presidency, the PsC was renewed. Past-President Mr. Georg Baum (newly elected Governor for Germany) was nominated as a PsC member, as well as Mrs. Dr. Aino-Liisa Oukka (Governor for Finland). The mandates of PsC member Dr. Urmas Sule (Governor for Estonia) and co-opted member Dr. Jaroslaw Fedorowski (Governor for Poland) were renewed. During the BoG of Madrid, the President nominated Mr. Robbert Smet (Governor for The Netherlands) as co-opted member of the PsC .

The PsC oversees the implementation and execution of the decisions taken by the Board of Governors, co-ordinates the work of the Liaison Officers and the working parties, acts in the name of HOPE, and authorises legal representation. The PsC met on 11 April in Madrid (Spain) and on 17 September in Brussels (Belgium) to discuss the agenda of the Board of Governors and the meetings of the Liaison Officers, and to decide on the priority activities of the organisation.

The network of *Liaison Officers* was created to improve activities and to professionalise them. In 2014, HOPE Liaison Officers met three times: on 13 March in Brussels (Belgium), on 26 May in Amsterdam (The Netherlands) and on 27 November in Belgrade (Republic of Serbia). At these meetings, Liaison Officers discussed the latest project developments, the 2014 topics and the transposition of Directives. This was also an opportunity for HOPE to find common positions regarding legislation under negotiation.

As it does on a regular basis, the network of *National Coordinators* of the HOPE Exchange Programme met twice to work on the Programme: on 26 May in Amsterdam (The Netherlands) and on 28 November in Belgrade (Republic of Serbia).

The *Central Office* is based in Brussels (Belgium). It is organised and directed by the Chief Executive, Mr. Pascal Garel, assisted by Mrs. Colberte De Wulf, with EU Policy Officer Ms. Silvia Bottaro and Health Economist Ms. Isabella Notarangelo. In 2014, HOPE also welcomed four interns: Ms. Marine Guézennec from May to June, Ms. Marie Lavit from May to September, Ms. Ewa Ruka from June to October, and Ms. Alessandra Durante in December.



GOVERNANCE AT THE END OF 2014

President Mrs. Dr. Sara C. PUPATO FERRARI

Chief Executive Mr. Pascal GAREL

GOVERNORS

Austria	Mr. Nikolaus KOLLER
Belgium	Mr. Willy HEUSCHEN
Bulgaria	Mrs. Dr. Todorka KOSTADINOVA
Croatia	Dr. Dragan KOROLIJA-MARINIC
Cyprus	Mrs. Dr. Elisavet CONSTANTINO
Czech Republic	Dr. Roman ZDÁREK
Denmark	Mrs. Eva M. WEINREICH-JENSEN , Vice-President
Estonia	Dr. Urmas SULE
Finland	Mrs. Dr. Aino-Liisa OUKKA
France	Mr. Gérard VINCENT
Germany	Mr. Georg BAUM
Greece	Dr. Yannis SKALKIDIS
Ireland	Mrs. Catherine WHELAN
Italy	Dr. Domenico MANTOAN
Latvia	Dr. Jevgenijs KALEJS
Lithuania	Dr. Dalis VAIGINAS
Luxembourg	Mr. Marc HASTERT
Malta	Dr. Denis VELLA BALDACCHINO
Netherlands	Mr. Robbert SMET
Poland	Dr. Jaroslaw J. FEDOROWSKI
Portugal	Mrs. Prof. Ana ESCOVAL
Romania	Dr. Mircea OLTEANU
Slovakia	Prof. Marián BENCAT
Slovenia	Mr. Simon VRHUNEC
Spain	Mrs. Asunción RUIZ DE LA SIERRA
Sweden	Mr. Erik SVANFELDT
United Kingdom	Mr. Rob WEBSTER

HEADS OF DELEGATIONS

Observer member Switzerland	Dr. Bernhard WEGMÜLLER
Consultant member Republic of Serbia	Prof.Dr. Georgios KONSTANTINIDIS

Chapter 2

INFLUENCE





A major component of HOPE's work is to help shape EU legislation by taking account of the realities of healthcare.

To achieve this, HOPE has to follow the development of both hard and soft law.

In 2014, HOPE closely followed and took part in the debate around several key health policies. But 2014 was also a year of change: the European elections marked the beginning of a new mandate for the European Parliament and a new European Commission's term.

European Union Elections

The year 2014 witnessed institutional changes in the European Union. In May, European citizens elected the new European Parliament for a five-year term. This newly elected European Parliament held its first plenary session in Strasbourg in July. On this occasion, Martin Schulz (S&D, Germany) was re-elected President for a mandate of two and a half years. The new Committees, which prepare the work of the plenary sessions in their respective areas of competence, were formed and Chairs and Vice-Chairs elected.

In July, the European Parliament also elected the new President of the European Commission, Jean-Claude Juncker from Luxembourg. New European Commissioners were appointed and their respective portfolios assigned. The Commissioner designated for the area of Health and Food Safety was Mr. Vytenis Andriukaitis from Lithuania. A graduate in medicine and history, since December 2012 he had been holding the position of Minister of Health in Lithuania. The new European Commission officially took office on 1 November for a five-year mandate.

HOPE issued a post-election statement to the newly elected Members of the European Parliament (MEPs) and the President of the European Commission. The aim of the statement was to draw EU decision makers' attention to several key policy priorities for EU action during the new legislative period.

The policy priorities addressed in the statement were:

- the necessity to keep public health at the core of EU health-related policies and initiatives;
- the need to fully recognise hospital and healthcare services as major contributors to economic development;
- the need to increase the coherence of EU policies impacting on health and social care.



With the new term, a re-organisation of responsibilities took place within the European Commission's services. One of the most striking changes for the health community was the announcement of the intention to move the medicinal products and health technologies portfolios as well as the European Medicines Agency from the Health and Food Safety Directorate General (DG SANCO) to the Directorate General for Internal Market, Industry, Entrepreneurship and SMEs (DG ENTR).

In response to such a change, HOPE together with 35 EU health stakeholders, signed a joint letter on 16 September to the new Commission's President Jean-Claude Juncker. The letter set out our concern in this matter, stressing that promoting and protecting health and patient safety should underpin EU policy regarding pharmaceuticals and health technologies, rather than market considerations or the drive for competitiveness.

Stakeholders were successful in making their voice heard. As a matter of fact, on 22 October the Commission's President announced his decision to leave the medicinal products portfolio to the Commissioner for Health and Food Safety.

Since the future allocation of the health technology portfolio, which encompasses medical devices, was not completely clarified, HOPE and other health stakeholders decided to address a second letter to the Commission's President, urging for a return of this portfolio also to DG SANCO. But this was less successful.

Changes took place as well within the European Council, which defines the EU's general political direction and priorities. Mr. Donald Tusk from Poland was appointed President of the European Council. His mandate started on 1 December 2014.

HOPE issued a post-election statement to the newly elected Members of the European Parliament and the President of the European Commission. The aim of the statement was to draw EU decision makers' attention to several key policy priorities for EU action during the new legislative period.

Hard Law

Hard law refers to laws that take precedence over national law and are binding on national authorities. This consists of EU Regulations, Directives and Decisions.

In 2014, HOPE closely followed and took part in the debate around several key health policies: the proposed Regulations on medical devices and in vitro diagnostic medical devices; the proposed Regulation on clinical trials; the proposed Regulation on data protection; the proposed Directive on public procurement, just to mention a few. HOPE closely monitored the legislative process and provided its input, also participating in key meetings where these issues were debated.

HOPE intervenes at three different steps in the decision process: when the first discussions take place, when a proposal is adopted by the Commission, and finally when legislation is adopted and enters the transposition process. This means different types of involvement for HOPE Central Office and HOPE members.



DIRECTIVES AND REGULATIONS ADOPTED

CLINICAL TRIALS REGULATION

In April 2014, a revised clinical trials Regulation (EU No 536/2014) was adopted. The new Regulation aims at boosting clinical research in Europe by simplifying the rules for conducting clinical trials, while maintaining high standards of patient safety.

A majority of hospitals are involved in research studies which often take the form of clinical trials. The newly adopted Regulation represents for HOPE a significant improvement to the previous Directive and a clear attempt to streamline the authorisation of new clinical trials.

More specifically, the main provisions included in the Regulation contain: a simplified application procedure thanks to the set-up of a EU Portal, a single entry point which will receive all applications; increased transparency through the establishment of a public accessible EU database containing information on clinical trials and their outcomes; strict timelines for the authorisation of clinical trials with tacit approval should a decision not be taken within this timeline.

The Regulation entered into force on 16 June 2014 and will apply six months after the EU portal and EU database have become fully functional, but in any event no earlier than 28 May 2016.



PUBLIC PROCUREMENT DIRECTIVE

The modernisation of the EU legislation on public procurement was one of the twelve priority areas for stimulating growth identified in the Single Market Act. The proposal for the review of the Directive was published by the European Commission at the end of 2011.

The revised public procurement Directive (2014/24/EU) was adopted on 26 February 2014 and entered into force on 17 April 2014. Member States have 24 months to transpose it into national legislation.

This reviewed Directive provides for a simplification and flexibilisation of the previous procedural regime. It allows procurers to make better use of public procurement in support of common environmental and societal goals, introduces a new procurement procedure which can be used for developing and purchasing innovative products, services and works, and facilitates access for SMEs.

Since the beginning of the legislative process, HOPE advocated clear and simple rules with a reduction in the level of detail and greater reliance upon the general principles of transparency, equal treatment and non-discrimination.

The adopted Directive took into account HOPE's position, which stated that, in order to develop the full potential of public procurement, the criterion of the lowest price should be removed. The new rules enable authorities to consider not only the price, but also environmental, social benefits or innovative ideas offered by a bidder. The new legislation also includes stricter rules on "abnormally low" bids and subcontracting, so as to ensure compliance with labour laws and collective agreements.

Simplification has also been introduced by providing a standard "European Single Procurement Document" in all languages and obliging authorities to share the details of eligible bidders from national databases. The system would be based on self-declarations and only the winning bidder would have to provide original documentation.

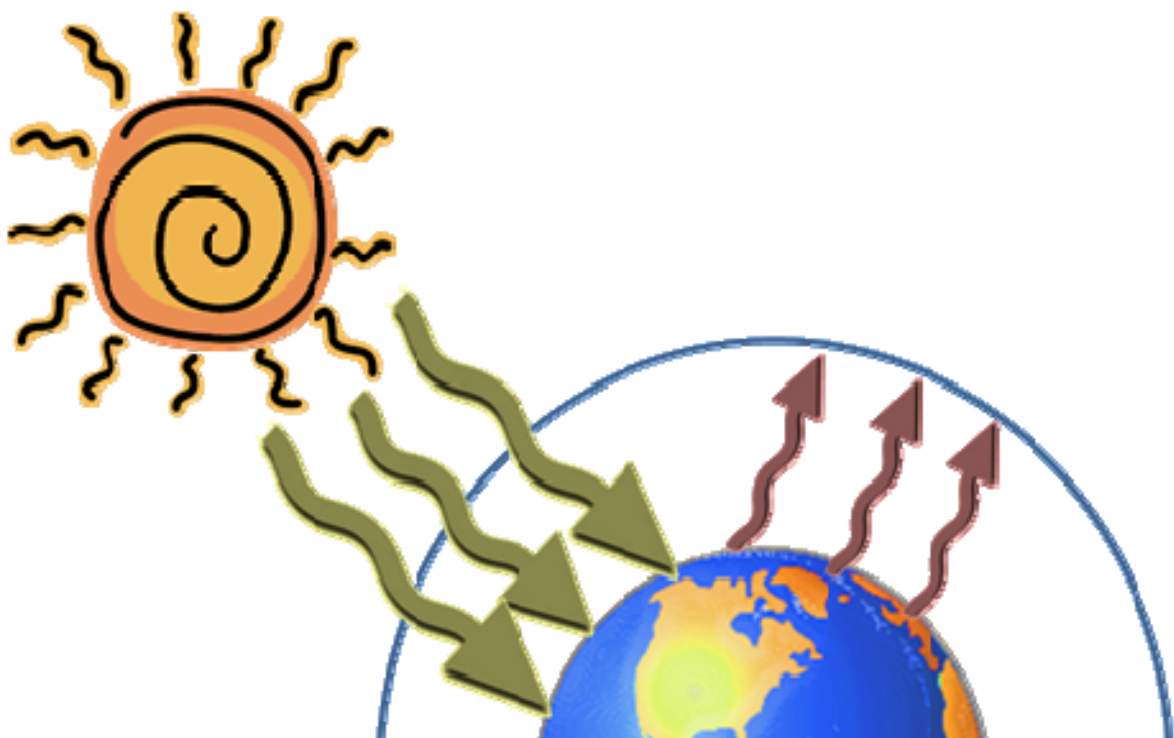
FLUORINATED GREENHOUSE GASES REGULATION

Fluorinated greenhouse gases (F-gases) are used in an increasing number of applications such as air conditioning, refrigeration systems, aerosols and extinguishers. Hospitals are a major sector in which these gases are used.

The European Commission published a proposal for the revision of the fluorinated greenhouse gases Regulation on 7 November 2012. The proposal aimed at ensuring a high level of environmental protection by reducing substantially F-gases emissions responsible for climate change.

The revised Regulation (EU No 517/2014) was adopted on 16 April 2014 and entered into force on 9 June, having to be applied from January 1st 2015.

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



HEALTH PROGRAMME 2014-2020

On 22 March 2014, the Regulation establishing the third Programme for the European Union's action in the field of health for the period 2014-2020 (EU No 282/2014) came into force.

This third programme builds on the two previous health programmes 2003-2007 and 2008-2013 with the objective of complementing Member states' health policies in the following four areas:

- *promotion of good health and prevention of diseases*, addressing risk factors such as smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity;
- *protection from cross-border health threats* by identifying and developing coherent approaches and promoting their implementation for better preparedness and coordination in health emergencies;
- *contribution to innovative and sustainable health systems* where the new EU Health Programme could provide support of the voluntary cooperation between Member States to identify and develop tools and mechanisms to address shortages of resources, both human and financial, facilitate the voluntary up-take of health innovation and eHealth and provide expertise and help the sharing of good practices to assist Member States undertake health system reforms;
- *easier access to better and safer healthcare*; eligible actions include support for Member States and patient organisations on issues such as patient safety and quality of care, rare diseases and antimicrobial resistance.

It is worth noting that two out of four priorities are oriented towards healthcare and not public health anymore. There was no priority on healthcare in the first programme and only one out of six priorities in the second one: this clearly shows the trend followed by the European Union to interfere more in healthcare.

The new Health Programme has a budget of 449 million Euros (in current prices). This amount is shared between the different objectives of the Programme during its entire length. The first calls for proposals were launched in June 2014, after the publication on 26 May by the Consumer, Health and Food Executive Agency (CHAFEA) of the annual work programme 2014.

For many years HOPE has been involved in projects and Joint Actions co-funded under the EU Health Programme. For more information on projects and Joint Actions completed or ongoing in 2014, please see Chapter III (European Programmes and Projects).



PROPOSED LEGISLATIONS

MEDICAL DEVICES REGULATIONS

The revision of the EU rules concerning medical devices continued to be one of the major issues in the 2014 EU legislative agenda.

In September 2012, the European Commission published two proposals for Regulations on medical devices and in vitro diagnostic medical devices. The aim of both proposals was to address inconsistencies in interpretation, by the Member States, of the current rules, increase patient safety, remove obstacles to the internal market, improve transparency with regard to patient information, and strengthen the rules on traceability. The need to revise the current EU rules emerged particularly in the wake of the scandal of defective breast implants produced by the French PIP company.

The European Parliament adopted its position at first reading in April 2014. After the European elections, in September 2014 the dossier on medical devices was assigned to Rapporteur Glenis Willmott (S&D, UK), replacing the outgoing MEP Dagmar Roth-Behrendt. MEP Peter Liese (EPP, Germany) remains the Rapporteur for the Regulation on in vitro diagnostic medical devices.

In the Council, little progress was achieved in the second half of 2014. Some topics still divide Member States such as the reprocessing of single-use medical devices. Some Member States would like the issue to be regulated at EU level while others believe this is a national competence.

The question of single-use medical devices constitutes one aspect for which HOPE has been constantly vigilant over the last ten years. HOPE advocated that, when done in a safe way, multiple uses of medical devices are a way to reduce costs and contribute to the protection of the environment. Re-use of medical devices results in the reduction of procurement costs, better use of cleaning and sterilisation equipment and in the reduction of inventory, reduction of waste, overall reduction in the consumption of raw materials and primary energy.

Another issue still dividing Member States is the surveillance of medical devices, where not all agree whether the regulatory system should principally focus on measures in the pre-market stage or should also be based on stronger post-market surveillance provisions.

The medical devices legislative process was also discussed in the Commission's medical devices expert group, which is composed of Member States, industry and other stakeholder representatives in the area of medical devices and to which HOPE is invited as a permanent member. An important meeting of the expert group took place on 16 January 2014 to update stakeholders on the state of play of the negotiations and most critical points related to the two draft regulations on medical devices, as well as an update on the "PIP Action Plan", aimed at greater control of Notified Bodies. The Commission published in June 2014 a Staff Working Document containing a detailed analysis of the plan's implementation as well as areas in which work should be intensified in the future.

The two dossiers on medical devices and in vitro diagnostic medical devices will continue to be debated in the first half of 2015 in the Council, the Latvian Presidency of the Council of the EU aiming to reach an agreement with the European Parliament by June 2015.



SAFETY FEATURES FOR MEDICINAL PRODUCTS FOR HUMAN USE

Article 54a of the Directive 2011/62/EU on the community code relating to medicinal products for human use, puts the Commission under the obligation to adopt delegated acts regarding various aspects of the “safety features” for medicinal products for human use, also known as “unique identifiers”. These safety features are used to verify the authenticity of medicinal products.

The Commission carried out an impact assessment to identify the most cost-effective options to be proposed in the delegated act. This assessment was finalised in late December 2013.

HOPE was invited to a stakeholder workshop on 28 April 2014. The latter aimed to inform the stakeholders and open the discussion on the outcome of the impact assessment with regard to the options for the technical characteristics of the unique identifier, the modalities for verifying the authenticity of the safety features and the set up and management of the repository system containing the unique identifiers.

Several questions were raised by HOPE and other stakeholders, in particular about the composition of the unique identifier, liability and the verification to be performed at the point of dispensation, including how the point of dispensation will have to be organised in hospitals. The Commission will probably introduce some flexibility in the delegated act to take into account special situations existing in Member States and to ensure there will be no disruption in the daily work of hospitals.

The delegated act is expected to be adopted in 2015.



DATA PROTECTION REGULATION

The revision of the general data protection Regulation aims to strengthen current EU data protection rules and to ensure a more harmonised approach to data protection and privacy across the European Union. The Commission's draft proposal and the amendments proposed by the European Parliament might have an important impact on healthcare services and research. Therefore, HOPE has been closely following the legislative process since the publication of the Commission's proposal in 2012.

HOPE, together with the Healthcare Coalition on Data Protection put forward recommendations designed to clarify and improve provisions related to health and met with other stakeholders to exchange views on recent developments and identify possible common actions for the future.

On 12 March 2014, MEPs adopted the report by MEP Jan Philipp Albrecht (Greens/EFA, Germany) during the European Parliament plenary session in Strasbourg. Ahead of the plenary vote, HOPE, together with the Healthcare Coalition on Data Protection (which represents key stakeholders in the healthcare sector in Europe and in which HOPE has been involved since 2013) put forward recommendations designed to clarify and improve provisions related to health as included in the European Commission's proposal and in the European Parliament Civil Liberties, Justice and Home Affairs (LIBE) Committee's report.

In particular, the recommendations encouraged MEPs to:

- maintain articles 81 and 83 in the form proposed by the Commission and clarify the exemptions from consent for healthcare and research;
- clarify the definition of "personal data";
- avoid excessive administrative burden linked to impact assessment obligations;
- clarify the exemption to the right to be forgotten and other rights for "health purposes" and research;
- allow international transfers of appropriately-protected data.

Other activities within the Healthcare Coalition on Data Protection included a meeting, which was organised on 12 December 2014. Several health stakeholders were also invited to participate as observers. The objective was to exchange the views of the respective organisations on the recent developments of the data protection Regulation and identify possible common actions for the future. The European Commission (DG SANTE, DG JUSTICE and DG CONNECT) joined part of the meeting and provided some updates and clarifications about the Regulation.

Concerning the Council, Ministers were able to reach a partial general approach on specific aspects of the draft Regulation during the meetings of the Justice and Home Affairs Council which took place on 6 June, 10 October and 4 December 2014.

The partial general approach agreed in June included the text about territorial scope, the text concerning the respective definitions of “binding corporate rules” and “international organisations” and the transfer of personal data to third countries or international organisations.

In October, the partial agreement included chapter IV and the related recitals, which define the obligations for data controllers and processors. These obligations include the need for an objective risk assessment. High risk means a specific risk of infringing the rights and freedoms of individuals.

In December, the partial agreement concerned articles which are crucial to the question of the public sector (Article 1, Article 6, paragraphs (2) and (3), Article 21, and related recitals). The amendments proposed by the Council recognised the necessity expressed by Member States to have enough room to manoeuvre in determining the data protection requirements applicable to the public sector. It also included an agreement on some specific processing situations set out in chapter IX and the related recitals. This encompassed article 83 on the processing for historical, statistical and scientific research purposes.

The Latvian presidency of the Council aims to adopt a general approach on this dossier by end of June 2015.



TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP

Many concerns have been expressed by the civil society on the impact the Transatlantic Trade and Investment Partnership (TTIP) - the EU-US trade and investment deal - might have on health services. In 2014, HOPE monitored this issue to understand the potential impact of the agreement on hospital and healthcare services.

Following criticisms on the transparency of the negotiation process, the European Commission published a communication on 25 November outlining actions planned to inject more transparency into the negotiations.

The main transparency initiatives that were announced included:

- provision of more extensive access to TTIP documents notably by making public more EU negotiating texts that the Commission already shares with Member States and Parliament. However, this excludes US documents or common documents without the agreement of the US and EU market opening offers on tariffs, services, investment and procurement as they are the essence of the confidential part of the negotiations;
- provision of broad access to TTIP texts to all MEPs, subject to appropriate modalities to ensure the confidentiality of the information provided;
- publication of additional on-line materials and more extensive reporting on the outcomes of negotiation rounds.

On 26 November, HOPE participated in a tweet chat (a live discussion on twitter) on the TTIP and the NHS, organised by the NHS European Office. HOPE expressed the idea that the involvement of stakeholders is key to ensuring the transparency of the negotiations.

HOPE will continue to monitor the issue in 2015, to ensure health systems will not be negatively affected by TTIP.



VAT

On 14 October 2013, the European Commission launched a consultation on the review of existing VAT legislation on public bodies and tax exemptions in the public interest. Hospital and medical care activities are among the activities in the public interest exempted from VAT. The Commission's aim was to gather stakeholders' feedback to prepare the ground for a possible future legislative initiative in this area.

HOPE replied to the public consultation advocating the necessity to maintain the current exemption for hospital, medical care and closely related activities contained in the current VAT Directive 2006/112/EC. This is crucial in order to keep hospital and healthcare services affordable and accessible for patients. HOPE also expressed its views on several reform options put forward by the European Commission and which could have a major impact on the financing of hospital and healthcare services, ultimately affecting citizens benefiting from them.

On 18 December 2014, the Commission published a report summarising the results from the public consultation. Most of HOPE's views have been reported in the summary report. HOPE will continue to monitor further developments on this issue and actions that might be taken by the European Commission following the consultation results.

HOPE replied to the public consultation on the review of the existing VAT legislation advocating the necessity to maintain the current exemption for hospital, medical care and closely related activities.

HOPE also expressed its views on several reform options put forward by the European Commission and which could have a major impact on the financing of hospital and healthcare services, ultimately affecting citizens benefiting from them.

Soft Law and Other Initiatives

Besides hard law, HOPE also closely monitors soft law in relevant areas such as patient safety, e-health, ageing or chronic diseases.

Soft law refers to non-binding instruments, such as recommendations and opinions, as well as white papers and green papers, Commission communications, consultations and rules governing how EU institutions and programmes work.

PATIENT SAFETY

2014 was a year of intense work in the area of patient safety.

HOPE attended the meetings of the Commission's Patient Safety and Quality of Care Working Group (PSQCWG), continued to actively contribute to the work performed within the PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care), responded to two public consultations launched by the European Commission and was invited to present the work done in this area in international events. These included the Patient Safety Congress which took place in May in Liverpool and a conference organised by the Consumer, Health and Food Executive Agency (CHAFEA) on 2 and 3 December in Rome. More information on HOPE activities within PaSQ Joint Action is provided in this report at Chapter III (HOPE as a partner – Ongoing projects).



PUBLIC CONSULTATIONS AND COUNCIL CONCLUSIONS

The European Commission held a public consultation on patient safety between December 2013 and February 2014. HOPE replied to the public consultation and shared its views about the next steps to be taken by the EU in this area. HOPE stressed the necessity to continue the work initiated by PaSQ Joint Action and to find a sustainable mechanism beyond the end of the project. HOPE also expressed the need for a better coordination of all EU policies and activities in particular by integrating the work on healthcare acquired infections to the work of PaSQ.

Another public consultation was also launched by the European Commission on a preliminary opinion on the “Future EU Agenda on quality of health care with a special emphasis on patient safety” released by the Expert Panel on Effective Ways of Investing in Health. This panel is composed of independent scientists and was set up to provide the European Commission with sound and timely scientific advice on effective ways of investing in health. HOPE replied to the consultation providing forceful comments to the text of the preliminary opinion.

Patient safety was one of the priorities of the Italian Presidency of the Council (July-December 2014). The Presidency worked on Council conclusions on patient safety and quality of care including the prevention and control of healthcare associated infections and antimicrobial resistance, which were adopted during the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council taking place on December 1st. The conclusions call on Member States and the Commission to put in place a number of activities to improve patient safety and quality of care in the EU.

In October, HOPE wrote to the Health Attachés and called for the proposal on the Patient Safety and Quality of Care network sustainability developed by PaSQ Joint Action to be taken into account in the Council conclusions. HOPE's plea was reflected in the final text adopted by the Council. The conclusions welcomed the work done by PaSQ Joint Action with regard to the exchange and implementation of good practices in Member States. These conclusions invited Member States and the Commission to take into account the results from PaSQ when developing further work on the dimensions of quality in healthcare and in the finalisation by December 2016 of a framework for a sustainable EU collaboration on patient safety and quality of care.

HOPE replied to two public consultations in the area of patient safety and quality of care. HOPE also wrote to the Health Attachés calling for the proposal on the Patient Safety and Quality of Care Network Sustainability developed by PaSQ Joint Action to be taken into account in the Council conclusions on patient safety and quality of care. HOPE's plea was reflected in the final text adopted by the Council.

PATIENT SAFETY AND QUALITY OF CARE WORKING GROUP

In 2014, HOPE attended several meetings of the Commission's Patient Safety and Quality of Care Working Group (PSQCWG). The group brings together representatives from all 28 EU countries, EFTA countries, international organisations, EU bodies and key EU stakeholders, including HOPE. The group assists in developing the EU patient safety and quality agenda.

HOPE attended on 23 January and on 13 February the meetings organised by two subgroups created within the PSQCWG with the aim to work on Recommendations respectively focusing on reporting and learning systems and education and training of health workers in patient safety.

The meetings aimed to review the reports produced by the subgroups. Both reports gather existing knowledge and illustrate examples and experiences from EU countries in the areas of education and training and reporting and learning systems. In particular, in the report on reporting and learning systems for patient safety incidents across Europe, HOPE Exchange Programme was mentioned by the Latvian member of the working group as being the rationale for the establishment in Latvia of such a system at the hospital level. This proves the benefits and the impact of the HOPE Exchange Programme, which enables experiences and good practices to be shared among European health professionals. The reports, together with the second report on the implementation of the 2009 Council Recommendation and the results from the Commission's public consultation were included by the European Commission in the "Patient Safety Package" published in June and presented to the Council.



Three meetings of the PSQCWG took place in 2014 in Brussels: on 14 February, 13 March and 18 December.

During the first two meetings of 2014, the main topic was constituted by the review and adoption of the two reports on education and training and reporting and learning systems. The meeting on 13 March was the last of the 2009-2014 mandate of the working group.

The third meeting on 18 December was the first after the European elections and marked the beginning of a new mandate. The event was dedicated to fostering discussions and sharing ideas on the future directions of the EU agenda on patient safety and quality of care, the role to be played by the working group (since now on denominated expert group) and what the content of the work programme for 2015 should be.

A discussion paper will be prepared by the European Commission with a view to defining the priorities which will guide the work of the Expert Group in 2015, common objectives to be achieved and the actions needed.



HEALTH WORKFORCE

Health workforce is at the heart of hospital and healthcare activities. Several challenges need to be faced in this field in the immediate and near future: demographic of course, given that EU workforce is ageing and not enough young recruits are coming through the system to replace those who leave, but structural as well due to the development of new patterns of care and technologies, which create the need for new roles and skills. The debate around workforce shortages is also interlinked with the discussion on the mobility of healthcare professionals and the need to understand such a complex phenomenon.

HOPE contributes to the current debate taking place at European Union level. It is member of the European Commission Working Group on Health Workforce, which brings together national governments and European professional organisations to discuss and cooperate on this matter.

The Group met twice in 2014. On 2 June, to provide an update and foster discussion on several current initiatives such as the preliminary results of the European Commission study on continuous professional development (CPD) of health professionals and the study “Mobility of Health Professionals - Prometheus II”. During the second meeting which took place on 24 November, several EU and international initiatives were presented such as the OECD study on the education and training of doctors/nurses and two consultations launched by WHO on strengthening nurses’ roles and on developing a global human resource for health strategy by 2016.

Updates were provided on both meetings from the Joint Action on health workforce planning and forecasting, in which HOPE is involved as a partner. More information on HOPE activities within the Joint Action on health workforce planning and forecasting is provided in this report at Chapter III (HOPE as a partner – Ongoing projects).



EBOLA OUTBREAK

In 2014 an outbreak of the Ebola virus affected West Africa. On 8 August, the World Health Organization (WHO) declared it a Public Health Emergency of International Concern, calling for a coordinated international response. Since December 2013, and as of 17 November 2014, 14.415 cases of Ebola virus disease, including 5.177 deaths, have been reported by the WHO. The first secondary case of Ebola in Europe was confirmed on 6 October.

Ebola poses the greatest risk to the European citizens who are currently present in the affected countries, most notably to the health staff and volunteers helping to stop the spread of Ebola.

Since the outbreak, the European Commission and EU Member States have been closely collaborating within the Health Security Committee (established under the Decision of the European Parliament and of the Council on serious cross border threats to health) to manage the latest developments and to coordinate approaches on prevention and preparedness against Ebola. The European Centre for Disease Prevention and Control (ECDC) and the WHO have been producing risk assessments, epidemiological updates, advice to travellers and other information about the emergency.

On 13 November 2014, the Commission invited HOPE, European organisations of health and other professionals (likely to enter into contact with Ebola patients) to a meeting organised in Luxembourg. The aim was to identify gaps and challenges for organisations and their members in the context of Ebola, to identify areas for EU support and discuss possible joint activities. The meeting also provided a forum to exchange information on Ebola. The Commission informed participants about activities to tackle Ebola at EU level, and learned how organisations of health professionals inform their target groups about Ebola. HOPE presented the information gathered through its network and its recent work on communicating in health crisis situations.



E-HEALTH

HOPE contributes in shaping the European agenda on eHealth mainly thanks to its participation in the eHealth Stakeholder Group.

Established by the Commission in 2012, this group comprises 29 European umbrella organisations, including HOPE, representing different groups like health professionals and managers, patients and consumers, industry, standardisation bodies. Its aim is to ensure an informed dialogue with the European Commission and to add value to policy design and implementation.

On 11 April 2014, the European Commission published four reports produced by the eHealth Stakeholder Group on the following topics:

- Interoperability
- Patient access to Electronic Health Records
- Telemedicine deployment
- eHealth inequalities

The reports provide the stakeholders' input and views on the above mentioned topics, as well as recommendations to move eHealth forward in the EU.

In April 2014, the European Commission also launched a public consultation on mHealth in the form of a Green Paper. This was accompanied by a Staff Working Document to raise app developers' awareness of EU rules on data protection, medical devices (helping them determine whether such legislation applies to their apps or not) and consumer directives. It invited stakeholders to provide their views on a number of issues related to the uptake of mHealth in the EU. In the course of 2015, the Commission will discuss with stakeholders the options for policy action (e.g. legislation, self- or co-regulation, policy guidelines, etc.) to support mHealth deployment.

HOPE also remained actively involved in the eHealth Governance Initiative (eHGI), which supports cooperation between Member States at political governance levels and eHealth stakeholders and contributes to developing strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way. More information on HOPE activities within the eHGI is provided in this report in Chapter III (HOPE as a partner – Completed projects).



AGEING

HOPE joined in 2012 the European Innovation Partnership on Active and Healthy Ageing, which gathers stakeholders from the public and private sectors, across different policy areas.

The Partnership's main scope is to increase the average healthy lifespan in the EU by two years by 2020. This will call on three strategies:

- improving the health and quality of life of Europeans with a focus on older people;
- supporting the long-term sustainability and efficiency of health and social care systems;
- enhancing the competitiveness of EU industry through business and expansion in new markets.

The priority actions fall under three pillars reflecting the “life stages” of the older individual in relation to care processes:

- prevention, screening and early diagnosis;
- care and cure;
- active ageing and independent living.

In 2014, HOPE closely followed the developments within the partnership and more precisely in the actions groups on prevention and early diagnosis of frailty and functional decline and on integrated care for chronic diseases.

HOPE also continued its involvement within the AgeingWell Thematic Network. Launched in 2012 and ended in December 2014, the network's main objective was to improve the quality of life of elderly people by promoting the market uptake of ICT solutions for Ageing Well. More information on HOPE activities within the AgeingWell network is provided in this report in Chapter III (HOPE as a partner – Completed projects).



CHRONIC DISEASES

Chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths in the region. Current forecasts indicate that in the EU, the population aged 65 and above will rise from 87.5 million in 2010 to 152.6 million in 2060.

In 2014, HOPE attended the kick-off and key meetings of the Comprehensive Cancer Control Joint Action (CanCon), in which HOPE is involved as a collaborating partner. Following in the steps of the European Partnership on Action Against Cancer (EPAAC) Joint Action, in which HOPE was also involved, CanCon aims to further pursuing the goal of reducing cancer incidence by 15% by 2020.

HOPE also contributed to crucial events aiming to raise awareness about chronic diseases. HOPE was one of the partners of a conference organised in Brussels on 16 October 2014 by the European League against Rheumatism (EULAR) on the topic *“Analysing how to reduce the Access Barriers to Health Care for People with Chronic Diseases in Europe”*. The aim of the event was to discuss concrete recommendations on how to reduce existing barriers to quality health care for people with chronic diseases.



Chapter 3

KNOWLEDGE AND EXCHANGE



Developing knowledge and facilitating exchange of good practices and experiences is at the essence of HOPE's activities.

Coherently with this aim, participation in projects and joint actions is now a regular practice for HOPE.

In 2014, HOPE held the 33rd edition of its Exchange Programme and participated as a speaker or contributed to the organisation of several international events.



HOPE AS A PARTNER – COMPLETED PROJECTS

IMPROVING CRISIS COMMUNICATION SKILLS IN HEALTH EMERGENCY MANAGEMENT - HEALTH C

“Improving Crisis Communication Skills in Health Emergency Management” (Health C project) was a two-year EU co-funded initiative aimed at supporting health authorities’ staff in development of competences required for managing communication in emergency situations. Started in October 2012, the project ended in September 2014 with a final conference organised on 30 September in Brescia (Italy), where the main results were showcased.

HOPE was deeply involved in the core activities of the project. During the first year, HOPE led Work Package 2, whose main objective was to identify the target groups’ training needs and competences.

Based on these findings, the consortium initiated in late 2013 and continued in 2014 the development of a training course and a toolkit on health crisis communication, which constituted the main products of the project. HOPE met with partners in Aarhus (Denmark) on 10 and 11 April 2014 to finalise the structure and content of the course and toolkit.

The training course “*Communication in health emergency: all you need to know*” was composed of three modules dedicated to: 1) Communication competences and processes; 2) Use of traditional media; 3) Use of social media. The course has been developed in blended learning mixing in-class sessions with distance training through an e-learning platform. It addressed health managers, communication managers and technical staff involved in daily communication activities. The course was piloted during the summer of 2014.

HOPE was responsible for developing one section of Module 2 dedicated to the topic of monitoring of traditional media content. In addition to this, HOPE also brought the perspective of healthcare providers into the other modules, by providing feedback and comments to their content.

To ensure the widest possible dissemination at national level, the e-learning component of the course and the toolkit were translated into seven languages (English, German, Italian, French, Portuguese, Danish and Spanish), HOPE being responsible for the entire French translation.

The Ebola outbreak reported in 2014 further stressed the importance of the topic addressed by this initiative and the relevant contribution brought by the Health C project for the improvement of effective communication in health crisis situations.

Throughout the project, HOPE was very much engaged in the dissemination activities, contributing to the diffusion of updates among its network and relevant stakeholders, as well as in the context of international and European conferences. HOPE will continue to promote the training course and toolkit to make sure health managers, communication managers and technical staff involved in daily communication activities can benefit from the knowledge gathered.



E-HEALTH GOVERNANCE INITIATIVE - EHGI

Started in February 2011 and ended in November 2014, the eHealth Governance Initiative (eHGI) supported the cooperation between Member States at political levels and involved many eHealth stakeholders. It sought a strong coordinated political leadership and the integration of eHealth into national health policies. This has been achieved by developing strategies, priorities, recommendations and guidelines designed to deliver eHealth in Europe in a co-ordinated way. The Initiative was closely linked to article 14 of the eHealth Network established by Directive 2011/24/EU on the application of patients' rights in cross-border healthcare. The eHealth Network is composed of the national authorities responsible for eHealth.



More concretely, the eHGI provided support to the following main priority areas for the eHealth Network:

- eID EU governance for eHealth services;
- semantic and technical interoperability;
- data protection;
- patient summary.

In 2014, HOPE participated in a thematic workshop on ePrescriptions held on 11 March in Brussels. Article 11.2 of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare put the European Commission under the obligation to adopt guidelines supporting the Member States in developing the interoperability of ePrescriptions. The aim of the workshop was therefore to provide some initial comments and input to a draft version of these guidelines. The document was further reviewed by the eHGI during a follow-up workshop held in September.

The guidelines on ePrescriptions were adopted by the eHealth Network during its 6th meeting, which was held on 18 November 2014 in Brussels. The guidelines lay out the type of data needed to share prescriptions across borders. They also describe how the data should be transferred, provided the patient gives his/her consent to use the ePrescription service.

Within the eHGI, HOPE also participated in a workshop on Connecting Europe Facility (CEF) on April 1st. CEF is the principal funding instrument for trans-European networks in the field of telecommunications. It is an important instrument for the deployment of eHealth services. The workshop aimed to discuss some eHealth services and deployment of assets for potential funding through the CEF. The information gathered through the workshop was compiled in a discussion paper, which served as a basis for the debate during the eHealth Network meeting of 13 May in Athens, Greece.

HOPE is also a member of the eHGI Policy and Strategy Committee (PSC) and participated in a meeting organised in Brussels on 20 March as well in the final PSC meeting held in Athens (Greece) on 14 May, within the context of the eHealth Forum.

HOPE also reviewed some key documents produced in 2014 and was part of the team working on the development of Deliverable D3.2, which consisted of an impact assessment of the eHGI. Around 50 contributions were received and allowed the impact of the eHGI from the perspective of eHealth stakeholders to be assessed, and recommendations for further work in the future to be formulated.



E-HEALTH THEMATIC NETWORK - AGEINGWELL

The AgeingWell network was launched in 2012 and its main objective was to improve the quality of life of elderly people by promoting the market uptake of ICT solutions for Ageing Well.



To achieve this, there were five AgeingWell focus areas, as follows:

- develop guidelines for deployment and sharing of best practice between key competence centres;
- build an ICT for Ageing Knowledge Centre with the aim to share the results with the Ageing Well Community;
- develop an ICT for Ageing Society Strategic Agenda, with the aim of providing a study on options for future structure and implementation of EU innovation funding;
- promote the European innovation reinforcement between innovative ICT industries & Ageing (in particular SMEs) and Venture Capital firms, Business Angels and other;
- raise awareness within the European community of ICT & Ageing stakeholders.

The AgeingWell network was composed of experienced organisations in ICT for ageing well, covering the industry, user organisations, public authorities, investors, housing and insurance companies and ICT solutions providers that shared and managed an interactive online platform, sharing a vision of "Market uptake of ICT for Ageing Well".

On 14 May 2014, HOPE attended the AgeingWell 3rd International Event in Athens, Greece. This event focused on the theme "*ICT Solutions for Independent Living in Own Home*" and brought together over 40 stakeholders representing developers, service providers, public authorities and end users to discuss the development and adoption of ICT/mHealth solutions for independent living for the growing elderly population of Europe.

The event took place within the eHealth Forum 2014, organised by the Greek Presidency of the European Union in cooperation with the European Commission and which represented a unique forum for exchanging experiences, good practices and mutual support in the area of eHealth.

In 2014, HOPE also took part in a mid-term consortium meeting which was held on 17 and 18 June in Brussels and contributed to the review of a business plan exploring how the network can be sustained and exploited after its end.

E-HEALTH THEMATIC NETWORK - MOMENTUM

Momentum was a project co-financed by the European Commission under the ICT Policy Support Programme (ICT PSP). Started in February 2012 and ending in January 2015, it aimed to create a platform across which the key players shared their knowledge and experience in deploying telemedicine services into routine care. A Blueprint that validates a consolidated set of methods supporting the telemedicine service implementation process represented the main outcome of the project.

HOPE contributed to the project by attending four interactive meetings organised by the consortium in 2014. The first meeting took place in Brussels on 24 January and aimed at building consensus on the future Blueprint, especially with regard to its content and target audience to be addressed, and the definition of the main critical factors for a successful deployment of telemedicine services into routine care. The second meeting took place in Brussels on 30 April with the main objective of further refining the critical success factors identified.

The consortium and telemedicine practitioners met again in Athens (Greece) on 15 May for the Third Momentum Workshop. The workshop represented the first opportunity to collect feedback from telemedicine practitioners from around Europe to validate the list of critical success factors developed by the project.

Finally, HOPE attended the closing consortium meeting in Brussels aimed at the final revision of the consolidated Blueprint and to advance planning for the final few months of the project, including the testing of the Blueprint.

The European telemedicine deployment Blueprint was released in December 2014. HOPE was involved as an editor of the Blueprint throughout the entire length of the project. This consisted in reviewing the draft sections of the document which describe the critical success factors in the areas of deployment strategy and of managing organisational change.



IMPROVING PROFESSIONAL PRACTICE ON CHILD ABUSE - IPPOCA

The IPPOCA project (Improving Professional Practice On Child Abuse) was funded by DG Justice - European Commission - through the Daphne III programme.



It was led by the Meyer Children Hospital in Florence (IT), with the following partners: Hospital Sant Joan de Déu in Barcelona (ES), Heim Pál Children Hospital in Budapest (HU), HOPE, the European Hospital and Healthcare Federation in Brussels (BE) and UniTS, Università del Terzo Settore in Pisa (IT).

The project began in June 2013 and run until January 2015. The general goals of IPPOCA were to enhance the skills of health professionals working in paediatric hospitals and to improve their knowledge and practices implemented in cases of suspected child abuse. Objectives were attained by producing a manual based on the replies of a questionnaire set up in order to obtain a comprehensive picture of procedures already implemented by the three partner hospitals. The content is focused on issues regarding the abuse suspect: if a specific protocol to apply exists, who detects the suspect, who has to report it, how it is treated, if and how other professionals are involved. The manual features and annex listing the best practices in use obtained from the questionnaire. Furthermore, teaching programmes were prepared and implemented through lessons organised by partner hospitals for their own professionals as well as others. The goal was to improve their skills in recognising an abused child but also sharing a common method which can be applied in other settings.

On 15 and 16 January 2015, HOPE participated in the final meeting of the project during of which the final results were presented and discussed as well as the possible future developments

HOPE played an active role in the project, especially in the dissemination activity. With the collaboration of all the partners, it coordinated the construction of the website (www.ippoca.eu) and the organisation of its contents. Furthermore, HOPE was in charge of looking for other channels through which information on the project could be disseminated at European level. One of these is EPIC – European Platform for Investing in Children – which provides information about all policies that can help empower children and their families who face challenges that exist in the current economic climate in Europe.

HOPE AS A PARTNER – ONGOING PROJECTS

JOINT ACTION ON PATIENT SAFETY AND QUALITY OF CARE - PASQ



The Joint Action on Patient Safety and Quality of Care (PaSQ) aims to contribute to patient safety and good quality of care by supporting the implementation of the 2009 Council Recommendation on patient safety through cooperation between European Member States, EU stakeholders and international organisations on issues related to quality of health care, including patient safety and patient involvement. This objective has been pursued by sharing knowledge, experiences and good practices among European countries, the Commission and relevant European and international bodies, as well as examining transferability of these practices.

HOPE is one of the members of PaSQ Executive Board (but the only European stakeholder) and actively contributed in 2014 to the work carried out within the Joint Action. HOPE was involved for the second time as a member of the review team in the review of additional Patient Safety Practices and Good Organisational Practices to be displayed on the public part of PaSQ website. The review team had to ensure the practices submitted were sufficiently described and understandable for the public. In 2014, HOPE attended several teleconferences and face-to-face meetings of the consortium. Partners met in Budapest (Hungary) from 29 to 31 January for the Back to Back Meeting and in Rome (Italy) on 18 and 19 September for the Fourth Coordination Meeting. On both occasions, an update was provided on the work already carried out and next steps and participants shared their views in an interactive way through workshops and discussions.

HOPE also participated in another meeting, which was held in Bratislava (Slovakia) from 8 to 9 December. The aim was to continue discussions about the sustainability of PaSQ Network on Patient Safety and Quality of Care after the end of the Joint Action.

Finally, HOPE was responsible for the organisation of the Fifth Coordination Meeting of the Joint Action (12-13 March 2015, Brussels). The main objectives of the event were to present the main results, to learn about other initiatives in the area of patient safety and quality of care and to encourage discussions and share ideas on the future EU agenda in these areas.



PILOT NETWORK OF HOSPITALS RELATED TO PAYMENT OF CARE FOR CROSS BORDER PATIENTS - HONCAB



The project to support the creation of a pilot network of hospitals related to payment of care for cross border patients (HoNCAB) is co-financed by the European Commission under the Second Programme of Community Action in the Field of Health (2008-2013).

HoNCAB's main objective is to enable patients to gain 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).

The project achieved in 2014 some core results such as 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 the basis of a pre-defined set of variables, and the set-up of a pilot Network of Hospitals with the aim to sharing between Member States practical experiences, problems and solutions related to cross-border care.

HOPE contributed to the development of the Protocol of the HoNCAB Network of Hospitals, which outlines the objectives of the network and its core values, benefits and contributions of the Network's members as well as the procedures to apply to become a member. HOPE has been designated as secretariat of the Network of Hospitals.

Within HoNCAB, HOPE is the Leader of Work Package n° 2, dedicated to the dissemination of the project. Within this Work Package, in 2014 HOPE constantly updated the project website www.honcab.eu. As part of the dissemination activities, HOPE also worked on the second and third issues of the project newsletter, which were released in April and October 2014.

The second interim meeting of the consortium was held in Lyon from 9 to 10 July. During this meeting, the first results achieved were presented and the next steps to be undertaken during the last year of the project defined. The meeting was also an opportunity to foster the interconnection among the Work Packages' results. By linking all the results achieved, the project, when it ends, is expected to produce recommendations on the implementation of the Directive 2011/24/EU.

Finally, after the second interim meeting, on 11 July HOPE also attended in Lyon, France, a one day course on good practices for members of the HoNCAB Network of Hospitals. The course, led by the University Hospital of Lyon, was designed to present a set of good practices and encourage discussions among the Network members on appropriate activities, processes and organisational methods to better meet the specific needs of cross-border patients, previously identified through a questionnaire collecting Network members' experiences with such patients.



The HoNCAB consortium, Second Interim Meeting, 9 July 2014, Lyon (France)

TREATMENT AND REDUCTION OF ACUTE CORONARY SYNDROMES COST ANALYSIS - EUROTRACS



HOPE continued in 2014 its active involvement within the EUROTRACS project (EUROpean Treatment & Reduction of Acute Coronary Syndromes Cost Analysis).

EUROTRACS is a project funded by the European Commission, Directorate General Health and Food Safety (DG SANTE), aimed at contributing to the EU Health Programme 2008-2013 main objective: to promote health, including the reduction of health inequalities. Its goal involves examining the cost effectiveness of integrated approaches to chronic diseases prevention with a particular focus on diabetes, cardiovascular and respiratory diseases. Although the project is due to run until May 2015, important outcomes were already reached in 2014. Partners worked together on estimates of the coronary artery disease (CAD) and in-hospital mortality in acute coronary syndrome (ACS) patients for each participating country.

EUROTRACS main objective is to define a utility analysis (cost-effectiveness analysis) in terms of cost per Quality-Adjusted Life Year (QALY) in two scenarios:

- reducing smoking, dyslipidaemia, and hypertension population prevalence by means of population interventions designed to prevent coronary artery disease incidence;
- optimising the use of coronary angiography and percutaneous intervention procedures in the management of patients affected by acute coronary syndrome with special emphasis on people older than 64 years. The ratio is to minimise the inequalities in this patients subgroup characterised by a higher mortality rates compared to patients younger than 65 years.

To perform the cost-effectiveness analysis described in the first scenario, a mathematical model was set up to assess the number of coronary events that will occur in a given population within 10 years, using the incidence projection methods. More in depth, the model works on the trend that the number of cases and the prevented cases would have if a 10% reduction was applied to one of the considered variables: total cholesterol, hypertension or smoking. Results showed that, in all the countries, the most effective intervention for men would be the reduction of smoking while for women it would be the reduction of hypertension.

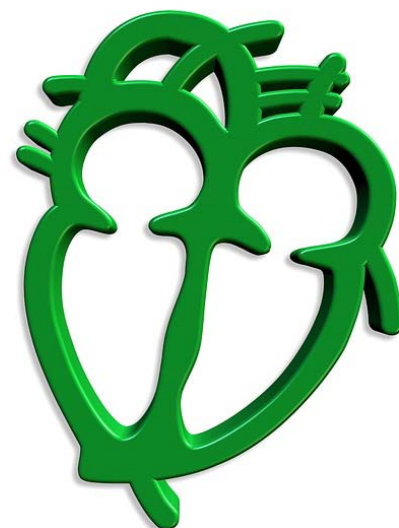
To implement the cost-utility analyses described in the second scenario, it was estimated in-hospital mortality for acute coronary syndrome (ACS) in each participating country, for people included in different age groups (35-64, 65-74, 75-84 and ≥ 85 years).

Results showed that the 36% of people whose data is listed in the database had a STEACS event (this refers to an acute coronary syndrome heart attack that can occur with electrographic signs called ST elevation), the 48% had a NSTEMACS event (it corresponds to an acute coronary syndrome heart attack occurring with non-ST elevation electrographic signs), the 7% had a non-classifiable acute coronary syndrome (ACS) and for the remaining 9% the information for acute coronary syndrome (ACS) was not available. In all the countries considered, the analysis pointed to a significant decrease in in-hospital mortality when patients had undergone percutaneous coronary intervention.

Partners are working together to develop a predictive internet-based model aimed at interactively analysing the 10-year coronary artery disease (CAD) event incidence, obtained by modifying the population prevalence of the targeted risk factors (smoking, cholesterol, hypertension). Decreasing coronary artery disease (CAD) morbidity and mortality in the most cost-efficient manner is a public health priority at European and national level. Moreover, identification of acute coronary syndrome (ACS) procedures associated with the minimum in-hospital mortality, represents an urgent requirement in order to update current guidelines, especially regarding the elderly.

Evidence emerged by the EUROTRACS project will try to influence EU policy makers to design national and international public health actions with the scope of increasing quality of life and longevity. The idea is that obtaining 10 year estimates of coronary artery disease (CAD) mortality and associated costs will allow a more rational allocation of health resources in the European countries. EUROTRACS will produce useful results for society by contributing to reducing coronary artery disease (CAD) and acute coronary syndrome (ACS) morbidity, mortality and cost and age-dependent inequalities in acute coronary syndrome (ACS) in-hospital treatment.

In 2014, HOPE took part in several teleconferences to coordinate the work performed within the project and played an important role in the dissemination activity. An article summarising the main results achieved by the project up to early 2015 will be published on Hospital Healthcare Europe 2015. Its aim involves clarifying the contribution of EUROTRACS to the EU Health Programme 2008-2013 as well as its connection with another project in which HOPE was a partner too (EURHOBOP - European HOspital Benchmarking by Outcomes in acute coronary syndrome Processes).



JOINT ACTION HEALTH WORKFORCE PLANNING AND FORECASTING



In 2014, HOPE was deeply involved in the activities performed by the Joint Action on Health Workforce Planning and Forecasting. The general objective of the Joint Action is to create a platform for collaboration and exchange between Member States, to prepare the future of the health workforce. This platform supports Member States to take effective and sustainable measures in view of the expected shortage of the health workforce at European and national level.

HOPE took part in five main events organised under the Joint Action in 2014.

On 28 and 29 January 2014, the first plenary assembly, conference and stakeholder forum was organised in Bratislava (Slovakia). During the plenary assembly were shown the progress made during the first year of the Joint Action, while the conference offered participants the possibility to exchange knowledge and experience with policy makers from around Europe active in the field of health workforce planning. Finally, the stakeholder forum represented an opportunity to gather stakeholders' feedback and foster their active collaboration within the Joint Action.

The second event was a workshop on horizon scanning organised by Work Package 6, led by the Department of Health of United Kingdom, on 10th and 11th February 2014 in London (United Kingdom). The goal of this work package involves estimating the future needs in terms of skills and competences of health workforce. According to this purpose, the objectives achieved during the event were: the validation of qualitative methods in health workforce planning based on information provided by partners; the training of attendants to conduct Horizon Scanning interviews with key stakeholders to enable the identification of drivers that may impact on health workforce. Over 30 partners attended, representing more than 20 different organisations.

Then, on 8 and 9 May, HOPE took part in an expert conference on health workforce planning methodologies organised in Florence (Italy) by the leader of Work Package 5, the Italian Ministry of Health. The aim of this work package is to enhance the exchange of good practices on quantitative planning methodologies on health workforce. It was, indeed, during these two days that partners worked together on analysing and assessing the existing planning methodologies implemented in seven European Member States. The scope was to identify the best practices to be included and described in a Handbook on the topic.

Furthermore, on 18th of June 2014, HOPE participated in a workshop held in Lisbon (Portugal) by Work Package 5 focusing on the way to successfully start pilot projects in Portugal and Italy. In particular, HOPE took part to the working group in charge of discussing several aspects that the two countries should take into consideration in the planning process such as: stakeholder' engagement; human resources and training for health workforce planners; data availability and relevant professions; select planning models and legislative boundaries.

Finally, on 4 and 5 December, HOPE attended the conference on improving planning methodologies and data across Europe in Rome. The event focused on three sessions: employment of health workforce, improvement of planning methodologies and applicability of the global code of practice. During the first session, the main issues discussed were health workers, skills and employment policies. The second was devoted to presenting the handbook on planning methodologies as well as to discussing a database to improve health workforce data. Furthermore, information on the pilot study was provided. The third session was aimed at illustrating challenges of international recruitment and applicability of the WHO global code of practice related to international recruitment of health professionals.



Joint Action on Health Workforce Planning and Forecasting, Work Package 5 workshop on the design of the pilot projects, 18 June 2014, Lisbon (Portugal)

COMPREHENSIVE CANCER CONTROL JOINT ACTION - CANCON



In March 2014, the Comprehensive Cancer Control Joint Action (CanCon) kicked-off in Luxembourg. HOPE is involved in this Joint Action as a collaborating partner.

Following in the steps of the European Partnership on Action Against Cancer (EPAAC) Joint Action, in which HOPE was also involved, CanCon aims to pursue the goal of reducing cancer incidence by 15% by 2020 in Europe.

This will be achieved by:

- identifying key elements and quality standards for comprehensive cancer control in Europe and preparing an evidence-based European guide on quality improvement in comprehensive cancer control;
- facilitating cooperation and exchange of best practice between EU countries, to identify and define key elements to ensure optimal, comprehensive cancer care.

During the kick-off meeting, discussions focused on the overall aims, rules and processes of the Joint Action as well as on the identification and prioritisation of the topics to be addressed.

HOPE also took part in a Stakeholder Forum organised on 6th of June 2014 in Brussels. The objectives of the Stakeholder Forum involved informing stakeholders and providing them with first-hand information; gathering views and contributions on various elements of the Joint Action; assessing the potential stakeholder contributions in each Work Package and disseminating results throughout the stakeholder groups.

Finally, HOPE was also invited to attend a meeting aimed at clarifying the dissemination and communication strategy to be developed by Work Package 2. During the meeting, held on 18 November in Brussels, stakeholders active at national as well as at European level, were asked to explain to the audience their expectations but also the contribution to the project's successful dissemination.

HOPE AS AN ADVISOR

JOINT ACTION ON HEALTH TECHNOLOGY ASSESSMENT - EUNETHTA

In 2004, the European Commission and Council of Ministers targeted Health Technology Assessment (HTA) as “a political priority”, recognising “an urgent need for establishing a sustainable European network on HTA”.

The European Network for Health Technology Assessment (EUnetHTA) was established to create an effective and sustainable network for HTA across Europe, to help develop reliable, timely, transparent and transferable information and to contribute to HTAs in European countries. EUnetHTA is, indeed, a network of government appointed organisations (from EU Member States, EEA and Accession countries) and a large number of relevant regional agencies and non-for-profit organisations produce or contribute to HTA in Europe. The work of EUnetHTA started with a project in 2006. Subsequent activities included collaboration in 2009 and two Joint Actions (EUnetHTA Joint Action 2010-2012 and EUnetHTA Joint Action 2 2012-2015) in which HOPE has been involved as a stakeholder.

In 2014, HOPE participated in two main events organised within the Joint Action 2. The first event, a Stakeholder Forum meeting and training course, was held on 15 and 16 January 2014 in Brussels during which participants had the possibility to be updated on the work performed by the Work Packages. The EUnetHTA training course for stakeholders was organised in order to provide the participants with an overview of EUnetHTA tools and guidelines. Furthermore, there were presentations on topics such as how to use HTA for decision making and how patients and providers can best contribute to the HTA process.

Another training course for EUnetHTA stakeholders was held on 29 October 2014 in Rome (Italy). It aimed at providing attendees the main information on HTA and its tools, clarifying the mission and the tasks of EUnetHTA as well as its key principles and core model. The outcome to reach was for the participants to be able to explain what is meant by HTA and be aware of the key principles of how to conduct an HTA.



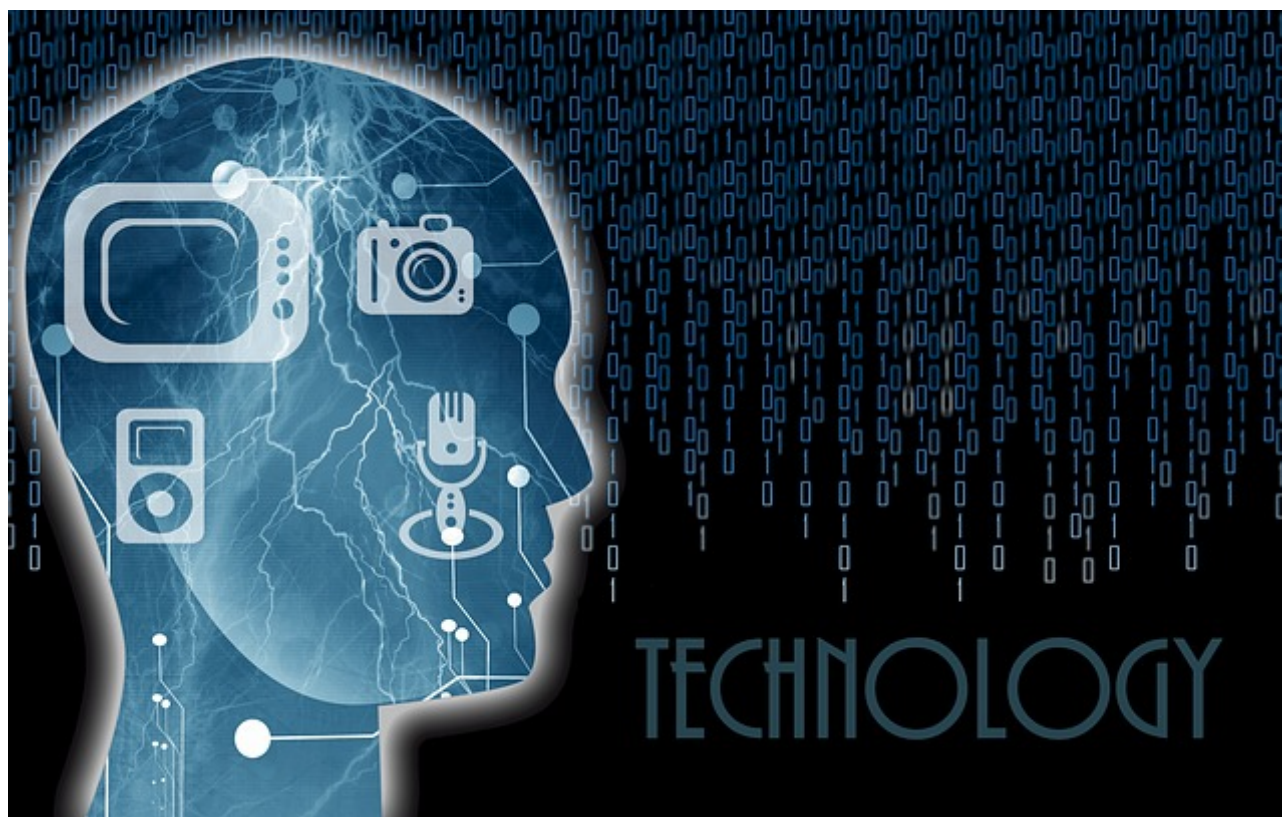
TRANSFORMING THE PATIENT EXPERIENCE WITH TELEHEALTH IN EUROPE - UNITED4HEALTH



United4Health is a project started in January 2013 and co-financed by the European Commission under the ICT Policy Support Programme (ICT PSP). The project is a large scale pilot that aims to reach new frontiers in the evaluation and deployment of information technology and communications (ICT) services for the management of people living with chronic diseases in home settings.

To reach this goal, the project is utilising the results and good practices from previous projects and trials, including the Renewing Health project (in which HOPE was also involved as an advisor), providing scaled up solutions. The programme involves patients affected by Diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Cardiovascular disease.

On 25 September 2014, HOPE attended the launch meeting of the United4Health Policy Advisory Board. Since United4Health will build from the results of the previous project Renewing Health, the objective of the meeting was to discuss Renewing Health's results from a policy perspective and their relevance from the point of view of EU stakeholders representing patients, healthcare professionals, healthcare providers and payers.



PROJECTS AND TENDERS UNDER CONSTRUCTION

ADVANCE E-HEALTH INTEROPERABILITY - eSTANDARDS

eStandards is a project co-financed by the European Commission under Horizon 2020, the EU Framework Programme for Research and Innovation.

eStandards aims to advance eHealth interoperability and global alignment of standards with seven objectives:

1. join up with Stakeholders in Europe and globally to build consensus on eHealth standards, accelerate knowledge-sharing, and promote wide adoption of standards;
2. deliver an evidence-based Roadmap for alignment, iterative consolidation, and broad acceptance of eStandards;
3. contribute to the eHealth Interoperability Framework use cases focusing on clinical content modelling for different paradigms and embed a Quality Management System for interoperability testing & certification of eHealth systems;
4. collect evidence and provide guidance on the coexistence of competing or overlapping standards in large-scale eHealth deployment nationally and cross-border;
5. participate in EU/US Memorandum of Understanding roadmap actions as the international patient summaries standard;
6. explore socio-economic aspects of eHealth interoperability, revisiting the language for user-vendor interaction that embodies 'co-making' in trust, collaboration and long-term engagement;
7. align across PHC-34 (focus area dedicated to Personalising Health and Care and more in specific to the topic of eHealth interoperability) to nurture innovation, sustainability and growth under Connecting Europe Facility (CEF) and beyond contributing to key actions of the Digital Agenda 2020.

eStandards will hold its kick-off meeting in May 2015 in The Netherlands.

EUROPEAN REFERENCE NETWORKS - PACE-ERN



Under the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, the development of European Reference Networks (ERNs) was seen as a primordial area for cross-border cooperation among Member States. ERNs aim to unite the best specialists from across Europe to tackle complex or rare medical conditions that require highly specialised healthcare and a concentration of knowledge and resources.

A tender concerning the development of a manual and toolbox for assessing ERNs was launched in July 2014 and has been awarded to a consortium led by the European Organisation for Rare Diseases (EURORDIS) and where HOPE is involved as a partner. The assessment manual and toolbox produced will address all the steps of the process from the call for Networks and providers to the approval of the Networks including the materials and methods to be used and the expected end products, thus being essential for objectively assessing ERN proposals to be presented in December 2015.



Exchange Programme

HOPE EXCHANGE PROGRAMME – 33RD EDITION

The topic of the 33rd HOPE Exchange Programme was *“Quality first! Challenges in the changing hospital and healthcare environment”*. Starting on 28 April 2014, HOPE Exchange Programme closed with the HOPE Agora, the final event held in Amsterdam (The Netherlands) from 26 to 28 May 2014 and which included the Evaluation Conference of the programme.

Quality of healthcare is one of the most important factors in how individuals perceive their overall quality of life. In most European countries this has become a major political issue. Patients want to exercise their right to choose how and with whom they engage for their healthcare, demanding transparency of data and processes.

Participants of the 2014 edition of the Exchange Programme were asked to identify the challenges as well as examples of specific quality initiatives that have been successful at national/regional/healthcare organisation level when it comes to quality of care. They were also invited to check whether concepts such as patient centeredness, patient perspective, patient empowerment, and patient involvement were considered when improving quality.



Evaluation Conference of HOPE Exchange Programme, 28 May 2014, Amsterdam (The Netherlands)

On the basis of their observations and good practices discovered, HOPE Exchange Programme's participants were asked to present the results of their 4-week stay abroad during the Evaluation Conference held on 28 May.

Like in the previous years, a prize was awarded to the three best country presentations. Winners were chosen by the HOPE National Coordinators. The United Kingdom won the first prize, Denmark the second with the third being awarded to the health professionals who stayed in The Netherlands.

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

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



HOPE Chief Executive Pascal Garel presenting HOPE social media platforms at the Evaluation Conference of HOPE Exchange Programme in Amsterdam

Study Tours

HOPE encourages its members to contribute to cross-border exchange of good practices. It has become a tradition that members invite each other to share evidence and experience on topics of special relevance for the provision of a high level of quality in healthcare.

In 2014, three HOPE study tours were organised: the first took place in Terneuzen (The Netherlands) and Leuven (Belgium) on 20 and 21 March, the second was held in Oulu (Finland) from 10 to 13 June, and the third in Berlin (Germany) on 30 and 31 October.

INTEGRATED HEALTH SERVICES, CROSS-BORDER CARE SOLUTIONS AND INNOVATION

The Belgian and Dutch Hospital Associations, Zorgnet Vlaanderen and Nederlandse Vereniging van Ziekenhuizen, organised a cross-border HOPE study tour on 20 and 21 March 2014 in Terneuzen (the Netherlands) and Leuven (Belgium).

This study tour showed participants important developments in the Belgian and Dutch curative care. In particular, participant had the opportunity to gain insight into the following topics:

- the development of an integrated supply of healthcare services in rural regions. Presentations focused on the financial arrangements of providing integrated care, the organisational structures enabling those services and innovative ways of delivering care that result from an integrated approach;
- examples of worldwide innovations such as the world's most complex tracking systems for laboratory analysis of blood or other samples and the ex-vivo perfusion for preserving, assessing and reconditioning of donor lungs.



HEALTHCARE ECOSYSTEM

From 10 to 13 June 2014, HOPE organised a study tour in Oulu University Hospital in Finland. Coordinated by The Association of Finnish Local and Regional Authorities, the programme hosted nine professionals from various European countries.

The aim of the study tour was to present the features of the Healthcare Ecosystem, which represents a unique living lab developing advanced tools and technologies where people with different backgrounds and experience collaborate. Participants had the possibility to understand the way the Healthcare Ecosystem was designed in order to meet the needs and challenges of the future, how the testing laboratory is connected to serve the university hospital activity and how the Oulu University Hospital will be renovated by 2030. The study tour achieved great results, according to the feedback provided by the professionals involved.



QUALITY ASSURANCE IN GERMAN HOSPITAL CARE

The German Hospital Federation (DKG - *Deutsche Krankenhausgesellschaft*) organised a HOPE study tour on the topic “Quality assurance in German hospital care”. For two days on 30 and 31 October, 25 participants from 12 EU Member States and Serbia joined the study tour. Among them were representatives from Ministries, from hospital organisations as well from hospitals, all being in charge of quality in health and hospital care within their organisations.

During the study visit, participants covered the major tools for quality assurance in the German hospital care: legal framework, quality settings of the partners in the self-government system, accreditation options as well as innovations at local level. Participants met key-players from the Federal Ministry for Health of Germany, from the Federal Joint Committee, from the Federal Association of statutory health insurance funds, from accreditation institutes as well as from the hospital sector. Furthermore, the study tour represented an opportunity for intensive discussion and networking among the participants.



Participants of HOPE study tour “Quality assurance in German hospital care”, 30-31 October 2014, Berlin (Germany)

CONFERENCES ORGANISED BY HOPE

HOPE CONGRESS 2014

The HOPE Congress took place on 27 and 28 May in Amsterdam (The Netherlands), bringing together participants from more than 30 countries. Attendees had the opportunity to hear from over 80 expert speakers in the fields of senior hospital administration, cardiology, medical laboratory, surgery and theatre and radiology.

Held alongside the annual HOPE Agora, the event provided a forum for senior hospital managers and specialists in individual disciplines to come together to share ideas on common problems and opportunities.



HOPE Chief Executive Pascal Garel at the HOPE Congress, 27 May 2014, Amsterdam (The Netherlands)

CONFERENCES CO-ORGANISED BY HOPE

HPH CONFERENCE 2014

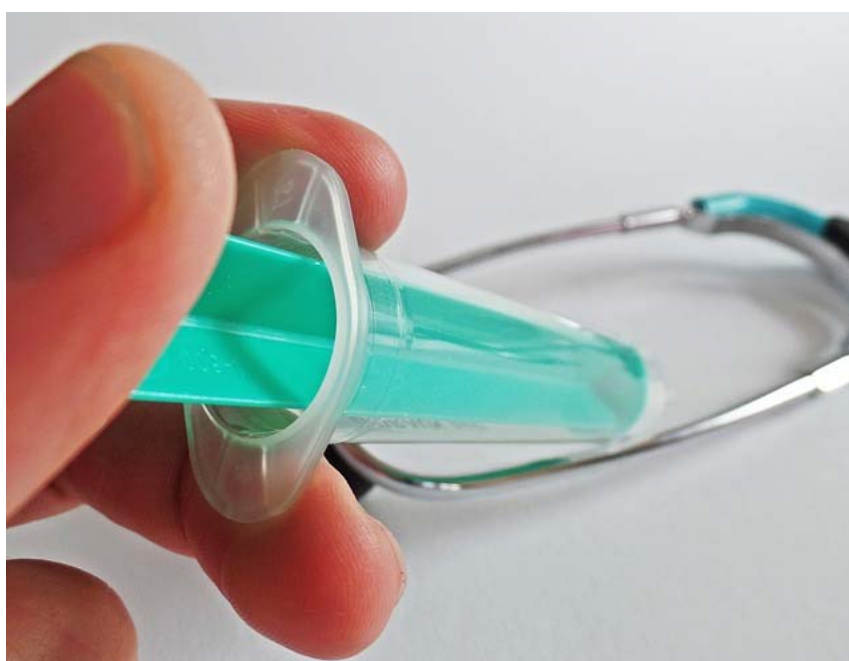
Co-organised by HOPE, the 22nd International Conference of the Health Promoting Hospitals Network (HPH) took place from 23 to 25 April 2014 in Barcelona, Spain.



The conference was dedicated to the theme *“Changing hospital & health service culture to better promote health”*. By focusing on this general theme, the conference programme acknowledged the need for organisation-wide reform and development to support a more health promoting culture in health care, following the demand of WHO’s Ottawa Charter for a re-orientation of healthcare services and concepts of Health Promoting Hospitals and Health Services. The conference also addressed the feasibility of cultural change in healthcare in times of economic crisis.

In particular, there were three sub-themes:

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



OPEN DAYS 2014 - STRUCTURAL FUNDS

On 7 October 2014, HOPE organised with COCIR (European Association representing the medical imaging and healthcare IT industry) and AER (Assembly of European Regions) a workshop on the importance of using the European Structural and Investments Funds (ESIF) to drive sustainable healthcare systems. This was part of the Open Days 2014, a series of events organised every year in Brussels to gather regional decision makers.

Good health is recognised as an important asset for regional development and competitiveness. Yet health inequalities are increasing across Europe's regions, as shown by the WHO. The three partners were offering a debate demonstrating the critical role ESIF can play in achieving sustainable healthcare models, with better access for, and inclusion of, patients.

Under the new EU Structural and Investment Funds rules, these can still support Member States and their regions in transforming and modernising their healthcare systems. The debate discussed how investment in health infrastructure and eHealth, in innovative care delivery models and in qualitative training of health professionals represent an effective use of EU Structural and Investment Funds.

Speakers discussed the challenges they face in their healthcare systems and shared their experience with using the ESIF efficiently. In the conclusions of the event, it was highlighted that investing in health had been recognised by the European Commission as a key driver for keeping healthcare systems sustainable, for keeping people active and healthy, and for reducing existing health inequalities, all of this against a background of demographic change and rising chronic disease.



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HOPE/COCIR/AER event at the Open Days 2014, 7 October 2014, Brussels.

From the left to the right: Michael Ralph (European Commission, DG REGIO), Willem Rozenberg (COCIR), Sylvain Giraud (European Commission, DG SANTE), George Zervos (Ministry of Health, Greece).

ACCESS BARRIERS TO HEALTH CARE FOR PEOPLE WITH CHRONIC DISEASES IN EUROPE

On 16 October 2014, the European League against Rheumatism (EULAR) organised a conference on the topic *“Analysing how to reduce the Access Barriers to Health Care for People with Chronic Diseases in Europe”* in collaboration with HOPE, the Standing Committee of European Doctors (CPME) and the European Public Health Alliance (EPHA). The conference took place at the European Parliament in Brussels.

During the event, experts from the World Health Organization (WHO), the European Commission (DG SANCO), and a wide range of stakeholder organisations presented political recommendations to all levels of health policy making: European, national and regional.

Among the key access barriers to health care identified were the lack of medical specialists and of early referral, too long waiting times for patients in many Member States, information gaps for both patients and general practitioners, as well as financial constraints impacting for instance reimbursement of medication. In many countries, rather than improving, the situation seems to be deteriorating, as a result of the financial crisis and related austerity measures.

The conference also featured four workshops on the following topics: health systems response to financial constraints; patient empowerment, health literacy and information to patients; health professionals: availability/composition, roles, training, mobility, accreditation; access to treatments and medicines: availability, pricing and reimbursement. The workshops were co-chaired by EU stakeholders, with HOPE participating as co-chair in the fourth workshop dedicated to access to treatments and medicines.



COCIR E-HEALTH SUMMIT

The 1st Annual COCIR eHealth Summit was organised in Brussels on 18 and 19 November 2014. COCIR is the European trade association representing the medical imaging, health ICT and electromedical industries.

Main topics at the eHealth Summit included:

- integrated care and chronic disease;
- hospital IT investments and EPR deployment;
- regional and national longitudinal Electronic Health Record deployment;
- big data;
- mHealth.

A pre-summit workshop, entitled “*Hospital IT Investments and EPR Deployment: Now and in the Future*”, was organised on 18 November in partnership with HOPE and HIMSS Europe and with the participation of the European Commission and the OECD. It built awareness on health ICTs potential to improve the quality of care and connect hospitals to the wider health community for more efficient healthcare systems.



HOPE Chief Executive Pascal Garel speaking at the COCIR eHealth Summit

CLOSTRIDIUM DIFFICILE INFECTION IN EUROPE

A Round Table meeting of experts on *Clostridium difficile* infection (CDI) was held in Brussels on 31 January 2014. It was hosted by HOPE and CDI Europe, an expert-led initiative that aims to promote a better standard of care for patients with CDI in Europe.

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

During the Round Table, participants discussed how professional bodies can collaborate to improve clinical awareness, diagnosis and the quality of care for patients affected by CDI.

HOPE also co-hosted with MEP Karin Kadenbach (S&D, Austria) and CDI Europe another conference on the theme of *Clostridium difficile* infection and Healthcare-associated infections (HAIs). The conference took place at the European Parliament on 2 December 2014.

The main objective of the conference was to highlight the urgent actions needed to address current issues with regard to the management of HAIs and CDI. Experts from across Europe came together with members of the European Parliament to discuss ways to improve current gaps in diagnosis, treatment, control and surveillance.

HOPE provided a presentation on the role of the hospital management in addressing CDI and other HAIs while representatives from the European Commission and the European Patient's Forum respectively highlighted the work carried out in the area of HAIs and the role to be played by patients and the importance of their involvement.

CONFERENCES WITH HOPE AS A SPEAKER

PATIENT SAFETY CONGRESS

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

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

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

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

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



EUROPEAN ALLIANCE FOR PERSONALISED MEDICINE CONFERENCE

On 9-10 September 2014, HOPE participated as a speaker at the European Alliance for Personalised Medicine's (EUAPM) second annual conference aimed at raising awareness among policymakers about how personalised medicine has the potential to change healthcare for the better. The conference and European Parliament hosted dinner had the goal of stimulating informed debate, interaction and collaboration over the vital health issues that face us all, now and into the future.

The conference consisted of six plenary sessions, covering the following topics:

- why personalised medicine adds value to EU healthcare;
- cost-efficiency and the road to investment in the era of personalised medicine;
- personalised medicine and the Commission - Integration into the EU strategy;
- personalised medicine and the Parliament - Reshaping healthcare for patients;
- research frameworks and Big Data;
- early access and healthcare delivery.

During the 1st session, Pascal Garel, HOPE Chief Executive, was invited to participate as a stakeholder at the high level panel discussion and illustrated HOPE activities which can have relevance and which could contribute to the debate on personalised medicines.



EUROPEAN HEALTH FORUM GASTEIN

In the context of the 17th European Health Forum Gastein held from 1 to 3 October 2014, HOPE was invited to speak at the workshop *“Human resources mobility: on the lookout for new approaches between planning, managing and free choice”* which took place on 2 October.

The aim of the workshop was to identify policy options for dealing with health professional mobility. Health mobility is affecting the size and composition of the health workforce in countries and with it the performance of health systems. To find suitable options, countries need to understand the mobility trends, the costs and benefits of health professional mobility in sending and receiving countries and the ethics involved.

Other speakers taking part to the workshop were from the OECD, the WHO collaborating centre for health workforce and planning and from the Swiss Federal Office of Public Health, sponsor of the session and co-organiser with the European Observatory on Health Systems and Policies.



HOPE Chief Executive Pascal Garel speaking at the 17th European Health Forum Gastein, workshop on “Human resources mobility: on the lookout for new approaches between planning, managing and free choice”

THE CROSS-BORDER CARE DIRECTIVE ONE YEAR INTO PRACTICE

The workshop *“The Cross-border care Directive (2011/24/EU) one year into practice”* took place in Venice (Italy) on 23 and 24 October 2014 as part of the Italian Presidency of the EU Council and with the support of the “Mattone Internazionale” project. One year after the transposition of the Directive 2011/24/EU concerning the application of patients' rights in cross-border health care, the workshop aimed to discuss its implementation in the Member States.

The workshop featured speakers from the European Observatory on Health Systems and Policies, the European Commission, the Italian Ministry of Health as well as from representatives of universities, regions and coordinators of EU co-funded projects.

HOPE was invited to speak during a parallel session dedicated to the theme *“Collaboration between hospitals across borders in Europe - aspirations and reality”*. HOPE President Mrs. Dr. Sara C. Pupato Ferrari talked about freedom of movement and cross-border cooperation in Europe. Dr. Paolo Benetollo from the University Hospital of Verona presented the HoNCAB project in which HOPE is involved as partner and is the leader of the Work Package dedicated to the dissemination activities. HoNCAB project's main objective is to enable patients to gain a better understanding of the financial and organisational requirements that may arise as a result of receiving healthcare outside their Member State of affiliation. Other speakers taking the floor during the session were from the European Observatory on Health Systems and Policies, the European Critical Care Foundation and the University of Copenhagen.

The two working days represented big opportunity for discussion and analysis of the role of different levels of government, outlining the best practices developed in the context of cross-border collaboration.



EUROPEAN SOCIETY OF RADIOLOGY EVENT AT THE EUROPEAN PARLIAMENT

The European Society of Radiology (ESR) invited HOPE to speak at their European Parliament event held in Brussels on 4 November 2014. The ESR appealed to the newly installed European Commission and the recently elected European Parliament to back stricter measures for medical imaging procedures as a part of a wider effort to improve patient care and safety.

During the event, it was highlighted that a more targeted and more efficient use of medical imaging techniques would reduce unnecessary exposure to radiation, and also improve health outcomes through better diagnosis and more effective treatment. It was also stressed that there is the need to develop common indicators and parameters at European level.

During the event, Elisabeth Morin-Chartier, a French Member of the European Parliament (MEP) said she would use her influence to support the proposals and speed any legislative measures through the EU system. She stood alongside fellow French MEP Natalie Griesbeck from the liberal Alliance for Liberals and Democrats for Europe (ALDE) group and Italian Patrizia Toia from the left of centre Socialists & Democrats (S&D) group.

The event was an opportunity for HOPE as a conclusion to remind delegates about the European context of major diversity, to link the ESR initiative to the quality and patient safety agenda as well as to personalised medicine.



APDH 5TH INTERNATIONAL HOSPITAL CONGRESS

The Portuguese Association for Hospital Development (APDH) dedicated the “5th International Hospital Congress” to the theme “*The National Health Service - (Re)Cognise the Changes*”. The congress took place on 20, 21 and 22 November 2014 in Lisbon.

A pre-congress featuring several workshops was organised on 20 November. The conference was opened on the following day by eminent speakers, representatives of Portuguese institutions and European organisations. One of them was Mrs. Dr. Sara C. Pupato Ferrari, HOPE President. The topics presented were: reforms of the National Health System: different perspectives; 40 years history of the public hospitals in Portugal and the evaluation of the patient safety culture in the health organisations.

On 22 November, the discussion focused on the role of hospital in society and the acknowledgement of changes in the NHS. At the end of the conference the winner for the Best Practices for Health and the Scientific Poster of the 5th International Congress of Hospital was nominated.



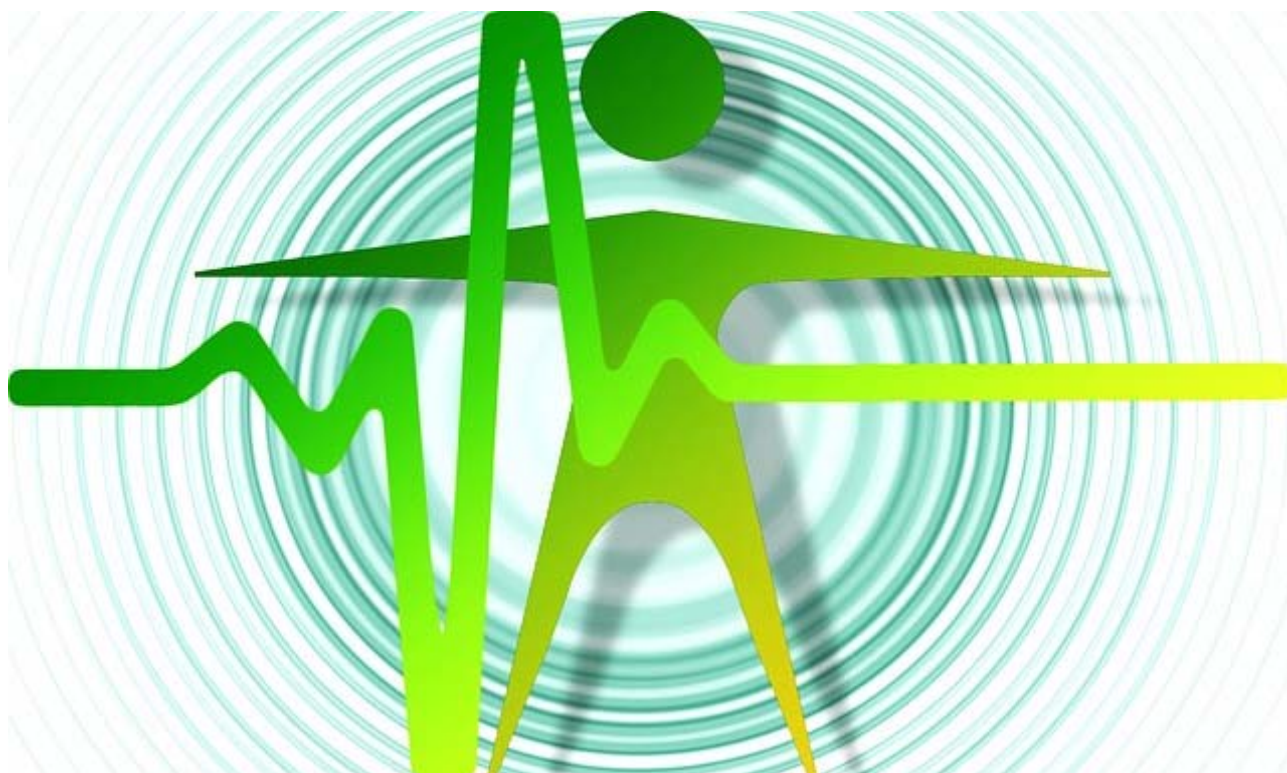
CHAFEA CONFERENCE ON PATIENT SAFETY

On 2 and 3 December 2014, HOPE was invited to speak in Rome at the conference *"Promoting patient safety and quality of care: the EU contribution to national actions"* organised by the Consumer, Health and Food Executive Agency (CHAFEA).

The event aimed at providing a platform of discussion for journalists, experts and policymakers from the Directorate General for Health and Food Safety (DG SANTE), representatives from the Consumer, Health and Food Executive Agency (CHAFEA) and project coordinators working on projects co-funded by the EU Health Programmes.

HOPE Chief Executive, Pascal Garel, was invited to present the work carried out on medication reconciliation within the European Union Network for Patient Safety (EUNetPaS project) and its successor PaSQ Joint Action.

During the conference, other projects in the area of patient safety and quality of care were presented, some of them in which HOPE has been involved as a partner, such as DUQuE (Deepening our understanding of quality improvement in Europe) and EURHOBOP (European Hospital Benchmarking by Outcomes in Acute Coronary Syndrome Processes).



Chapter 4

PUBLICATIONS



HOPE published the 2014 edition of “Hospital Healthcare Europe”, the official HOPE Reference Book which contains in-depth management reviews, informed articles and case studies.

HOSPITAL HEALTHCARE EUROPE 2014

In April, HOPE published the 2014 edition of “Hospital Healthcare Europe”, the official HOPE Reference Book. It contains in-depth management reviews, informed articles and case studies.

One section - the HOPE Bulletin - is devoted to HOPE articles and individual sections on cardiology; clinical care, nursing and patient care; facilities management; IT and communications; laboratories; pharmacy and therapeutics; radiology and imaging; theatre and surgery.

The HOPE bulletin consisted of the following articles:

- Representing public and private hospitals
- Patient safety in practice: How to manage risks to patient safety and quality in European healthcare
- EU mechanisms: making health policy at EU level
- Hospitals in Europe – healthcare data
- Crisis and healthcare





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