

General Report

on the Activities of the

European Hospital and Healthcare Federation

2015



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Atelier "Interactive Musical Planetarium" with the participation of residents of the hospital "Necker Enfants Malades de Paris" and "Johns Hopkins Children's Center of Baltimore (USA)".

Artist: Adrien Garcia

The "Interactive Musical Planetarium" is an interactive audiovisual installation thought as a space for creation, expression and contemplation. It represents a starry sky that visually and musically responds to different forms of interaction with the audience and actors. By interacting with the sky, children are more attentive to their movements. The device is sensitive to physical postures and movements of the body but also to facial expressions and physical expressions that have a direct impact on their psyche.

General Report on the Activities of the European Hospital and Healthcare Federation — 2015

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General Report

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2015

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Introduction

While 2014 was an election period and marked the consolidation of a new configuration of the EU institutions, 2015 was the real start.

Already having reached the European Parliament by issuing a post-election statement addressed to MEPs in the previous year, HOPE established contacts in 2015 with the Commission's newly elected representatives, in particular with Dr. Vytenis Andriukaitis, the EU Commissioner for Health and Food Safety, with whom HOPE met in March.

Despite these institutional changes, many legislative issues continued to be debated in the EU political agenda such as the proposed Regulations on medical devices, in vitro diagnostic medical devices and data protection but also the revision of the working time Directive. 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 such topics were debated.

Preparing its 50th anniversary to be celebrated in 2016, HOPE dedicated the 2015 edition of the HOPE Exchange Programme to the theme "*Hospitals 2020: hospitals of the future, healthcare of the future*". HOPE also inaugurated several groups on LinkedIn allowing former exchange participants, but not only, to continue to share information on clinical performance, eHealth, human resources, patient safety and real estate management in healthcare sector.

Besides the legislative agenda, 2015 was a year of active engagement for HOPE in several EU co-founded projects. EUROTRACS (EUROpean Treatment & Reduction of Acute Coronary Syndromes Cost Analysis) was successfully completed. In other ongoing projects, HOPE's contribution remained significant throughout the year such as within the Joint Action PaSQ (European Union Network for Patient Safety and Quality of Care), where HOPE was responsible for organising the final conference.

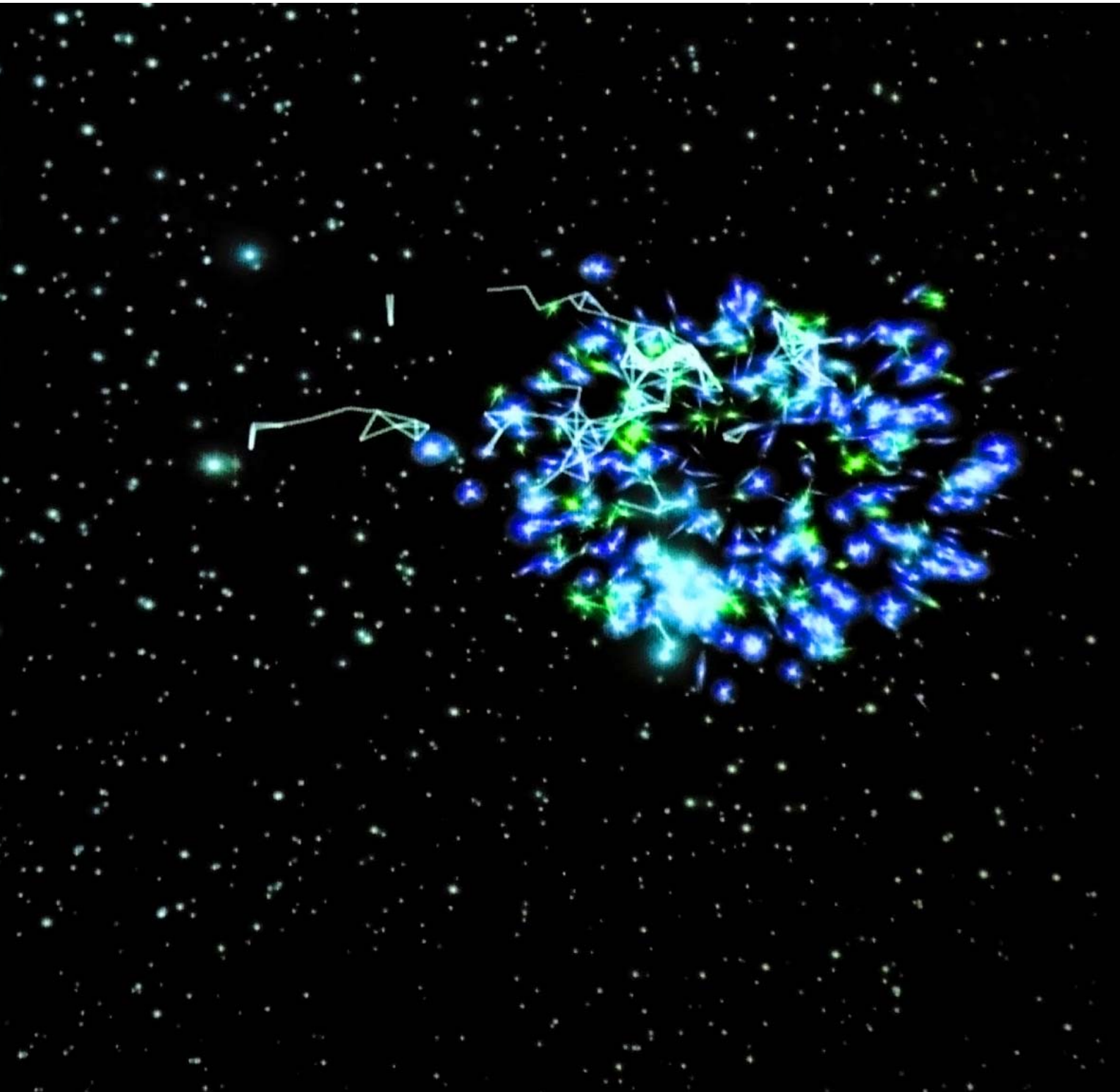
Consistent with HOPE's mission to facilitate cross-border exchange of good practices among its members, a study tour was also organised in 2015 and HOPE participated as a speaker or contributed to the organisation of several international events.

Finally, 2015 was also a very productive year for publications. As every year, HOPE published its official Reference Book *“Hospital Healthcare Europe”*, released three reports covering out-of-pocket payments, emergency care and medical tourism, and published the results of the HOPE Agora 2014 and 2015 editions, which dealt with quality of care and innovation in hospitals.



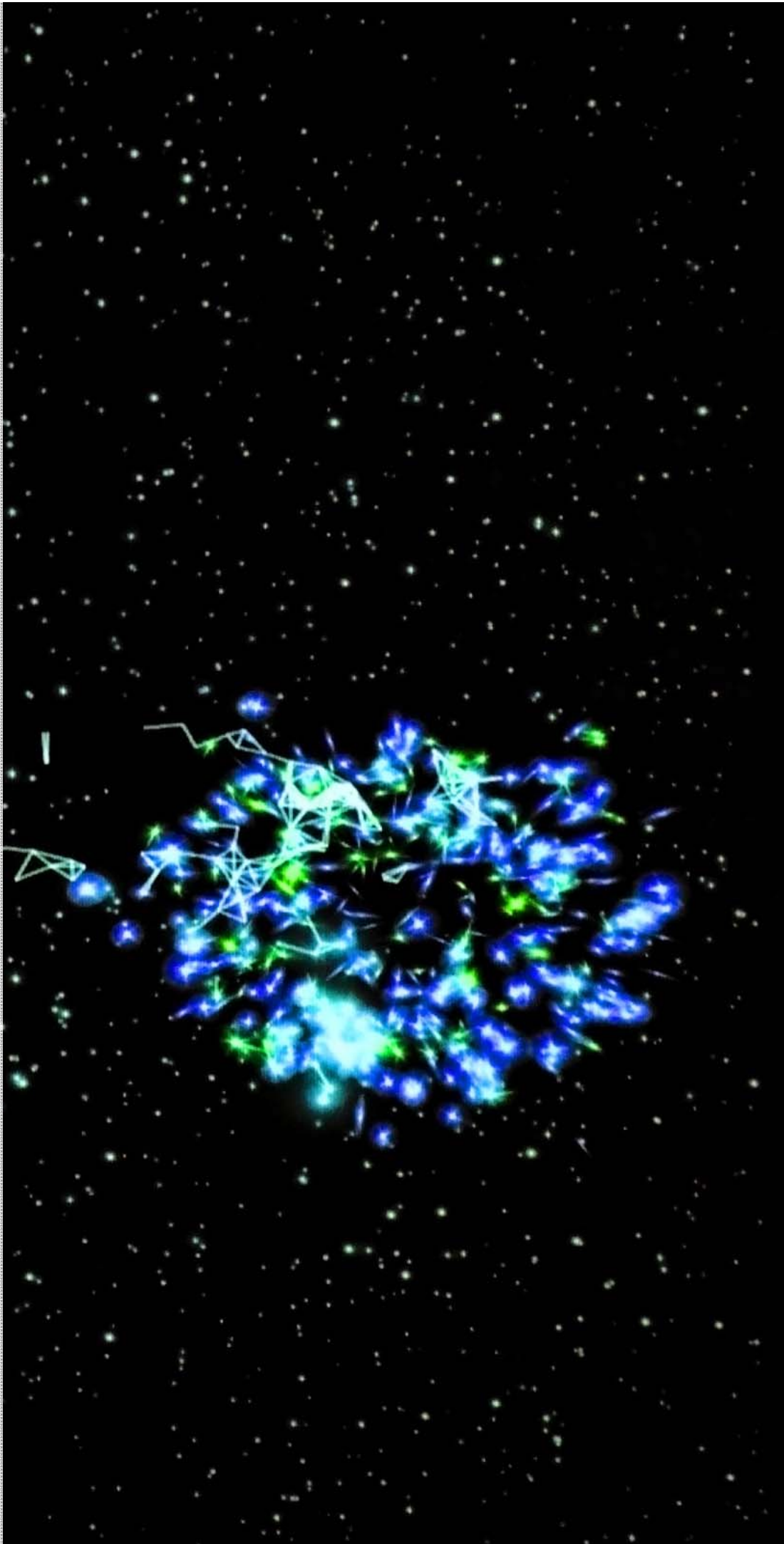
Chapter 1

LIFE AND GOVERNANCE



HOPE gathers 36 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.

In 2015, HOPE started discussions and preparations for the HOPE 50th anniversary, which will represent an important opportunity to debate the future of the hospital sector in Europe.



Governance

HOPE gathers 36 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 2015: on 1 June in Warsaw (Poland) as part of the HOPE Agora 2015, and on 18 November in Düsseldorf (Germany).

At these two meetings, the following Governors were nominated: Dr. Domenico Mantoan (Italy), Mr. Eamonn Fitzgerald (Ireland), and Dr. Petros Matsas (Cyprus). Dr. Danut Capatina was nominated new



HOPE Board of Governors in Warsaw (Poland)

From left to right: Mr. Erik SVANFELDT (Sweden), Mr. Gérard VINCENT (France), Mrs. Eva M. WEINREICH-JENSEN (HOPE Vice-President – Denmark), Prof. Dr. Georgios KONSTANTINIDIS (Serbia), Mrs. Pascale FLAMANT (France), Dr. Paul Daniel MICALLEF (Malta), Mrs. Dr. Aino-Liisa OUKKA (Finland), Mrs. Dejana RANKOVIC (Serbia), Mr. Pascal GAREL (HOPE Chief Executive), Mrs. Elisabetta ZANON (United Kingdom), Mrs. Asunción RUIZ DE LA SIERRA (Spain), Mr. Robbert SMET (The Netherlands), Mrs. Dr. Sara C. PUPATO FERRARI (HOPE President – Spain), Dr. Amleto CATTARIN (Italy), Mr. Simon VRHUNEC (Slovenia), Dr. Jaroslaw FEDOROWSKI (Poland), Mr. Eamonn FITZGERALD (Ireland), Mrs. Dr. Ulrike SCHERMANN-RICHTER (Austria), Mr. Marc SCHREINER (Germany), Mr. Francisco Antonio MATOSO (Portugal), Mr. Nikolaus KOLLER (Austria), Mr. Marc HASTERT (Luxembourg), Mr. Willy HEUSCHEN (Belgium), Dr. Urmas SULE (Estonia)

Governor for Romania. His predecessor Dr. Olteanu passed away after serving as a HOPE Board member for more than twenty years and was always supportive of HOPE activities. During the Board of Governors of 18 November, a special mention of Dr. Olteanu's dedication and support was made by the President.

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 elected for a one-year term renewable. The President has the power to co-opt other representatives of HOPE delegations to contribute to the President's Committee, without voting rights. In June 2015, the mandate of the three sitting members, Mr. Georg Baum (Governor for Germany), Mrs. Dr. Aino-Liisa Oukka (Governor for Finland) and Dr. Urmas Sule (Governor for Estonia) was renewed for a one-year term. The mandate of co-opted members Dr. Jaroslaw Fedorowski (Governor for Poland) and Mr. Robbert Smet (Governor for The Netherlands) was also renewed for a one-year term. During the Board of Governors held in November, it was agreed with the proposal of the President's Committee to welcome the Slovenian Governor Mr. Simon Vrhunec as co-opted member of the President's Committee.

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 29 April in Brussels (Belgium) and on 5 October in Madrid (Spain) to discuss the Board of Governors' agenda and the meetings of the Liaison Officers, and to decide on the organisation's priority activities.

The network of Liaison Officers was created to enhance activities and the delivery of objectives. In 2015, HOPE Liaison Officers met three times: on 11 March in Brussels (Belgium), on June 1st in Warsaw (Poland) and on 3 December in Malta. At these meetings, Liaison Officers discussed the latest project developments, the 2015 topics and the transposition of EU legislation. 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 2 June in Warsaw (Poland) and on 4 December in Saint-Julian's (Malta).

Located in Brussels, Belgium, the Central Office is organised and run 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 2015, HOPE also welcomed the following interns: Ms. Alessandra Durante from December to February, Mr. Matteo Anzolin from January to February, Ms. Clara Legeay Victor and Mr. Felice Lopane from March to July, Ms. Alice Testa from May to September, Ms. Marie Fromentin from July to August and Ms. Myriam Douo from October. It also received and met several delegations: Wales, England, France, Denmark, The Netherlands, Poland and the United States.



GOVERNANCE AT THE END OF 2015

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	Dr. Petros MATSAS
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	Mr. Eamonn FITZGERALD
Italy	Dr. Domenico MANTOAN
Latvia	Dr. Jevgenijs KALEJS
Lithuania	Dr. Dalis VAIGINAS
Luxembourg	Mr. Marc HASTERT
Malta	Dr. Denis VELLA BALDACCHINO
Poland	Dr. Jaroslaw J. FEDOROWSKI
Portugal	Mrs. Prof. Ana ESCOVAL
Romania	Dr. Dan CAPATINA
Slovakia	Prof. Marián BENCAT
Slovenia	Mr. Simon VRHUNEC
Spain	Mrs. Asunción RUIZ DE LA SIERRA
Sweden	Mr. Erik SVANFELDT
The Netherlands	Mr. Robbert SMET
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 2015, HOPE closely followed and took part in the debate around several key health policies. 2015 was an opportunity for HOPE to establish contact with the newly elected members of the European Parliament and representatives of the Commission.



HOPE meeting with EU Commissioner for Health and Food Safety

On 26 March 2015, HOPE President Mrs. Dr. Sara Pupato Ferrari and HOPE Chief Executive Pascal Garel met Dr. Vytenis Andriukaitis, the EU Commissioner for Health and Food Safety. Graduated in medicine and history, Dr. Andriukaitis held the position of Minister of Health in Lithuania from 2012 to 2014 before being appointed EU Commissioner for Health and Food Safety in November 2014.

HOPE President presented the history of the federation, current activities and the challenges ahead. The Commissioner recognised the importance of the hospital sector, which he knows very well as he had worked for 23 years in hospitals as a surgeon.

Against rising cuts, the Commissioner stressed that hospitals and healthcare services should not be considered as a mere expenditure, but as an investment. They create added value for economic growth and society, and contribute substantially to job creation. Hospital and healthcare services employ a highly skilled workforce and are at the forefront in the use of the latest medical and technological innovations. It is not easy to find such a great value in other sectors: indiscriminate cuts are therefore unjustified.



During the meeting, the Commissioner also discussed other relevant topics with HOPE, such as the need of promoting a more integrated and systematic approach between different levels of healthcare, the importance of prevention by fighting the threat of antimicrobial resistance, standardisation in health services, falsified medicines, and the new possibilities offered by eHealth and mHealth. Hospitals and healthcare services have a major role to play in all these areas.



Dr. Vytenis Andriukaitis, HOPE President Mrs Dr Sara Pupato Ferrari and HOPE Chief Executive Pascal Garel

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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.

HOPE intervenes at three different stages 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.

In 2015, HOPE closely followed and took part in the debate around several key health policies: the delegated act on the safety features appearing on the packaging of medicinal products for human use; the Regulation on data protection; the Regulations on medical devices and in vitro diagnostic medical devices, just to mention a few. HOPE closely monitored the legislative process and provided input, also participating in key meetings where these issues were debated.



DIRECTIVES AND REGULATIONS ADOPTED

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 put 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.

HOPE followed very closely the drafting of the delegated act. Indeed, HOPE was concerned about how the point of dispensing would have to be organised in hospitals. HOPE stated that the only place where the verification could take place would be on arrival at the hospital, since the pathway of the drug is not known at point of arrival. Therefore, HOPE advised the Commission to allow for flexibility in verifying at the point of dispensing in the delegated act, to take into account different contexts existing in Member States and to avoid disrupting the daily work of hospitals.

The delegated act was adopted by the Commission in October. This marked the start of a scrutiny period by the European Parliament and the Council. Delegated Regulation 2016/161 was published in the EU Official Journal on 9 February 2016 and will be applicable three years from the date of publication.



DATA PROTECTION REGULATION

In 2015, the process for adopting new EU provisions on data protection came to an end. After months of negotiations, an agreement was indeed reached in trilogue on 15 December. Formal votes in the European Parliament's plenary session and at the Council of Minister took place in 2016.

The revision of the general data protection Regulation started in 2012 with the publication of the Commission's proposal. The aim was to strengthen current EU data protection rules and to ensure a more harmonized approach to data protection and privacy across the European Union. HOPE followed very closely the entire legislative process, as data protection rules have an important impact on healthcare services and research.

To influence this legislation, HOPE continued its collaboration 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). The Coalition adopted a joint paper in June 2015 reiterating some key messages to policymakers. In this paper, published ahead of the Justice and Home Affairs Council meeting of 15 June, the Coalition proposed four key recommendations for the benefit of patients:

- Clarify the conditions under which personal health data may be used for research and healthcare purposes;
- Clarify how privacy rights are to be applied for research and healthcare purposes;
- Avoid excessive red tape;
- Provide more flexible procedures and mechanisms for exercising the rights of the data subject.

HOPE also joined the European Data in Health Research Alliance (EDHRA), which brought together stakeholders from academia, patient and research organisations from across Europe who were committed to ensuring the review of the Data Protection Regulation did not limit the use of personal data for health research purposes. HOPE signed a joint statement published in October highlighting key issues to be taken into account by policymakers during the trilogue negotiations.



PROPOSED LEGISLATIONS

MEDICAL DEVICES REGULATIONS

Over the past year discussions about the review of the current EU rules on medical devices constituted a major issue in the 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 about defective breast implants produced by the French PIP company.

On 5 October, the Council adopted its negotiating position on the two draft Regulations, marking the start of trilogues between the Luxembourg Presidency of the Council, the European Parliament and the European Commission. During its mandate, the Luxembourg Presidency worked very hard on this issue and held 5 trilogues and around 7 technical meetings.

One of the main political issues at stake concerned the reprocessing of single-use medical devices. This is an 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 reduces procurement costs, inventory, waste and overall consumption of raw materials and primary energy. It also results in the better use of cleaning and sterilisation equipment.

Additionally, HOPE is also part of Medical Devices expert group and its Unique Device Identification (UDI) Working Group.

Over the last ten years, HOPE has been constantly vigilant on the reprocessing of single-use medical devices.

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WORKING TIME DIRECTIVE

In 2015, HOPE replied to a public consultation launched by the European Commission on the review of the Working Time Directive (Directive 2003/88/EC).

The Working Time Directive requires EU countries to guarantee minimum standards applicable throughout the EU with regard to workers' rights. It is a long-standing issue at EU level. Indeed a proposal for the revision of the EU rules was published back in 2004 but was not adopted as the European Parliament and the Council could not agree on the issues of on-call time, opt out and multiple contracts. As it is now up to the European Commission to decide on the way forward, the main purpose of the consultation was to gather insights and contributions from the public to help the Commission in the current review of the legislation and evaluate future policy options.

HOPE replied to the consultation by recommending the following improvements :

- Introduce a distinction between “active” and “inactive” on-call time, which would allow for a flexible organisation of working time that is suited to hospital requirements and at the same time prevent extended periods of on-call duty;
- Allow Member States for the possibility of extension of the reference period;
- Recommendation for the opt-out rule to remain in effect.

HOPE will continue monitoring future legislative developments in this area, to make sure a possible future revision of the Directive addresses the real needs of the hospital and healthcare sector.



TRANSATLANTIC TRADE AND INVESTMENT PARTNERSHIP

In 2015, HOPE continued to monitor the potential impact of the Transatlantic Trade and Investment Partnership (TTIP) on hospital and healthcare services.

HOPE published news about this in its monthly newsletter, updating members as necessary.

HOPE Chief Executive Pascal Garel was also invited by the Belgian Intermutualist College to contribute to the debate organised on 1 October 2015 in the European Parliament around “Free trade agreements: which challenges for mutualities and healthcare services?”. On this occasion HOPE pointed out that it is hard to deal with the diversity of healthcare systems under agreements like the TTIP.

In particular, HOPE questioned the balance to be found on several topics such as:

- Medical devices (more safety or quicker access);
- Clinical trials (maintain the transparency obtained with the new regulation or coming back to less transparency);
- Pharmaceuticals (keep the control on evaluation, prices and reimbursement or liberalise it);
- Intellectual property rights (transfer of for the benefit of industry or cheaper prices);
- Professional qualifications (towards recognition as in the agreement with Canada);
- Health of citizens.



Soft Law and Other Initiatives

Besides hard law, HOPE also closely monitors soft law in relevant areas such as patient safety, health workforce, eHealth, 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 programmes.

PATIENT SAFETY

As for previous years, patient safety was very high on HOPE's agenda. HOPE is member of the Commission's Patient Safety and Quality of Care Expert Group (PSQC EG) and continued to actively contribute to the work performed within the PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care). More information on HOPE activities within PaSQ Joint Action is provided by this report in Chapter III (HOPE as a partner – Ongoing projects).

In 2015, HOPE attended three meetings of the Commission's Patient Safety and Quality of Care Expert Group: on 11 February, 8 June and 28 September 2015.

The Council Conclusions on patient safety and quality of care of December 2014 mandated the Commission and Member States to put forward a proposal for a sustainable collaboration by December 2016. On 11 February 2015, the main point in the agenda of the Expert Group was to discuss the form to be taken by such sustainable collaboration. Through a consultation open to Expert Group members, HOPE strongly pleaded in favour of the new structure not excluding stakeholders, whose contribution to the Expert Group work has been key over the years and to the advancement of patient safety and quality of care in Europe. Indeed, the first framework presented by the European Commission on 11 February had significantly reduced the involvement of EU stakeholders.

Through a consultation open to Patient Safety Expert Group members, HOPE strongly pleaded in favour of the new structure not excluding stakeholders, whose contribution to the Expert Group work has been key over the years and to the advancement of patient safety and quality of care in Europe.

The Commission took into account such comments and at the meeting of 8 June presented a revised structure. This would feature a Steering Group whose members would reflect the actual membership of the Expert Group, but with the possibility for Member States to organise closed meetings to discuss particularly sensitive and confidential issues. Work Streams composed of 20-25 experts and mandated by the Steering Group to work on a specific topic would also be created. Experts would be selected through a call for interest.

The new framework would also include a permanent network which would build on PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care) main activities. The Commission is now working internally to finalise such framework. The meeting also gave the opportunity for HOPE to invite NVZ, its Dutch member, to present its initiative on quality.

The meeting of 28 September mainly aimed at hearing from other initiatives in patient safety and quality of care.



HEALTH WORKFORCE

Health workforce is at the heart of hospital and healthcare activities. Several challenges need to be addressed here, both in the immediate and near future: demographics 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 challenges 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 a 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 2015. On 17 June, the meeting focused on debating the last topics related to European Workforce, with special emphasis on Recruitment & Retention and Continuous Professional Development in Europe. More in particular, speakers presented the audience with the results from the DG SANTE survey regarding information sharing on continuous professional development of health professionals; the OECD – Eurostat – WHO – Europe Joint Questionnaire 2015 data on health workforce migration; the findings and recommendations of the European Commission study to map recruitment and retention of the health workforce and the preliminary findings from the European Commission co-funded OECD study on education and training of doctors and nurses.

The meeting of 16 November was devoted to discussing key initiatives such as the draft WHO Global Strategy on Human Resources for Health - Workforce 2030 and other ongoing projects in health workforce planning, education and training.

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 by this report in Chapter III (HOPE as a partner – Ongoing projects).

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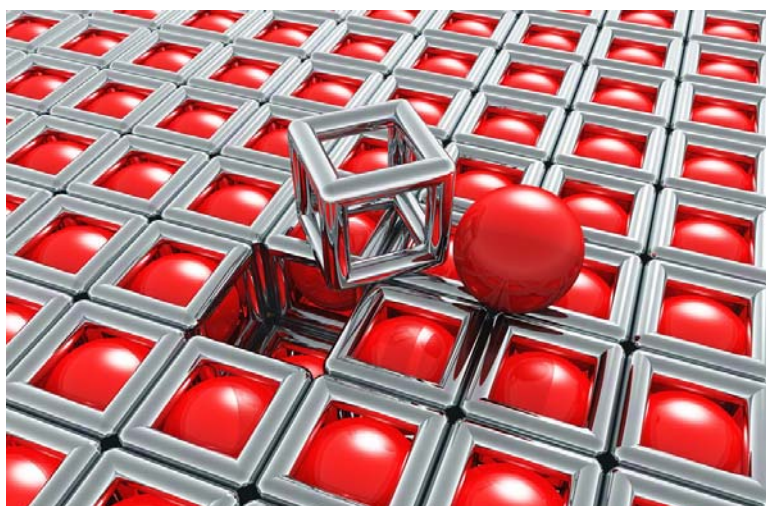
STANDARDISATION

In 2015, HOPE was concerned about the possible development of standardisation in healthcare at EU level, as this may jeopardise good quality of care.

In March, HOPE adopted a position paper. The paper points out that healthcare services and their associated processes are becoming more and more complex. Thus, the task of determining unified specifications is extremely difficult and completely unsuitable in the current medical context. It continued by stating that European standard specifications would not be adapted to the needs of individual patients and would limit the possibilities for medical care. They would also interfere in an unacceptable manner in the medical profession's therapeutic freedom.

Finally, the paper stresses that there are already specific instruments established within the healthcare sector, such as national and regional accreditation systems and evidence-based clinical guidelines. Contrarily to a set of standards, these instruments support appropriate and high quality healthcare, while at the same time doing justice to the field's complexity in each Member State and to the needs of patients.

HOPE also joined forces with other EU health stakeholders on this matter. On 3 July 2015, HOPE together with the Standing Committee of European Doctors (CPME) and the Council of European Dentists (CED) jointly addressed a letter to the Commission President Jean-Claude Juncker expressing concern about the efforts made at European level on the subject of standardising medical treatments and other healthcare services. The letter called on decision makers both at EU and national level to refrain from supporting any activities seeking the standardisation of healthcare services by standardisation institutes.



E-HEALTH

HOPE contributes to shaping the European agenda on eHealth mainly thanks to its participation in the eHealth Stakeholder Group to which it successfully re-applied.

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, and standardisation bodies. Its aim is to ensure an informed dialogue with the European Commission and to add value to policy design and implementation.

On 10 September, HOPE attended a meeting of the eHealth Stakeholder Group, which represented an opportunity to learn more about the Joint Action on Patient Registries (PARENT), and how stakeholders may contribute to the work of the Joint Action supporting the eHealth Network (JAseHN). Finally, the schedule of the eHealth week due to take place in The Netherlands in May 2016 was also shown to participants.

HOPE is also interested in the more specific topic of mHealth and as such attended the Commission mHealth stakeholders meeting on 6 July 2015 in Brussels. The meeting was organised by DG CONNECT as a follow-up to the Green Paper on mobile health and the public consultation with the aim to further discuss with the stakeholders possible future policy actions on quality and reliability of mobile health applications.

Furthermore, HOPE started collaboration in the Horizon 2020 project eStandards, which aims at advancing eHealth interoperability and global alignment of standards for health information sharing. HOPE also acted as an advisor in United4Health, a large-scale pilot that aimed to reach new frontiers in evaluating and deploying information technology and communications (ICT) services for managing people who live with chronic diseases in home settings.

More information on HOPE activities within eStandards and United4Health is provided by this report in Chapter III (European Programmes and Projects).



AGEING

In 2012 HOPE joined 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 into new markets.

In 2015, HOPE closely followed the developments within the partnership and more precisely in the actions groups on falls prevention, functional decline and frailty and on integrated care.

On 9 and 10 March 2015, HOPE participated in the European Summit on Innovation for Active and Healthy Ageing which took place in Brussels. This summit was organised by the European Commission and attended by 1,200 people representing European institutions, national ministries, regional authorities, leaders from industry, and civil society. It also represented an opportunity for stakeholders to express specific needs and call for new policies.



EU HEALTH POLICY FORUM

HOPE is member of the EU Health Policy Forum (EUHPF). The EUHPF was created in 2001 and gathers today 52 umbrella organisations representing European stakeholders in public health and healthcare.

The Forum seeks to ensure that the European Commission's health policy is transparent and responsive to public concerns. During the past years it has served as a means of communication between the Commission and members, and has provided useful feedback on the Commission's policy proposals and its implementing actions.

The meeting of 19 March 2015 started with an overview of the work done during the previous mandate of the EUHPF covering the period 2009-2013. The mandate has been largely completed: inputs and outputs produced were of good quality and the Forum enabled collaboration among stakeholders. Some areas of improvement have been identified such as the need for a higher level participation, a clearer governance structure as well as a more transparent selection of priorities and agenda setting.

Finally, three aims of the EUHPF for the new term starting in 2015 have been proposed:

- Public Health as a higher EU priority;
- EUHPF as a more valuable resource, by involving other Commission's DGs, the European Parliament etc.;
- Promote health in all policies and focus on prevention.

The European Commission also presented the new format of the EUHPF, which will be based on three main elements:

- An IT platform, composed of a publicly accessible webpage and of a collaborative platform for registered participants;
- Regular meetings and a biannual summit;
- An annual health award for good practices that promote a healthier EU.

Over the summer of 2015 HOPE participated in the testing of the proposed IT platform, providing inputs to enhance its usability.

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ANTIMICROBIAL RESISTANCE

Since 2008, the European Centre for Disease Prevention and Control (ECDC) has been coordinating activities carried out as part of the European Antibiotic Awareness Day (EAAD), which takes place every year around 18 November.

This Awareness Day aims at raising awareness about the threat to public health of antimicrobial resistance (AMR) and about prudent antibiotic use. Latest data confirms that resistance to antimicrobials is increasing in Europe, creating a concern for public health. Raising awareness on prudent use of antibiotics is key in order to stop resistant bacteria developing.

HOPE was invited to review activities carried out in 2014 and start organising the 2015 edition of EAAD, by brainstorming on possible focus themes and dissemination tools during a meeting on 17 March.

HOPE presented its contribution in disseminating information about the EAAD, the toolkit produced and the two reports published by ECDC on surveillance of antimicrobial resistance and of antimicrobial consumption.

As every year, during the European Antibiotic Awareness Day 2015, HOPE attended the EU-level stakeholder event which took place in Brussels on 16 November. During the event, ECDC announced that the European Antibiotic Awareness Day will focus in 2016 and 2017 on AMR in hospitals.



In 2015 the European Commission also started an evaluation of the Commission's Communication on the Action Plan against the rising threats from Antimicrobial Resistance. The evaluation aims at analysing whether the 12 key strategic actions contained in the Action Plan were the most appropriate actions to be taken to combat AMR, which elements worked well or not, if the objectives are still relevant to the needs in tackling AMR and if the approach was holistic.

HOPE contributed to the evaluation by completing a survey on the EU's Action Plan against the rising threats from AMR.

EX-POST EVALUATION OF HEALTH PROGRAMME 2008-2013

A report on the ex-post evaluation of the 2nd EU Health Programme was published in 2015. The report assessed the main outcomes and results achieved, and identified the main problems and solutions with regard to implementing actions financed under the programming period 2008-2013. HOPE had been selected to represent stakeholders in the evaluation process.

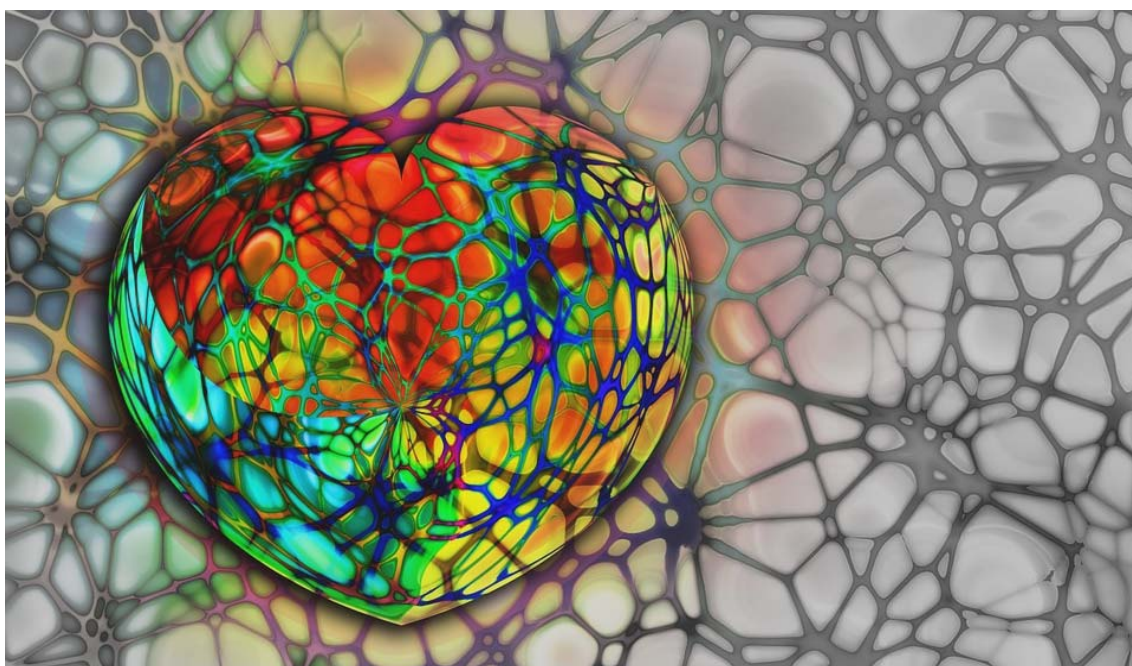


CHRONIC DISEASES

Chronic diseases represent the major share of the burden of disease in Europe and are responsible for 86% of all deaths in the region.

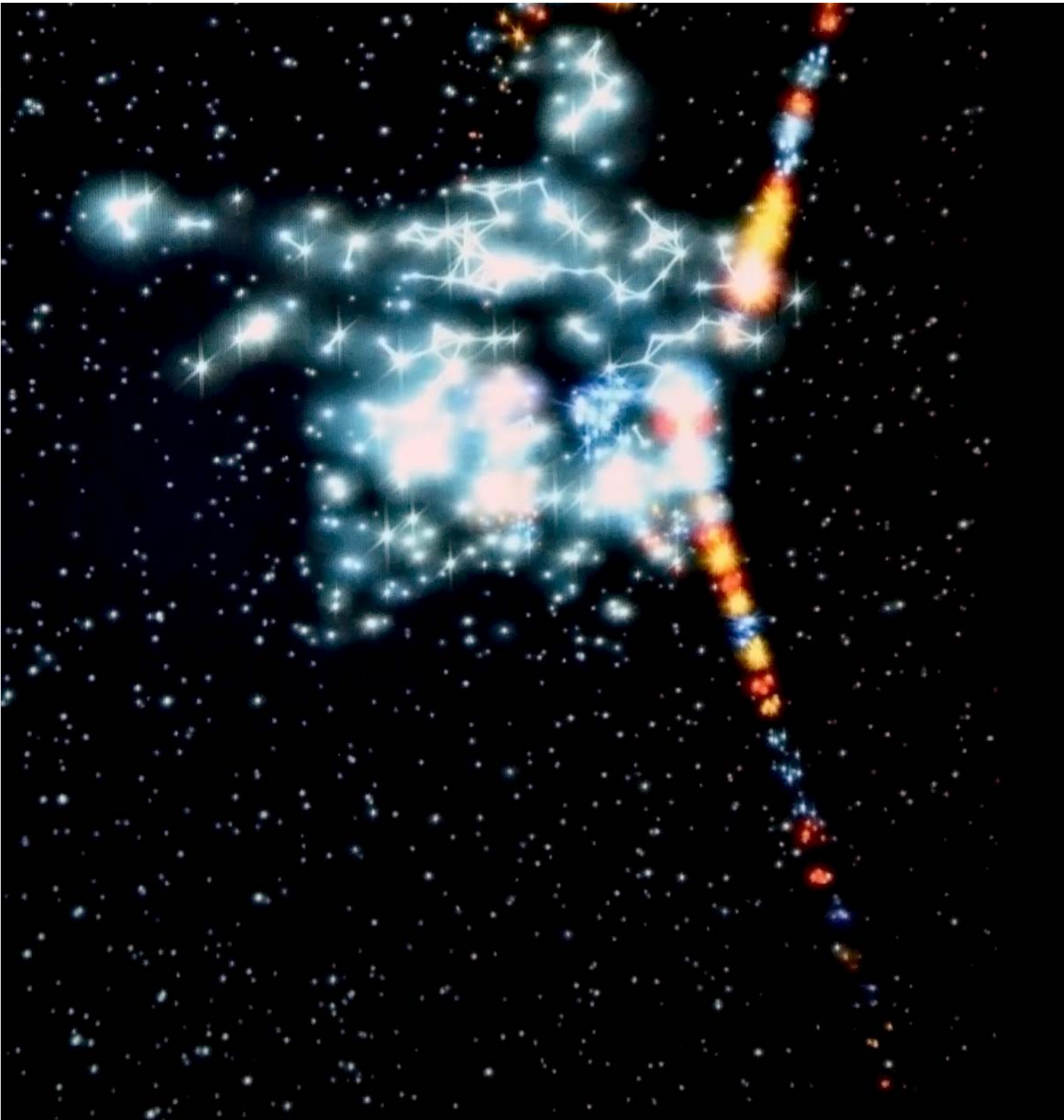
On 13 May 2015, HOPE attended the CanCon Policy Conference about Cancer Survivorship, held at the Committee of Regions in Brussels and aimed at discussing with a wide audience the main topics faced by Cancer Control (CanCon) Joint Action and in particular the issues related to survivorship. CanCon started in 2014 and involves HOPE as a collaborating partner. CanCon contributes in different ways to reducing the cancer burden in the EU.

The policy conference highlighted that, in order to improve the actual conditions of oncology patients, efforts must concentrate on prevention activities and screening. To better “control” cancer, a best practices guide is needed and NGOs play an important role in disseminating such information.



Chapter 3

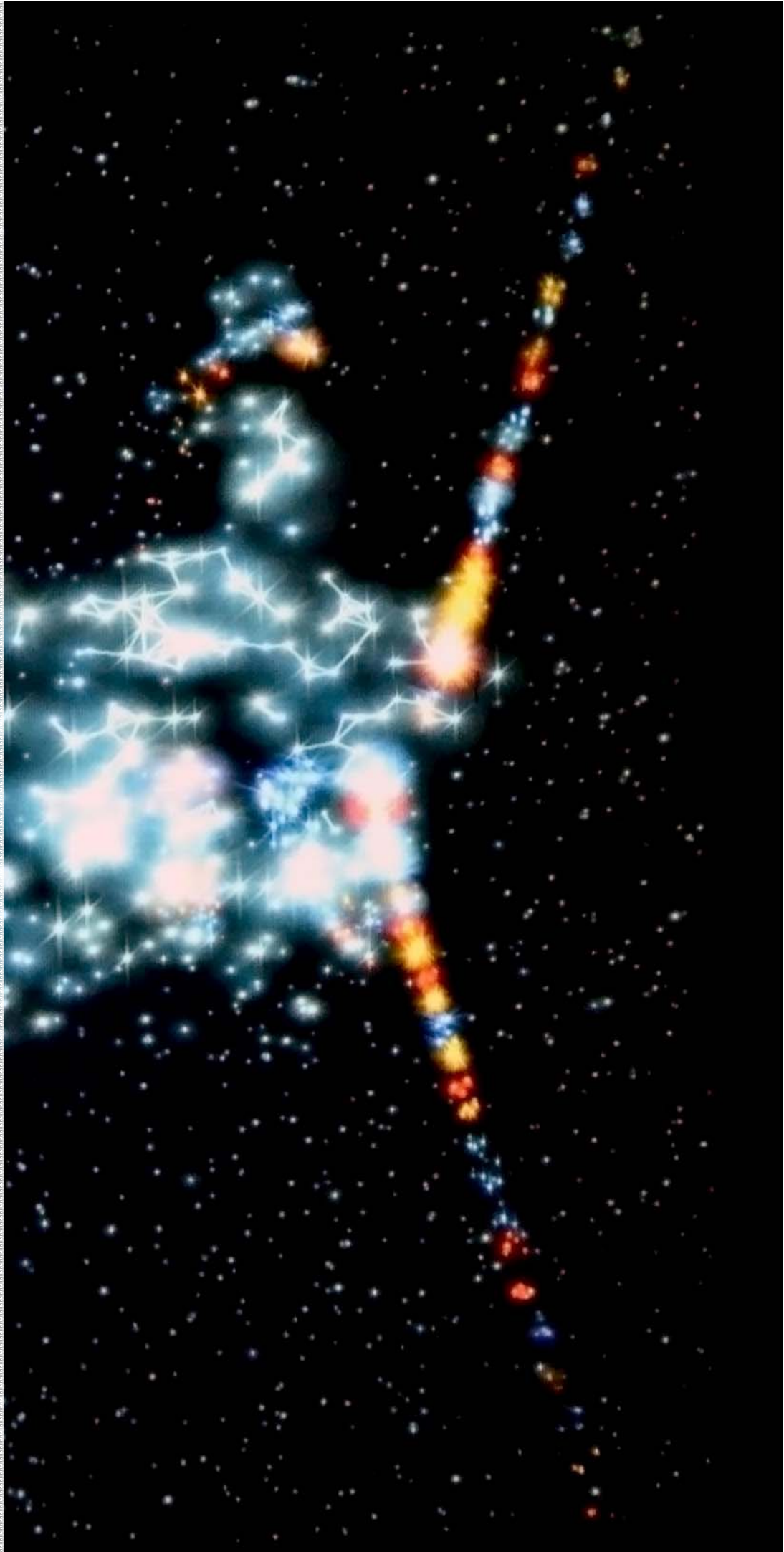
KNOWLEDGE AND EXCHANGE



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

Developing knowledge and helping to share good practices and experiences is what HOPE is all about. In keeping with this aim, HOPE now regularly participates in projects and joint actions.

In 2015, it held the 34th 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

TREATMENT AND REDUCTION OF ACUTE CORONARY SYNDROMES COST ANALYSIS - EUROTRACS

The EUROTRACS (EUROpean Treatment & Reduction of Acute Coronary Syndromes Cost Analysis) project came to an end in May 2015.

This project was co-funded by the European Commission, Directorate General Health and Food Safety (DG SANTE) and aimed at contributing to the main objective of EU Health Programme 2008-2013: *to promote health, including the reduction of health inequalities*. Its goal involved examining the cost effectiveness of integrated approaches to chronic disease prevention with a particular focus on diabetes, cardiovascular and respiratory diseases.

In particular, EUROTRACS' main objective was 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;
- optimizing the use of coronary angiography and percutaneous intervention procedures in the management of patients affected by acute coronary syndrome with special emphasis on people above 64 years old. The aim is to minimize the inequalities in this patients subgroup characterized by a higher mortality rates compared to patients younger than 65 years.

The goal of the final event was to discuss the results produced by the partners so far as well as the future developments of the project. HOPE was involved in the dissemination activity (Work Package 2) and was invited to present the activities carried out to spread EUROTRACS results at the European level and to explain its strategy for the sustainability of the project in the future.



HOPE provided a dedicated article on the contribution of EUROTRACS and EURHOBOP to the EU Health Programme 2008-2013 in its publication Hospital Healthcare Europe 2015. It also produced a short summary of the above-mentioned article for the EUROTRACS brochure and described other successful European projects dealing with chronic diseases.

Furthermore, HOPE informed its members and network of the progress and results of the project through its monthly Newsletter and trimestral Update. For the sustainability of EUROTRACS in the future, HOPE will collaborate with other partners in identifying the stakeholders who should receive the final results of the project. These will be disseminated through the HOPE Newsletter to HOPE Liaison Officers and Members and to their own network at the national level and through the HOPE Update to European Institutions and European stakeholder organisations. Finally, HOPE will upload these results on its website and will notify its network via social media.



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. Initially intended to conclude in March 2015, the Joint Action benefited from one-year extension.

In 2015, HOPE was responsible for organising the Joint Action Final Conference, which took place in Brussels on 12 and 13 March. It was the opportunity to present the main results along with other ongoing initiatives relating to patient safety and quality of care. The next steps and the future EU agenda were discussed at the conference.

The two-day meeting ended with a panel discussion where EU stakeholders representing healthcare professionals (doctors, nurses, pharmacists), patients, and HOPE Chief Executive Pascal Garel illustrated their views regarding future actions to be taken at EU level. The panel called on the European Commission to make sure stakeholders and their contributions are not neglected in future activities taking place at EU level. Also stressed was the importance of support mechanisms which will enable the involvement of people from the field, and what has proven to be useful such as the exchange of good practices.

Besides organising the final conference HOPE continued its involvement as a member of PaSQ Executive Board participating in teleconferences and discussions especially regarding the continuation of the project activities within a sustainable network created at EU level.

HOPE also contributed for the third time to the review of additional Patient Safety Practices and Good Organisational Practices to be displayed on the public part of the PaSQ website. The review team had to ensure the practices submitted were sufficiently described and understandable for the public.

Finally, HOPE was invited on 21 October to an exchange mechanism (i.e. a meeting to foster the exchange of good practices and experiences) organised in Madrid by the Spanish Ministry of Health, Social Services and Equality on the theme “Implementation of safe clinical practices”. The main aim of this meeting was to share experiences and knowledge at EU level regarding the implementation of the safe clinical practices (SCPs) selected by PaSQ Work Package 5 and to hear from the 12 most relevant Spanish experiences when implementing these practices.

As co-leader of Work Package 5 dedicated to patient safety initiatives implementation, HOPE presented the work carried out to implement the selected four safe clinical practices (WHO surgical safety checklist, Medication reconciliation, Multimodal intervention to increase hand hygiene compliance and Paediatric Early Warning Scores) as well as the results of this process.

As a follow up to this conference, HOPE was asked to write an editorial for the Spanish journal “*Revista de calidad Asistencial*” describing the implementation at EU level.



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). Initially intended to finish in August 2015, the project duration was extended until February 2016.

HoNCAB main objective was to obtain a better understanding of the financial and organisational requirements arising from the implementation of the Directive on patients' rights in cross-border healthcare (Directive 2011/24/EU), thus preparing hospitals to the new conditions for applying.

The project also set up a pilot network of hospitals, allowing partners from different Member States to share practical experiences, problems and solutions related to cross-border healthcare. The Hospital Network for Care Across Borders in Europe was therefore created in the initial phase of the project and brings together an initial pilot group of hospitals interested in cross-border healthcare and the European Hospital and Healthcare Federation (HOPE) as permanent secretariat, which ensures visibility and dissemination of Network's activities at European level.

On 29 and 30 April in Rome (Italy), HOPE attended a Work Package leaders meeting during which, partners updated each other's on the project state-of-the-art. This included preliminary results and difficulties faced in the data collection as well as first thoughts for the final conference preparation.

In the run-up to the project's conclusion, the Network's activities were intensified from June 2015 on: the Protocol of the Network (which provides information on the core elements of the Network's functioning and the membership application procedures) was revised and HOPE, together with the Hospices Civils de Lyon, led the development of a paper outlining the Network's strategy at the end of the contracted project activities. As a leader of the dissemination Work Package, HOPE stepped up dissemination about the Network by publishing a dedicated leaflet translated into six languages. This was intended for hospitals interested in joining the Network.

Besides its involvement as secretariat of the Network and leader of the dissemination activities, HOPE also worked in 2015 on the organisation of the project's final conference, held in Brussels in 2016. The aim of the conference is to present the results achieved, launch the Network of Hospitals, and discuss future activities with policymakers and key stakeholders.



JOINT ACTION ON EU HEALTH WORKFORCE PLANNING AND FORECASTING



The general objective of the Joint Action on EU Health Workforce Planning and Forecasting 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 in taking effective and sustainable measures in view of the expected shortage in the health workforce at European and national level.

In 2015, HOPE participated in two landmark events for the Joint Action. On 23 and 28 March in Madrid, HOPE attended the Second Plenary Assembly of the Joint Action. This event was organised in order to disseminate and endorse the main results obtained through the participation of the partners so far. On 23 April, HOPE also took part in a workshop organised in London by the Work Package 6 dedicated to horizon scanning. The aim of the event was to present the first draft of the deliverable Report on Future Skills and Competencies. The document represents a series of policy briefs aimed at supporting the Member States in estimating the future skills and competencies required in the future health workforce as well as their distribution.

The Joint Action will officially end in March 2016 and today all the partners are working together to produce the final version of the documents which will contain the policy and technical recommendations, ensuring the sustainability of the project's results.



ADVANCE eHEALTH INTEROPERABILITY – eSTANDARDS



The eStandards project is financed under Horizon 2020, the EU research and innovation programme. It kicked off on 6 and 7 May 2015 in The Hague (Netherlands) and will run for two years with the main objective of advancing eHealth interoperability and global alignment of standards for health information sharing.

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

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

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

In 2015, HOPE actively contributed to the project activities, participating in several teleconferences and helping to collect case studies about research and deployment projects where solutions have been developed for the coexistence of competing or overlapping standards in large-scale eHealth deployment, nationally and cross-border.

HOPE also attended the first consortium meeting which took place on 2 and 3 December in Brussels. On this occasion, HOPE presented the results of an overview of the initiatives implemented so far in Europe as regards ICT standardisation and public procurement. Partners will build on this work to achieve the work package objective which is to explore and analyse sociological and economic aspects of standards-driven eHealth interoperability in an attempt to suggest ways to reduce the upfront or hidden costs and re-establish trust between the standard organisations, the users, and the industry.

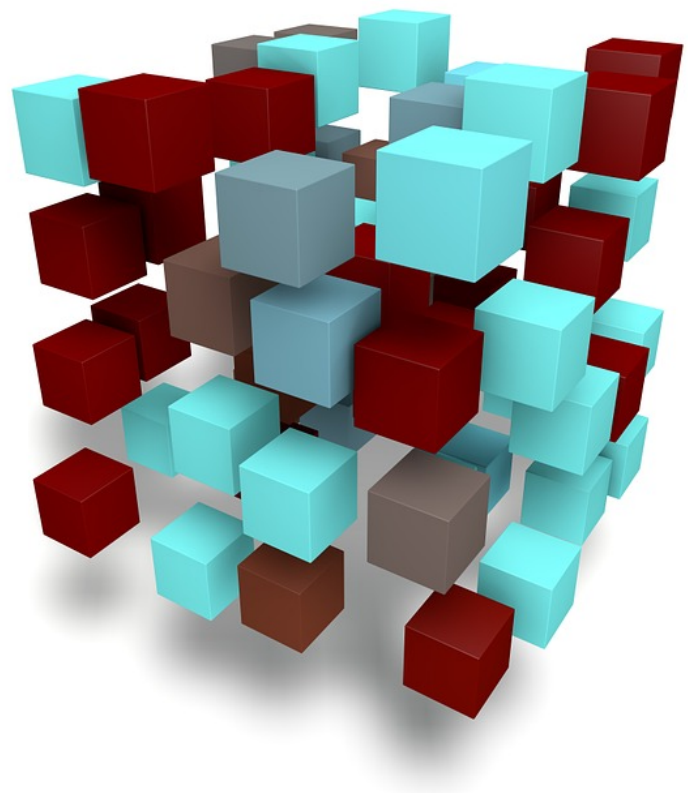
EUROPEAN REFERENCE NETWORKS- PACE-ERN

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 was awarded to a consortium led by the European Organisation for Rare Diseases (EURORDIS) and where HOPE is involved as a partner for the first time in its history as far as tenders are concerned. The assessment manual and toolbox produced will address all the stages 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.

A first draft of such documents was presented at the second conference of ERNs which took place in Lisbon (Portugal) on 8 and 9 October and completed before the launch of the call in March 2016.





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 which 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.

On 26 February 2015, HOPE was invited to the Joint Action EUnetHTA stakeholders meeting in Brussels, whose objective was to inform stakeholders about the state of play and next planned activities.

In 2015, the Joint Action also started preparatory work for its successor third action. The proposal for Joint Action 3 on HTA was developed by a consortium of the nominated partners and delivered to the Commission (CHAFEA) in December 2015. HOPE as part of the providers section of the stakeholders contributed.

JOINT ACTION ON ORGAN DONATION

The joint action “Achieving Comprehensive Coordination in Organ Donation throughout the European Union - ACCORD” ran from May 2012 to November 2015, involving 23 European countries, and coordinated by the Spanish National Transplant Organisation. ACCORD is supported by 10 collaborating partners, including the World Health Organisation, the Council of Europe and HOPE, represented by Aino-Liisa Oukka (FI).



ACCORD aimed to narrow the inequalities in organ donation in Europe by:

- Enhancing the protection of living donors by improving information systems and through common standards;
- Promoting deceased organ donation by facilitating the cooperation between critical care professionals and donor transplant coordinators;
- Sharing practical knowledge, expertise and tools by implementing practical collaborations among countries – through a "twinning" initiative.

PATIENTS' RIGHTS

HOPE contributed to the workshop on patients' rights held on 10 and 11 September 2015 in Brussels. The workshop was organised as part of a study that the European Commission had asked a consortium led by the University of Maastricht to undertake on the Mapping of Patient Rights in all Member States of the European Union. This study not only considered the more conventional patient rights but also the more consumer-based and procedural patients' rights (e.g. resp. information, choice, complaints, and compensation).

For this mapping project, a literature review and an expert survey on patients' rights legislation and enforcement as well as relevant Council of Europe activities were performed. For the workshop, individual stakeholders were invited from policy-making, practice, academia, advocacy and organisations representing professional bodies, patients' and other professional perspectives.

PROJECTS UNDER CONSTRUCTION



ICT4LIFE

Almost 10 million Europeans live with dementia or Parkinson's disease today. As a result of ageing, the number of persons affected by one of these conditions is expected to double by 2030, making them major health challenges. These persons want to live in their own homes but because of the symptoms, they face difficulties in their activities of daily living..

ICT4Life project aims to provide solutions. This three-year initiative co-financed under Horizon 2020, the EU Framework Programme for Research and Innovation, kicked-off in January 2016 with the ambition to provide new services for integrated care employing user-friendly ICT tools, ultimately increasing patients' quality of life and autonomy at home.

To reach this goal, ICT4Life will conduct breakthrough research and radical innovation and will implement the ICT4Life Platform. Such a platform will deliver a series of innovative services to patients affected by dementia or Parkinson but also to health professionals as well as to formal and informal carers. All solutions will be developed following a user-centred methodology and tested in real life scenarios.

This initiative brings together nine partners representing academia, industry and users' groups, all committed to improving patients' lives and advancing Europe's leadership role in personalised services for integrated care.

The partners of this well-balanced and multidisciplinary consortium are namely: Artica Telemedicina (Spain), Polytechnic University of Madrid (Spain), Madrid Parkinson Association (Spain), Netis Informatics Ltd. (Hungary), E-seniors (France), Centre for Research and Technology Hellas (Greece), Maastricht University (The Netherlands), European Hospital and Healthcare Federation (Belgium) and the University of Pécs (Hungary).

HOPE will be involved in the project as leader of the Work Package dedicated to dissemination and exploitation and will make sure the project's results are made available to the target audience and the general public.

Exchange Programme

HOPE EXCHANGE PROGRAMME – 34TH EDITION

HOPE held the closing conference of its 34th HOPE Exchange Programme on 1 and 2 June 2015 in Warsaw (Poland), hosted by the Polish Hospital Federation.

The HOPE Exchange Programme was attended in 2015 by 128 professionals and focused on the topic “Hospitals 2020: hospitals of the future, healthcare of the future”. This was all about innovations in management and organisation of hospitals and healthcare services.

During the HOPE Agora, participants of the programme reported back on their stay abroad. In their presentations, participants were asked to identify elements in the healthcare system of the host country which they found inspiring when looking at the challenges that they face at home in their own country. Without judging the system of the country visited, participants described, based on their experience abroad, what they would like to see implemented in 2020 in their own country, region, institution, or ward.

Unlike previous years, participants were asked not to include in their presentation the healthcare system of the country in which they stayed. HOPE prepared the country profile for each host country of the Exchange Programme 2015, which could be downloaded from HOPE website.



Evaluation Conference of HOPE Exchange Programme, 2 June 2015, Warsaw (Poland)

Presentations of the findings focused on innovations in organisation and management that the participants have come across. These were recognised in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.

During the two days, participants were also very active on social media and interacted and exchanged information presented by using a specific Twitter hashtag (#HOPEep2015).

As it is usual tradition, a prize was awarded to the three best country presentations. Winners were chosen by the HOPE National Coordinators. Finland won the first prize, Denmark the second with the third being awarded to the health professionals who stayed in Poland.

HOPE EXCHANGE PROGRAMME LINKEDIN GROUPS

Since February 2015, HOPE has inaugurated several groups on LinkedIn in order to stimulate the debate on outstanding themes related to healthcare in Europe.

These groups are mainly, but not exclusively, aimed at former HOPE Exchange participants and represent platforms allowing professionals with different backgrounds and roles to share information on a voluntary basis.

The main topics identified so far are clinical performance, eHealth, human resources, patient safety and real estate management in the healthcare sector.

The total members' number for all the groups so far is 340, and the most numerous is the one dedicated to human resources, followed by eHealth, patient safety, clinical performance and real estate management in human resources.

Study Tour

HOPE encourages its members to contribute to sharing good practices across borders.

It has become a tradition for members to invite each other to share evidence and experience on topics of special relevance for the provision of a high level of quality in healthcare.

ASSURING QUALITY IN THE ENGLISH NHS

On 29 and 30 October 2015, Dartford and Gravesham NHS Trust played host to a two- day event for delegates from all over Europe including Italy, Spain, Portugal, Belgium, Germany, Latvia and Estonia.

The event was held by HOPE and its UK member, the NHS Confederation. At the “European Exchange Study Visit” held at Darent Valley Hospital, delegates heard from some of the most influential people in healthcare today about how policy and innovation are changing the way that patient care is delivered by the NHS. The event was themed around how to maintain and improve the quality of care delivered to patients across Europe, including ensuring patients receive compassionate care.

The European Exchange Study Visit gave participants the opportunity to share knowledge on how healthcare is structured, funded, delivered and regulated in England. It also provided an opportunity to hear from the leaders of Trusts and Clinical Commissioning Groups (CCGs), who imparted



a local perspective on how healthcare is constantly adapting to change in order to continue to deliver the best possible care in the communities they serve.

This two-day event signalled a positive collaborative future for NHS Trusts and colleagues from across Europe to work together to address the challenges facing the health sector today.



Participants of HOPE study tour "Assuring quality in the English NHS", 29-30 October 2015, Dartford - Kent (UK)

CONFERENCES ORGANISED BY HOPE

PASQ FIFTH COORDINATION MEETING

On 12 and 13 March 2015, PaSQ Joint Action (European Union Network for Patient Safety and Quality of Care) held its Fifth Coordination Meeting in Brussels. HOPE was responsible for organising the meeting, which gathered around 120 participants representing experts in patient safety and quality of care, national authorities, EU health stakeholders, representatives from the European institutions, international organisations, and healthcare professionals.

The aim of the meeting was to present the results of PaSQ Joint Action as well as other on-going initiatives in patient safety and quality of care and to look to the future, by discussing next steps and future EU agenda in these areas.

The first day opened with a speech from Andrzej Jan Rys, Health Systems and Products Director at the Health and Food Safety Directorate General of the European Commission and Margaret Murphy, Patient Advocate and External Lead Advisor of the WHO Patients for Patient Safety Programme, who set the scene for the two-day meeting by providing the patients' perspective on patient safety.



This was followed by presentations from the Work Packages constituting the Joint Action, illustrating the main results achieved by PaSQ. The day concluded with a panel discussion with PaSQ National Contact Points (NCPs). NCPs from Denmark, Germany, Spain and Slovakia were invited to share their experience and lessons learnt as well as to illustrate the benefits of participating in PaSQ.

The second day started with presentations from OECD and WHO about their current projects and activities, as well as possible synergies with PaSQ Joint Action. Then followed a session to discuss the future EU agenda on patient safety and quality of care, and a panel discussion where EU stakeholders representing healthcare professionals (doctors, nurses and pharmacists), patients, and HOPE Chief Executive Pascal Garel illustrated their views on future actions to be taken at EU level in the areas of patient safety and quality of care.



PaSQ Fifth Coordination Meeting and HOPE Chief Executive Pascal Garel speaking during the panel discussion “Future EU agenda on patient safety and quality of care: views from stakeholders” on 13 March 2015.

CONFERENCES CO-ORGANISED BY HOPE

HPH CONFERENCE 2015

Co-organised by HOPE, the Health Promoting Hospitals (HPH) conference took place in Oslo, Norway, on 10-12 June 2015, with the title “*Person-oriented health promotion in a rapidly changing world: Co-production – continuity – new media & technologies*”. With this general theme, the conference paid special attention to the comprehensive somato-psychosocial health needs of patients and their families, but also to those of healthcare staff and community members.



In particular, the conference focused on the following sub-themes:

- addressing people’s comprehensive health needs;
- co-producing health – healthcare for people by people;
- continuity of care for people by strengthening individuals and improving cooperation between healthcare services and other institutions;
- using new media & technologies to address people’s health needs.



EUROPEAN HOSPITAL CONFERENCE

The 3rd Joint European Hospital Conference (EHC) took place as part of MEDICA 2015 on 19 November 2015. The EHC addressed different political, medical and economic topics from across all of Europe.

High-ranking speakers from HOPE, the European Association of Hospital Managers (EAHM) and the Association of European Hospital Physicians (AEMH) participated in discussions on the topics of patient-oriented hospital care in the future and patient-oriented hospital care in the practice.

ECRD

HOPE was invited by the rare disease organisation EURORDIS to participate in the programme committee of the 8th European Conference on Rare Diseases and Orphan Products due to take place in Edinburgh from 26 to 28 May 2016. HOPE will specifically contribute to the various parallel sessions on patient mobility in Europe.



SOME CONFERENCES WITH HOPE AS A SPEAKER

HEALTHCARE REFORM – HOW DEEP IS THE BLUE OCEAN?

The Belgian association of hospital managers organised a conference in Brussels on 11 June 2015 entitled: *“The Healthcare Reform: How deep is the blue ocean?”*

The conference took place at the US Ambassador's Residence. Speakers shared their vision on the healthcare transformation: going from the US Health Reform Care (the Affordable Care Act), to the European Union vision and zooming in on the healthcare reform in Belgium.

After Mr. Paul d'Otreppe, President of the Belgian Association of Healthcare managers, had introduced the day, Mrs. Liz Fowler, former advisor of President Obama presented the “Obamacare”. The changing healthcare landscape with the influence of the European Union was presented by Pascal Garel, Chief Executive of HOPE. Then three presentations followed to present the actual situation of the 6th Belgian State reform and the new hospital financing at three levels: Federal, Flemish and Wallonian.



HOPE Chief Executive, Pascal Garel, presenting the influence of the European Union in the changing healthcare landscape in Europe.

UEHP

HOPE was invited to speak at the conference of the European Union of Private Hospitals held on 17 and 18 September in Milan.

The topic of the conference was “Modernization of healthcare systems: which kind of investments for sustainable and efficient systems accessible to European citizens.” HOPE was asked to join the session on “Efficiency in hospital sector, the contribution of public and private hospitals within the EU”, an opportunity to present HOPE recent work in the field of organisation and management.

HEART FAILURE

The Heart Failure Network held its first conference in the European Parliament on 29 September “Bringing heart failure into mainstream EU health policy”.

HOPE joined the panel debate on priority actions in Europe and member states gathering representatives of the European Parliament, the European Commission, patients and healthcare professionals. HOPE presentation was on greater investment needed in tools and resources in primary care. Indeed inadequate follow-up and long-term care in primary care for patients living with heart failure is one of the key reasons why patients often end up being admitted to hospitals.



FREE TRADE AGREEMENTS AND HEALTHCARE SERVICES

The Belgian Intermutualist College invited Pascal Garel, HOPE Chief Executive, to contribute to the debate organised on 1st October 2015 at the European Parliament around “Free trade agreements: which challenges for mutualities and healthcare services?”.

On the basis of its contribution du the European Public Health Alliance conference on the same topic on 15 June, HOPE reminded delegates that it is difficult to deal with the diversity of healthcare systems under agreements such as the TTIP.

The initial opacity of negotiations did not help in giving a clear picture of the risks that the TTIP would mean for healthcare services. Furthermore, some countries expressed concerns over possible privatisation or liberalisation of their public health services. One such concern was the risk of being unable to repeal decisions made about privatisations since there is no provision for doing this in the agreements already adopted for Canada and Korea.

In any case, it is not sufficient to exclude healthcare services from the TTIP if the impact on health, medicine and medical devices is not objectively assessed. HOPE made reference to a similar exchange ten years ago during the services directive debate.

This occasion represented for HOPE the opportunity to question the balance to be found on several topics such as:

- Medical devices (more safety or quicker access)
- Clinical trials (maintain the transparency obtained with the new regulation or coming back to the previous situation)
- Pharmaceuticals (keep the control on evaluation, prices and reimbursement or liberalise it)
- Intellectual property rights (transfer of for the benefit of industry or cheaper prices)
- Professional qualifications (towards recognition as in the agreement with Canada)
- Health of citizens

PASQ – EXCHANGE MECHANISM MEETING IN MADRID

The European Union Network for Patient Safety and Quality of Care (PaSQ Joint Action) is co-funded and supported by the European Commission within the Public Health Programme (for more information on PaSQ, please consult Chapter III (HOPE as a partner - ongoing projects)).

On 21 October 2015, HOPE was invited to an exchange mechanism (i.e. a meeting to foster the exchange of good practices and experiences) organised in Madrid by the Spanish Ministry of Health, Social Services and Equality on the theme “Implementation of safe clinical practices”.

The main aim of this meeting was to share experiences and knowledge at EU level regarding the implementation of the safe clinical practices (SCPs) selected by PaSQ Work Package 5 and to hear from the 12 most relevant Spanish experiences when implementing these practices.

As co-leader of Work Package 5 dedicated to patient safety initiatives implementation, HOPE presented the work carried out for the implementation of the selected four safe clinical practices (WHO surgical safety checklist, Medication reconciliation, Multimodal intervention to increase hand hygiene compliance and Paediatric Early Warning Scores) as well as the results of this process.

The meeting was also dedicated to hearing from the experiences of 12 Spanish healthcare organisations which have implemented the SCPs.

The meeting ended with the official award of the 12 Spanish organisations by José Javier Castrodeza, Ministry’s General Director of Public Health, Quality and Innovation.



PaSQ Exchange Mechanism “Implementation of safe clinical practices”, 21 October 2015, Madrid (Spain).

PATIENT'S RIGHTS AND FAIR ACCESS - THE WAY AHEAD FOR CROSS-BORDER EU HEALTHCARE

On 29 October, HOPE was invited to London to speak at the Policy-UK Forum: *Patient's Rights and Fair Access: The way ahead for cross-border EU healthcare* to present its position and its recent publication on Medical Tourism.

Two years on from the integration of cross-border health Directive 2011/24/EU into Member States' law, this offered delegates an opportunity to analyse the success and failures of the cross-border health system, as well as the challenges of and the barriers to the uptake of cross-border health.

The event was an opportunity to take an in-depth look at the challenges facing EU cross-border health, such as liabilities, the future of funding and reimbursement schemes, the interoperability of e-health across borders, and the availability of personal health records to clinicians in other EU healthcare systems.

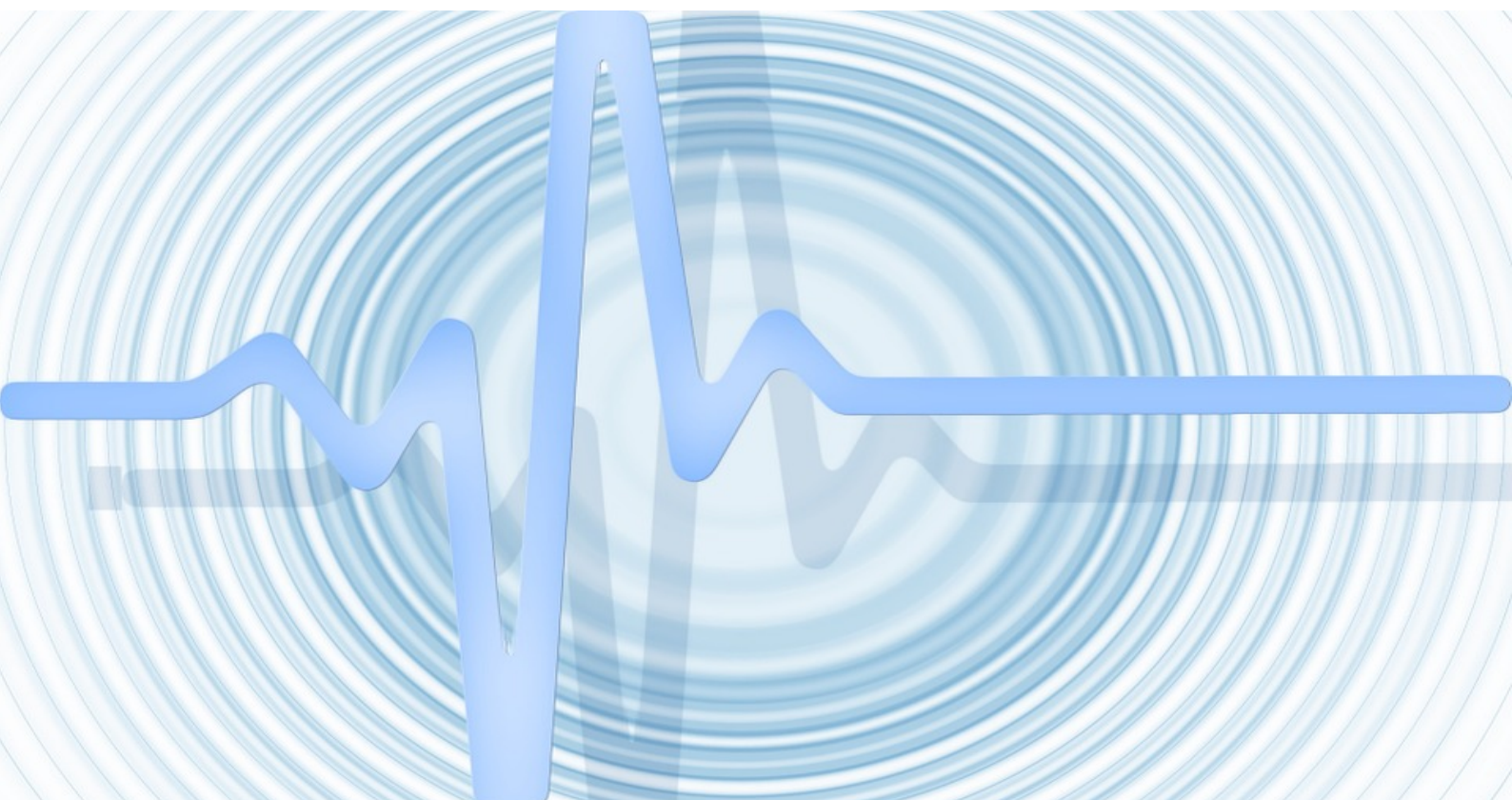


HOSPITAL SERVICES - A GREATER ROLE FOR THE PRIVATE SECTOR?

HOPE was invited to speak at the meeting Eurofound organised on 4 November 2015 in Brussels. This expert workshop was part of the ongoing research project “*Delivering public services- a greater role for the private sector?*”

The aim was to discuss the preliminary findings of Eurofound’s research and to learn more about other current research activities in this area. It also provided a good opportunity to debate with key European stakeholders about the role of private providers and its impact on the quality, accessibility and efficiency of hospital services.

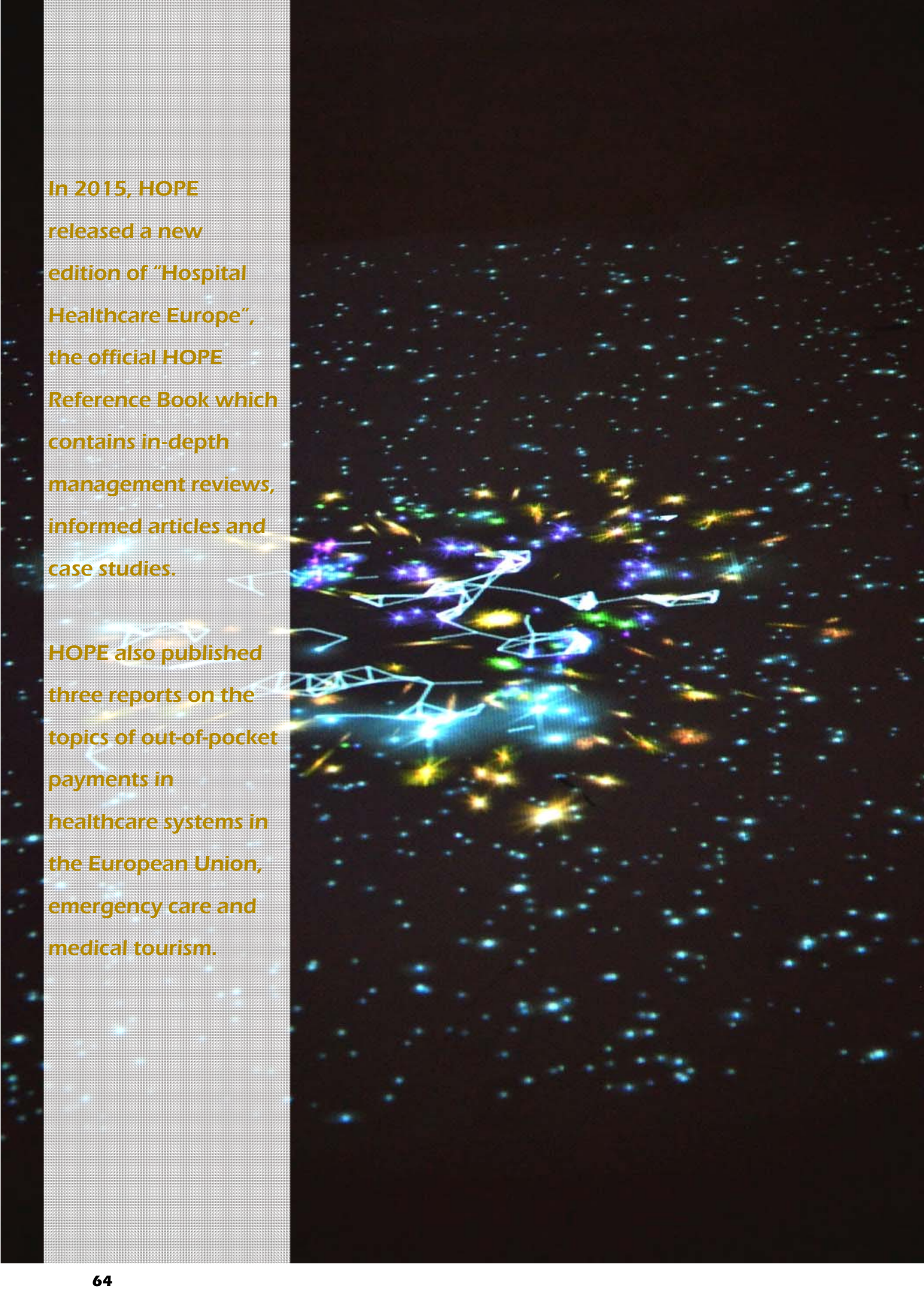
This project takes forward the work on delivery of public services launched in 2014 and narrows its scope to provide a more in-depth view of services in hospitals. It focused on hospital services in 2015 and it plans to examine residential care in 2016. It will analyse aspects of privatisation in hospitals such as outsourcing services, developing public–private partnerships, the corporatisation of public hospitals and selling public hospitals to the private sector. The analysis will seek to distinguish between for-profit and not-for-profit private service providers and the context they operate in. The impact of these changes on the quality, effectiveness and accessibility of services will also be investigated.



Chapter 4

PUBLICATIONS





In 2015, HOPE released a new edition of “Hospital Healthcare Europe”, the official HOPE Reference Book which contains in-depth management reviews, informed articles and case studies.

HOPE also published three reports on the topics of out-of-pocket payments in healthcare systems in the European Union, emergency care and medical tourism.

HOSPITAL HEALTHCARE EUROPE 2015

HOPE published the 2015 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, 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 and quality of care: EURHOBOP and EUROTRACS
- EU mechanisms: how health policy gets made at EU level
- Hospitals in Europe – healthcare data
- EU healthcare systems: challenges and changes



OUT-OF-POCKET PAYMENTS IN HEALTHCARE SYSTEMS IN THE EUROPEAN UNION

Hospitals are by essence a field where solidarity is of utmost importance, insuring the most costly risks. In the context of the crisis, one of the main concerns is that choices would be made to reduce the coverage of such risks. HOPE has already published on the influence of the crisis on healthcare systems, aiming at investigating the impact of austerity policies mainly on the hospital sector. With the publication on out-of-pocket payments, HOPE has decided to focus its attention on the share covered or not collectively.

The report explores the extent to which healthcare systems (and more precisely hospital care) in European countries are financed by out-of-pocket payments. Information gathered has been organised to allow the reader to understand if out-of-pocket payments are requested for the hospital or non-hospital sector and for which kind of healthcare services, goods or extra-services.



Conclusions from the survey show that the information available is rather sparse, limited or scarce in the national databases. But as far as it was possible to compare, results from the survey show that governments have chosen different strategies, sometimes opposite ones, to deal with the pressure of the financial and economic crisis on their healthcare systems.

EMERGENCY CARE

Emergency care was identified as the priority for 2014 by HOPE, as a growing issue in the context of the economic crisis but not only. This theme is also relevant and linked to other topics currently debated such as avoidable hospitalization, chronicity, ageing, and integrated care.



This report presents the results of a survey carried out among HOPE members to identify main challenges and the possible worsening of situations due to the crisis. The survey also aimed at collecting good practices to be shared at national, regional and local (individual healthcare organisation) level. Results show that, despite specificities, European Member States are characterized by common trends in the management and provision of emergency care health services.

According to the results, Europe is facing a rising demand in emergency care, in line with a general growth in the demand for care. This is mostly due to the fact that the access to emergency departments does not need any referral and because it is free of charge. This tendency is emphasized in those countries where migration flows are consistent. Moreover, the information collected outlines that emergency care ward policies are, in most of the cases, linked to the organisation of primary care systems and territorial healthcare providers (e.g. health centres). The increasing trend in the demand for emergency care is worsened by geographical health workforce disparities in some countries.

The consequence of this situation is represented by the will of national governments to start reforms aimed at better organising primary care on the territory (fostering the creation of a network involving the diverse health providers, including hospitals); strengthening the role of the GPs as well as reducing the use of financial and human resources dedicated to emergency for non-emergency cases.

MEDICAL TOURISM

Medical tourism has recently grown in popularity. There is however no general agreement on a standard definition of this business characterized by speculation-based insight and significant gaps of comparable evidence-based data collection and industry regulation. An inconsistent literature about medical tourism and health tourism adds to the confusion. HOPE has been working for the last two years on trying to get a clearer picture. The report “Medical Tourism” is the result of this work.

The report starts by analysing the existing definitions of medical tourism, which reveals a lack of coherent terminology. It then continues with an investigation about the medical tourism industry and its “mechanisms”, identifying key players involved and channels facilitating the spread of this phenomenon.

The role played by national governments and policies put in place to facilitate the growth of this industry are also explored in the report, showing that these vary from country to country: some governments encourage this phenomenon, others try to stop it. Although this is about health and life, no common regulatory framework, no standard procedure and no transparent practices are in force.

QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT

The HOPE Agora 2014 was held from 26 to 28 May 2014 in Amsterdam (The Netherlands) concluding the 33rd HOPE Exchange Programme intended for hospital and healthcare professionals with managerial responsibilities.

With the topic “Quality first! Challenges in the changing hospital and healthcare environment”, participants reported on their 4-week stay abroad.

They were asked to look at the measures implemented at national, regional and healthcare organisation level as regards the provision of quality care. Furthermore, they were invited to focus on the definition(s) of quality, how it is measured and data used. Then, on the basis of elements observed during their stay, they had to provide information on quality initiatives that have been successful as well as on the challenges identified.



Finally, they had to check whether concepts such as patient centeredness, patient perspective, patient empowerment and patient involvement were considered when improving quality at board level, operational management involvement team and patient, and in the treatment.

This report presents the results of the HOPE Agora and the main findings from participants.

HOSPITALS 2020: HOSPITALS OF THE FUTURE, HEALTHCARE OF THE FUTURE

In 2015, HOPE organised the closing conference of the 34th HOPE Exchange Programme from 1 to 2 June 2015 in Warsaw (Poland), hosted by the Polish Hospital Federation.

The Exchange Programme focused on the topic “*Hospitals 2020: hospitals of the future, healthcare of the future*”. This topic was all about innovations in management and organisation of hospitals and healthcare services.

During HOPE Agora, participants of the programme reported on their stay abroad. As common practice, HOPE published a report compiling their results and presentations. In their latter, participants were asked to identify elements in the healthcare system of the host country which they found inspiring when looking at the challenges that they face at home in their own country. Without judging the system of the country visited, participants described, based on their experience abroad, what they would like to see implemented in 2020 in their own country, region, institution, or ward.

Presentations of the findings focused on innovations in organisation and management. These innovations were recognised in the fields of patient care, clinical work, nursing, human resources, information systems, drug management, laboratory operations, finances, quality management, and patient involvement.





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2015**

