



# NEWSLETTER

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*GLOBAL HEALTH POLICY FORA 2014*

## **UPCOMING CONFERENCES**

**23-25 April 2014 – Barcelona (Spain)**

*22ND INTERNATIONAL HEALTH PROMOTING HOSPITALS CONFERENCE*

**26-28 May 2014 – Amsterdam (The Netherlands)**

*HOPE AGORA 2014*

*QUALITY FIRST!*

*CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT*

**SAVE THE DATE**

## EU INSTITUTIONS AND POLICIES



### **HEALTH PROGRAMME 2014-2020 – PARLIAMENT ADOPTION**

On 25 February 2014, MEPs adopted during the European Parliament plenary session the third Health Programme for the period 2014-2020.

The 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:

1. *promotion of good health and prevention of diseases*, addressing risk factors such as smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity;
2. *protection from cross-border health threats* by identifying and developing coherent approaches and promoting their implementation for better preparedness and coordination in health emergencies;
3. *contribute 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, and facilitate the voluntary up-take of innovation in public health intervention and prevention strategies;
4. *facilitate 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.

The new Health Programme will have at its disposal a budget of 449 394 000 Euros (in current prices). This amount will be shared between the different objectives of the Programme throughout its duration. As with the previous health programmes, funding will be provided through:

- grants for actions co-financed by the competent authorities responsible for public health in the Member States (called "Joint Actions");
- grants for actions (projects) co-financed by other public, non-governmental or private bodies, including international health organisations;
- grants for the functioning of non-governmental bodies;
- procurement contracts.

The call for proposals will be launched by the Consumer, Health and Food Executive Agency (CHAFAEA) immediately after the publication of the annual work programme 2014 which can be expected April/early May 2014 pending the adoption of the Health Programme Regulation in Council and the positive opinion of the newly established Programme Committee.

*More information: [http://ec.europa.eu/health/programme/policy/index\\_en.htm](http://ec.europa.eu/health/programme/policy/index_en.htm)*

### ***BLOOD AND BLOOD COMPONENTS – NEW EU RAPID ALERT PLATFORM***

The European Commission launched on 6 February a new EU rapid alert platform for human blood and blood components. In 2011, over 2 million patients were transfused in the EU, thus making the vigilance of cross-border transfer of blood and blood components a key priority.

The new rapid alert platform allows national health authorities to exchange information so that cross-border incidents are prevented or contained and immediate measures can be taken to ensure patient safety. The platform will be used in parallel with existing national vigilance systems, which collect and manage the alerts related to blood donated and used at national level.

In addition to quality and safety defects of blood and blood components, the platform can be used to raise the alarm on medical devices used for blood treatment and testing in this field, as well as on developing epidemiological situations (e.g. disease outbreaks), which may have cross-border implications on donation.

*More information: [http://ec.europa.eu/health/blood\\_tissues\\_organs/blood/index\\_en.htm](http://ec.europa.eu/health/blood_tissues_organs/blood/index_en.htm)*

### ***PATIENT SAFETY AND QUALITY OF CARE – WORKING GROUP AND ET SUBGROUP MEETINGS***

On 13 February 2014, HOPE attended the meeting of the subgroup on Education and Training (ET) of the Commission Patient Safety and Quality of Care Working Group.

The objective of the meeting was to review a draft report on "Education and training of healthcare workers" which takes stock of existing programmes, courses and modules in this field. It also includes practical solutions on how to effectively implement the provisions of the 2009 Council Recommendation, illustrating examples of good practice in education and/or training in patient safety from European countries. Participants were divided into small groups, each examining a particular section of the report and made some proposals for corrections.

On 14 February, HOPE also attended the meeting of the Patient Safety and Quality of Care Working Group. During the meeting, progress was presented on the work of the two subgroups set up in spring 2013 and respectively dedicated to the themes of Education and Training and Reporting and Learning Systems.

Another point in the agenda was the presentation by the European Commission of the new EU legislative framework on standardisation as well as the upcoming feasibility study on standardisation in the area of health services.

The next meeting will take place on 13 March with the main objective to approve the final version of the reports produced by the two subgroups on education and training and reporting and learning systems.

*More information:* [http://ec.europa.eu/health/patient\\_safety/policy/index\\_en.htm](http://ec.europa.eu/health/patient_safety/policy/index_en.htm)

## **PROCESS ON CORPORATE RESPONSIBILITY IN THE FIELD OF PHARMACEUTICALS – UPDATE**

The process on corporate responsibility in the field of pharmaceuticals facilitates discussions on ethics and transparency of the pharmaceutical sector but also on non-regulatory conditions for better access to medicines after their marketing authorisation. The process comprises three independent platforms on:

- transparency and ethics in the sector;
- access to medicines in Europe, in the context of pricing and reimbursement;
- access to medicines in developing countries with a focus on Africa.

A Steering Group, which is chaired by the Commission and composed of key stakeholders including HOPE, has the role to generate momentum for the platforms and to ensure an effective development of its projects. The Commission Steering Group met on 16 October 2013 in Trakai, Lithuania. The following topics were discussed within each of the platforms:

**Platform on Access to Medicines in Developing Countries with a Focus on Africa:** during the meeting [two reports on the topics of Patent Information and Capacity Building](#) were endorsed.

**Platform on Ethics and Transparency:** a "[List of Guiding Principles promoting good governance in the pharmaceutical sector](#)" was launched in July 2013. The Commission reiterated its willingness to support initiatives of Steering Group members with regard to the Guiding Principles to continue their dissemination, consider these in policy development and keep these principles alive.

**Platform on Access to Medicines in Europe:** [final deliverables](#) were endorsed in 2013 and published on the Commission's website.

The meeting represented also an opportunity to exchange views on the future strategy for the pharmaceutical industry, which the Commission considers as a key asset in strengthening the European economy. Future activities should rely on the results already achieved under the Process on corporate responsibility in the field of pharmaceuticals, which resulted successful and especially demonstrated the importance and benefits of an open, collaborative dialogue between the public and private sectors.

The future strategy will address issues such as:

- distortions in the European internal market, with the aim to reduce inconsistencies;
- strengthen the regulatory dialogue with third countries, and negotiations on free trade agreements;
- possibly, aspects related to the regulatory framework.

The official launch of this new strategic industrial policy initiative is envisaged in the first quarter of 2014, with a document presenting the challenges to which the pharmaceutical industry is confronted, along with the general lines of action to tackle these challenges. The document would represent the legacy from the current Commission to the next one and would allow the next Commission to develop, in a second phase, more concrete and focused measures.

*More information:*

[http://ec.europa.eu/enterprise/sectors/healthcare/competitiveness/process\\_on\\_corporate\\_responsibility/index\\_en.htm](http://ec.europa.eu/enterprise/sectors/healthcare/competitiveness/process_on_corporate_responsibility/index_en.htm)



## ***ELECTROMAGNETIC FIELDS – PUBLIC CONSULTATION***

The European Commission and the Scientific Committee on Emerging Newly Identified Health Risks (SCENIHR) have launched a public consultation on the [preliminary opinion](#) on "Potential health effects of exposure to electromagnetic fields (EMF)" to gather feedback from the scientific community and stakeholders.

The preliminary opinion aims to update the SCENIHR opinions of 19 January 2009 (Health effects of exposure to EMF) and 6 July 2009 (Research needs and methodology to address the remaining knowledge gaps on the potential health effects of EMF) in the light of newly available information, and to give special consideration to areas where important knowledge gaps were identified in the previous opinion. In addition, biophysical interaction mechanisms and the potential role of co-exposures to other environmental agents are discussed.

The deadline to submit comments is 16 April 2014.

*More information:*

[http://ec.europa.eu/health/scientific\\_committees/consultations/public\\_consultations/scenihr\\_consultation\\_19\\_en.htm](http://ec.europa.eu/health/scientific_committees/consultations/public_consultations/scenihr_consultation_19_en.htm)

## ***WORKING TIME – ITALY REFERRED TO COURT OF JUSTICE***

On 20 February 2014, the European Commission referred Italy to the Court of Justice for failing to apply correctly the Working Time Directive to doctors in public health services, following the reasoned opinion sent in May 2013. Currently, Italian law deprives these doctors of their right to a limit on weekly working hours and to minimum daily rest periods.

Under Italian law, several key rights contained in the Working Time Directive, such as the 48-hour limit to average weekly working time and minimum daily rest periods of 11 consecutive hours, do not apply to "managers" operating within the National Health Service. The Directive does allow Member States to exclude "managing executives or other persons with autonomous decision-taking powers" from these rights. However, doctors working in the Italian public health services are formally classified as "managers", without necessarily enjoying managerial prerogatives or autonomy over their own working time.



### ***PUBLIC PROCUREMENT – COUNCIL ADOPTION***

The Council of the EU adopted on 11 February the directive on public procurement, following the plenary vote by the European Parliament on 15 January.

The new legislation enables authorities to consider not only the price, but also environmental or social benefits or innovative ideas offered by a bidder. It also includes tougher rules on "abnormally low" bids and subcontracting, so as to ensure compliance with labour laws and collective agreements.

A new procedure has also been inserted to encourage bidders to offer innovative solutions. The new prescriptions provide for "innovation partnerships" where the contracting authority shall cooperate with a company selected in a regular competitive tender procedure to develop an innovative product, work or service, which does not exist on the market.

Bidding has been simplified by providing a standard "European Single Procurement Document" based on self-declarations and with only the winning bidder having to provide original documentation.

The new rules will enter into force on the twentieth day following that of the publication of the Directives in the Official Journal of the European Union. Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with the Directive within 24 months after its entry into force. For implementing electronic procurement fully, Member States may extend this period by up to 30 months.



### ***VAT LEGISLATION – CONSULTATION DEADLINE POSTPONED***

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.

The Commission adopted in December 2011 a [Communication on the future of VAT](#) that sets out the fundamental characteristics that must underlie the new VAT regime, and priority actions needed to create a simpler, more efficient and more robust VAT system in the EU.

One of the priority areas in this regard is the review and possible revision of the VAT rules on the public sector including the special rules for public bodies and the tax exemptions in the public interest. To prepare the ground for a possible future legislative initiative in this area the European Commission launched two economic studies and had discussions in January 2013 with Member States within the Group on the future of VAT and with experts within the VAT Expert Group; furthermore a Fiscalis stakeholder conference on this issue was held in Italy in April 2013, which was attended by HOPE.

In the context of the preparation of an impact assessment on this issue, the European Commission is launching this public consultation to give all interested stakeholders a further opportunity to express their views on the issue.

The deadline to submit contributions has been postponed to 25 April 2014.

***More information:***

[http://ec.europa.eu/taxation\\_customs/common/consultations/tax/2013\\_vat\\_public\\_bodies\\_en.htm](http://ec.europa.eu/taxation_customs/common/consultations/tax/2013_vat_public_bodies_en.htm)



### ***JOINT ACTION HEALTH WORKFORCE***

On 10 and 11 February 2014, HOPE participated to the work package (WP) 6 workshop in the offices of the UK's Department for Health in London. Over 30 partners attended representing more than 20 different organisations and covering all work packages. The two days included lively discussion, training sessions and speeches in particular from prominent leaders in the UK health workforce.

During the first day, WP leader set out the purpose and aims of the workshop: validation of the comparison of qualitative methods in health workforce planning based on information provided by partners; training partners to conduct Horizon Scanning interviews with key stakeholders to enable the identification of drivers that may impact on the health workforce. The activities held across the two days saw strong interaction and debate from all the participants and there were a number of thoughts emerging around applying qualitative workforce planning methodologies for all Member States and Joint Action partners. The first day culminated with a review, discussion and closing comments to finalise the WP6 comparison of qualitative methods in health workforce planning provided by partners to WP6 last autumn.

During the second day the WP6 team presented the proposal for use of Horizon Scanning as part of this Joint Action and the skills and competency framework to process information that will be collected as part of expert interviews that will be held across Europe during 2014. Partners were also introduced to and trained in the CfWI's Horizon Scanning interview techniques. Participants were tasked with conducting their own practice interviews and then feeding back their experiences. This feedback will now be incorporated to further guidance and supporting materials that will further enable Horizon Scanning skills transfer to colleagues. Partners then observed a sample interview carried out by content lead for the WP6 team with Professor Anne Marie Rafferty, Chair of Nursing Policy at Kings College London. This proved a popular session and participants were interested in the content discussed and how these techniques help identify driving forces affecting the workforce as well as skills and competencies for the future.

*More information:* <http://www.euhwforce.eu/>

### ***SUPPORTING PUBLIC HEALTH INSTITUTES – CALL FOR PROPOSALS***

The European Commission Directorate-General Development and Cooperation (DEVCO) has recently launched a call for proposals on "Supporting public health institutes". The call is part of the "Investing in People" thematic programme that pursues a broad approach to development and poverty reduction, with the general aim of improving human and social development levels in

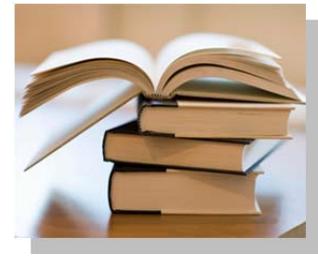
partner countries, in accordance with the *United Nations Millennium Declaration* and the Millennium Development Goals (MDGs).

In particular, the call aims at contributing to the protection and promotion of population's health through the provision of policy analysis and policy advice. The specific objective of the call is to enhance expertise, knowledge and resources of selected schools of public health or public health research or training institutes in low-income countries, to provide national health authorities and stakeholders with evidence-based and locally adapted policy advice, training and other support to feed decision and policy-making and to monitor implementation at national or sub national level. Partnership with public health institutes and stakeholders is encouraged.

The deadline for the concept note submission is 17 March 2014.

*More information:* <https://webgate.ec.europa.eu/europeaid/online-services/index.cfm?ADSSChck=1391769087603&do=publi.detPUB&searchtype=AS&Pgm=7573845&depub=&orderby=upd&orderbyad=Desc&nbPubliList=15&page=1&aoref=135178>

## REPORTS AND PUBLICATIONS



### ***MENTAL HEALTH AND WORK: UNITED KINGDOM – OECD REPORT***



Tackling mental ill-health of the working-age population is becoming a key issue for labour market and social policies in OECD countries. OECD governments increasingly recognise that policy has a major role to play in keeping people with mental ill-health in employment or bringing those outside of the labour market back to it, and in preventing mental illness.

Awareness of the importance of mental health at work in the United Kingdom is among the highest in the world. However, a number of challenges remain to help people with mental health problems stay in work and facilitate their early return to work. The UK has put in place and is putting in place a number of very important reforms. It will be important to implement those reforms rigorously; to modify and

strengthen the reforms that have not yet delivered and to close the remaining gaps identified in the report.

***More information:***

[http://www.keepeek.com/Digital-Asset-Management/oecd/employment/mental-health-and-work-united-kingdom\\_9789264204997-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/employment/mental-health-and-work-united-kingdom_9789264204997-en#page1)

### ***INTELLIGENT DEMAND: POLICY RATIONALE, DESIGN AND POTENTIAL BENEFITS – OECD REPORT***

Policy interest in demand-side initiatives has grown in recent years. This may reflect an expectation that demand-side policy could be particularly effective in steering innovation to meet societal needs. In addition, owing to constrained public finances in most OECD countries, the possibility that demand-side policies might be less expensive than direct support measures is attractive. Interest may also reflect some degree of disappointment with the outcomes of traditional supply-side measures.

This paper reviews demand-side innovation policies, their rationales and importance across countries, different approaches to their design, the challenges entailed in their implementation and evaluation, and good practices. Three main forms of demand-side policy are considered: innovation-

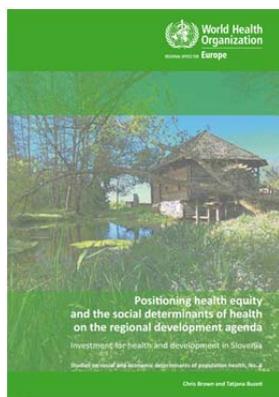
oriented public procurement, innovation-oriented regulations, and standards. Emphasis is placed on innovation-oriented public procurement.

*More information:*

[http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/intelligent-demand-policy-rationale-design-and-potential-benefits\\_5jz8p4rk3944-en#page1](http://www.keepeek.com/Digital-Asset-Management/oecd/science-and-technology/intelligent-demand-policy-rationale-design-and-potential-benefits_5jz8p4rk3944-en#page1)

## **HEALTH EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH: INVESTMENT FOR HEALTH AND DEVELOPMENT IN SLOVENIA – WHO PUBLICATION**

The WHO Regional Office for Europe carries out national case studies to support the advancement of policy-relevant knowledge on tackling the social determinants of health and health inequity in the WHO European Region.



This report results from such a case study conducted in Slovenia from the late 1990s through the first decade of this century. It presents the models used as a framework for the analysis of the Slovene experience, describes the recent political, regional and historical background that shaped it, and traces how a policy on health equity was developed and implemented, including both challenges and achievements. It sums up how the country, by linking the policy domains of health equity and regional development, paved the way for intersectoral collaboration on these issues at the national and local levels. With its summary of the key learning points for each phase of the period under study, the report can be used as a reference source for policy-makers and programme planners in other countries and in other policy domains.

*More information:*

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0007/243178/Positioning-health-equity-and-the-social-determinants-of-health-on-the-regional-development-agenda.pdf](http://www.euro.who.int/_data/assets/pdf_file/0007/243178/Positioning-health-equity-and-the-social-determinants-of-health-on-the-regional-development-agenda.pdf)

## **HEALTH-SECTOR INVOLVEMENT IN CHEMICALS MANAGEMENT – WHO PUBLICATION**

The chemical industry is one of the world's largest economic sectors, which, if managed improperly, poses risks to human health and the environment. The Strategic Approach to International Chemicals Management (SAICM) is designed to achieve the sound management of chemicals, and a strategy for strengthening the engagement of the health sector in its implementation was adopted in September 2012.

This publication presents practical examples of such health-sector involvement in chemicals management in selected countries around the world, including the European Union. It reviews legislative arrangements,



research projects, the collection and dissemination of information, awareness-raising practices, and approaches to the education and training of medical professionals. Professionals in the health and other sectors will find this information invaluable when planning action to implement the SAICM strategy.

**More information:**

[http://www.euro.who.int/data/assets/pdf\\_file/0020/242660/Health-Chemical-Web\\_Final.pdf](http://www.euro.who.int/data/assets/pdf_file/0020/242660/Health-Chemical-Web_Final.pdf)

## **HEALTH COMMUNICATION AND COMMUNICABLE DISEASES PREVENTION AND CONTROL – ECDC REPORT**



The European Centre for Disease Prevention and Control (ECDC) has recently published the report *“Health communication and its role in the prevention and control of communicable diseases in Europe”*.

The report is based on the findings of the three-year research project “Translating Health Communication”, which aimed to support the optimal use and development of health communication activities for the prevention and control of communicable diseases in European Union and European Economic Area (EEA) countries.

Health communication is integral to the effective public health response to the continuing threat posed by communicable diseases. Public health practitioners, programme managers and policymakers need to be aware of what is known about the strengths, weaknesses and costs of health communication interventions aimed at the prevention and control of communicable diseases so that impacts can be enhanced and opportunities maximised for strengthening evidence-informed action.

The report concludes that health communication for the prevention and control of communicable diseases is underdeveloped in EU and EEA countries. The research activity for health communication in communicable diseases in the European context is in a nascent stage of development. The lack of systematic evaluation of health communication for communicable diseases has resulted in a limited evidence base which could give rise to inefficient use of resources.

Nevertheless, the potential for capacity development for health communication in communicable diseases in Europe is manifest. European and international agencies and organisations such as ECDC and the WHO were identified in the stakeholder consultations as having a critical role to play in supporting the future development of health communication in the field of communicable diseases prevention and control. Such organisations could provide the leadership and coordination required to advance the field of health communication for communicable diseases in a coordinated and strategic way.

**More information:**

<http://www.ecdc.europa.eu/en/publications/Publications/health-communication-communicable-disease-europe.pdf>

## ***IMPROVING ACCESS TO TREATMENT FOR CORONARY HEART DISEASES – REPORT***

The recently released study “*Improving access to treatment for coronary heart diseases: overcoming barriers, addressing inequalities*” was commissioned by DG SANCO to look at the opportunities and challenges of improving access to primary angioplasty to treat acute heart attack patients across the EU, as part of the Commission’s on-going work in cross border cooperation in the field of healthcare.

The study provides a snapshot of the current situation regarding cross-border arrangements for acute heart attack patients in 10 Member States of the European Union (EU), based on structured interviews with leading interventional cardiologists in those countries.

Findings revealed that apparently there are no formal cross-border arrangements regarding the management of acute heart attack patients in the countries studied (at least, not to the best knowledge of the experts interviewed). The findings also suggest that despite the European Society of Cardiology guidelines, there are continuing, major variations in treatment utilisation. A significant proportion of eligible patients are not receiving any treatment at all, and an estimated 40-50% of European acute heart attack patients are not currently treated with primary angioplasty. Given the prevalence of acute heart attacks as a cause of death and morbidity in the EU this situation needs to be urgently addressed.

***More information:***

<http://euroccf.org/Documents/Publications/Cross-border PPCI report ECCF FINAL.pdf>

## ***MAKING BEDSIDE SCANNING A SYSTEMATIC REALITY ACROSS EUROPE – REPORT***

The European Association of Hospital Pharmacists, in alliance with GS<sub>1</sub> Healthcare, has recently published a report of the proceedings and conclusions of a high level meeting at UZ Leuven (Belgium) on the subject of bedside scanning of medicines at the point of administration to the patient. The practice of bedside scanning is important in the prevention of medication administration error in hospitals.

The meeting focused on the need to improve the way medicines are bar coded in Europe in order to make bedside scanning a more common practice. Implementation is frustrated by the fact that medicines do not regularly contain a bar code on the primary package, meaning hospitals in Europe must currently conduct relabeling of medicines in order to implement the bedside scan of a medicine.

There were three key conclusions of the meeting.

- Efforts towards achieving systematic bar coding of medicines to the single unit package in Europe must be better coordinated. This should bring in not only hospital pharmacy and the pharmaceutical industry, but also representatives of the packaging, software, IT and equipment industries, hospital and health system management, health insurers, and the nursing and medical professions.

- Relevant stakeholders should set out one detailed requirement in respect of the requirements of single unit package bar coding, taking into account static data versus variable data. Relevant stakeholders should also look at the possibility of a step-by-step timetable for realising single unit package bar coding and give thought to constructing the timetable according to categories of medicine, whereby orphan drugs could be viewed as step 1, followed by high risk medication.
- Remaining opportunities to utilise the national implementation of the Falsified Medicines Directive should be explored.

*More information:*

<http://www.eahp.eu/sites/default/files/files/Report%20of%20bedside%20scanning%20meeting%281%29.pdf>

### ***QUALITY OF SERVICES FOR MARGINALISED GROUPS WITH MENTAL HEALTH PROBLEMS – STUDY IN 14 EUROPEAN COUNTRIES***

Different service characteristics are known to influence mental health care delivery. Much less is known about the impact of contextual factors, such as the socioeconomic circumstances, on the provision of care to socially marginalised groups.

The objectives of this study were to assess the organisational characteristics of services providing mental health care for marginalised groups in 14 European capital cities and to explore the associations between organisational quality, service features and country-level characteristics.

*More information:* <http://www.biomedcentral.com/content/pdf/1472-6963-14-49.pdf>

### ***HOW CAN WE RECOGNISE CONTINUOUS QUALITY IMPROVEMENT? – ARTICLE***

Continuous quality improvement (CQI) methods are foundational approaches to improving healthcare delivery. Publications using the term CQI, however, are methodologically heterogeneous, and labels other than CQI are used to signify relevant approaches. Standards for identifying the use of CQI based on its key methodological features could enable more effective learning across quality improvement efforts.

The objective of this article was to identify essential methodological features for recognising CQI.

*More information:*

<http://intqhc.oxfordjournals.org/content/26/1/6.full.pdf+html>

## ***HOSPITAL TREATMENT FOR HEART FAILURE – STUDY***

Cluster randomised trials are increasingly being used in healthcare evaluation to show the effectiveness of a specific intervention. Care pathways (CPs) are becoming a popular tool to improve the quality of health-care services provided to heart failure patients. In order to perform a well-designed cluster randomised trial to demonstrate the effectiveness of Usual care (UC) and CP in heart failure treatment, the intraclass correlation coefficient (ICC) should be available before conducting a trial to estimate the required sample size.

This study reports ICCs for both demographical and outcome variables from cluster randomised trials of heart failure patients in UC and care pathways.

*More information:*

<http://www.biomedcentral.com/content/pdf/1472-6963-14-84.pdf>

## ***DECREASING INEQUALITY IN HEALTH CARE IN A COST-EFFECTIVE WAY – ARTICLE***

Scientific evidence indicates that access to health care services shown effective is often poorer among the disadvantaged people than among the non-disadvantaged. The important question is how to decrease inequality in a most cost-effective way. Some evidence indicates that effectiveness and cost-effectiveness of interventions may be high among the disadvantaged patient groups. However, the relationship between decreasing inequality and cost-effectiveness is complex and depend e.g. on clinical and health care system factors.

To expand the knowledge base for advancing equality in a cost-effective way, scientific efforts on four levels are suggested: research into ways how practitioners can provide efficient services for the disadvantaged patients, widening of scope at all levels of evidence based medicine to account also for the disadvantaged, research on quality improvement and evidence implementation, as well as benchmarking research including documentation of services among the disadvantaged.

*More information:* <http://www.biomedcentral.com/content/pdf/1472-6963-14-79.pdf>

## ***SPEAKING UP FOR PATIENT SAFETY BY HOSPITAL-BASED HEALTH CARE PROFESSIONALS – LITERATURE REVIEW***

Speaking up is important for patient safety, but often, health care professionals hesitate to voice concerns. Understanding the influencing factors can help to improve speaking-up behavior and team communication.

This review focused on health care professionals' speaking-up behavior for patient safety and aimed at assessing the effectiveness of speaking up, evaluating the effectiveness of speaking-up training, identifying the factors influencing speaking-up behaviour, and developing a model for speaking-up behavior. In total, 26 studies were identified in 27 articles. Some indicated that hesitancy to speak up

can be an important contributing factor in communication errors and that training can improve speaking-up behavior.

The model described helps to understand how health care professionals think about voicing their concerns. Further research is required to investigate the relative importance of different factors.

*More information:* <http://www.biomedcentral.com/content/pdf/1472-6963-14-61.pdf>

### ***DRUG WASTE MINIMISATION AS AN EFFECTIVE STRATEGY OF COST-CONTAINMENT IN ONCOLOGY – STUDY***

Sustainability of cancer care is a crucial issue for health care systems worldwide, even more during a time of economic recession. Low-cost measures are highly desirable to contain and reduce expenditures without impairing the quality of care.

In this paper authors aim to demonstrate the efficacy of drug waste minimisation in reducing drug-related costs and its importance as a structural measure in health care management. Authors first recorded intravenous cancer drugs prescription and amount of drug waste at the Oncology Department of Udine, Italy and then they developed and applied a protocol for drug waste minimisation. Before the protocol, drug wastage accounted for 8.3% of the Department annual drug expenditure. Since the protocol introduction, authors observed a 45% reduction in the drug waste expenditure. This benefit was confirmed in the following years and drug waste minimisation was able to limit the impact of new drugs on the Department expenditures.

*More information:* <http://www.biomedcentral.com/content/pdf/1472-6963-14-57.pdf>

### ***TRENDS OVER TIME IN PRESCRIBING BY ENGLISH PRIMARY CARE NURSES – A SECONDARY ANALYSIS OF A NATIONAL PRESCRIPTION DATABASE***

The percentage of prescriptions written by nurses in primary care in England is very small in comparison to physicians.

The findings of this study suggest that nurse prescribing is used where it is seen to have relative advantage by all stakeholders, in particular when it supports efficiency in nursing practice and also health promotion activities by nurses in general practice. It is in these areas that there appears to be flexibility in the prescribing role between nurses and general practitioners.

*More information:* <http://www.biomedcentral.com/content/pdf/1472-6963-14-54.pdf>

## ***VALUING PATIENTS' EXPERIENCES OF HEALTHCARE PROCESSES – STUDY***

Healthcare policy leaders internationally recognise that people's experiences of healthcare delivery are important, and invest significant resources to monitor and improve them. However, the value of particular aspects of experiences of healthcare delivery – relative to each other and to other healthcare outcomes – is unclear.

This paper considers how economic techniques have been and might be used to generate quantitative estimates of the value of particular experiences of healthcare delivery.

*More information:* <http://www.sciencedirect.com/science/article/pii/S0277953614000380>



### ***GLOBAL HEALTH POLICY FORA 2014***

The European Commission is organising five Global Health Policy Fora in 2014. The main objective of the Global Health Policy Forum is to ensure an open dialogue between the Commission Services and key stakeholders. This should help to strengthen the European Union's voice in global health by ensuring coherence between its internal and external health policies in attaining global health goals.

The events will bring together Commission DGs, the European External Action Service, the Member States, third country representatives, non-government organisations, industry representatives, as well as representatives of international organisations to exchange views on various topics in global health and maximise synergies between the different actors.

The five Global Health Policy Fora in 2014 will take place in Brussels on the following dates and will have the following topics:

- 20<sup>th</sup> of March: Access to Medicines
- 10<sup>th</sup> of April: (topic still to be decided)
- 12<sup>th</sup> of June: Global Health Research
- 28<sup>th</sup> of October: Programme for Action on Global Health
- 11<sup>th</sup> of December: (topic still to be decided)

***More information: [http://ec.europa.eu/health/eu\\_world/events/index\\_en.htm#anchoro\\_more](http://ec.europa.eu/health/eu_world/events/index_en.htm#anchoro_more)***

## AGENDA

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## UPCOMING CONFERENCES

### **22ND INTERNATIONAL HPH CONFERENCE**

**23-25 April 2014– Barcelona (Spain)**

The Health Promoting Hospitals and Health Services (HPH) conference 2014 is the first such event on the Iberian Peninsula. The HPH network in Catalonia that will host the conference was only founded in 2008 but has quickly developed into a HPH stronghold in South-Western Europe. It has recently focused on innovative and timely topics such as health literacy or workplace health promotion. Upon the proposal of the local hosts, the Scientific Committee decided to dedicate this conference to “*Changing hospital & health service culture to better promote health*”.

By focusing on this general theme, the conference program acknowledges 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 (HPH). The conference will also address the feasibility of cultural change in healthcare in times of economic crisis. There will be 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 health care responses to community needs through a culture of cooperation between organisations and settings.

**More information:** <http://www.hphconferences.org/barcelona2014/>

## **HOPE AGORA 2014**

### **QUALITY FIRST! CHALLENGES IN THE CHANGING HOSPITAL AND HEALTHCARE ENVIRONMENT**

**26-28 May 2014 – Amsterdam (The Netherlands)**

From 28 April until 25 May 2014, HOPE organises its exchange programme for the 33<sup>rd</sup> time. This 4-week training period is targeting hospital and healthcare professionals with managerial responsibilities. They are working in hospitals and healthcare facilities, adequately experienced in their profession with a minimum of three years of experience and have proficiency in the language that is accepted by the host country. During their stay, HOPE Exchange Programme participants are discovering a different healthcare institution, a different healthcare system as well as other ways of working.

Each year a different topic is associated to the programme, which is closed by HOPE Agora, a conference and evaluation meeting. The 2014 HOPE Agora will be held in Amsterdam (The Netherlands) from **26 to 28 May 2014** around the topic "Quality first! Challenges in the changing hospital and healthcare environment".

## **SAVE THE DATE**

**More information on the HOPE Exchange Programme:**

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

**More information on HOPE Agora:**

**<http://hope-agera.eu/>**