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HOPE ACTIVITIES

SIMPATIE CONSENSUS CONFERENCE – LUXEMBOURG – 18/19 SEPTEMBER 2006

On 18 and 19 September 65 patient safety experts from 13 European countries met in Luxembourg to gather and discuss the preliminary results of the SIMPATIE project, in which HOPE is involved, and draw first conclusions for a strategy framework for patient safety in Europe. Kaj Essinger spoke on HOPE behalf during the workshop on “Patient Safety at the provider level”.

At the conference the European wide network of organizations, experts, patients, professionals, and other stakeholders involved in the project, presented the preliminary results of the different work packages. These included a mapping exercise with the first overview of current patient activities in most Member States, a common European vocabulary and a set of indicators, internal and external instruments for the improvement of safety in healthcare organisations, as well as on national and on European level.

The conference participants applauded the initiative of the High Level Group on Patient Safety to propose to set up a patient safety network in Europe involving all Member States. The audience highlighted its role as a coordinating body to share knowledge and solutions between the Member States, e.g. by introducing a solutions bank on European level. It was stressed and agreed upon, that patient safety activities must involve all relevant stakeholders, especially patients, patient organizations, acute and long term health care providers, healthcare professionals and insurers. The voice of the patients was seen as paramount in the process.

It was further recommended that national platforms should be introduced to reach a harmonization on national level and to adapt proposed programmes to the different national and local systems. Annual reports by the Ministries of Health were suggested as an additional method to actively involve the Member States in the process.

To ensure the comparability of results the need for a clear vocabulary and a common inventory of patient safety indicators, e.g. as presented by the SIMPATIE consortium, was stressed by the participants. Regarding reporting systems, discussions mainly focused on their scope and format, including the relevance of no-fault compensation and the meaning of open-and-fair systems in practice. The importance of adequate competence, state-of-the-art education, appropriate human resources and a real culture of safety was reassured as prerequisites for patient safety on national and local level.

The value of investment in patient safety should therefore be highlighted towards the Member States and healthcare providers, thus demonstrating that there is a business case in introducing patient safety interventions to healthcare organizations.

A common set of indicators and instruments for internal and external evaluation may contribute to produce the necessary economic evidence. However the tools must be practical and easy to implement in the healthcare organisations.

It was also noted that the issue of clinical governance needs to be included in the process, especially to give hospital managers the tools to improve patient safety within their organizations.

Increasing multidisciplinary team work among healthcare professionals was seen as a potential solution to the growing demand for cost-effectiveness leading to an increasing density of treatment.

In general the conference showed the relevance and willingness for a change in culture, a fact that was expressed by the general feeling of impatience and the desire to act, notwithstanding the also needed discussion on a European level. As the awareness and the necessity to act is known and generally recognized, the next step could be an effort for the development and implementation of the right tools to ensure patient safety at all levels.

Based on the common opinions of the participants, but also on the different views expressed in the workshops and during the plenary sessions, a strategy framework document will be prepared and published in December 2006. Comments to the current draft strategy framework as presented and discussed in Luxembourg will be welcome until 1 October 2006.

To express their views on the different issues raised, comments can be expressed through the SIMPATIE website: www.simpatie.org

EU PHARMACEUTICAL FORUM – HOPE INVOLVED IN ITS ACTIVITIES

HOPE has been asked by the Commission (DG Enterprise) to participate in the activities of the Pharmaceutical Forum, a process that has been initiated in 2005 by Commissioner Verheugen (DG Enterprise) and Kyprianou (DG Sanco).

The Forum was set up to provide a political platform on public health and competitiveness of the pharmaceutical industry. The Forum brings together Ministers from all EU Member States, representatives of the European Parliament, patients, the pharmaceutical industry, health care professionals, and insurance funds. It consists of the ministerial level Forum, the Steering Committee and three working groups on: information to patients on pharmaceuticals, relative effectiveness and pricing.

HOPE took part in the meetings of the working group on Information to Patients. The group is co-chaired by DG Sanco and DG Enterprise. The aim of the Working Group is to advise the Commission on ways to improve the quality of, and access to, information on authorised medicines and related health areas to European patients. This will supplement the key role of health professionals in providing information to patients on medicines and health issues more generally. Patients are increasingly faced with different information, provided by multiple parties with differing objectives and sent through multiple channels (e.g. the internet). This initiative will focus on disease information, electronic and non-electronic dissemination of information and the availability of supporting information in the healthcare environments (such as pharmacies and hospitals). HOPE together with other stakeholders will co-organise a workshop on Information to Patient on 6 November.

For more information about the Pharmaceutical Forum:

http://ec.europa.eu/health/ph_overview/other_policies/pharma_forum_en.htm

HEALTHCARE SERVICES – CONSULTATION LAUNCHED

The European Commission adopted on 26 September 2006 a Communication on "Consultation regarding Community action on health services". This Communication is a consultation document, with nine specific questions, on which stakeholders are asked to react before 31 January 2007. The Commission will then bring forward proposals for Community action on health services HOPE will work actively to reach a position statement to the Consultation.

The initiative on health services was discussed during a closed meeting of twenty five EU Commissioners (College of Commissioners) that was held on 5 September 2006.

There are two key issues why the European Commission considers the initiative of a policy governing health care services necessary. Originally, health care provision was incorporated into the draft Services in the Internal Market (that HOPE together with other stakeholders actively and successfully lobbied to remove, as it was deregulating health care services).

The other key issue is the ambiguity resulting from the legal rulings on patient rights to obtain medical treatment outside of their country of residence that member states must comply with. On this issue, the recent Watts ruling- which was returned on 16 May 2006- which says patients now will be able to go abroad for treatment if they face undue delay.

Commissioner Marcos Kyprianou (Health, Consumer Protection) wants a clear, practical framework enabling those who pay for, provide and regulate health services to take advantage of cross-border health care where that is the best solution.

Therefore the Commission considers that Community action should be founded on two pillars:

- legal certainty, which citizens as well as national and local health actors currently feel the lack of. There is a need to address the wider application of European Court of Justice rulings regarding Treaty provisions on free movement of patients, professionals and health services. This focuses in particular on cross-border care, but cross-border care has consequences for all health services, whether provided across borders or not;
- and support for Member States in areas where European action can add value to their national action on health services. This should enable those responsible for health systems (including social security institutions) to have a clear framework of Community law within which to operate and take advantage of cooperation between health systems where helpful in providing safe, high-quality and efficient health services.

Through this process, the Commission hopes to be able to establish a framework guaranteeing a maximum of legal security. Commissioner Kyprianou explained that the framework, as a global strategy will cover all elements, including telemedicine and e-health products. Some aspects will be the subject of a legislative proposal, most likely a directive, whereas others will require a combination of various non-legislative instruments (recommendation, guidelines, etc).

This work will be carried out in collaboration with Commissioners McCreevy (Internal Market) and Spidla (Employment and Social Affairs).

The text of the consultation can be found at the European Commission website:

http://ec.europa.eu/health/ph_overview/co_operation/mobility/community_framework_en.htm

EU FINNISH PRESIDENCY – HEALTH IN ALL POLICIES

The main health sector event of the Finnish Presidency of the EU was a conference organized on 20 September 2006 to present the significance of health care in other policies to maintain, promote and preserve health. The Presidency has produced a book “Health in All Policies - Prospects and Potentials” describing examples of advances in health through policies in sectors such as housing.

Working groups at this conference presented their recommendations recognising that combining health into other policies can be compatible, but can also be in conflict with EU policies such as the aims of the EU’s agricultural policies on increasing future alcohol production.

The Presidency will present these recommendations at the next Council of EU health ministers in November.

More information about the publication:

http://www.euro.who.int/observatory/Publications/20060915_2

EU FINNISH PRESIDENCY - INFORMAL SOCIAL COUNCIL

At the beginning of July 2006 the EU Finnish presidency hold an informal social affairs meeting. Among other issues, the Social Affairs and Healthcare Ministers debated the topic of Working Time. Answering questions about potential easing of areas of deadlock over the Working Time Directive, Tarja Filatov said the Finnish Presidency would pull the stops out to reach a compromise. It will not be a simple matter, she explained, because there could not be a one hundred percent opt-out as the EU has a directive which has to be followed. She said the Finnish Presidency would be discussing the issue in bilateral discussions with individual Member States.

Finnish Presidency is considering holding a special summit in October on the issue.

On the promotion of health, the meeting highlighted the urgent need for a prevention policy in the workplace in terms of the fight against alcoholism, smoking, stress, absenteeism and the lack of physical exercise. It was stressed that work and health are related in terms of productivity and economic growth.

The Commissioner Markos Kyprianou (Health, Consumer Protection) stressed that Europe has to continue to work to guarantee that the workplace is a safe place and announced that after the summer, the Commission is to launch a new strategy on the fight against alcohol abuse and, in 2007, a strategic paper on the fight against obesity. The Commissioner also stressed the importance of working on

health issues, not only between Health Ministers, but also with the Employment, Social Affairs, Environment and Education Ministers.

SERVICES OF GENERAL INTEREST – EUROPEAN PARLIAMENT - RAPKAY REPORT

On 27 September 2006 the European Parliament adopted (by a large majority) the own-initiative report by German Social-Democrat Bernhard Rapkay on services of general interest (SGI), more than two years after adoption in May 2004 of the European Commission's White Paper.

The text adopted in the plenary session is very close to that voted in the economic and financial affairs parliamentary committee, with only three amendments being adopted out of the 35 submitted.

The European Parliament is calling on the Commission to “present the appropriate legal initiatives” to adopt according to the co-decision procedure, notably for “social and health services of general interest”.

This formula allows the PES group to continue to exert pressure in favour of a framework directive and the EPP-ED group to prioritise the sectoral approach in this field.

The majority of French socialists voted against the final resolution because they believe that the report is a retreat from the EP's previous resolutions.

José Manuel Barroso announced before the vote that following approval of the Rapkay report, the Commission would adopt a “communication” by the end of 2006 and propose sector initiatives.

MEPs did not retain the amendment from the Greens/EFA or that from French socialists which explicitly called for a framework directive for the SGI. Before the vote, the French socialist, Gilles Savary explained that this amendment in fact retained the wording of the Langens report of 2001 in favour of the elaboration of a framework directive setting out the “Community principles on which services of general interest are based”. According to Savary, such a legislative act would allow for definition of “the subsidiarity exercise” and make the principle compatible with internal market rules.

In the final report, which is very close to that voted in committee in mid-September (Economic and Financial affairs), MEPs point out that, “what is essential is not who provides the services of general interest but rather, making sure that standards for quality and a fair social balance are maintained, as well as the application of criteria based on reliability and continuity of supply”.

In the context of services of general economic interest (SGEI), which are “subject to rules governing the internal market, public procurement, competition and state aid, as well as being able to monitor abuse, the Commission is responsible”. MEPs are therefore calling on the “Commission to clarify the distinction between SGI and SGEI by elaborating operational criteria” while noting, “that a precise definition” of these two kinds of services “will go against the freedom of Member States to define their SGI”.

More information about Rapkay report: www.europarl.europa.eu/oeil/file.jsp?id=5230422

SERVICES OF GENERAL ECONOMIC INTEREST – EUROPEAN PARLIAMENT - PSE INITIATIVE

On 19 September 2006, the Socialist Group in the European Parliament (PSE) brought together in Brussels Community bodies (European Economic and Social Committee, Committee of the Regions), social partners (European Trade Union Confederation) and civil society experts (European Centre of Enterprises of General Economic Interest, the Council of European Municipalities and Regions, experts) to produce a draft framework directive on services of general economic interest (SGEI).

Having officially announced this project in May 2006, European Socialists hope to be a driving force in the European debate on the need to establish a Community framework for SGEI, at a time when several EU Court of Justice rulings have restricted local authorities' freedom to organise these services.

More information: <http://www.socialistgroup.org/gpes/position.do?lg=en&id=24762>

SOCIAL POLICY - WORKING TIME DIRECTIVE

The European Court of Justice stated at the beginning of September that the United Kingdom guidelines on working time infringe Community law: “the guidelines are liable to render the right of workers to daily and weekly rest periods meaningless because they do not oblige employers to ensure that workers actually take the minimum rest periods.”

The guidelines in question were published by the Department of Trade and Industry to help people understand the Working Time Regulations 1998 (WTR), which transposes into UK law the European Working Time Directive of 1993.

The Court of Justice explains: “By proving that employers must merely give workers the opportunity to take the minimum rest periods provided for, without obliging them to ensure that those periods are actually taken, the guidelines are clearly liable to render the rights enshrined in the Directive meaningless and are incompatible with its objective”.

The purpose of the Working Time Directive, explains the Court, is “to lay down minimum requirements to improve the living and working conditions of workers by ensuring that they are entitled to minimum rest periods(...) A Member State which indicates that an employer is not required to ensure that workers actually exercise such rights does not guarantee compliance with either the Directive's minimum requirements or its essential objective”.

The European Commission has issued a welcome response to this decision.

Link to the EU judgement:

<http://curia.europa.eu/juris/cgi-bin/form.pl?lang=EN&Submit=rechercher&numaff=C-484/04>

PUBLIC HEALTH – EUROPEAN PARLIAMENT - MENTAL HEALTH REPORT ADOPTED

With the adoption on 6 September 2006 of the report by British Conservative John Bowis on mental health in Europe, the European Parliament calls on the European Commission to develop, as a follow-up to the Green Paper, a directive on mental health in Europe and on the defence of the civil and fundamental rights of persons suffering from mental problems. He hopes emphasis will be placed on prevention.

The Parliament considers that the gender dimension has not been duly taken into account in the Green Paper. It calls for this dimension to be systematically included in measures proposed to promote mental health, and in preventive and research actions, where studies have so far been insufficient and inadequate to the point that progress made for prevention and care in the case of mental illness is considerably less than that for other illnesses. It stresses the need to reflect on the best way to use the Community instruments available, such as the 7th Framework Programme for Research. It also underlines how important it is to have compulsory early screening for detection and diagnosis and to administer integrated tailor-made treatment. The Parliament also requests that persons with learning difficulties should be included in the future strategy, as they are confronted by the same problems as those suffering from mental illness, namely social exclusion, being placed in an institution, the violation of human rights, discrimination, stigmatisation and the lack of support for themselves, their families and carers. It also calls for a greater effort to be made to recognise highly gifted children or adolescents as such and to give them greater encouragement.

The Parliament considers that population ageing in Europe is one of the main challenges of a mental health policy and calls for emphasis to be placed more on seeking mechanisms and causes of neurodegenerative diseases and other psychiatric problems that affect the elderly and old as well as on prevention and care. It also considers that emphasis should be placed on the link between alcohol and illegal drug consumption and mental health. It calls on the Commission to rapidly investigate the most effective detoxification programmes and treatment methods.

The Parliament considers that:

- 1) the use of force is counterproductive, as is forced medication;
- (2) any form of care in a closed environment and forced medication should be limited in duration and, as far as possible, regularly reviewed and carried out solely with the patient's agreement or, failing this, as a last resort, with the approval of a civil authority;
- (3) it is appropriate to avoid all form of restriction to the freedom of persons, in particular internment measures, which require follow-up, control and vigilance on the part of democratic institutions.

The Parliament stresses the need to provide general health practitioners, and other health care professionals, with permanent training in mental health.

It takes a stance in favour of treatment established on the basis of a dual diagnosis. The Parliament supports the Commission's observations relating to internment, in that long-term stays in psychiatric establishments can lead to prolongation or aggravation of the mental illness and reinforces social exclusion and stigmatisation, although it does recognise that it is necessary to deploy greater effort to

convince the public that the results are better when the community takes care of persons suffering from severe mental problems or severe learning difficulties.

Finally, the Parliament again draws attention to the large number of children who, in some Member States, especially the new Member States, grow up in State housing centres. It urges the Commission to more effectively support the setting up of different systems to help parents duly look after their children. It calls for the project on the mental health of children and adolescents in an enlarged Europe, with the development of effective policies and practice, to be launched as soon as possible and effectively implemented.

PUBLIC HEALTH - NEEDLES STICK REPORT

A large majority of the Social Affairs Committee of the European Parliament adopted a report by MEP Stephen Hughes (PES, UK) demanding the European Commission to amend existing regulations to enhance the protection of workers against the risk of infection from contaminated needles (32 in favour, 1 against, 1 abstention).

According to the committee existing directives (EC 2000/54/EC) which in theory should cover these risks have not had the desired effect.

The report highlighted that the use of safer needles together with regular training and organisational measures could help reducing the number of injuries; especially among healthcare professionals. It also stated that safer working practices and medical devices designed to prevent accidental needlestick injuries would lead to financial savings, as a million workers in Europe suffer injuries from used surgical needles each year, involving HIV or hepatitis B or C infections.

After adoption by the committee on 20 April 2006 the report was sent to the plenary and referred back with some proposed changes to the committee by the June plenary session. Those change mainly referred to the detailed recommendations to the contents of the proposals requested from the Commission.

As soon as the report is approved by an absolute majority in the plenary, the European Parliament intends to use this report to formally request the Commission to draft new legislative proposals under a little-used procedure.

The EP adopted the recommendations to the Commission on protecting European healthcare workers from blood borne infections due to needlestick injuries (A6-0218/2006) on 6 July 2006 by 465 votes in favour to 18 against with 13 abstentions.

PUBLIC HEALTH – NUTRITION AND PHYSICAL ACTIVITY

The Commission published in September 2006 over 260 responses to the public consultation on promoting healthy diets and physical activity, to which HOPE participated as member of the European Nutrition for Health Alliance.

Common themes running through these responses were that the EU has to encourage a multi-sector approach in EU policies; collecting and sharing of best practices across member states; and developing initiatives such as free or subsidised fruit for schoolchildren and boosting healthy lifestyles at work.

One of the Commission's proposals that some respondents agreed with was to include training for health care professionals about the impact of nutrition and physical activity on health.

The Commission will be presenting a communication on healthy diets and physical activity during the first half of 2007.

More information:

http://ec.europa.eu/health/ph_determinants/life_style/nutrition/green_paper/nutritiongp_contributions_en.htm

ENTERPRISE - ADVANCED THERAPIES

On 14 September 2006 the European Parliament ENVI Committee planned the vote on the report Slovakian Christian Democrat MEP Miroslav Mikolasik on innovative therapies. Nevertheless, the report defeated at the committee stage (which happens very rarely): by 31 votes to 26, with 5 abstentions. In this situation, it is highly unlikely that the European Parliament will be able to conclude its first reading of the draft regulation on the authorisation of innovative therapies before February 2007.

At stake was the scope of the regulation introducing a centralised procedure (through the European Medicines Agency in London) for the authorisation of medicines developed from genetics and cell and tissue engineering. Initially, conservative MEPs and those who wish to slow the rate of scientific progress managed to have a number of amendments passed recommending a ban on chimeras and other hybrids, and to obtain a reminder of the ban on the sale of human bodies and body parts and the ban on modifications of the germ line. At first sight, this ethical framework would appear to be one that could be a generally accepted minimum. MEPs most in favour of scientific progress, however, felt these amendments overly restricted the scope of the regulation and voted the report down.

Mr Mikolasik, or some other rapporteur, will now have to review the text.

PHARMACEUTICALS – CONFERENCE ON PATIENT INFORMATION

Friends of Europe, Etienne Davignon's think-tank, organised, on 20 September 2006, a debate on patient information

“High quality, reliable, validated, timely and accessible information for patients is a fundamental human right”, Nicola Bedlington, Director of the European Patients Forum, said. In her view, patient information is a tricky objective to achieve in so far as each patient is different (age, sex, culture, etc.) and needs tailor-made information. Partnership and dialogue with all parties interested, that all have their role to play, will be the key to making things move forward, she said.

For the representative of the European Commission, James Copping (DG Enterprise and Industry), the local authorities are the most able to meet patients' needs, while responsibility at European level concerns the setting up of structures allowing patient access to information, after the model, for example, of the health information portal (launched on 10 May 2006). Mr Copping agreed that there are failings in European legislation. Also, Member States interpret it differently which makes the situation still more confused. Furthermore, patients remain unequal when it comes to information (information is often in English, with access solely via the internet), and making this information accessible for all is a difficult and costly undertaking, he admits.

MEP Françoise Grossetête (EPP-ED, France) deplored the lack of a clear line of demarcation between information and advertising despite amendments that she had suggested on revision of the European pharmaceuticals legislation in April 2002, amendments that had not been accepted by her colleagues (at the time she was EP rapporteur on revision of the directive on medicines for human use). In her view, information supplied by pharmaceutical laboratories should be verified in advance by the European Medicines Agency in London which would deliver a sort of European label attesting that the directions for use are reliable. The Parliament recognised in the past that this was an essential role of the Agency and will continue to give it its support so that its role is enhanced with the additional funds needed, she assured. Regarding the pharmaceutical industries that often have the reputation of being purely lucrative organisations, Ms Grossetête defended their essential role in medical research. She reproached the European Commission for remaining passive and slow and said she hoped that, in April 2007, it would present to the Parliament the study on patient information that had been requested of it. This study should take stock of the situation in the world and suggest tests for a series of illnesses such as AIDS and diabetes, she said. “We are in a hurry for this as the patients' associations await the information”, she warned.

Ulla Nähri of the National Medicines Agency in Finland said that expenditure on health care should not be simply considered as a cost to be covered in the short term but rather as an investment with a view to long term economic prosperity. She also placed emphasis on the fact that patients are asking to be better and more fully informed, not only through their doctors. The great challenge will be to create a network of the necessary partners in order to ensure that quality, regularly updated information is provided addressing the specific needs of each kind of patient, Ms Nähri said. The debate opens up a Pandora's box, Gile Merritt said by way of conclusion, recalling that health is a question of solidarity and that patient information is therefore essential.

EUROSTAT – RECENT STATISTICS

The recent statistics on public health published by the Eurostat Community office confirm that heart attacks, strokes and other diseases of the circulatory system are the most common cause of death in the EU25, accounting for 41% of all deaths, and 52% of deaths among the over 85 years old.

Cancer is responsible for a quarter of all deaths and is the largest single cause of death among the middle-aged (41% of deaths amongst those aged 45-64), while external causes such as transport accidents and suicide are most frequent among the young.

Within the EU25, 27% of the deaths among those under 20 years old were due to external causes. Around half of these were due to transport accidents, which killed almost two and a half times more males than females. The highest male death rates were found in Slovakia (19 deaths per 100 000 men aged 0-19), Lithuania (16), Latvia (15), Portugal and Greece (both 14), and the lowest in Sweden (5), the Netherlands and the United Kingdom (both 6), Hungary, Ireland and Finland (7 each).

External causes, the largest single cause of death among 20-44 year olds, were responsible for 38% of deaths in this age group in the EU25, with suicide (12%) almost as common as transport accidents (13%).

On average in the EU25, men in this age group were four times more likely to commit suicide than women, with the highest rates reported among men in North-East Europe: Lithuania (90 deaths per 100 000 men aged 20-44), Estonia (55), Latvia (54) and Finland (43). Lithuania also had the highest rate of suicide among women of this age group (12), followed by Finland and the Flanders region of Belgium (both 11) and France (9). The lowest rates for both men and women were found in Southern Europe.

In the 45-64 age group, cancers were responsible for 41% of all deaths. Among men, cancers of the respiratory system (lung, throat, etc) were the most common, responsible for 106 deaths per 100 000 men aged 45-64. The highest rates were found in Eastern European countries: Hungary (236), the Czech Republic (187) and Slovakia (174), and the lowest rates in Sweden (39) and Finland (51). Among women in this age group, breast cancer was the most prevalent, accounting for 48 deaths per 100 000 women. The highest death rates were found in Denmark (66), the Flanders region of Belgium (64) and the Netherlands (60), and the lowest in Greece and Spain (both 38).

Diseases of the circulatory system were the most common cause of death among people aged 65-84, accounting for 42% of all deaths. Within this group of diseases, ischaemic heart disease (including heart attacks) was the major killer, responsible for 17% of all deaths. The highest death rates from this disease were found in Estonia (2 305 men, 1 318 women per 100 000), Lithuania (2 219 men, 1 335 women), Latvia (2 092 men, 1 214 women), the Czech Republic (1 778 men, 1 131 women) and Slovakia (1 636 men, 1 278 women). The lowest rates occurred in France (402 men, 169 women), Portugal (460 men, 275 women), Spain (505 men, 247 women) and Italy (566 men, 293 women)

EDUCATION – QUALIFICATION FRAMEWORK

On 6 September 2006, the European Commission adopted a recommendation aiming to establish the European Qualifications Framework for lifelong learning (EQF).

This framework, which is designed to promote the transparency of European education and training systems and to make them more accessible to the general public, will establish common references to help the Member States, businesses and citizens to compare certificates issued by the various European systems. The EQF comprises eight levels of reference covering all certificates awarded from the end of compulsory schooling to the higher levels of university education and professional training.

As an instrument to support life-long learning, the EQF covers general and adult education, vocational training and higher education. The recommendation proposes that the Member States relate their national qualification systems to the EQF by 2009.

The Commission wants the Council and European Parliament to adopt the proposal by 2007. The framework will then be able to function as a transposition tool helping to compare the qualification levels between the different systems.

More information:

http://ec.europa.eu/education/policies/educ/eqf/index_en.html

EDUCATION - PROFESSIONAL QUALIFICATIONS

In July 2006 the European Commission has taken action against France, Greece and Spain to correct infringements of EU law on professional qualifications.

France:

The Commission has decided to refer France to the Court of Justice in relation to France's provisions on the freedom to provide services for professionals benefiting from automatic recognition of their formal qualifications. The Commission considers, more particularly, that the conditions established under French legislation concerning the temporary provision of services by doctors, dentists and midwives established in another Member State are unduly restrictive.

The directives establish a simplified procedure requiring the practitioner to make a declaration in advance concerning the provision of services. The arrangement is problematic in France in that migrants are required to make a declaration for each service or for each patient, while providing a service to a patient is limited to a stay of two days in France - restrictions which prevent the professionals concerned from freely providing their services and which France failed to justify in its response to the reasoned opinion (final warning).

Greece:

1) The Commission has decided to send a reasoned opinion to Greece for failing to adapt its legislation on the opening of optician outlets. New Greek legislation continues to reserve ownership of such shops to registered opticians. The Commission considers this to be a restriction on the freedom of establishment in Greece of firms from other Member States because they can never be sole owners of an optician outlet.

2) The Commission has decided to send a reasoned opinion to Greece for its failure to comply with Community rules on the mutual recognition of doctors' diplomas concerning the conditions for granting diplomas for general practitioners. Since 1st January 1995, doctors who wish to practise as general practitioners under a national social security scheme must provide a diploma attesting to specific training in general medicine. General practitioners in practice prior to this date have acquired rights to continue to practise without such a diploma and benefit from automatic recognition in the other Member States if they provide a certificate issued by the Member State attesting to the fact that they benefit from the acquired rights in question. Greece, however, issues doctors benefiting from acquired rights with the diploma attesting to specific training in general medicine without their having attended the corresponding training.

Spain:

The Commission has decided to send a reasoned opinion to Spain for its failure to transpose the directive on the general system for the recognition of diplomas in relation to the profession of hospital pharmacist. Spain elected to transpose this directive by adopting a decree that applied to regulated professions and included an exhaustive list of them, without including the profession of hospital pharmacist.

NEWS FROM THE COUNTRIES

DENMARK – CHRISTINA CARLSEN

Danish Regions - A new organisation

As a consequence of the Structural Reform, the current 13 counties will be dissolved and replaced by five new regions. Hospital, health insurance and psychiatric treatment will remain regional responsibilities while the municipalities will be responsible for some healthcare tasks, like for example preventive health care and health promotion and rehabilitation after hospitalisation.

Danish Regions represents all the counties - the regional level – in Denmark. In order to adjust to the new public structure and the needs and responsibilities of the five new counties, the organisation of Danish Regions has been recreated, which means that the old organisation has been replaced by a new organisation with new statutes and new political leadership.

Main political issues concerning the Hospital and Healthcare sector

Due to the Danish System of Extended Choice of hospitals, Danish patients can choose to be treated at private hospitals or clinics as well as hospitals in other EU member states, if the waiting time for treatment in the public sector exceeds two months. The Danish System of Extended Choice of hospitals was introduced in 2002 and comes into effect if the public health care system is unable to provide treatment within two months. The extended choice of hospitals entitles patients – free of charge – to treatments at a private hospital in Denmark or a hospital abroad if the hospital has entered an agreement with the Danish counties/Danish Regions.

Treatment under the system of extended Free Choice is at the expense of the region where the patient resides. From September 2007 the extended choice of hospitals will come into effect if the public health care system is unable to provide treatment within one month.

Debate concerning reforms of the hospital and health care sector

At the regional level the political debate are concentrated on visions for the organisation of the Danish healthcare system in the future. The main issues are reforms of the hospital and health care sector in order to increase productivity and efficiency and to ensure that the patients receive the best treatment possible. The debated issues concern concentrations of specific units to fewer hospitals, increased patient involvement and research, quality assurance etc.

SPAIN – ASUNCION RUIZ

On 27 May of 2006 the new In Vitro Fecundation Act came into force in Spain. The Act, which replaces the legislation approved by the previous government in 2003 and introduces important new features, was not without a certain amount of controversy.

Firstly, it clearly defines the concept of pre-embryo, understanding it to be an in vitro embryo consisting of the group of cells resulting from the progressive division of the egg from the time it is fertilised to the fourteenth day.

Furthermore, in line with the provisions of the European Constitution, it forbids cloning in human beings for reproductive purposes.

Moreover, there have been considerable developments in the use and application of IVF techniques. Pre-implant genetic diagnosis opens up new channels in the prevention of genetic diseases for which no treatment is currently available and as regards the possibility of selecting pre-embryos so that, in specific cases and with due administrative control and authorization, they may help to save the life of a sick family member.

The Act respects the current regionalised structure of the Spanish State, in which responsibility for authorizing specific projects unquestionably falls to the autonomous regional authorities. They are provided with the requisite technical support through the reinforcement of the advisory role of a single commission, which involves representatives from the regions.

The Act, therefore, reinforces the advisory role of the National IVF Commission, which must issue compulsory reports about the number of new projects that can be promoted.

One priority mechanism contributing to equity in that relationship is that which makes available to users of the techniques clear and precise information on the activities and results of centres and services employing such techniques. An IVF Centres Register has been created for the purpose.

The Act eliminates differences in how pre-embryos that were cryo-conserved prior to the coming into force of the previous Act and those that could be generated subsequently are regarded in terms of possible end uses. They are always subject to the parents' will and, in the case of research, to strict conditions regarding authorization, monitoring and control by the corresponding health authorities.

The restrictions on egg production in each reproductive cycle have been abolished.

In the case of in vitro fertilisation and similar techniques, the transfer of a maximum of three pre-embryos per woman is permitted in each reproductive cycle.

Acceptance of the use of IVF techniques by each female recipient treated will be recorded on an informed consent form.

No filiation can be determined in legal terms nor legal relationship of any kind recognised between a child born as a result of the techniques set out in this Act and a deceased husband when the latter's reproductive material is not in the woman's uterus at the time of the man's death.

Any contract involving agreement on gestation, whether or not remuneration is involved, by a woman who renounces maternal rights in favour of the other contracting party or a third party (usually known as "surrogate mothers") shall continue to be nul and void in the eyes of the law.

UNITED KINGDOM – MIKE PONTON

In England, Scotland and Wales the issues reported in the March 2006 Quarterly report are still largely the same.

In Northern Ireland, the recent Government reshuffle resulted in the departure of Shaun Woodward and the appointment of Paul Goggins as the Minister for Health, Social Services and Public Safety. On 26 June 2006, the Minister launched his programme for the next 2 years. He is setting major targets in all areas including trolley waits to disappear by 1 April 2008 and significant advances in primary and community care. Public health is also a priority and he confirmed that a tobacco ban in all public places would be effective from April 2007.

In the meantime, progress is being made in putting in place the structural changes arising out of the Review of Public Administration. The plan is that by April 2008, the Health and Personal Social Services organisations in Northern Ireland will consist of a regional HSS Authority, 5 new HSS Trusts, the Northern Ireland Ambulance Service Trust and no more than 2 small agencies. These

replace the 4 HSS Boards, 19 Trusts and 8 agencies. The Chief Executive of the HSS Authority and the Chairs of the 5 new Trusts have been appointed and the Trust Chief Executives are expected to be appointed by mid July. The Minister's aim is for the 5 new Trusts to be in shadow form on 1 August and to be formally established on 1 April 2007. As primary legislation is required, the HSS Authority is not to be established until 1 April 2008.

OTHER NEWS

US – eHEALTH ALLIANCE

CONTINUA, a newly founded industry alliance, brings together ICT companies, health devices, fitness and pharma companies, in order to enable a seamless transfer of patient data. It envisages to "foster independence through establishing a system of interoperable personal telehealth solutions that empower people and organizations to better manage health and wellness."

The alliance sees three major market segments for a wide-spread deployment of e-health systems:

- Monitoring patients suffering from long-term, chronic diseases and critical conditions.

- Preventive monitoring of senior citizens' health.

- Monitoring and coaching fitness training.

The Continua alliance plans to develop design guidelines that shall enable vendors to build interoperable sensors, home networks, telehealth platforms, and health and wellness services by summer 2007, and establish a product certification program with a consumer-recognizable logo signifying the promise of interoperability across certified products by summer 2008.

More information: <http://www.continuaalliance.org/home/>

WHO – PUBLICATION ON INJURIES

WHO Europe has published a book and summary booklet titled 'Injuries and violence in Europe – Why they matter and what can be done'. The book provides detailed data regarding the effect of unintentional injuries and violence on individuals and societies, and examines solutions that can save lives as well as social and economic costs. There is a separate summary for policy makers.

The findings show that adopting a broader public health approach and implementing successful interventions more widely can significantly reduce the impact of injuries and violence on health. It calls for the development and implementation of multi-sectoral policy and coalitions across different levels of society to create safer physical and social environments and to promote safety. It identifies opportunities for policy-makers, civil-society organisations and health professionals to improve health through reducing the burden of injuries in the WHO European region.

More information:

http://www.euro.who.int/eprise/main/who/InformationSources/Publications/Catalogue/20060601_1

EUROPE FOR PATIENTS – FINAL CONFERENCE – GHENT (BE) - 25/27 OCTOBER 2006

The Europe for Patients consortium announced that the "*e4p Final Conference*" which will take place in Ghent from 25 to 27 October 2006. The conference will present benefits and challenges of enhanced Patient mobility in Europe based on the research carried out since the project was launched in January 2004.

The conference will focus on the issues:

- Patient Mobility Typology and Scenarios
- European Legal Frameworks- for patient and providers
- Financing and Contracting matters
- Quality of Care, Practical and Monitoring arrangements

The conference will be also an opportunity to discuss on future of health services in Europe with the experts, delegates from the European Commission (DG Research., DG Sanco among others), the European Parliament, the Member States, funding institutions, NGOs, and other stakeholders.

HOPE will participate in the round table debate on Building new framework for EU cross-border care.

More information:

<http://www.iese.edu/en/events/Projects/Health/Events/MainEventsMeetingsandConferencesrelatedtoPatientMobility.asp>

PATIENT SAFETY AND SPANISH NHS – MADRID (SP) – 15/16 NOVEMBER 2006

Spanish Ministry of Health and Consumer Affairs is organizing the "Second International Conference on Patient Safety. Challenges and realities at the Spanish National Health System", that will be held on 15 and 16 November in Madrid, Spain.

At the Conference, the main issues on Patient Safety will be reviewed by experts from Spain, Portugal, France, United Kingdom, Denmark, Iceland and other European countries, USA, Canada, Mexico, Costa Rica, Chile, Peru, Argentina, and other American countries. International Organizations will be represented at high level (OECD, European Commission, WHO, PAHO and Council of Europe).

The first day will be presented a formal support statement by the Minister of Health, Ms Elena Salgado regarding the 2005-2006 Challenge of the World Alliance of Patient Safety: Clean Care is Safe Care to Sir Liam Donalson Chair of the WHO World Alliance of Patient Safety.

Programme of the Conference: <http://www.msc.es/seguridaddelpaciente.es>

MALNUTRITION TO WELLNUTRITION – BRUSSELS (BE) – 22 NOVEMBER 2006

HOPE together with the European Nutrition Health for Alliance will organize a conference – on the issue “From Malnutrition to Wellnutrition - a European Call for Action” on 22 November 2006 in Brussels.

The objectives of the conference are:

- to build awareness and recognition of the problem of malnutrition, with particular focus on the community, nursing homes and hospitals
- to inform and raise awareness amongst policy makers and stakeholders at both the EU and national levels
- to define actions and plan next steps

The conference will be divided into three workshops: Community: Social Care, Public Health, Primary Health Care; Care for Older and Dependent People - Nursing Homes, and Hospitals in which HOPE is being involved.

For more information about the conference: www.european-nutrition.org/malnutrition.cfm

PATIENT SAFETY CONGRESS – AREZZO (IT) -29 NOV./ 2 DECEMBER 2006

HOPE is co-organising the European congress “Patient safety in Europe – mobility and sustainability”, jointly promoted by the Italian Ministry of Health, the National Institute of Health and the company Gutenberg sicurezza in sanità. It has been granted the patronage of the European Commission and European Parliament.

The Official opening is on November 29th with the Ministry of Health Livia Turco and ISS President Prof. Enrico Garaci. Scientific works are starting on November 30th with the “clinical” session: “Patient safety and mobility – best practice networks”, with international speakers and an afternoon session on excellence experiences.

The second main theme deals with the relations between liability systems and insurance systems in healthcare: “Liability and compensation systems” and “Economics, Organization and Insurance” as II and III session, respectively coordinated by Scuola Superiore S. Anna of Pisa and Gutenberg – CEIS University of Rome Tor Vergata. A round table on an institutional working group on medical liability insurances follows in the afternoon.

The conference is closing day is on December 2nd, with report of all sessions by the scientific coordinators, and a round table on a European data bank of best practices for patient safety. Commissioner Markos Kyprianou, EU Commission on Health and Consumer Protection.

For more information:

www.gutenbergonline.it/index.asp?lingua=ING&UC=dinstdmenuidx.asp?cod_pag=130