



EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Document: Minutes of the third meeting of the High Level Group on 13 October 2004	
Date: 18/10/2004	Reference: HLG/2004/19 REV1
To: Members	From: Secretariat
Action: For information. This revised version incorporates comments from delegations on the original draft.	



EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

Brussels, 18 October 2004
HLG/2004/19 REV1

**THIRD MEETING OF THE HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL
CARE
13 OCTOBER 2004, BRUSSELS**

Subject: Minutes of the meeting

1. WELCOME AND INTRODUCTION

Participants were welcomed to the third meeting of the High Level Group by the chairman, Mr Madelin. A list of participants is attached. The draft agenda was adopted as proposed.

2. SPECIAL PLENARY SESSION

This exchange of views began with a detailed presentation by Mr Schaub, Director-General of DG MARKT, outlining the proposal for a directive on services in the internal market¹ and the aspects of the proposal related to health services.

In discussion, members supported the aims of the proposed directive, but felt that it did not take specific account of the particular nature of health services and the non-market environment in which publicly-funded health services were largely provided. Although there was not sufficient time to go into points of detail, particular issues raised included:

- the application of country of origin rules to health services risked undermining the ability of Member States to maintain their mechanisms for ensuring quality of health services provided on their territory and planning service provision;
- the distinction between hospital and non-hospital care was counterproductive in health policy terms, where the emphasis was increasingly on integrated packages of care. This would only continue with greater numbers of older people and the consequent increased focus on the management of chronic disease, and legal distinctions between hospital and non-hospital care risked distorting care provision away from the most medically appropriate approach;

¹ See COM(2004)2.

- health systems were complex and delicately balanced structures, and applying simple general rules such as those in the proposed services directive risked upsetting that balance in unforeseeable ways that could undermine the basic values of accessibility, universality and equity on which they were based;
- the organisation and financing of health services being a responsibility of the Member States, the mechanisms of the directive providing the Commission and the Court with a scrutiny role over those services were inappropriate.

It was agreed that these discussions and responses to the issues raised by delegations should be pursued in more detail within the Council, and Mr Schaub emphasised the availability of his colleagues to discuss detailed issues. However, Mr Schaub remained unconvinced that health services were so specific that solutions to the issues raised could not be found within the framework of the services directive, and called on Member States to approach discussions on that basis.

3. MINUTES OF THE LAST MEETING

The draft minutes of the first meeting (HLG/2004/16) were approved, subject to an amendment to reflect the inclusion of Spain in the countries who had welcomed the UK initiative on patient safety and revised text proposed by Belgium to clarify the scope of the working group on cross-border healthcare purchasing and provision.

4. REVIEW OF PROGRESS IN WORKING GROUPS

Cross-border healthcare purchasing and provision

It had been agreed that this working group would be chaired jointly by Malta as well as the Netherlands. The working group had made a roadmap of future work, and would focus on what package of care people were entitled to, the financial impact of cross-border care, legal responsibility and questions around ‘undue delay’. As the responses of the Member States to the questionnaires and the descriptions of the experiences in the member states were received shortly before the meeting, the content of the contributions could not be discussed and conclusions could thus not yet be drawn.

The Europe for Patients research project had also been presented to the working group, and could provide useful input. The working group had also considered the German proposal for a conference during 2005; it was felt that the conference should be over more than one day in order to adequately address issues, but this would require additional financial support. The Commission also suggested that the working group should discuss their planned work with the Administrative Commission for Migrant Workers, and draw on their expertise on cross-border care issues.

Health professionals

This working group had met in the morning for the first time, and focused on identifying areas of added value, taking into account the work of other bodies such as the Committee of Senior Officials on Public Health and current work on

exchanging information on poor performing professionals already being taken forward under the Dutch Presidency. To this end, the working group agreed to focus on just doctors and nurses, and to concentrate on three areas:

- better evidence on current practice and current distribution and mobility of health professionals within the Union;
- the impact of professional migration on their health systems of origin and ethical recruitment practices;
- and quality issues, in particular continuing professional development.

It might be useful to commission a study or other work in order to gather better data on these issues; the existing mechanisms for analysing data on professional mobility within the Commission's Internal Market Directorate-General could also help. The European bodies representing doctors and nurses might also be able to provide useful data, and current work by the World Health Organisation (WHO) should also be taken into account.

Centres of reference

Responses to the questionnaire circulated after the first meeting had been received from most members of the working group, showing that there was already a reasonable similarity of view on this topic. Before proceeding to the stage of mapping centres of reference, work was needed to agree on the principles of the definition of a centre of reference, how centres should be designated (at what level, by what process, for what duration) and how they should be organised (networking mechanisms, referral procedures).

It would be important to keep in mind how any European system of centres of reference could add value to existing national systems; data on national systems for centres of reference from other Member States would also be very welcome. There were also major links between the issues being addressed by this working group and several others, such as health professionals, cross-border healthcare, and information and e-health.

The next stage would be to analyse the responses to the questionnaire and to develop a paper setting out areas of consensus and alternative scenarios for areas of difference, taking into account existing models of European cooperation in other areas (such as the Community Reference Laboratories for animal and plant health). This would be discussed at an additional meeting of the working group to be held on 27 October in Brussels.

Health technology assessment

After the first meeting a revised version of the paper setting proposals for networking in this area had been prepared and discussed. A pilot project on networking would aim to make progress in six areas:

- methods for developing common core information packages, including the positive and negative health implications, economic information and socio-economic and organisational issues to be taken into account within health systems;

- transferability of health technology assessments;
- commissioning reports of common core information on health technology assessment;
- quality management procedures for producing health technology assessments;
- tools for identifying needs and prioritising topics for European health technology assessment;
- and tools for tailoring common core information to inform health policy within Member States.

Developing European-level networking on health technology assessment was not intended to displace national bodies for health technology assessment, but rather to maximise synergies and avoid duplication between them, as well as providing a base of expertise which could be used by Member States to develop their own internal capacities and policies.

Although there was a large measure of consensus on the ideas set out in this paper, it was quite a technical document and thus not necessarily suitable as a report to the Council, and a separate short reporting document was also therefore being prepared. This would need to make clear the added-value of European cooperation on health technology assessment (one example mentioned was that of breast cancer screening, where ten Member States had carried out their own separate technology assessments), whilst recognising that national systems were different and thus evidence and recommendations would have to be adapted to the systems in question.

Information and e-health

This working group was focusing on the issues raised in the recent Commission Communication COM(2004) 356 “E-Health – making healthcare better for European citizens: an action plan for a European e-Health Area” and how best these could be taken forward. A framework of action for addressing these issues had been agreed; one key issue would be funding and how to develop European solutions in this area.

For the time being, this working group was focusing more on the structures and methods of exchanging information through e-health rather than the content of information itself. It would be useful, however, to include a reference to the work that was being undertaken on that area, for example under the health information strand of the public health action programme, which the Commission could provide.

Health impact assessment and health systems

A revised version of the initial paper had been circulated and discussed by this working group; this would be further revised in the light of the morning’s discussion. The principles of health impact assessment and health systems were being developed; the next stage would be to propose the development of a framework for assessing impacts of other Community policies on health systems and to identify policy areas where this framework could be applied, in order to

provide information to the European institutions on the impact of proposals on health and health systems.

This was an area which could be very helpful in addressing some of the concerns raised by ministers and other stakeholders in the context of the patient mobility reflection process. However, it would be important to ensure that action was solidly rooted in the Treaty provisions, in particular the requirement of Article 152 that “a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities”, and that the responsibilities of different bodies working in this area were clearly defined.

5. OUTLINE REPORT TO COUNCIL AND NEXT STEPS

The Commission had circulated an outline draft report (HLG/2004/18) including a template for the contributions of working groups; this seemed broadly along the right lines (though it should focus more on output and decisions that ministers should take, rather than activity). The precise institutional mechanism of the report and the Council’s response would also need further consideration, but the basis of the report would be that it reflected the views of the members of the High Level Group. To ensure that this was the case, the meeting on 4 November 2004 would be crucial, and a revised and completed draft should be circulated well before that meeting to allow proper consideration.

In terms of follow-up action, members were invited to send any comments on the draft report (HLG/2004/18) by noon on 20 October 2004. Draft contributions from working groups should be provided by Friday 22 October in order to enable a revised and completed draft report to the Council to be circulated in advance of the next meeting of the High Level Group on 4 November.

On the timing of that meeting, health attachés would be in Geneva for negotiations on the International Health Regulations, but it was agreed to proceed with the meeting in any case.

6. OTHER BUSINESS

No items of other business were discussed.

- - -

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Subject: Participants in the third meeting of the High Level Group, 13 October 2004

Mr Peter Brosch
Head of Unit: e-government and new media
Ministry of Health and Women
Radetzkystasse 2
A-1031 Wien
Austria

Prof. Dr. Robert Schlögel
Ministry for health and women
Radetzkyst. 2
1031 Vienna
Austria

Ms. Signe Velina
Health Attaché
Permanent Representation of Latvia to the EU
39-41, Rue d'Arlon
1000 Brussels
Belgium

Ms Klaudie Souckova
Attaché for Health, Pharmaceuticals and Consumer Protection
Permanent Representation of the Czech Republic to the EU
Rue Caroly 15
1050 Brussels
Belgium

Ms Maja Rupnik-Potokar
Health attaché
Permanent Representation of Slovenia to the EU
30, ave Marnix
B-1000 Brussels
Belgium

Ms Mayerling Patel
First Secretary (Health)
Permanent Representation of the United Kingdom to the European Union
Av. Auderghem 10
1040 Brussels
Belgium

Ms Chiara Mantegazzini
Principal Administrator
General Secretariat of the Council
Rue de la Loi 175
B-1048 Bruxelles
Belgium

Ms Edda-Helen Link
Health Attaché
Permanent Representation of Estonia to the EU
rue Guimard 11/13
1040 Brussels
Belgium

Ms Aziza Haas
Attaché for Public Health and Veterinary Affairs
PR of Austria
Avenue de Cortenbergh 30
B-1040 Brussels
Belgium

Ms Silvia Gubova
Health Attaché
Permanent Representation of the Slovak Republic to EU
Av. de Cortenberg 79,
1040 Brussels
Belgium

Ms Hanne Findsen
Health Counsellor
Permanent Representation of Denmark
to the European Union
rue d'Arlon 73
B-1040 Brussels
Belgium

Ms Anna-Eva Ampelas
Health attaché
Permanent Representation of Sweden to
the EU
30, Square de Meeûs
B-1040 Brussels
Belgium

Mr. Jorge Menezes
Permanent Representation of Portugal to
the European Union
Av. de Cortenbergh, 12
1040 Brussels
Belgium

Mr Stéphane Tock
Health Attaché
Permanent Representation of
Luxembourg to the EU
75 ave de Cortenbergh
B-1000 Brussels
Belgium

Mr Sandor Szabo
Director
General Secretariat of the Council
Rue de la Loi 175
B-1048 Bruxelles
Belgium

Mr John O'Toole
Health Counsellor
Permanent Representation of Ireland to
the European Union
Rue Froissart, 89 - 93
B-1040 Brussels
Belgium

Mr Meulenbergs
PFS Health - International Relations
Montagne de l'Oratoire 20
B-1010 Bruxelles
Belgium

Mr Vassilios Kanaras
Administrator
General Secretariat of the Council
Rue de la Loi 175
B-1048 Bruxelles
Belgium

Mr Roland Hein
Health Unit
Permanent Representation of Germany
to the EU
19-21 rue Jacques de Lalaing
1040 Brussels
Belgium

Mr Engelsman Eddy
Health Attaché
Permanent Representation of the
Netherlands to the European Union
Hermann Debrouxlaan, 48
B-1160 Brussels
Belgium

Mr Marco Castellina
Health Attaché
Permanent Representation of Italy to the
EU
9, Rue du Marteau
B-1000 Brussels
Belgium

Mr Arto Koho
Conseiller
Permanent Representation of Finland to
the European Union
100, rue des Trèves
B-1040 Brussels
Belgium

Mme Anne Deltour
Représentation Permanente de Belgique
auprès de l'Union européenne
Rond Point Schuman, 6
1040 Bruxelles
Belgium

Dr Eva Török
Health Attaché
Permanent Representation of Hungary to
the European Union
B-1040 Brussels
92-98, rue de Trèves
Belgium

Dr Frank Niggemeier
Health Counselor
Permanent Representation of Germany
to the EU
19-21, rue Jacques de Lalaing
B-1040 Brussels
Belgium

Dr Cuypers Dirk
Chair
PF Service Public Health - Board of
Directors
Oratoriënberg 20 bus 3
1010 Brussels
Belgium

Dr Andreas Demosthenous
Chief Medical Officer of the Medical
and Public Health Services
Ministry of Health
10 Marcou Drakou str., Palloutiotissa
CY-1449 Nicosia
Cyprus

MUDr Jaroslav Vetyska
Ministry of Health
Palackého náměstí 4
128 01 Prague 2
Czech Republic

Ms Katerina Ciharova
MUDr
Ministry of Health
Palackého náměstí 4
128 01 Prague 2
Czech Republic

Ing. Jiri Cizek
Expert on e-health
Ministry of Health
Palackého náměstí 4
128 01 Prague 2
Czech Republic

Mr Thomas Pihl
Head of Section
Ministry of the Interior and Health
Slotholmsgade 10-12
1216 Copenhagen K
Denmark

Mr John Erik Pedersen
Head of division
Ministry of the Interior and Health
10-12, Slotsholmsgade
1216 Kobenhagen K
Denmark

Ms Katrin Saluvere
Deputy Secretary General for Health
Policy
Ministry of Social Affairs
Gonsiori 29
15067 Tallinn
Estonia

Ms Mervi Kattelus
Senior Legal Officer
Ministry of Social Affairs and Health
PO Box 33
00023 Government
Finland

Dr Kimmo Leppo
Director-General
Department of Health
PO Box 33
00023 Government
Finland

Ms Michelle Duret
Conseillère technique
Ministère de l'emploi du travail et de la
cohésion sociale - Direction de
l'Hospitalisation et de l'organisation des
soins
8, avenue de Ségur
75007 Paris
France

Mrs Aude Marlier-Sutter
Adjointe à la chef de mission des
relations européennes et internationales
Ministère de la Santé et de la Production
sociale - Direction de l'hospitalisation et
de l'organisation des soins
8 Av. de Segur
75007 Paris
France

Mr Philippe Harant
Chargé de Mission
Ministère de la Santé - Direction des
Affaires Européennes et Internationales
8 Avenue de Segur
75007 Paris
France

Mr Cyril Cosme
Chargé de mission
Délégation aux affaires européennes et
internationales
8, av de Ségur
75700 Paris
France

Ms Susanne Weber-Mosdorf
Director-General for EU and
International Affairs
Federal Ministry for Health and Social
Security
Wilhelmstraße 49
D-10117 Berlin
Germany

Mrs Wittmann-Stahl Irene
Head of unit, for EU and International
Affairs
Federal Ministry for Health and Social
Security
Am Propsthof 78a
D-53121 Bonn
Germany

Mr Reinhold Mainz
PG 1 - Project Group Telematics -
Electronic Health Card
Federal Ministry for Health and Social
Security
53108 Bonn
Germany

Dr Zoi Kolitsi
Senior Advisor
Ministry of Health and Social Solidarity
17 Aristotelous Street
EL-101 87 Athens
Greece

Ms Judit Rezmúves
Professional Counsellor
Ministry of Health, Social and Family
Affairs
H-Budapest
H-1051 Arany J. street 6-8
Hungary

Ms Zsuzsanna Jakab
Secretary of State
Ministry of Health, Social and Family
Affairs
H-Budapest
H-1051 Arany J. Utca street 6-8
Hungary

Mr Michael Kelly
Secretary General
Department of Health and Children
Hawkins House
Hawkins Street
2 Dublin
Ireland

Ms Maria Teresa De Rose
Ministry of Health
Department of Human Health,
Veterinary Public Health and
International Relations
Piazzale dell'Industria, 20
I-00144 Roma
Italy

Mr Francesco Ronfini
International Health and Social Affairs
Office - Department of Health and
Social Services
Veneto Region
Palazzo Cavalli Franchetti
S. Marco 2847
30124 Venice
Italy

Mrs Liga Serna
Director Department of Strategic
Planning
Ministry of Health of the Republic of
Latvia
Baznicas 25
1010 Riga
Latvia

Dr Romalda Baranauskiene
Secretary of the Ministry of Health
Ministry of Health
Vilniaus st. 33
LT-01119 Vilnius
Lithuania

Dr Armonaviciene Ausrute
Head of Subdivision of Mother's and
Child's Health
Ministry of Health
Vilniaus st. 33
01119 Vilnius
Lithuania

Dr John Cachia
Director Institutional Health
Ministry of Health, the Elderly and
Community Care
15 Merchants Street
Valletta CMR02
Malta

Dr Maria da Guia Manteigas
Head of Division European Affairs
Directorate-General of Health
Health Ministry
Al. D. Afonso Henriques, 45
1049-005 Lisbon
Portugal

Ms Anne Marie Yazbeck
Advisor
Ministry of Health
Stefanova 5
1000 Ljubljana
Slovenia

Mr Pilar Polo
Director general National Health System
Quality Agency (on behalf of Dr. F.
Lamata)
Ministry of Health and Consumer
Affairs
Paseo del Prado 18-20
28071 Madrid
Spain

Mr Cotanda Fernando Lamata
General Secretariat for Health
Ministry for Health and Consumer
Affairs
Paseo del Prado, 18-20
28071 Madrid
Spain

Dr Enrique Terol
Deputy Director General Health
Planning and Quality
Ministry of Health and Consumer
Affairs
Paseo del Prado 18-20
28071 Madrid
Spain

Dr María-José G. Suso
Technical Advisor International
Relations Dpt
Ministry of Health and Consumer
Affaires
Paseo del Prado 18-20
28071 Madrid
Spain

Mr Mikael Sjöberg
State Secretary for Health
Ministry of Health and Social Affairs
Fredsgatan 8
103 33 Stockholm
Sweden

Mr Fredrik Lennartsson
Director, Head of EU and International
Affairs
Ministry of Health and Social Affairs
Fredsgatan 8
103 33 Stockholm
Sweden

Mr Talvik Martin
Head of Section
Health Care Division
Hälso-Och Sjukvardsenheten
Socialdepartementet
103 33 Stockholm
Sweden

Ms Annemiek Van Bolhuis
Director International Affairs
Ministry of Health, Welfare and Sport
Parnassusplein 5
P.O. Box 20350
2500 EJ The Hague
The Netherlands

Mrs Renée Wetters-Bronsgeest
Senior policy advisor
Ministry of Health, Welfare and Sport
Parnassusplein 5
P.O.Box 20350
2500 EJ The Hague
The Netherlands

Mr Martin Van Rijn
Director General Health Care
Ministry of Health Welfare and Sport
Parnassusplein 5
PO Box 20350
2600 EJ The Hague
The Netherlands