

EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Document: Minutes of the meeting of the High Level Group on 16 June 2005	
Date: 16 August 2005	Reference: HLG/2005/6
To: Members	From: Secretariat
Action: For information.	

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HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

Brussels, 16 August 2005 HLG/2005/6

MEETING OF THE HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE 16 JUNE 2005, BRUSSELS

Subject: Minutes of the meeting

1. WELCOME AND INTRODUCTION

Participants were welcomed to the meeting of the High Level Group (HLG) by the chairman, Mr Madelin. A list of participants is attached. The draft agenda (HLG/2005/4) was adopted.

2. MINUTES OF THE LAST MEETING

The minutes of the meetings of 4 November 2004 (HLG/2005/2) and 6 April 2005 (HLG/2005/3/REV1) were adopted.

3. Consideration of Specific topics

Mr Madelin emphasised that concrete deliverables were expected for the December Council. The discussion should focus on what those deliverables should be and what the potential obstacles are.

Cross-border healthcare purchasing and provision (including rights and duties of patients)

This working group is working on two main topics: non-binding guidelines for cross-border purchasing of healthcare, and the issue of patients' rights. As regards the guidelines, the group does not want them to encroach on the area covered by the Regulation 1408/71 *et seq.* There is already a solid definition of the aim of the guidelines in the draft. However, a number of legal issues were identified, which have to be clarified before the work is continued. The working group asked the Commission to clarify these issues before the next meeting of the HLG in September.

Issues of liability, price setting, exchange of patient's data and data protection were identified as those on which the working group should focus in particular in its next meeting. The general approach of the guidelines was agreed, however some expert input

is needed in particular on the 'specific guidelines'. Members of the working group should start consulting experts in their countries, especially people with practical experience in this area, before the September meeting. The conference organized by the Veneto region on 27-28 October 2005 could be very useful in this process.

As regards the topic of patients' rights and responsibilities, the group considers this issue to be important and will focus more on it after having completed the work on the guidelines. The September meeting will start this work by focusing on information to patients.

Health impact assessment and health systems

This working group is working on a methodology for measurement of impacts of non-health EU policies on health systems. The working group, in collaboration with the WHO Observatory on European Health Systems and Policies, proposes to develop a tool consisting of a number compartments ('the health system impact cube') containing fact sheets based on previous research on how different policy areas can impact on health systems, taking into account the principles of access, quality and financial sustainability of health systems, as well as universality, solidarity and fairness. A guide book will be developed to complement the tool. This approach was agreed. However, the issue of validation of the database should be addressed in the project and it should be possible to amend this database at any time. A pilot study, testing this tool, should be carried out around the end of the year.

The Commission also explained its general impact assessment procedure and how the work of this working group fits with it. The distinction between health impact assessment and health systems impact assessment was emphasized. Information on the Commission's new guidelines for its Impact Assessment procedure can be found in Annex to these minutes.

Information and e-health

As concerns had been expressed by several ministers during the conference in Svalbard, Norway, in May 2005 about the large number of Commission working groups discussing e-health it was suggested that this group should focus more on general information strategy connected to mobility issues.

The working group aims to develop guidelines for national information strategies. It proposes to analyse summaries of existing national communication strategies provided by the group members. It was agreed that the group would submit to the December Council a concise summary of the main features of existing national information strategies. By the end of 2005, the working group also proposes to develop project specifications to seek external assistance for the development of more elaborate guidelines for national information strategies, to be undertaken in 2006. As an early step in this process, the working group intends to organise a two day workshop in September (before the next HLG meeting) in order to discuss the analysis of the summaries of national strategies.

4. REPORTS FROM OTHER WORKING GROUPS

Health professionals

This working group discussed three main topics: quality in continuing professional development, evidence (data on professional mobility) and ethical recruitment practices. As regards the first, the Standing Committee of European Doctors (CPME) committed itself to provide a comprehensive report on this, based on a major survey it is organising whose results should be available in September 2005.. The working group took the view that this project could be used as a solid platform for sharing good practice on quality improvement, assessment and control.

The working group also aims to conduct an analysis of impacts of professional mobility in the Member States. For this purpose six Member States were selected for the impact assessment of the professional mobility. As regards the ethical aspects of recruitment, the UK will share its ethical code as a first step.

Centres of reference

This working group focused on special centres for rare disease as a 'model study', although in the future other areas should also be addressed. A representative of the Task Force on Rare Diseases (TFRD) presented the work done in this area so far. The working group mandated the TFRD to submit its technical and scientific input (list of criteria for the centres of reference and results of its mapping exercise) before the September meeting. On that basis the working group will discuss the outstanding issues such as labelling of the centres. The areas to be covered should be broad, including for example networks of excellence.

The working group will try to agree on one or more scenario for the European centres of reference in September, so that the first pilot projects could be started in 2006 with support from the Public health programme. The working group asked the Commission to include such projects on centres of reference in its 2006 workplan.

Patient safety

This working group will meet on 27 June in London. On this meeting more specific deliverables should be agreed.

5. OTHER ISSUES

Update from the Presidency regarding the Council working party on public health meeting at senior level

The Luxembourg Presidency provided information about the Council working party on public health meeting at senior level on 15 June 2005. In this meeting a mandate of the Council working group was discussed. The Council working group should be a more strategic body. Coordination of the work of the Commission HLG and the Council working group is necessary in order to avoid duplication of work. The next meeting of the Council working group will take place on 28 September 2005.

Update from the Commission regarding the open method of coordination in healthcare and long-term care

The Commission gave information about recent developments regarding the open method of coordination in healthcare and long-term care. The Member States were asked to submit their preliminary policy statements and the Commission has received thesefrom 19 Member States so far. On 13 July 2005 the Social Protection Committee (SPC) will meet to discuss these preliminary policy statements. The analysis of the statements will be an important input for the Report on social protection and social inclusion and also for the Commission Communication foreseen for November 2005 on the streamlined open method of coordination. The Commission hopes to have a mix of experts on both social protection and health participating in the meeting of the SPC on 13 July. The Commission will also put this point on the agenda for the September HLG meeting, and the possibility of having a separate meeting devoted to this issue will be considered.

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16 JUNE 2005

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