



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 22 March 2006	
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Brussels, 4 April 2006

HLG/2006/4 FINAL

**MEETING OF THE HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE
22 MARCH 2006, 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/2006/1 REV1) was adopted.

2. MINUTES OF THE LAST MEETING

The minutes of the meeting of 9 November 2005 (HLG/2005/17) were adopted.

3. REPORTS FROM WORKING GROUPS

Cross-border healthcare purchasing and provision (including patient rights)

This working group should work as a patient-focused group. An obstacle for the work of the working group is the lack of hard data. Therefore it was agreed that Mr Madelin as chair of the HLG would send a letter to the Permanent Representatives of the Member States asking for data for the mapping exercise on cross-border healthcare, in particular on information to patients and patient rights. Another letter from Mr Madelin should be sent to the Administrative Commission on Social Protection for Migrant Workers (CASSTM) asking for data on numbers of patients being treated abroad.

Other issues discussed in the working group concern the guidelines for cross-border healthcare purchasing and provision, finalised by the working group in 2005. It should be further examined how those guidelines could be more politically recognised, how they could be disseminated in the Member States and how to get feedback from the Member States on their application. The Austrian Presidency was asked to consider whether the guidelines could be included in the agenda for the June Health Council. Request for nomination of national contact points to which the guidelines could be sent should also be included in the letter from Mr Madelin to the Permanent Representatives.

Health professionals

This working group agreed its work-plan for 2006. Three main issues were identified. Firstly, data collection regarding impact of health professionals mobility. The working group will aim to prepare by September recommendations on what should be done in order to get a critical mass of data. Secondly, recruitment practices in the Member States should be further examined. Recommendations or a statement on best practice regarding recruitment should be also prepared by the meeting in September. The third issue, continuing professional development will be probably be addressed only in 2007.

The need for contact points in the Member States in order to effectively apply the outcomes of this working group was also raised.

Centres of reference

Presentations of two projects funded under the public health program took place during the working group meeting: the Rhapsody project run by the EURORDIS and the activities of the Rare Diseases Task Force. The working group will further follow these projects and collaborate with them where possible. Representatives of healthcare providers (HOPE) were also involved in the meeting of the working group.

The priority for 2006 should be organisational / governance issues and in particular preparation of the proposal (or proposals) for a procedure for identification of European networks of centres of reference. Members of the working group have been invited to submit their ideas or proposals before the next meeting. The Commission will prepare a summary of these proposals and on that basis further steps will be determined, for example establishing of a drafting subgroup.

It was also emphasized that in the long term it is necessary to establish a sustainable mechanism of funding. One option could be a proposal for a new funding instrument from the Community budget. However, it was also made clear that with regard to ongoing political discussions on the future financial perspectives, the budget expectations should not be too high.

Patient Safety

During the first half of 2006 the working group will focus on making concrete proposals on the chosen work packages and presenting them to the HLG before the June meeting. There are two main areas where concrete projects are being prepared now:

- Setting up an EU-wide patient safety network – developing mechanisms and tools to support Member States in establishing and developing their own national patient safety programmes.
- Setting up a mechanism to share information on the adverse event reporting systems between the Member States.

The second key aim for 2006 will be to consider a European strategy on patient safety. The working group should prepare a strategic paper on patient safety in 2006. Based on the outcomes of discussions in the working group the Commission would then prepare an overall strategy document on patient safety in 2006 or 2007.

Health impact assessment and health systems

Following the request of the working group, a technical group of academic, national and civil society experts met on 31 January 2006 to discuss practical issues in relation to health systems impact assessment (HSIA), in a meeting organised jointly by the Commission and the WHO Observatory. The technical group endorsed the approach taken by the working group.

The working group agreed to continue the development of a policy assessment of evidence on health systems impacts in the area of health and safety at work, which will be used to pilot the tool for desk officers. As DG Employment, Social Affairs and Equal Opportunities's strategy for health and safety at work will not be available until after the summer, the group agreed that a pre-pilot exercise should be undertaken to enable the tool to be tested in time to report to the December 2006 Council. The working group also intends to establish a network of national contact points in each Member State. A request for nominations could be included in the letter from Mr Madelin to Permanent Representatives.

The working group intends to submit the tool, policy assessment, and results of the pre-pilot study to the 2006 December Council.

Information and eHealth

This working group did not meet this time. The priority of the work for 2006 as stated in the 2005 HLG Report is the development of a minimum patient data set (or 'patient summary'). The Commission is currently preparing a Commission services document on eHealth interoperability in general and the patient summary in particular, which would be a basis for the work of the working group. A first draft of this document should be available in May 2006.

It has been agreed that in order to avoid overlaps with a number of other groups working on these issues, the scope of the work of the HLG working group should be kept narrow. In this context, work on the patient summary is the principal area of work for 2006. Once this work is completed and depending also for example on the outcomes of the Malaga conference in May 2006, the mandate of this working group could be considered further.

4. WORK PLAN AND DELIVERABLES FOR 2006

As already announced, the remaining three HLG meetings in 2006 will take place on:

- 7 June;
- 14 September;
- 9 November.

The aim this year is to bring the timetable somewhat forward and to have the 2006 HLG Report adopted by the HLG already at the September meeting. In this way it could be submitted to the Council well in advance of the December Council meeting in order to give the Council sufficient time to discuss the 2006 HLG Report through its regular procedures and consider it as a substantive agenda item. The final meeting in November

could then be the opportunity to already begin the work for 2007. The working groups were encouraged to plan their work effectively and to use effectively also the time between the meetings. The Secretariat will circulate an outline of the 2006 Report to chairs of the working groups before the June meeting so that the working groups in June can already consider their contributions to the Report.

5. COMMISSION COMMUNICATION ON THE NEW FRAMEWORK FOR THE OPEN COORDINATION OF SOCIAL PROTECTION AND INCLUSION POLICIES IN THE EUROPEAN UNION

Mr Roland Bladh (Commission, DG EMPL) presented recent development regarding the abovementioned Communication. The Communication has been adopted by the Commission on 15 December 2005 and should be endorsed also by the Council in the coming days. The Member States are now invited to supply National Reports on Strategies for Social Protection by 15 September 2006. The Commission together with the Social Protection Committee are organising a seminar on 30-31 March 2006 to further discuss the preparations of the national reports. HLG members were invited to take part in this seminar. On 13 September 2006, a conference on long-term care will take place in Brussels organised jointly by the Commission and the American Association of Retired Persons (AARP). HLG members were invited also for this event.

6. OPINION OF THE PARLIAMENT ON THE PROPOSED DIRECTIVE ON SERVICES IN THE INTERNAL MARKET – HEALTH SERVICES ASPECTS

Mr Nick Fahy (Commission, DG SANCO) informed the HLG about the recent development following the Opinion of the European Parliament on the services directive. The Commission is now preparing its modified proposal in response, which would respect the view of the Parliament in excluding health services. Discussions were ongoing within the Commission regarding further steps on health services. However, the 2007 Annual Policy Strategy adopted by the Commission on 14 March already included the development of “a Community framework for safe, high quality and efficient health services, by reinforcing cooperation between Member States and providing clarity and certainty over the application of Community law to health services and healthcare”. The Commission’s decision on the modified proposal is expected on 4 April 2006. In any event, the Commission will work in close cooperation with all stakeholders and in particular with the Member States. The input from the Member States on how to address the outstanding issues would be welcome.

7. ANY OTHER BUSINESS

Travel reimbursements

Further to several comments from members, new travel arrangements for the HLG meetings in 2006 will be applied intended to simplify and speed up arrangements for Commission payment of travel expenses. No travel arrangements will be reimbursed retroactively. Instead, the Secretariat will arrange pre-paid travel documents directly for the participants. The Secretariat will also make effort to keep reimbursing two representatives per Member States, however, due to the limited budget for meetings this year this cannot be guaranteed for all the future meetings.

**Meeting of the Council Working Party on Public Health at Senior Level on 21
March 2006**

The Austrian Presidency has circulated a written summary of the discussions at the above mentioned meeting.

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HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

29 SEPTEMBER 2005

FINAL LIST OF PARTICIPANTS