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HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

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## HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

**Subject: Report on the work of the High Level Group in 2006**

### SUMMARY

This is the third report of the High Level Group on health services and medical care. The report summarises the main issues addressed by the High Level Group, progress made in 2006 and orientations for future work. In 2006 the High Level Group has worked in accordance with the orientations and priorities set out in its 2005 Report. As in the previous year, the work of the High Level Group has been taken forward through six working groups, reporting regularly to the full High Level Group where all the Member States have been represented. The High Level group has been working in the following areas.

- **Cross-border healthcare purchasing and provision (including patient rights):** The work of the group in 2006 has been focused on three main goals. First, the working group conducted a mapping exercise on information for patients on quality, safety and continuity of care and on patient rights and responsibilities. This has shown that there is a wide variety between mechanisms in place in the Member States, and scope for cooperation at EU level to enable this information to be available also to patients from other Member States. The working group also aimed to gather data about trends and impacts of cross-border care. However, there is a serious lack of these data, and the group recommends that consideration be given to how to collect complete and comparable data regarding cross-border healthcare. Third, the working group aimed to provide further analysis of the financial impact of patient mobility. However, this proved impossible given the above-mentioned lack of data.
- **Health Professionals:** In 2006 the working group conducted a study in 2005-2006 monitoring impact of professional mobility in six Member States. Only limited data are available, however, the study suggests that cross-border mobility of health professionals within EU remains limited overall, though it may increase in the future. The working group concluded that a set of key indicators on professional mobility should be created and asks the Commission to advise how this might best be done. Another study was carried out on current Member States' practice on ethical recruitment. Taking into consideration the international dimension of health professionals' migration, the group plans to develop a statement of principles for recruitment from other countries, taking account of both European and global issues of continued professional development (CPD); we recommend

that work to assess the exact needs on a minimal standard for doctors and nurses be developed.

- **European Reference Networks:** Projects to test the concept of the European networks of centres of reference (ENCR) outlined in the 2005 Report of the High Level Group are being supported from the Public Health Programme. In parallel, the working group has continued working on organisational and governance issues. The main focus of the working group was on developing options for a procedure for identification and development of European reference networks (ERN). It outlines three possible options and is annexed to this Report. In the future the working group should continue following closely the pilot projects on the ERN and should further focus on outstanding legal and financial aspects of ERN. The group recommends that definitions of common principles and criteria for identification and development of ERN, are adopted at the European level. Further, development of methodology to assess benefits of establishing and supporting the ERN from the perspective of different stakeholders should be supported by the Commission. Finally, the Council should consider the options for identification and development of European reference networks developed by the group. Although these options may still be modified on the basis of the practical outcomes of the pilot projects, a political orientation on whether these principles and options represent a good basis for future work would facilitate further progress on this issue.
- **Health impact assessment and health systems:** This working group has been developing a methodology for estimating the impact of new policies on health systems, as opposed to the impact on population health status. In 2006 the working group completed: a web-based assessment tool incorporating a manual for desk officers and the "health systems impact assessment cube"; a policy assessment of the Community policy on social Policy, Education, Vocational Training and Youth; and established a network of experts in the Member States who can give advice on their national health system during the development of the policy assessments. The next steps will be to pilot the web-based assessment tool. The group recommends that this tool can then be linked to the European Commission's Integrated Impact Assessment guidance and materials.
- **Patient Safety:** In 2006 the working group focused on the following priority areas: setting up reporting and learning systems and a network in Europe; education and training; research; medication safety and safe use of medical devices. In each of these areas concrete proposals have been made either in the form of initiatives or projects. A project proposal was submitted on reporting and learning systems for support from the Public Health programme. However, it was not recommended for funding. In order to ensure that all priority areas will be implemented, the working group agreed on the utility of a comprehensive European framework for patient safety, bringing together the key elements of patient safety to support Member States in this area. As a first step, the working group plans to develop a recommendation for the High Level Group to consider setting out all key areas where progress needs to be made and propose concrete actions by the Member States and the Commission. The main action point is establishing a European wide network which will connect all competent authorities of the Member States and which would bring together all separate projects, initiatives and other actions at the European level.
- **Information and e-Health:** The Commission started in 2006 to examine the feasibility of introducing a minimum data set for patients, to be available throughout the Union. However, the work that this working group identified as a priority is being taken forward by initiatives outside the High Level Group. It was therefore decided that this working

group will suspend its activities. The High Level Group will be updated on a regular basis about relevant activities in this field carried out elsewhere, in particular by the Commission's Information Society Directorate-General.

Since its establishment, the High Level Group has become a well-established mechanism as shown by delivering concrete results in 2006. Concrete plans for the future work were outlined in the previous section for each particular topic. However, recent developments regarding health services at the EU level will have an impact on the future work of the High Level Group. The Commission has indicated its intention to bring forward proposals to develop a Community framework for safe, high quality and efficient health services in 2007, on the basis of consultation beginning in 2006. Given the relevance of any such proposals for the work of the High Level Group, beyond the specific items of work identified above, the High Level Group will consider its appropriate future activities once the Commission's intentions are clearer.

Some working groups have already successfully completed their missions (health technology assessment; information and e-health), some are very close to doing so (health systems impact assessment; health professionals). If formal proposals on some other issues currently covered by the High Level Group are indeed presented by the Commission discussions on these issues should move to other appropriate forums, including the Council. The High Level Group should then be ready to strengthen its focus on the remaining issues where it can still add significant value. However, those decisions would have to be taken only once there is more clarity over the forthcoming proposals from the Commission.