



EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Document: Report on the work of the High Level Group in 2006	
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Action: For information. This is the final version of the Report on the work of the High Level Group in 2006. It incorporates changes following discussions of the High level group on 14 September 2006 and subsequent written comments. The following Annexes are attached to the Report: - Annex 1: Options for a procedure for identification and development of European reference networks - Annex 2: Policy Assessment on Social Policy, Education, Vocational Training and Youth: a part of the Health Systems Impact Assessment Tool - Annex 3: Health Systems Network Comments on Policy Assessment – Feedback Table	



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Brussels, 10 October 2006

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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.

REPORT ON THE WORK OF THE HIGH LEVEL GROUP IN 2006

1. ISSUES ADDRESSED BY THE HIGH LEVEL GROUP

The High Level Group on health services and medical care continues successfully the work started since its establishment in 2004. In 2006 the High Level Group has worked in accordance with orientations and priorities as set out in its 2005 Report¹. The High Level Group met in March, June and September and plans to also meet in November. At its first meeting in March, the Group agreed its work plan for this year. At the meetings in June and September, as well as between those meetings, progress has been made towards agreed deliverables. Concrete results of work of the Group in 2006 are summarised further in this Report.

As in previous years, the work has been taken forward through working groups on particular topics, with regular reporting of their work to the full High Level Group where all the Member States have been represented. Observers from the EEA/EFTA states as well as representatives from civil society have been also involved in the work. In 2006 the following areas were addressed:

- Cross-border healthcare purchasing and provision (including patient rights)
- Health professionals
- Centres of reference
- Information and e-health
- Health impact assessment and health systems impact assessment
- Patient safety

2. WORK UNDERWAY AND RESULTS OF THE WORK IN 2006

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

2.1.1. Membership of Working Group and issues addressed

Since December 2005 the working group has met on four occasions in February, March, June and September. The group has reached a point where there is a sound understanding of common goals and challenges that enable a constructive dialogue among the participation of 20 Member States.

2.1.2. Work undertaken

In 2006 the work has followed the three targets defined in the work plan:

¹ Work of the High Level Group on health services and medical care during 2005 (HLG/2005/16), see http://ec.europa.eu/health/ph_overview/co_operation/mobility/docs/highlevel_2005_013_en.pdf.

Target 1) was related to the collection and provision of information to patients on quality, safety and continuity of care as well as on patient rights, entitlements, responsibilities and liability issues related to cross border care.

To meet this target the working group conducted a mapping exercise. The results of the mapping exercise have shown that there is a wide variety in the way member States provide information about cross border care and their own systems. Most Member States have mechanisms in place but mainly aimed at national citizens. Most EU Member States apply similar provisions related to access to care, information and consent, privacy and confidentiality and quality and safety. However, the mapping exercise did not get conclusive information on the system for complaints and compensation. A more detailed summary paper based on the mapping exercise is also available on the High Level Group website.

Target 2) was related to the monitoring of trends and impacts of cross-border care. The mapping exercise also aimed to gather data about the costs and the numbers of patients engaged in cross-border care. The working group also requested the available data from the Administrative Commission on Social Security for Migrant Workers.

The mapping exercise and the responses from the Administrative Commission on Social Security for Migrant Workers showed that no comprehensive data exist about the extent of cross border care in Europe. Most of the available data relate to the cross border care provided under Regulation 1408/71, little exists related to “block purchasing” or individuals seeking care abroad. This represents a serious gap. Consideration should be given on how to collect more complete, comprehensive and comparable data regarding cross-border healthcare, at least sufficient to enable an assessment of its financial, medical and administrative impact.

Target 3) aimed to provide further analysis of the financial impact of patient mobility.

Given the lack of available data this target could not be met. However the data provided showed that cross-border care is still relatively low in numbers of patients and amount of money compared to overall health care expenditures but that the phenomenon is increasing. As above, consideration should be given to addressing this lack of data.

The working group makes the following **recommendations**:

Information to patients:

- Member States might consider appointing a clearly defined contact point for patients that seek information about access to health care across borders.
- The national or regional contact points could form a network in order to share experiences and information related to cross border care. The contact details of the participants in the network could be made available through the EU Health Portal and the Commission could provide assistance to the network by raising awareness about the EU legislation.

Principles of care:

➤ From the mapping exercise it is clear that most European Health care systems have common elements related to patient's rights and obligations through different provisions. The complexity of the organisation of the health services make it difficult for patients to understand the range of services that are provided in different countries. Further work is needed to identify the existing procedures regarding complaints' processes, arrangements for handling liability issues and ways to get compensation but also on the differences in the provisions ensuring consent.

Data:

In the absence of complete, comprehensive and comparable data concerning patient mobility, the High Level Group, taking account of the different legal and administrative structures in the Member States, suggests that:

➤ Member States take the necessary measures for the compilation and registration of data allowing at least a view on the medical, financial and administrative information related to cross-border care.

➤ A clear and transparent common dataset (numbers of patients, amount of money involved, and preferably the treatment received abroad) is essential to get a grasp of the much discussed issue of patient mobility. This collection of data should be done in relation to regulation 1408/71, block purchasing and individual patient mobility.

➤ There should be close cooperation between the HLG and the Administrative Commission on Social Security for Migrant Workers on the issue of data collection.

2.1.3. Outline plans for future work

Given the forthcoming initiative on health services, to be brought forward by the Commission in 2007, the working group should focus its work on areas that do not overlap with this initiative. Therefore the work plan for the future will be discussed once more information about this proposal will be available.

2.2. Health professionals

2.2.1. Membership of Working Group and issues addressed

United Kingdom, Hungary, Poland, the Netherlands, Italy, France, Belgium, Germany, Lithuania and Estonia are members of the Group. In addition, Latvia, Sweden, Spain and Finland have participated as observers. The Group is co-chaired by the UK and Hungary. The Group has invited the Standing Committee of European doctors (CPME), the European Federation of Nurses (EFN), and the European Hospital and healthcare Federation (HOPE) as well as the European Health Management Association (EHMA) to join in their deliberations.

The Group is looking primarily at the potential impact of migration of health professionals within the European Union, however it is also considering migration to and from Europe and will respond to the Council commitment (GAERC of 10 April 2006) to minimise the impact of recruitment of health workers to the EU from countries which are facing a severe shortage of health workers. It has decided

to concentrate, at least initially, on doctors and nurses. The group has currently the mandate of reflecting on three related themes, namely: evidence of migration amongst the health professions, recruitment practices, and quality aspects with regard to the continuing professional development. In 2006, it focused on the two first issues.

2.2.2. *Work undertaken*

The concerns about the impact on the health systems of “donor” countries relate to the creation of severe shortages in specialties where mobility is easy and/or demand elsewhere is high, and include also the impact of that on wage levels and overall cost.

The Group identified various sources of data and information such as the Committee of Senior Officials on Public Health (CSOPH), EUROSTAT, projects carried out by NGOs in the frame of the public health programme or for internal purposes and project by UK on “health care professionals crossing borders”.

On the impact of professional mobility on countries of origin and of destination, the group finalised an internal study on nurses and doctors in six countries which concluded that mobility of health professionals between countries in Europe remains limited with an upward trend. However, the analysis should be considered carefully due to the limitations of the registration data used.

A study was carried out amongst the group members on current practice with regard to ethics and recruitment practice; it showed that amongst the countries having that replied, only one has an ethical code of recruitment. It was decided to extend the in-house questionnaire on current best practice, and also, noting the EU consensus statement on the international crisis in human resources for health, made by the GAERC of 10 April, to consider the possibility of developing guidelines for international recruitment.

The group also considered other aspects of the international dimension of health workers' migration, and recognised the need to work closely with the working group on human resources for health in developing countries, convened by DG Development. It concluded that careful attention should be paid to ensure well co-ordinated and linked work between the groups dealing with health professionals' mobility, in order to ensure consistence and coherence of future work and to take into account the global dimension.

The group decided to deal with **the evidence** issue together with issues of the impact of professional mobility. The information gathered already showed that there is a very heterogeneous picture. Some key questions may have to be studied further. As it was clear that neither national nor European comparable data are available which would also allow workforce planning, the group decided to reflect more in depth on this issue. Having considered the various origins of data (such as Eurostat, DG Employment, DG Internal Market, and results of projects under the Public Health programme), a sub group drafted a working document on indicators and statistics, which was agreed by the group. The group agreed that a set of key indicators on professional mobility should be created and asks the Commission to advise how this might best be done.

The group followed closely two projects dealing with the exchange of information between competent authorities; development of a pilot project under the IMI² and progress of the Healthcare Professionals Crossing Borders project. With regard to the latter, to which several members of the health professionals group are also part of, the group welcomed that a number of participating countries is already using the certificate of current professional status as developed in the 2005 health care professionals Edinburgh agreement. It will be extended to further countries in the coming months.

On continued professional development (CPD), the working group continued to exchange information on arrangements/requirements for continuing professional development.

2.2.3. Outline plans for future work

The Group considered that the following work programme for 2007 would produce practical outcomes of added value.

Health professionals' mobility

The group should consider further the different sources of data, their quality and the means of collecting them and continue to follow developments and implementation of projects dealing with the exchange of information between competent authorities.

The group should also consider how the work done on indicators could interact with current projects carried out and could be further developed.

Recruitment

The group will complete work on the principles on international recruitment, bearing in mind that the World Health Assembly (WHA) will discuss this issue in May 2007.

Continued professional development

The group will give careful attention to the outcome of the conference on CPD of 14 December 2006³ for their future discussions.

Despite a common understanding of the key problems which have been discussed in 2006, there is no clear consensus reached on which concrete actions to develop in order to take forward issues such as CPD, recruitment codes or how to best investigate and report on professionals' mobility. The question is therefore if the present group could still provide an added value with the current format.

² Internal market information system

³ This conference is organised by CPME under the auspices of the Finnish EU Presidency and the European Commission.

2.3. European reference networks

2.3.1. Membership of the group and issues addressed

In 2005 the working group completed its work on the concept of the European centres of reference (ECR) and European Networks of Centres of Reference (ENCR), as outlined in the 2005 Report of the High Level Group (HLG/2005/16). Main tasks for 2006 were to start testing this agreed concept on the pilot project(s) and to continue working on the issues that needed further investigation or which have not yet met a consensus. The priority for 2006 was organisational and governance issues related to the establishment of ENCR. It was also agreed that at the later stage, once the organisational and governance issues have been clarified, outstanding legal and financial issues should be addressed.

In 2006 the working group met four times so far with one additional meeting planned for November. As with the previous years the working group was chaired by France, with the involvement of Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, Germany, Hungary, Ireland, Italy, Lithuania, Malta, The Netherlands, Slovakia, Slovenia, Spain Sweden and the United Kingdom. The working group also involved other actors in the discussions on this subject, in particular the Task Force on Rare Diseases, European Organisation for Rare Diseases (EURORDIS), European Hospital and Healthcare Federation (HOPE) and health professionals active in this field.

2.3.2. Work undertaken

Testing of the concept of the European networks of centres of reference through pilot projects has been started in 2006. Pilot projects on European networks of centres of reference were among the priorities of the 2006 Call for proposals under the Public Health Programme. However, the outcomes of the pilot projects will be available only at a later stage.

Besides the testing of the concept of the European centres of reference through pilot project(s), in 2006 the working group continued working on organisational and governance issues. Main focus of the working group was on developing options for a procedure for identification and development of ERN. These options are attached to this Report (see Annex 1).

Recommendations

The working group makes the following recommendations:

- The name of the working group should be changed to “Working group on European reference networks”. This reflects better the concept on which the working group is working.
- The definition of common principles and criteria for identification and development of European Reference Networks should be adopted at the European Level. These should be based on the principles and criteria as defined in the 2005 Report of the High Level Group and adding additional details specifically related to networks.

- Development of methodology to assess benefits of establishing and supporting the European reference networks from the perspective of different stakeholders should be supported by the Commission, e.g. within the Public Health Programme, Research Framework Programmes or other structures
- The Council should discuss thoroughly the options for identification and development of European reference networks developed by the working group. These options may still be modified on the basis of the practical outcomes of the pilot projects. From a long-term perspective, however, a political orientation on whether these principles and options represent a good basis for future work would facilitate further progress on this issue.

2.3.3. *Outline plans for future work*

The work of the working group should continue along the following lines:

- Firstly, the working group should follow closely the pilot projects on the ERN supported under the 2006 Call for proposals and use the practical experience gained from these pilot projects in its future work. The working group should also consider how the principles developed and experience gained so far mainly in the context of rare diseases could be applied to other areas beyond rare diseases (for example to therapeutic and technology innovations).
- Secondly, the working group should further focus on outstanding legal and financial aspects of ERN.
- Finally, the working group should examine whether and how the work on ERN could benefit from or could be linked with the upcoming EU initiative on health services.

The working group should continue working in close cooperation with other actors involved in this issue, such as the Task Force on Rare Diseases and representatives of patients, hospitals and health professionals.

2.4. **Health impact assessment and health systems**

2.4.1. *Membership of the group and issues addressed*

Since 2004 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.⁴ During 2005 a methodological approach was developed, including the Health Systems Impact Assessment Cube. The group aimed, by the end of 2006, to have *an operational tool for assessing the impact of proposals on health systems, combining a methodology and operational manuals for use by officials evaluating specific proposals or policies. A network of contact points in the different Member States was established to provide information and to support the development of the policy assessment.*

⁴ http://ec.europa.eu/comm/health/ph_overview/co_operation/mobility/high_level_hsmc_en.htm

2.4.2. *Work undertaken*

During 2006, the Group took the methodology ‘from theory to practice’ by developing a practical webTool, capable of assisting desk officers to produce health impact assessments for proposals. In 2005, the Working Group mandated a technical workshop, which took place in January 2006, and made recommendations on moving from the theory of HSIA to the practical Tool. The Tool is web-based; it will contain a manual with relevant background information, and the ‘Health Systems Impact Assessment Cube’.

The products developed under the direction of the Working Group are therefore:

- A web-based **assessment tool** incorporating a **manual** for desk officers and **the health systems impact assessment cube**
- The health systems impact assessment cube contains a **policy assessment** of the Community policy on Social Policy, Education, Vocational Training and Youth (Art. 136-150, Treaty Establishing the European Community)
- A **network** of experts in the Member States who can give advice on their national health system during the development of the policy assessments. As of September 2006, 18 members have been nominated, and have had the opportunity to comment on the first policy assessment

The draft WEBTOOL is available at this address:

http://ec.europa.eu/health/ph_overview/co_operation/high_level/tool_en.htm#sustain

The POLICY ASSESSMENT is included within the Tool, and is also attached to this Report (see Annex 2), along with a table of comments from the Network (see Annex 3).

All products are subject to change following the pilot process.

The **web-based assessment tool** is an accessible design, and will be linked to the EU Secretariat General’s webpages on Impact Assessment. It offers clickable links which take the EU Commission desk officer through questions about HSIA, the impact assessment process, and the values and principles of health systems, thereby fulfilling the role of a **manual**. It will provide contact points in DG SANCO so that European Commission desk officers can easily access personal support. It includes the **health systems impact assessment cube**. The main ‘face’ of the cube leads to the policy assessment documents and specific information on policy impacts on health systems. The other two faces of the cube give ‘parameters’ which help make sense of information about health impacts – the objectives and functions of health systems. The tool is expected to be made publicly available, therefore reaching policy makers at EU, national and local level, as well as NGOs, academic and other professionals and the public.

The most important information in the cube is provided in the **policy assessments**. A policy assessment is a document of not more than 5000 words, which provides an overview of a particular non-health policy area, setting out its relationship to health systems and giving examples of policies which have impacted on health systems in the past . It will orient the European Commission desk officer to the issues, and, with the help of DG SANCO colleagues, give them evidence with which to make an informed assessment on pending major policy proposals and legislation. It will cover a broad area, and will note the work areas which do not have a close relationship with health systems, as well as giving information about the ones which do. As it will be a broad overview, it will be able to give references where key information can be found, for example, established networks or foundations in the subject area, so that the desk officer can go into more detail if necessary.

The chosen area for the **first policy assessment** corresponds with the policy identified in the Treaty Establishing the European Community as “Social Policy, Education, Vocational Training and Youth”. The policy assessment will focus on the elements of this very wide policy area that have most significant links to health systems, and in particular the area of health and safety at work, which has been chosen to pilot the Health Systems Impact Assessment Tool. The purpose of the policy assessment is to raise awareness and give information on specific impacts and not to include all the details. However, the policy assessment is a “living document” and further relevant case studies and updated information should be added when necessary.

Policy assessments will be produced by external academic experts in the policy field, and will be verified by the **network** of experts in the Member States. This network, nominated via the High Level Group on Health Services and Medical Care, are experts able to give advice on their national health system and add examples from their countries’ experience. They are a virtual group who will be contacted when a new policy assessment is drafted, to give their views on its relevance to their national health system and add any further information they have.

2.4.3. Outline plans for future work

The Working Group has fulfilled its mandate to deliver a practical Tool for Health Systems Impact Assessment. The next steps will be to pilot the tool. Firstly, Desk Officers within the Commission via the DG SANCO Inter-service Group, and the Network, will be asked to comment on the Tool. The Working Group will then agree on any changes to be made to the Tool, and at that stage (end 2006) the webpage will be made public, but stating that the Tool is still a work in progress and that comments can be accepted to a mailbox. In early 2007 it is planned to pilot the Tool using a piece of work in the area of health and safety at work. DG EMPL’s upcoming regulations on musculoskeletal disorders will be used to pilot the tool, during the Commission’s internal impact assessment process for the regulations. At the pilot stage both the content and presentation of the website will be considered and modifications made. The Tool can then be linked to the European Commission’s Impact Assessment guidance and materials. Further policy assessments can then be added for each policy area until the Tool is complete. The WHO Observatory will be asked to commission and/or author further policy assessments over the coming years. The Working Group can keep this ongoing

work under review and consider a further meeting to look at progress in the second half of 2007. The Portuguese Presidency will host a meeting of the Network during the second half of 2007. This will take the form of a scientific seminar on Health Systems Impact Assessment. There is also a proposal for a second policy assessment to be developed on the subject of migration.

2.5. Patient safety

2.5.1. Membership of the group and issues addressed

Safety of health care services is valued highly by European citizens. Patient safety is also a major concern for the Member States as studies consistently show similar levels of health care errors, broadly in the order of 10% of hospitalisations. The Working Group has been tasked to identify ways to promote the safety of health care services. In addition, work in this field will contribute to improving the general quality of health care services.

The members of the working group on patient safety are representatives of 24 Member States, European representative organisations of stakeholders, international organisations and relevant Commission services⁵. The working group is co-chaired by the UK and Slovenia and it has met five times in 2006.

2.5.2. Work undertaken

In 2006 the working group has had two parallel objectives as set out in its work plan. The first objective has been to focus on the priority areas which were agreed in 2005 and to launch work packages in these areas; setting up reporting and learning systems and a network in Europe; education and training; research; and finally, medication safety and safe use of medical devices. In each of these areas concrete proposals have been made in 2006;

1. Denmark made a proposal for a project to set up national reporting and learning systems.
2. France has led work on developing European collaboration and networking on patient safety.
3. Greece has also made a proposal on patient safety in education and training of health professionals.
4. In the field of research, Directorate General for Research and Technological Development will finance a scientific conference on patient safety in 2007. In addition, the working group has also followed and contributed to projects on patient safety including the SIMPATIE- project and the work of the OECD.
5. Finland made a presentation on a new national policy on medication safety and a workshop is being planned for the end of 2006 in this area. On medical devices safety, Directorate General for Enterprise and Industry has taken into

⁵ European Patients Forum (EPF), Standing Committee of European Doctors (CPME), European Federation of Nurses Associations (EFN), Pharmaceutical Group of the European Union (PGEU) and European Hospital and Healthcare Federation (HOPE), international organisations active in this field including the World Health Organisation (WHO), Council of Europe and OECD. Other relevant Commission services actively involved in the work include Directorates General for Research, Information Society, Enterprise and Industry and Education and Culture.

account comments made by the Working Group on the safety of devices in the on-going revision of the legislation in this area.

However, unfortunately the proposals on these subjects submitted to the public health programme were not recommended for funding in the evaluation of proposals. One of the key criteria for European level projects to succeed in the evaluation process is that all Member States should be involved in the project and this was not the case. Therefore, in order to ensure effective use of scarce resources and European coordination of activities in each of these areas, a new approach will be considered to taking this work forward within a single integrated framework involving all Member States.

This approach would have the benefit of bringing the key players together without creating separate subgroups or projects which could potentially overlap and result in ineffectiveness. Moreover, an umbrella mechanism would ensure that all Member States and stakeholders would have the possibility of being a partner in this work.

The second objective of the Working Group has been to have initial discussions about developing a comprehensive European framework for patient safety, bringing together the key elements of patient safety to support Member States in this area. The next step in this regard has to be a political commitment by the Member States to be actively engaged in promoting patient safety both nationally and across Europe as a whole.

2.5.3. Outline plans for future work

In order to ensure that all priority areas will be implemented, the working group agreed on the utility of a comprehensive and single 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 is going to develop a recommendation for consideration by the High Level Group. The recommendation will set out all key areas where progress needs to be made and propose concrete actions by the Member States and the Commission.

Concretely, the recommendation will propose establishing a European network on patient safety to support Member States in achieving this goal. The main action point arising from the recommendation is establishing a European wide network which will connect all competent authorities of the Member States to bring together all separate projects, initiatives and other actions at the European level.

The work undertaken by the Council of Europe in this field will be taken into account when making these proposals⁶.

⁶ The Recommendation Rec(2006)7 of the Committee of Ministers of the Council of Europe to member states on management of patient safety and prevention of adverse events in health care

Subject to approval, the Working Group will act as a steering group for the umbrella network and will have political oversight of its works including proposing a future strategy for European actions to fulfil this commitment.

2.6. 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, as stated in the 2005 Report from the High Level Group on Health Services and Medical Care. This began with a stocktaking exercise on activities taking place in this field within the Commission services. It turned out that the work that this working group identified as a priority is taken forward by other initiatives.

The i2010 subgroup on eHealth, lead by DG INFSO, is taking considerable steps in the field of eHealth interoperability. Many of the members of the Working Group on Information and eHealth are also participating in the work of the i2010 subgroup on eHealth. It was therefore decided in the High Level Group that the Working Group on Information and eHealth would suspend its activities.

The i2010 group concentrates on four eHealth interoperability areas: patient summary (electronic health record), identifiers, emergency data set, and ePrescribing. DG Information Society has published a 33-page report that focuses on the patient summary as the basis for initiating a process of establishing cross-border eHealth interoperability. Sixteen fully written-up and validated Member States factsheets have been finalized that give insight in eHealth activities in Member States. It identifies the need for a set of proposed guidelines on eHealth interoperability will be crucial to this process, to be set out in 2007.

The High Level Group will on a regular basis be updated on activities carried out by DG INFSO. It continues to recommend Member States to consider including investment in the necessary eHealth structure and services as part of their health system development plans.

3. CONTRIBUTION TO OTHER WORK RELEVANT FOR HEALTH SERVICES AND MEDICAL CARE

As in previous years, the High Level Group also provided contribution to other initiatives that are relevant for health services and medical care. In 2006 the High Level Group has provided comments on proposals for a new framework for the open co-ordination of social protection and inclusion policies, including health and long-term care, and followed closely work on these issues by the Social Protection Committee.

4. ORIENTATIONS FOR FUTURE WORK

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 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 (i.e. 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.

The High Level Group intends to work on this basis in the future, taking into account comments and suggestions from the Council and other stakeholders as well as providing regular updates on progress.

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