



EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Document: Response from the High Level Group concerning the draft opinion of the Social Protection Committee on the Commission's Communication on "Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for national strategies using the open method of coordination".

Date: 13/07/2004

Reference: HLG/2004/8 REV1

To: Members

From: Secretariat

Action: To note.

This response from the High Level Group reflects discussion at the meeting of 1 July 2004 and comments received by Monday 12 July 2004.



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Brussels, 13 July 2004

HLG/2004/8 REV1

HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

Subject: Response from the High Level Group concerning the draft opinion of the Social Protection Committee on the Commission's Communication on "Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for national strategies using the open method of coordination"

The draft opinion of the Social Protection Committee (SPC) on the Commission's Communication on "Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for national strategies using the open method of coordination" was circulated to the High Level Group (reference: HLG/2004/6) and discussed at its first meeting on 1 July 2004.

The High Level Group noted the draft opinion and the intention of the SPC to finalise this opinion at its meetings later in July and in September, before the Employment, social affairs, health and consumer protection Council on 4 October 2004, and therefore wished to give a contribution in time for consideration at those meetings. The High Level Group was broadly content with the draft opinion of the SPC, although some members indicated that they did have some further specific comments which they would raise in the SPC and some members also felt that any open method of coordination on healthcare and long-term care should be a "light" form of coordination. The work planned by the High Level Group for the rest of 2004 (see work programme attached) should provide a useful contribution to work on health care and long-term care, which would depend on overall political commitment as well as on having the right objectives, information and indicators.

The High Level Group also emphasised the importance of close cooperation and continued exchanges of information between the two bodies in the future.

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Extract from the minutes of the first meeting (HLG/2004/9) – work programme

Topic	First steps	HLG members¹	Others
Cross-border healthcare purchasing and provision (including rights and duties of patients)	Develop document summarising information on existing arrangements and any lessons.	BE, DK, DE, EL, ES, FI, FR, IE, IT, CY, LT, LV, HU, SE, LU, MT, NL, PL, PT, SI, SK, UK	Patients' representatives Employment and Social Affairs DG (Secretariat: G GK)
Health professionals	Developing paper to review available evidence and outline issues to be addressed.	EE, FR, LV, LT, PL, UK	Standing Committee of European Doctors (CPME) and other relevant health professional associations (such as nurses). Internal market DG and the Committee of Senior Officials on Public Health on issues relating to recognition of professional qualifications. (Secretariat: NF)
Centres of reference	Pooling existing information and developing terms of reference for a mapping study.	CZ, DK, DE, EL, FR, IE, IT, LU, HU, MT, AT, PL, PT, SI, SK, SE	Standing Committee of Hospitals of the EU (HOPE) Research and Technological Development DG (Secretariat: NF)
Health technology assessment	Review current work and outline options for developing European collaboration.	BE, DK, DE, EE, IE, CY, LV, LT, LU, MT, NL, PT, SI, SK, FI, SE, UK	International health technology assessment network (INAHTA). Enterprise DG, Research and Technological Development DG

¹ BE: Belgium; CZ: Czech Republic; DK: Denmark; DE: Germany; EE: Estonia; EL: Greece; ES: Spain; FR: France; IE: Ireland; IT: Italy; CY: Cyprus; LV: Latvia; LT: Lithuania; LU: Luxembourg; HU: Hungary; MT: Malta; NL: the Netherlands; AT: Austria; PL: Poland; PT: Portugal; SI: Slovenia; SK: Slovakia; FI: Finland; SE: Sweden; UK: United Kingdom.

			(Secretariat: MT)
Information and e-health (including data protection)	Review current work in order to identify issues, priorities and potential mechanisms.	CY, CZ, DE, EE, EL, ES, FR, IE, IT, LT, LV, AT, SI, SE, UK.	<p>Eurostat</p> <p>Health systems information working party under the public health programme (and health information unit of SANCO).</p> <p>Indicators sub-group of the Social Protection Committee</p> <p>WHO, OECD</p> <p>Data Protection Working Party established under European data protection legislation (and data protection unit of internal market).</p> <p>Information Society DG</p> <p>(Secretariat: IDLM)</p>
Health impact assessment and health systems	Review existing methodologies for health impact assessment to see how these could better take into account health system issues.	BE, FI, LV, LT, MT, NL, PT.	<p>WHO health systems observatory.</p> <p>(Secretariat: AH)</p>