



EUROPEAN COMMISSION

HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL

**HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE**

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Brussels, 24 October 2005

HLG/2005/12

**MEETING OF THE HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE  
29 SEPTEMBER 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/2005/9) was adopted.

**2. MINUTES OF THE LAST MEETING**

The minutes of the meeting of 16 June 2005 (HLG/2005/6) were adopted.

**3. CONSIDERATION OF SPECIFIC TOPICS**

**Health Professionals**

The working group is focusing on three main topics in 2005: quality in continuing professional development, evidence (data) on professional mobility and ethical recruitment practices. As regards continuing professional development (CPD) the Standing Committee of European Doctors (CPME) has launched a survey on the continuing professional development in the Member States. The final document of this survey should be ready for the next HLG meeting. CPME will also organise a conference on this topic: "CPD improving healthcare". The conference is planned for the second half of 2006 during the Finnish presidency. This conference could be a useful tool for getting a full inventory on CPD and taking forward some key questions for the future, such as resources or quality management. As regards the ethical recruitment practices, the UK distributed for information its national ethical code and the working group will continue discussing this issue in the future.

As regards the professional migration, the working group is addressing an issue, whether the current mobility is actually damaging. The project of the European Health Management Association (EHMA) on impacts of the professional mobility covering various aspects such as drivers of the migration or geographical impact, was selected

under the 2005 call for proposals of the Public Health Program. The working group intends to use the results of this project. In the same time, a subgroup of six Member states (BE, EE, HU, PL, SE, UK) is examining information on professional mobility available so far in their own countries. First results were presented to the HLG and the final version of the Report should be presented at the November meeting. From the provisional report the problem seems to be smaller than anticipated. The working group will also consider a recommendation for the Member States to submit the relevant data on professional mobility. This recommendation might be included in the 2005 HLG Report and submitted to the ministers in the Council.

### **Centres of Reference**

The long-term goal of this working group is to create a “directory“ of the European centres of reference and once those centres are identified to support their cooperation and networking. This working group decided to focus on special centres of reference for rare disease as a ‘model study’ in the ‘experimental stage’ of the process, however, the experience gained in this area should be later applied also to other areas, beyond rare diseases.

The SANCO Task Force on Rare Diseases (TFRD) was mandated by the working group to submit a technical and scientific input. The report of the TFRD was presented at the meeting of the working group and welcomed by the working group as a valuable document. It includes the results of the TFRD mapping exercise on existing national centres of reference on rare diseases and recommendations concerning the general principles, areas to be covered, criteria to be fulfilled and the process for identification/designation of the ECoR on rare diseases. On that basis the working group agreed the general characteristics of the European centres of reference, namely the criteria to be fulfilled, areas to be covered and procedural aspects of the identification/designation of the ECoR. However, details of the latter would need to be further discussed in 2006.

It was agreed that the 2005 HLG Report should include a message that there is an added value of the EU cooperation on centres of reference and should ask for support of pilot projects that would help clarify certain issues. The 2006 pilot projects should be based on the terms of reference prepared by the working group. As these projects would be supported from the Public Health Programme, they should be selected under the existing mechanisms. However, the working group should continue work on the selection mechanism and maintaining quality in the future, beyond the pilot projects. The experience gained from the rare diseases should be later tested also in other areas, where for example where not the rare diseases but expensive equipment is a problem.

### **Patient Safety**

24 Member States participate in this working group. The working group is aiming at setting up a program of action on patient safety, which should be supported by the set of actions:

- to support establishment of national patient safety programmes;
- to support establishment of effective patient safety reporting and learning systems;
- to lead an initiative on ‘design for patient safety’;
- to commission research on the economic impact of patient safety;
- to lead a global initiative to develop a framework for patient safety education.

It was agreed that the work so far has proven that there is an added value of the cooperation on patient safety at the EU level. Nevertheless, although the EU can facilitate this cooperation, the main burden of responsibility for the patient safety should be borne by the Member States.

At the working group meeting the Commission also presented its draft Communication on hospital acquired infections.

#### **4. REPORTS FROM OTHER WORKING GROUPS**

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

Presentations from external actors on different aspects of the cross-border healthcare as well as patient rights took place during this working group's meeting. On 26-27 October the conference "Cross-border health care: challenges and perspectives" will take place in Venice, followed by a special meeting of the working group on 28 October. Members of the HLG were informed about the program of the conference. The special meeting of the working group in Venice will be mainly focused on finalizing the guidelines for cross-border healthcare purchasing and provision. As regards the legal issues raised by the working group, the working group will include the relevant text into the guidelines after being checked by the Commission before the meeting in Venice

The HLG also thanked Ms Wetters, who is at the end of her term in Dutch Ministry of Health for her work as a co-chair of this working group. Mr O'Toole from Ireland was appointed as the new co-chair.

##### **Health systems impact assessment**

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 of 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. Once the tool and the guide book are ready, they should be tested by a pilot trial on a special policy.

The technical group, which has been set up, commented positively on the working group's work. The working group is currently working on the fact sheets. The working group agreed three objectives for 2006:

- to deliver by the end of 2006 the tool and the guidebook, which could be then used by the Commission as well as by the Member States;
- to set up a network of national contact points;
- to start priority setting of the areas to be assessed within the Public Health Group at senior level.

Accordingly, in the 2005 HLG Report the working group will propose the Council to agree on its 2006 work plan, to establish a contact point in each country and to help identify the policy area for a second pilot trial in 2006. The Commission communication on health and safety at workplace was identified as a good model for the pilot trial, but unfortunately its adoption was delayed until November.

### **Information and e-health**

The working group had a special meeting on 15-16 September in The Hague and it agreed to focus on concrete first steps that could both be of concrete usefulness themselves and which would help to lay foundations for progress on information and e-health more generally. This led to proposals for the following concrete recommendations to the HLG and to the EPSCO Council:

- Building on existing activities within Member States and at European level, the Commission should examine the feasibility of introducing a ‘minimum data set’ for patients to be available throughout the Union, and make any necessary proposals;
- Member States should consider including investment in the necessary e-health infrastructure as part of their health system development plans;
- Member States and the Commission should consider including such investment in proposals for support from the structural funds, in particular with regard to the new Member State.

## **5. PREPARATION OF 2005 REPORT**

The Outline of the 2005 High Level Group Report was agreed including basic structure of the working group contributions, based on the working group presentations mentioned above. The Report should be finalised at the November meeting.

## **6. OTHER ISSUES**

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

The UK presidency informed about the meeting of the Council working party on public health at senior level, which took place the previous day. The working party discussed its remit and working practices, possible topics for a work programme and how to take these forward and establishing of a “rapid alert/horizon scanning for health-related activity in the EU institutions”. The working party at senior level agreed to act as a strategic group rather than dealing with technical details.

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

The Commission updated the HLG on the recent development concerning the open method of coordination in healthcare and long-term care. The Commission received in June preliminary policy statements from the Member States on the areas where they are facing difficulties. These preliminary policy statements have been summarised in the

document 'Review on policy statements on health and long-term care'. The document has been discussed at the meeting of the Social protection committee (SPC) on 14 July 2005 and also circulated for information to the members of the HLG (document HLG/2005/8). The document has been now revised according to the written comments from the SPC members and this revised version has been circulated for comments also to the members of the HLG

The members of the HLG had an opportunity to make further written comments and send them to the HLG secretariat by 5 October 2005. Following any comments from HLG members a final version of the document will be approved by the SPC in a written procedure. This final 'Review' will then feed into the Communication on the streamlined open method of coordination, which is to be adopted this autumn.

## **7. ANY OTHER BUSINESS**

The Netherlands circulated for information a paper „Science advice on public health at national level“.

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