



## CZECH REPUBLIC TAKES OVER EU PRESIDENCY

On 1 January 2009 the Czech Republic took over the 6 month rotating Presidency of the EU from France. Czech priorities will focus on “the three Es” of Economy, Energy and External relations - with the financial crisis overshadowing them all. No major new initiatives are planned in the health field and the focus will be on forwarding existing EU policy agendas such as the recent proposed directive on EU patient mobility. EU Presidency Conferences are planned on Patient Safety (15-16 April), eHealth (18-20 February) and the Financial Sustainability of Health Systems (10-12 May).

Czech EU Presidency Work Programme

<http://www.eu2009.cz/en/news-and-documents/news/the-czech-presidency-presents-its-priorities-and-work-programme-4810/>

## NEW EU PATIENT SAFETY INITIATIVES

On 15<sup>th</sup> December, the Commission adopted a Communication and proposal for a Recommendation to improve the safety of patients in Europe. The primary focus is on addressing systemic and organisational failures and recommendations for Member States include: establishing or strengthening reporting and learning systems; embedding patient safety in the education and training of healthcare workers; involving patients in the development of safety measures; and providing patients with relevant information on health risks and safety issues.

The proposal also includes a particular focus on healthcare associated infections and key recommendations for Member States include: putting in place specific measures to prevent and control infections; ensuring that infection prevention and control is enhanced in hospitals; and having effective systems in place to detect and report infections.

<http://europa.eu/rapid/pressReleasesAction.do?reference=IP/08/1973&format=HTML&aged=0&language=EN&guiLanguage=fr>

*EHMA Roundtable on Patient Safety and Quality of Health Services: 22 January 2009*

Speaker: Robert Madelin, Director General for Health and Consumers, European Commission.

<http://ehma.be/index.php?q=node/137>

## **MINISTERS DISCUSS “PATIENTS RIGHTS” DIRECTIVE**

On 16th and 17th December EU Health Ministers discussed the new proposed directive on the application of patients rights in cross border healthcare. National delegations confirmed that they wanted *all* the European Court of Justice case-law on the application of the principle of free movement of goods and services in the field of health to be codified in the new Directive. There was also strong support for making the use of cross-border healthcare subject to prior authorisation and to apply the "gate keeping" principle. Some smaller Member States, including Cyprus, said the directive would put their health systems under pressure, particularly with regard to long-term care.

Differences emerged with the Commission regarding EU/national responsibilities for the quality and safety of healthcare (Article 5) and requirements for patients to seek prior-authorization before going abroad (Article 8).

[http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/lsa/104835.pdf](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/lsa/104835.pdf)

## **MEPs CONSIDER RESPONSE TO “PATIENTS RIGHTS PROPOSAL”**

On 1 December, the European Parliament’s Committee on the Environment, Public Health and Food Safety discussed the report by John Bowis MEP on the proposed Directive on the application of patients' rights in cross-border healthcare. Responding to concerns about the requirement for up-front payments and the inequalities this might cause, Mr Bowis proposes a system of reimbursement directly between the funder and provider of care. One suggestion is a Central Clearing House to manage cross border care as well as a issuing a patient “voucher” which would guarantee payment up to a specified amount. The report also emphasises that the Member State of treatment should make public its healthcare quality and safety standards.

The report is scheduled for adoption by the Committee on 12<sup>th</sup> March.

<http://www.europarl.europa.eu/oeil/file.jsp?id=5661632>

## **HOSPITALS TO OPT OUT OF EU EMISSIONS TRADING**

MEPs have agreed to exclude hospitals from the European Emissions Trading Scheme (ETS) on condition that they comply with national carbon reduction measures which achieve equivalent goals. The National Health Service European Office (an EHMA Member) has been at the forefront of this lobby in Brussels. Excluding hospitals from the scheme responds to concern that the ETS does not take into account the need for significant standby capacity in hospitals or the disproportionate administrative and compliance costs for the health sector vis-a-vis large industrial emitters. Background article by NHS European Office:

<http://www.healthstatejournal.com/Story.aspx?Story=4422>

## **PARLIAMENT REJECTS WORKING TIME OPT OUTS**

On 17 December the European Parliament clashed with EU Member States by voting to reject proposals to maintain national “opt-outs” from the European Working Time Directive and enforce a maximum 48 hour week. They also voted against introducing greater flexibility in dealing with the Simap/Jaeger ECJ judgments - which defined inactive “on call” periods at work as working time. Member States and European Parliament representatives now enter into difficult negotiations in a “conciliation process” to try to resolve the impasse.

[http://www.europarl.europa.eu/news/expert/infopress\\_page/048-44550-350-12-51-908-20081215I PR44549-15-12-2008-2008-true/default\\_en.htm](http://www.europarl.europa.eu/news/expert/infopress_page/048-44550-350-12-51-908-20081215I PR44549-15-12-2008-2008-true/default_en.htm)

## **EU “PHARMACEUTICAL PACKAGE” LAUNCHED**

On 10 December the European Commission finally adopted its long awaited “Pharmaceutical Package” of initiatives which comprise a Communication on the future of the pharmaceutical sector, a proposal on counterfeiting and illegal distribution of medicines, a proposal to improve patient protection by strengthening the EU system for the safety monitoring (“pharmacovigilance”) of medicines, and controversial proposals to provide patients with greater information on prescription-only medicines (while maintaining the general EU ban on medicines advertising). The latter had been the subject of much criticism by health and consumer groups who feared it might lead to US style advertising of prescription medicines (see previous Shortcuts).

[http://ec.europa.eu/enterprise/pharmaceuticals/pharmacos/pharmpack\\_en.htm](http://ec.europa.eu/enterprise/pharmaceuticals/pharmacos/pharmpack_en.htm)

## **EU ACTION ON ORGAN DONATION**

On 9 December the European Commission adopted safety and quality measures for organ donation and a 10 point action plan to work with Member States on strengthening organ donation and transplantation systems in Europe. There are currently 56,000 patients waiting for a suitable organ donor in the EU. It is estimated that every day 12 people die while waiting for transplantation. The Directive and Action Plan address three key challenges: improving the quality and safety of organs across Europe, increasing organ availability and making transplant systems more efficient and accessible.

[http://ec.europa.eu/health/ph\\_threats/human\\_substance/oc\\_organ/oc\\_organ\\_en.htm](http://ec.europa.eu/health/ph_threats/human_substance/oc_organ/oc_organ_en.htm)



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