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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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Informal Meeting of European Healthcare Institutions/Professionals Organizations

REPORT

28 SEPTEMBRE 2007 11:00 TO 15:00

AEMH-FEMS PREMISES - BRUSSELS

Attendees :

AEMH – Raymond Lies (co-chair)
 AEMH/FEMS – Brigitte Jencik
 CPME – Nelly Le Dévic
 EAHP – Jacqueline Surugue
 EFN – Paul De Raeve
 FEMS – Claude Wetzel (co-chair)
 HOPE – Brian Edwards
 HOPE – Pascal Garel
 PWG – Gabriel KO
 UEMS – Bernard Maillet
 UEMS – Frédéric Destrebecq

Prevented and excused :

CPME – Daniel Mart
 CPME – Lisette Tiddens-Engwirda
 UEMS – Isabel Caxeiro

INTRODUCTION AND TOPICS TO BE DISCUSSED

RAYMOND LIES

Raymond Lies opened the meeting and reminded the topics on the agenda: e-health and privatisation of hospitals in Europe. Other topic requests: follow-up on EUNETPAS (Patient Safety). Exchange on the Health Services Directive, EAHP position on unit dose packaging of medicine, French regulation against free establishment of doctors (call for support from Junior doctors to European Medical Organizations).

Privatisation of Hospitals in Europe

CLAUDE WETZEL

Central and Eastern countries complain how to finance hospitals. CZ hospitals are sold to private companies. Presentation and report from a visit to a Japanese private hospital (TOKUDA Hospital) in Sofia/ Bulgaria. Private investment but operated not for profit, profit is reinvested in Bulgaria.

Discussion

ALL

No surprise, in France 70 % of elective surgery takes place in private hospitals. In Germany the for profit sector has also been fast growing and is also important in Italy but in the other countries, when it exist, the private sector is mostly not for profit organizations. HOPE launched a survey to its members in collaboration with AIM on the number of private hospitals and beds per country, as no data are currently available.

Privatization of hospitals puts the question of insurance and reimbursement. Do all patients have access to private care?

Is there a risk of drain of health professionals to the private sector? If so, it is not the higher salaries, which are always the main driver, but also the hospital organization.

Outsourcing of non-medical services in the hospitals brings private companies in; the result is two different categories of employment contracts in the same working place, which can be a real problem.

The trend to privatisation cannot be stopped, the profession has to be prepared and push the social dialogue forward.

How to ensure the same quality both in private and public hospitals? Accreditation does not guarantee equal quality or certification.

Would the move to private mean a risk for doctors training? All doctors should be active in emergency care.

CONCLUSIONS

No judgement on what is best, public or private.
 Quality programmes must be applied to both.
 The evolution in central and Eastern European countries is different from in western Europe.
 How can the EU governments ensure good quality care: provide best access, focus on training.
 Not accreditation is needed but simply safety guidelines for hospitals.
 Private hospitals should participate in emergency care and in CME/CPD.

TASKS & DECISIONS	RESPONSIBILITY	DEADLINE

Patient Safety

Unit Dose

JACQUELINE SURUGUE

EAHP pleads for medicines in unit dose packaging, i.e. blister with name, batch, date etc. on each unit dose. Unit dose is easing traceability and is financially positive, as the unused drugs can be recycled.

The industry is reluctant as the manufacturing is more expensive and the products take more space. EAHP will launch a position paper on 8 November 2007 to other stakeholders and the industry. Unit dose and computerized prescription are the best solution to reduce adverse events.

CONCLUSIONS

Industry has to be forced by evidenced-based data on the positive effect on adverse events. Find data ?

TASKS & DECISIONS

RESPONSIBLE

DEADLINE

Send Position Paper

Jacqueline Surugue

After internal launch

EUNETPAS

PASCAL GAREL

It has not been possible to involve formally the other parties in the project as it had already been delivered.

The EUNETPAS project is now officially signed and accepted, which means that Patient Safety is ensured to be on the agenda of the member states and the commission for at least the next 3 years. The participants are proud on this achievement.

The High Level Group will draft recommendations on patient safety and healthcare professionals. Patient safety and healthcare professionals are part of the 20 priorities of Commission for 2008. A resolution on healthcare acquired infections is also on the agenda.

CONCLUSIONS

TASKS & DECISIONS

RESPONSIBLE

DEADLINE

e-Health

DISCUSSION

CPME has drafted a resolution, which 6th revision is on the agenda of the October meeting. UEMS has the topic in its agenda as well.

CONCLUSIONS

TASKS & DECISIONS

RESPONSIBLE

DEADLINE

Health Service Directive

PASCAL GAREL

DISCUSSION

The draft directive will be on the agenda of the November meeting of the Commissioners. It is worth mentioning that most of the jurisprudence on patient mobility has recently been included in the modernisation of the regulation on coordination of social protection.

CONCLUSIONS

Await the publication of the directive.

TASKS & DECISIONS

RESPONSIBLE

DEADLINE

Situation in France

GABRIEL KO

DISCUSSION

The French government has announced a regulation to reduce the establishment of doctors in high density areas and to favour by incentives low density areas. This regulation concerns the liberal sector accredited by the social security and infringes the rules of free establishment. Junior doctors are on strike and ask for the support of the EMOs.

CONCLUSIONS

TASKS & DECISIONS	RESPONSIBLE	DEADLINE
Issue a document	Gabriel KO/ French Junior Doctors	asap

NEXT MEETING

DATE	HOST	THEME
13 th Feb 2008	HOPE	

Topic for next meeting : Health Services Directive