



EUROPEAN COMMISSION  
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Health systems and products  
**Healthcare systems**

## **EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT**

### **5<sup>TH</sup> MEETING**

**4 DECEMBER 2015, 10:00-16:00**

**VENUE: ALBERT BORSCHETTE CONFERENCE CENTRE  
ROOM 4C (FOURTH FLOOR)  
BRUSSELS**

**Participants:** Belgium, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Lithuania, Luxembourg, Malta, Netherlands, Norway, Portugal, Sweden, the United Kingdom, WHO Euro, European Commission.

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#### **1. WELCOME AND INTRODUCTORY REMARKS**

The chairs welcomed the participants and introduced the agenda. A *tour de table* took place to allow everyone to introduce her or himself, since a few new representatives joined the group.

The morning was dedicated to the presentation and discussion of the work of the expert group on quality of care and patient safety and of the expert panel on effective ways of investing in health. The discussion on the work on quality of care started in the morning and continued after the lunch break. It was followed by the discussion on the work on integrated care. The last part of the meeting was dedicated to start defining the work plan for 2016.

#### **2. APPROVAL OF THE MINUTES OF THE LAST MEETINGS AND OF THE AGENDA FOR TODAY**

The minutes from the 4th meeting of the group were approved. The agenda of the meeting was approved unanimously.

#### **3. PRESENTATION OF THE WORK OF THE EXPERT GROUP ON QUALITY OF CARE AND PATIENT SAFETY**

Federico Paoli (SANTE) presented the work of the Commission expert group on patient safety and quality of care (PSCQ).

The expert group on PSCQ was set up in 2005 as a working group on patient safety. It is currently chaired by Poland and it meets two or three times per year. It gathers Member States, EFTA countries, international organisations and stakeholders. It can produce reports at Commission's request or on its own initiatives; examples are the report on education and training of health professionals in patient safety and that on reporting and learning systems for patient safety incidents.

The expert group on PSQC liaises with the European network for patient safety and quality of care (PaSQ), a joint action co-funded by the Health Programme, aiming at sharing information, experience, and the implementation of good practices. The joint action started in April 2012 and is expected to come to an end in March 2016 (48 months).

In the discussion which followed the presentation several members of the group agreed on the need to strengthen the collaboration with the expert group on PSQC. The chair proposed to contact the chair of the PSQC group to coordinate their activities; representatives from the PSQC group will be invited to present their work and their plans to this expert group.

#### **4. PRESENTATION OF THE WORK OF THE EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH**

Tapani Piha (SANTE) explained the genesis of the expert panel on effective ways of investing in health, that was set up to comply with the invitation done by the Council in the conclusion on modern, sustainable and responsive health systems, adopted in June 2011.

The panel is composed by 12 experts, appointed in their personal capacity by the Director General of SANTE. They meet in plenary sessions 4-5 times a year, and their mission is to provide independent and non-binding advice on effective ways of investing in health.

The panel adopted several opinions, which are presented on the website of SANTE: [http://ec.europa.eu/health/expert\\_panel/index\\_en.htm](http://ec.europa.eu/health/expert_panel/index_en.htm)

Jan De Maeseneer (Ghent University, Chair of the Expert Panel) proceeded with the presentation, giving details on a few opinions: on the definition of primary care, on patient safety and quality of health care, and on access to health services.

In the discussion after the presentation group members asked is the panel tackled or could tackle issues of sustainability of health systems and on the effectiveness of primary care. The Chair noted that primary care was among the priority topics selected by the group at the beginning of the year.

The group may therefore consider proposing a mandate to the expert panel, to help define a work plan on the assessment of the performance of primary care services. The mandate could include, among others, questions on the sustainability of primary care systems, on their added value, and on the transferability of good practices.

#### **5. PRESENTATION OF THE WORK ON QUALITY OF CARE: DISCUSSION AND PLANNING OF THE LAST STEPS TO FINALISE THE REPORT**

The secretariat presented the overall structure of the draft report on quality of care. Chapter 1 gives the scope of the report, chapter 2 presents a list of country experiences, and chapter 3 offers the findings of the policy focus group on cardiovascular diseases and diabetes that took place on the 3<sup>rd</sup> of November.

With regard to chapter 1, the group decided to provide a broader historical background of the discussion on this topic and of HSPA in general in the EU institutional environment. It was also decided to give a larger theoretical framework to place the following analysis in.

As regards chapter 2, there was an agreement to focus on the common findings and lessons that can be extrapolated from the different country experiences presented. Detailed country analysis can be moved on a separate section of the report, to read it more easily. If feasible, the lists of indicators used in different countries to assess quality should be attached to the report.

Kenneth Grech (Malta's representative) presented chapter 3 on behalf of the chapter's editing board. In the morning he focuses on the discussion on diabetes, and in the first afternoon he moved to cardiovascular diseases.

After the discussion it was decided that the final version of chapter 3 should clearly present the objectives and the methodology of the focus group, and it should highlight its merits and limitations, providing advice on how to improve similar exercises in the future.

The group agreed to present a draft version of the report to the Council working party on public health meeting at senior level on the 2<sup>nd</sup> of February 2016. A tentative work plan was agreed; it is reported under point 7 of these minutes.

## **6. PRESENTATION OF THE WORK ON INTEGRATED CARE: DISCUSSION AND PLANNING OF THE ACTIVITIES FOR 2016**

Filip Domanski (SANTE) presented the ongoing work on integrated care. After restating the aims of the HSPA sub-group on integrated care he illustrated some experiences of integrated care outside the HSPA process.

In particular it was referred to the European Innovation Partnership on Active and Healthy Ageing and its Action Group on replicating and tutoring integrated care for chronic diseases (Action Group B3), including remote monitoring at regional level. Reference was also made to the activities carried out by the WHO Office for the European Region in relation to people-centred health systems, and to the work of the OECD in this field. The expert group was then asked to reflect on possible ways to cooperate with these activities.

A lively discussion followed. Some members of the group presented their reforms of the health system, to improve the integration of care; other referred to indicators and methodologies to assess integrated care systems. Some discussion still took place whether to consider vertical integration of care (e.g. between primary and hospital care) or also horizontal integration (e.g. between health and social care).

The need for taking decision on the scope of the report the sub-group will prepare in 2016 was expressed during the discussion as well. It was agreed that the sub-group should in its work take into consideration national experience in measuring performance of integration of care; the example of the sub-group on quality of care and preparation of its report was mentioned. Some group members announced their intention to join the sub-group on integrated care.

The Chair proposed to involve the Expert Panel on Effective Ways of Investing in Health in the reflection on how to measure the performance of integrated care systems.

## **7. AGREEMENT ON THE WORK PLAN FOR 2016**

The expert group agreed on the following points:

### On quality of care.

The expert group intends to send an advanced draft version of the report on quality of care to the Council working group on public health meeting at senior level on the 2<sup>nd</sup> of February. The draft report will ideally trigger a discussion among senior officials, to gather their endorsement and their guidance on the next steps of the work of the expert group.

The following time frame was agreed:

- In the week following this meeting, members of the group could send their written contributions to the secretariat, with proposals for amending and completing the report.
- The secretariat, in close cooperation with the European observatory, will circulate a consolidated draft to group members by the 22<sup>nd</sup> of December.
- Group members will have time to comment this draft until the 10<sup>th</sup> of January, 2016. Comments should be sent in written to the secretariat and to the Observatory, as far as they concern the findings of the policy focus group.
- The secretariat will send the revised version of the draft report, taking into account all comments received, to the Council working party on public health at senior level by the 15<sup>th</sup> of January, to discuss it on the 2<sup>nd</sup> of February.
- The secretariat will take into account the remarks expressed by senior officials in the Council working party and present a reviewed version of the report to the expert group, in order to finalise and adopt it at the latest by April 2016.

### On integrated care.

The subgroup on integrated care will agree on a mandate to the Expert Panel to set up a theoretical framework for the assessment of the performance of integrated care.

Meanwhile, the group will explore the possibility to involve representatives from the Action Group B3 of the Innovation Partnership on Active and Healthy Ageing.

The subgroup on integrated care will propose a concrete work plan at the next meeting of the expert group, indicating goals, deliverables and time line. A draft sub-group's report is expected by the end of 2016.

### On primary care.

The expert group will agree, ideally during the next meeting, on a mandate to the expert panel to help define a work plan on the assessment of the performance of primary care services. This could be merged with the mandate on integrated care.

## **8. CONCLUSIONS OF THE MEETING AND SCHEDULING OF FUTURE MEETINGS**

Italy kindly volunteered to host the next meeting of the expert group in Rome. It will take place likely in March or April; the exact date will be communicated in due time. Belgium volunteered to present its last HSPA report to the meeting.

Italy is also considering organising a back-to-back meeting open to expert group members to discuss more in depth topics which are relevant in the Italian context.

Tentatively, two further meetings will take place in 2016, after summer. The exact dates will be decided taking into account the feedback that the Council working party on public health at senior level will provide on the 2<sup>nd</sup> of February.