



EUROPEAN COMMISSION
HEALTH & FOOD SAFETY DIRECTORATE-GENERAL

Digital, EU4Health and Health systems modernisation
State of Health, European Semester, Health Technology Assessment

EXPERT GROUP ON HEALTH SYSTEMS PERFORMANCE ASSESSMENT (HSPA)

34TH PLENARY MEETING (ONLINE)
23 OCTOBER 2024, 9:30 – 13:00

MEETING MINUTES

Participants:

21 Member States: Belgium, Czechia, Denmark, Germany, Estonia, Ireland, Spain, Croatia, Italy, Latvia, Luxembourg, Malta, the Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Sweden,

Observers: Norway, OECD, the European Observatory on Health Systems and Policies (OBS), the Technical University of Berlin (TUB),

the Commission (DG SANTE, DG REFORM and DG RTD),

For the session on healthcare workforce, guest speakers from the BeWell Partnership, the Standing Committee of European Doctors (CPME) and the European Federation of Nurses Associations (EFN).

Co-Chairs: DG SANTE (European Commission) and Malta (Member States).

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1. OPENING OF THE MEETING

The co-Chairs opened the meeting and welcomed the participants to the 34th plenary meeting of the HSPA Expert Group.

Member State co-Chair informed that Hungary could not attend due to their national holiday, presented the agenda to be approved and invited a round of introductions.

2. PRIORITY TOPIC – VALUE-BASED HEALTHCARE

The draft report on ‘Identifying, measuring and reducing low-value care in the context of health system performance assessment’ was presented by the Technical University of Berlin (TUB) and the European Observatory on Health Systems and Policies (OBS) building on the discussion and comments raised in the June 2024 meeting in Prague. The Member State co-chaired thanked TUB and OBS for drafting the report on behalf of the Expert Group on HSPA.

Commission co-Chair also recalled the unique nature of this report in presenting a topic which is not often discussed. The aim is to continue to innovate while ensuring health systems sustainability. The report contains many examples of potential indicators to identify low-value care and also measures or strategies to reduce low-value care. These can serve as information that can be used by Member States depending on the national and regional contexts.

DG RTD recalled the willingness to support the uptake of this work, including by presenting the report to the Horizon Europe Partnership on Transforming Health and Care Systems, and

enquiring if any Member State or region would be willing to test any related practice or strategy.

There were no further comments raised by Member States, the Member State co-Chair concluded that, to include members not present at the meeting a written procedure is open until 7 November 2024. The next step will be the publication and a launch webinar planned for early 2025.

3. PRIORITY TOPIC – HEALTHCARE WORKFORCE

Commission co-Chair recalled that healthcare workforce is one of the priority topics identified by the HSPA Expert Group in 2024, and more specifically planning, forecasting and minimum staffing levels as discussed in Prague in June (2024). To allow more informative and fruitful discussion, work is planned with the OBS to launch a survey on minimum staffing levels. The survey will be discussed further within the working group on health workforce, led by CZ and NL rapporteurs. There is also the plan to involve stakeholders such as those present in the session. The Commission co-Chair then introduced the three guest speakers.

First, the BeWell project represented by the European Health Management Association (EHMA) presented the draft Skills Strategy for the digital and green upskilling and reskilling of the health and care workforce and informed that this is now subject to public consultation. EHMA also highlighted the necessary attention to physical and mental well-being of the healthcare workforce. EHMA stressed the importance of reaching out to policy stakeholders to increase the chances for effective implementation of the strategy once it is finalised. Member States were particularly interested to better understand the nature of green skills in the health sector and how these were prioritised. DG RTD, DG REFORM and Member States suggested to enquire further about possible synergies between the Partnership and other EU funded projects via Horizon Europe and the Technical Support Instrument.

Second, the Standing Committee of European Doctors (CPME) presented their views on the need for more, better trained and happier doctors. CPME highlighted the need to uphold high quality training and education in medicine as well as implementing measures to retain doctors to address health workforce shortages. On the latter point, CPME outlined that poor working conditions driven by shortages contribute to doctors leaving the profession altogether and pointed out their recommendations in the CPME policy on Doctors' Well-being to ensure the effective enforcement of EU legislation such as the Working Time Directive and Parental Leave Directive, to train and retain. CPME called for better standardised data on doctors, in particular to clarify full-time equivalents rather than headcounts. The current data does not measure part-time work or registered doctors not working in the health sector therefore, providing over-estimates. They also called for more attention to be given to discussing minimum staffing levels for doctors in hospitals and general practitioners and suggested that European guidance should be offered on this issue, with information to be used by countries depending on their national systems, as outlined in the CPME policy on Health Workforce. The CPME also cautioned against reducing minimum training requirements for doctors. This should not be seen as a solution to health workforce shortages.

Third, the European Federation of Nurses (EFN) presented the results of a survey on minimum staffing levels in Europe which stated that 10 Member States reported a legislation in place, and only 3 of those replying clearly limit nurses' accountability when required staffing levels are not met. The discussion highlighted the dimension of safety as essential to gain more political support to the issue, the necessity to account for the post-Covid19 context where many nurses left the profession. In terms of developing methodologies to establish

staffing levels, it is important to consider variation of methodologies for setting minimum requirements according to specificities of diverse care settings and hospital wards.

Commission co-Chair informed that the forthcoming 'Health at a Glance: Europe 2024', has a dedicated chapter on health workforce which reflects some points of CPME's presentation, such as the urgent data needs and the worrying trend in intentions of young people to go into the health sector. She also mentioned the launch of the WHO survey on mental health of health professionals under the EU4Health programme. The participants raised further questions on data gaps and limitations, even more at regional level, and possible denominators to specify minimum staffing levels, as these shall vary according to the type of care service/need.

Commission co-Chair concluded by thanking the speakers for an inspiring session and concluded that the HSPA members would discuss internally how to take this subject forward, planning also a workshop on this in 2025.

4. CURRENT DEVELOPMENTS IN MEMBER STATES

Poland presented their strategic work on the reversal of the pyramid of healthcare benefits, which was launched in 2024. The aim is to shift inpatient care to outpatient care where possible, via an array of actions including collection of quantitative data and best practices, analysis of the optimal allocation of staff and health education. The presentation was followed by an exchange on national differences. For instance, the fact that regional disparities impact more on patients' choice between outpatient and inpatient in some countries than in others and the interest of accounting for other factors which may impact the outcome, such as general road infrastructure, or financial incentives for hospitals. Member States and observers were invited to reach out to Poland for further exchange of practices.

Poland will also present in June 2025 their HSPA work, in particular on workforce: supply and demand model.

5. AOB & CONCLUSIONS OF THE MEETING

Conclusions and next steps:

- Value-based healthcare: written comments by 7 November, with view to publish the report and have a launch webinar early 2025.
- Healthcare workforce:
 - the presentations by all 3 speakers to be distributed to the members of the Expert Group on HSPA;
 - the OBS to develop survey on minimum staffing level methodologies and approach;
 - a working group of healthcare workforce to discuss the survey.
- Next plenary meetings:
 - Spring meeting: in-person, in Brussels, on 21 March 2025;
 - Meeting hosted by Poland in Warsaw: June 2025 (date to be confirmed).
- The OBS also announced the Venice Summer School 20-25 July 2025, focused on HSPA.

Commission co-Chair closed the meeting, thanking everyone for the active participation.
