## SWEET e.V., Germany

1. Respondent Profile	
1.1 Please indicate the type of organisation on behalf of which you are responding to this consultation:	Academic/public health and healthcare specialised institution/organisation (e.g. Institutes and University Departments of Public Health, Quality, Healthcare, Clinical Excellence)
Please indicate level:	European Union umbrella organisation
Please indicate Member States representation:	Between 10-20 Member States
Please indicate for what the administration is responsible:	
1.1.1. Other (please specify):	
1.2 Please indicate the name of your organisation or centre:	SWEET e.V.
1.3 Please indicate the country where your organsation/centre is located/has its headquarters or main representative office in Europe:	DE
1.4 Please indicate the number of EU Member States and EEA countries (Norway, Iceland, Lichtenstein) and accessing country (Croatia) in which your organisation conducts business/is represented:	13
1.5 If need be, can we contact you by e-mail to obtain further information on your submission?	Yes
1.5.1 Please provide an e-mail address where we can contact you:	office@sweet-project.eu

1.6 Please provide us with a contact person (incl jobtitle and daytime phone number):	Prof Dr Thomas Danne, MD, Chairman SWEET e.V. Tel.: +49-511- 8115-3342
1.7 Please provide additional contact details if needed:	SWEET e.V. Coordination Centre Diabetes Centre for Children and Adolescents Kinder- und Jugendkrankenhaus AUF DER BULT Janusz-Korczak-Allee 12 30173 Hannover GERMANY Tel.: +49-511- 8115-3342 Fax: +49-511-8115-3334

2. Involvement of your organisation in the matter of centres of excellence/reference (COE) and healthcare	
networks in highly specialised healthcare (HSHC).	

2.1 How would you describe your organisation's knowledge of CoE and HSHC?	Very high
2.1.1 Space for further comments:	SWEET started as an EU-funded project to define high-quality paediatric diabetes care and to create Centres of Reference (CoRs). In the meantime, the SWEET network counts 12 European CoRs.
2.2. What aspects or domains related to the topic of CoE and HSHC would correspond to your organisation's key knowledge? (cross any that applies)	Highly specialised healthcare provision Priorities, description and characteristics of CoE and HSHC Management and organisational aspects of highly specialized healthcare Professional performance, clinical practice, quality and safety of specialized healthcare Assessment/evaluation/certification of clinical practice and healthcare providers

2.2.1. Space for further comments:	In addition: - Strategy for expanding the implementation of CoRs for paediatric diabetes across Europe - Electronic Health Records and Registry
2.3 Is highly specialised healthcare a priority in your organisation's strategies and work plans?	Very high
2.3.1 Space for further comments:	SWEET CoRs meet specific criteria and guidelines, submit health outcome data at least twice a year to a central server for further analysis and work with a multi-disciplinary paediatric diabetes team.
2.4. What specific field of healthcare services/specialities are most relevant for your centre/organisation's field of work?	Medical speciality
Please specify:	Paediatric and Adolescent Diabetes (mainly Type 1)
2.5. Has your organisation/centre been directly involved in the design or assessment of professional standards and criteria related with	Frequently
highly specialised healthcare?	
highly specialised healthcare? 2.5.1 Please describe your role in such actions/projects:	SWEET developed specific criteria for paediatric diabetes centres wishing to become a CoR. Also clinical guidelines were developed in collaboration with ISPAD. Both are assessed on a regular basis.

2.7. Do you have concrete examples based on your own organisation's Yes experience or could you provide us with references or links to documents related with professional criteria and standards in highly specialised healthcare/CoE or HSHC (e.g. quality criteria, guidelines, consensus documents)?

2.7.1 Space for further comments:

SWEET's work and knowledge on centres of reference (excellence), development of quality criteria,... has been published at: http://onlinelibrary.wiley.com/doi/10.1111/pedi.2012.13.issues16/issuetoc

2.13. What is the scope of the network?

2.14. Which kind of network?

2.14.1 Space for further comments:

2.15. Would you be interested in applying to the process to be

considered Centre of Excellence of the future European Reference

Network? (1 = not interested at all, 5 = very interested)

2.15.1 Space for further comments:

3. Proposed criteria for ERN (scope, general and specific criteria)

3.1 Criteria related with diseases or cor	nditions in order to be considered under the scope of the ERN
3.1.1. Need of highly specialised healthcare	5
3.1.1.1. Complexity of the diagnosis and treatment	4
3.1.1.2. High cost of treatment and resources	3

3.1.1.3. Need of advanced/highly specialised medical equipment or infrastructures	4
3.1.2. Need of particular concentration of expertise and resources	4
3.1.2.1. Rare expertise/need of concentration of cases	4
3.1.2.2. Low prevalence/incidence/number of cases	4
3.1.2.3. Evaluated experiences of Member States	4
3.1.3. Based on high-quality, accessible and cost-effective healthcare	5
3.1.3.1. Evidence of the safety and favourable risk-benefit analysis	5
3.1.3.2. Feasibility and evidence of the value and potential positive outcome (clinical)	5
3.1.4. Do you recommend any additional criteria or option that would effectively address the issue?	Yes
3.1.4.1 Explain your proposal in free text:	-Risk of developing co-morbidities if not well treated -Need of long term (life-long) follow-up and very regular check-up -Need of multi disciplinary expertise for appropriate care and treatment
3.1.5. Would you prioritise or suggest any concrete disesase or group of diseases to be addressed by the future ERN according to the above criteria?	Yes
3.1.5.1 Explain your proposal in free text:	Chronic diseases, especially those with high risk/rate of co- morbidities if not treated well, such as diabetes.

3.2. General criteria of the centres wishin	ng to join a European Reference Network
3.2.1. Organisation and management	4
3.2.2. Patients empowerment and centered care	5
3.2.3. Patient care, clinical tools and health technology assessment	5
3.2.4. Quality, patient safety and evaluation framework policies	5
3.2.5. Business continuity, contingency planning and response capacity	4
3.2.6. Information systems, technology and e-health tools and applications	4
3.2.7. Overall framework and capacity for research and training	4
3.2.8. Specific commitment of the management/direction of the centre/hospital to ensure a full and active participation in the ERN	5
3.2.9. Do you recommend any additional option that would effectively address the issue?	Yes
3.2.9.1. Space for further comments:	-Critical amount of patients treated on yearly basis -Presence of multidisciplinary team -Collaboration with other expert centres & with patient associations -System to ensure cross-border healthcare

3.3. Specific criteria regarding the areas of expertise	
3.3.1. Competence, experience and good outcomes and care	5
3.3.2. Specific resources and organisation:	4

3.3.2.1. Human resources	4
3.3.2.2. Team/centre organisation	4
3.3.2.3. Structural conditions	4
3.3.2.4. Specific equipment	4
3.3.2.5. Presence and coordination with other required complementary units or services	5
3.3.3. Patient care pathways, protocols and clinical guidelines in the field of expertise	5
3.3.4. External coordination, care management and follow-up of patients	5
3.3.5. Research, training, health technology assessment in the field of expertise	5
3.3.6. Specific information systems	4
3.3.7. Do you recommend any additional criteria or option that would effectively address the issue?	Yes
3.3.7.1. Space for further comments:	-Epidemiological surveillance (e.g. benchmarking, defining best practices,) -Specific arrangements for patient referrals from other EU counties -Health economic analysis -Disease specific registry