



EUROPEAN COMMISSION
Employment, Social Affairs and Equal Opportunities DG

Social Dialogue, Social Rights, Working Conditions, Adaptation to Change
Social Dialogue, Industrial Relations

Minutes
Social dialogue committee in hospitals
Plenary meeting
Brussels, 6 June 2007

The meeting is co-chaired by Godfrey Perera from HOSPEEM and Karen Jennings from EPSU, who welcome the participants

The agenda is approved and a round table is proposed to make acquaintance

1. State of play in the working groups

1.1 Recruitment and Retention:

Moderators from Hospeem and ESPSU confirm that social partners agreed on the core principles, as followed:

- (1) The need to establish a link between Recruitment and Retention
- (2) Consistency concerning the equal treatment of "inside" and "outside" employees in Countries
- (3) Consistency concerning application of ethical recruitment guidelines in the public and private sectors
- (4) Major changes in the Hospital sector
- (5) Integration of medical staff in the workplace
- (6) Facilitate accompanying measures to integrate "outside" employees outside the Workplace
- (7) Need to introduce the solidarity principle in ethical recruitment and retention policies

Social partners express their willingness to draw up guidelines on these issues, which should be fully discussed during the next working group. EPSU indicates that it is important to make a link between these guidelines and the issues tackled by the other working groups. The final text of these guidelines should be finalised by the next plenary meeting on December 7.

Godfrey Perera congratulates the "Recruitment and retention" working group for this positive achievement.

1.2 Ageing workforce

The moderators from EPSU and HOSPEEM confirm that social partners agreed to work on a common framework of action. This framework of action should be a flexible tool likely to be used in all countries. Topics for this framework as suggested by EPSU are:

1. Diversity management; equal opportunities
2. Work life balance
3. Health and Safety
4. Working conditions

EPSU indicated that this framework should be centred around a life-cycle-approach. According to EPSU, European social partners should try to find a better match between the specific needs of hospital workers in different stages of their life and the ways the work is organised in the sector.

Employers propose that affiliate members present joint case studies (good or bad practices) with the view to launch a first common exercise on the theme, during the next working group, which is planned for spring 2008. The trade unions share this view, but said that they also would like to discuss about the principles for a framework.. Employers announced that they will develop their own proposals for further discussion in the working group.

2. Intervention of DG SANCO (Healthcare consultation process, other initiatives, involvement of social partners)

Marc Dorazil from DG SANCO explains that the Commission held a **public consultation regarding Community action on health services** from September 2006 until January 2007. The outcomes of the consultation were summarised in the Summary Report that was published on 20 April 2007 and presented to health ministers during the Informal Council in Aachen. The Commission received 274 contributions from a wide range of stakeholders. All contributions and the Summary Report are published on SANCO's website.

The majority of contributors to the Commission's recent consultation favour some form of Community action on health services, combining both legislative elements and practical support for cooperation between European health systems. Key results from the responses to the consultation include:

The scale of cross-border healthcare is limited – many contributors agreed with the Commission's estimate that overall it represents about 1% of total healthcare expenses. But it is larger in some cases (for example in border regions, smaller Member States, for rare diseases and areas with high numbers of visitors from abroad) – and it is expected to grow. Greater clarity was seen as needed over limits of cross-border healthcare under Community law, in particular when prior authorisation can be required or refused. Suggestions by contributors included clear information for patients; effective and transparent decision procedures; a patient-centred approach; evidence-based standards; the right to appeal against refusals; and easier procedures for border regions.

Many contributors saw value in European support to improve further the level of quality and safety in healthcare, such as through developing guidelines and indicators. Other suggestions included developing systems for exchanging patient data between countries, an EU standard discharge letter, Europe-wide prescriptions, and establishing arbitration or mediation systems regarding compensation for any harm arising from cross-border care.

Suggestions for practical European support to national health systems included European networks of centres of reference; an observatory for comparative data and indicators; better sharing of healthcare innovations; and support for health investment through the structural funds.

Many contributors felt that any Community action should be based on the common values (universality, access to good quality care, equity and solidarity) and principles (quality, safety, care that is based on evidence and ethics, patient involvement, redress, privacy and confidentiality) of EU health systems (as set out notably by the Council in June 2006). A majority of contributors also felt that a combination of supportive practical tools and legally binding measures would be best.

Regarding the nature of any legal instrument, opinions were divided, with the two main options being to include any changes within the existing regulations on the coordination of social security systems, while other contributors preferred a new specific directive on health services in order to tackle also issues pertaining to areas falling outside the scope of these regulations.

Next steps:

Following the discussion at the Informal Health Council in Aachen in April, Council conclusions welcoming the Commissioner's summary report of the consultation and the trio Presidency notes of Aachen and calling for Commission proposals as soon as possible were adopted by the EPSCO Council on 31 May 2007.

The European Parliament has adopted in March 2007 its resolution on Community action on the provision of cross-border healthcare. In addition, the Parliament prepared a Report 'Opinion on the impact and consequences of the exclusion of health services from the Directive on services in the internal market'. The Report, which was adopted by the Parliament on 23 May 2007, generally supports the initiative of the Commission.

On the basis of the Summary Report of the consultations, outcomes of the discussion at the Informal Council in Aachen and the Parliament's input, the Commission intends to bring forward appropriate proposals before the end of 2007 under the Portuguese Presidency.

Coherence between proposals on health services with the ongoing parallel Commission's initiative on social services of general interest and initiative on services of general interest as well as with the ongoing modernisation of the regulations on the coordination of social security systems will be ensured.

EPSU and HOSPEEM express the need to be more involved and consulted in processes launched by DG SANCO. They discussed the text proposals for a joint EPSU-

HOSPEEM declaration on the healthcare initiative and agreed on the principles. Both EPSU and HOSPEEM committed themselves to finalize the text in the coming months.

3. Intervention of DG EMPL on the Needlesticks injuries' consultation process, ongoing social partners' consultations and cross-sectoral agreement on harassment and violence at work, work-life balance,

Francisco Alvarez from DG EMPL intervenes in order to present contributions issued from the first phase consultation on needlesticks injuries and announced that the second phase consultation should be launched prior to the end of 2007.

François Ziegler recalls the signature of the autonomous agreement on harassment and violence at work in April 2007 by the interprofessional social partners and he underlines that the hospital sector is likely to face such violence, be it work-related or linked to third parties. He deems that the topic of violence should open room for sectoral social partners with a view to striving to propose concrete solutions on that issue. He explains that several sectoral social partners signed in 2006 an autonomous agreement for 11 industrial sectors facing the same issue of silica crystalline dusts, which jeopardises workers' health. He reminds that the second-phase consultations on carcinogenic substances, on musculoskeletal disorders and on work-life balance were also launched by the Commission in first semester 2007.

4. Information about current activities under the HOSPEEM-ESPU programme “Strengthening Social Dialogue in the hospital sector in the new Member States and Candidate countries”

An update was given by the project manager and project partners on the activities which took place as part of the joint HOSPEEM-ESPU project.

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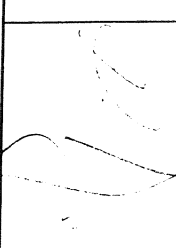
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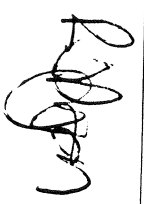

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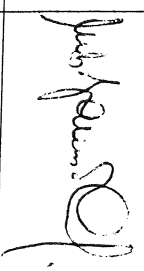




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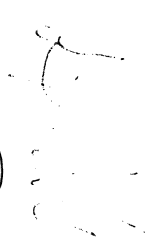
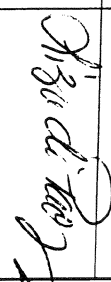


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