



Health and Social Care Committee

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EU policy issues relevant to Health and Social Care Committee

Committee briefing

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1. Introduction

Under the new Committee structures for the fourth Assembly agreed by Business Committee in June 2011, Europe and EU related matters are to be mainstreamed across all relevant Committees rather than having a dedicated European and External Affairs Committee.

This means that the Health and Social Care Committee has responsibility for dealing with those European issues that fall within its portfolio.

There are two main ways in which this is likely to occur:

- dedicated sessions focused on priorities/issues on the EU policy agenda in Brussels;
- scope to look towards Europe (and the international dimension) in terms of comparing practices in Wales, identifying witnesses and experts to bring an external dimension to the other areas of work undertaken by the Committee.

This paper provides the Committee (in section 3) with information on relevant policy developments that are ongoing or planned for 2012 at EU level.

Before going into the detail on these actions, some background information is provided in section 2 on the EU policy-making process, to explain:

- the competences at EU level in the area of health and social care and types of actions coming out of the EU as a result of exercising these competences;
- the relevant organisations and structures operating in Brussels (including the formal EU Institutions and some EU networks) with responsibilities for issues affecting health and social care.

Actions for the Committee:

Section 4 sets out a number of potential areas of action for the Committee to consider and agree in terms of follow up work on EU-related matters.

2. EU policy-making process

2.1. *Health and Social Care*

Health and social care are areas of **exclusive national competence**, which means that the powers for the EU to act in these areas is limited, and is restricted primarily to undertaking actions that support, co-ordinate or supplement the work of Member States (i.e. national and as appropriate sub-state/regional Governments) in this area.

Consequently the power of the EU to influence and shape health policy within Wales is very limited. It also means that Wales potentially has an interest in being involved directly in policy debates and discussion at EU level where these could be useful in terms of helping support or add value to the work undertaken in Wales.

The EU's role in health policy is focused in particular on the following three areas:

- protecting people from health threats and disease
- promoting healthy lifestyles
- helping national authorities in the EU cooperate on health issues.

To give a strategic focus to this the Commission adopted a five-year [EU Health Strategy](#) in 2008, which is due to come up for review during 2012 (although the European Commission's 2012 Work Programme makes no reference to this review, so there is no indication yet of the timing of the review).

The European Commission also provides financial support to the implementation of the EU Health strategy, to which organisations in Wales (including the National Health Service) are eligible to participate. This includes support from a dedicated EU Health funding programme, the current one running from 2008-2013, which will be succeeded by a new programme *Health for Growth Programme 2014-2020* – for which proposals were published in November. More details on this are included in section 3.3 below.

Health also features as a theme in other EU funding programmes: for example, there is some scope to support health-related initiatives within the EU Structural Funds programmes, mobility actions under the EU education and youth programmes; and health-related research within the EU Framework Research Programme (in particular funding support for clinical trials). In each of these areas the European Commission has published new proposals for the period 2014-2020, which will go through a negotiation process in Brussels before finally being agreed (probably sometime in 2013). The Enterprise and Business Committee is undertaking an inquiry into EU Structural Funds and will also look at the future EU Research Programme (Horizon 2020), whilst the EU education and youth mobility proposals (Erasmus for All) would most naturally fall within the remit of the Children and Young People Committee (and they considered this as part of an EU update at their meeting on 1 December).

Finally, there are a number of other areas where the EU has competence to make legislation, and these could potentially impact on provision of health and social care services in Wales. This includes, in particular:

- **Employment and social protection legislation:** this covers a range of areas including workers' rights, health and safety, working conditions, equalities and equal opportunities. Such legislation is developed in the context of ensuring a smooth functioning of the EU single market, to enable free movement of workers across national boundaries.
- **Public procurement legislation:** provision of goods, works and services exceeding minimum thresholds set by the EU legislation must go through an open tendering process. The directives set out requirements on the rules to be followed to ensure an open fair process, where entities from across the EU can potentially participate.

2.2. Food Safety

With regard to food safety, the EU has a stronger remit to take action.

This includes scope to develop EU legislation and undertake other types of actions that are focused on assuring effective control systems and evaluating compliance with EU standards in the areas of: food safety and quality, animal health, animal welfare, animal nutrition and plant health sectors within the EU and in third countries in relation to their exports to the EU.

Some of these areas fall outside the remit of the Health and Social Care Committee and would fall within the remit of the Environment and Sustainability Committee (e.g. animal welfare, animal nutrition and plant health sectors).

To support the preparation and implementation of EU legislation in this area there are a number of EU level committees and agencies in place. These merit mention as important decisions affecting the shape of future policy as well as the implementation of existing EU legislation can be made by these bodies.

Those of most relevance to the work of the Health and Social Care Committee are:

- **Scientific Committee on Food**: its mandate is to answer scientific and technical questions concerning consumer health and food safety associated with the consumption of food products. In particular questions relating to toxicology and hygiene in the entire food production chain, nutrition, and applications of agrifood technologies, as well as those relating to materials coming into contact with foodstuffs, such as packaging. As with all the Scientific Committees its work is managed by the European Commission but its membership is comprised of independent experts.
- **European Food Safety Authority (EFSA)**: set up in 2002, EFSA provides independent scientific advice and communication on existing and emerging risks associated with the food chain, which is aimed at ensuring the protection of the health of European consumers and the safety of the food and feed chain. EFSA's work covers all matters with a direct or indirect impact on food and feed safety, including animal health and welfare, plant protection and plant health and nutrition (including genetically modified crops).
- **European Centre for Disease Prevention and Control**: established in 2005 and based in Stockholm, its mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases.
- **Standing Committee on the food chain and animal health (SCFCAH)**: Standing Committees are regulatory committees that are set up to ensure practicable and effective implementation of EU legislation. They are 'technical' committees, comprised of the European Commission plus experts from the Member States, in the case of the SCFCAH this will be DEFRA officials plus relevant officials from the UK Permanent Representation in Brussels.

2.3. EU policy-making and legislative process

For those areas referred to in sections 2.1 and 2.2 where the EU is able to make legislation, there is a formal negotiating process through which such laws are adopted. The National Assembly for Wales can play a role in influencing this process, both during the pre-

legislative phase (i.e. policy formulation – which is led primarily by the European Commission) and during the legislative process itself.

Where the EU has powers to develop legislative proposals (including areas covered in section 2.1 and 2.2 – such as food safety, employment law, patients' rights, and EU funding programmes), such proposals will be prepared through the ordinary legislative procedure, which requires the European Parliament and the Council of Ministers (i.e. Member State Governments) to agree on the final text of the proposed law (on the basis of a legislative proposal from the European Commission) before it can be formally adopted. This process can take anything from around one year to several years, and in some cases agreement may not be possible (e.g. recent attempts to revise the Working Time Directive failed in 2009).

Once legislation has been adopted there is a requirement on all Member States to **implement EU legislation on the ground**, and the legislation will include provisions on deadlines by which transposition (i.e. creation of new domestic legislation as relevant) must take place at national/regional level. In Wales, the Welsh Government will have responsibility to ensure implementation and transposition of relevant EU legislation falling within devolved competences. Where it fails to do this it will bear the brunt of any fines imposed by the European Commission.

For those areas where the EU does not have legislative competence, policy formulation takes place in a number of ways. This includes communications from the European Commission aimed at encouraging common approaches by national governments in particular areas, e.g. promoting use of e-health, and other follow up action involving stakeholders such as the newly established *European Innovation Partnership on Healthy and Active Ageing* (see section 3.5). It also includes inter-government co-operation through the *Open Method of Co-ordination* (see section 2.5). Within all of these areas there is no binding requirement on Member States to take actions, and the only power at EU level is peer pressure through naming and shaming of Member States that do not deliver on commonly agreed actions.

2.4. *European Commission*

The European Commission has the main role in taking forward initiatives, both policy and legislative proposals, on health, social care, and food-safety issues.

The European Commissioner responsible for Health and Consumer Affairs is John Dalli.

The lead directorate-general (DG) within the European Commission for health-related matters, including food safety is DG Health and Consumer Affairs (often shortened to DG SANCO, from the French version).

For issues falling into the broader policy areas (such as research, employment) then these would be covered by the relevant thematic department, e.g. DG Employment and Social Affairs.

2.5. Council of Ministers

Membership of the European Union (EU) is structured around national Governments or Member States, which means that Wales is represented in the EU's formal Government structures (Council of Ministers and the European Council) through the UK Government.

Health and food safety issues fall across two Council formations within the Council of Ministers:

- Employment, Social Policy, Health and Consumer Affairs Council
- Agriculture and Fisheries Council

These two Councils will be involved in the negotiations on any relevant legislative proposals falling within their remit. They will also engage in policy formulation, adopt *Council Conclusions*, including adoption of *Recommendations* (i.e. soft EU law – non-binding) on particular issues or subjects. For health care related issues this is largely structured in terms of the *Open Method of Co-ordination* (an inter-governmental approach), where Member States (with supporting role from the European Commission) share best practice and benchmarking, which is focused on improving the access, quality and sustainability of national healthcare services.

Wales is represented in the Council of Ministers by the UK Government, however, an arrangement has been agreed with the devolved administrations that devolved ministers can attend meetings of Council (acting as representative of the UK) on issues where they are of particular interest to the devolved administration (e.g. Education and Culture Council meetings have been attended by Welsh Ministers).

The UK Government has also agreed a [Memorandum of Understanding](#) with the devolved administrations – the latest version was signed in June 2011 – which includes within its scope the approach to European affairs. In terms of policy content/issues the UK Government and Ministers from the devolved administrations meet through the format of the Joint Ministerial Committee (Europe). The devolved administrations are also consulted in the preparation of explanatory memoranda by the UK Government on EU proposals and policy documents, in all areas of devolved competence and where there is a devolved interest in the respective dossiers.

2.6. European Parliament

Wales is represented in the European Parliament by its four Welsh MEPs: John Bufton (UK Independence Party); Jill Evans (Plaid Cymru); Dr Kay Swinburne (Conservatives); and Derek Vaughan (Labour).

The lead Committee for health policy and for food safety issues is:

- **Environment, Public Health and Food Safety Committee**, which is chaired by German MEP Jo Leinen (Socialists and Democrats Group – same political group as Welsh MEP Derek Vaughan). Welsh MEP Jill Evans is a member of this Committee.

Other relevant committees would be:

- **Employment and Social Affairs Committee:** Chaired by French MEP Pervenche Beres (there are no Welsh MEPs on this Committee), has responsibility for all employment policy and all aspects of social policy such as working conditions, social security and social protection. It would be the lead Committee on revisions to the Working Time Directive (covered below)
- **Internal Market and Consumers Protection Committee:** Chaired by UK Conservative MEP Malcolm Harbour (there are no Welsh MEPs on this Committee), will be the lead Committee for the revision of the Public Procurement Directives (covered below) and is also the lead committee on state aid issues.

2.7. *Committee of the Regions*

Wales also has representatives on the two consultative bodies (that are located in Brussels), the *Committee of the Regions* (including Christine Chapman AM and Rhodri Glyn Thomas AM) and the *Economic and Social Affairs Committee*. These two bodies are consulted on all EU policy developments, although they do not have power to force changes in draft EU legislation.

2.8. *EU networks*

Within these policy areas there are a number of EU networks actively engaged on health and social care related issues.

Some examples would include (this list is for illustrative purposes only):

- **National Health Service European Office:** the Brussels office of the NHS Confederation.
- **British Medical Association Brussels Office**
- **European Public Health Alliance:** a not for profit network of voluntary organisations working in the area of public health.
- **EuroHealthNet:** a not for profit network of 35 organisations, agencies and statutory bodies (including Public Health Wales) from 27 European countries, that are all working to promote health and equity by addressing the factors that determine health directly or indirectly. Its current President is David Pattison, Head of International Development with NHS Health Scotland.
- **AGE Platform Europe:** a European network of around 165 organisations of and for people aged 50+ representing directly over 30 million older people in Europe. The Older People's Commission Wales is a member of the network.

3. **Potential priority areas of interest to Wales**

3.1. *Europe 2020 Strategy*

Europe 2020, the EU's job and growth strategy which is focused on delivering 'smart, sustainable and inclusive growth' and which was adopted in 2010, provides the overarching framework through which all other EU policy developments (as relevant) are being aligned.

The *Europe 2020* strategy sets out five headline targets for the EU to be delivered over the coming decade (covering employment, climate change, research and development, poverty and education). Health is not one of these, however, it is viewed by the European Commission as one of the themes that can contribute to delivery of the overarching targets (e.g. through active ageing, supporting innovation in the economy, healthy workforce etc.) as is clearly evident in the title of the proposed new health funding programme *Health for Growth Programme 2014-2020*.

Europe 2020 is implemented through a combination of EU level action and actions undertaken at Member State level (national, regional and local).

EU level action, as well as including financial support through the various EU funding programmes, also includes a series of themed flagship initiatives to provide a coherent framework for actions by Member States on the ground. Those most relevant to health related issues are:

- Digital Agenda (including actions on eHealth – see section 3.4).
- Innovation Union (including actions focused around active ageing – see section 3.5).
- European Platform Against Poverty and Social Exclusion (including actions aimed at addressing health inequalities and poverty/social exclusion).
- An Agenda for New Skills for Jobs (which identifies a shortage of 15 per cent of the healthcare workforce needed in the EU by 2020, i.e. a shortfall of around two million jobs, of which half would be healthcare professionals).

At the national level (UK level) there is a requirement on Member States to prepare each year a National Reform Programmes (NRPs) setting out the actions planned and underway to deliver the *Europe 2020* targets. The [UK's NRP](#) this is prepared by the UK Government in consultation with the devolved administrations (including the Welsh Government). Health is mentioned in one context in the Welsh sections of the NRP, in terms of child poverty and addressing health inequalities. In the English context it is mentioned in reference to research and addressing healthcare challenges through stimulating business activity and innovation in the health sector.

3.2. *EU Health Strategy 2008-2013*

As noted in section 2.1 the EU has a mandate to complement national action on health and this is undertaken through the EU Health Strategy. This is due to be reviewed before the end of 2013, however, there are no details yet available of the anticipated timing of this review.

3.3. *EU Health for Growth Programme 2014-2020*

On 9 November 2011 the Commission published proposals for a new [EU Health for Growth Programme 2014-2020](#), with a budget of €446 million. This would replace the current Programme of Community Action in the Field of Health, which runs from 2008-2013.

These proposals will be adopted through the ordinary legislative procedure, which (as described in section 2.1 above) means Council and European Parliament must agree on the final text in order for the programme to be adopted.

The European Commission has proposed that the new *Health for Growth Programme 2014-2020* will support and complement the work of Member States to achieve four objectives:

- **Developing innovative and sustainable health systems:** action to facilitate uptake of innovation in healthcare through eHealth, expertise on healthcare reforms and support to the European Innovation Partnership on Active and Healthy Ageing. Action under the programme will also contribute to forecasting demand for health professionals and help Member States secure a solid health workforce.
- **Increasing access to better and safer healthcare for citizens:** action will aim at increasing access to medical expertise and information for specific conditions; developing solutions and guidelines to improve the quality of healthcare and patient safety through actions supporting patients' rights in cross-border healthcare, rare diseases, prudent use of antibiotics and high standards of quality and safety for organs and substances of human origin used in medicine.
- **Promoting health and preventing disease:** to promote good health and prevent diseases by addressing the key risk factors of most diseases, namely smoking, alcohol abuse and obesity. This will involve fostering the identification and dissemination of best practices for cost-effective prevention measures; as well as specific action aimed at preventing chronic diseases including cancer.
- **Protecting citizens from cross-border health threats:** action will contribute towards developing common approaches for better preparedness coordination in health emergencies, e.g. improving risk assessment capacity and joint procurement of medical countermeasures.

Three types of actions would be funded through the programme to deliver these objectives:

- **Joint actions:** grants for action co-financed by the competent authorities responsible for public health in the Member States and with international health organisations.
- **Grants to support NGOs working in the area of public health** who play an effective role in civil dialogue processes at EU level and contribute to at least one of the specific objectives of the programme.
- **Procurement contracts**

In most cases, the EU grants would contribute up to **60 per cent** of the costs of the action or project. NHS Wales and other bodies involved in healthcare in Wales could participate in this programme.

3.4. *eHealth Action Plan*

The European Commission is expected to publish the *eHealth Action Plan 2012 – 2020* in early 2012.

This is a follow-up to the *2004 eHealth Action Plan*, which was the first initiative at EU level aimed at encouraging the widespread adoption of eHealth technologies across the EU.

One project that has been highlighted by the European Commission is **RENEWING HEALTH, REgions of Europe WorkINg toGether for HEALTH**, which is an eHealth project supported under the EU's *ICT Policy Support Programme*. It brings together health care providers from nine European countries that are described as the 'most advanced European regions in the implementation of health-related ICT services'. These are regions where services are being provided at local level for the tele-monitoring and the treatment of chronic patients suffering from diabetes, chronic obstructive pulmonary or cardiovascular diseases. The services are designed to give patients a central role in the management of their own diseases, fine-tuning the choice and dosage of medications, promoting compliance to treatment, and helping healthcare professionals to detect early signs of worsening in the monitored pathologies.

3.5. *Active and Healthy Ageing*

The European Commission has identified active and healthy ageing as a major societal challenge common to all European countries, and views it as an area with potential for Europe to lead the world in developing innovative responses.

To support achieving this goal it has launched, as one of the actions identified in the Innovation Union flagship initiative (Europe 2020 Strategy), a pilot **European Innovation Partnership on Active and Healthy Ageing**. EU Member States gave their backing to the initiative in February 2011, and in November 2011 the High Level Steering Group (set up to develop the pilot) published a **Strategic Implementation Plan**, which sets out a common vision and a set of operational priority actions to address the challenge of ageing through innovation. It is described as a stakeholder-driven plan and the European Commission invites national Governments and other stakeholders to become involved in delivering a range of actions that will be launched in 2012, which include:

- Innovative ways to ensure patients follow their prescriptions – a concerted action in at least 30 European regions.
- Innovative solutions to prevent falls and support early diagnosis for older people.
- Co-operation to help prevent functional decline and frailty, with a particular focus on malnutrition.
- Spread and promote successful innovative integrated care models for chronic diseases amongst older patients, such as through remote monitoring. Action should be taken in a number of the EU's regions.
- Improve the uptake of interoperable ICT independent living solutions through global standards to help older people stay independent, mobile and active for longer.

Linked to this, the theme of the 2012 European Year will be **Active Ageing and Solidarity between Generations**, which will include a number of awareness raising activities across the EU. The *European Year 2012* web-site includes details of planned initiatives, and at the moment none are listed for Wales.

3.6. *Modernising the Professional Qualifications*

The European Commission is undertaking a review of the *EU Directive on the Recognition of Professional Qualifications*. This Directive aims to facilitate the free movement of EU citizens by making it easier for professionals qualified in one Member State to practise their profession in another, as part of the efforts to strengthen the single market within the EU. The Directive covers all professions, including healthcare professionals.

In January 2011 the European Commission launched a public consultation and in June 2011 it published a Green Paper, which was also the subject of a stakeholder consultation. The main proposals outlined in the Green Paper included a professional card, partial access, reviewing the scope of regulated professions and making information and applications procedures available online.

Concerns have been expressed about the existing Directive, in particular in terms of the competence of some European health professionals - both their clinical competence and their communication (English language) skills, which were highlighted by the House of Commons Select Committee in April 2010.

The revision of this Directive is high on the priority list of the [NHS' EU Office in Brussels](#), which submitted responses to the consultation and Green Paper on behalf of the NHS. This highlighted the need for the minimum qualification standards required for professionals to practice across Europe to be updated, for regulatory bodies across Europe to have access to a shared electronic system to exchange information about professionals and their qualifications. It called for the introduction of a more rigorous warning system that requires regulatory bodies across Europe to alert their counterparts if they take action against fraudulent or incompetent doctors or healthcare professionals; called for all EU countries to ensure they require health professionals to keep their skills up to date, rather than being admitted to a professional register for life; and called for the avoidance of any relaxation on checks for migrating professionals, for example by allowing those who are qualified in one specialised area to practice in general areas of medicine.

3.7. *Revision of the Working Time Directive*

The 2003 *Working Time Directive* provides the framework for EU law on the maximum number of hours that employees can be expected to work during a week (48 hours). It includes definitions of working time and also provides the possibility for employees to agree to 'opt out' of the 48-hour limit.

The European Commission sought to revise the Directive in light of European case law, but these efforts failed in 2009 when the European Parliament and Council could not reach a compromise agreement on the proposed revisions. The UK Government was one of the blocking minority of Member States within the Council that prevented an agreement being reached.

The [NHS Employers](#) expressed its concerns about the potential impact of any changes to the application of the *Working Time Directive* to health workers, in particular in terms of the potential costs of including non-worked on call time as part of the working week.

The Commission was originally expected to bring forward proposals during 2011 having already carried out during 2010 two consultations to prepare the revision. However, these have been delayed and it is as yet unclear as to when they will be published, and the 2012 European Commission Work Programme did not mention an anticipated timeline.

3.8. *Implementation of the Directive on Patients Rights' to Cross-border Healthcare*

In March 2011 a new EU Directive on patients' rights in cross-border healthcare was adopted, following almost three years of negotiations in Brussels. The draft Directive was the subject of a short inquiry by the [European and External Affairs Committee](#) during the third Assembly. The deadline for transposition of the Directive into national law in the UK (and across the EU as a whole) is 25 October 2013.

This Directive was adopted on 31 March 2011 after almost three years of negotiations in Brussels. The Directive:

...provides rules for facilitating the access to safe and high-quality cross-border healthcare and promotes cooperation on healthcare between Member States, in full respect of national competencies in organising and delivering healthcare... (Article 1.1)

It sets out:

- the responsibilities of Member States in provisions of cross-border health care (from the perspective of the Member State where treatment is given and the Member State of origin of the patient treated);
- the principles on which costs of cross-border treatment will be reimbursed;
- addresses a number of issues around the practicalities of authorising and administering cross-border healthcare services;
- looks more broadly at ways of facilitating mutual co-operation in healthcare such as e-health, setting up European reference networks (e.g. in area of rare diseases), and co-operation in technology assessments.

The Directive includes a transposition date of 25 October 2013 for the Member States (including the UK) to

... bring into force the laws, regulations and administrative provisions necessary to comply with this Directive... (Article 21.1)

The European Commission will prepare a first report on compliance with the Directive by the same date (25 October 2013) and every three years after that date.

The European and External Affairs Committee undertook an inquiry during the third Assembly, to assess the potential impacts of the (then draft) Directive in Wales.

3.9. *Health inequalities*

The European Commission published a communication in 2009, *Solidarity in Health: Reducing Health Inequalities* in the EU setting out actions it proposes to take to help address health inequalities. This is based on collaboration with national and regional

authorities, production at EU level of regular reports and statistics, assessing impact of EU policies on health inequalities and so forth.

3.10. *Children and health*

On 2 December the EU Health Ministers adopted *Council Conclusions* on two health problems affecting children:

- **Chronic respiratory diseases in children:** calling for continued and strengthened action for the prevention, early diagnosis and treatment of these diseases, in particular through promotion of best practices, support for research, smoking prevention, improvement of air quality and stronger cooperation.
- **Communication disorders (hearing, vision and speech impairments) in children:** stressing the need for early detection and treatment of these disorders and pointing to the importance of raising public awareness, exchanging information, knowledge and experiences, and using e-Health tools and innovative technologies in order to improve healthcare in this field.

3.11. *Public Procurement directives*

Proposals to [*modernise the EUs Public Procurement Directives*](#) are due to be published on 13 December 2011, following a review of the operation of the existing rules including a public consultation earlier this year. This will be of direct relevance to all public authorities in Wales tendering contracts above the EU thresholds, and consequently any changes in the rules will also be of interest to businesses looking to bid for such tenders.

The Enterprise and Business Committee (as noted above) will undertake an inquiry into this issue during the first quarter of 2012.

3.12. *Information to patients*

The European Commission published on 10 October 2011 revised proposals for a new [*Directive on information on medicinal products*](#) to be provided to patients on prescription-only medicines.

The European Commission originally brought forward proposals in 2008, aimed at addressing an identified gap in terms of information to patients on prescription-only medicines (based on research in 2007 and a subsequent public consultation). However, these original 2008 proposals met with objections within the European Parliament in terms of the types of information and the way it should be presented to patients. The European Commission has sought to address these concerns in the revised proposals, saying these strengthen consumer rights, and provide clearer obligations and requirements in terms of the way information is to be presented.

The draft proposals will go through the ordinary legislative procedure requiring European Parliament and Council to agree on the final text in order for the proposals to become EU law.

3.13. *Package on innovation in health (medical devices)*

The 2012 European Commission Work Programme includes a number of proposals anticipated in the area of medical devices, as well as a communication on innovation policy in medical devices.

3.14. *Communication on long-term care (to come out in 2013)*

The European Commission is planning to publish a communication on long-term care in the EU in 2013.

4. Potential follow up actions for Committee to consider

Potential Action 1:

Committee to consider holding a dedicated EU update session with some of the organisations active in this area, focusing on a broad range of issues highlighted in this paper. The focus of this session would be to consider how these developments potentially impact in Wales and where priority emphasis could be given in terms of engaging with them.

Potential Action 2:

Committee to hold a session with relevant Welsh Ministers looking at how they participate in the EU policy-making process on health related matters, in particular in terms of making use of the opportunities for benchmarking, sharing information on best practice with other Member State and sub-states/regions within the EU. To clarify how devolved interests are reflected in discussions within the Council of Ministers on health related matters.

Potential Action 3:

Committee to consider holding an inquiry looking at the opportunities under the *Health for Growth Programme 2014-2020* for organisations within Wales working in this area to participate in. [Narrower focused EU funding inquiry]

OR

Committee to consider holding an inquiry looking at how organisations in Wales engage more broadly with EU funding opportunities in the area of health, including some of the other programmes mentioned in the briefing. Particularly in terms of opportunities to secure research funding, to try out new and innovative ways of providing healthcare, and to learn from best practice in other parts of Europe. [Broader EU funding inquiry]

Potential Action 4:

Committee to review *eHealth Action Plan 2012-2020* following publication, and explore potential relevance to developments in Wales, including possibility to look at best practice initiatives in other parts of Europe.

Potential Action 5:

Committee to consider holding sessions on: (i) *Modernisation of Professional Qualifications Directive* (ii) *Working Time Directive* – once the revised proposals for both directives are published.

Potential Action 6:

Committee to consider holding a specific session focused on active ageing in context of the *European Year for 2012* and exploring the potential benefits to Wales of actively engaging in the new *European Innovation Partnership on Active and Healthy Ageing*.

Potential Action 7:

Committee to look at issue of health inequalities in terms of the Communication published by the European Commission in 2009 and looking at comparative practices in addressing health inequalities in other parts of Europe.