

Conclusions

These findings may be related to the different evolution in the two NHS, due to the impact of both regulatory level planning (i.e. Italian Prime Minister Decree on health care benefit package, February 2002, British National Health Plan 2000) and managerial/clinical skills.

Designing hospitals for the future

Bernd Rechel

B Rechel^{1*}, *B Dowdeswell*², *N Edwards*³, *M Mckee*¹

¹European Observatory on Health Systems and Policies, UK

²European Health Property Network, UK

³NHS Confederation, UK

*Contact details: bernd.rechel@lshtm.ac.uk

Background

Hospitals are operating in a rapidly changing environment. They have to cope with often unpredictable changes in disease patterns, clinical technologies, health systems, demographics, public opinion, and governments. Once built, however, health facilities are 'set in stone' and often very resistant to change. The hospital of the future will need to incorporate a high degree of flexibility to allow for changes in patterns of disease and service delivery. The purpose of our study is to provide an evidence-based understanding of key determinants, techniques, and tools that can be used to ensure that today's hospitals meet tomorrow's health needs.

Methods

Our work is based on a series of case studies from across Europe, each illustrating a key issue facing those investing in hospitals, such as flexible designs, using capital to replace labour, regional planning, and integrated models of care. Based on the case studies and a wider examination of issues, a thematic analysis will investigate the context of capital planning in Europe, risks in capital investment, incorporating flexibility, and critical success factors.

Results

Although major capital developments are difficult, especially in the complex environment of the health sector, there is no shortage of technical expertise and technologies relating to the design, construction, and processes of the adaptable hospital of the future. There are good examples of innovative design solutions that translate service needs into capital assets by integrating facility design with clinical pathways. New designs can also reduce the risks of hospital-acquired infections and turn the hospital into a therapeutic environment, in which the overall design contributes to the process of healing.

Conclusions

While there is ample knowledge across Europe on how to build the hospital of the future, more needs to be done to translate this knowledge into a readily available toolkit for those involved in capital planning.

Track C7: Workshop: 20 years health promotion research in and on settings

Chairpersons: Alf Trojan, Heiko Waller*

Organiser: EUPHA Health promotion section, Center of Applied Health Sciences, University of Lüneburg, Lüneburg, Germany

*Contact details: waller@uni-lueneburg.de

'The setting approach' of health promotion is very famous as a tool to put health promotion into practice. What are the results from health promotion research about the impact of the setting approach? Answers will be given about four settings: hospitals, schools, workplaces, and cities.

After 15 years of WHO's Health Promoting Hospitals Network, what do we know from a research perspective?

Jürgen Pelikan

J Pelikan, C Dietscher, K Krajic

Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Institute of Sociology, University of Vienna, Austria

The organization of the hospital is a specific background for a health-promoting setting. Hospitals are complex enterprises and workplaces, sharing with schools the characteristic of an expert organization. Health promotion has been integrated into different practices of hospitals, e.g. into professional work with patients, into quality management, and into strategic management of the hospital. Specific strategies, standards, and indicators have been developed for and implemented into Health Promoting Hospitals (HPH). The HPH network was started as an MCAP of the WHO Healthy Cities Network. The practice within this Network of more than 700 European Hospitals will be the focus of the paper. The paper will be based on a collection and analysis of the international literature on HPH and an analysis of abstracts of papers at International Conferences of HPH and will give an overview on practice of HPH in hospitals and national/regional networks from a research perspective.

'20 years health promotion research in and on settings': the case of school health promotion

Peter Paulus

P Paulus

Center of Applied Health Sciences University of Lüneburg, Lüneburg, Germany
School health promotion developed from the early nineties and established the health-promoting school as the leading concept. Research and meta-analysis showed its effectiveness in creating longer lasting effects in pupils' and teachers' health promotion compared with other school-based approaches. Now, more than 15 years later new perspectives for school health promotion are on the rise. Linking health promotion and education more with the core business of schools, i.e. to create good schools and to build up relevant competences of pupils. In this perspective health is no longer only an aim of schools (product) but to a more important degree a means (process) for education. Taking this view the health-promoting school is no longer the leading concept but the 'good healthy school'. In the first part of the workshop this change in school health promotion will be presented. The follow-up discussion will focus on the relevance of the Ottawa-Charta for today's school health promotion and the role of school development models of good and effective schools.

State of worksite health promotion research

Georg Bauer

G Bauer

Institute of Social and Preventive Medicine, University of Zurich and Center for Organizational and Occupational Sciences, ETH Zurich, Switzerland

Research on WHP covers the following major areas:

- (i) Macro level: Research on work-related determinants of health shows the key role of psychosocial factors with regard to absenteeism and health care costs.
- (ii) Meso level: Intervention and evaluation research of WHP on the company level takes two major approaches. The

inductive approach collected a broad range of models of good practice across Europe. This practical evidence is available as criteria for WHP, compilations of descriptive case studies and a WHP toolbox. Analytical case studies identified success factors for institutionalization of WHP. The deductive approach develops and analyses key elements of the WHP process such as company health reporting, the health circle as a joint labour-management approach and effectiveness of various health behaviour change programmes. Evaluation of comprehensive WHP programmes is limited. Explicit WHP research is limited in

scope but shows success factors and effectiveness of this approach. In the future, the evidence base should be expanded by integrating a public health and economic perspective.

After 20 years of WHO's Healthy Cities Project, what do we know from a research perspective?

Geoff Green

G Green

Centre for Regional Economic and Social Research, Sheffield Hallam University, Sheffield, UK

Track C8: Workshop: European networks in the intersection between public health and genetics: bridging research and European policy making

Chairpersons: Johann Mackenbach¹, Helmut Brand²

¹Erasmus University, Rotterdam, The Netherlands

²Institute of Public Health NRW (Iögd), Bielefeld, Germany

Organiser: Angela Brand, EUPHA Section on Public Health Genomics, German Center for Public Health Genomics (DZPHG), Social Medicine/Public Health, University of Applied Sciences, Bielefeld, Germany

Contact details: angela.brand@fh-bielefeld.de

Genome-based knowledge and technologies will have to be implemented in a responsible manner, having regard to all the evidence, if the goal of improving population health is to be achieved. The interaction between the development of new genome-based sciences and technologies, and society is complex, with many important ethical, legal, and social implications. The application of the methodologies and understanding of the population sciences and of the humanities and social sciences will need to be considered in tandem with the emerging biological knowledge. The development of an integrated knowledge base combining the insights of all these disciplines will be required to inform policy and to plan for the rational implementation of new healthcare services. The enormous volume and complexity of this emerging genomic knowledge, and the speed of technological development, are such that the goals of this enterprise can only be achieved in Europe by taking an integrated and interdisciplinary European approach. European Networks are one of the EC's instruments to support the sciences. Existing activities and resources of top-class research in the various countries are to be focused more closely. To this end, the network partners are developing a common research strategy. Attention is focused on selected, socially relevant topics. The aim is to make European research more efficient and to keep it internationally competitive in the long term.

Genetic testing in Europe (EuroGentest)

Jean-Jacques Cassima

JJ Cassima on behalf of EuroGentest

KU Leuven, Center for Human Genetics, Leuven, Belgium

Contact details: jean-jacques.cassiman@med.kuleuven.be

Issue/Problem

Genetic services in Europe, while based on high-quality scientific know-how, suffer from an intolerably high level of technical errors and poor reporting caused by a lack of structuring and complementarity at the European level and the absence of a common European objective to provide quality services to all its consumers now and in the future. Diverse and heterogeneous quality schemes, lack of reference systems, and differing

Member State (MS) regulations, have added to the overall disorganization and fragmentation of services. Nevertheless, genetic services face an ever-increasing number of requests for testing, while widespread susceptibility testing and pharmacogenetic tests are lurking on the horizon.

Description of the project

With the active participation of stakeholders, EuroGentest NoE (Network of Excellence) intends to structure, harmonize, and improve the overall quality of these services, while paying substantial attention to issues resulting from testing including legal, health policies and health economic impact, IPR (Intellectual Property Rights), ethical and social questions: confidentiality, informed consent, employment, and insurance.

Lessons learned

The EuroGentest NoE will improve the organization and harmonization of external quality assessment/assurance schemes, facilitate the development of guidelines and support the accreditation/certification of the genetic services. In addition, collaboration between academic centres and the private sector on technology development and the validation of genetic tests should generate more rapid translation and accurate, more economical, and overall better testing technologies.

Conclusions

EuroGentest NoE is becoming a model for similar initiatives in developing countries and will provide appropriate support for their development. It will create a leading European Network of Excellence based on the four principles of medical ethics.

The European Research Area on Societal Aspects of Genomics (ERASAGE)

Hub Zwart

H Zwart on behalf of the ERASAGE

Centre for Society & Genomics (CSG), Faculty of Science, Radboud University Nijmegen, Nijmegen, The Netherlands

Contact details: h.zwart@science.ru.nl

Issue/problem

The field of genomics has an increasing impact on today's society. It is vital to conduct research on the ethical, legal, and social aspects (ELSA) of this field in order to come to terms with this impact and increase awareness of genomics and its implications in the public.

Description of the project

ERASAGE (European Research Area on Societal Aspects of Genomics) is an ERA net, which includes the important players in funding of ELSA research regarding Genomics, and