Office of the Permanent Secretary

**Information Management Unit**

The Information Management Unit (IMU) leads the Ministry’s ICT strategy, aimed to enhance service delivery standards. The primary focus of the IMU is the strategic direction and management of information management investment within the Ministry to ensure that data is translated into information as a resource.

**myHealth Record**

The myHealth Record system which was launched in 2012 enables patients and doctors to link with to access health data through the myHealth Portal (www.myhealth.gov.mt). The system which was implemented in phases, provides access to the following data:

- Mater Dei Hospital (MDH) Case Summaries (inpatient discharge letters) (from 2008 onwards);
- Current Pharmacy of your Choice medicines entitlement;
- Medical image reports (from 2008 onwards);
- Lab results (Biochemistry, Haematology, Immunology, Toxicology from 2008 onwards; Microbiology, Virology, Blood Bank, Histology and Cytology from December 2012 onwards).
- Outpatient / clinic appointments at Government Hospitals and Health Centres (polyclinics).

During 2013, this system was successfully accessed 13,405 times. By the end of the year, the system had 3,196 users, and 115 doctors had linked up with 1,107 patients.

**Electronic Case Summary (ECS) system**

The ECS system allows doctors in Government hospitals to create inpatient discharge letters online. During 2013, the ECS system which allows doctor within government hospitals to create inpatient discharge letters online was further developed to enhance and facilitate the workflow for doctors and improve the service to the public. Developments included:

- The implementation of the system within Gozo General Hospital.
- The creation and implementation of an alert message for doctors using the system when dealing with a patient recorded to have certain conditions. This was developed and implemented with the collaboration of the Infection Control Unit and Accident and
Emergency Department at MDH. Since being implemented in July, 567 individual patients were flagged and doctors using the system were alerted by the system accordingly.

During 2013,

- 47,171 ECSs were accessed from the A&E department, an increase of 7.9% over 2012.
- Closed ECS records amounted to 56,284, i.e. an average of 4,690 every month, and an increase of 8.5% over 2012.
- 1,347,614 test results were imported from iSOFT Clinical Manager into ECSs, an average of 112,301 every month.

**National Patient Summary (NPS) system**

During 2013, an extension of the ECS system, called the National Patient Summary (NPS) system, was developed in the context of the epSOS project. This system collects data on daily basis not only from the ECS system but also from the Hospital Activity Analysis (HAA) system and the Online Surgical Register (OSR), based on patient consent for the epSOS project. The data gathered is mapped with master files so that it becomes semantically interoperable with other epSOS countries when the need arises, thus allowing sharing of electronic health records with these countries. If a Maltese person needs health care in an epSOS country, his/her National Patient Summary can be retrieved through the epSOS National Contact Point. The data is translated according to the country visited. Always with the patient’s consent, summary data is provided on inpatient episodes, diagnoses recorded during inpatient episodes, medicines prescribed on hospital discharge, any recorded allergies and surgical operations performed at MDH.

**KURA**

During 2013 the eHealth Office continued to manage KURA, which is the main intranet/extranet at Mater Dei Hospital, accessed across the whole Government health service. It is increasingly serving as the main in-house source of hospital information, as evidenced by significant growth in activity (see below) and by the fact that KURA accounts continued to be requested from areas throughout the Ministry for Health (for example, by staff at St Vincent de Paul Residence).

**KURA figures for 2013**

KURA received a total number of 9,162,260 page views (i.e. an average of 25,171 page views per day), a growth of 23% over 2012. Medical file requests via KURA numbered 224,779 (8.2% more than in 2012). 6,027 new records were created in the Customer Care database within KURA (16% more than in 2012).
eHealth Portal

Pages were created on the eHealth Portal for activities related to eHealth Office, namely the epSOS project and the implementation in Malta of the SNOMED Clinical Terminology.
National Membership of the International Health Terminologies Standards Development Organisation (IHTSDO)

Malta’s membership of the International Health Terminologies Standards Organisation allows health care providers in Malta to use the SNOMED-CT Clinical Terminology in their healthcare systems at no additional cost. The eHealth Office functions as the National Release Centre (NRC) and issues SNOMED-CT Affiliate Licences. Two new licences were issued during 2013.

Corporate health data management

Work during 2013 focussed on the upgrading of the datasets related to medicines. The medicine look-up file used in the ECS System was kept fully in sync with the contents of the published Government formularies, while the medicines data entered into Electronic Case Summaries was mapped to the ATC Classification. Mapping tables were also created between data in the National Patient Summary system and the Master Value Set Catalogue used in the epSOS project.

Other services to Mater Dei Hospital

The eHealth Office provided data management services on a monthly basis to Mater Dei Hospital, in particular MSQRL data extraction from the Clinicom Patient Administration System for use by the Clinical Performance Unit (about various aspects of hospital activity) and by the Medical Records Department (about file movements). Maintenance and system administration were also provided for the ID Tag System, the Online Surgical Register, and the Hospital Activity Analysis system.

Extension of ID Tag System to Primary Health Care

During 2013, the MDH ID Tag system in use at MDH was extended to Primary Health Care (PHC), while a new database was created in a different SQL instance. The new application was configured and developed according to PHC requirements.

EU Related Activities

European patient – Smart Open Services (epSOS) project

epSOS (www.eepsos.eu) which is the EU’s main eHealth interoperability project, is a large-scale pilot that aims to improve the medical treatment of citizens travelling in the EU by providing health professionals with secure online access to the patient’s essential health data from their home country. During 2013, a full programme of end-to-end technical and functional interoperability testing was carried out with other epSOS piloting countries. In March, pre-Projectathon testing was successfully completed, after which, in April, MFH and MITA officials took part in the IHE Connectathon held in Istanbul, where they successfully configured and ran tests for the exchange of Patient Summaries, both as Country A (a Maltese patient visiting a Point of Care in another European country) and as Country B (a patient from another European country visiting a Point of Care in Malta). In May, pre-Pilot testing was completed and, after the
submission of all relevant project documentation, in July the Project Steering Board approved Malta’s entry into the live epSOS Operational Pilot.

The national eHealth infrastructure developed during the course of the epSOS project lays the foundation for the cross-border interoperability services required as a result of the Cross-Border Health Care Directive.

**Cross-border Patient Registries Initiative (PARENT) Joint Action**

The eHealth Office continued to take part in the PARENT Joint Action (www.patientregistries.eu), which runs from 2012 to 2015, in liaison with the Department of Health Information and Research. The overall objective of this Joint Action is to support EU Member States in developing comparable and coherent patient registries in fields where this need has been identified (e.g. chronic diseases, rare diseases, medical technology), with the aim of rationalising and harmonising the development and governance of patient registries, thus enabling analyses of secondary data for public health and research purposes. The local project team contributes to a number of work packages, in particular to the Editorial Board.

**Other Services**

**Technical and Administrative Support as regards the EESSI Project**

During 2013, the Office of the CIO has supported the EESSI, which is an EU wide ‘document management’ system by:

- Attending to meetings of the technical commission in Brussels;
- Writing reports vis-à-vis the discussions taking place during the technical commissions;
- Advising the EESSI project manager on technical issues related to EESSI;
- Coordinating with MITA the implementation of the testing environment;

**Assisting the Entitlement Unit for the setup of an Entitlement Claims Management System**

The Office of the CIO has supported the Entitlement Unit within the Department of Health by drafting the technical component of the Entitlement Claims Management System. This system, which is known as the Claims Management System will enable the recording and processing of claims received from persons, local medical institutions, and foreign competent authorities for the re-imbursement of costs applicable to healthcare entitlement schemes under its control. This all falls under the remit of the Health Cross Border Directive.

**Issuing Public Calls for Quotes for the extension of Local Area Networks**

During 2013, various entities (such as SLH, Rabat HC, Birkirkara HC, etc...) required LAN extensions. The Services and Procurement teams handled the various stages that were required for these LAN extensions to be implemented.
Coordination of the IT procurement process within MFH

Staff across all of MFH request IT equipment on a daily basis and in view of this the Office of the CIO, needed to business process reengineer the entire process in order to make it more efficient, more transparent and cost effective. In this regard the Office of the CIO was instrumental in the

- Setting up specification requirements for IT related equipment used across MFH;
- Setting up of detailed RFQs to be sent to CPSU for subsequent issuance;
- Setting up of adjudication boards for the evaluation of bids;
- Liaise with IT focal points and end clients vis-à-vis their IT equipment requests;
- Liaise with IT focal points and end clients vis-à-vis the delivery of IT equipment to their respective departments;
- Stock management of IT equipment within the IMU’s stores;
- Partly write specification requirements for new LAN implementations across MFH;
- Carry out all of the above according to finance governance parameters and/or policy requirements;

Planning the migration of Windows XP to Windows 8

Although the actual migration to Windows 8 will be carried out in 2014, the Office of the CIO has been working on the Windows 8 migration project since 2013. The main activities carried out during 2013 concern the inventory of all desktop and server applications that are utilised within MFH and the scheduling of meetings with stakeholders and IT focal points to overview the requirements of the migration process.

MR JOSEPH RAPA
Permanent Secretary, MHEC
BACKGROUND

Following initiatives to continue develop the role of human resources within the Ministry for Health over the past years, 2013 has been characterised mainly by change emancipating from the signing of a number of sectoral agreements, while the Ministry’s organisational restructuring predominantly reflecting the new health strategy. It is to be noted Human Resources has been instrumental in dealing with Industrial Relations issues and also matters relating to resourcing, people management and deployment of people in line to Ministry needs.

In order to consolidate the contribution of Human Resources within the Ministry, a decision was taken to strengthen the Human Resources organisation structure. In this light, the Ministry proceeded to engage a new Director General Human Resources and appointed two internal public officers to occupy the positions of Director (Human Resources Practices) and Director (Organisation Development). In addition action has also been taken to address the shortage of Human Resources professional at health entity level. Discussions ensued to address a number of Human Resources objectives amongst which the need to move all Ministry Human Resources in one location, to continue decentralise systems and procedures to health entities through the Human Resources forum conducted by People Management unit and also identify opportunities for the use of Information Technology to facilitate the flow of human resources data.

Human Resources Practices

Preamble

The Human Resources Practices Directorate was effectively created on 3 May 2013 through the appointment of the Director (Human Resources Practices). Prior to this date, the functions of this Directorate fell under the Human Resources Section and the People Management Section, both of which formed part of the Human Resources Directorate

Standard Operating Procedures

The exercise of creating Standard Operating Procedures for HR Processes with a view to standardisation of practice, forward planning and simplification of procedures had commenced in the previous year and culminated with the finalisation of SOPs with regard to Discipline, and the creation of a first draft for SOPs with regard to Recruitment Processes.
**Human Resources Section**

As in previous years, the Section processed the recruitment, appointments, progressions and promotions of several personnel in various grades. A total of 126 calls for application were issued in 2013 for 166 posts and 31 positions, for which 2239 applications were received.

With the publication of Legal Notice 247/2012, the publication of calls for applications was delegated from the Public Service Commission to the Ministry for Health as from the 15 November 2012. Following liaison with PAHRO to train officers from all directorates and health care services falling under the Ministry for Health, a more widely delegated system of drafting and verification of calls was implemented, whereby line departments are empowered to draft calls for applications, which are then verified by the Human Resources Section prior to publication.

A statistical exercise carried out indicated that the length of the selection process, from the publication of the call to the appointment of the successful candidates, has been reduced by 65% over the past five (5) years, and now amounts to an average of 11 weeks.

Furthermore, the practice adopted whereby calls for similar posts are grouped together resulted in the issuing of a lower number of calls for a higher number of posts and positions.

**HR Data Management**

Further review has been made of the HR data held at the Central HR Section, and the exercise commenced in 2012 has been finalised. Concurrently, an exercise was undertaken in which the data held by the various HR Sections and that held by the various Payroll Sections were compared.

**Progressions and appointments**

The table below indicates the number of progressions and appointments processed in 2013 according to employee category:
It is noted that the data above, reflects the Ministerial portfolio as it was before and after the General Election 2013, thereby including information related to the Department of the Elderly and St Vincent de Paul Residence up to the date of the General Election, and including information related to the Ministry for Gozo as from the date of the General Election.

Further to the annexation of Gozo General Hospital to the Ministry for Health, training was given to HR personnel within the Gozo General Hospital on procedures related to progressions and automatic promotions, in view of gaps in the area.

**Terminations**

The following table indicates the number of terminations processed during 2013 according to category:
The data above, reflects the Ministerial portfolio as it was before and after the General Election 2013, thereby including information related to the Department of the Elderly and St Vincent de Paul Residence up to the date of the General Election, and including information related to the Ministry for Gozo as from the date of the General Election.

**Medical Boards**

The following table gives information regarding the medical board requests processed in 2013 for all the public service:

<table>
<thead>
<tr>
<th>No. Of Medical Assessments</th>
<th>204</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Of Employees Referred To Be Examined By A Medical Board</td>
<td>187</td>
</tr>
<tr>
<td>By Nature</td>
<td>Psychiatric</td>
</tr>
<tr>
<td></td>
<td>86</td>
</tr>
<tr>
<td>By Gender</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Outcome</td>
<td>Unfit for Work</td>
</tr>
<tr>
<td></td>
<td>65</td>
</tr>
<tr>
<td>Others</td>
<td>10 employees were advised to take up duties in Gozo. 35 employees were recommended to perform light or alternative duties. 13 employees were found fit to be re-instated within the Public Service. 31 employees were transferred temporarily to Gozo until confinement. 8 employees had their sick leave extended. 7 cases are currently pending.</td>
</tr>
</tbody>
</table>

**People Management UNIT**

The People Management Department within the MFH Human Resources Directorate has been mainly responsible for day-to-day issues directly related to MFH employees in general. These include family-friendly measures, applications for special paid and unpaid leave, discipline, recruitment of casual substitutes, recruitment of staff beyond retirement, transfers, publication and cancellation of deeds, qualification allowance and injury on duty amongst others.
STAFF DEPLOYMENT

The People Management Unit was actively involved in an extensive staff deployment exercise which included both intra-ministerial and inter-ministerial moves, taking into consideration that in the second quarter of 2013 saw St Vincent de Paule Residence and the Elderly Homes move to the Ministry for Social Solidarity (MFSS). A total of 484 transfers were published by this unit, involving staff members in all professions and levels. This included liaising with the management of the respective entities, MFSS and the Public Administration HR Office.

CPD UNIT

The Continuous Professional Development Unit, previously situated at Fafner House in Blata l-Bajda was dismantled and the function carried out by this office decentralised to entity level. This meant that each employee could now easily apply for the CPD refund within his/her own place of work and did not have to wait for CPD staff to collect applications once or twice annually. The CPD policy was reviewed accordingly. As a result of this the procedure has now become more efficient and also there has been a great reduction if related costs including that of rent, water and electricity bills, cleaning of the apartment etc.

HR units within all MHEC entities/departments

Decentralisation of Day-to-day processes

Following the drafting of forms for the various processes handled by this unit, in 2013 this was taken a step further with the decentralisation of these processes to the respective entities. These include all applications for family-friendly measures and special paid and unpaid leave. The necessary information and training was given to the officers who began to handle these processes at entity level. In the regard the People Management unit now has the function of supporting and auditing the respective HR Officers with these processes.

STUDENT INITIATIVES

• 50 University students were given placements within various entities following an expression of interest as part of the Summer Work Opportunities offered to these students.

• 35 students were also placed within different entities, as part of the National Career Exposure programme, co-ordinated by the Ministry for Health, the Ministry for Education and Employment and the Ministry for the Family and Social Solidarity for scholastic year 2013/2014. The aim of this initiative was to give students a first-hand experience of the various professions within a healthcare setting.

CORPORATE SOCIAL RESPONSIBILITY

A new initiative held during the year was the organisation of a Dress Down Day. The aim of this initiative was to instil a sense of Corporate Social Responsibility among the staff. All employees
were invited to participate by paying a symbolic 5 Euro fine which was to be donated to the Community Chest Fund. This event was held on the 25th November and a total of 205 Euros was collected and donated to the Community Chest Fund.
The Superintendence of Public Health’s (SPH) main remit is the general safeguarding and promotion of public health. It is also responsible for the formulation, monitoring and enforcement of national standards for health in both the public and private sector. Additionally its responsibility is to ensure that public health legislation is being adhered to by all concerned and in this regard is responsible for the inspection and licensing of the various entities that provide health care as well as food establishments.

**Collaboration with the World Health Organisation**

**Biennial Collaborative Agreement (BCA) 2012 - 2013**

During 2013, the Office of the Superintendent was responsible for the implementation of the Biennial Collaborative Agreement for 2012-2013 signed with the WHO in September 2012. This agreement forms part of a provisional medium term framework for collaboration between the World Health Organisation (WHO) Regional Office for Europe and the Ministry of Health for the six-year period 2008–2013, corresponding to the WHO Medium Term Strategic Plan (MTSP 2008-2013).

The 2012-2013 priority areas for collaboration include (1) Health systems strengthening and public health, (2) Non-communicable diseases, Health promotion and healthy lifestyles and (3) Communicable diseases, health security and environment.

Discussions started with the WHO Regional Office for the drafting of a new BCA agreement for the period 2014-2015 in line with the General Programme of Works (GPW) of the WHO for the years 2014-2020 which was approved by the 66th World Health Assembly.

**World Health Assembly - May 2013**

The Superintendent of Public Health formed part of the delegation to the 66th World Health Assembly held in Geneva between the 20th and the 28th May 2013.

**The 63rd WHO Regional Committee – Izmir, Turkey, September 2012**

The Superintendent of Public Health headed the delegation from the Ministry of Health which attended the meeting which was held in Izmir turkey between the 16th and the 19th September.
This session centred primarily around the implementation of the policy documents approved by the 62nd Regional Committee which was held in Malta.

**Representation on Standing Committee of the Regional Committee (SCRC)**

Malta continued with its membership of the Standing Committee of the Regional Committee (SCRC) with a term of office between 2011-2014. The SCRC consists of representatives of 12 Member States elected by the WHO Regional Committee for Europe and is responsible to oversee the work of the Regional Office as well as make the necessary technical preparations for the Regional Committee.

**Environment and Health Ministerial Board**

The Minister for Health continued with his last year of membership of the Environment and Health Ministerial Board. The Superintendent of Public Health represented the Minister at the meeting of the Board which was held in Belgrade on the 19th April.

**Patient safety**

Recapping on the first draft policy framework document on patient safety which was concluded during the first quarter of the year 2012, consultation and feedback was sought from a Danish consultant, the Chief Medical Officer and members of the “Ministerial Patient Safety Committee”, after which process an amended version of the document was collated. During 2013, the “Ministerial Patient Safety Committee” met a number of times to continue discussing ways of implementing its recommendations. The “Ministerial Patient Safety Committee” filled a questionnaire on the “Good Organisational Practices Exchange Survey WP6.doc” regarding Malta’s position as part of the European Union Network for Patient Safety and Quality of Care (PaSQ).

**Public Health Report**

A public health report was completed by the second quarter of the year 2013 and it highlighted the following four main areas. The first theme addressed issues of how the public health serves the Maltese nation focussing on the mission, values, and goals. The second referred to the specialised and legislative nature of public health. The third section focused on the achievements within the last few years. The last section emphasized the current administrative and technical challenges.

**WHO resolutions review**

The Superintendent of Public Health felt the need to start a review of the World Health Organisation (WHO) resolutions passed between the last ten years (2003-2013) to determine if Malta is keeping up with the necessary recommendations and reporting requirements.
WHO health systems performance assessment

As part of the Ministry for Health workings, each entity was asked during December 2013 to nominate two focal persons to assist the Ministry with the WHO programme on Health Systems Performance Assessment (HSPA). The SPH nominated two persons to act as focal points on this programme.

Mentoring programme ESF 3.196

Another initiative that the Superintendence of Public Health is endorsing is the mentoring programme entitled “Gender Balance in Decision Making” ESF 3.196 which will be a joint venture between Ministries but coordinated through NCPE. The lead department of our Ministry is Human Resources (People’s Management). Three members of staff will be participating in this programme.

General Services Board

The General Services Board is appointed by the Minister on a yearly basis and is set up in terms of Article 44 Section 10 of the Department of Health Constitution Ordinance (Cap 94). The function of the Board is to determine public health issues referred to in terms of the Code of Police Laws (Cap 10).

During 2013 the General Services Board met 8 times whereby 100 applications were discussed out of which 87 were new cases.

Merit Award Scheme

The Merit Award Scheme was set up in terms of an agreement signed between the Government of Malta and the Medical Association of Malta in February 2002 as an addendum to the agreement that had been signed in 1993. Subsequent amendments have been effected. The scheme is a quality assurance initiative whereby Medical Consultants/Doctors submit on an annual basis initiatives which are then assessed by an ad hoc Committee. Approved initiatives are then remunerated according to the provisions in the agreement.

During 2013 the Committee met 9 times whereby:-

- 235 initiatives were received from 197 doctors
- 145 doctors had a second initiative approved for recommendation
- 35 doctors failed to send in their final report for 33 initiatives
- 4 proposals were withdrawn

Health Care Professions Appeals Committee

The Health Care Professions Appeals Committee was set up in accordance with Article 49 of the Health Care Professions Act, 2003. All members of the Appeals Committee are appointed or elected, for a term of three years. The function of the Committee is to decide on appeals lodged
by health care professionals in respect of registration decisions delivered by Regulatory Councils.

During 2013 the Committee met 3 times whereby 8 cases were discussed out of which 5 appeals were rejected, 2 appeals were upheld and 1 appeal was referred back to SAC for further consideration

**Regulatory Councils**

The four health care professions regulatory councils namely the Medical Council, the Pharmacy Council, the Council for Nurses and Midwives, the Council for Professions Complementary to Medicine as well as the Specialist Accreditation Committees, were set up in terms of the Health Care Professions Act 2003. The principal scope of the Act is to regulate the practice of health care professions in Malta. New registrations accepted by each council during 2013 are indicated in the following table:

<table>
<thead>
<tr>
<th>Medical Council</th>
<th>Professions Complementary to Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Practitioners (Principal Register)</td>
<td>101</td>
</tr>
<tr>
<td>Medical Practitioners (Temporary Register) *</td>
<td>40</td>
</tr>
<tr>
<td>Medical Practitioners (Provisional Register)</td>
<td>180</td>
</tr>
<tr>
<td>Dental Surgeons (Principal Register)</td>
<td>13</td>
</tr>
<tr>
<td>Dental Surgeons (Temporary Register)</td>
<td>5</td>
</tr>
<tr>
<td><strong>Pharmacy Council</strong></td>
<td></td>
</tr>
<tr>
<td>Pharmacists registered permanently in the EU list</td>
<td>44</td>
</tr>
<tr>
<td>Pharmacists registered in the non-EU list for a period of 2 years</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacists registered in the temporary register (those who have not yet obtained their qualification)</td>
<td>28</td>
</tr>
<tr>
<td>Pharmacy Technicians signed permanently</td>
<td>11</td>
</tr>
<tr>
<td>Pharmacy Technicians registered in the temporary register (those who have not yet obtained their qualification)</td>
<td>2</td>
</tr>
<tr>
<td>Qualified Persons</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Nurses and Midwives**

<table>
<thead>
<tr>
<th>Nurses and Midwives</th>
<th>Speech Language Pathologists</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses for the Mentally Sick</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Nurses for Sick Children</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Midwives Registered</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Midwives Temporary Registered</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Second Level Nurses</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>First Level Nurses</td>
<td>295</td>
<td></td>
</tr>
</tbody>
</table>

**Specialist Accreditation Committees**

| Certification of recommendation of specialist training | 38 |
| Certificate of completion of specialist training | 37 |
| Certificate of Specialist Dental Surgeons | 1 |

**PHARMACEUTICAL UNIT**

The Pharmaceutical Unit is responsible for the administration of the technical aspects of legislation and the development of national policies within the various pharmaceutical areas. These policies are developed and implemented with the aim of providing support to medicines’ legislation, safeguarding patients’ rights and wellbeing, as well as boosting the health care professionals’ confidence in the medicinal products available.

**Narcotic Drugs, Psychotic Substances and Precursor Chemicals**

The Unit implements local legislation and fulfils international obligations with respect to narcotic drugs, psychotropic substances and precursor chemicals. A number of reports required by the International Narcotics Control Board (INCB) were compiled - namely Forms A/P (four reports), Forms A (four reports), Form B, Form C, Form D and Form P, as well as other INCB and United Nations Office on Drugs and Crime (UNODC) questionnaires. Other authorisations were issued as follows:

| Import Permits for narcotic drugs | 69 |
| Import Permits for psychotropic substances | 164 |
| Withdrawal Permits | 233 |
| New Methylphenidate approvals | 197 |
| Renewal of Methylphenidate approvals | 560 |

Together with the Customs Department, the Pharmaceutical Unit controls precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances, mainly by means of adequate legislation.
Authorisation for the Use of Medicines

Responsibility for the implementation of the Guidelines for the supply of medicinal products for human use through processes which are not covered by the Medicines Act, 2003 and its subsidiary legislation is likewise the remit of the Pharmaceutical Unit. In 2013 the Unit processed 137 individual requests by prescribers.

ENVIRONMENTAL HEALTH DIRECTORATE

The Environmental Health Directorate promotes and safeguards the well-being and health of the public from adverse environmental effects. This Directorate, within the Superintendence of Public Health, provides its services through the following four main sections.

ENVIRONMENTAL HEALTH POLICY CO-ORDINATION UNIT

HEALTH INSPECTORATE SERVICES

Administration Unit

It co-ordinates work between Regional offices and units, replies to Parliamentary Questions (33 during 2013), issues the relevant Memos (348 in 2013) and Correspondence, processes contraventions, performs prosecution on behalf of the Environmental Health Directorate. Duties thus include:

- Contact Point with Police Principal Citations Office
- Register all Citations, Preparation of Contravention Reports and Court Summons (231 charges were issued as per Annex A)
- Register and keep records of Undertakings issued in terms of the Food Safety Act (120) and Public Health Act (17); Undertakings issued in terms of the Public Health Act (none for 2013); Emergency Prohibition Orders (8) and Control Orders (19); Public Health Emergencies (none for 2013); Enforcement Notices issued in terms of LN 5 of 2006, Control of Legionella Regulations (two)
- Register and forward all MEPA e-applications and pre-applications – 455 in 2013

During the year 2013, the number of Health Sittings was around 29 during which 553 cases were heard. 31 Magisterial on-site enquires were performed.

Breakdown of the number of charges issued during year 2013

<table>
<thead>
<tr>
<th>FOOD</th>
<th>Chapter / Legal Notice</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safety Act</td>
<td>Chapter 449</td>
<td>23</td>
</tr>
<tr>
<td>Regulations</td>
<td>No.</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Hygiene of Food Regulations</td>
<td>L.N.264/2002</td>
<td>58</td>
</tr>
<tr>
<td>Labelling, Presentation and Advertising of Foodstuffs Regulations</td>
<td>L.N.483/2004</td>
<td>16</td>
</tr>
<tr>
<td>Registration of Food Premises Regulations</td>
<td>L.N.180/2001 as amended</td>
<td>4</td>
</tr>
<tr>
<td>Registration of Food Handlers Regulations</td>
<td>L.N.178/2001 as amended</td>
<td>4</td>
</tr>
<tr>
<td>Food Safety (Temperature Control) Regulations</td>
<td>L.N.146/2008</td>
<td>1</td>
</tr>
<tr>
<td>Sausages, Salted Meat and other Prepared Meat Regulations</td>
<td>L.N.156/1977 as amended</td>
<td>3</td>
</tr>
<tr>
<td>Enforcement of various European Union Regulations on Food Safety Regulations</td>
<td>L.N.226/2008</td>
<td>9</td>
</tr>
<tr>
<td>Registration of Private Water Supplies Intended for Human Consumption Regulations, 2004</td>
<td>L.N.357/2004</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>144</td>
</tr>
</tbody>
</table>

**ENVIRONMENTAL HEALTH**

<table>
<thead>
<tr>
<th>Regulations</th>
<th>No.</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code of Police Laws</td>
<td>Chapter 10</td>
<td>38</td>
</tr>
<tr>
<td>Public Health Act</td>
<td>Chapter 465</td>
<td>6</td>
</tr>
<tr>
<td>Control of Legionella Regulations</td>
<td>L.N.5 of 2006</td>
<td>1</td>
</tr>
<tr>
<td>Tobacco Control Act</td>
<td>Chapter 315</td>
<td>6</td>
</tr>
<tr>
<td>Tobacco Smoking Control (Powers of Authorised Officers) Regulations</td>
<td>L.N.300/2009</td>
<td>4</td>
</tr>
<tr>
<td>Smoking in Premises Open to the Public Regulations</td>
<td>L.N.23/2010</td>
<td>26</td>
</tr>
<tr>
<td>Advertising and Promotion of Tobacco Products Regulations, 2010</td>
<td>L.N.344/2010</td>
<td>3</td>
</tr>
<tr>
<td>Products and Smoking Devices (Simulating Cigarettes or Tobacco) (Control) Regulations, 2010</td>
<td>L.N.22/2010</td>
<td>1</td>
</tr>
</tbody>
</table>
**Regional Units**

Environmental Health Officers have been deployed to work within six Regional Units around Malta and one in Gozo. The Directorate has acquired MSA EN ISO 9001:2008 certification for the quality management system of EHD for the handling of complaints.

The services offered by the Health Inspectorate Services included:

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections in connection with Licensing</td>
<td>1,890</td>
</tr>
<tr>
<td>Undertakings (re Article 39 of the Food Safety Act of 2002)</td>
<td>99</td>
</tr>
<tr>
<td>Undertakings under Public health Act</td>
<td>17</td>
</tr>
<tr>
<td>Inspections for Risk Assessment Grading purposes</td>
<td>4,979</td>
</tr>
<tr>
<td>Inspections of food premises (other than Risk Assessment)</td>
<td>439</td>
</tr>
<tr>
<td>Samples taken with respect to food</td>
<td>2,839</td>
</tr>
<tr>
<td>Samples taken in connection with environmental issues</td>
<td>3,853</td>
</tr>
<tr>
<td>Nuisance reports/Abatement notices</td>
<td>731</td>
</tr>
<tr>
<td>Inspections re-food poisoning</td>
<td>72</td>
</tr>
<tr>
<td>Inspections to verify immunization of children</td>
<td>2</td>
</tr>
<tr>
<td>New Private Water Suppliers</td>
<td>3</td>
</tr>
<tr>
<td>Registered Pools</td>
<td>35</td>
</tr>
<tr>
<td>No of pools audited</td>
<td>168</td>
</tr>
<tr>
<td>Legionella audits performed</td>
<td>85</td>
</tr>
<tr>
<td>Internal audits</td>
<td>5</td>
</tr>
<tr>
<td>Complaints</td>
<td>6,188*</td>
</tr>
<tr>
<td>- Food related</td>
<td>978</td>
</tr>
<tr>
<td>- Environment related</td>
<td>5,261</td>
</tr>
</tbody>
</table>

* The difference in total of number of complaints is due to the fact that a complaint may fall under food and environmental health issues.

**Destruction Totals**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic beverages (other than wine)</td>
<td>40.78 Litres</td>
</tr>
<tr>
<td>Bivalve molluscs and products thereof</td>
<td>0.00</td>
</tr>
<tr>
<td>Cephalopods and products thereof</td>
<td>0.00</td>
</tr>
<tr>
<td>Cereals and bakery products</td>
<td>1141.43 Kg</td>
</tr>
<tr>
<td>Cocoa and cocoa preparations</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Port Health Services

Activities included:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count/Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections of marine crafts requested by Malta Maritime Authority</td>
<td>30</td>
</tr>
<tr>
<td>Inspection of refrigerated vehicles requested by Malta transport Authority</td>
<td>102</td>
</tr>
<tr>
<td>Repatriation of human remains</td>
<td>134</td>
</tr>
<tr>
<td>Burial at sea</td>
<td>4</td>
</tr>
<tr>
<td>Processing of requests in respect of import declaration of foodstuffs</td>
<td>24,989</td>
</tr>
</tbody>
</table>

(EU – 22,883 and EEA – 352) notifications and 1,754 import declarations from third countries were processed.
### Processing of requests for importation of pharmaceuticals and allied products
- 10,954

#### Ship Sanitation Control Certificate/Extensions and Exemptions
- 257

#### Number of Inspections of Catering Establishments and Warehouses
- 55

#### Samples taken of imported items of food
- 79

#### Health/Radiation free Certificates issued
- 1,080

#### Undertakings
- 21

#### Inspections of incoming consignments
- 495

#### Destruction Certificates for unfit food
- 7

#### Registration of trader’s application
- 86

#### VAT inspections (in conjunction with other departments)
- 22

#### Contravention reports issued on nonconformities on Food Safety Act
- 3

---

### Port Health Medical Services

Port Health Medical Services were offered from the Floriana Port Health Office, Malta International Airport Health Clinic (Gudja) and the Yacht Marina Health Guard premises. Activities in 2013 included:

<table>
<thead>
<tr>
<th>Conveyances requested approved</th>
<th>1,684</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health events notified on conveyances</strong></td>
<td></td>
</tr>
<tr>
<td>Infectious disease / Health events on ships</td>
<td>6</td>
</tr>
<tr>
<td>Medical Health control advice on ships</td>
<td>6</td>
</tr>
<tr>
<td><strong>Medicinal and Food Supplements products inspected</strong></td>
<td></td>
</tr>
<tr>
<td>Food supplements for personal use</td>
<td>11,823</td>
</tr>
<tr>
<td>Medicine for personal use</td>
<td>1,825</td>
</tr>
<tr>
<td>Other items for personal use</td>
<td>1,836</td>
</tr>
<tr>
<td>Wholesalers medicine importation</td>
<td>3,450</td>
</tr>
<tr>
<td>Wholesalers Reagents importation</td>
<td>325</td>
</tr>
<tr>
<td>Wholesalers veterinary products</td>
<td>215</td>
</tr>
<tr>
<td>Screening of Boat Migrant</td>
<td>24</td>
</tr>
<tr>
<td>Immigrants screened:</td>
<td></td>
</tr>
<tr>
<td>Adult Males</td>
<td>1,252</td>
</tr>
<tr>
<td>Adult Female</td>
<td>242</td>
</tr>
<tr>
<td>Male Minors</td>
<td>438</td>
</tr>
<tr>
<td>Female Minors</td>
<td>76</td>
</tr>
</tbody>
</table>
Food Safety Unit

During 2013 the following inspection on food premises were made:

<table>
<thead>
<tr>
<th>Issuing of approvals in connection with</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Licences (TLU)</td>
<td>581</td>
</tr>
<tr>
<td>Planning Authority (MEPA) applications</td>
<td>230</td>
</tr>
<tr>
<td>Malta Tourism Authority (MTA) applications</td>
<td>199</td>
</tr>
<tr>
<td>Other Temporary Licences</td>
<td>5</td>
</tr>
<tr>
<td>Health Department (SPH Licences)</td>
<td>27</td>
</tr>
</tbody>
</table>

Total number of applications for 2013: 1,046
Total number of inspections performed during 2013: 1,612

Pest Control Services

The Pest Control Section deployed two teams of operatives in Malta and one in Gozo. 327,000 point baits and 2,749 sewers were baited during the year in Malta, while 111 insect disinfections where effected. In total during the year under review, 1,114 complaints were lodged with the Directorate and seen to. On the other hand, 340 complaints were received in Gozo and 25,725 point baits and 2,463 sewer baits were baited, while 3 insect disinfections were affected.

Burials Administration Unit

The Burials Administration Unit is responsible for the running of the Addolorata, Zebbug, Mosta, Burmarrad, Rabat, Mellieha and Ta’ Braxia Cemeteries. During 2013, 1,541 burials were registered at the Addolorata Cemetery whilst 287 were registered in the other government owned cemeteries, while the number of applications for new grave sites in government cemeteries during the year totalled 122; in addition 57 new applications for the transfer of graves by donation or inheritance were also received. The total number of graves cleaned was 398 and while 159 transportation of remains were recorded.

The Directorate also received 53 applications to erect a monument at the Addolorata Cemetery.

The Gozo region is responsible for the administration and management of the Government Cemeteries in Gozo (St. Mary’s Cemetery in Xewkija and Tal-Ghonq Cemetery in Victoria). The number of burials effected in these cemeteries during 2013 was 72. 24 transfers of remains were affected whilst 37 cleaning of graves were carried out.
Drug Control Unit

A major function of this section were the issuing of 23,084 Control Cards for narcotic and psychotropic Drugs and Control of illegal adverts on tobacco (94) and /or tattoos (28) via internet

Food Safety Commission Secretariat (FSCS)

During 2013 the Food Safety Commission Secretariat continued with the registration of new premises and updates of existing ones. By the end of 2013 there were a total of 14,294 registrations entered on the official Food Premises Register as required by LN 180 of 2001. Of these registrations 304 were marked as temporary closed, 1371 as permanently closed and 3209 as definitely closed thus leaving a total of 9,409 premises open. During the same year, a total of 1083 new registrations were made, out of which 52 are still temporary. From the 1083 registrations inserted, 46 were definitely closed (2 of which were still temporary registered) and 2 were temporary closed. This means that a total of 985 new premises were added to the premises register during the year.

18 food premises certificates were issued, yielding a revenue of Euro 209.70. These certificates were issued at the request of the licensees of the premises concerned.

9163 food handler cards were issued in 2013. 687 food handlers were issued with a Category A card whilst 8415 food handlers were issued with a Category B card, while 61 lost cards were re-issued.

There are 36,270 food handler cards of which 1391 are of Category A and 34,909 Cards are of Category B.

New Food Hygiene Course Providers (FHCP) are authorised by the unit. Presently there are 75 FHCPs individuals or organisations approved to provide food hygiene courses.

PUBLIC HEALTH LABORATORY

The Public Health Laboratory (PHL) continued to provide the vital analytical backup service for the whole department.

During the calendar year 2013 the PHL received 2644 requests for investigation out of which 1407 samples were in connection with complaints and requests to check compliance with specific legislations, while, 1237 samples were requested by sampling programs. The 1237 sampling programs were agreed to by the Health Inspectorate Services.

In total during the calendar year 2013 a total of 7,856* samples were examined for various test parameters at the Public Health Laboratory. The following list summarises the samples submitted from different sources as well as the samples analysed in the different sections of the Laboratory:
### Food for Chemical Analysis
1,016

### Water for Chemical Analysis
1,532

### Environmental Samples for Chemical Analysis
96

### Food for Microbiological Analysis*
949

### Samples (Environmental Swabs) for Hygienic Standard
632

### Water for Microbiological Analysis
3,265

### B. Culture testing
366

**TOTAL**
7,856

* A large number of food samples tested in 2013 consisted of five sub-samples (N=5).

### Consultations

Consultations on national and EU strategies, policies, programmes, and reports arising in 2013 included the EU sustainable development strategy (MTCE); Environmental country report (MEPA); State of the Environment Report 2013 (MEPA); Communication from the commission (A decent life for all: Ending poverty and giving the world sustainable future (OPM/MTCE); Proposal for a decision on the 7th Environmental Action Programme (MTCE/DPDEUIA); Instruction note for expert working group – End of Waste (Biodegradable) (OPM/MTCE); Draft council conclusions on the post-2015 MDG Framework (OPM/MTCE); Briefing notes for informal council of environment ministers (air quality) (OPM/MTCE); Draft Council Conclusion – An overarching framework post-2015 (OPM/MTCE); EU pilot on transposition of the waste directive (MSDEC-EUD); Working party on environmental issues (Mhec-DPDEUIA); Semma Lehn - Riforma MEPA (MSDEC); UN high level panel report (ENV Council) (MSDEC OPS); Proposal for directive of European parliament amending directive 2011/92/EU (MSDEC-EUD); Strategic plan for environment and development (MEPA); COM (2012) 628 on EIA (MEPA); Implementation of Malta’s National Biodiversity Strategy and Action Plan (NBSAP) (MSDEC) and the Practical portfolio for Environmental Health students

### Consultations on major projects through MEPA included:

The South Sewage Treatment Plant (polishing plant, water reclamation and landscaping); Delimara Gas And Power – combined cycle gas turbine power plant and liquefied natural gas receiving, storage and regasification facilities and the Cement silo, Laboratory Wharf, Kordin.

### Other work of this unit included

The Evaluation of Implementation Level of Environmental Health Performance Review (EHPR), Malta 2009 Recommendations; National Environment and Health Action Plan; TACTICS project; MCCAA technical committee: Indoor Play Areas – Requirements for Play facilities Safe Operation and Their Management; Indoor Radon Levels; Environmental Health Inequalities Report; Implementation of Framework Convention on Tobacco Control; Tobacco Ingredients
monitoring and replies to questionnaires; Electronic Model Tobacco Control (EMTOC); Zoonosis Control Programme; Radiation Protection

**HEALTH PROMOTION AND DISEASE PREVENTION DIRECTORATE**

The Health Promotion and Disease Prevention Directorate within the Department for Health Regulation has the main aim to protect and promote the health of people on the Maltese Islands.

**INFECTIOUS DISEASE PREVENTION AND CONTROL UNIT (IDCU)**

Various initiatives were carried out by the Infectious Disease Prevention and Control Unit during 2013, these included:

- The finalization of the communicable disease and prioritisation exercise to identify priority infectious diseases;
- Procurement of a mobile chest x-ray machine and 3 isolation units. These were placed in detention centre in Hal-Far to enhance health screening and isolation of migrants;
- A week field visit was held by International Organisation for Migration (IOM) as part of an EU project Equi-health. The aim was to promote the appropriate health care provision to migrants in southern borders of the EU;
- A week’s visit by World Health Organisation (WHO)/ ECDC/ CDC delegates on project “Public Health aspects of Migration in Europe” to pilot their toolkit for assessing local health system capacity to manage migration in crises contexts in Malta. A report was drafted by the team;
- Participation in an Episouth simulation exercise (Nautilus exercise) for all members (EU and non EU) to test the functionality of national generic emergency preparedness plans;
- Malta was chosen as one of four countries for Episouth work package 7 to undertake an assessment involving a national situational analysis on coordination of surveillance between points of entry and national health systems which involved assessment of the infectious disease surveillance systems in place in Malta;
- Involved in improving quality standards in private medical diagnostic laboratories;
- Involved in two EU projects: Episouth Plus as associate partners and Flu Resp as collaborative partners;
- Launched the Sexual health media resource pack, launched the Sexual Health Website and produced leaflets on Hepatitis, HIV for Drug Users and a leaflet that focused on women’s sexual health. Sexual health outreaches were also conducted in schools, the community and work places;
- Participated in international meetings related to infectious diseases, preparedness and response to threats, migrant health, health security;
- Held lectures and talks within schools, workplaces, on TV and Radio on communicable diseases;
• Screened 2008 irregular migrants who arrived by board for TB, out of which 72 had an abnormal screening and were referred to the Chest Clinic for assessment, while 11 cases of active tuberculosis were found.

LEGISLATION & POLICY

National Breastfeeding Policy

The National Breastfeeding Policy was revised by a multi sectoral working group during 2013 and is expected to be released for consultation in 2014.

Food and Nutrition Policy and Action Plan (FNAP) for Malta

Work on the drafting of the Food and Nutrition Policy and Action Plan for Malta continued during 2013 following feedback from WHO. This Plan will be issued for consultation in 2014.

Alcohol

The Unit contributed to the drafting of the National Alcohol Policy and to its amendments following consultation among stakeholders. The Policy is being formulated under the Ministry of the Family and Social Solidarity.

PROJECTS AND INITIATIVES

Alcohol

A campaign highlighting the dangers of driving under the influence of alcohol was held throughout the month of December to remind the public to avoid consuming alcohol if driving, and the alternatives available. This campaign was organised through a working group set up by the unit and included representatives of the Police, Mater Dei Emergency Department, CPD, Malta Transport, SEDQA and Malta Touring Club.

Cancer Prevention

Cancer Week

The Unit kept its annual appointment to hold a Cancer Prevention Week in May which was launched at Mater Dei Hospital. The focus of the campaign was to promote the fact that certain cancers are preventable through the adoption of a healthy lifestyle. A number of outreach activities were held throughout Malta and Gozo, including at MCAST and at University leading to World No Tobacco Day.

Euro melanoma Day

An initiative promoting awareness of the harmful effects of the sun was carried out in collaboration with the Department for Dermatology. The message promoted the precautions that need to be taken to avoid exposure and utilised mainly billboards.
National Breastfeeding Week

The aim for this year’s National Breastfeeding Week (18th – 24th November) was to raise further awareness on the importance of breastfeeding. The campaign organised by a multi-disciplinary group consisted of a series of radio adverts, advertisements on bus shelters, the publication of a new booklet ‘Nutrition in Pregnancy’ as well as the annual seminar, particularly mothers to be on issues relating to successful breastfeeding and weaning.

World Health Day – Hypertension

To mark ‘World Health Day’ (7th April) a series of activities were held in health centres during which the general public was invited to check their blood pressure and speak to a nutritionist. They were also encouraged to reduce salt in their foods and to monitor their blood pressure on a regular basis. A new publication was also launched in Maltese and English on “Hypertension and the Diet”. A specific event for MEPA employees was also held.

World Stroke Day

To mark this day (29th October) a campaign was launched aimed at increasing awareness of the initial signs of a stroke so that the affected persons can be given immediate medical attention. The campaign title was “Stop Stroke Fast” and a new publication was also launched. This was a collaboration with the Neurosciences Department at Mater Dei Hospital.

Salt Awareness Week

This year’s Salt Awareness Week (March 11th – 17th) focused on ‘Salt and Hypertension’. The aim of this initiative was to raise further awareness on salt reduction and the prevention of hypertension. The campaign included the use of social media messages over a period of two weeks.

Obesity Campaign

Obesity Week was celebrated between 17th and 21st June with the theme being food portion size. This activity was jointly organised with Primary Care within the Ministry. Presentations took place in Health Centres as well as the availability of nutrition advice about portion sizes and measurement of BMI. The campaign included TV and radio PSAs to encourage the public to be aware of the importance of reducing food portions. Information on portion size for optimal weight was placed on Facebook.

World Diabetes Day

World Diabetes Day was celebrated on the 14th November. Local statistics show that 10% of the Maltese population has diabetes. An outreach took place in Valletta in collaboration with MMSA, together with media information on radio, television and Facebook. A series of healthy recipes were disseminated in collaboration with Helping Hands Foundation.
**Tobacco**

*Smoking Cessation Training for Health Professionals*

As part of the National Cancer Plan, talks and training on the smoking cessation toolkit was given to different Health professionals at the Qormi, B’Kara and Rabat Health Centres. The training covered the importance of being role models, their role on encouraging cessation and also on opportunistic brief interventions. The aim was to help health professionals gain insight into the quitting process, trigger cessation, guide and refer smokers as appropriate.

A open access pilot project was set up in the evenings at Floriana Health Centre. The aim was to eventually have smokers ‘walk-in’ for advice after being referred to this service. Thirty-eight smokers used this service and were also referred to community programmes for follow up. Other services related to tobacco cessation included a Pre Operative Admission Clinic at Mater Dei Hospital, participation in the EU-wide ‘Ex-smokers are unstoppable’ campaign, the provision of a Smoking Cessation Service to staff at MDH, various outreaches within educational and community settings.
The Quitline and the Freephone are available for the general public wanting to seek support related to smoking cessation or to apply for smoking cessation classes. On average the Quitline answers to about three calls a day, averaging around 750 calls in a year.

- One to One Counselling on Tobacco Cessation.
- Smoking Cessation Classes in various settings were held.

**Physical activity**

Physical activity events included Dingli Summer adventure for teenagers (a combination of different sports activities, nutrition and cooking sessions) as well as a charity event with Zumbatomic and zumba sessions for children and adults, a bike marathon event over 3 days was also held together with a Get walking or Running campaign with the B’Kara St Joseph Club. Various Kid’s Athletics Sessions as part of the physical activities were also held in primary schools.

**Workplace Health Promotion**

The Unit this year enhanced its work within the workplace setting by collaborating and offering its services to the a number of new entities as well as continuing its collaboration with companies from previous years. These included MCCAA, MEPA, Go and BOV plc.

**Community Aerobics Services**

Free Aerobics Classes in collaboration with local councils were held.

The following are the number of classes organised for all the three services offered by the Directorate throughout 2013.

<table>
<thead>
<tr>
<th>Service</th>
<th>No of classes</th>
<th>No of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobics</td>
<td>42</td>
<td>981</td>
</tr>
<tr>
<td>Weight Management</td>
<td>41</td>
<td>757</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>19</td>
<td>421</td>
</tr>
</tbody>
</table>

**HEALTH CARE STANDARDS DIRECTORATE**

The most important achievements of the Directorate during 2013 were:

The licensing of Public and Private Clinics and Hospitals
Currently there are nine private clinics/hospitals in Malta. These were inspected during 2013 to ensure that standards of care are being upheld. External professional services to augment the department’s Inspectorate Team were engaged by obtaining the services of consultant specialised in anaesthesia. DHCS also collaborated with the St. Luke’s’ Hospital Engineering Division, various staff from Mater Dei Hospital and the Environmental Health Department to augment its Inspection Team. For each Private Clinic inspected, the yearly license was issued by the Minister for Health, after the Directorate had presented the inspection report for each entity, together with specific recommendations for the amelioration of service provision.

For the first time, during 2013, the Health Care Standards Directorate started to inspect Public Hospitals including Mount Carmel Hospital and Karen Grech Rehabilitation Hospital.

The process of inspection of Mater Dei Hospital was also finalised during 2013 and the hospital has now been licensed for the first time.

The licensing of Homes for Older Persons and Long Term Care Wards

The homes for older people which are run by the private sector, the Church and the public sector total 38. During the year inspections were made to ensure standards of care are being upheld. All 38 homes are now licensed up to the end of 2014. Zammit Clapp was licensed for the first time both as a home for the elderly and part of its ground floor as a mental nursing home.

There are also 5 Long Term Care premises/wards which house older people. These include St. Jean Antide Ward, San Gorg Preca and Santa Bernadetta Ward within the Mount Carmel Hospital premises and the Male Geriatric Ward and St. Anna within Gozo General Hospital. The total number of licensed beds in these long term care wards is 218. These are now also licensed up to the end of 2014.

<table>
<thead>
<tr>
<th>Homes for Older Persons</th>
<th>Number of Homes</th>
<th>Number of Licensed Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Homes</td>
<td>16</td>
<td>763</td>
</tr>
<tr>
<td>Private Homes</td>
<td>13</td>
<td>1191</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>29</strong></td>
<td><strong>1972</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homes for Older Persons</th>
<th>Number of Homes</th>
<th>Number of Licensed Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Homes</td>
<td>7</td>
<td>820</td>
</tr>
<tr>
<td>Zammit Clapp Hospital Resident Floor</td>
<td>1</td>
<td>117</td>
</tr>
<tr>
<td>Government Long Term Care facilities including St</td>
<td>6</td>
<td>1718</td>
</tr>
</tbody>
</table>
The Health Care Standards Directorate was also involved in assessing requests by a number of Homes for Older Persons to increase the number of beds.

**The Licensing of Rehabilitation Hospitals/Centres**

The Rehabilitation hospital, Karen Grech has also been recommended for licensing during 2013 together with a private rehabilitation Centre in Sliema. The total number of beds licensed in these rehabilitation centres totalled 351 beds.

**The Licensing of Dementia Care Facilities**

The Health Care Standards Directorate also inspects homes/units specialised in dementia care in order to ensure that standards of care are upheld. During 2013, the Directorate inspected three public and one private ward, all of which are used as homes for the elderly specialising in dementia care and issued a recommendation for their licensing. The number of beds licensed as dementia care beds totalled 91 beds.

**Expansion of the Licensing Remit of the Health Care Standards Directorate**

During 2013, the Directorate assumed responsibility for the administrative issues related to the licensing of various clinics related to the provision of health services and services that affect health. These include dental, podology, physiotherapy, acupuncture and radiology clinics, medical diagnostic labs and tattoo/body piercing studios. All these premises were inspected during 2013 and were recommended for licensing. The current number of licensed establishments and service providers is found in the table below.

<table>
<thead>
<tr>
<th>Vincent de Paule Residence</th>
<th>14</th>
<th>2655</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of beds licensed as dementia care beds totalled 91 beds.
### Category of Establishment or Service Provider

<table>
<thead>
<tr>
<th>Category of Establishment or Service Provider</th>
<th>Number of Licensed Establishments or Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental clinics</td>
<td>102</td>
</tr>
<tr>
<td>Podology clinics</td>
<td>5</td>
</tr>
<tr>
<td>Medical diagnostic laboratories</td>
<td>11</td>
</tr>
<tr>
<td>Acupuncture clinics</td>
<td>2</td>
</tr>
<tr>
<td>Physiotherapy clinics</td>
<td>8</td>
</tr>
<tr>
<td>Radiology clinics</td>
<td>12</td>
</tr>
<tr>
<td>Tattooists</td>
<td>76</td>
</tr>
<tr>
<td>Body Piercing</td>
<td>29</td>
</tr>
<tr>
<td>Semi-permanent make up tattooists</td>
<td>24</td>
</tr>
</tbody>
</table>

### The Investigation of Service Users Complaints

DHCS continued to investigate users' complaints. These investigations amounted to 36. These filtered reports necessitate to be subject to a structured analysis which took into account the wider factors within the organization which may have given rise to the complaint.

### The Nature of Complaint

<table>
<thead>
<tr>
<th>Nature of complaint</th>
<th>Number of complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints related to standards in Homes for Older Persons</td>
<td>17</td>
</tr>
<tr>
<td>Complaints related to services given by a health service provider and standards of care</td>
<td>8</td>
</tr>
<tr>
<td>Reports/complaints related to licensing issues</td>
<td>4</td>
</tr>
<tr>
<td>Reports related to Health Care products</td>
<td>1</td>
</tr>
<tr>
<td>Complaints related to performance of various miscellaneous procedures that have an impact on health e.g.: laser treatments, dental whitening, provision of dietary advice</td>
<td>6</td>
</tr>
</tbody>
</table>

### Formulation, Monitoring and Introduction of Standards for Health Care

As part of a Working Group the Directorate contributed to the finalisation of the drafting of national standards for the use of medicines which were submitted for consultation in relation to the standards related to medical equipment within ambulances and vehicles used in the
transportation of patients. The Directorate continued working on the standards on Practices of Mild/moderate sedation in Dental Practices drafted in the previous year in order to widen the scope and applicability of these standards not only to dental practice but to all other ambulatory, non-operating theatre settings.

As part of a Working Group the Directorate finalised the drafting of National standards for Homes for Older People. Representatives from the Directorate also form part of a Working Group for the drafting of standards for Residential Care for Persons with disabilities.

**Regulatory Aspects related to Substances of Human Origin**

One of the functions of the Health Care Standards Directorate is to see that the standards set for the Quality and Safety of Blood and Blood components and of Tissues and Cells Intended for Human Transplantation are reached. The Health Care Standards Directorate is responsible for monitoring that the EU legal obligations emergent from the transposition into Maltese legal framework of the EU Blood and Blood Components Directive as well as the Tissues and Cells Directive are satisfied.

The year 2013 showed that the haemovigilance system for the reporting and investigation of serious adverse events and reactions related to blood transfusion is now well established following the re-engineering of the system in the previous years. The collection of reports on Adverse Reactions and Events related to blood transfusion by the Haemovigilance Unit within the Directorate continued throughout 2013. The number of reports received by the Haemovigilance Unit during 2013 has stabilised to a level of approximately 57 reports per annum. The sixth Maltese National Haemovigilance Report with data pertaining to 2012 was submitted to the European Commission as stipulated by the EU Directives on Blood and Blood Components.

In a similar manner, the directorate also continued to refine the system for reporting of Adverse Reactions and Events related to Tissue/Cell Transplantation. The fifth report on Adverse Reactions and Events related to Tissue/Cell Transplantation pertaining to 2012 was submitted to the European Commission.


During 2013, the Directorate continued strengthening the Rapid Alert System for the dissemination of alerts related to Substances of Human Origin. This included involvement in an EU-wide network, communication at EU level through the CIRCA (Communication and Information Resource Centre Administrator) platform and the distribution locally of alerts to the interested stakeholders. The Directorate also participated in the reengineering of the system of alerts which will be replaced at an EU level by the RATC (Rapid Alert on Tissues and Cells) System. This included the development of a protocol for the creation and dissemination of alerts.
During 2013, the Directorate has finalized the setting up of the mechanisms and structures to have the stem cell collection service providers assessed with an intention to regulate and license according to national legislation.

The Directorate also attended various EU level meetings on behalf of the Competent Authority on Blood, Tissues and Cells and Organs. The Health Care Standards Directorate continued with its networking with other European partners with the aim of sharing best practices and developing competencies and skills for the inspection, regulation and licensing of tissue and cell establishments in line with the EU Tissue and Cells Directives.

A novel area that Directorate has worked on during 2013 was that of the Quality and Safety of Organ Transplantation. Following the transposition of Directive 2010/53/EU on standards of quality and safety of human organs intended for transplantation that was published as Legal Notice 345 of 2012, the Directorate has actively embarked on ensuring the implementation of the provisions of the above Directive and its relative transposition. The Directorate has conducted a transposition check of the above Directive. Currently the Directorate has embarked on the transposition of a new Directive- Commission Implementing Directive 2012/25/EU of 9 October 2012 laying down information procedures for the exchange, between Member States, of human organs intended for transplantation.

The Directorate is also assisting in setting up the appropriate regulatory mechanisms related to organ transplantation. The Directorate has actively contributed to the ACCORD Joint Action (the Joint Action between Member States and the European Commission on Achieving Comprehensive Coordination in Organ Donation throughout the European Union) and is currently building up capacity on related regulatory issues.

Preventive Programmes for the Mitigation of the Ill-Effects of Extreme Weather Temperatures on Vulnerable Persons.

During 2013, The Health Care Standards Directorate continued working on the preventive programmes to mitigate the ill effects of extreme weather temperatures - namely heat waves in summer and extreme cold in winter – on vulnerable residents in Homes for Older Persons licensed by the Directorate.

A number of surprise inspections were carried out to ensure Departmental recommendations were being followed and that all Homes for older persons took measures to guarantee that residents did not suffer from any ill effects, such as those due to hypothermia and the heat wave effects.

During the cold season, the directorate inspected and audited 8 Government Homes, 14 Private Homes and 16 Church Homes. Also 2 wards at Gozo General Hospital and 3 wards at Mount Carmel Hospital to assess the preparedness of the Homes for protecting older persons from the
cold weather. During the summer months, the Directorate inspected 5 Government Homes, 7 Private Homes, 6 Church Homes, 4 wards at St. Vincent de Paule Residence, 3 wards at Mount Carmel Hospital, 2 wards at Karen Grech Rehabilitation Hospital, and Zammit Clapp Hospital to assess their preparedness for heat waves.

Collaboration with other Directorates

Collaboration with the Director for Elderly Care also continued as part of the screening process in the Private Public Partnership (PPP) scheme. The Directorate screens and actively engages in a propitious process to ameliorate the conditions of care in the Homes from which Government considers buying beds for Older Persons under the PPP scheme. The Directorate worked on the production of an Environmental Grading tool for assessing the environment within Homes for Older Persons. Work and collaboration continues with the Director of Health Information and Research, to ensure that the granularity and content of the data collection especially at Mater Dei as in the Hospital Activity Analysis, will enable effective monitoring and auditing by the development of clinical performance indicators. One of the main purposes of this collaborative initiative is to increase the scope of the data being collected to meet national and international health care reporting obligations. Furthermore the active participation of the Health Care Standards Directorate is to ensure that such data could be transformed into information for quality monitoring as well as comparative analysis of key performance indicators. This inter-Directorate collaboration upholds relevant European initiatives such as the Minimum Hospital Data Set, and System of Health Accounts and Health Labour Accounts. This initiative aims at starting to address the need for improved effectiveness and efficiency of performance indicators and their linkage to other governance policies. The Directorate actively participates in inter-Directorate initiatives of having a standardized system for data collection to be able to uniformly code, validate and analyse clinical information.

Medical Devices Alert cascade

DHCS continued to be actively engaged in the Medical Devices Alert cascade. It is subsequent to the close collaborative networking between DHCS, the Director of Procurement at Mater Dei Hospital and the Malta Standards Authority, that we could contribute jointly to this 'engineered safety devices' structured approach as per EU Directives. During 2013, all the Public and Private Clinics/Hospitals continued to be included in this Medical Devices Alert cascade.

Data on Homes for Older Persons

The Health Care Standards Directorate regularly collects data on the distribution and the level of dependency of residents in Homes for Older Persons in the Church, the Private and the Public sector. In addition, it also collects data on the staffing levels within these homes. In determining appropriate staffing levels in all care homes, and in nursing care homes in particular, the regulatory requirement that staffing levels and skills mix are adequate to meet the assessed and recorded needs of the residents at all times in the particular home in question must be met.
Influenza vaccination uptake in Homes for Older Persons

During 2013, the Directorate issued a memo to all Homes for Older Persons encouraging the uptake of influenza vaccination and collected data on influenza vaccination uptake in these Homes. The influenza seasonal vaccine in Homes was then monitored and found to range between 72% and 100% in 41 homes. The average influenza vaccine uptake in the Homes for Older Persons was 94%.

Dr Richard Zammit
Superintendent of Public Health
Introduction

Besides executive responsibility for the above mentioned Directorates, the Chief Medical Officer provides an overseeing and coordinating function for the following health service entities:

- Mater Dei Hospital & Sir Paul Boffa Hospital
- Primary Health Care
- Mount Health Services
- Rehabilitation Hospital Karin Grech

Main Highlights

During 2013 the Department of Health carried out the following main activities:

Organisational Development

- Management Committee for Department of Health
- Heads of Services Forum
- Continued implementation of Quality Management System
- Training
- The Employee of the Year Award

Capacity Building

- Recruitment of new graduates
- Recruitment of medical specialists

Strategy Development

- Updating of Health Systems in Transitions (HiT) Report

The Department of Health Information and Research coordinated the compilation of the second edition of the Health Systems in Transition report in close collaboration with the European
Observatory on Health Systems and Policies. The previous edition was published in 1998 and available at the Observatory website. These reports employ a standardised methodology to document health systems around Europe. This second edition will include an overview of organisation and governance, financing, resources, services provided, recent reforms and future developments. A summary was presented in a lunch workshop during the European Public Health Conference in November. The publication of this second edition is expected in the second quarter of 2013.

**Preparation for drafting of National Health Systems Strategy**

Work on the drafting of a National Health Systems Strategy started in June 2012. A project team has been set-up specifically for this project and the work on this strategy is ongoing. This group is benefitting from technical assistance from the Directorate of Health Systems and Public Health of the WHO Europe. This technical assistance will be also assisting the Department on work associated with the Health Systems Performance Assessment.

**Statistics**

During 2013, the Office of the Chief Medical Officer performed the following activities:

- 780 Parliamentary Questions
- 70 Circulars issued
- 7 Selection Boards chaired
- 83 Queries and 70 Complaints processed
- 106 Disciplinary Cases processed
- 921 files processed

**Quality Management System**

In 2013 the Department of Health incorporated seven directorates and three units all of which operate under the principles of a Quality Management System initiated in 2010. The principles applied are based on ISO 9001.

The annual quality systems training program has been established wherein training on principles and fundamental aspects of the QMS, SOP writing and control of documentation is delivered to newly deployed staff, new recruits and to basics specialist trainees that are engaged with the department. Retraining was also given to staff that required it.

By end January 2013 all Internal Audits reports from 2012 were signed off and directorates including office of the Chief Medical Officer had completed their corrective and preventive actions. The criteria in 2012 was:

- Internal Communication (evidence of management meetings and staff meetings)
- Staff Development – training files and training records
Therefore Directors were asked to introduce Management meetings and staff meetings where these were not being done. There was also a follow up on Communications through a survey in the form of a questionnaire using uploaded on to survey monkey.

Two surveys:

- With all the Department employees circa (100)
- Only at Director Level

The participation of the employees was encouraging:

A seminar took place later on in the year to present the findings.

The second issue of Quality Manual was re drafted to reflect the department of health’s structure, vision, mission, values and objectives and was reviewed and authorised by Chief Medical Officer.

Internal audits were held from June to September 2013 and covered 7 directorates and CMO’s office. The audit’s criteria was:

- To look for best practices
- Compliance with written procedures covering main processes and activities including general SOPs
- New areas of activity
- Confirm corrective action taken from the 2012 internal audits

For the benefit of the department as a whole, the internal auditors were also asked not only to report non-conformances and opportunities of improvement but also to highlight best practices in their reports. The aim of this was to share good practice, knowledge and skills across the department. Best practices are brought forward at the Management Review the following year.
The Quality Systems Coordinator was requested to assist the NGO Coordinator to find an appropriate mission statement, objectives and a strategy on how to introduce KPIs.

Boffa Hospital also requested assistance in introducing documented procedures in the area of Human Resources.

A new element to self regulation was introduced through self assessment questionnaires and identification by each directorate of at least 3 KPIs and 2 QIs. This has yet to be fully implemented.
Directorate for Policy Development, EU and International Affairs

The main function of this Directorate is to coordinate the formulation of the Ministry’s position on policies proposed by the EU and functions as the local and international link that explores and utilises opportunities arising from EU membership and bilateral / international relations. Policy development takes place on an ongoing basis through the submission of reports, positions and questionnaires in response to requests from the European Commission. This Directorate plays also a major role in drawing up policies in the areas of public health, health care services and long-term care whilst promoting the sustainable development of the Maltese health sector in line with service users’ and national needs and priorities.

The Directorate embraces the mainstreaming of health in all policies through its work and collaboration in inter-sectoral activities and reviews. It is frequently consulted by other Ministries and entities to review their positions on various subjects in order to ascertain that health aspects are promoted and appropriately catered for.

The Year Under Review

Policy Development

Policy development takes place on an ongoing basis through the submission of reports, positions and questionnaires in response to requests from the European Commission. The Directorate is also involved in the promotion of the concept of ‘Health in all Policies’ through its work and collaboration in inter-sectoral activities and reviews. It is frequently consulted by other Ministries and entities to review their positions on various subjects in order to ascertain that health aspects are promoted and appropriately catered for.

Other specific areas of health policy development carried out by this directorate during 2013 include the following:

Policy Development

Policy development takes place on an ongoing basis through the submission of reports, positions and questionnaires in response to requests from the European Commission. The Directorate is also involved in the promotion of the concept of ‘Health in all Policies’ through its work and collaboration in inter-sectoral activities and reviews. It is frequently consulted by other Ministries and entities to review their positions on various subjects in order to ascertain that health aspects are promoted and appropriately catered for.
Other specific areas of health policy development carried out by this directorate during 2013 include the following:

- Work related to the transposition of the Directive of the EU on the application of patients’ rights in cross-border healthcare (Directive 2011/24/EU) into Maltese legislation as well as the required administrative set up to implement it. The Department followed closely issues related to the implementation of the Directive which were being discussed in the various committees set up under the Directive and provided policy advice particularly with regards to transposition. This Directive was transposed by the set deadline of 25th October 2013.

- The Department was tasked with the drafting of an active ageing strategy in line with the requirements set out the through the Country Specific Recommendation of July 2011. A draft of the strategy was finalized in March 2013 and in April the draft was passed on to the new Ministry responsible for Active Ageing, i.e. the Ministry for Family and Social Solidarity.

- The Directorate actively contributed to the work of Core Group set up by the CMO for the drafting of a Health Systems Strategy. This group went through a rigorous process of identifying and supplementing measures in the vertical/sectoral strategies that had been launched or are being drafted over the past 10 years. The National Health Systems Strategy (NHSS) is adopting a ‘people-centred approach’ by involving and classifying all stakeholders into four major domains: patients, families and communities; health professionals, healthcare organisations and health authorities. Measures are being designed and guided by the ‘life course approach’ through which different life phases starting from the pre-conception/planning a pregnancy stage is considered. The draft NHSS was completed and preparations are being made for the launch of the consultation process in early 2014 with a view to the finalisation and publication of this overarching strategy by mid-2014.

- Work on the compilation of a Health Systems Performance Assessment Framework (HSPA) was started with the collaboration of technical assistance from the WHO Europe. This work has been carried forward into 2014 with an expected date for completion set for the last quarter.

- The Directorate acted as the Ministry focal point on issues related to the introduction of Health in the European Economic Semester. Work included the provision of the Ministry position on proposal issued by the European Commission as well as monitoring of the implementation of measures to address the health Country Specific Recommendation.

- Monitoring the implementation of measures within the The National Cancer Plan (NCP) for the Maltese Islands 2011-2015 also through the Steering Committee set up to oversee the implementation of the NCP. During the year three Steering Committee meetings were convened, and the evaluation report on the first completed round of the National Breast
Screening Programme performed by the International Agency for Research on Cancer (IARC) was completed and presented. The ColoRectal Cancer screening programme was launched in late 2012 was consolidated and a mid-term evaluation of the implementation of the NCP was carried out by two French experts in collaboration with the Embassy for France. The report for the latter evaluation is expected in early 2014.

- Drafting working continue on National Plan on Rare Diseases (NPRD) and other policies including one on community paediatric healthcare services as well as the development of specialised healthcare services for persons with Eating Disorders. The NPRD was finalised and is awaiting launch for consultation in 2014. The Directorate led the drafting and completion of a chapter focussing on Health for inclusion in the draft National Strategy to combat Poverty and the National Children’s Policy.

- Monitoring and updating of health aspect within the “National Strategy Report on Social Inclusion and Social Protection 2008-2010” and input as health representative on the Social Protection Committee. During 2013, the Directorate continued to assist the Directorate for Programme Implementation with the monitoring and reporting on the implementation of the measures proposed in the report for 2008-2010 in the field of Health and long-term care and its update report which was created and forwarded to the Lead Ministry.

- The Directorate was also responsible to provide policy advice on Entitlement Policy.

During this year the Directorate accommodated 1 specialist trainee in Public Health Medicine and 1 trainee in European Public Health for a period of 3 months each. The trainees were trained and given duties related with Policy Development and also with EU and International Affairs.

**EU Affairs Policy Co-ordination**

DPDEU is responsible for coordinating Malta’s participation in EU structures and processes through coordination with local stakeholders including EU Secretariat, other Ministries and the Permanent Representation in Brussels. The core tasks pertaining to the EU Affairs Directorate on a daily basis in the field of policy coordination are the following:

**Memoranda and Instruction Notes**

The process to deal with new Commission proposals at the various levels of discussion is coordinated by the EU Affairs Office. The EU Affairs Office is responsible for the preparation of instruction and briefing notes (and speaking notes as necessary) for our Maltese representatives attending Council working parties, MERTENS and COREPER meetings, as well as meetings of the Council of Ministers.

The directorate continues to employ a process of wide consultation in drawing up Malta’s position on EU proposals by communicating with a wide range of stakeholders (internal and
During the formulation process of the position of Malta on these proposals. Key issues that were of direct relevance to this Ministry during 2013 included the following discussions on the new Tobacco Directive, the Proposal for a Revision of the Transparency Directive, Proposal for a Regulation on Pharmacovigilance fees payable to EMA, Proposals for Commission Legislative Proposals on Medical Devices and Clinical Trials, the transposition and implementation of the Directive on Patients’ Rights in cross-border care, Protocol under the WHO Framework Control of Tobacco Convention, food labelling and safety, eHealth Action Plan and health in the European Economic Semester.

During 2013, the Directorate produced 120 Instruction Notes, 60 Briefing notes and Speaking Notes and 15 Explanatory Memoranda. Four Inter Ministerial Committee (IMC) meetings were held during 2013 and a representation of this office was present in all of them. The following Explanatory Memoranda were prepared for presentation to IMC:

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM (2012) 561</td>
<td>Proposal for a Council Regulation establishing a Community system for registration of carriers of radioactive materials</td>
</tr>
<tr>
<td>COM (2013) 603 (Joint with MEDE)</td>
<td>Proposal for a Council Recommendation on promoting health-enhancing physical activity across sectors</td>
</tr>
</tbody>
</table>

**Transpositions**

The Directorate follow-up and coordinated the timely transposition of the following Directives:

- Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare
- Directive 2011/70/Euratom establishing a Community framework for the responsible and safe management of spent fuel and radioactive waste
- Directive 2012/26 EU amending Directive 2001/83/EC as regards pharmacovigilance
• Directive 2011/62/EU amending Directive 2001/83/EC on the Community Code relating to medicinal products for human use, as regards the prevention of the entry into the legal supply of falsified medicinal products

**EU Presidency Topics**

The following were the main legislative and non-legislative health items tackled during the Irish Presidency (January - June 2013) and Lithuanian Presidency (July - December 2013).

• Proposal for a Directive of the European Parliament and of the council on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products
• Proposal for a Regulation of the European Parliament and of the Council on food intended for infants and young children and on food for special medical purposes.
• Council Conclusions Reflection Process – Towards Modern, Responsive and Sustainable Health Systems
• Reflection Process on Innovative Approaches for Chronic Diseases in Public Health and Healthcare Systems
• Health & Well Being: Childhood Obesity
• Children with complex development needs
• Patient Safety
• Towards a Smoke-Free Environment
• Mental Health and Well-being of Older People
• EU Action Plan on Drugs (2013-2016) - Adoption
• Provisions relating to the import of Active Pharmaceutical Ingredients in the Falsified Medicines Directive Middle East respiratory Syndrome corona virus MERS-CoV
• The Impact of the Economic Crisis on Health Systems of EU Member States
• eHealth: Opportunity for Innovation
• Is Differential pricing a way forward for better access to Pharmaceuticals in Europe?
• The EU health policy framework after 2013 - How can we make it better?
• Sustainable Health Systems: Long-Term Perspective
- Transposition of the Directive 2011/21/EU on the application of patient’s rights in cross border Healthcare
- EU Health Information System
- Role of the EU in International Health Fora
- Commission Regulation amending Regulation (EU) No 432/2012 establishing a list of permitted health claims made on foods other than those referring to the reduction of disease risk and to children's development and health
- Commission Implementing Regulation establishing the Union list of authorised smoke flavouring primary products for use as such in or on foods and/or for the production of derived smoke flavourings

**Participation in Overseas Meetings**

The Directorate coordinates attendance to EU meetings in order to ensure that Malta is appropriately represented at all meetings where important decisions are taken. The office is also responsible to identify and nominate national experts in the field of medicines, food, occupational health and safety, communicable and non-communicable diseases and other public health organisations and networks.

This Office participated actively in EU related conferences, seminars, workshops and meetings both locally and abroad. Key overseas meetings attended included:

- 62nd Session of the United National Children’s Rights Council (January 2013)
- Informal Ministerial Council (March 2013)

<table>
<thead>
<tr>
<th></th>
<th>Council</th>
<th>Commission</th>
<th>Presidency</th>
<th>WHO</th>
<th>Others</th>
<th>Total</th>
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<tr>
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<td>1</td>
<td>2</td>
<td>1</td>
<td>6</td>
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<tr>
<td>Public Health</td>
<td>26</td>
<td>26</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>69</td>
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<tr>
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<td>4</td>
<td>35</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>40</td>
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<tr>
<td>Pharmaceuticals</td>
<td>13</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Social Security / Social Questions</td>
<td>4</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
</tbody>
</table>
EUMS Expert Group Meeting on Global Health, Population and Development (April 2013)

Bilateral Meeting with the EU Commission (November 2013)

During 2013, the health attache’ in Brussels covered most of the relevant Council Working Party meetings. This office also keeps records of Health officials attending all EU-related and other non-EU-related meetings, stores reports drawn up from these meetings in its archives and monitors the actions that need to be taken as follow-up.

Bilateral Affairs

The Ministry for Health successfully continued to operate the administrative arrangement within the framework of the reciprocal health agreement with the United Kingdom. During 2013, DPDEU was actively involved in the coordination and technical preparations related to the development and implementation of bilateral agreements.

The Directorate was actively involved in the technical preparations and representation of the Ministry in the Joint Commission between Malta and the Kingdom of Saudi Arabia in April and in the Joint Commission between Malta and Libya in November.

In September, the Directorate was also involved in the coordination, technical preparations and representation of the Ministry in a meeting with a technical delegation from the Italian Ministry of Health which was invited to Malta with a view of furthering cooperation under the Memorandum of Understanding in the field of Health and Medical Sciences between the then Ministry for Social Policy of Malta and the Ministry of Health of Italy signed in 2009.

Directorate was responsible to coordinate the preparation of health related briefs prior to the Prime Minister’s visit to Israel in October 2013.

World Health Organisation (WHO) and International Affairs

This Directorate continued to assist in the coordination Malta’s position on WHO policy including in relation to the Protocol to Eliminate Illicit Trade in Tobacco Products under the Framework Convention on Tobacco Control. The Directorate was responsible for coordinating Malta’s participation in the 66th World Health Assembly in Geneva in May and the 63rd WHO European Regional Committee held in Turkey in September. This included active representation of Malta in EU Coordination and Plenary and Committee meetings by the Director.

| Health Promotion | 0 | 12 | 0 | 3 | 11 | 26 |
| Health Information | 0 | 12 | 1 | 0 | 9 | 22 |
| Regulatory Committees; tobacco, blood, tissues and cells and Laboratories | 2 | 5 | 0 | 0 | 1 | 8 |
| Others | 0 | 12 | 2 | 0 | 6 | 20 |
| **Total** | 50 | 114 | 8 | 10 | 39 | 221 |
The Directorate coordinated the national clearance processes leading to the ratification of the following international conventions:


This Directorate was also the contact point for policy matters at United Nations in the field of health particularly on health aspects related to sexual and reproductive health to ensure that Malta’s policy on these matters was consistently promoted and safeguarded.

**Staff Development**

**Quality Management system**

As part of a Division-wide exercise, the Directorate participated in quality management initiatives that were undertaken during 2013 including amongst others self-assessment using the CAF framework. During 2013, DPDEU reviewed and finalized one new SOP on Internal Management Meeting. The Directorate was subject to an Internal Audit in July 2013.

**Conclusion**

Overall 2013 was a very busy year for the Department with various subjects being covered on the basis of dossiers issued by the Commission as well as other issues of a national interest. A significant development in 2013 with regards to public health, were the discussions and subsequent adoption of the Proposal for a Directive on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products issued by the Commission in December 2012. On the health systems front, discussions on the sustainability of health systems, health system performance and the impact of the economic crisis have been at the forefront in the EU and international health fora. The issuing of several health related Country Specific Recommendations by the Commission including one for Malta have further fuelled discussions in health, social and economic EU fora. Such issues have continued to increase in importance on the agenda of both the European Union and also the national agenda especially in the current economic scenario whereby it is important to make care systems more efficient and sustainable and to ensure a healthy population in order to contribute to new ways for economic growth.
The Department of Health Information and Research leads the collection, analysis and delivery of health related information in Malta while striving to provide high quality epidemiological information and indicators on the health of the population and health services. Health information is made available for policy and decision makers, for the public in general, interested institutions and other that may require it.

Research initiatives are taken and assistance is provided to the Chief Medical Officer by contributing the necessary evidence for the formulation of policy and strategy in the area of public health and health services for both existing and proposed programmes.

**ROUTINE ACTIVITIES ON NATIONAL INFORMATION SYSTEMS**

**Malta National Mortality Registry (MNMR)**

The Malta National Mortality Registry received, checked, coded, entered and validated 3,362 death certificates during the year 2013, a decrease of 137 certificates over the previous year.

Validation was done with the Patient Administration System (PAS) and the Central Database (CdB) for demographic details. The PAS system was also updated with date and place of death of those having died during the year. The Registry was updated with information from a variety of sources including the Midwifery Services and the National Obstetric Information System (NOIS), the Statistics Office of the Malta Police Force, the Mortuary, newspaper articles, deceased patient records, and sometimes also pathologists, toxicologists and the certifier him/herself.

Processing involved, coding of occupation and causes of death. Approximately 20% of death certificates required further information which was obtained from the other sources outlined above to make up for insufficient detail in the death certificates.

Copies of a number of death certificates were sent to the Malta National Cancer Registry (MNCR), the Infectious Disease Prevention and Control Unit (IDCU), the Occupational Health and Safety Authority (OHSA) and the Malta Congenital Anomalies Registry (MCAR), on a regular basis, to update their relevant registries.

An updated monthly list of deceased patients was sent to various entities including health centres and immunization centres for them to update their systems.

Collection of data regarding Maltese residents dying abroad required specific tracing from the Public Registry.
International collaboration with the World Health Organisation (WHO), EUROSTAT and EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) is ongoing. The Malta National Mortality Register has collaborated with Eurostat and contributed substantially to the development of satellite lists of causes of death for inclusion in Eurostat's annual publication of statistics, during 2013.

The Malta National Mortality Registry has also answered 91 requests from academics, researchers and medical doctors and 9 parliamentary questions during 2013.

**Malta National Cancer Registry (MNCR)**

During the year 2013, a total of 9,939 new additional information items about malignant and benign cases were identified. All new cases were validated with both PAS and CDB for demographic information, coded, crosschecked in both Cancer register databases to exclude any duplicates and entered in the National Cancer Register at the DHIR. All already registered cases had been edited in their respective database program and filed. The National Cancer Registry also consults an average of 20 files per month in order to obtain more specific information to classify risk factors and staging in occasional cases.

The following table indicates the source and the number of cases which were received and/or reviewed during 2013:

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notifications from doctors</td>
<td>234</td>
</tr>
<tr>
<td>Mortality Register</td>
<td>662</td>
</tr>
<tr>
<td>Mater Dei Histopathology Lab</td>
<td>6591</td>
</tr>
<tr>
<td>Private Hospitals and Clinics</td>
<td>622</td>
</tr>
<tr>
<td>Oncology Department</td>
<td>949</td>
</tr>
<tr>
<td>Mater Dei Cytology lab</td>
<td>311</td>
</tr>
<tr>
<td>Bone Marrows and Medical Imaging</td>
<td>570</td>
</tr>
</tbody>
</table>

**National Obstetric Information System (NOIS)**

The National Obstetrics Information System received, checked, coded, entered and validated data on 4,224 births during 2013. The NOIS Annual Report for 2012 was compiled and distributed this year together with two interim reports for 2013.

The NOIS website has been kept updated throughout the year and all reports are available on the site.

The Registry continued active participation in the EUROPERISTAT Action project. Through participation in this Project, maternal and perinatal health data from Malta has been published together with that of other European Countries in the “European Perinatal Health Report –
Health and care of pregnant women and babies in Europe 2010" (www.europeristat.com). This Report has been widely distributed internationally.

**Malta Congenital Anomalies Registry (MCAR)**

All infants born in Malta and Gozo and confirmed as having one or more major congenital anomalies until one year of age are registered in the Malta Congenital Anomalies Register (MCAR).

In 2013, the Registry actively identified a total of 134 infants/fetuses diagnosed or suspected of having potential congenital anomalies from obstetric and neonatal wards. Other sources of information included paediatric echocardiography reports, the national obstetrics information system, the national mortality register, hospital activity analysis and hypothyroid screening. As part of the processing, validation and confirmation of congenital anomalies, over 350 hospital files of both mothers and babies were reviewed this year.

In 2013, data for 2011 were completed, validated and published on the registry's website. For 2011, a total of 101 infants/fetuses were confirmed as having one or more major anomaly and registered in the MCAR.

The Registry continued active participation in two international networks: EUROCAT (European Surveillance of Congenital Anomalies) Joint Action as associate partner and ICBDSR (International Clearinghouse for Birth Defects Surveillance and Research) as a full member. Anonymous data were sent in the required format to these two international organizations for inclusion in their websites and Annual Reports. Through participation with these bodies in 2013, Malta data was included in several international collaborative research studies and reports.

MCAR continued its participation as a subcontractor in the FP7 (Framework Programme7) project ‘EUROMediCAT’ investigating the safety of medication used in pregnancy, with a particular interest in prevention of congenital anomalies. In 2013 all data for this project was collected, entered on database and forwarded to the Project Leader. Data from all participating Centres is currently being analysed.

Meetings related to these international associations were attended by DHIR staff.

**Malta National Organ Transplant Registry**

During 2013, the National Organ Transplants Registry received the following data regarding the donation of organs and the recipients, from the respective information officers in Mater Dei Hospital. Twenty kidneys were donated during this year, ten were donated in Malta to Maltese residents, ten were sent abroad. Seven livers and four lungs were donated and sent abroad. Three additional kidneys were donated by live donors. Nine corneas were donated to Maltese residents.
National Hospitals Information System (NHIS)

The National Hospitals Information System continued to collect data on hospital activity from state and private hospitals throughout 2013.

In 2013 NHIS continued receiving Hospital Activity sheets with data in respect of inpatient admissions that took place at Gozo General Hospital (GGH) during 2012. By 2013 NHIS concluded all the coding, data-entry into the GGHHAA database and validations of the 2012 GGH inpatient admissions which amounted to 6779 hospital episodes. In addition, NHIS continued receiving and processing data in respect of the 2012 GGH operations, which totalled 2512 episodes.

As from 2013 the Hospital Activity of GGH started being collected and collated by Gozo General Hospital. NHIS within the Department of Health Information and Research undertook the exercise of handing over the GGHHAA database (including the handing over of the procedures involved in managing this database) to Gozo General Hospital.

The NHIS has continued its role of collation, coding (for some hospitals) and validating national health care activity statistics from all hospitals, including the harmonisation of data collection across entities.

The Consultant in charge has also been providing extensive support to the Clinical Performance Unit at Mater Dei Hospital. Throughout 2013 she was involved in the compilation of various audits, analyses and projections of various operations particularly within public hospitals. In addition, the consultant in charge continued working within the core group of the National Health Systems Strategy, especially on the aspect of health care services. As from the last quarter of 2013, the consultant is also on the team working on the Health System Performance Assessment (HSPA) which is planned to be completed in the coming year.

Eurostat’s Yearly Health Care Statistics Non Expenditure Data Requests

The National Hospitals Information System collected established data throughout 2013, including facilities, equipment and human resources from all state and private hospitals as at end 2012. It also collected and collated 2012 anonymous record (episode) based data from all state hospitals and the largest hospital group in the private sector. These comprised Mater Dei Hospital, Gozo General Hospital, Mount Carmel Hospital, Sir Paul Boffa Hospital and Karin Grech Hospital, together with St James Hospital Group.

National data on health care professionals was also collected from their respective Councils. The data was analysed and used to answer the Joint non expenditure health statistics questionnaire from EUROSTAT, WHO and OECD. The hospitals’ record based data was collated, validated and coded accordingly, and will be used to answer part of the EUROSTAT additional questionnaire dealing with patient based episodes of care in hospitals.

The Joint non expenditure questionnaire consists of a very detailed request on various levels of health employees, hospital resources, and other physical resources particularly number of beds.
by type of care. The information supplied through this questionnaire is used by the international bodies requesting it to populate their on-line statistical databases which are widely used by policy makers, health care professionals and researchers.

**Injury Database (IDB)**

This Register collates data regarding Accidents and Injuries. Data from the Emergency and Admitting Department (E & A) at Gozo General Hospital is still ongoing. This year the Register has also started extracting data regarding injuries from Mater Dei Hospital (MDH). From 1st January 2013 – 31st December 2013, 24,428 episodes have been identified as injuries from a total of approximately 80,000 records forwarded from GGH and MDH. These episodes are covering data from July 2012 till mid-September 2013. The process includes checking patient identification with PAS/CDB, coding, data entry and cross-links with NHIS and NMNR.

Data for 2011 and 2012 were forwarded to Eurosafe.

The National Data Administrator attended a meeting for NDA’s in Vienna.

**Dementia Register**

In 2013, the Directorate started the collection of data to set up a Dementia Register. Various stakeholders were previously consulted in order to verify which variables would be captured by such a register and which sources of information should be used.

This Registry retains information on all patients in the Maltese Islands, diagnosed and who have applied for anti-dementia medications as per government formulary. Aforesaid data in respect of each patient is recorded on the respective D1 form which is sent to the Department of Pharmaceutical Affairs and subsequently transmitted to the Department of Information and Research – the Dementia Registry. Information on dementia patients who are diagnosed with dementia but not started on treatment as per government formulary can also be sent by the patient’s respective family doctor, geriatrician, psychiatrist or neurologist on a D2 form on voluntary basis.

During period January to November, 2013* the Dementia Registry received, checked, entered and validated data (demographic data has been confirmed and verified with the PAS) in respect of 718 cases. The first report on dementia based on information provided by the dementia register is currently being written.

*Data for December 2013 was received in January 2014.

**Rare Diseases Register**

In 2013, the Directorate prepared plans to introduce a National Rare Diseases Register. Various stakeholders were consulted in order to define which variables would such a register capture and which readily available sources of information should be used. Closer collaboration with the EU Institution on this matter, EUCERD, on the aspect of information has been initiated. The
Italian Istituto Superiore di Sanita has also provided assistance in the form of ongoing training and general collaboration on this very wide and extensive sector of diseases. It organised a Summer school during 2013 on this subject, with active participation from the Maltese DHIR side. Plans were laid down on how the system should be installed, the emphasis being on building statutory links to existing ‘registers’, databanks and sources of information (clinical, patient and other databases) in order to achieve a truly national public health rare diseases register.

**Public Health Reporting & Research**

*Sexual Health Survey 2012*

This survey was part of the research strand set out by the research strategy within the Sexual Health Strategy. It employed a cross sectional population based study design among 16 to 40 year olds in the Maltese islands. The questionnaire collected information on the following topics: sex education, knowledge and attitudes toward sexual behaviour and health, personal experiences, sexual health services and demographic details. Fieldwork was coordinated by the DHIR during Spring 2012, following an expression of interest within the Ministry for health care professionals and senior officials to act as interviewers. Analysis of the data set was conducted in 2013 and a detailed report compiled. The report will be launched in the first quarter of 2014.

*European Health Interview Survey 2014*

In preparation for the next wave of the European Health Interview Survey (EHIS) to be conducted in Autumn 2014, the DHIR began planning and budgeting for the survey. Following the implementation of Commission Regulation No. 141/2013 effective as of the 19th February 2013, EU countries are to conduct and supply data from the EHIS as per the regulation requirements. The DHIR has been reviewing methodological guidelines and data specifications in the run up to 2014, when the survey will be conducted.

*Health Systems Performance Assessment*

A working group has been set up in the fourth quarter of 2013 to start building a Health System Performance Assessment framework in order to monitor the performance of the public health sector and to guide future investment in the different parts of the system. This work is being carried out with technical expertise from WHO funded by the Bilateral Country Agreement for Malta.

*Report on the Needs Assessment of the Elderly in Malta – Phase 1*

Data collection was finalized towards the end of February 2013. The statistical analysis and a draft report on the Needs Assessment of the Elderly in Malta – Phase 1 was compiled during the first half of 2013. Towards the end of 2013, the final report, presenting the findings obtained from Needs Assessment survey conducted in 2012, was disseminated using the Ministry for Health website: [http://www.healthsurveys.gov.mt](http://www.healthsurveys.gov.mt). The target population for this phase was residents’
aged 75 years and older living in the community. The report covered a number of areas relating to the quality of life issues of the Maltese elderly population (75+), namely morbidity and degree of impairment, social isolation and demand and use of long term services and community care. Data on the demography of the elderly was also gathered and presented in the report, so as to understand the needs of the different groups of the elderly and to provide health and social care where it is needed.

**Eurostat Task Force – Satellite lists for Causes of Death**

The registry leader of the NMR was on a EUROSTAT task force entrusted with the mandate to develop a set of satellite lists for causes of deaths. A number of satellite lists were developed by the technical group (i.e. the task force) for consideration by the working group on health statistics for publication and dissemination of the satellite lists among the EU-28 Member States. The recommendations were taken well by the working group and the data will be disseminated by EUROSTAT. The task force was dissolved in December 2013 but may be called to work and develop new satellite lists in the future.

**Collaboration with health services sector**

DHIR staff assisted FMS and later on the Clinical Performance Unit at MDH to set up a waiting list projection tool for better planning. In addition, waiting lists were quantified for all surgical procedures and outpatient clinics. Collaboration was also undertaken with the CPSU in order to provide the necessary estimates for the procurement reform proposed by government. Assistance was also provided to the Medical Superintendent’s office in order to set up a regular dissemination of results obtained from the Customer Care Survey in MDH. Databases were also set up by DHIR staff for censuses to be conducted both within Mount Carmel Hospital and within the public long term care sector during 2013. A number of briefs have been prepared for the CMO and for the Ministry on a number of areas.

**WHO-EURO Health for All (HFA)**

Data on Health Indicators for the year 2012 was compiled towards the end of 2013 for submission to WHO-EURO in January 2013.

**National Verification Committee for Measles and Rubella Eradication**

A public health specialist from DHIR was appointed Secretary for the National Verification Committee for measles and rubella eradication. This Committee worked extensively in collecting the information requested by the Regional Verification Commission for Measles and Rubella Elimination (RVC) of WHO (Europe). This information is required to follow the progress of European-wide elimination of the vaccine preventable diseases measles and rubella.

**Assessing health sector capacity to manage sudden and large influxes of migrants**

DHIR participated in the above assessment carried out by WHO on the preparedness of Malta to handle large influxes of migrants, particularly in the wake of the Lampedusa tragedy in late 2013.
Health Ethics Committee

The Health Ethics Committee received the following applications:

- 2 Substantial Amendments
- 3 applications other than clinical trials
- 1 application for an observational study
- The committee had 6 meetings during the year 2013

Reports published by DHIR:

- Needs Assessment of the Elderly in Malta – Phase 1

Other Meetings Abroad

- EU Expert Group on Social Determinants and Health Inequalities, 21st -22nd January 2013 - Luxembourg
- Workshop on Measles and Rubella Eradication, 12th -13th February, 2013– Rome
- EUROMED Project – Turkey, 25th -28th 2013 - February
- Technical Group on Health Interview Surveys, 26th February 2013 - Luxembourg
- EUROmediCAT General Meeting, 25th -26th February, 2013– Berlin
- JAMIE – 3rd meeting, 11th-12th April 2013– Vienna
- Joint Action on Health Life Expectancy, 18th April 2013 - Paris
- Groupe des Registres et d'Épidémiologistes de Langue Latine (GRELL) meeting – 9-10th May 2013, Siracusa
- Audit Board – 22-23rd May 2013 - Brussels
- SPC-ISG meeting, 28th May 2013– Brussels
- Parent Project, 29th May 2013 – Brussels
- Experts Group on Health Information, 29th -30th May- Luxembourg
- Technical Group Morbidity, 11th – 12th June 2013 Luxembourg
- EUROCAT Registry Leaders Meeting, 12th -14th June, 2013– Zagreb
- HonCAB 1st Interim Meeting, 4th – 5th July 2013 Brussels
- International Summer School on Rare Disease and Orphan Drug Registries, 16th -20th September 2013– Rome
- Indicator Sub Group meeting, 25th -26th September 2013 - Brussels
- Paediatric Oncology for Cancer Registries Training Course, 25th -29th November 2013 -
- Cancer Registries and primary prevention of tumors related to known risk factors across Mediterranean countries, 26th -28th November 2013 - Sousse Tunisia
• PARENT JA WP4 workshop – 3rd December 2013 Brussels
• Public Health Statistics Working Group, 2nd -3rd December 2013 Luxembourg

**Training**

• A statistician at the Directorate was selected from applicants from the EU member state countries to undertake an 8 month training period within the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), one of the decentralised agencies of the European Commission. The training period, which ran from September 2012 to April 2013, offered the staff member the opportunity to acquire experience and understanding of the day to day workings of an EU Agency as well as technical expertise in data management and statistical support.
• Several training sessions regarding the practical functions and updating of the F.O.I IT system were attended

Throughout 2013, DHIR staff continued to benefit from the ESF project, offering various courses to public officers, which were co-financed by the European Social Fund. This project offered training spanned from 2012 to 2013. In total, DHIR staff attended 43 training courses during 2013, namely:

**SOP TRAINING**

• DHIR 09/01 Management Meetings SOP – June
• Training on the 8 general SOPs - December

**INTERNAL TRAINING**

• Quality Management Systems Audit - March

**EXTERNAL TRAINING**

• Excel as a Database - February
• Minutes: Taking and writing effective minutes - February
• EUROMED Course on the use of SEER*Stat software - February
• EU Institutions and Structures - March
• PRINCE 2 Foundation - March
• Freedom of Information Training Session - March
• Taħriġ fil-lingwa Maltija - March
• Clinical radiology symposium on Women's Health - March
• Information Security Awareness - April
• Richmond Foundation: Awareness Training Session - April
• Effective People Management - June
• Principles of Performance Management - June
• Freedom of Information Refresher Training Session - July
• Data Management and Manipulation – July/December
• Communications Workshop - July
• Prince 2 Practitioner - September
• ERA Seminar: Annual Conference on European Public Procurement Law 2013 – Trier, Germany - October
• Mail Merge using Word - October
• Towards team decision making – October
• Pediatric Oncology for Cancer Registries - November
• Introductory Approach to Data Analysis – November
• Statistical Analysis using SPSS - November
• Mastering Design in PowerPoint - December
• Interpreting and Using Evidence – December

Dr. Neville Calleja
Director Health Information and Research
DIRECTORATE FOR HEALTH CARE FUNDING

ENTITLEMENT UNIT

Introduction

Main Activities conducted at the Unit are; Customer Care; processing of health entitlement requests through issues of EHICs, SI and S2 as per (EC) 883/2004 and (EC) 987/2009; Management of Claims and Payment to member states.

Customer Care

Customer Care is central to the everyday activity in the unit. Direct and indirect contact with clients is provided website, online applications, emails, post and telephone call as well as offering a personalised face to face customer care service. The office is opened to general public three times a week – a circa of 70,000 customers come in direct or indirect contact with the unit throughout the year.

Issuing of Entitlement Documents

A total of 56,481 EHICs were issued in 2013, 90 S1 cards issued to individuals paying NI in Malta and working abroad (according to Social Security Act), and 391 new SI were registered while 2,372 SI were renewed, 24 S2 were processed.

Management of Claims and Payment to Member States

The Unit is the official Competent Institution were all claims for reimbursement is received and invoices for payment to other member states are issued. Every claim and is vetted, issues highlighted and clarified before payments is affected.

Bills for services rendered at local institutions are received at the Entitlement unit. The out-put and money generated from the unit is greatly affected by the efficiency of the billing sections at entity level. Revenue generated during 2013 was greatly dependant on the out-put of individual billing sections as Malta has experienced the inevitable change in the reimbursement system from lump sum based on average cost to actual cost following a policy decision to take Malta out of Annex 3 of Regulation (EC) 987/2009. On several occasions this issue was highlighted by the Unit.

Visits Abroad

The Entitlement Unit participated in meetings abroad as an official representative at the Administrative Commission for the Coordination of Social Security Systems and Audit Board. Oversees meetings attended include:
Table 1. Meetings Abroad

<table>
<thead>
<tr>
<th>Name of Meeting</th>
<th>Number of Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Commission for the Coordination of Social Security Systems.</td>
<td>2</td>
</tr>
<tr>
<td>Working Party of the Administrative Commission for the Coordination of Social Security Systems.</td>
<td>1</td>
</tr>
<tr>
<td>Audit Board</td>
<td>1</td>
</tr>
</tbody>
</table>

Entitlement Unit Output

European Health Insurance Card

Between January and December 2013, the section processed 56,481 for the European Health Insurance Card.

Number of Entitlement Documents registered and renewed to pensioners and posted workers per country.

<table>
<thead>
<tr>
<th>Nationality</th>
<th>E121 issued to foreign Pensioners</th>
<th>E106 issued to foreign Posted-Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUT</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>BEL</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>BUL</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>CYP</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CZE</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Patient Claims Section

The Patient’s Claims Desk within the Entitlement Unit was originally set up in 2004 with the aim of implementing the financial provision of the former 1971/72 EU Regulations on the Coordination of Social Security Systems. With effect from 1st January 2013, the actual cost of the emergency service (E125) started its implementation. This new system has operated smoothly and only pending claims of the now defunct system (E127) remain outstanding.

Late in 2013, the Patient Claims Section has been re-organised and now compromises of professional and administrative staff to monitor, detect and control the various aspects and operations of this section.

The external stakeholders of this section are the 28 European Union Member States and four other EEA/EFTA countries. The prime objectives of this section are:

- Issuing of invoices (relating to foreigners who were provided hospital emergency services;  
- Payment to foreign countries in respect of services provided to Maltese Nationals abroad;
• Reimbursement of hospital emergency services expenses incurred by Maltese Nationals during short visits abroad which qualify for reimbursement under Maltese Health legislation;
• Payments to Maltese Nationals who qualify for special treatment abroad under the S2 route.

Statistical Information - 2013

Upon conclusion of the financial year the following financial information has been generated.

Some 2455 patient’s invoices were issued to EU or EEA/EFTA countries seeking reimbursement of emergency services rendered at Mater Dei and Gozo General Hospital. The amount of these invoices amount to € 568,261.82.

The countries with the highest number of patients were Italy, Germany, Spain, France and Sweden had the highest number of claims. The following E125 cross-tabulation illustrates number of invoices (including value) issued to each country.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>Value of Claims (€)</th>
<th>Number of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>11,359.94</td>
<td>64</td>
</tr>
<tr>
<td>Belgium</td>
<td>14,942.60</td>
<td>44</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>18,100.20</td>
<td>59</td>
</tr>
<tr>
<td>Croatia</td>
<td>46.60</td>
<td>1</td>
</tr>
<tr>
<td>Cyprus</td>
<td>990.05</td>
<td>6</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>7,882.95</td>
<td>27</td>
</tr>
<tr>
<td>Denmark</td>
<td>20,429.19</td>
<td>33</td>
</tr>
<tr>
<td>Estonia</td>
<td>186.41</td>
<td>4</td>
</tr>
<tr>
<td>Finland</td>
<td>6,583.92</td>
<td>19</td>
</tr>
<tr>
<td>France</td>
<td>34,911.23</td>
<td>234</td>
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<tr>
<td>Germany</td>
<td>79,143.04</td>
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<tr>
<td>Greece</td>
<td>3,012.04</td>
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<tr>
<td>Hungary</td>
<td>13,031.66</td>
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<tr>
<td>Ireland</td>
<td>12,069.27</td>
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<tr>
<td>Italy</td>
<td>161,450.26</td>
<td>804</td>
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<tr>
<td>Latvia</td>
<td>801.07</td>
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<tr>
<td>Lithuania</td>
<td>1,344.41</td>
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<tr>
<td>Luxembourg</td>
<td>46.59</td>
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<tr>
<td>Netherlands</td>
<td>18,907.41</td>
<td>69</td>
</tr>
<tr>
<td>Poland</td>
<td>9,825.68</td>
<td>59</td>
</tr>
<tr>
<td>Portugal</td>
<td>1,255.73</td>
<td>12</td>
</tr>
</tbody>
</table>
Romania 4,984.86 6
Slovakia 3,353.78 38
Slovenia 2,288.16 16
Spain 43,500.77 264
Sweden 49,584.50 119

**EEA/EFTA Countries**

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>VALUE of CLAIMS</th>
<th>NUMBER OF CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norway</td>
<td>8,773.92</td>
<td>42</td>
</tr>
<tr>
<td>Iceland</td>
<td>326.18</td>
<td>4</td>
</tr>
<tr>
<td>Switzerland</td>
<td>39,129.40</td>
<td>67</td>
</tr>
</tbody>
</table>

**National Cross border Report 2013**

The Cross Border Directive came into force across the EU on the 25th October 2013, whereby, the NCP Office Malta went into operation. Clients have the option to either contact the office through a telephone line or an email address dedicated to the office. Contacts were treated with the utmost confidentiality and information giving on the telephone was kept to a minimum. Face to face interactions where encouraged due to the delicate nature of the issues to be discussed. Prior to the actual opening of the office several preparatory events were performed. A National Information Campaign was planned for the CBHD to inform the public and all stakeholders of what the directive entails. A leaflet was printed both in English and Maltese. Also a webpage was included in the Ministry of Health Website to increase the visibility of the contact details of the NCP. This was done as a temporary measure until the new website of the Ministry is up.

Standard operating procedures were developed, following the direction of the CMO and based on the regulations of the Cross Border health which were published via legal notice in November 2013. The first SOP was entitled “Standard Operating Procedure for evaluation of referrals for treatment abroad under the Cross Border Healthcare Directive”. The second SOP was entitled “Standard Operating Procedure on the processing of requests for reimbursement of cross border healthcare”. The first procedure aimed to ensure a fair and equitable process when evaluating the referrals received for patients requesting treatment abroad under the cross border healthcare regulations. The second procedure aimed to streamline reimbursement procedures for cross-border health care to eligible patients and for such requests to be processed in a timely manner up to the level of costs that would have been assumed by the Member State of affiliation, had this healthcare been provided in its territory without exceeding the actual costs of healthcare received in line with the Cross border Health Care directive.

A paper based Claims form was devised for patients not requiring prior authorisation and a Prior authorisation form for those patients who needed their case to be presented to the Cross Border authorisation committee. The terms of reference together with the appointment letters for the composition of this board where forwarded to the ministerial secretariat in file no DH 3597/13.

Most of the correspondence and contacts involved guidance and advice regarding the directive. However, as previously stated, clients were encouraged to come in person to the office to
explain and discuss better the cases. Visibility for the PACS of MDH was negotiated so as to facilitate information gathering on individual cases. From all the contacts, 25 definite contacts emerged i.e clients who eventually came to the office and followed up their query officially. To date only two cases have come to the stage where they are seeking reimbursement. As with all cases presenting to the NCP office, the direction has always been that of mitigation whilst showing empathy to the clients. Where a valid case was presented, the NCP office took steps to rectify the situation in the best interests of the patient.

In December, the NCP office was also involved in the Government IVF initiative. Patients selected by the Prior Authorisation Committee for IVF (53 couples) where given the option to use their reimbursement abroad. Thus the office was contacted by several couples to evaluate these options and act accordingly.

Apart from the local scenario, the NCP office has also been busy building the necessary network abroad which is essential for its functioning. Contact has been consolidated with the Italian Coordinator Ds. Chiara Marinacci, this being our closest EU neighbour. Also in June and December the Committee on Cross border Health Care was attended to. Details where shared with other NCP’s and also the office has been registered with the IMI system, in view of future developments.

**Specialised Treatment Abroad**

The Treatment Abroad Coordination Office has been operating in its current format for the past five years. The purpose of this office is to oversee the National Highly Specialised Overseas Referrals Programme as well as the coordination and logistical arrangements in relation to Clinics carried out by Overseas Visiting Consultants at Mater Dei Hospital. The Office is also involved in the repatriation of foreign patients and the setting up of new services at Mater Dei Hospital through Overseas Consultants’ visits.

The past year has been very hectic and despite the challenges, difficulties and shortage of staff the number of patients who received treatment abroad has increased. The area of Visiting Consultants has also been very productive.

It is with pleasure to report that the Treatment Abroad Team was a warded 1st Place in the Employee of the Year Awards.

**Strategy**

The main strategy that both units have again focused on was to reduce costs as much as possible and to improve service provision. Unfortunately last year the Treatment abroad has suffered from financial difficulties due to the fact that a number of air ambulances had to be used for the transportation of critically ill babies since these could not travel on commercial aircrafts.

An audit was carried out on 4 different SOPs. The conformities highlighted were tackled.
Key Activities

During the past 12 months the Treatment Abroad Coordination Office within the Chief Medical Officer’s office worked on a number of different initiatives. These include:

- The Office coordinated a total of 70 visits by Overseas Visiting Consultants and other medical teams.
- The Office coordinated the transfer to UK 7 critically ill patients via an Air Ambulance.
- The Office in cooperation with the Maltese High Commission in London coordinated the repatriation of a Maltese Citizen who found himself in difficulties while on holiday in UK.
- The Office assisted families with the logistical arrangements to repatriate relatives who were abroad and fell ill.
- Facilitated the visits by Physiotherapists, Dental Technologists and Nurses to visit MDH to assist during clinics and surgery. These visits also served as training for the local teams.
- The Office is proud to report that no complaints were received in relation to services being rendered by both sections (NHSRP Office and VC Office)
- Participated in one Radio Programmes to promote the work of the Treatment Abroad Unit; and inform the General Public about the UK – Malta Bilateral Health Agreement.
- The Office worked close with ISMETT to transfer the second critically ill patient to Palermo to undergo a Lung Transplant.
- The Office concluded negotiations with Policlinico di Monza to renew the Agreement in relation to Cardiac MRI services
- The Office dedicated endless hours dealing with complicated Customer Care Cases.

Number of patients and episodes – UK

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
<th>Number of Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>386</td>
<td>612</td>
</tr>
</tbody>
</table>

Number of patients and episodes – Italy

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
<th>Number of Episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
</table>

Number of patients and episodes – Switzerland
Patients | Episodes |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1</td>
</tr>
</tbody>
</table>

Number of Visits by Overseas Consultants and Medical Teams

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of visits by Overseas Consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>70 visits</td>
</tr>
</tbody>
</table>

Management of assets – Human Resources and Operations

In order to better serve the patients it is imperative that the complement within the Treatment Abroad Team and the Maltese High Commission in London is increased by two additional clerks. The increase in the patient number has meant that reports and appointments are not being followed as the employees spend hours dealing with problems that arise on daily basis and carrying out logistical arrangements.

Additionally the Franciscan Friars based in London are also facing a lot of difficulties as they are not managing to deal with all the patients’ requests. It is suggest that this compliment is also increased. Ideally the complement is increased by a female member as very often the Friars are ending up in uncomfortable situations while doing interpreting services with female patients.

Management of assets – Financial Resources and Operations

As in previous years the budget allocation was much less than what was requested, leading to insufficient funds to meet the expenses pertaining to patients. This is especially seen when the number of patients are constantly increasing, the unit has to cover unexpected expenses and the use of air ambulances arises.

Analysis

Following is a tabular representation of the number of patients who travelled abroad between 2008 and 2013.

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Patients travelled abroad for treatment</td>
<td>279</td>
<td>296</td>
<td>306</td>
<td>316</td>
<td>415</td>
<td>424</td>
</tr>
</tbody>
</table>
INTRODUCTION

Through a continuous improvement process, the Directorate for Pharmaceutical Affairs has strived to ensure improved efficiency and to further develop the performance of its various roles and functions.

The Directorate is made up of various separate units each having specific but inter-related functions. These will be individually analysed below.

FORMULARY MANAGEMENT UNIT

Formulary management is an ongoing process which ensures the availability of safe, equitable and efficient medicinal treatment for all patients. It involves the continuous review of clinical evidence and the latest guidelines for medicine use, medicine utilisation trends within the government hospitals and clinics, changes in costs of medicine, sourcing problems, and continuous consultation with the respective stakeholders including clinicians, clinical pharmacists, patients groups and procurement officers.

During 2013, the Government Formulary List was updated and published three times, i.e. in January, October and December. A new concept introduced this year included the creation of the ‘Suspension List’ which consists of those items for which there is a sourcing problem and which although currently not being procured, have not been deleted from the formulary. Efforts to source these suspension-list medicines will continue.

During 2013, the following amendments were made to the GFL:

- Introductions/Deletions
- New items introduced into the Government Formulary List (GFL) – 12
- Deletion of items from the formulary list – 37
- Items added on the suspension list – 5

Protocols

- New protocols – 6
- Protocols removed - 4
- Total number of changes to protocols - 43

In a bid to reduce bureaucracy in the medicines entitlement process, and following careful evaluation, the protocols were reviewed with some protocols being removed from the formulary.
The formulary unit is also responsible for the update of pharmaceutical specifications. In view of changes in the medicines procurement procedure, CPSU is now requesting review of specifications prior to every procurement cycle and thus the workload in this area has increased considerably.

- Requests for deletions of specifications received from CPSU - 37
- Number of specifications approved for deletion – 30
- Specifications amended- 105
- New Specifications – 25
- Requests for changes in specifications – 5

Comparison of the number of specifications reviewed in 2013 and 2012

As can be seen from the above table, the number of specifications reviewed during 2013 was 202 resulting in an increase of 66% when compared to those reviewed in 2012.
The Specification Committee met on average fortnightly until the set up of the Specifications and Deletions Taskforce. This taskforce was set up to aid the directorate to process the requests received for deletions and specifications in a timely manner. This taskforce consists of a representative from DPA, CPSU and MDH and meets on a weekly basis.

A total of 23 consultation meetings were held with clinicians, pharmacists and other stakeholders discussing formulary policies, proposals for amendments, and for general consultations with the various specialities.

**Pharmaceutical Pricing Unit**

The main activity of this unit is the computation of Medicines Reference Prices including the Maximum Reference Price and Guidance Reference Price. The Maximum Reference Price is the Medicines price which is not to be exceeded during the procurement process while the Guidance Reference Price is to be used during procurement for reference purposes only.

These pricing requests arise from the pharmacists within the DPA as part of the Health Technology Assessment of a particular medicinal product, or by the CPSU prior to initiating the procurement process of items already on the GFL or already being procured.

Throughout 2013 a total of 975 MRPs were computed leading to a 265% increase in workload as compared to last year, and a total of 497 GRPs with a 198% increase compared to 2012.

![Graph showing comparison of MRPs and GRPs in 2012 and 2013]

*Comparison of the number of reference prices computations performed by the Pricing Unit in 2012 and 2013*
The drastic increase in workload of the Pricing Unit within DPA during 2013 as compared to 2012 is shown in the above table. This increase was mostly due to new procedures implemented within CPSU, which involved requests for the computation of the corresponding reference prices to be sent to DPA, with each procurement cycle.

Regular monitoring of the EUROSTAT GDP per capita in Purchasing Power Standards (PPS) figures is continuously performed through the unit to identify any changes in Malta’s basket of reference countries, composed of those countries falling within the bracket of +/- 20 percentage points of Malta’s GDP, and also including the UK. It is to be noted that Greece has been left out of the basket following the country’s request to the countries’ competent authorities not to use the Greek prices for reference in their national pricing and reimbursement decision making process.

It is to be noted that communication with European countries needs to be ongoing in order to obtain information about their local pricing databases.

Updating of the Pricing Database including all price lists of reimbursable medicines of the 11 countries in our reference basket of countries was an ongoing process carried out throughout this year. The formulas used to derive to the wholesale prices of pharmaceuticals, including mark-ups and fiscal regulations applicable to each individual country in our basket, were also updated on a regular basis. An internal document was drawn up explaining how an MRP and GRP are to be computed, and also how a search for information on pharmaceuticals from the Pricing Database, is to be carried out.

Upon request various costing exercises were carried out during this year by the pricing unit:

- A costing exercise was carried out estimating the budget expenditure with regards to the implementation of the National Dementia Strategy and provided guidance to CPSU on the estimated consumptions of the medicinal treatment involved, based on the trends identified prior to the carrying out of this exercise.

- An exercise on IVF treatment pharmaceuticals was carried out in which MRPs were computed for all the possible pharmaceuticals to be procured relating to IVF treatment, and a budgeted expenditure was drawn up based on a complete cycle of treatment per patient per cycle, based on estimated provided through consultation with the clinical consultants involved.

- A review of radiopharmaceuticals was performed including a summary of product characteristics, and research on the manufacturers, the radiopharmaceuticals market in Europe and their availability. Prices of alternative brands other than those already procured were sought.

Following discussions with the CPSU and the CMO regarding developments in the procurement of certain items which are already on the GFL and which exceed the MRP price limit, the SOP for the Computation of MRP and also the Pricing Policy, were updated accordingly.
The Pricing Unit works in continuous collaboration with the Formulary Management Unit to ensure that specifications for pharmaceutical items provided for the calculation of the respective GRP; are updated as per official specifications database. Notifications are sent to the Formulary Management Unit as regards items for which GRPs are being requested, such that if these are not Exceptional Medicinal Treatment Policy medicines, but are being procured on a regular basis, they may be considered for inclusion in the Formulary List.

The mechanism of MRP computation was challenged internally which led to an analysis of different methodologies which could be used in achieving these prices.

An exercise was carried out comparing prices of 20 pharmaceutical items chosen at random between Malta’s current basket of countries and the basket made up of all Member States (currently 22) participating in the EURIPID database which is an EU pharmaceutical items reimbursement reference pricing database.

Through this exercise, it was concluded that the current SOP is still relevant and will continue to be used.

Ongoing ad-hoc monitoring/audit assignments have been carried out on the adequacy of the consumptions of particular pharmaceuticals by providing an independent opinion on the control environment, comprising risk management, and governance of such items.

Through the Pricing Unit, the directorate provided feedback to 2 surveys originating from European organisations which included the following:

The survey on Biologicals for the European Biopharmaceutical Enterprises (EBE) Biosimilars Task Force,
The questionnaire on Biosimilar price setting in Malta for IMS Consulting Group, Germany.

**Medicines Entitlement Unit**

The Medicines Entitlement Unit consists of two main units which include the Schedule V Office and the Medicines Approval Section. This unit processes requests to Schedule V medicines entitlement according to the chronic condition specified and also requests for entitlement to medicines which are protocol regulated as per policies specified in the Government Formulary List. The Schedule V card and the medicines approvals are issued when the requests are according to the entitlement guidelines and policies in place.

The entitlement guidelines and policies are continuously reviewed and updated to reflect the latest requirements, recommendations and practices on an international level, upon evaluation of the evidence available and the sustainability of any changes to be affected. These are performed through constant consultation with clinicians and other healthcare professionals.
Medicines Approval Section

In order to ensure transparency, equitability and consistency in Medicines Entitlement procedures, the medicines approval of psychiatric treatment which was previously being processed within Mount Carmel Hospital, was taken over by the Medicines Entitlement Unit within DPA.

During 2013, there were in total 17,984 approvals for protocol regulated items which were issued by the Medicines Approvals Section within the MEU, while 3184 requests could not be approved because they were not according to the set protocols and policies as per GFL.

Below are the number of requests for approval of non-formulary items received and processed by the MEU:

![Requests for approval of protocol regulated items approval processed in 2013](chart)

The number of requests for approval of protocol regulated items processed by the Medicines Entitlement Unit in 2013

The workload within the Medicines Approval Section reached a peak in August 2013 when the remaining patients were asked to register with their POYC pharmacy and therefore renew their documentation.

The graph below illustrates the number of requests for approval for protocol regulated items received and processed by the MEU during 2013 as compared to 2012:
Comparison of the number of requests for approval of protocol regulated items processed in 2013 as compared to those processed in 2012

A decrease in the amount of requests processed and received may be noted. One of the reasons for such a decrease may be the exercise performed in which a number of protocols of frequently prescribed items were removed with the aim of reducing bureaucratic processes, and making treatment more readily available for the patient upon prescription.

Schedule V Office

The following is a representation of the Schedule V entitlement requests workload processed by the MEU in 2013:
The number of requests for Schedule V entitlement processed by the Medicines Entitlement Unit in 2013

A total of 50,251 new applications for Schedule V cards were received and processed throughout the year. Entitlement cards for 504 applications received were not issued as they were not according to the Government policies.

It can be noted that in February there was a surge in Schedule V entitlement requests due to the final roll out of POYC registration.

**MEU Customer Care**

The Medicines Entitlement Unit provides customer care services both directly by attending to patients who call at the offices which are open to the public three times weekly; and also indirectly through telephone calls and emails received.

The graph below illustrates the type and number of customer care telephone calls attended to by the MEU staff during 2013:

![Customer care telephone calls - 2013](image)

The number of telephone calls/customer care queries attended to by the Medicines Entitlement Unit during 2013

A total of 18,730 telephone calls with an average of 74 calls per day were received, of which 18,652 were requests for information and 78 were complaints. The majority of these calls originated from patients or their relatives; however others were received from other healthcare professionals and also from POYC.

Most calls were made to enquire about the status of application forms and to request information about our entitlement policies.
Prior to queuing for their entitlement card to be issued, an officer at the validation desk checks that the patients have all the necessary documentation and provides advice as to the way forward should something be missing. This practice has shown to be very effective in avoiding situations in which patients queue for long periods of time to then be informed that the respective entitlement document cannot be issued.

During 2013, the validation area within MEU attended to a total of 31,948 patients with an average of 222 patients per customer care opening day.

Following the vetting process at the validation area, patients are directed to queue until they may be attended to at the customer care desk. Provided that all documentation is in place and according to policy, the respective entitlement documents are handed to the patient such that they can immediately proceed to collect their treatment supply.

The graph below shows the number of patients who visited the MEU customer care offices during 2013:

![Graph showing the number of patients attended to at the customer care window within MEU]

*The number of patients who visited the Medicines Entitlement Unit offices during customer care opening days in 2013*

A total of 23,531 patients were served through the direct customer care desk with an average of 156 patients per customer care opening day. This year there were in all a total of 151 customer care days. Patients visit the office mainly with an application for a new entitlement card, but also for additions of new treatment, to have their old card cancelled prior to being issued with a new one, and also to be issued with a copy of a lost Schedule V card.
Pharmaceutical Professions Management Unit

This unit demands continuous collaboration with the Directorate for Human Resources within the Ministry for Health and with the Administrative/Technical heads of the different pharmaceutical entities with regards all issues related to the pharmaceutical professions.

Human Resources and Requests for Information

Recruitment and Deployment

As per previous years, the directorate has liaised closely with the DHR regarding the recruitment procedure and prioritization of vacancies for the recruitment of pharmacists and pharmacy technicians. These priorities were finally identified following consultations with the pharmaceutical entities and with the senior management. Plans for the new recruitment and the respective justification were made periodically, evaluating the requirements requested by the entities and the projects to be implemented. Accommodation of any pending requests for transfers, when possible, was also included in the holistic HR plan.

DPA provided assistance in the drafting of the calls for application for pharmacists and pharmacy technicians while the selection boards for the respective calls were also nominated by the Director DPA.

A database including information about all pharmacists and pharmacy technicians within the public service was compiled and is regularly updated according to changes which may include new recruitment, transfer of staff, progression and promotion and any other relevant employee information. This information is frequently used for decision-making processes.

Throughout 2013, DPA in collaboration with the DHR, continued to follow up the implementation of the sectoral agreements for the pharmaceutical professions.

Union disputes were registered in relation to the interpretation of various clauses included in the pharmacy technicians’ collective agreement vis-à-vis its consequent implementation. Various discussions were held between management, union representatives, DHR, finance and DPA, until an agreement has been reached.

DPA has been working in collaboration with MCAST to organise a part Level 5 course for pharmacy technicians, facilitating their progression in their career path. This involves considerable preparatory work from the directorate’s end including various discussion meetings with entities, union representatives, and MCAST representatives regarding course contents, practical placements, qualification granted, etc.

Discussions were held with the managers of the various entities to identify the course contents and the practical implementation of the work placement. DPA has worked in close collaboration with MCAST especially to sort out issues which were of concern to the union representatives, until an agreement was reached acceptable to all involved.
This MCAST level 5 diploma course is now in progress with 21 students attending it.

**Union request for sole recognition**

The necessary information and assistance was provided to the Department of Industrial and Employment Relations (DIER) during the union verification exercise carried out for the ‘sole recognition’ request made by the union with respect to pharmacy technicians.

**Pharmacists’ Consultative Forum**

During the year the DPA organised, co-ordinated and followed up during the ‘Pharmacist Consultative Forum’ meetings issues that were raised. Through these meetings, the director conducted site visits to various entities to better understand the different circumstances and necessities.

**Policies Implemented During 2013**

During 2013, the DPA effectively implemented or updated the following policies:

- Equality Policy
- Exceptional Medicinal Treatment
- Entitlement Policy for Paediatric Patients in need of Enteral Nutritional Support
- Supply of Urine Bags to discharged patients who will return to Urology Units
- Entitlement Policy for Phenylketonuria Nutritional Support
- Issuing of Government Staff Members Entitlement to Free Medicines

In 2013 the following has been carried out with regards to implementation of Gozo Chemotherapy service:

- An SOP was drafted by the Quality Assurance section within MDH and updated by SPBH following a serious of discussions and meetings with all stakeholders
- Couriers have been trained by SPBH and QA MDH
- A trial run was carried out whereby a number of issues were identified
- Reconstituted Monoclonal antibodies/chemotherapy at SPBH are to start being transported to GGH at the beginning of 2014

**Pharmaceutical Policies in Progress**

DPA has during this year also embarked in other activities as regards future policy implementation within the Government Health Services. These include:

*Revision of the Entitlement Policy for Gluten Free Dietary Items in Coeliac Disease*

DPA has been tasked to revise the current entitlement policy for gluten free dietary items in Coeliac Disease in order to offer more practical and healthier dietary options whilst offering the
necessary variety to suit the different requirements, age and population groups suffering from this disease.

*Medical oxygen & Oxygen Concentrators for Domiciliary Use*

DPA has clearly reported that the use of oxygen concentrators has proven to be cost saving in comparison to oxygen cylinders.

It has been recommended that patients who are currently utilizing > 8 oxygen cylinders per month (around 1200) are advised to utilize an oxygen concentrator instead. Apart from reducing overall costs, patients or their relatives will be avoiding daily trips to the current oxygen supplier as per current situation.

*Voucher Scheme*

The government is exploring the possibility of introducing a Voucher Scheme for non medicinal products. Discussions have initiated and a working group has been formed to provide the necessary background and administrative way forward in order to implement this new Scheme.

*Healthcare and Medicines Entitlement to Migrants*

A policy to ensure provision of free medicines and healthcare services to illegal immigrants, refugees, asylum seekers and beneficiaries of international protection (including beneficiaries of temporary humanitarian protection) is currently being formulated.

*POVC White Paper*

DPA has been tasked to evaluate solutions and prepare a report on how to manage polypharmacy, manage and prevent medication errors and the setting up a Medicines Information Unit. In the preliminary report delivered DPA concluded that:

- Measures aimed at reduction of medical errors and adverse drug events should involve a combination of human and technology based measures:
  - Providing the necessary resources to improve currently established clinical pharmacy services and implement current good practice to other entities lacking this service such as Primary Health Care.
  - Combining and implementing a robust and holistic IT system which incorporates currently available information, and databases with new systems such as eEntitlement and ePrescribing.
  - A fully integrated IT system is the ideal solution to the problems being encountered within the Health Sector due to the current isolated and segmented systems.

*Exceptional Medicinal Treatment Policy Unit*
The Exceptional Medicinal Treatment (EMTP) unit processes requests for treatment which is not according to the standard protocols and policies of the Government Formulary List, but which are considered to be exceptional and for which conditions there is no valid alternative available.

Such requests are assessed as per ‘Exceptional Medicinal Treatment Policy’ against standard criteria which are used for the performance of the respective assessment, in an equitable and transparent manner. In an effort to continuously increase the efficiency and quality of the service provided, various changes were affected within this unit throughout this year.

A new database system was set up which enables sorting and extraction of valuable information. This system also facilitates accessibility to information regarding notification of approved non-formulary items, to be forwarded to the Central Procurement and Supplies Unit (CPSU) on a monthly basis, for the sake of completeness and sharing of information. Together with this new database, a new filing system was also introduced, which allows for easy reference when the need arises.

A Standard Operating Procedure (SOP) on the operation of the Exceptional Medicinal Treatment Policy was drafted and is being reviewed accordingly prior to implementation.

Towards the last quarter of the year an agreement was reached with CPSU such that notification about new items for procurement to CPSU, are done electronically through the directorate’s generic email. This system has replaced the file system process which was very lengthy and time consuming, with a high risk of file misplacement, and thus has helped to hasten the procurement process overall.

Information provided now also includes the patient’s ID number, in addition to the patient’s initials, to avoid confusing situations and distinguish between one patient and another when using the same item.

Apart from the day to day operations, various other issues regarding entitlement to medicine arose during 2013.

Recommendations to reserve clonazepam use for epileptic patients, were received on the basis that the drug was being overused to treat anxiety for which there are other, more indicated alternatives. Requests for approval of treatment for psychiatric patients, who were stable on clonazepam, and in whom the switch to diazepam threatened to seriously compromise stability; were evaluated and the respective approval was issued. 144 of such approvals were issued. At the end of the year a protocol regulating the use of clonazepam for psychiatric cases, was introduced.

During this year, it was noted that there was an increase in the number of EMTP requests for caspofungin which is a non-formulary item procured as stand by stock, thus being always available in stock. As from this year, in line with the policy stating that all non-formulary items are to be approved by DPA, the directorate is receiving such requests prior to initiation of treatment.
An increase in the requests received for out-of-protocol use of levofloxacin for hospital acquired infections was noted over a stipulated period of time. Consequently, a change in protocol was suggested by the ‘Antibiotic Team’ of MDH for levofloxacin to be mapped under the Schedule V condition ‘Hospital Acquired Infections’ and an amendment in the respective protocol was approved by the director including ‘Prosthetic device insertion related hospital acquired infection’.

During 2013, there were a total of 1181 requests received through this unit with an increase of 22% from those received last year. A possible explanation to this increase could be that since GFLAC committee was not functioning and no new medicines were introduced into the formulary, all requests for new medicines were being directed through the exceptional route.

**Pharmaceutical Health Technology Assessment Unit**

Pharmaceutical Health Technology Assessment (PHTA) involves a complex methodology executed to complete a process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. Despite its policy goals, PHTA must always be firmly rooted in research and the scientific method. The main purpose of PHTAs is to provide structured, evidence-based input to policy makers, in order to inform about the formulation of safe and effective health policies that are patient-focused and seek to achieve best value.

The PHTAs is based on a relative effectiveness evaluation which focus on determining the magnitude of the health benefits and harms of a new pharmaceutical compared with existing pharmaceuticals on the Government Formulary List or some other technology.

The pharmacists within this Unit have performed detailed systematic searches to assess the effectiveness of various technologies as requested by the Marketing Authorisation Holders (MAHs) and Medical Consultants working within the public sector. Published literature, systematic reviews, medical and pharmaceutical databases were selected and critically appraised to perform PHTAs.

In the PHTAs complied, the health problem and current use of the technology were identified to describe the target conditions and target group, and the availability and patterns of use of the technology. The technology’s mode of action and target condition/stage of disease, when it was developed and for what purposes, who will be using it, in what manner, and at which level of health care were also described with the necessary details. The harmful effects of a technology were also essential in quantifying the net benefit of an intervention. The harms were identified, quantified in terms of frequency, incidence, severity and seriousness, and finally compared to those of the comparator(s). The clinical effectiveness and relative benefits of the new pharmaceutical were reported and discussed. Where sufficient good quality head-to-head studies are available, direct comparisons were utilised as the level of evidence was high. When there was limited head-to-head evidence or more than two treatments were being considered simultaneously, the use of indirect methods was attempted. In the PHTAs, clinically meaningful endpoints such as mortality, morbidity, and quality of life were assessed to assess health benefits. Surrogate endpoints were only used if they were adequately validated. The level of
evidence, the uncertainties associated and the limits of their use were explicitly explained. Any potential ethical, organisational, social or legal issues were also identified. The clinical medical experts’ opinions and judgements were incorporated in the assessments. Budget impact analyses were also performed and potential marginal cost and cost-savings were presented.

As per current situation:

- The number of HTAs currently being processed by the reviewers – 44
- The number of HTAs performed and awaiting presentation to GFLAC - 44

The PHTAs complied within this Unit were presented to the members of the Government Formulary List Advisory Committee, who made recommendations to the Superintendent of Public Health for inclusion or otherwise onto the Government Formulary List.

During 2013, PHTAs were performed for a wide variety of pharmaceuticals for different conditions including: Pulmonary Hypertension, anxiety disorders, prevention of thromboembolic events in adults, maintenance of sinus rhythm, peripheral neuropathic pain, immunisation, carcinomas, schizophrenia, Congestive Heart Failure, Hyperphosphataemia, hypertension, antifungals, visual impairment, medicines for chronic obstructive pulmonary disease, asthma, moderate to severe acute pain in adults, acute convulsive seizures, prophylaxis of acute hepatic transplant, multiple sclerosis, attention deficit hyperactivity disorders, enteral and parental feeds.

**Introduction of Medicinal Products onto the Government Formulary List**

This unit within the Directorate of Pharmaceutical Affairs administers the process of introduction of new medicines onto the Government Formulary List, in line with the Transparency Directive 89/105/ECC and the L.N. 58/2009 (Medicines Act Cap 458 – Availability of Medicinal Products within the Government Health Services Regulations).

Requests for such inclusions can be submitted by the marketing authorisation holders (MAHs) of the medicinal products or by consultants working within the Government Health Services.

The table below shows the current situation as regards the requests for introduction of medicines in the formulary:

<table>
<thead>
<tr>
<th>Applications</th>
<th>By Consultants</th>
<th>By MAHs</th>
<th>Total applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests received during 2013</td>
<td>25</td>
<td>31</td>
<td>56</td>
</tr>
<tr>
<td>Requests rejected at validation stage</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Requests pending</td>
<td>13</td>
<td>18</td>
<td>31 (all received in</td>
</tr>
</tbody>
</table>
Number of Patient Access Scheme proposals submitted

<table>
<thead>
<tr>
<th>review by end 2013</th>
<th>2013 except 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>7</td>
</tr>
</tbody>
</table>

The number of requests received for introduction of new items or new indications in the Government Formulary List

The necessary information is prepared and compiled in cases of appeals filed by the Marketing Authorisation Holders.

Maintenance of the transparency directive database is co-ordinated by the Pharmaceutical Health Technology Assessment Unit.

The Government Formulary List Advisory Committee met three times during 2013.

For this reason, there were a considerable number of requests received for which the assessment was completed but which however could not be further processed and are currently pending the respective presentation to GFLAC for a decision to be taken.

- Number of HTAs which were presented to GFLAC in 2013 – 12
- Number of medicines recommended by GFLAC - 6
- Number of medicines not recommended by GFLAC – 3
- Number of requests pending final decision by GFLAC - 3

Recommendations by the GFLAC are officially communicated to the directorate which then has the responsibility of the respective follow up process. This consists of the preparation of the Medicinal Product Summary Sheet consisting of a technical summary of the HTA and the GFLAC recommendation, to be forwarded to the Superintendent of Public Health for endorsement. Provided that the introduction is recommended, the respective file used for official communication to CPSU for initiation of the procurement process, is compiled and opened by the directorate, including any protocol restrictions in place, estimated consumptions, annual and marginal costs. The procurement process is followed until notification of the availability of the medicinal product is received. The directorate is then responsible for the setting up of the corresponding protocol in consultation with the clinical expert as applicable and official communication of the introduction to the relevant healthcare professionals through the issue of a circular.

The graph below shows the current status of applications received for introduction of items in the government formulary:
The current status of the requests for introduction of a new item or a new indication received during 2013

**European Pharmaceutical Fora**

During this year, the directorate participated in various EU projects involving sharing of information related to pharmaceutical policies, pricing and reimbursement of medicine, between the participating member states. The directorate also participated in various meetings to discuss the implementation of the transparency directive, and also in the respective networks and committees. The following is a table summarizing duty travel abroad by DPA staff during 2013:

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2013</td>
<td>Diemen, Netherlands</td>
<td>EUnetHTA WP5 face to face meeting</td>
</tr>
<tr>
<td>March 2013</td>
<td>Zagreb, Croatia</td>
<td>EUnetHTA Plenary Meeting</td>
</tr>
<tr>
<td>April 2013</td>
<td>Dublin, Ireland</td>
<td>Network Meeting for Competent Authorities for Pricing and Reimbursement</td>
</tr>
<tr>
<td>April 2013</td>
<td>Dublin, Ireland</td>
<td>Steering groups for ‘Access to Medicines’</td>
</tr>
<tr>
<td>April 2013</td>
<td>Oslo, Norway</td>
<td>EUnetHTA WP2 face to face meeting</td>
</tr>
<tr>
<td>June 2013</td>
<td>Brussels, Belgium</td>
<td>Working Party on Pharmaceuticals and Medical Devices</td>
</tr>
<tr>
<td>October 2013</td>
<td>Brussels, Belgium</td>
<td>1st HTA Network Meeting</td>
</tr>
<tr>
<td>October 2013</td>
<td>Trakai, Lithuania</td>
<td>Networking Meeting for Competent Authorities for Pricing and Reimbursement</td>
</tr>
<tr>
<td>Date</td>
<td>Location</td>
<td>Event Description</td>
</tr>
<tr>
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<tr>
<td>October 2013</td>
<td>Trakai, Lithuania</td>
<td>Steering group for ‘Access to Medicines’</td>
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<tr>
<td>October 2013</td>
<td>Budapest, Hungary</td>
<td>Pharmaceutical Pricing and Reimbursement Information Network Meeting</td>
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<tr>
<td>November 2013</td>
<td>Vienna, Austria</td>
<td>EUnetHTA WP5 face to face meeting</td>
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The various EU network meetings abroad to which representatives of the directorate attended during 2013

EU meetings

DPA participated in the following networking meetings:

- Network meetings for Competent Authorities for Pricing and Reimbursement of Pharmaceuticals
- Transparency Committee
- Steering Committee for Access to Medicines in Europe
- Health Technology Assessment (HTA) Network under Article 15 of Directive 2011/24/EU
  - EURIPID (European Integrated Price Information Database)
  - PPRI (Pharmaceutical Pricing and Reimbursement Information)

EUnetHTA Joint Action 2

EUnetHTA is a European network for HTA supported by the European Commission until October 2015. The Directorate is committed to participate in this Joint Action in which there are 14 planned pilot studies, of which 10 will be on medicines while the other 4 will be on services.

During 2013 DPA acted as a dedicated reviewer for the first Relative Effectiveness Assessment (REA) pilot of this Joint Action. The topic was ‘Zostavax for the prevention of Herpes Zoster’. This involved the appraisal of the Marketing Authorization Holder submission file and the REA document compiled by the EUnetHTA authors.

The work generated from the review performed by DPA was communicated to the Work Package review and amendments were made accordingly to the review. A review of this second version of the REA was again performed by DPA.

DPA also contributed to the EVIDENT project within this Joint Action by sharing information about the topic ‘Exemestane for Breast Cancer’. The EVIDENT project involves a database on new technologies and it allows sharing of information on reimbursement and assessment status.
of promising technologies, and additional studies recommended further to the performance of the HTA. In this regard the directorate also contributed to the POP database with updates of HTAs that are continuously being performed by the pharmacists within DPA. In addition, DPA also reviewed a number of documents related to strategies for this Joint Action and participated to various e-meetings held.

The following face-to-face meetings were attended in relation to this Joint Action during this past year:

- WP5 meeting in Diemen, CVZ, Netherlands
- EUnetHTA Plenary meeting, Zagreb, Croatia
- WP2 meeting in Oslo, Norway
- WP5 meeting in Vienna, Austria

In order to assist the internal auditors of the EU-Programme Implementation Directorate, yearly financial statements and all accounting records and documentation pertaining to this Joint Action, started being maintained, including a cash flow statement with all the inflows and outflows as they arise.

**Quality Management Systems**

The Quality Management System (QMS) has progressively become one of the main functions of the Directorate. The quality focal point and the quality administrator within the directorate followed the requirements of the QMS.

In 2013 DPA staff was trained on 13 different SOPs. 6 members of the staff received training on the general SOPs, while on the other hand 30 members of the staff received training on the various specific DPA SOPs. 5 different internal training sessions were held.

All DPA SOPs were updated during 2013. The changes were as described below:

<table>
<thead>
<tr>
<th>SOP Affected</th>
<th>Change</th>
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<tbody>
<tr>
<td>DPA001/03: Process for preparing a Pharmaceutical Health Technology Assessment</td>
<td>This SOP was updated to reflect role of Principal Pharmacist responsible for HTA and the function of the HTA forum</td>
</tr>
<tr>
<td>DPPM02/02: Management of Reference Pricing Process for Introduction of New Drugs on the Government Formulary List by the Pharmaceutical Policy and Monitoring Directorate</td>
<td>Both SOPs were amalgamated to ‘DPA 002/03: The Computation of a Maximum Reference Price of Medicines by the Directorate for Pharmaceutical Affairs.’ This change was done to reflect the changes in the procedure of computation of MRPs.</td>
</tr>
<tr>
<td>DPPM005/01: Process of revision of Maximum Reference Price (MRP) for drugs on the Government Formulary List by the Pharmaceutical Affairs Directorate</td>
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**NEW INITIATIVES**

**Staff Entitlement Cards**

In line with the objective of having all the medicines entitlement processes included within one comprehensive unit; during this year the MEU also took over the processing and issuing of the staff entitlement cards. These cards enable entitled staff to collect free medicinals supplies for their personal use, when such medicinal treatment is required for the treatment of conditions related to their type or place of work.

The process which was previously followed was evaluated and updated to achieve a system which is more transparent and accountable.

**Reducing Bureaucracy**

In an effort to reduce the bureaucratic processes within the system, MEU has introduced the possibility of using an online system to apply for medicines entitlement.

Applications for Schedule V cards and approvals for protocol regulated items, are received electronically through the unit’s generic email and these are processed on the same day of receipt and the respective entitlement document issued is sent over to the patient by post. The email address of the applying consultant is considered as the endorsement. In case of application for approval of a protocol regulated item, a statement is included in the online application form stating that the request of the particular patient is according to protocol such that by sending the application form, the consultant would be automatically endorsing this statement. This avoids the necessity of the consultants having to fill in details for each individual patient case.

This measure has greatly reduced processing times, making the system faster and more efficient and has reduced time consuming processes both for the unit and also for the applying

| **DPPM 004/02:** Entitlement for Protocol Regulated Medicines | Both SOPs were amalgamated into ‘DPA003/02 Medicines Entitlement Unit Procedures’ This change was done to reflect the current line of work at MEU. |
| **DPPM 003/01:** Schedule V Conditions Entitlement | |
| **DPA006/01:** The validation process of requests submitted for the introduction of new medicines on the Government Formulary List. | This is a new SOP and it was done to document the validation process. |
| **DPA007/01:** Management Meetings | This is a new SOP which was created following the recommendations of the 2012 Internal Audits |

Changes affected to the Standard Operating Procedures in place within the DPA
consultant, such that the patient has faster and easier accessibility to his/her entitlement documents.

Furthermore, in case that any problems are encountered with the application forms filled in, this system allows for direct communication between our unit and the caring consultant through email; such that any difficulties may be cleared out, avoiding unnecessary troubles for the patient or his/her carers.

Consultants were also given the opportunity of nominating his/her delegates who may be given the authority to apply for entitlement documents in their stead. Applications received from the nominated delegates, are now being accepted and processed accordingly.

**One-stop-shop**

In collaboration with the POYC unit, the MEU has started a process in which any new or updated entitlement document issued for the patients who visit the office; is referred to the POYC unit. The respective changes may then be reflected in the POYC system in real-time. All changes in entitlement performed by the MEU on any given day are forwarded to the POYC unit in the form of a report on a daily basis.

In this way the treatment and entitlement records of the patients are immediately updated, the necessary arrangements are made within the POYC system, and the patient may then be supplied with the treatment required at the earliest possible from the community pharmacy of choice.

**Consolidation of the MEU with the POYC unit**

Work was ongoing during this past year continuing over the work done in previous years in preparation for the planned new IT system which is to integrate all processes including entitlement, procurement, storage, supply, and integrating both the in-patient and out-patient sectors.

Through this IT system all processes involved in the supply of pharmaceutical treatment are to become fully automated leading to a faster, more efficient service. Updated documentation of all the transactions carried out will be maintained and utilised as necessary through extraction of the specific data required.

An inter-related holistic system which connects all entities making up the healthcare system will be created, which allows real-time sharing of information, and will be able to provide a complete picture of the medicinal stocks' situation at any given time. This will also enable better stock management and enable more availability of stocks through redistribution, while reducing wastages to the minimum.

Towards the end of the year, it was decided that the entitlement processes carried out within the MEU are to be amalgamated with the POYC unit such that there will be one continuous process which finally leads to the supply of treatment to the patient from the community pharmacy.
As from 2014, the MEU operations and staff will be transferred to the POYC unit falling within its remit and responsibility.

The respective preparatory work done including the detailed IT project brief, and all the progress made within the entitlement system moving towards the implementation of the new IT system which includes the online application system in place, the list of authorised delegates, the mapping document, etc., were handed over to the POYC unit.

**CONCLUSION**

During 2013 there was a visible and measurable surge in the DPA workload due to the support given to improve processes within the Centralized Procurement and Supplies Unit (CPSU), the Pharmacy of Your Choice (POYC) final roll-out and the also due to necessary changes made in the delivery of pharmaceutical services. This has been achieved with a reduced staff complement following several staff transfers out of the Directorate.

Amongst other tasks, during 2013, DPA implemented the Collective Agreements and Memorandum of Understanding for both Pharmacists and Pharmacy Technicians. There was a 265% increase in the number of reference prices computed and a 66% increase in the number of medicines specifications reviewed. This was due to the constant support provided to CPSU prior to initiating each procurement cycle. Amalgamation of Medicines Approval Section at Mount Carmel Hospital to that of the Medicines Entitlement Unit at SLH was completed this year. This consolidation was performed without any addition to the staff complement leading to synergy of resources and cost savings while also resulting in complete integration of all medicines entitlement processes. DPA is currently planning the handing over of the MEU services with the aim of consolidating them with POYC processes. This will also lead to further maximisation of resources and cost savings. Staff was trained in various skills to increase competence, maximise efficiency of resources and provide better service.

**Nursing Services Directorate**

**EXECUTIVE SUMMARY**

During 2013, the Nursing Services Directorate (NSD) continued to consolidate its function and work delivery. The main purpose of the NSD was to ensure the provision of good quality nursing services at a national level. The Directorate has the function of coordinating nursing and midwifery services across government health care entities.
KEY ACTIVITIES

Courses

**EN to SN Conversion Course**

As in past years, the NSD directorate held Enrolled Nurse to Staff Nurse (EN to SN) Conversion Course. This project entails the training of Enrolled Nurses (2nd level nurses) over an eighteen month period through a number of formal lectures, assignments and examinations to become Staff Nurses. Each year, three courses run simultaneously where each one will be through a different phase of the course.

From its inception in March 2003 to date, 18 courses have been initiated. 17 have been completed while one is still running. A total of 667 candidates have started the course in which 575 have successfully become 1st level nurses while 32 students are still pursuing the course, 3 students are waiting to repeat their final examination. 57 students refrained from continuing their studies due to health or family commitment problems. This gives an approximate 8% course attrition rate.

**Training for care workers and support workers**

During 2013, NSD engaged in discussions, in conjunction with the Allied Health Services Directorate and Superintence of Public Health with MCAST and Malta Qualifications Council (MQC) on the training requirements for care and other support workers. During discussions, it was deemed important to assess the existing gaps in knowledge for those care workers already in employment whilst enhancing the knowledge of those in training.

**Intravenous Therapy Course**

The NSD continued to co-ordinate the Intravenous Therapy course however, it was decided to include the Practice Nurses and the Practice Midwife to support with the implementation of this course, at entity level.

PROJECTS AND INITIATIVES

**ESF 4.174 Training Health Care Professionals for Integrating acute and community care**

The Director, as the Project Leader of the above ESF Project, together with the project team continued working towards its implementation. The Grant Agreement was finalized and signed by the Project Leader and the Permanent Secretary on the 11th of October 2013.

A Project Manager was employed through a public call for the duration of the project. Tenders for Research and Evaluation, Common and Specialised Training, as well as Venues were drafted and published. In all ten Expression of Interests were drafted, published and finalised.
The two job shadowing training experiences for the project team were carried out in May and October whilst the job shadowing of twenty (20) candidates was held between September and November. Local job shadowing was done in various wards in MDH and also in other health entities throughout November and December so as to enrich the candidates' knowledge of local services. The candidates were also given tutorials and talks by different professionals including the staff of NSD, Sedqa, Appoġġ and Allied Health Professionals.

IF 2011 – 16 Adaptation Programme for Third Country National Nurses (TCNN) to facilitate successful integration, effective communication and ensure high quality care to patients

The Ministry for Health through the NSD has embarked on a part-financed EU project with the main objective of facilitating the successful integration for Third Country National nurses within the Maltese Health system through ensuring effective communication and high quality care to patients. This Project sought to address the difficulties encountered by these nurses in adjusting to a different country with different cultural, social and organizational experiences, language and surroundings. The successful completion of this adaptation programme was a requisite for these nurses to obtain a permanent nursing registration from the Council of Nurses and Midwives. In total 92 nurses benefitted from this programme.

The Adaptation Programme consisted of a theoretical and a practical module to ensure high quality nursing care, and a Maltese language course to facilitate the nurses’ communication with patients and co-workers. For the practical Module, 75 nurses were allocated to 41 highly experienced nursing mentors who were responsible for supervising and assessing the nurses for a minimum of three weeks or as deemed necessary on one to one basis. The theoretical module was spread over one whole week covering 17 nursing related themes including infection control, ethical and legal aspects, cultural diversity, wound care, moving and handling, death and dying and other nursing skills. The Maltese Language course was tailor made for a total of 92 expatriate nurses from different countries, namely Pakistan, India, Nigeria, Philippines and Ukraine. Every nurse attended 39 hours of lecturing including an assessment at the end of the course. A closing seminar was held on the 27th of June 2013 at the Coastline Hotel whereby all Third Country National nurses who participated in the Adaptation Programme were invited to share their experience and celebrate the integration of Third Country National Nurses in Malta specifically being protagonists in the delivery of our health care system.

Geriatric Module 3rd Country Nationals

The directorate coordinated the Geriatric Theoretical Program for the 3rd Country nationals who are waiting for registration pending this theoretical and practical geriatric module. In total three courses of one week each were held, one of which was included within an ESF program. The other two courses were conducted at the Karen Grech Rehabilitation hospital, whereby a total of twelve nurses participated.

Unregulated Care Providers
The working group of the Unregulated Care Providers met on regular basis as to discuss and prepare the minimal training requirement for the support/caring workers and propose a number of registers for the different support worker categories.

The working group has identified the Unregulated Care Providers and batch them into three groups depending on the different education levels according to the MQC. The scope of practice, job descriptions and occupational standards for each group have been drafted and are awaiting review from Superintendent Public Health. Discussions have been undertaken on a grandfathering clause and on a competency checklist to be used during the process.

**Employment of Staff Nurses**

NSD spearheaded two calls for applications for the post of the Staff nurses. The first call was issued in August and the other in October with two extensions in November and December. In total, there were 399 applications, out of which 266 were found eligible and interviewed. From the 1st call a total of 57 nurses and from the 2nd call including extensions, a total of 207 nurses were recommended for appointment on the 19th December.

**Deployment for nurses**

NSD prepared and processed expression of interest for nurses to be deployed as focal Radiotherapy & PUVA Nurses. As part of the sectoral agreement signed between MFH and MUMN, various expression of Interest for all nursing and midwifery grades were drafted, issued and processed. Amongst other EOI, there were those for promotions for Charge Nurses and Deputy Charge, for NO, DNO, nurses and midwives in Malta and Gozo to undergo training in Ireland on Discharge Liaison Services as part of ESF project.

**Practice Nurses**

DNS drafted and sent to HR department the call for Practice Nurse (Procurement) together with its eligibility criteria and job description.

**Orientation and Induction Programme for foreign trained nurses**

The theoretical programme has been coordinated and implemented by NSD for the foreign nurses. Subsequently, each foreign nurse was allocated to a mentor in the geriatric care and had to follow one hundred twenty hours (120 hours) as well as to fill the competency assessment tool adequately in the clinical area as to be certified.

**DISCUSSIONS ON A NEW SECTORAL AGREEMENT FOR NURSES AND MIDWIVES**

NSD was instrumental in the finalisation and implementation of the Sectoral Agreement and Memorandum of Understanding signed between Government and MUMN on the 6th February 2013. Once signed, the NSD reviewed all the calls for applications for the posts of Senior Staff Nurse/Midwife, Deputy Charge Nurse/Midwife, Charge Nurse/Midwife; Practice Nurse/Midwife, Senior
The Directorate recommended six selection boards to deal with 1100 applications in the different grades. Prepared Standard Operational Procedures for the receipt of the call for application and conducted information sessions to the respective chairpersons. The evaluation was mainly based on the review of the application including the Professional Portfolio. The selection boards’ reports were presented to the Public Service Commission within one week of publication. Subsequently the NSD conducted a number of presentations for all the HR/Finance officials, and head of Entities highlighting the Sectoral Agreement changes to facilitate its implementation. The directorate was also directly involved in the processing of the applications for nurses and midwives employed through the Foundation for Medical Service.

**POLICIES**

**Ex-ITU Nurses Policy**

A policy was formulated to officialise and give guidelines for the implementation for ex-Intensive Therapy Unit (ITU) nurses when called to support in the management and care of ITU patients.

**DOCUMENTATION**

**Carer’s Uniform**

Committee set up and conducted a review of the Uniform specifications for the Nursing Aides, Health Assistants, Carers and Senior Care workers tender.

**General Database**

NSD ensured that adequate Nursing/Midwifery data of the HR resourcing across MFH and MFSS has been kept. During 2013, data was updated bi-monthly by liaising with the Human Resources Department and all entities involved.

**Industrial Disputes Database**

The Directorate set up a database with all the directives issued by the MUMN and their follow up.
**Gozo Nurses List**

List of nurses waiting to be transferred to Gozo was adjusted and updated. In total, 22 nurses were transferred to Gozo.

**HUMAN RESOURCES**

**Deployment of Nurses**

As in previous years, during 2013, a number of nurses requested to be transferred to other entities. Thus, the NSD worked closely with People Management Unit so as to provide a smooth transfer process whilst deploying nurses when and where necessary. Likewise, the new appointed nurses and midwives were deployed through the same process.

**Deployment of Nursing Officers, Midwifery Officers and Deputy Nursing Officers**

During 2013 there were sixty-two (62) posts for Practice Development Nurse and for Deputy Charge Nurse. These Deputy Charge nurses were deployed across entities within MFH and MFSS. Thus almost reaching saturation point within all entities.

**Deployment of Newly Appointed Nurses and Midwives**

During the year 2013, two hundred and sixty-five nurses (265) were deployed throughout all entities across MFH and MFSS in response of two PSC calls.

**OPENING OF NEW SERVICES**

**Mater Dei Hospital**

In August, a new patient area within Mater Dei Hospital was opened – the MAU2. The Urology Reassessment clinic was also added to the urology services facilitating the path of the preoperative urology patient.

The Orthopaedic Outreach Team is being planned primarily to offer more support to patients and their carers in their home. It is calculated that it will reduce the number of readmissions, visits to out-patients/ health centres, and also reduce the hospital stay.

A new MDH referral ticket was introduced within the new booking office. This, new ticket specifies the exact specialty area patients are to be referred to by practitioners. Additionally a new software was introduced wherein all referrals are registered. This system enables full tracking of referrals, upon reaching the main reception followed by the booking office where it is then sorted and sent for vetting by consultants.

The Central File preparation initiative was the introduction of a pilot study for file preparation for OPD clinics. Presently we have the surgical Outpatients on Board. (Files are no longer prepared by nursing staff attending to clinics but by clerks in a designated area away from the
A new service, the Assisted Reproductive Technology Clinic was also introduced.

**Gozo General Hospital**

At the Gozo General Hospital, several new services were added, including: the setting up of the NaPro Technology nurse, the introduction of the new Bone Density Unit, the introduction of the service of a Breast Care nurse, the introduction of colorectal screening/endoscopy, the introduction of a new Consultant Anaesthetist and the introduction of the Pain clinic.

There was an increase in the afternoon of the operating theatre list, an increase in the operating theatre lists due to the introduction of a new surgeon and an increase in out-patients clinics.

In 2013, there were four new consultants: Surgical out-patients, Ophthalmic out-patients, Oncology out-patients and Paediatric out-patients.

**Sir Paul Boffa Hospital**

During December 2013, the ‘Aurora’ sessions commenced. These are information lectures held twice monthly, which lectures are addressed to patients and relatives undergoing chemotherapy treatment. These training sessions are organised by two Focal Nurses.

**Karen Grech Rehabilitation Hospital**

During 2013, a new ward, rehab ward 5, was opened at Karen Grech Rehabilitation Hospital.

**Mount Carmel Hospital**

A new facility has been opened at Mount Carmel Hospital in Female Ward 1 to accommodate female forensic patients.

Dr. Stephanie Xuereb, Director and Chairperson of the Mental Health Review Team, has been deployed at MCH. She is responsible for the coordination of all the various wards/departments in order to meet the requirements outlined by the Mental Health Act. The Mental Health Review Team has been set up to evaluate the provision of services within MCH and in the community in accordance with the Mental Health Act. Regular meetings are also being held with Dr. JM Cachia, Commissioner for Mental Health and Older Persons.

Another Practice Nurse has been deployed at MCH who is responsible for Community Services and Rehabilitation. Ms. Saliba has also been assigned duties regarding the implementation of the new Mental Health Act. This included, so far, the updating of patients’ Consent Forms and the first draft of the Patients’ Charter of Rights and Responsibilities. The multidisciplinary care
plan is still underway whilst the first draft of the patients' information leaflet regarding ECT is still being reviewed by the Clinical Director.

The new requirements for ECT procedures in accordance with the new Mental Health Act, have also been implemented and the Medical Materials Management Unit which is responsible for the supply of pharmaceutical items, was also set up in 2013. The unit is run on a 6-day-week basis.

**St Vincent de Paule Residence**

A new male ward, named St Joseph, was inaugurated in the St Vincent de Paule Residence. The multipurpose hall was named MaryAnne Bugeja Hall in appreciation for a colleague (PDN) who passed away suddenly. An Active Ageing Promotion Unit was introduced to substitute the previous Entertainment Section and a Customer Care and Quality Assurance Unit was also set up.

**Primary Health Care**

During the year 2013, a number of clinics were launched at the Primary Care. The Chronic Disease Protection clinic was launched on 6th June 2013 at Qormi HC and on the 1st July 2013 at Paola HC. Medical and Orthopaedic Consultant clinics in the evenings/afternoon were also introduced. Nurses assist in these clinics. These clinics were opened as follows: Medical Clinics in Paola and Floriana and Orthopaedic clinics at Qormi, Paola and Mosta.

There was also the upgrading of the ophthalmic equipment such as the Lens meter and the introduction of new equipment such as the Auto refractor which introduced a new service all of which at Paola HC. Such equipment is also managed by the nursing staff.

Last November, the NaPro Clinics was also introduced. The main aim of NaPro Technology (Natural Procreative Technology) is to nurture and foster a woman's health using a fertility-care based medical approach to family planning and gynaecological health.

**Elderly Homes**

In February, a new unit in the Melleha home was launched for Highly Dependent Residents with special needs. A new High Dependency Unit (HDU) was also opened in the Zejtun Home. There was an increase in purchasing Public Private Partnership (PPPs) beds.

With regards to CommCare: focal nurses were identified to manage specialised areas, such as, Tissue Viability, Diabetese, Stoma Care. A pathway was established with A&E Department to follow up patients in the community who need support or an intervention/service. Discussions were initiated regarding follow up of post op 'Elective Joint Replacement' patients in the community.
COMMITTEES AND INQUIRIES

Manager’s Forum Senior Executive Committee Meetings

Two meetings were held to discuss the overall Nursing Services strategy across the ministry. The Standard Operating procedure for such meetings was re-aligned to meet current needs.

Breastfeeding Steering Committee

NSD is on Mater Dei Breast Feeding Steering Committee. The aim of this Committee is to work towards the attainment of Baby Friendly Initiative Award (BFI) provided by the UNICEF. One of the NSD staff contributes as a member on the committee and as one of the lecturers on this training programme. The 27-hour breast feeding course has been implemented by the Committee to all staff working in the maternity department. The committee has formulated and issued the breastfeeding policy on the ten steps of the UNICEF. Any other issues arising regarding breastfeeding will be dealt with within the committee.

HR/Nursing Forum

The Directorate was heavily involved in the setting up of an HR/Nursing forum led by People Management. This HR forum has the objective to standardize the management policies across the Ministry after agreement with all Unions concerned. Five meetings were held and dealt with Change of Duty, Vacation Leave and Sick Leave.

TENDER EVALUATION BOARDS

Most of the NSD staff were involved in the different Tendering Evaluation Boards during 2013 in connection with nursing/midwifery/NSD project matters. These boards involved tenders regarding ESF issues such as research, venues, training etc.

SELECTION BOARDS

Various NSD staff were members of different Selection Boards which included Recruitment, promotions, expression of interests and re-instatement of diverse hospital nursing grades.

INQUIRY BOARDS

The NSD staff were also involved in different inquiries during 2013 as board members and chair persons.

CONFERENCES, SEMINARS, COURSES, MEETINGS

NSD staff attended various conferences, seminars, courses, meetings and workshops both locally and abroad. The Director for Nursing planned and organised site visit at Mount Carmel Hospital and Gozo General Hospital to reach out more the nursing/midwifery management and
the nursing/midwifery work force within the entities. Meeting with CNM and visit held in a number of wards.

**JA EUHWForce PLANNING AND FORECASTING**

Malta, through the Nursing Services Directorate, has been appointed as Co-Leader on Work Package 3 – Evaluation - on the Joint Action EUHWForce Planning and Forecasting. The main objective of this action is building a platform for collaboration and exchange between Member States (MSs) to prepare the future of the Health Workforce Planning and forecasting. This will support Member States and Europe in their capacity to take effective and sustainable measures to sustain a robust Health care workforce. The Joint Action provides a platform for development process, expertise and tools sharing and sustainable recommendations. The Joint action is organized in 7 WPs, 3 horizontal (Project Management, Dissemination & Evaluation, and 4 vertical (Data Collection, Information Sharing & Exchange, Horizontal Scanning and Sustainability). Malta is participating as a co-leader on Work Package 3.

Malta participated in the JA as follows:

- Joint Action Kick Off Meeting in Leuven in April
- Work Package 7 and Workshops in Sofia, Bulgaria in September
- Work Package Leader and 1st Executive Committee meeting in Leuven in September
- 2nd Executive Board Meeting in Vienna in December 2014
- Devised an Evaluation tool for the Risk and Issue Management of the Joint action – Formulated a number of evaluation tools including Risk and Issue Management, Progress Reports and Stage Plans and contributed in the evaluation tools for List of Experts, Minimum Data Sets and Sustainability Strategy.

**In country knowledge broker**

A staff member within the Directorate was appointed In-country Knowledge broker, which entails collating and disseminating Health Work Force data and information for planning and forecasting. The first exercise was to establish the stake holders. Questionnaire sent to 25 entities, and response was received from 15 entities. Stake holder analysis will be carried out and forwarded to the Joint Action.
HIGHLIGHTS OF MEETINGS ABROAD ATTENDED BY THE DIRECTOR NURSING SERVICES DURING 2013

The Director Nursing Services attended the following meetings abroad:

- Bi-Lateral Meeting with the Commission re EU Directive 36/2005 in Brussels, January 2013
- EU Chief Nursing Officers Meeting and the Joint Action in Workforce Planning Meeting in Ireland, April 2013
- Meeting of the EU Chief Nursing Officers in Dublin, April 2013
- Joint Action on European Health Workforce in Brussels, April 2013
- Meeting of Government Chief Nursing Officers in the WHO European Region in Lithuania, October 2013
- Training on Discharge Liaison in Northern Ireland, ESF 4/174: Training Health Care Professionals for integrating acute and community care, October 2013

OFFICIAL BOARDS

The Director Nursing Services is a member of the following boards/committees:

- Ex-ufficio member of the Council for Nurses and Midwives.
- The Director Nursing Services was during 2013 a member of the following Boards: The Institute of Health Care Diploma Nursing Board of Studies and Degree Nursing Board of Studies, and Mental Health Studies.
- The Director Nursing Services is also the Chairman of The EN-SN Conversion Course Board of Studies.

Allied Health Care Services Directorate

Introduction

The Allied Health Care Services Directorate is responsible for the provision of Allied Health Care Services. In this regard, the Directorate organises and coordinates services by developing a network system to ensure a professional and strategic leadership role whilst developing and implementing the vision and strategic plan for each of the professions under its remit thus ensuring services meet the needs of the public and are in line with Ministry’s policies, strategies, regulations and standards.
Priorities in 2013

The major priorities during the year under review included:

- Sustainability of the professions through discussions and liaison with University of Malta, MCAST and foreign Universities.
- Increasing patient access to services by addressing waiting lists.
- Work associated with implementation of collective agreements – Allied Health Collective Agreement, Psychology Class Agreement and ECG Memorandum of Understanding.
- Deployment of new recruits – psychology, physiotherapy, occupational therapy, radiography
- Union issues.
- Training Allied Health staff according to identified priorities.
- Updating of various job descriptions.
- Code of practices, occupational standards and competence checklists for Allied Health support workers as part of working group.

Key Activities

Allied Health Care Management Meetings

During the year, the various meetings with top management, respective department Heads, senior staff and clinical chairpersons were held to discuss services provision. These included the following:

Audiology, Clinical Perfusion, Dental Hygiene, Dental Technology, Dieticians, Medical Laboratory Technologists/Scientists, Medical Physicists, Ocularist (Prosthetic), Occupational Therapy, Optometry, Orthoptics, Orthotics and Prosthetics, Physiological Measurements and ECG technicians, Podiatry, Psychology, Radiography (Diagnostic and Therapeutic), Social work and Speech and Language Pathology. The services are provided by professional as well as technical and other paramedical support staff such as Paramedic aides, Dental Surgery Assistants and Technicians (Hearing Aid Technician, Prosthetic/Orthotic technician). Nutritionists and Medical Secretaries have also been placed under the remit of this Directorate during the past year.

Allied Health Care Services

Audiology

Various meetings have been held this year to ensure sustainability of this service. Discussions are ongoing on the possibility of deploying staff currently following the MSc in Audiology at the Faculty of Health Sciences. Talks are also underway with MCAST to develop a course in Clinical Sciences which will consists of a programme of common basic years for Audiology and Clinical Physiological Measurements followed by a year in a specialised field which can possibly be accepted to be registered with the CPCM.
Clinical Perfusion

A call for a Principal Scientific Officer – Clinical Perfusion was issued in 2013 and the Selection process is being finalised. There is no immediate need for further staff in Clinical Perfusion since the staffing levels are currently sufficient. This is due to the fact that Cardiac Bypass surgery is on the decrease because of other methods which are utilised more commonly such as angioplasty.

Dental Hygiene

The BSc Dental Hygiene course which opened in 2012 has now begun the second year within the Faculty of Dental Surgery, University of Malta.

Dental Technology

Foreign lecturers were brought over for training for dental department in Orthodontics and Orthognatic Surgery.

Dietetics

Following a period of training abroad between April 2012 and January 2013, the sponsored trainee Dietitian returned in early 2013 and began work at Mater dei. She completed her final assignment and gained registration with CPCM as a Dietitian. This brings the number of dietitians within the Ministry for Health to three (3).

Discussions have been ongoing for the development and approval of a post-graduate course in Dietetics at the Faculty of Health Sciences. The course currently being run is a new BSc in Applied Food and Nutritional Sciences. The Allied Health Care Services Directorate and the Faculty of Health Sciences held discussions for a year following this degree leading to a qualification which will be accepted by CPCM for registration as a dietitian. A justification was drawn up by DAHCS for the University of Malta Programme Validation Committee.

Medical Laboratory Scientists

A call for applications for Medical laboratory technologists was issued and the selection process completed and results issued. The MLS recruits are awaiting appointment to begin employment.

Medical Imaging

During 2013, the Medical Imaging Department developed a 24 hour service at the Mosta Health Centre. It continued to implement various changes to staff rosters to tackle waiting lists. Following a call for applications and a selection process, 3 radiographers were recruited in 2103.

4 Radiographers and 2 radiologists participated in a week long training programme in Edinburgh in a Vascular Lab which was funded by the Allied Health care Directorate.
**Medical Physics**

The Allied Health Directorate was involved in discussions on the development of a new structure for Medical Physicists, employment of expatriate Medical Physicists and other HR requirements as well as the ESF extension.

**Occupational Therapy**

The Outsourcing of OT services contract for 400 children on the waiting list from OT CDAU has now almost reached completion with 18 children on the list.

The Allied Health Care Directorate funded the following training: part sponsorship for staff training programme, part sponsorship for COPM training. Occupational Therapists were also involved in training on eating disorders as part of the work for Dar il-Kenn. Following a call for application and the selection process, 15 new recruits began employment in December 2013.

**Ophthalmic Support Services**

Various meetings were held to discuss the dire shortages of staff and the possibility of applying for ESF funds to send persons to train in Optometry and Orthoptics.

**Orthotics and Prosthetics**

The quality of service to patients has improved considerably and no complaints have been received. Overall feedback from service users has been positive. New tenders for Prosthetics and Orthotics were issued in 2013.

Various meetings were held to discuss the dire shortages of staff and the possibility of applying for ESF funds to send persons to train in Prosthetics and Orthotics. Discussions have also been held with MCAST to tweak one of the current courses to include units on manufacturing and plastics to be appropriate for the needs of the Unit. 2 apprentices from MCAST are due to be deployed to OPU in early 2104.

**Physiological Measurements (including Sleep Lab, EEG, EMG and ECG)**

Allied Health Care Services continued to collaborate with MCAST on the development of the curriculum for a Higher Diploma in Physiological Measurements at Level 5. An Expression of Interest was issued to discuss the Accreditation of Prior Learning Process and MCAST course. Applications for submission of the APL portfolio were also accepted. was set up to discuss Paramedic Aides and courses to bridge the gaps in MHEC.

A call for Paramedic Aides was also issued and the selection process is underway. It is hoped that 8 Paramedic Aides are deployed to the ECG department and trained in Cardiography.
Physiotherapy

Following a call for application and the selection process, 16 new recruits began employment in December 2013.

Physiotherapists benefited from various training in shoulder rehabilitation, visit to a respiratory centre and gait analysis training part 1 as well as the organisation internally of a staff support programme.

Podology

Discussions continued with Podiatry to include Podiatry in the deployment of for Paramedic Aides.

Psychology

The Psychology Class Agreement was finalised and signed in 2012. 5 Managing Psychologists were appointed in 2013. A major restructuring exercise was carried out with 5 different umbrella of services being allocated to each Managing Psychologist. Various meetings were held with entities as well as the Managing Psychologists.

The Managing Psychologists were divided into 5 areas of responsibility. The Mental Health areas follow the new Mental Health Act which stipulates that each Psychiatrist needs to have a psychologists. The Managing psychologists are responsible for the following areas: Child and Adolescent Services and Learning Disability services; Mental Health Services Team A - Acute Psychiatry and Community; Mental Health Services Team B - Acute Psychiatry and Community; Acute Services Team A (Mater Dei with RHKG and Primary Health) and Acute Service Team B including staff support (mater Dei and Boffa hospital).

New recruits were employed as psychology assistants (29 began, 3 have since resigned, another 4 postponed their appointment) and psychologists (11 employed, another 1 asked for a postponement). The majority were already working with Ministry for health on contract basis. A number of staff were transferred on a voluntary basis in view of new structure of the psychology services under the new 5 managing psychologists.

Training funds were utilised for Part 2 of the specialised EMDR training for a large number of psychologists and trainee psychologists. An outsourcing agreement for psychology services to decrease the paediatric waiting list at CDAU which was issued for 50 children in 2012 was finalised with the last10 children seen in 2013.

Radiotherapy

Various discussions were held with the Responsible Person at Sir Paul Boffa Hospital and the Head of the Radiography Department, Faculty of Health Science on issues pertaining to the Radiotherapy course, costings, equipment, student training and clinical placements. During 2013, the decision to extend the radiography tripartite agreement between University of Malta,
University of Cardiff and Ministry for Health for a further 2 cohorts was taken and resulted in a new intake of students in October 2013. The contract is currently being finalised.

**Social Work**

Discussions are ongoing to renew the current service agreement with Appogg and submit costings for an additional 2 social workers from Appogg – one for MDH and one for Oncology.

**Speech and Language Pathology**

A number of staff from the Speech and Language Department are currently following a Masters in Audiology programme.

**Paramedic Aides**

Meetings were held on the training of new recruits as Paramedic Aides – Phlebotomy. An internal call was issued in 2013 as well as an external call. The selection process is still underway. The Pathology department is responsible to train these staff.

A call for Paramedic Aides (generic) was also issued and the selection process is underway. It is the intention of the Directorate to deploy in various departments namely: ECG, Physiotherapy, Occupational Therapy, Radiography, Medical Laboratory Sciences, Audiology, Prosthetics/Orthotics, Optometry and Orthoptics.

**University of Malta**

DAHCS was involved in discussions either with University to ensure collaboration on various courses. These included the sponsorship of visits to Edinburgh for students following the Masters in Vascular Ultrasound, a possible expression of interest for students following the Masters in Audiology, the extension for a new intake for Masters in Medical Physics, the justification and possible employment of a mentor for clinical placements for the students who will follow the final year post-graduate diploma in Dietetics following the BSc in Allied Food Sciences as well as various meetings on the extension of the radiography course and financial costings and the contracting of the service of University staff for Boffa Hospital on an hourly rate.

**MCAST**

The Ministry for Health continued to be involved in close collaboration between MCAST and MFH ensuring that courses fill the current gaps experienced in the Health Sector. This was only possible through the collaboration of various clinical departments. DAHCS funded an advert for MCAST Paramedic Aides as well as participating in the Annual Expo held at MCAST.

The course leading to a MQF Level 5 National Diploma in Health and Social Care is the course specifically targeted to train Paramedic Aides. Various Allied Health Departments remain committed to accept students within their department. They provide training to the students who chose the specific elective module in a particular area.
Quality Management Systems

The Directorate continues to follow the principles of quality management and the Director participated in an internal audit, revision of the SOPs and minor corrective action.

Unions

The Director of Allied Health Care is the MFH representative and focal person for Allied Health Care issues. The Director of Allied Health participated in several union meetings throughout 2013.

The Psychology Class Agreement was concluded and signed by MUPP and the relevant Ministries in 2012 but the implementation continued throughout 2013.

The ECG Technicians Memorandum of Understanding was signed and a plan of action put in place immediately which has continued throughout 2013.

The Paramedic Class Agreement, now called Allied Health Professional Class was concluded in February 2013. Various union issues arising from this agreement have been brought up throughout 2013. A number of calls have been issued in 2013 which required nominating selection boards, drawing up of calls and setting the eligibility criteria. This was done in close liaison with Human Resources.

Responding to PQs and queries from Ministry Secretariat

The Director Allied Health Care Service received various queries sent to directly to the Directorate, to the CMO or to the Ministry’s secretariat as well as PQ’s. These were all responded to in a timely manner.

Promotional Activities, talks and presentations

The Allied Health Care Services finalised a number of leaflets for professions falling under the remit of Allied health. The DAHCS was also responsible for funding bookmarks and leaflets placed in the MATSEC results for students to attract them to various courses.

KNPD

Physiotherapists and Occupational Therapists from MHEC continue to provide their input in assessment and advice on Assistive equipment and Adapted driving at the KNPD ERDF premises, the Sonia Tanti Independent Living Centre at Hal-Far. This follows a Memorandum of Understanding signed in 2011.

NGO’s

Various meeting were held with Inspire in view of outsourcing contract for the children from the Occupational Therapy Waiting lists. The outsourcing agreement is now drawing to a close with
18 children remaining on the list to be seen as part of the outsourcing of 400 children from the CDAU OT waiting list.

**Unregulated Health Care Professions**

The Director Allied Health Care Services continued the work as part of working group set up by the Superintendent of Health on Regulation of Health Care services. A significant amount of work has now been completed and is being finalised into a report. This includes the development and standardisation of job descriptions, codes of practice, occupational standards and the competence framework for Paramedic Aides. The same process is being carried out now for technicians. The work of this working group is still ongoing.

**EU Project**

The Director was actively involved in an ESF Application for funding entitled: Introducing a Competence Assessment framework for Health Care Professionals which was accepted but has since been withdrawn.

**Participation in International meetings and collaboration**

The Directorate strives to maintain international collaborative links, keeping abreast of all current rends, collating information and acting as a representative of these professionals on a local/international front.

The Director participated in various teleconferencing meetings during the year with the International Chief Health Professions Organisation (ICHPO) and provided feedback on the current situation of Allied Health Care Professions in Malta. The Director attended the 2nd International Allied health Professions Conference in Edinburgh on 3rd October 2013. The 5th ICHPO Conference was held immediately following the conference on the 4th October. The agenda included an Open Partners agenda and a member’s only agenda. Prior to the start of the conference, the Director was invited as a guest to a reception in the Great Hall, Edinburgh Castle hosted by Cabinet Secretary for health and Wellbeing, Alex Neil MSP to celebrate responds to requests for information pertaining to Allied Health Care from EU and other international sources and participates in any consultation or feedback requests received.

**Management of Assets**

**Human resources and Operations**

**Human Resources**

The Allied Health Directorate was involved in drafting calls, vetting various applications, nominating Selection Boards, drafting expressions of interest, making recommendations, progression, transfers, dealing with re-instatement requests and answering queries related to calls and union issues. The Director was responsible for updating numerous job descriptions
Following the signing of the Allied Health Collective agreement, various calls were issued in February 2013. The Selection Boards and vetting continued in the subsequent months. These calls included calls for all Allied Health i.e. Audiology, Dental Hygiene, Dental Technology, Medical Laboratory Technology/Science, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry, Radiography (diagnostic and Therapy) and Speech and Language Pathology.

- Allied Health Professional (in Scale 9)
- Senior Allied Health Professional (Scale 8)
- Allied Health Practitioner (Scale 7)
- Senior Allied Health Practitioner (Scale 6)
- Advanced Allied Health Practitioner (Scale 5)

**Financial Resources and Operations**

**Training Funds**

The Training funds Programmes and Initiatives 5543 were utilised for various identified priorities throughout 2013

**Psychology**

Eye Movement Desensitisation Reprocessing Therapy (EMDR) training Part 2 completed (Euro 8,660)

**Physiotherapy**

- Gait Analysis Training for 2 persons Part 1 (Euro 4,880)
- 5 visit to ISMETT for 2 physiotherapists (Euro 2,310.68)
- Shoulder rehabilitation programme (Ms Jo Gibson) (Euro 1,000)
- Staff support programme (Euro 90.00)

**Occupational Therapy**

- Canadian Occupational Performance Measure (COPM) Training programme (Euro 240)
- Supervision Course (in collaboration with CDRT) (Euro 1156.40)

**Dental Technology lecturer visits**

- 3 day programme of lectures to Dental department, Mr Mark Brindle (Euro 1,630)
- Orthognatic Model Surgery, Mr Brendan Mc Philips (Euro 2,500)
- Publicity material
- Collaboration with MCAST – advert (Euro 1,500)
- Allied health logo (Euro 32.08)
- Allied health leaflets (Euro 1223.25)
- EBSCO Databases (Euro 61,568)
- Podiatry – attendance to a conference and seminar (Euro 5,198)
- Radiography – Training visit to a vascular laboratory for 6 staff members (4 radiographers and 2 radiologists) as part of their MSc in Vascular Ultrasound (Euro16,142)
- Dietetics – one way flight and luggage expense paid
- 3 day conference and Chief Health professions meeting (Euro 1,500)

**Conclusion**

The year 2013 has been a particularly challenging year with various changes occurring which demanded organisation and flexibility. The Allied Directorate continues to strive toward sustainability of professions to increase quality and access to Allied Health services to our clients. DAHCS will continue to lead and network with the Allied Health Care Services to support them and provide the necessary training required.

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**Directorate Coordination Health Care Provision**

**INTRODUCTION**

This was the second year of the directorate. During 2013, the unit continued to coordinate the delivery of health care services across the various health entities and the interface between the various health entities and health care professionals. It also continued to harmonise core policies that cut across the Health Services

**Voting in hospitals for the General Elections 2013**

Following the recent amendment to the General Elections Act, for the first time voting was carried out in Mater Dei Hospital, Mount Carmel Hospital, Rehab Hospital Karen Grech and Gozo General Hospital. A number of meetings were held with the Electoral Commission and the various health entities to ensure harmonisation of templates for the collation of information and for the agreed procedures to be implemented. After the election was over a debrief was held so as to further identify ways how the process could be improved more for the benefit of the patients. Proposals were forwarded to the Electoral Commission

**Proposed amendments to the Schedule of ART 64(6) of the Industrial Relations Act (Chapt 452)**

Work on this amendment has been ongoing. However, in view of the ongoing development within the Health Sector all information has been reviewed once again by all entities and submitted for the proposed amendment of the said Schedule. The changes reflected the updated developments and requirements in the Health Sector
**Head of Service Forum meetings**

During the first three quarters of 2013, seven meetings were organised. The forum brings together all head of services. After the March election, the CEO of Gozo General Hospital and Boffa Hospital joined the forum group. Items brought over from the Ministry Management Board as well as issues arising from the respective entities were discussed. A Human resource platform was set up to share common human resource SOPs and policies.

**Visits by CMO to Gozo General Hospital**

After the March election, Gozo General Hospital became part of the Ministry for Health. Three visits were held by CMO to Gozo General Hospital. Each meeting served as an opportunity to organise meeting with staff but also to support the new Hospital management in the implementation of the various projects.

**In Vitro Fertilisation (IVF) Project**

In the third quarter of 2013, the Director Health Care Funding became vacated after being appointed Superintendent Public Health. As a result the directorate was tasked with the continuation of the implementation of the project. A second tender was finalised after the first one was withdrawn. In the last quarter the first batch of IVF patients was prioritised and the IVF project actually started for the first time within the Department of Health. After the screening and stimulation phase, patients were given the right to choose where to have the oocyte retrieval, fertilisation and implantation. Coordination was done with the private sector to ensure a seamless process. Government is to reimburse the costs up to a maximum of 3,500 euro. Training for all staff involved in the IVF process was given by the British Infertility Counsellors Association in November.

**Serious Incident Policy**

A serious Incident Policy was finalised and submitted to the Ministerial Management Board for feedback. In 2013 a number of serious incidents were investigated and three external Boards of Inquiries set up to investigate.

**Appointment as HOPE National Coordinator**

In October, the director was appointed as Malta's National Coordinator for the HOPE exchange programme. Two Maltese candidates were successfully selected to participate in the 2014 Exchange project whilst four foreign participants were accepted to come to Malta. The theme selected for 2014 was ‘Quality First’.

**Coordination of Government Electoral manifesto**

The directorate was responsible to coordinate the collation of the actions and costs required of all health care entities falling within the Department of Health to implement the Health related aspects of the Government’s Electoral programme.
Coordination of new initiatives to open up services available to private General Practitioners

The directorate coordinated the opening up of new Primary health Services to private General Medical practitioners. These included Bone Density studies and Physiotherapy referrals. Standardised templates for referral, available also in a digitalised format were carried out. Respective DH circulars were issued to all medical practitioners.

Emergency Contingency Planning for Mass gathering events

Together with other Emergency Services a number of Contingency Plans were carried out for various mass gathering events. These included the Isle of MTV concert, the Malta International Airshow and the Notte Bianca. The unit coordinated the involvement of the Health Department in an Oil Spill exercise code named Operation Lampuki. Three Heat Advisory warnings were received from Malta’s Meteorological Department. Action was coordinated with all health entities to minimise impact on the vulnerable patients.

Dr Denis Vella Baldacchino

Director
The Financial Control and Monitoring Unit (FMCU), within the Finance and Administration Directorate, is the Unit responsible for the overall finance matters within the Ministry for Health. The main responsibilities can be classified as follows:

- Payments
- Revenue
- Salaries
- Travel
- Financial Monitoring & Reporting

Payments

FMCU processes the payments pertaining to the Ministry for Health (excluding entities). These payments cover those of a recurrent and capital nature, those pertaining to the various Programmes & Initiatives implemented by the Ministry and those relating to EU co-financed projects.

During financial year ending 31st December 2013, the recurrent expenditure processed from FMCU was as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities</td>
<td>656,527</td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>168,248</td>
</tr>
<tr>
<td>Repair &amp; Upkeep</td>
<td>102,722</td>
</tr>
<tr>
<td>Rent</td>
<td>232,271</td>
</tr>
<tr>
<td>International Memberships</td>
<td>126,345</td>
</tr>
<tr>
<td>Office Services</td>
<td>128,265</td>
</tr>
<tr>
<td>Transport</td>
<td>694,458</td>
</tr>
<tr>
<td>Travel</td>
<td>212,388</td>
</tr>
<tr>
<td>Information Services</td>
<td>23,522</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>302,773</td>
</tr>
</tbody>
</table>
Apart from this recurrent expenditure FMCU also processed payments in what regards to Programmes and Initiatives, amounting to € 16,433,180.

One must note that FMCU liaises with MFIN regarding the transfer of monthly/quarterly tranches to the MFH Entities, namely, Karen Grech Rehabilitation Hospital, Mount Carmel Hospital, Occupational Health & Safety Authority and Foundation for Medical Services. These tranches are only processed upon presentation of the respective entities financial documentation and subsequent analysis by FMCU. During 2013 the amount of funds transferred to these four entities amounted to € 39,866,346.

**Revenue**

FMCU is also responsible for the collection of the revenue pertaining to the Superintendence of Public Health. This particular revenue ends up in the Government Consolidated Account. The revenue generated during 2013 was as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Euro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misc Licences</td>
<td>26,978</td>
</tr>
<tr>
<td>Attestations / Certificates</td>
<td>25,382</td>
</tr>
<tr>
<td>Misc Fees</td>
<td>1,679</td>
</tr>
<tr>
<td>Refund of Ambulances</td>
<td>8,269</td>
</tr>
<tr>
<td>Sale of Graves</td>
<td>6,280</td>
</tr>
<tr>
<td>Misc Receipts</td>
<td>7,978</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76,565</strong></td>
</tr>
</tbody>
</table>

**Salaries**

Although the salaries are computed in Gozo (except for those of Mater Dei Hospital, Sir Paul Boffa Hospital and Primary Health Care), FMCU continuously liaises with the Gozo Department with regards to salaries, so as to ensure that these are issued on time and as accurate as possible. At year end FMCU also consolidates requests for further funding and liaises with MFIN Budget Office regarding these requests. On a monthly basis an overtime report is compiled and presented to the top level of the Ministry. This report highlights those Departments/Entities that are not in line with their overtime budget. One must note that this report gives a drill of overtime at Ward/Section level.

During the year under review the salaries expenditure was as follows:
### Holders of Political Office

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff - Salaries and Wages</td>
<td>13,967,728</td>
</tr>
<tr>
<td>Bonus</td>
<td>208,520</td>
</tr>
<tr>
<td>Income Supplement</td>
<td>181,764</td>
</tr>
<tr>
<td>Social Security Contributions</td>
<td>1,297,219</td>
</tr>
<tr>
<td>Allowances</td>
<td>2,872,802</td>
</tr>
<tr>
<td>Overtime</td>
<td>381,204</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,961,223</strong></td>
</tr>
</tbody>
</table>

**Euro**

### Financial Monitoring & Reporting

FMCU is also responsible for the compilation of various reports and returns submitted to MFH Senior Management, the Ministry of Finance, the Treasury Department and to the National Audit Office. These reports focus on recurrent and capital expenditure, revenue, below the line accounts, accruals, debtors and creditors, overtime and other financial matters. On a yearly basis the Unit compiles the System of Health Accounts submission to Eurostat which involves the consolidation of the financial data pertaining to the Ministry for Health.

On a regular basis, FMCU also generates reports on the Health vehicle fleet, through the Fleet Management System so as to analyse the cost of repairs and fuel consumption. FMCU is also responsible for the collating of answers for Parliamentary Questions of a financial nature. The Unit liaises with the different Departments and Entities to consolidate financial replies so that these can be presented in Parliament.

Another annual time-consuming task is the preparation and consolidation of the budget of the Ministry. Eventually, during the financial year the Unit monitor the trends of recurrent and capital expenditure so as to ensure that respective Directorates and Entities contain their expenditure within their budget allocation.

### FINANCE: MATER DEI HOSPITAL

During 2013, MDH was allocated a substantial Euro 167m recurrent budget and in view of the ever increasing operational demands management managed to:

- take advantage where possible of the maximum credit period allowed for payments to contracted suppliers/service providers;
- utilise the cash balances available in the Below the Line Account. During 2013 we used circa €201,658 of these funds to invest in, mostly, capital assets;
- carry out internal transfer of funds whilst adhering to MFEI’s protocol in order to ensure good and efficient utilisation of financial resources;

In the end all available funds were utilised including the previously mentioned amount from the Below the Line Account which enabled management to meet demand.
ACCOUNTING AND REPORTING

MANAGEMENT ACCOUNTS

A milestone achieved during 2013 was the compilation of quarterly management accounts split down by speciality. These statements were presented to CEO MDH and presented to senior management during directors’ meetings.

ACCOUNTING SYSTEM

One of the main challenges faced when compiling the management accounts is that the various sections making part of the Finance Directorate utilise different software systems for their data collection and analysis purposes.

All transactions within the Pharmacy and Medical Equipment Departments are recorded in their respective Databases. Periodically, information has to be extracted from these databases to be reflected in the management accounts. It is noted that this need for manual intervention increases the risk of errors and therefore, data integration is not guaranteed and the effort and time required to carry out this operation makes such process unsustainable.

During 2013 the Accounts Section processed circa 14,000 different payments to suppliers and staff (in relation to CPE/CPDs) and raised 6,710 local purchaser orders to suppliers. All these were inputted into both DAS and the Access Dimensions accounting systems as the section is still running on the two systems in parallel.

SALARIES SECTION

Given that personal emoluments constitute the largest operational expenditure within any hospital’s operational expenditure, MDH’s finance team together with FMCU initiated a number of extensive reviews and discussions with the present payroll system supplier in order to as much as possible streamline the system, minimise human intervention and increase analytical detail within it. Discussions are ongoing in order to tackle software related issues, mainly the very slow processing speed of the Dakar Software. Other concerns with regards to the Payroll Section are the non synchronisation with the OPM's Dakar System and the amount of human intervention needed to issue a payroll.

The Dakar system has been improved. All previous data covering seven year period has been archived, since these were still live which was resulting in the system running very slow. Several management meetings with service software provider and OPM have been held to improve the system. This resulted in reducing on memory and improving speed, payslips being sent by e-mail and nurses over-time analysis break-down of over-time performed by date and location as well as showing Sundays and public holidays duties as requested by MUMN. This resulted in reducing nursing queries thus saving time for nurses and payroll. A similar report is planned to be worked out for doctor’s duties. The agreements with doctors, nurses and allied professions have been implemented and arrears paid in July 13.
The head of payroll has been replaced during the year. We have improved the overall performance of the payroll and over-time has been reduced drastically by 50% whilst staff have been reduced by a further two Full timers and have not been replaced thus increasing payroll efficiency. It is to be noted that the high level of over-time was referred to in the N.A.O. report 2012.

Synchronisation of allowance in the payroll system with OPM is underway and should be implemented.

Upgrading of the system to client server is being reviewed. This will increase the efficiency of the system due to the fact that it compiles large volume of data and slows when running reports effecting the whole system and all users.

**BILLING/Revenue/Debtors**

During 2013 MDH continued to consolidate its Billing Section. During the year cash and cash equivalents processed by the section amounted to €1,369,080. Debtors’ balance at the end of the year stood at €2,452,891 compared to the €2,068,944 of the previous year. These can be further analysed as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013 (€)</th>
<th>2012 (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Treatment</td>
<td>2,093,193</td>
<td>1,700,993</td>
</tr>
<tr>
<td>Sundry Bills</td>
<td>123,493</td>
<td>70,901</td>
</tr>
<tr>
<td>Pharmacy Bills</td>
<td>24,729</td>
<td>19,463</td>
</tr>
<tr>
<td>Overpayments &amp; Resignations</td>
<td>211,476</td>
<td>277,587</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,452,891</strong></td>
<td><strong>2,068,944</strong></td>
</tr>
</tbody>
</table>

**Utilities**

During the year, we have applied for the electricity night tariff rate which will have a major impact on the electricity cost. This has been activated in September.

**Others**

The compilation of MDH’s financial budget constituted a major task within MDH’s Finance Department as in years previously. This instigated the need to liaise internally with the various departmental stakeholders leading eventually to a consolidated budget submission to MHEC’s Financial Monitoring and Control Unit.

During the year the Finance Directorate at MDH submitted numerous reports on a monthly basis these being related to cash flows, contractual services, recurrent/capital updates, debtors ageing amongst others.

Other financial reports related to the drafting of Parliamentary Questions replies were also submitted to FMCU.
FINANCE: MENTAL HEALTH SERVICES

FINANCIAL HIGHLIGHTS

The aim of the Finance Department for 2013 was to minimise the cash deficit and the liabilities by consolidating the current services and work practices without engaging into specific new initiatives that were not backed by sound financial support.

The cash deficit and increased liabilities have been accumulating over the years following an insufficient budgetary allocation to cover essential items of expenditure such as utility bills, operational materials, two new geriatric wards, expansion of community mental health services and increased cost of contractual services. During the year, the Ministry of Finance, issued a letter of undertaking with the intention to keep on supporting the Mental Health Services to recover from this net liability position. In turn, the Mental Health Services kept on monitoring its control procedures and strengthening its practices in order to mitigate the ever increasing costs.

The following is a brief analysis of the financial situation from the Recurrent Vote 6029 for 2013:

<table>
<thead>
<tr>
<th></th>
<th>2013 (€)</th>
<th>2012(€)</th>
<th>Change from 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net actual cash position as at the end of 2012</strong></td>
<td>- 7,273,812</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Recurrent Budgetary allocation for 2013</strong></td>
<td>24,600,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expenditure for the year 2013</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emoluments</td>
<td>17,675,400</td>
<td>16,682,027</td>
<td>993,373</td>
</tr>
<tr>
<td>Utilities</td>
<td>808,032</td>
<td>808,191</td>
<td>159</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>1,090,769</td>
<td>953,500</td>
<td>137,269</td>
</tr>
<tr>
<td>Repair and Upkeep</td>
<td>134,152</td>
<td>128,915</td>
<td>5,237</td>
</tr>
<tr>
<td>Rent</td>
<td>460,030</td>
<td>456,599</td>
<td>3,431</td>
</tr>
<tr>
<td>International Memberships</td>
<td>- 233</td>
<td>- 233</td>
<td></td>
</tr>
<tr>
<td>Office Services</td>
<td>12,053</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The major changes in expenditure are mainly relating to the following:

- The increase in salaries is purely related to the increase in COLA and salary increments as per collective agreements, which has been taken to be at an average of 4.5%. This takes also into consideration the new collective agreement that came into force in 2012 that allowed for some backdated increments to be paid in 2013.

- The increase in contractual obligations arise mainly from the new contract for the provision of care-working services following the award of a new tender in March 2013. There was no material increase in the quantity of the service provision. The increase in expenditure mainly relates to the increase in hourly contractual rates.

**Capital and refurbishment projects**

During the year the Hospital kept on embarking on capital and refurbishment projects to upgrade its facilities and its relatively old structures. These were financed entirely from the Capital Vote
7172 except for the amounts indicated under line items “improvement to property” and “equipment” in financial highlights above. The following projects were completed during the year:

**Installation of new air conditions** - during the year the Hospital kept on installing new air conditions worth €21,800 with the aim to improve the quality of service provided to the patients. These units were almost all installed in wards either replacing old broken ones or for new services where there were no air conditions over the past;

**Refurbishment and upgrading of Male Ward 7** – during the year upgrading works of this ward was completed with a total investment of 18,000 including painting, tiling, gypsum, furniture and kitchen.

**Purchase of new hydraulic beds** – 21 new hydraulic beds were purchased during the year with the aim to improve the quality of life of the patients making use of these beds. This investment amounted to €13,300.

**Various upgrading works** – A substantial amount of upgrading took place around the hospital premises. These included upholstery works amounting to €7,000; purchase of various furniture amounting to €36,000; painting and plastering amounting to €16,500; cleaning of reservoirs to collect natural rain water for hospital use amounting to €5,500; laying of network cabling and equipment amounting to €8,000 and purchase of various equipment and medical equipment amounting to €35,000.

**Other minor projects** – various other minor projects were carried out which in total amount €74,000. This investment was spread among almost all wards and also in the various sections that fall under Administration.

**Programmes and Initiatives**

During the year there were four specific votes categorized as Programmes and Initiatives for MCH. These were utilised as follows:

**Vote 5509 – SECTORISATION:** this programme aims to provide community mental health service in various sectors of the country being either clinical services, occupational and rehabilitation services and also residential sheltered housing. Currently, the programme caters mainly for the central and southern regions of the Island, with the aim to expand the services to the northern sector and Gozo. During the year, the cost of €445,000 was incurred in order to consolidate the current services that were already existent and functioning to date. The aim is to keep on expanding in 2014.

**Vote 5542 – CRISIS INTERVENTION TEAM:** this aims at reducing psychiatric bed use and provide rapid access to services for persons experiencing a mental health crisis. The multi-disciplinary team is intended to cover emergencies during and outside normal working hours. This project was developed in 2011 and it expanded in 2012 with an investment of €95,000 in new professionals to extend the hours of service and to improve the quality of service provided. During the year, the cost of €95,000 was incurred in order to consolidate the current services...
that were already existent and functioning to date. The aim is to keep on expanding this service in 2014.

**Vote 5636 – ADOLESCENT CRISIS:** these funds were utilised during the year to upgrade and extend the existing services provided by the Young People’s Unit at Mount Carmel Hospital with an investment of €25,000. The aim is to increase security to the Hospital staff and the service users and to have more space available to accommodate adolescents who were previously being admitted and treated in the same wards with adults.

**Vote 5637 – EARLY INTERVENTION SERVICE:** the aim of this vote was to develop such service for the detection and treatment of psychosis during the critical early phase of illness. This specialized multi-disciplinary team’s brief is to deal with first-episode psychosis disorder as well as to improve the ultimate prognosis. Form this fund €30,000 were utilised for various initiatives to train staff in de-escalation techniques.

**Budget Holders**

Each Nursing Officer or Head of Section of the Mental Health Services is assigned a budget every year which enables funds management in that unit according to pre-set thresholds. This system promotes empowerment, decentralisation, efficiency and cost savings. Any savings made by each cost centre during a year will be carried forward to the subsequent year. The basis of the budget allocation is the cost per patient adding on particular needs or foreseeable expenditure for the year in question.

During 2013, the total cost centre allocation and savings/deficit were as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013 (€)</th>
<th>2012 (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost centre allocation</td>
<td>1,112,000</td>
<td>1,060,000</td>
</tr>
<tr>
<td>Total cost centre expenditure</td>
<td>1,087,000</td>
<td>1,085,000</td>
</tr>
<tr>
<td>(Deficit)/Savings to be carried forward</td>
<td>25,000</td>
<td>(15,000)</td>
</tr>
</tbody>
</table>

This system proved to be very successful over the years as it empowers budget holders and enables a greater degree of flexibility which at the end materializes into savings.

**Reporting and new initiatives**

During the year the MCH Finance Department produced the requested financial reports on time, mainly being:

*Operational Expenditure Review* - Following the change in Government in March 2013 and with the new CEO taking its post in April 2013, in June, the Permanent Secretary requested MHS to prepare an operational expenditure review with the aim to analyse the major components of MHS expenditure and identify and recommend possible cost savings from the operation of the Mental Health Services.
The operational expenditure review document was concluded within two months in August 2013 and was presented to the Minister thereafter. The main highlights are the potential costs savings €2.6m should the recommended measures be implemented and by having a drastic shift of the institutionalised patients from Mount Carmel Hospital to the Community. These would leave significant funds available to the implementation of the new Mental Health Act that was enacted in October 2013 which is estimated to cost €1.8m.

**Monthly Management Reporting** - In order to provide the basis for the Management and the Ministries’ decisions, MHS presents monthly management accounts to the MHRT (Mental Health Reform Team), to FMCU within MFH and to the FMMU within MFIN. In addition monthly and quarterly reports are also presented to FMCU particularly relating to contractual obligations, overtime by cost centre, capital commitments and arrears of revenue. This information has always been submitted on time within the 15th day of the following month to the Management and to the respective entity or Ministry.

**Costing and Implementing the Mental Health Act** - In October 2013 the Parliament enacted the new Mental Health Act which revolutionizes the way how patient care is provided against the old systems adopted by the previous law. The Finance Department’s role was key in costing the initiatives and to report to the Mental Health Reform Team who is entrusted to implement the law. My major contribution lies with budgeting the funds, ensure on-time utilisation in order not to lose the funds and also reporting progress and providing picture of the financial situation specifically relating to the law.

**System of Health Accounts (SHA)** - Malta continued to present and submit the SHA financial information as requested by Euro-Stat following its first submission in 2012 for 2010 and 2011. The objective is to gather all the necessary data to fill in the extensive SHA questionnaire for the year under review. Among others, SHA requires entities to classify their expenditure

- by function versus financing agent;
- by function versus health care provider; and
- by health care provider vs financing agent.

MHS has prepared all the information for the year 2012 based on audited figures that will eventually be submitted to FMCU when requested to do so.

**Audit of the Financial Statements** - The audit of the financial statements for the year ended 2012 has been completed in September 2013 with a clean unqualified opinion by the auditors, however with a serious attention given to the going concern issue arising out of the significant accumulated net liability position (which evolved beyond the management control).

**Ad-hoc assignments**: Various ad hoc assignments were required during the year. The major ones were:
• Comprehensive spending review requested by MFIN
• Average Cost data for the year 2011-2012
• Transport section feasibility study;
• Analysis of on-call allowances;
• Overtime analysis versus prior year; and

Business plan: A business plan for the years 2014 was submitted in June 2013 while the budget request for 2014 was submitted and discussed with FMCU in July 2013. Both documents present the MHRT’s request for operational funding, capital expenditure and also for new programmes and initiatives. These documents are compiled following the receipt of requests from the various Heads of Sections and following a consultation process to understand the operational needs of the front line operations at MHS.

Working out the interest accumulated on balances held by patients at the Almoner - Since various patients hold their funds at the MHS Almoner that are deposited in a savings account or a fixed account with BOV. Any interest accumulation has to be calculated in case this is claimed by any of these patients. In liaison with the Bank, this has been worked out for each patient and a system is in place to ensure that future transactions and balances are available to work out this accumulated interest on a yearly basis.

New SEPA regulations and compliance - As from February 2014 all payments made via internet banking should take place through an IBAN and no longer through the accounts number. During the year the Finance Department gathered the IBAN codes and BIC of all the suppliers and staff and made the necessary arrangements with the Bank and software providers so as to make sure that adherence to this new initiative was in place before the end of the year.

Internal Procedures

The Management kept on monitoring and strengthening the internal control structures in order to mitigate risks and prohibit cost overruns. During the year the following took place:

• liaison with the Central Procurement and Supplies Unit (CPSU) to ensure compliance to regulations, enhance the procurement process with increased transparency, equal treatment and promote fair competition among suppliers. This in turn provided MCH with better pricing on items and enhanced competition;
• the computation of various ratios and trend analysis based on the activity of the various items consumed by the various sections of Mental Health Service which enhanced cost control, ownership and savings. Some examples include: the computation of the cost per patient per occupied bed night and the kitchen input to output ratios;
• the presentation of “consumption reports” to each head of section that is not a budget holder in order to make them aware of the consumption levels and type of items consumed by their respective section. This promoted ownership, motivation and cost savings among clinical and administrative cost centres;
• the direct allocation of the daily kitchen costs to the respective cost centres. This increased accountability, improved cost allocation and enhanced control over the main kitchen consumption;
• annual stock takes and regular spot checks took place on pharmaceutical stock, medical equipment and non-pharmaceutical items. Any discrepancies were investigated, taken action on and monitored. The level of stock adjustments arising from strengthened controls and due to increased staff collaboration reduced by more than three times over the last two years;
• Regular monitoring of the MCH transport fleet particularly with respect to fuel consumption and repair costs assisted in making drastic decisions to scrap off certain motor vehicles whose running costs indicated that their utilisation was no longer sustainable;
• To enhance the control over nursing overtime and to monitor and justify such cost a new analysis started to be compiled on a monthly basis. This compares the overtime hours with the hours of absences arising from vacation leave, sick leave and utilisation of time off in lieu in wards. It transpired that on a monthly basis there is a direct relationship between the level of absences and overtime in wards; and
• Through monthly payroll analysis of allowances and overtime and control over the approval of non-clinical overtime and time of in lieu it was possible to limit a small portion of malicious intents by personnel and also justify the expenditure incurred on these two line items.

Conclusion

The internal controls and enhanced control environment helped to maintain the financial burden for the provision of the Mental Health Services to the bare minimum. However, this does not eliminate the accumulated liabilities and the financial cash deficit of the Hospital. This means that the target for 2014 is to keep on consolidating the level of operations by improving the quality of service and minimizing the unnecessary cash deficit accumulation.

FINANCE: SIR PAUL BOFFA HOSPITAL

Accounting package-Access Dimensions

Access dimensions has been implemented in February in the Pharmacy unit. These include dispensing by lot number and as per expiry date and against the ID card of the patient using SIMS- Stock information management system. A number of amendments and additional reports have taken place during the initial phase. Various meetings were held with internal stakeholders and service provider. The functional requirements agreed to have been designed to issue costing up to patient level. However this has been hindered by Unions together with limitations of inputting due to lack of ward clerks.

Oncology Migration

The budget process included the working out of the costs of the new Oncology Centre. This also included the HR plan to operate a new hospital with a different set-up and size while catering for
new specialities. These were drawn up in the preparation of the budget including the migration budget

**FINANCE: REHABILITATION HOSPITAL KAREN GRECH**

**Capital Investment**

Capital investment in 2013 consisted partly of refurbishment and partly of equipment. This investment was spread out in various areas of the hospital. The total investment was € 448,992.

Deficit for the period was € 1,300,000.

**PRIMARY HEALTHCARE SERVICE**

During the year under review, Primary Health Care (including National Screening Programme) was allocated the sum of Euro 22 million to cover its operational commitments as well as an additional Euro 786 thousand to cover its capital expenditure. Primarily the investment was carried out at Mosta and Rabat Health Centres.

**Personal Emoluments**

This category of expenditure represents 93.6% of the entity’s operational budget (not including National Screening Programme). The amount of € 19.5 million was spent on personal emoluments during the year under review. A departmental breakdown of the Payroll Cost for 2013 in its various subheadings is presented in the table below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff</td>
<td>6,303,422.52</td>
</tr>
<tr>
<td>Nursing Staff</td>
<td>5,576,170.49</td>
</tr>
<tr>
<td>Nursing Aides</td>
<td>1,572,840.62</td>
</tr>
<tr>
<td>Speech Therapists</td>
<td>1,263,812.20</td>
</tr>
<tr>
<td>Admin</td>
<td>1,015,562.65</td>
</tr>
<tr>
<td>Security</td>
<td>951,970.75</td>
</tr>
<tr>
<td>Podologists</td>
<td>740,556.66</td>
</tr>
<tr>
<td>Health Assistants</td>
<td>673,850.46</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>425,781.51</td>
</tr>
<tr>
<td>Maintenance</td>
<td>380,002.14</td>
</tr>
<tr>
<td>Dental Staff</td>
<td>294,528.51</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>264,598.94</td>
</tr>
<tr>
<td>Total</td>
<td><strong>19,463,097.46</strong></td>
</tr>
</tbody>
</table>
Operational & Maintenance Expenses

The operational and maintenance budget allocated to PHC amounted to a material € 1.35 million. The highest operational expenditure relates to Utilities (€ 440,000), representing 33% of the total operational budget allocation.

Programmes & Initiatives

The National Screening Unit was allocated the sum €1 million to cover its recurrent and capital costs in relation to the envisaged 2013 programme.

Capital Expenditure

In 2013 capital expenditure commitments were directly related to the refurbishment at Mosta and Rabat Health Centres. Capital commitments entered into included structural works, medical equipment as well as furniture and fittings and information technology works. Other capital expenditure incurred was that in relation to the National Screening Programme which expenditure encapsulated an amount on software and medical equipment amongst others.

CENTRAL PROCUREMENT UNIT

The Vision Statement of this unit is to be an integrated, motivated organization within a multi-disciplinary network, working together with all departments to achieve the seamless Procurement of value-added Supplies, Works and Services throughout the Government Healthcare System, based on the principles of fairness, transparency and non-discrimination between economic operators and which promotes best value for money.

During 2013 the following core activities were carried out.

STORES AND DISTRIBUTION

This section has been established as a unit in end June 2013. It comprises the Stores and Distribution for Pharmaceuticals and Medical Devices, the Strategic Sourcing and Pricing Section, the Interface Section and Responsible Person Office.

The Strategic Sourcing and Pricing Section was set up in May 2013 and is made up of two pharmacists with a considerable number of years of experience in procurement. The aim of this novel section is to add value and improve aspects of pharmaceuticals care to the medicines procurement system in two particular areas:

- When purchases of medicines are considered to be above the pre-defined budgets
- When there are difficulties in sourcing essential medicines

This section also caters for storage and distribution of narcotics and psychotropics for which 270 items were received and 1707 issued. It is envisaged that these items will be incorporated in the central stores during the first months of 2014.
The Responsible Person Office (RPO) consists of a number of pharmacists at different levels dealing with quality assurance issues such as drug alerts, complaints and recalls of medicines and regulatory affairs related to the procurement, storage and distribution of medicines by CPSU as follows:

- Quality standards for the RPO are managed through an approved set of operating procedures. During 2013, 23 SOPs have been reviewed according to guidelines issued by the Malta Medicines Authority in line with new Good Distribution Guidelines and approved by the said Authority following an inspection carried out in July 2013.
- Quality control of medicines - each batch of every medicine received at the stores (there have been some 4600 items received this year) is released for human consumption after careful examination. Full records of product details are kept at this office to provide an information management system for trail keeping.
- Quality Alerts and Safety Reports on pharmaceuticals are received on a daily basis. These are individually investigated and findings acted upon. Out of 175 investigations carried out, 15 resulted in product recalls (three times that in 2012) that were taken up with relevant Marketing Authorization Holders and the Malta Medicines Authority.
- The Regulatory Affairs section of the RP office have started and have dealt with process of verifying 13 customers’ and 45 manufacturers’ and wholesalers’ licenses. Licences are also approved when new (13 requests), renewed, or amended (26 requests). This is required according to Good Distribution guidelines.
- The Regulatory Affairs Section also has started the process of registering medicinal products via Article 126A and to date there are 11 registered products. This has led to cost benefits when registered sources of medicines are highly priced compared to the unlicensed and provide a source of supply when a problem with sourcing of registered medicines occurs.

The Stores and Distribution section comprises the receipt and storage of medicinal and medical devices at three different stores – namely G’ Mangia, Marsa and Madliena and distribution to authorised entities including Mater Dei Hospital, POYC, Gozo General Hospital, Paola and Luqa Health Centres, Sir Paul Boffa Hospital, Mount Carmel Hospital, Saint Vincent the Paul and Karen Grech Hospitals.

This year a project has been undertaken whereby all stores are envisaged to be centralised into a central stores at San Gwann. The project consisted of transforming a debilitated factory at San Gwann Industrial Estate into a full blown pharmaceutical and medical devices stores. The end of 2013 saw the transfer of medical devices from Madliena Stores to San Gwann Stores and it is planned that more medical devices and pharmaceuticals currently stored at Marsa Stores will follow suit in January 2014. The rest of the pharmaceuticals currently stored at G’mangia will be migrated to San Gwann stores by the first quarter of the year.

During 2013, pharmacists joined the pool of officers within procurement adding expertise in this particular speciality. The officers also include pharmacy technicians, clerks assigned particular items with a coordinator acting as a Chairperson in committee meetings. Improvements have also been introduced in assigning tender evaluation committees. The role of chairperson is not
assigned to the same person any longer for all tenders issued for the supply of Medical Devices and Medicinal Products. Members of the Evaluation Committees are pre-assigned. For tenders for the provision of non medical supplies, services or works, Committee Chairpersons are assigned by DG [Finances and Admin]

In collaboration with the Department of Contracts, CPSU has managed to implement E-Procurement all throughout. CPSU Personnel continued to attend for training session on the use of the Electronic Public Procurement System [EPPS] throughout 2013. Further internal meetings between CPSU & DoC have been held in order to discuss the best way forward to progress matters. EPPS shall in the near future allow the use of dynamic purchasing systems and e-auctioning; through which CPSU shall benefit on attaining efficiency relating to financial expenditure.

A suppliers conference has been organised on the 18th of October 2013 where issues and new proposals were discussed and launched. Since then CPSU is meeting all suppliers on an individual basis to strengthen the process and communication.

Regular monthly meetings were held between CPSU and Chamber of Commerce, where various issues were being discussed relating to tendering, contractual conditions and electronic procurement methods. As a result of these meetings various changes have been made to the tender dossier templates. The principal deliveries for medicines has also been dismissed and since the 18th of October 2013 CPSU has collaborated to achieve customer entitlement demands to improve the forecasting. It has also embarked in a new system of a yearly order with a 3 months holding stock and a monthly roll out of stock from supplier reducing shortages and assisting suppliers with their orders.

The website has been given a facelift and a facebook page has been launched with the intention to reach all stakeholders and the public.

**Contracts : Medicines, Medical Equipment and Surgical Devices**

The function of the Contracts Section at CPSU involves various processes whereby Contract Agreements for the purchase of medicines and medical equipment, consumables and surgical devices are awarded following requests for offers made either through Calls for Tenders or through Calls for Quotations.

The preparatory process of contracts prior to the eventual issue of awards is quite elaborate and depends on the technical advice submitted by various specifiers and users.

Evaluation Reports in respect of Tenders are discussed and adjudicated at Committee level. Evaluation reports are then referred to the Departmental Contracts Committee or General Contracts Committee [as the case requires] for subsequent award or otherwise.

The following table indicates the number, type and value of the tenders and negotiated procedures generated by CPSU for the procurement of drugs and medical devices during 2013:
### Contracts Issued during 2013

<table>
<thead>
<tr>
<th>Number Issued by Category</th>
<th>Drugs</th>
<th>309</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equipment</td>
<td>409</td>
</tr>
<tr>
<td><strong>Total number issued</strong></td>
<td></td>
<td><strong>718</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number Issued through</th>
<th>Dept. of Contracts</th>
<th>57</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Departmental</td>
<td>618</td>
</tr>
<tr>
<td></td>
<td>Negotiated Procedure</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost by Category</th>
<th>Drugs</th>
<th>€ 40,612,673</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equipment</td>
<td>€ 25,026,440</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td></td>
<td><strong>€ 65,639,112</strong></td>
</tr>
</tbody>
</table>

### Calls for Quotations

Relevant calls for quotations are published in the *Government Gazette* and Departmental CPSU website (www.ehealth.gov.mt). Since 1st August 2013 all published Calls (Tenders and Quotations) were being issued through the E-Procurement portal (EPPS) and offers are also submitted online. These are divided under Drugs and Medical Devices. Please note that during 2013, the following requests for quotes/tenders were issued:

<table>
<thead>
<tr>
<th>QTY</th>
<th>Tenders through Department of Contracts (estimated cost exceeds €120,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Via e-procurement</td>
</tr>
<tr>
<td>44</td>
<td>Tenders via CPSU Web-site (estimated cost below €120,000)</td>
</tr>
<tr>
<td>407</td>
<td>Conventional method</td>
</tr>
<tr>
<td>420</td>
<td>Purchases not exceeding 6,000</td>
</tr>
<tr>
<td>1588</td>
<td>GG’s - Requests for quotes (Publication 3 weeks) via CPSU Website</td>
</tr>
<tr>
<td>973</td>
<td>PFI’s - Requests for quotes (Publication 1 week) via CPSU Website</td>
</tr>
<tr>
<td>31</td>
<td>Request for Participation</td>
</tr>
</tbody>
</table>

**Total Value** 82,402,857
**Contract Agreements**

CPSU started adapting from 1 year Contract agreements to three year contract agreements in order to benefit from economies of scale whilst reducing administrative burden at CPSU, an exercise has been carried out to determine the annual value demand of the items procured through a Pareto Analysis.

**Negotiated Procedures: Proprietary Items**

Another exercise being carried out by CPSU for medical devices and medicinal products is that of determining supplies which are of a proprietary nature and the issuance of tenders through open procedures is not feasible. CPSU has throughout 2013 worked only on medicines. Sixty-four items have been negotiated in 2013. The decision of the negotiating committee is based on a number of factors including:

- patency expiry date
- stipulated branded specifications
- urgency of item
- cost savings expected

**Procurement General Goods & Services**

The year 2013 saw the complete changeover from the conventional means of publication, evaluation and award of procurement procedures to the use of E-Procurement. Other major projects that have been handled by the procurement department include various refurbishment projects such as but not limited to the setting up of a number of contract agreements for the refurbishment of the newly acquired storage area at the San Gwann Industrial Area that has started to be utilised by CPSU as Storage Premises. Similar Projects are the refurbishment of the new Entitled Unit within MFH.

The procurement department has also set up a number of contract agreements for, the supply of all equipment required for the President of Malta’s initiative to set up *Kenn Ghal Sahhtek*.

EU Funded projects have also been handled by the procurement department. Hereunder are listed the main projects:

| Clinical Placements for Medical Physics Trainees - ESF Project 4.175 | €930,000.00c |
| Supply of Medical Equipment for the Ministry for Health - Development in Screening and Radiological Modalities in Health - ERDF 314 | €4,500,000.00c |
Tender for the Supply, Delivery and Installation of Medical Equipment and Accessories for the Operating theatres at GGH  | €130,000.00c
Supply, Installation and Commissioning of Medical Equipment for the Gozo General Hospital - ERDF 317  | €4,214,244.00c
Tender for the E-Portfolio Project for Doctors  | €295,000.00c
Supply and Installation of An energy Efficient video conferencing equipment  | €100,000.00c
New Medical Admission Unit at Mater Dei Hospital  | €9,920,206.00c

Management Training for Paramedics and Middle Managers of the Gozo General Hospital and Public Health Institutions in Gozo as part of ESF 4.189 entitled ‘Continuous Training and Development for the Public Sector in Gozo’  | €17,000.00c
Tender for the Training of Health Care Professionals ad Part of the ESF Project 4.174  | €35,000.00c
Tender for the Conference Facilities as Part of the ESF Project 4.174  | €21,376.00c
Research and Evaluation – Training Health Care Professionals for Integrating Acute and Community Care  | €815,932.00c
Respira Project  | €80,000.00c
EUPA Projects for Medical Imaging Department and Pathology Department  | €40,000.00c
IMAGENEX Projects  | €50,000.00c

Beside the above listed EU funded projects, during the year other important projects were processed such as but not limited to the:

- Outsourcing of Medical Services such as MRIs
- In-Vitro Fertilisation Services [IVF] at Mater Dei Hospital
- Air Ambulance Services for Critical Patients
- Contracts for Service

The achievements being put forward through this report are the outcome of hard effort from all personnel, who despite of the changes implemented, the decrease of the work force, and the continuous influx of urgent requests and other every day challenges, sustained diligence in their work and attitude.
### Statistical Data 2013

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number of Projects</th>
<th>Value excluding VAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departmental Tenders</td>
<td>Published</td>
<td>21</td>
</tr>
<tr>
<td>Departmental Tenders</td>
<td>At Evaluation Stage as at end of year 2013</td>
<td>8</td>
</tr>
<tr>
<td>Departmental Tenders</td>
<td>Awarded</td>
<td>57</td>
</tr>
<tr>
<td>Departmental E-Tenders</td>
<td>Published</td>
<td>62</td>
</tr>
<tr>
<td>Departmental E-Tenders</td>
<td>At Evaluation Stage as at end of year 2013</td>
<td>65</td>
</tr>
<tr>
<td>Departmental E-Tenders</td>
<td>Awarded</td>
<td>24</td>
</tr>
<tr>
<td>CT Tenders</td>
<td>Published</td>
<td>2</td>
</tr>
<tr>
<td>CT Tenders</td>
<td>At Evaluation Stage as at end of year 2013</td>
<td>1</td>
</tr>
<tr>
<td>CT Tenders</td>
<td>Awarded</td>
<td>3</td>
</tr>
<tr>
<td>CT E-Tenders</td>
<td>Published</td>
<td>16</td>
</tr>
<tr>
<td>CT E-Tenders</td>
<td>At Evaluation Stage as at end of year 2013</td>
<td>13</td>
</tr>
<tr>
<td>CT E-Tenders</td>
<td>Awarded</td>
<td>3</td>
</tr>
<tr>
<td>Direct Orders</td>
<td>Value up to €6,000.00</td>
<td>776</td>
</tr>
<tr>
<td>Direct Orders</td>
<td>Value above €6,000.00</td>
<td>121</td>
</tr>
<tr>
<td>Number of Requests Received</td>
<td></td>
<td>1785</td>
</tr>
<tr>
<td>Call for Quotations [incl.]</td>
<td></td>
<td>4315</td>
</tr>
<tr>
<td>Work Flow Procurement System: Medicines, Medical equipment and Surgical Devices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In October 2013 the system has been reviewed and the objective was to eradicate bureaucratic repetitive steps. These were outlined and currently a new system is in place. The system shifts towards a semi-online process for efficiency and traceability.

A holding stock of three months stock with regular monthly orders stipulated in the new Confirmation of Order was the new system launched by end 2013. New clause for adjustment on the monthly orders to mirror any drastic changes with actual annual demand was also included in the new amended tender structure. The confirmation of order is being sent via email in pdf format and call for quotes are being received through the generic email for a further internal control measure. Stocks being ordered are in conformity with the expiry date clause or alternatively contractor would agree to credit stocks if not issued. New Tenders are to be initiated for a period of four years through framework, 24 months prior to the expiry of the present agreement – this will be used mainly for items where a sole source is available and where negotiations are not in action. The usual Framework agreement for Tenders is being adopted for generic items however longer agreements are being stipulated – maximum 3 years. In cases of late deliveries, the contractor is to be notified within a period of 24 hours and it shall not allow that the same contractor which is at default to be considered for the sourcing of the stop gap measure arrangement. The releases of non-medicines through the new confirmation of order request are being ticked to indicate previous supply and if in the affirmative these are automatically released.

The officers within procurement are assigning DCC secretary to the system and a new template report is being uploaded with the intention to function only electronically. System is being piloted and it will be launched by February 2014. Clarification requests are being sent via email as well.

The parallel pilot IT workflow includes folders for specifications, MRP vetting, negotiation status, evaluation reports, confirmation of order, goods received note, rosters of opening and evaluating staff.

This is part of a new process flow with the main objective to eradicate manual files and backlogs. Conducted a Pareto Analysis for prioritization of items to be procured with respect to medicines and medical materials/surgical devices

Eliminated bureaucratic steps and facilitated functions through efficient Key Performance Indicators
Agreements are being based on standard continuous orders of 3 months holding stock with 1 month rolling stock

**Key Performance Indicators**

During 2013 the shortage list started being monitored sporadically and in June the process was further elaborated to include a collation of data with monitoring every fortnight. The Run chart includes the data based on all entities and the items would not be out of stock from entities. This was an indication of the current situation and thereby CPSU embarked in further improvements to issue a new consolidated shortage list and emphasise the importance of good ordering and distribution systems among entities.

**Finance & Administration Department**

During 2013, the Government allocated CPSU €68,600,000 to finance the purchase of medicines, medical devices, prosthetics and orthotics. Throughout the year, this was augmented by a further injection of €9,270,036. All funds were used to purchase additional medication/devices, with a minor increase in the year-end liabilities. The trade creditors stood at €24,934,183 as at December 2013.

During 2012 bank guarantees have been assigned to the Accounts Department so that proper control will be retained. These were kept updated and continuously monitored during 2013 to reflect the risk exposure of valid contracts.

A complete review and research of guarantees was retained throughout 2013. All CPSU valid contracts were counter matched to bank guarantees to ensure that all the contracts were covered by a proper valid guarantee. Suppliers were asked to regularise their position, as contemplated by the contract/s, thus ensuring minimal financial risk.

Following discussions between the top management of CPSU, Department of Contracts, and the Chamber of Commerce representing the local wholesalers/suppliers, it was agreed that a fresh approach would be adopted by CPSU for bank guarantees. It was decided that a single bank guarantee will be held by CPSU for each supplier for its obligations under the various Departmental contracts which were still valid. This approach was adopted for Departmental contracts and excluded contracts issued by the Department of Contracts. During the introductory year the single bond facility was offered to the top CPSU suppliers, although it is the intention that all suppliers, who offer services to various entities within MFH will have this structure in place. The single bond calculation was based on the previous year turnover with CPSU after taking into consideration CPSU tenders and excluding tenders issued by the Department of Contracts. The Department of Contract grid was applied to retain consistency within the Government Departments. The bank guarantees were revised for 2013 and adjustments, if necessary, were made to reflect this eventuality.

The adoption of a single bond, reduced CPSU and even suppliers’ administrative work, costs and the related bank charges involved. This procedure was welcomed by all suppliers.
Those suppliers who opted to remain using the single bond regime are covered by a bank guarantee for each specific tender awarded.

All administrative and payroll costs were never recorded in the financial records of CPSU. CPSU now holds a record of payroll costs (Excel format) for salaries, with the appropriate cost centres.

The following table summarises the transactions made by CPSU and shows the actual expenditure:

<table>
<thead>
<tr>
<th></th>
<th>Purchases</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>7,834,014</td>
<td>10,466,842</td>
</tr>
<tr>
<td>February</td>
<td>7,288,373</td>
<td>10,319,834</td>
</tr>
<tr>
<td>March</td>
<td>3,862,374</td>
<td>682,304</td>
</tr>
<tr>
<td>April</td>
<td>13,039,961</td>
<td>9,833,555</td>
</tr>
<tr>
<td>May</td>
<td>4,989,039</td>
<td>4,723,834</td>
</tr>
<tr>
<td>June</td>
<td>6,545,313</td>
<td>19,226,870</td>
</tr>
<tr>
<td>July</td>
<td>5,804,564</td>
<td>5,329,302</td>
</tr>
<tr>
<td>August</td>
<td>6,350,021</td>
<td>5,986,214</td>
</tr>
<tr>
<td>September</td>
<td>4,138,862</td>
<td>223,674</td>
</tr>
<tr>
<td>October</td>
<td>7,412,621</td>
<td>1,515,150</td>
</tr>
<tr>
<td>November</td>
<td>9,262,154</td>
<td>4,324,797</td>
</tr>
<tr>
<td>December</td>
<td>2,563,480</td>
<td>5,237,661</td>
</tr>
</tbody>
</table>

**For year ending 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>Purchases</th>
<th>Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>79,090,775</strong></td>
<td><strong>77,870,036</strong></td>
</tr>
<tr>
<td>Financial Year 2013</td>
<td>Total</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Allocated funds</strong></td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Medicines and medical devices</td>
<td>68,000,000</td>
<td>7,505,076</td>
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<tr>
<td>Prosthetics and Orthotics</td>
<td>600,000</td>
<td>600,000</td>
</tr>
<tr>
<td>Additional injection</td>
<td>9,270,036</td>
<td>1,023,122</td>
</tr>
<tr>
<td><strong>Total funds available for year 2013</strong></td>
<td>77,870,036</td>
<td>8,528,199</td>
</tr>
<tr>
<td><strong>Issued charged to Entities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jan-13</td>
<td>6,668,979</td>
<td>423,249</td>
</tr>
<tr>
<td>Feb-13</td>
<td>6,810,644</td>
<td>407,574</td>
</tr>
<tr>
<td>Mar-13</td>
<td>6,971,188</td>
<td>377,930</td>
</tr>
<tr>
<td>Apr-13</td>
<td>9,382,417</td>
<td>397,896</td>
</tr>
<tr>
<td>May-13</td>
<td>8,520,415</td>
<td>286,787</td>
</tr>
<tr>
<td>Jun-13</td>
<td>5,947,604</td>
<td>406,198</td>
</tr>
<tr>
<td>Jul-13</td>
<td>7,553,060</td>
<td>611,565</td>
</tr>
<tr>
<td>Aug-13</td>
<td>5,731,473</td>
<td>277,362</td>
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<tr>
<td>Sep-13</td>
<td>8,064,325</td>
<td>277,362</td>
</tr>
<tr>
<td>Oct-13</td>
<td>7,377,779</td>
<td>628,799</td>
</tr>
<tr>
<td>Nov-13</td>
<td>9,536,984</td>
<td>399,662</td>
</tr>
<tr>
<td>Dec-13</td>
<td>4,018,287</td>
<td>192,237</td>
</tr>
<tr>
<td><strong>Total for period</strong></td>
<td>86,583,156</td>
<td>4,332,232</td>
</tr>
</tbody>
</table>
**Overall Conclusion**

With a predisposition of operating service delivery efficacy coupled with inventory and materials management mechanisms and professionalism, the departments making up the Central Procurement & Supplies Unit within MHEC-FMCU have been able to work homogenously together to assist our clients through the complex and dynamic challenges of this year. We persevered to achieve the utmost flexibility and responsiveness to the catalyst changes in conditions and demands of the hospital with the limited resources available. We managed to achieve this by continuously restructuring and adapting our work procedures to be resilient to the desired service level whilst simultaneously be customer focused and constantly increase efficiency and effectiveness for catering a consistent service.

All in all 2013 continued on the same high level of standards as for the previous years within CPSU which has in major part directed its efforts to continue suppressing costs related to overtime and to work upon the major project of introducing an automated system and e-procurement. It is also worth noting that procurement officers from CPSU are now coming over to the various entities to perform the adjudication process as one group. We have also managed to launch the e-procurement for a considerable number of tenders and are the leaders in this aspect when compared to the other Ministries. We are well positioned to accept innovative procurement and stock control management systems thanks to the flexibility and the passion by which we perform our jobs.

**NATIONAL BLOOD TRANSFUSION SERVICES**

2013 has been a very challenging year for the National Blood Service. The change in government administration has brought about changes and new challenges.

- Licensing inspection in November 2013 (with a positive outcome)
- Starting of the new blood products processing unit to be completed in March 2014 together with other critical refurbishment which had been postponed for years.
- Recruitment of Dr George Galea (a world renowned expert on tissue and Cell banking) on contract to start duties in January 2014.
- Preliminary work on the new blood tissue and cell centre for which ERDF funds will be applied for.
- A new product (washed red cells) for which a license was successfully applied for.
- Closing of the Gozo donation centre while maintaining the service in Gozo. The number of units collected has actually slightly increased and costs have been markedly reduced.
- Numerous events relating to donor recruitment and retention including events organised around international blood donors’ day on the 14th of June.
- Although things tend to be taken for granted, this was another year without a recorded transfusion transmitted infectious disease. This has been the case at least since 1998.
- Continuous work on the quality system, work which if we had to list would be very significant.
• Not least one should mention the help offered to various entities within the Health division on Quality Systems and Management, including but not limited to the Pathology Department.
• No patient suffered any consequences from non availability of blood.

**Donation Department**

*Donors and Blood Components Donation*

The tables below denote that in 2013 there was a decrease of **-505** callers. Blood and Platelets Donations were **17024**, which mean that we had **-400** units less than 2012.

MDH Donation Centre started to operate from the 21st May 2012; with an average of 9.5 donations per session for this year 2013 (2012 was the same).

In Single Platelet Donation production there was a decrease of **-77** units less than last year. This decrease is due to production of double dose with the new aphaeresis machines. The deferral rate of all donations for this year 2013 is 25.34%, more or less the same as previous years as shown in Table 1. The percentage of deferral is high in comparison to other European countries were the average rate is around 12.5.

<table>
<thead>
<tr>
<th>Whole Blood Donations</th>
<th>Year 2010</th>
<th>Year 2009</th>
<th>Difference</th>
<th>2010</th>
<th>2009</th>
<th>Difference</th>
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</thead>
<tbody>
<tr>
<td>NBTS</td>
<td>10242</td>
<td>9911</td>
<td>331</td>
<td>19525</td>
<td>19384</td>
<td>141</td>
</tr>
<tr>
<td>GGH</td>
<td>1481</td>
<td>1498</td>
<td>-17</td>
<td>14548</td>
<td>14622</td>
<td>-74</td>
</tr>
<tr>
<td>MOB</td>
<td>2825</td>
<td>3213</td>
<td>-388</td>
<td>548</td>
<td>351</td>
<td>197</td>
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<td>SMOM</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>14548</strong></td>
<td><strong>14622</strong></td>
<td><strong>-74</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Whole Blood Donations</th>
<th>Year 2011</th>
<th>Year 2010</th>
<th>Difference</th>
<th>2011</th>
<th>2010</th>
<th>Difference</th>
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</thead>
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<tr>
<td>NBTS</td>
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<td>10242</td>
<td>2238</td>
<td>22217</td>
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<td>2692</td>
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<tr>
<td>GGH</td>
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<td>1481</td>
<td>39</td>
<td>16485</td>
<td>14548</td>
<td>1937</td>
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<tr>
<td>MOB</td>
<td>2485</td>
<td>2825</td>
<td>-340</td>
<td>475</td>
<td>548</td>
<td>-73</td>
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<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16485</strong></td>
<td><strong>14548</strong></td>
<td><strong>1937</strong></td>
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<table>
<thead>
<tr>
<th>Whole Blood Donations</th>
<th>Year 2012</th>
<th>Year 2011</th>
<th>Difference</th>
<th>2012</th>
<th>2011</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBTS</td>
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<td>12480</td>
<td>65</td>
<td>22782</td>
<td>22217</td>
<td>565</td>
</tr>
<tr>
<td>GGH</td>
<td>1541</td>
<td>1520</td>
<td>21</td>
<td>16955</td>
<td>16485</td>
<td>470</td>
</tr>
<tr>
<td>MOB</td>
<td>2869</td>
<td>2485</td>
<td>384</td>
<td>469</td>
<td>475</td>
<td>-6</td>
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<tr>
<td>SMOM</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16955</strong></td>
<td><strong>16485</strong></td>
<td><strong>470</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whole Blood Donations</th>
<th>Year 2013</th>
<th>Year 2012</th>
<th>Difference</th>
<th>2013</th>
<th>2012</th>
<th>Difference</th>
</tr>
</thead>
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<tr>
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<td>22277</td>
<td>22782</td>
<td>-505</td>
</tr>
<tr>
<td>GGH</td>
<td>1627</td>
<td>1541</td>
<td>86</td>
<td>16632</td>
<td>16955</td>
<td>-323</td>
</tr>
</tbody>
</table>
The Mobile Blood Donation Unit is utilized on an average of 4-5 times a week, including Sundays and Public Holidays. Graph 8 compares whole blood collection since year 2000. It is observed that year 2011 was the least year of blood collection from the year 2000.

Collection of Blood from of the Mobile Blood Donation Unit has decreased compared to 2002-2007 period.
The below graph gives some more information regarding the frequency of the Mobile Blood Donation Unit in the last 8 years.

**MDH and Gozo General Hospital (GGH)**

MDH Blood Donation Centre was opened on the Monday 17th May 2013. The location is at the Brown Ward Reception ground floor. It is opened form 2.00pm till 7.pm. During these sessions an average of 9.5 blood bags were collected. This is similar to the previous year.

GGH Donation Centre officially closed on the 31st Oct 2013. Malta NBTS staff is opening GGH Donation Centre every alternate Sundays and is also planning to open once every week or fortnight.

**Recruitment and Retention of Donors**

One nurse was promoted to a Liaison Nurse to cater for the Management of Donor Recruitment and Retention Programme while the donation staff participates in this program in one way or another. In year 2013 several minor calls for blood were initiated but no major calls were performed. Below is the activity of the Management of Donor Recruitment and Retention Programme.
New Blood Donors recruitment activity

- Talks on the media (radios-TV) when invited. More frequently we contact media rather than waiting for the invitation. Less frequently we are invited to workplaces and other organizations. There is no regular schedule.
- Interviews and articles published on newspapers and magazines.
- Website (one nurse is partially allocated on this, together with the IT Manager)
- Blood Drives organizers. These people help us to get new donors and retain our donors. We rarely cancel our commitments despite difficulties and we have a very good relation with them.
- Lectures to 15-16 year olds students at secondary schools.
- Visits from to 15-16 year olds students at secondary schools to the NBTS.
- Participation in exhibitions, commercial and voluntary fairs.
- We have good relation and contacts with the DOI, MITA and NGO’s.
- Regular weekly information to media (DJ’s and prominent announcers/presenters) regarding blood stock situation and schedule Mobile Blood Donation Unit.
- Sponsorships.
- Face book. The latest means to communicate with donors. Since the opening of Face Book May 2013 there were more than 3000 likes.

Donor Retention activity

- As above in 2, 3, 4, 5 and 11.
- Calling new donors the day after to check how the first time donation went on.
- Regular reminder SMS to registered donors. The message explains the importance of blood donation and encourages donors to donate blood again (continuously gets interrupted)
- Blood Donation Mobile Unit or Mobile Team at their locality.
- Thank you and appreciation letters to any person calling at the NBTS to donate blood.
- Daily phoning to new donors the day after to check their condition and experience.
- Daily birthday wishes to registered donors.
- Information leaflets, usually available in the waiting area or post donation canteen (printed without charge at the generosity of the DOI).
- Routine blood test (check up) service once every two years to regular donors
- Medical counseling as necessary.

When blood stocks are low

- Rare blood groups (O neg and A neg) are called personally on phone.
- Calling of donors preferably on the fixed and then on the mobile telephone.
- SMS to regular donors reminding them that one can donate again and blood is needed.
- Call for blood by means of e-mail to the radios only. Wording is moderate explaining the shortage of blood.
When there is critical shortage of blood (National call for blood)

It is the responsibly of the Manager of the Donation Department and the director of the NBTS to decided on a large scale “Call for Blood”.

- Massive amount of SMS explaining the critical situation
- Emails to all radio and TV stations to make regular appeals during the day.
- The shortage of blood is announced on the News Bulletin (radio and TV).
- Newspapers are contacted.
- Massive emails to HR departments including the private sector explaining the alarming situation
- Sometimes churches and other institutions are involved to deliver the message.

Indirect blood donor recruitment and retention strategies

- Rapid and a professional service.
- Appreciation of the donor
- Attractive and hygienic department
- Non-hospital orientated atmosphere
- Attractive and hygienic Blood Donation Mobile Unit
- Ample parking facilities
- Coffee and snack machine

Laboratories

<table>
<thead>
<tr>
<th>Test</th>
<th>Quantity 2012</th>
<th>Quantity 2013</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Group on Regular Donors</td>
<td>15069</td>
<td>14734</td>
<td>-2.22</td>
</tr>
<tr>
<td>Blood Group on First time Donors</td>
<td>2359</td>
<td>2228</td>
<td>-5.55</td>
</tr>
<tr>
<td>Repeat Blood Groups</td>
<td>2366</td>
<td>2219</td>
<td>-6.21</td>
</tr>
<tr>
<td>Anti Kell</td>
<td>4795</td>
<td>4305</td>
<td>-10.22</td>
</tr>
<tr>
<td>Antibody Screening</td>
<td>2511</td>
<td>2346</td>
<td>-6.57</td>
</tr>
<tr>
<td>LISS/AHG</td>
<td>3155</td>
<td>3169</td>
<td>0.44</td>
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<tr>
<td>Rhesus Phenotyping</td>
<td>1004</td>
<td>1187</td>
<td>18.23</td>
</tr>
<tr>
<td>Duffy &amp; KIDD Antigens</td>
<td>957</td>
<td>722</td>
<td>-24.56</td>
</tr>
<tr>
<td>Antigen Profile</td>
<td>342</td>
<td>592</td>
<td>73.10</td>
</tr>
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</table>
### Serology Total Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Quantity 2012</th>
<th>Quantity 2013</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBsAg</td>
<td>17434</td>
<td>17111</td>
<td>-1.85</td>
</tr>
<tr>
<td>HIV</td>
<td>17487</td>
<td>17086</td>
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</tr>
<tr>
<td>Anti-HCV</td>
<td>17544</td>
<td>17149</td>
<td>-2.25</td>
</tr>
<tr>
<td>Anti-HBc</td>
<td>18175</td>
<td>17716</td>
<td>-2.53</td>
</tr>
<tr>
<td>Syphilis</td>
<td>17515</td>
<td>17105</td>
<td>-2.34</td>
</tr>
<tr>
<td>CMV</td>
<td>4000</td>
<td>3830</td>
<td>-4.25</td>
</tr>
<tr>
<td>Anti-HBs</td>
<td>300</td>
<td>284</td>
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### Screening Total Tests

<table>
<thead>
<tr>
<th>Product</th>
<th>Quantity 2012</th>
<th>Quantity 2013</th>
<th>Difference %</th>
</tr>
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<tbody>
<tr>
<td>Whole Blood (Soft filter)</td>
<td>16531</td>
<td>16167</td>
<td>-2.20</td>
</tr>
<tr>
<td>Single Donor Platelets</td>
<td>444</td>
<td>373</td>
<td>-15.99</td>
</tr>
<tr>
<td>Pooled Platelets</td>
<td>1355</td>
<td>1513</td>
<td>11.66</td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td>16531</td>
<td>16141</td>
<td>-2.36</td>
</tr>
<tr>
<td>Red Cells Paediatric aliquots*</td>
<td>N/A</td>
<td>184</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Introduced in 2013

### Processed Blood Products

<table>
<thead>
<tr>
<th>Irradiated Products</th>
<th>2012</th>
<th>2013</th>
<th>Difference %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leucodepleted Red Cell Concentrates</td>
<td>556</td>
<td>680</td>
<td>22.30</td>
</tr>
<tr>
<td>Pooled Platelets</td>
<td>458</td>
<td>630</td>
<td>37.55</td>
</tr>
<tr>
<td>Apheresis platelets</td>
<td>32</td>
<td>25</td>
<td>-21.88</td>
</tr>
<tr>
<td>Aliquots Apheresis platelets</td>
<td>24</td>
<td>30</td>
<td>25.00</td>
</tr>
</tbody>
</table>
### Total Products irradiated on site

<table>
<thead>
<tr>
<th>Product</th>
<th>Reason</th>
<th>2012</th>
<th>2013</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Blood</td>
<td>Punctured</td>
<td>14</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insufficient</td>
<td>347</td>
<td>334</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Over Weight</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Clots</td>
<td>7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excess Filtration Time</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Miscellaneous</td>
<td>6</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Single Donor Platelets.</td>
<td>Punctured</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Pooled Platelets.</td>
<td>Punctured</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood Clots</td>
<td>8</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Single Donor Red Cells</td>
<td>Punctured</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>392</strong></td>
<td><strong>367</strong></td>
<td><strong>-6.38</strong></td>
</tr>
</tbody>
</table>

### Conclusion

On balance 2013 has been a positive year, 2014 promises to be a key year in the development of the service since the decision on ERDF funding will be taken. This decision will impact the service for the next 20 years.

### PHARMACY OF YOUR CHOICE

#### Background

The POYC Scheme was launched as a pilot-project towards the end of December 2007. Due to unforeseen circumstances, the POYC Scheme rollout was temporarily suspended in July 2008 so that the pilot project would undergo an intensive evaluation and consolidation exercise to assess the Scheme’s overall outcome since its introduction 7 months earlier. The key areas that needed to be addressed included:

- Organisational Structure
- Brand Building — Client Centric approach [www.poyc.gov.mt](http://www.poyc.gov.mt)
- Reallocation and Refurbishment programme
- Investment in IT infrastructure / architecture
- Introduction of new Financial Stock Management processes and controls
- Introduction of new operational workflow processes
• Introduction of a new delivery system based on a Just in Time/Top Up approach

This reengineering programme, the planning and the execution, was very demanding and equally challenging, and lasted circa 24 months. Following the introduction of the new strategy and its successful implementation, the POYC Scheme was ready to resume rollout.

It is important to highlight that although the rollout was temporarily suspended during the reengineering exercise, the POYC service-delivery and client support service remained operational within all the 27 areas that the POYC Scheme had initially started its operations in. This included 68 pharmacies and circa 30,000 patients.

**Free Dispense of Government’s Pharmaceutical Stock through the Community Pharmacies in the POYC Scheme**

During the period under review, circa €16.5 million worth of the Government’s free pharmaceutical stock was dispensed to patients participating in the POYC Scheme, while the POYC UNIT transferred circa €17 million worth of the Government’s pharmaceutical stock to the 212 pharmacies participating in the Scheme. Since its inception, in December 2007, the POYC Unit has distributed and dispensed through the community pharmacies participating in the POYC Scheme over €60 million worth of Government’s free pharmaceutical stock.

**Total Dispense in € value 2008 – 2013**

The graph below manifests the steep and steadily increases in patients’ benefitting from the POYC Scheme overtime. The value of medication dispensed to patients has also increased and it is now circa 1.4 million euro a month.
Payments to Community Pharmacies as per 1st MoU and the Adendum\(^1\)

The *Addendum* to the *1st Memorandum of Understanding* signed on 4\(^{th}\) January 2013 reflected an increase in the service fees per patient as in the below table.

<table>
<thead>
<tr>
<th>Year</th>
<th>Per Patient in Euros</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>€40</td>
</tr>
<tr>
<td>2014</td>
<td>€43</td>
</tr>
<tr>
<td>2015</td>
<td>€46</td>
</tr>
<tr>
<td>2016</td>
<td>€50</td>
</tr>
<tr>
<td>2017</td>
<td>€50</td>
</tr>
</tbody>
</table>

In line with the 2013 Addendum MoU, the POYC Unit paid the over €4.6 million to the participating community pharmacies. This amount reflects the sum of €4,554,946.57 for services rendered to POYC Scheme benefitting patients by the pharmacies and €65,378.86 for their ADSL Internet Connectivity.

In 2013, the POYC Unit also provided the necessary stationery and materials\(^1\) to the participating pharmacies to facilitate their dispensing service, which cost amounted to €25,248.30. Since 2007 the stationery and materials provided by the POYC Unit to the Community Pharmacies in support of the POYC Scheme service amounts to circa €61,000.

Hence, from 2008 to December 2013, the community pharmacies have received over €10.2 million as per gable below.

---

\(^1\) MOU – The *1\(^{st}\) Memorandum of Understanding* was signed in July 2007 between Government represented by the Ministry for Health, the Elderly and Community Care and the Ministry of Finance, the General Retailers’ and Traders’ Union [GRTU] and the Chamber of Pharmacies [MCoP]. The MOU was for a period of 5 years. In January 2013, the Parties signatory to the *1\(^{st}\) MOU* signed an Addendum to the *1\(^{st}\) MOU* for another 5 years.
Annual Reports of Government Departments ~ 2013

**Organisational Performance Development and Added Value**

**Internal Management Committee Meetings**

During the year under review, the POYC Unit’s Management Committee continued to meet internally on a monthly basis and for ad hoc meetings to discuss key operational procedures with the intent to timely increase and sustain overall efficiency and ensure accountability and responsibility at all operational levels. Moreover, the periodic staff meetings involving the entire workforce were sustained during 2013. These meetings are essential to impart salient information on the Unit’s strategic business trajectory and matters of a holistic interest. These meetings were positively received and appreciated by the staff, and generated the desired level of bondage, ownership, commitment and accountability from all concerned.

**Sustained Empowerment and Commitment**

During the year under review, POYC sustained its resource-based view to pre-empt weaknesses and timely apply the appropriate mechanisms to empower, motivate, utilise, develop and, in turn, retain its human capital to attain its strategic objectives.

Additionally, systematic training programmes, job shadowing, one to one mentoring and coaching, and a strong team-based learning environment continued to support staff’s capabilities and give them the opportunity for self-development. This approach facilitated continuous performance alignment with production output according to the specific daily needs with the least negative repercussions on our service delivery. Key learning and development programmes and initiatives included, amongst other.

**External**

During 2013 the POYC Unit has organised several Seminars for the circa 500 community pharmacists participating in the POYC Scheme to train / retrain them on Government dispensing guidelines and on how to operate the POYC’s Web-based Pharmaceutical Dispensing IT System [WPDS].

Hands-on Training Programmes were also organised for newly registered pharmacists and against demand from the community pharmacists.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Pharmacies</td>
<td>68</td>
<td>68</td>
<td>84</td>
<td>114</td>
<td>161</td>
<td>212</td>
</tr>
<tr>
<td>Total Payment in Euro</td>
<td>315,657</td>
<td>458,850</td>
<td>896,076</td>
<td>1,408,943</td>
<td>2,506,486</td>
<td>4,620,325</td>
</tr>
</tbody>
</table>
Financial, Budgetary Preparations and Controls

[i] Sustained with the processing and issuing of payments to the 212 community pharmacies participating in the POYC Scheme.

Prepared and submitted the Financial and IT requirements for 2013 to DG FMCU and to IMU

- Continuously reviewed financial reporting methodologies to enhance better management controls, monitoring and full accountability.
- Sustained financial record keeping systems to monitor internal procurement
- Sustained Payments to Pharmacies through the DAS IT SYSTEM

Sustained Efficiency Gains

The POYC Unit sustained this exercise through the visits conducted by the POYC Unit’s technical staff to the community pharmacies participating in the Scheme. These visits served to:

- curb stock wastage
- enhance timely redistribution of stock which otherwise would have gone to waste at the detriment of financial costs and social implications
- increase in Government Stock management responsibility and accountability

Besides the monetary gains, the redistribution of stock has altruistic implications as irrespective of value of the particular pharmaceutical items; there are items which are considerably low-cost however they are not found on the local market. Through the redistribution exercise, the POYC Unit ensures maximum benefit of Government’s free pharmaceutical service. The total value of pharmaceutical stock that was redistributed between in 2013 amounts to €250,173 as per chart hereunder.
The POYC Unit has set-up an Audit Team with the intent to increase its presence within the 212 community pharmacies. In fact, the damaged and expired stock for the period Jan - Dec 2013 is circa €27,000 -- that 0.16% of circa €16.5 million worth of stock dispensed and housed within the community pharmacies during the year under review. The Unit also developed a KPIs Tool to be used by the Audit Team during their visits in the community pharmacies. These KPIs also allow for the identification of the Corrective Action and timeframes to address the shortcomings.

**Monitoring and Control to identify the ‘Inactive’ Patients**

During the year under review the POYC Unit sustained with its efforts to monitor the registered patients to ensure that payments to the community pharmacies for services rendered to beneficiaries are affected against ‘Live’ patients. The cost savings from this exercise between June – December 2013 amount to are circa Euro 130,000.

**Sustained the Strengthening of the Quality System**

The Unit continued to develop and strengthen its Quality Management Systems by introducing a number of new standard operation procedures [SOPs] to complement the Quality Manual, and by reviewing and updating existing ones.

The Goods Distribution Practices [GDP] and the Good Manufacturing Practices [GMP] Lists are continuously being revised to reflect the latest EU directives, ISO Certification requirements and performance practices. At time of writing the POYC Unit has 25 GDP and 30 GMP related SOPs. The SOPs reflect the various work processes of the key operational activities taking place within the different Areas of work at the POYC Unit. To compliment the updating of the SOPs, all the Areas’ operational flow processes’ were graphically revisited and mapped out. These are displayed in all the respective rooms to facilitate adherence and alignment.

**Performance Outcome**

**Internal Stock Taking Exercises**

The POYC Unit’s Stores holds circa 700 different stock items. During the month of October and November 2013, the Stores Area sustained its random Stock-Taking exercises of 19 stock items on a daily rotational basis to maximize responsibility audit trailing of stock management.
**External Stock Take Exercises**

During 2013, the POYC Unit sustained its visits to the community pharmacies to timely monitor Government’s stock management and facilitates its rotation and redistribution where necessary. In fact, the damaged and expired stock for the community for the period Jan - Dec 2013 is circa €27,000 -- that 0.16% of circa €16.5 million worth of stock dispensed and housed within the community pharmacies during the year under review.

**Preparation and Distribution of Government Stock**

Production Output of Pharmaceutical items cleared by the Preparation Area during January – December 2013

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily approx No of pharmaceutical items</td>
<td>1,600</td>
<td>1,700</td>
<td>2,600</td>
<td>2,650</td>
<td>2,700</td>
<td>2,700</td>
<td>2,650</td>
<td>2,600</td>
<td>2,750</td>
<td>2,800</td>
<td>2,950</td>
<td></td>
</tr>
</tbody>
</table>

In 2013 the number of items issued to community pharmacies have increased considerably and now amount to around **3,000 pharmaceutical stock items** on a daily basis. The POYC Unit delivers stocks in line with a Scheduled Itinerary to circa 43 pharmacies per day on a JIT. Out of Route and Urgent Deliveries are also carried on a needs basis only.

The Average Daily Stock issued per pharmacy against the Scheduled Itinerary is as follows:
- Pharmacy with 800 to 1500 patients – 130 different items
- Pharmacy with 250 to 800 patients - 75 different items
- Pharmacy with 0 to 250 patients – 30 different items

**Daily Production Output, Preparation Area January – December 2013**
New Delivery Roster

The POYC Unit revised its delivery roster so as enhance efficiency and effective of all available resources, and to ensure a continuous patient-centric nationwide delivery service at all times. During January - December 2013 the POYC Unit distributed pharmaceutical stock to all the 212 pharmacies as follows and as per above chart.

- 10,781 Scheduled weekly deliveries (JIT orders)
- 4,830 Urgent deliveries with items previously OOS.
- 905 Urgent orders of previously OOS with the Schedule deliveries
- 332 Out of route urgent deliveries.
- 104 Urgent deliveries with courier

The charts hereunder provide a graphical interpretation of the increase in stock deliveries between 2012 and 2013 and demand following the expansion of POYC Scheme nationwide.

Pharmaceutical Stock Deliveries carried out during 2013

The Urgent Deliveries and Out of Route Deliveries Services were introduced in November 2013 as new initiatives with the intent to strengthen our timely delivery service to mitigate the OOS situation.

Comparison of stock deliveries 2012
Comparison of stock deliveries 2013

As from end January 2013 the POYC Scheme was rolled out Nationwide

Partial Manufacturing Area [PMA]

During 2013 the performance within the Partial Manufacturing Area [PMA] has increased significantly. This Area repackages bulk pharmaceutical stock into patient-pack size and in 2013 it increased its overall activity to meet clients’ demands. It is to be noted that most of these stock items concern the majority of the fast-moving pharmaceuticals that are essential to address the most familiar medical conditions such as diabetes, heart disease, hypertension, mental health etc.

The charts below reflect the heavy production demand on this Unit with the spread out of the scheme during 2013 and production output per item for the 12 most fast-moving stock items and as compared with 2013.

The Repackaged Stock of the 12 most fast-moving Items in 2013 amounted to €825,000
The Increase in Demand Trend of the fastest-moving two stock items that are repackaged at the Partial Manufacturing Area, POYC Unit over 2010 - 2013

![Graph showing demand trend over 2010-2013]

**Manufacturer’s Licence for Medicinal Products for Human Use**

It is to be noted that in August 2012, the POYC Unit submitted an application for the Manufacturer’s Licence of Medical Products for Human Use. A first inspection was carried out in February 2013, by Medicines Authority and subsequent feedback was sent by POYC Unit in July 2013. Towards the end of 2013, in line with policy direction all tenders pertaining to the POYC Unit [including PMA] were temporarily suspended to await the White Paper’s outcome.

**Cross-checking/Verifying of Documentation**

The POYC Unit continued with its cross-checking/verification of documentation exercise to ensure that patients, applying for free pharmaceuticals under Government’s free pharmaceuticals’ legislation, will be in possession of the necessary valid permits and documents that entitle them to benefit from this Service. During 2013 the Unit cross checked 31,235 new applications and over 100,000 requests for change in patients’ treatment. Amongst the key benefits this exercise serves to facilitate:

- The stock procurement projections of the POYC Unit’s value / supply chain.
- The management of polypharmacy.
- The timely delivery of stock thus facilitating dispense.
Client-Support Service

The Client Support Team

During the year the Client-Support Service continued to play a key role in the Unit’s daily operations. In general, the enquiries concern a change in the choice of pharmacy, availability of pharmaceuticals’ stock, management of pharmaceuticals and so forth.

The POYC Unit successfully managed to electronically register all the new patients coming in from the new 11 rollout localities in time for the January rollouts, which amounted to over 25,000 new applications. In total, the new applications vetted during the year under review amounted to 31,325 new applications overall. Towards the end of 2013 the POYC Unit started to register the Schedule II patients and the Illegal Immigrants with the intent to facilitate the creation of a holistic patient treatment record.

The Call-Register Logbook

During 2011, the Call-Register Logbook was introduced and the logbook was also included in the POYC’s SOPs. During the year under review the Client Support Section received and settled circa 49,000 telephone calls. The calls varied in reason with the most popular calls being the reissuing of lost Patient Voucher Letters, enquiries regarding due date of short stock, to change pharmacy and advise on medicine management.

POYC Office Branch Gozo

The POYC Unit continued to sustain the Gozo Branch Office to ensure that our Gozitan stakeholders will enjoy the same level of access to Government’s free pharmaceutical service at all times. During 2013, 9,544 registered patients benefitted from the POYC Scheme Service. The POYC Gozo Branch Office received and cross-checked a total of 129 new patients’ applications and a total of 2,050 requests for changes in the Gozo patients’ treatment.

Brand and Image Building

The POYC UNIT’s Website - www.poyc.gov.mt

The POYC Unit’s web-site was one of the platforms used by the Unit to update all stakeholders and the general public with the latest news and information in relation to the POYC Scheme’s developments. Besides information on POYC Scheme rollout, the website also highlights key aspects of this Unit’s modus operandi by providing a methodical walkthrough of the Unit’s main activities from its inception to date.

This client-centric approach social-enabling to-date has registered over 96,000 hits.
SMS Bulk Facility (Mobile) System

The SMS Bulk Facility was introduced in 2013 with the intent to reach its clients in the shortest time possible when the need arises. Scenarios that may require the application of this facility include, amongst others:

- Recall of a pharmaceutical item down to patient level
- Notification to segments of the patient population regarding item specific information
- Notification to pharmacists when our IT systems are down

Visit by the President of Malta, June 2013.

In June 2013, HE Dr George Abela, President of Malta, visited the POYC Unit and met with all the POYC Unit’s Staff in the presence of the Minister for Health Dr Godfrey Farrugia. During this visit, the President was presented with the painting titled ‘Maltese Village’, of artist Noel Attard, an employee of the POYC Unit. The painting was featured in the ‘L-Istrina’ catalogue in preparation for the Annual Auction in aid of the Community Chest Fund.’

Further IT Enhancements to Strengthen the IT Software System

The Financial Module

This Module was finalised earlier in 2013. However User Acceptance Testing cannot be completed as POYC is still waiting its transfer onto the PTL's PRE Virtual Environment.

The Alert Module

This Module was introduced earlier in 2013. It has proved to be of crucial value as it has already facilitated the timely organisation of numerous stock collections due to the Recalls emanating from the Central Services Procurement Unit. It also serves as a fast-track communication tool to timely redistribute stock so as to mitigate shortages that arise from time to time due to stock shortages at CPSU.

The Upgrade of the Amendment Module

The Amendment Upgrade facilitated the dispense and posting of all the new treatment prescribed to patients. It is of note, that 95% of amendments reflect changes in treatment which amount to more than 600 changes in patients’ treatment per week.
The ‘One Stop Shop’ Concept – POYC Scheme

In order to allow patients to avail of their new entitlement on a same day service (rather than waiting 3-4 weeks as in previous years) in October 2013, the Unit launched the ONE STOP SHOP and around 201 patients visit the Entitlement Area on a daily basis as ‘walk in trade’. This service also applies for those patients who have a change in Treatment and need a new Schedule V Card.

Processing of the Tax Deduction Applications in line with LN 113 of 2012 and Subsidiary Legislation 123.112

In line with Legal Notice 113 of 2012, the in 2013 the Unit initiated and processed the Tax Deduction Applications received from the community pharmacies participated in the POYC Scheme as follows:

- Number of Applications           81
- Eligible Amount       €282,126.86
- Deductible Amount     €650,542.02

Moving all Schedule V Patients to the POYC Scheme Community Pharmacies

During the year under review a policy decision was taken to move all patients benefitting from a Schedule V card from the NHS outlets into the community pharmacies. This in order to centralize stock and therefore facilitate a distribution, bring services closer to patients whilst ensuring payment so community pharmacies are well invested and utilize HR capacity.

Conclusion

To-day, the POYC Unit is successfully positioned as a key National Health Service provider, with sustained client-centric strategic objectives that facilitate equitable accessibility to Governments’ free pharmaceutical services for within the community – from any pharmacy of our clients own choice!

Notwithstanding its uniqueness, the POYC Unit considers this as a challenge and to-date th managment has done its utmost to secure the highest level of human capital through empowerment, motivation, knowledge managment and trust. The introduction of a best fit human resource development approach was conducive to address cultural [skills] diversity, manage change and champion innovation. This synergy is dynamic and is fuelled and supported through in-house HR development mechanisms that allow for continuous mentoring and retraining to ensure that our service remains of the highest quality level at all times. The introduction of innovative parallel functions and methodologies are specifically designed to allow alignment of our human resources with our business strategic intent.

Indeed, the POYC Unit’s management team is cognizant that ‘excellence is never enough! and we are committed to sustain our business operational alignment, efficiency and effectiveness to ensure continued success for the benefit of all.
ADMINISTRATION

The MFH Administration Department, within Directorate General Finance and Administration, includes the Head Office (HO) Registry, St Luke’s Hospital (SLH) Estate Management, Engineering Department, Maintenance Department, Surveillance and Security, and Green Initiatives.

Various HR issues were addressed trying to get the best of the employees available. Some employees with problems were referred to MFH Staff Support Psychological Section and/or to ESP.

Flexibility between sections was practised for more efficiency and to avoid overtime. Others were transferred where they could fit best. Instead of contracting out, various works such as maintenance were assigned to the public service employees. Some employees were given in-house training to enhance their work performance.

The Registry

The Registry serves as a distribution centre for Departmental files, Personal files and Disciplinary files. Correspondence for both incoming and outgoing are also channelled through Central Registry.

During the year under review, in-coming mail amounted to about 98,500 items. These were received from the general public, government departments, parastatal bodies, hospitals, outstations, local councils and other organisations.

Out-going mail during 2013 amounted to 222,142 items. These can be classified as indicated hereunder:

<table>
<thead>
<tr>
<th>Type of Mail</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Ordinary Mail</td>
<td>218,983</td>
</tr>
<tr>
<td>Local Registered Mail</td>
<td>1,714</td>
</tr>
<tr>
<td>Overseas Ordinary Mail</td>
<td>930</td>
</tr>
<tr>
<td>Overseas Registered Mail</td>
<td>515</td>
</tr>
</tbody>
</table>

The Registry also keeps a record of all registered letters sent both locally and abroad as well as recording the amounts of the daily consignments of mail dispatched.

The movement of every file is recorded to keep track of the whereabouts of each and every single file. During 2013, the Registry Office effected and recorded these movements as classified hereunder.
In addition to the responsibility for the safe custody of thousands of files, the Registry opened another 4,938 new files during 2013. The Registry is also responsible for custody of about 3,500 Personal files together with 7,350 files of retired and deceased employees kept at MCH Archives.

**Re-organisation of the Registry Archives at SLH**

DH Files which have been archived over a period of 19 years were moved to another store at SLH. Files were duly organized on new shelves by the Head Office Registry Messengers.

**Receptionists**

The Receptionists at Head Office work under the guidance of the Administration Department. They are well trained, experienced and smart and need very little supervision. Apart from the reception duties, they are responsible for the daily attendance recording of Head Office Employees.

**Dangerous Structures & Refurbishment**

As regards numerous dangerous structures, ongoing guidance was sought from DG Finance and Administration, FMS, MFH Senior Engineers, Ministry for Transport and Infrastructure (MTI), and Government Property Division. Minor dangers, like falling stones, and leaking drains, were addressed by the Emergency Shift under the guidance of the technical officer and direction from an FMS Perit or from an MTI Dangerous Structures Perit.

Various meetings were held to establish better work cooperation between SLH Maintenance Section and skilled public service employees currently working at RHKG. A new procedure was established so that RHKG store is also available for use to all SLH Administration Department maintenance staff.

Refurbishment was carried out at:

- the Occupational Health Services Offices
- Registry Archives
- Security Rest Room
- the Entitlement Unit Offices

<table>
<thead>
<tr>
<th>MOVEMENTS</th>
<th>PRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movements not through Registry</td>
<td>956</td>
</tr>
<tr>
<td>Movements through Registry</td>
<td>5,260</td>
</tr>
<tr>
<td>Files going PA</td>
<td>1,899</td>
</tr>
<tr>
<td>Files leaving PA</td>
<td>1,615</td>
</tr>
</tbody>
</table>
Health and Safety Issues

Various Buildings in particular those at SLH and Melita Street, Valletta were inspected either by an FMS Perit and or by Dangerous Structures Department Perit or both. The Administration Department advised that the building at 121 Melita Street is to be emptied without further delay, given the report from FMS Perit alerting about dangerous structures.

OHSA were at times consulted, in particular re the removal of Asbestos items both at Head Office and at SLH. Items removed included an asbestos canopy and water-tanks at Head Office and various other items at SLH. These works were carried out according to established OHSA standards adhering to CPS procedures. Maintenance Employees were supplied by adequate clothing including safety shoes and gloves. The Security Staff at SLH make regular patrols daily also to ensure Safety at SLH complex.

G’Mangia Garage Health and Safety’s issues were raised by OHSA. Measures under the guidance of FMS were initiated to address the urgent issues.

Inventory

An extensive exercise of the boarded out items was carried out, namely at S3, MMMU, M1, Doctor’s Quarters, Pathology, Bacteriology, ENT, Dental Out Patients, Ophthalmic Out Patients, Children Outpatients and Psychiatric Unit. All discarded items were duly noted at the end of year inventory report.

Cleaning

The cleaning at Head Office continued to be carried out by service provided from a contractor. The SLH Public Service Cleaning Section was transferred to Mount Carmel Hospital. The cleaning is now being carried out by the Handymen Section assisted where required by 40 hours weekly service by a contractor.

The Engineering Department

The MFH Engineering Department continues to be instrumental in providing ongoing strategic, corporate and operational management support to most of the Directorates within the Health Division throughout 2013 including the Gozo General Hospital and Mater Dei Hospital.

Currently there are only two Senior Engineers at the MFH Engineering Department. They are directly and extensively involved (24/7 ongoing) in the operational aspects of the buildings at Saint Luke’s Hospital site, including RHKG, Chest Clinic, Child Development Assessment Unit, Blood Transfusion, Child Guidance, Physiotherapy Department, Directorate Pharmaceutical Affairs, Pharmacy of your Choice, Superintendent for Public Health, Commissioner Mental Health and Older People, Medical Stores, Blood Donation Area, G’Mangia Garage, Health Information Unit. Duties include also:

- project works such as regulatory/licensing inspections of national and private health facilities installations in particular those related to Engineering consultancy to
Superintendent of Public Health on MDH and Private hospitals (ongoing); consultancy support; facilities management; repairs and refurbishment throughout MFH where required. Corporate Engineering support to various MFH Departments (eg. ad hoc Tenders’ management; Engineering management advice and technical reports; engineering project specifications etc.).

- Ad hoc Engineering interventions in support of MFH with its recurring problems resulting from the long standing vacancies of essential posts of Senior Engineers and other professionals (ongoing).

Heating Ventilation Air-Conditioning and Refrigeration

This section offers service to RHKG, MDH, SLH, POYC, NBTC, NBDU, CPSU, MCH, Elderly, Public Health Lab and other sections. It includes planned preventive maintenance on all AC Units and refrigeration systems; management of faults efficiently and installation of controls to improve energy efficiency in HVAC plants such as centralised control of temperature. Some refrigeration systems already have telemetry R systems. An extension for other systems not humanly monitored 24/7 is being proposed.

The Senior Engineer heading the HVACR Section was responsible for the procedures related to the commissioning of New AC units in RW5 and PHC; the upgrading of liquid receivers for chiller at Cospicua HC and Marfa Home, Cold room at POYC ventilation system at PMA and at Marfa home; refurbishments of the water tanks and associated plumbing in Zejtun and Floriana Home for the Elderly; HVAC system in operating theatres in Gozo; specifications of turret trucks and reach trucks to transport and stack pallets in main areas in Gozo; design of all CPSU Plumbing systems, HVACR systems on behalf of FMS.

The Emergency Shift

The Emergency Shift of SLH/RHKG has regular and routine responsibilities on the sections of Electrical; Water Services; Lifts; HVAC/R; general ad hoc assistance as necessary to SLH/RHKG Departments; Medical Gases RHKG; and lately also small projects; and 24/7 hour emergency intervention duties on all the building services of SLH/RHKG.

The Emergency Shift also does carry out the cleaning of air-conditioners in all wards at RHKG as requested and required by the Refrigeration Section Maintenance Schedule.

The Emergency Shift receives emergency call or calls from MDH A&E Department when a helicopter landing is required to transfer patients from Gozo to the SLH Helipad to MDH or other emergencies requested to use of the Air-Wing Section of the AFM.

Security Services

The surveillance and security of various MFH premises, apart from Mater Dei Hospital, is managed by Public Service Principal Security Officers assisted by a number of Security Officers and Security Guards based in different MFH locations namely at St Luke’s Hospital Complex, Mount Carmel Hospital, Sir Paul Boffa Hospital, Head Office, Madliena and Marsa Stores and various Health Centres. These MFH locations continued to be assisted to start coordinating their
own security staff according to the general guidelines from the Principal Security Central Officer at SLH. Among others CCTV cameras were upgraded in particular at SLH common areas and an inventory of the numerous keys of all the buildings at SLH was carried out. The Security Officers keep in touch with the police as required in particular regards parking issues and other irregularities.

**GREEN INITIATIVES**

Various one-to-one meetings were held with OPM Green Leader. Procedures in general were discussed. Special attention was given to the urgent need to prune the cypress trees at SLH. This was identified as a danger risk to RHKG Oxygen Cylinder. Direction was sought and established after various consultation from MEPA and with due approval from the Government Property Division. Further installation of timer switches, at the various Primary Health Care Centres, was made. The electrical operations required were timed and switches set to minimise energy consumption.

**EXTRA PROJECTS**

Assistant Director (Administration) took part in Infonet Adult Education EU Project on behalf of MFH Health Promotion and also participated in the HOPE Programme.

**INFONET HEALTH PROMOTION**

After attending Infonet correspondent seminar in Estonia, Assistant Director Administration wrote 2 articles for Infonet newsletter for the attention of EU audience /readers including an interview with Dr Charmaine Gauci on Health Promotion and one on ‘Educating the Educators’. The articles were published on Infonet Newsletter for EU Audience. Articles were very well received. Link to such articles and other articles on adult education from various countries was provided to key persons at MFH.

**HOPE PROGRAMME**

During 5 weeks observation on Patients Safety at a hospital in Germany, Assistant Director (Administration) was assigned to coordinate the German Group presentation and deliver it at The Hague’s final conference. Ms Gauci was asked by HOPE Chairperson to convey HOPE’s message to MFH so that MFH continues to participate in HOPE programme.