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DRAFT REPORT

on patient mobility and healthcare developments in the European Union
(2004/2148(INI))

Committee on the Environment, Public Health and Food Safety

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CONTENTS

	Page
MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION	3
EXPLANATORY STATEMENT	7

MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on patient mobility and healthcare developments in the European Union (2004/2148(INI))

The European Parliament,

- having regard to the communication from the Commission - "Follow-up to the high level reflection process on patient mobility and healthcare developments in the European Union" (COM(2004)0301),
 - having regard to Article 152 and Articles 5, 18, 43 and 47 of the EC Treaty,
 - having regard to the communication from the Commission to the Council, the European Parliament, the European and Social Committee and the Committee of the Regions on Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the "open method of coordination" (COM(2004)0304),
 - having regard to the communication from the Commission to the Council, the European Parliament, the European and Social Committee and the Committee of the Regions on eEurope 2002: Quality Criteria for Health related Websites (COM(2002)0667),
 - having regard to the judgments of the Court of Justice of the European Communities in Decker (C-120/95, 28 April 1998), Kohll (C-158/96, 28 April 1998), Geraets-Smits & Peerbooms (C-157/99, 12 July 2001), IKA (C-326/00, 25 February 2003) and Müller-Fauré & van Riet (C-385/99, 13 May 2003),
 - having regard to the Commission Proposal for a Directive of the European Parliament and of the Council on the recognition of professional qualifications (COM(2002)0119-COD 2002/0061),
 - having regard to the Commission Proposal for a Directive of the European Parliament and of the Council on services in the internal market (COM(2004)0002-COD 2004/0001),
 - having regard to Rule 45 of its Rules of Procedure,
 - having regard to the report of the Committee on the Environment, Public Health and Food Safety (A6-0000/2005),
- A. whereas healthcare in the EU is being transformed by developments in medicine, technology, e-health, patient awareness and law;
- B. whereas the E111 system for unplanned health treatment when temporarily in another Member State is being superseded by the European Health Card, and whereas there is a need to replace the ineffective E112 system for planned health treatment in another Member State;

- C. whereas health policy is being driven in a piecemeal fashion by European Court of Justice rulings on patient mobility, and whereas it is in both patients' and governments' interests that clear guidance on policy and procedures should be agreed and put in place without delay;
 - D. whereas primary responsibility for the organisation, financing and delivery of health services and medical care lies with the Member States, while the European Union has a responsibility in the fields of public health and health promotion and a role in cross-border mobility;
 - E. whereas further clarity is needed to enable patients, healthcare professionals and health budget holders and insurers to understand and participate in cross-border healthcare;
 - F. whereas there are significant logistical, administrative, cultural and clinical challenges in delivering a consistent, safe and accessible patient mobility framework for the EU;
 - G. whereas patient mobility is complicated by differences in national healthcare systems and traditions;
1. Welcomes the Commission Communication on patient mobility and the ideas it outlines for structuring cooperation in healthcare;
 2. Stresses the need for the European Union to develop urgently a coherent policy on patient mobility in the light of the judgments of the Court of Justice of the European Community and the report of the High Level Reflection Process on Patient Mobility and Healthcare Developments, and to agree guidelines for use by patients, health professionals and funding agencies;
 3. Believes this needs a separate Commission proposal and should not be included in the general Services Directive;
 4. Regrets that the Commission Communication on patient mobility does not provide a timetable for action;
 5. Believes guidelines should include procedures to obtain treatment, sources of information about health professionals and health care facilities, mechanisms for paying for care, arrangements for travel and linguistic support, arrangements for continuing care, follow-up, convalescence and rehabilitation prior to or after return and procedures for making complaints;
 6. Welcomes the Commission Communication on extending the 'open method of coordination' to healthcare and long-term care and looks forward to follow-up work to provide a mechanism for structuring cooperation between Member States with specific objectives and regular reviews;
 7. Considers the lack of progress on patient information as a serious threat to the development of healthcare in the EU; calls upon the Commission and Council urgently to bring forward an information to patients framework;

8. Believes that Member States are best placed to develop clear national patient information guidance relevant to their national health systems; encourages Member States to work closely with the Commission to establish common core elements;
9. Encourages the Commission to set deadlines for the collection and evaluation of data on existing cross-border movement of patients; reiterates the value of evaluating and sharing the experience of cross-border agreements such as the Euregio projects;
10. Calls for a report from the Commission on the nature and prevalence of health tourism and the extent to which it is currently reimbursed by statutory agencies and by the private insurance sector or paid out of pocket;
11. Strongly endorses efforts to improve knowledge and legislation on the movement of health and social care professionals; reminds the Commission that effective mechanisms to support high levels of patient safety must be incorporated in the Directive on the Mutual Recognition of Professional Qualifications;
12. Recognises the work being undertaken to establish an EU-wide register of doctors and other health and care professionals suspended or struck off for incompetence or malpractice; requests regular progress reports from the Commission;
13. Highlights the potential risk of a 'brain drain' from the new Member States to those offering higher salaries, with a subsequent threat to the capacity and standard of their healthcare systems; believes modest levels of patient mobility could act as a brake on such movements; encourages research into the future demand for healthcare professionals and supply through EU higher education systems;
14. Welcomes efforts to move towards Centres of Reference and the potential benefits that this will bring for treatment of rare diseases;
15. Notes that in a University of York study of UK patients receiving treatment abroad 87% of patients stated the prospect of waiting longer for treatment in England as their motivation; nevertheless believes that the large majority of patients prefer and will continue to prefer to be treated locally;
16. Welcomes the Commission's commitment to upholding existing data protection law; notes the importance of providing an efficient and secure method of exchanging patient records between Member States;
17. Welcomes the Commission's Communication setting out an 'e-Health action plan', recognising that information and communication technologies, in particular the Internet, can help improve access to, and the quality and effectiveness of, health services, although it may also increase inequalities as a consequence of the "digital divide"; stresses the need to apply quality criteria for health-related websites;
18. Encourages the Commission to monitor the deployment of the European Health Card in Member States to ensure that Member States are providing clear and comprehensible information to the public about how the card works;

19. Asks the Commission to consider whether the European Health Card should form the basis for promoting a common approach to patient identifiers and developing new functions such as the storage of medical emergency data, in accordance with the eEurope 2005 plan approved by the Seville European Council;
20. Notes, however, that there must be a high level of data protection in relation to any new functions of the European Health Card and that data stored on it and information exchanged between competent authorities must take account of existing provisions on data protection;
21. Welcomes the establishment of the High Level Group on Health Services and Medical Care; requests that the Parliament receive regular updates from the Commission on the Group's activities;
22. Believes that patient safety is critical to the development of effective health policy in the EU; recognises the need to work closely with the WHO World Alliance for Patient Safety; strongly encourages the High Level Group on Health Services and Medical Care to bring forward proposals for an EU Patient Safety Network as soon as possible in 2005;
23. Stresses that healthcare and patient safety considerations deserve special consideration when being incorporated into other areas of policy; regrets the occasional friction between internal market and healthcare objectives; believes that the health of its citizens is a prerequisite to Europe's economic performance and competitiveness;
24. Believes there is a need for a network of relevant information accessible to patients, health professionals and managers throughout the EU;
25. Agrees that there is a need to provide citizens with a clear overview of their rights and duties as patients with regard to access to healthcare and reimbursement of costs incurred in another Member State;
26. Calls on the Commission to develop guidelines to clearly define issues such as "without undue delay", "standard practices" and "comparable cost";
27. Stresses that cross-border healthcare should not become an automatic activity but only be delivered where necessary because of temporary unacceptable delays in treatment; believes the responsibility remains with Member States to put in place services that make large-scale patient mobility unnecessary;
28. Is concerned that the terms of treatment should not discriminate against low-income patients so that, for example, they do not have to pay the full cost of treatment before reimbursement;
29. Instructs its President to forward this resolution to the Council, Commission and the governments and parliaments of the Member States.

EXPLANATORY STATEMENT

"La science ne connaît pas de frontière parce que la connaissance appartient à l'humanité et que c'est la flamme qui illumine le monde." Louis Pasteur 1876

("Science recognises no borders, because knowledge belongs to humanity, and is the torch which illuminates the world.")

The new rights for patients conferred by the European Court of Justice in its sequence of judgements are potentially good news for patients but a substantial headache for health service budget holders and insurers. So far the pace has been set by the courts and patient pressure. If we are happy to leave it to the courts to decide policy and spending priorities, the European Union need do nothing, except to prepare to pay heavy and unpredictable bills, whenever patient probing and legal opinions are delivered.

That is no way to run a Country, much less the venture that is New Europe. Our electors like the idea of patient mobility as an option; but they want and expect it to be properly managed and they want and expect to be offered sound guidance on policy and procedures. Some Member States may prefer to think that, if they delay long enough, the issue will go away and that healthcare delivery is the exclusive preserve of Member States under the Treaties. Yet it is exactly those Treaties that have provided the ECJ with its judgements and have set in motion a process which has the potential to empower patients and enhance the health of Europe's citizens.

The answer to Member States that prefer that their citizens should use their national health and care services is to ensure that these services match the best that is available within the Union. Most patients and their families would certainly prefer to use local services; but, if the quality is poor or the delays are unacceptable, some at least will be prepared to travel, knowing that the bill will be paid by their home country.

Following the ECJ judgements there has been an urgent need to agree the procedures for patients, their doctors, advocacy and support groups and health services and insurers. That led to the setting up of the High Level Reflection Group. The subsequent Communication is welcome and of high quality in confirming the constitutional setting and reality of patient mobility rights and setting out the issues and procedures that need to be agreed. It is not absolutely clear however that it recognises the need to take these forward with a sense of urgency, if the matters are not to go back to the courts. It is also not clear why other parts of the Commission have been allowed to tinker with health services in the draft General Services Directive. It would be better from patients', professionals' and policymakers' points of view to deal separately and comprehensively with the issues of patient and professional mobility.

To come down to basics: if I am waiting for treatment of a painful, uncomfortable or life-threatening disease or disorder, I want to know my options. Where could I go; how can I be sure of the professional competence and standards of care and treatment; how do I or my family or specialist doctor know where there is capacity in hospital or clinic and in professional diaries; what forms do I need to complete and under what circumstances will my

application be agreed; what does “undue delay” mean in relation to my personal condition; what financial cover is provided for the operation, for other medical and care costs, for travel and convalescence, and for family accompanying or visiting; if the cost is too high, can I top up above the set limit and who is to set such limits; are there complications if I travel from a Euro to a non-Euro zone or vice versa; what if something goes wrong or I have a complaint – what complaints systems will there be and will there be a cross-Europe register of professionals guilty of malpractice. These are but some of the individual’s questions.

Those of budget holders will start from the question of how I am to be reimbursed for unplanned expenditure resulting from this new patients’ freedom and they and governments will want to know how they are to set local or national priorities for treatment, if these are to be unpredictably affected by impatient patients. The truth is that we are very unlikely to see more than a trickle of patients going to other Member States; that the incentive to avoid even this by raising the standards of local services is a likely and beneficial outcome; and that the concept of money following patients is not a bad one, if managed sensibly, as many governments already do in managing the transfer of patients to other health districts, to the voluntary and private sector and by bilateral agreement with hospitals in other countries to reduce waiting lists.

The urgency is real; the perceived fear of large numbers or vast costs is not – or not unless courts, rather than politicians, are allowed to determine policy.