

Why what is happening in the EU matters to the UK health system

Dr Michael Wilks

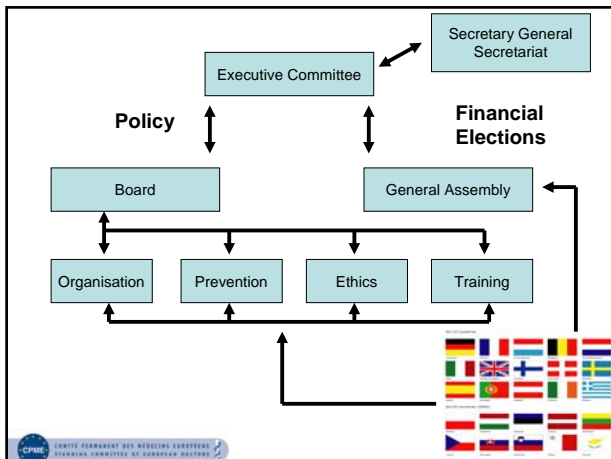
President, Standing Committee of European Doctors (CPME)



NO TO THE EU



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“The main objective of the proposed legal framework is ... to clarify the Court of Justice principles stating that the patients have the right to be reimbursed for healthcare received in another Member State up to the level that they would have been for healthcare received in their own Member State”

“This right is the direct application of the EC Treaty. The legal framework proposed by the Commission aims at facilitating the practical application of this right but does not entail in such a context new rights”

A Community framework on the application of patients' rights in cross-border healthcare 2007

Proposed Framework

- **European cooperation on health services**
 - Recognition of prescriptions issued in other countries
 - European reference networks
 - Health technology assessment, data collection and quality and safety
- **Specific legal framework regarding reimbursement of cross-border healthcare**
 - Clarity about the rules to be applied for the reimbursement of healthcare
 - How the rights of the patients will be implemented in practice

Underlying principals

- Any non-hospital care to which citizens are entitled in their own Member State, they may also seek in any other Member State without prior authorisation, and be reimbursed up to the level of reimbursement provided by their own system
- Any hospital care to which they are entitled in their own Member State they may also seek in any other Member State, with prior authorisation for reimbursement if Member States can provide evidence that the outflow of patients resulting from implementation of this Directive has such an impact that it undermines the planning and rationalisation carried out in the hospital sector

Underlying principals

- The costs of such hospital care to be reimbursed at least up to the level of costs that would have been assumed had the same or similar healthcare been provided in the Member State
- Member States of the patient may impose the same conditions that apply domestically, such as the requirement to consult a general practitioner before consulting a specialist or before receiving hospital care

What's the problem?

- European Commission estimates that around 1% of public healthcare budgets is spent on cross-border healthcare, equating to around €10 billion for the Community as a whole
- Share higher in:
 - border regions
 - smaller Member States
 - rare diseases
 - areas attracting large amounts of tourists
- “The overall volume of cross-border healthcare will not have a major impact on health systems as a whole.”





Proposed Framework

- **Common principles in all EU health systems**
 - Member State shall be responsible for ensuring compliance with the common principles for healthcare
 - Patient Safety
 - Quality of Health Services
 - Council recommendation on health care associated infections
 - E-Health



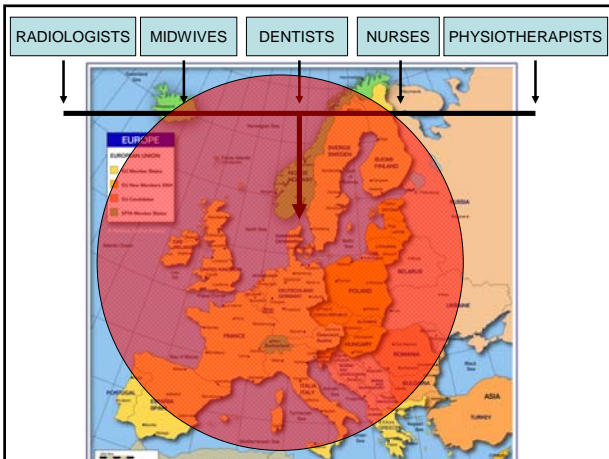
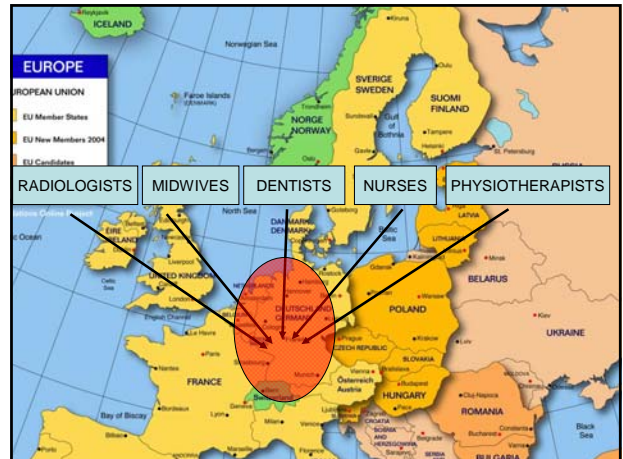
Green paper on EU workforce

- Working age population in decline >2010
- Increasing proportion of older HCPs
- Skill mix
- Informed/"literate" patients
- Technology:
 - self care
 - telemedicine
 - long-term monitoring

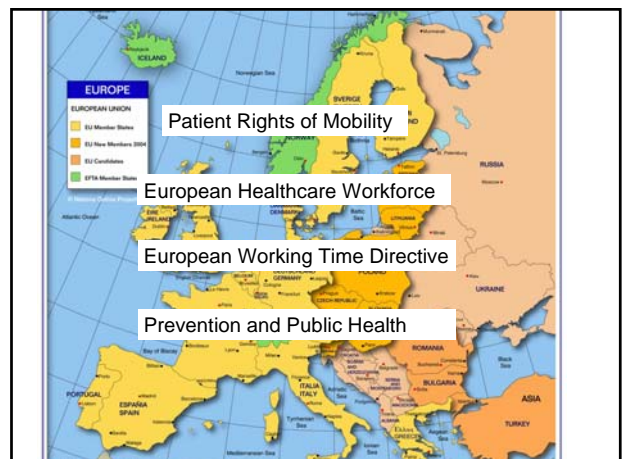
Green paper on EU workforce

- Regulation:
 - monitoring medical professionals migration
 - "Crossing borders" initiative
 - Quality and standards
 - Revalidation and relicensing
- Patient safety
- E-Health
 - EPSOS
 - CALLIOPE



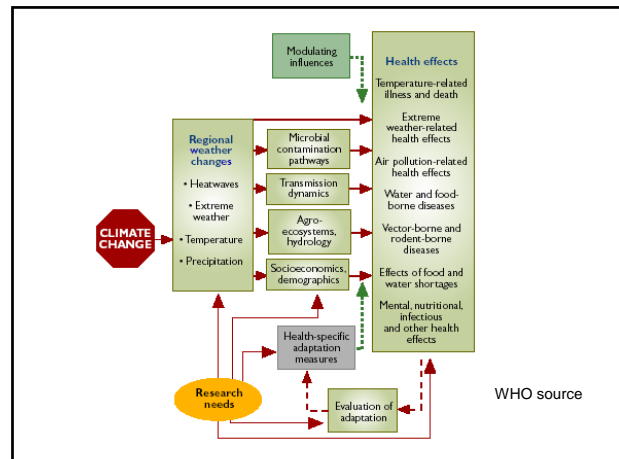


- ### European Working Time Directive
- The 48-hour week
 - Opt-out
 - “On call”
 - active
 - passive
 - Adequate training time
 - surgical specialties



Prevention and Public Health

- Tobacco
 - ? Ban on smoking in public places
- Alcohol
 - Alcohol and Health Forum
- Nutrition
 - Food labelling
- Global warming
 - monitoring
 - disaster planning
 - public health threats
 - (migration)



THANK YOU



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