

## **Consultation Questions on the European Commission's Proposals for cross-border healthcare**

### **1) Common principles for healthcare**

*1. What role (if any) should the Commission have in setting standards for cross-border healthcare?*

We would agree there is a key role for the Commission (with appropriate professional medical input) in a co-ordinating capacity for the setting of standards.

### **2) Use of healthcare in another Member State**

*2. Could there be clinical grounds on which healthcare commissioners should be able to refuse to authorise NHS patients going to another EU Member State?*

In general we would say no. This is especially the case if a particular expertise is available in only one (or perhaps a few other) countries.

However, bearing in mind that all costs to the NHS mean that resources used for one purpose are not available for someone else, there are two clinical grounds which would justify refusal:

a) that the treatment being sought by the patient has been identified as clinically ineffective - or not cost effective - and therefore would not be available on the NHS; and

b) that the treatment being sought is readily available at a lesser cost locally and the additional cost of going overseas is unjustified except in special circumstances eg caring family members live in the relevant EU country.

*3. How can the UK Government and devolved administrations ensure that these proposals do not adversely affect the NHS ability to plan and manage services (including the ability to retain appropriate 'Gatekeeping' arrangements)? Should prior authorisation schemes be the norm rather than the exception?*

We would suggest that in the majority of cases there should be routine consultant (not necessarily Board) approval for having a treatment either in this country (for other EU citizens) or abroad (for UK citizens). It would be helpful to have agreed protocols on an international basis among EU member states.

*4. Do you believe the Commission or Member States are best placed to set the list of treatments that are included in the definition of 'hospital care'?*

Member states would have to put forward their definitions and lists of treatments available in their own hospitals – and there would have to be an agreed list. It would also be important to agree a definition of “hospital” – many countries have “clinics” or other ways of describing places of medical treatment.

*5. How can the NHS ensure that patients coming from other Member States are treated in a non-discriminatory fashion that protects clinical prioritisation and does not lead to a detrimental effect on UK patients?*

We recognise how difficult this may prove to be – especially in terms of public perception. It may be useful to have NHS “co-ordinators”, akin to transplant co-ordinators which we have already in the UK, in a role which would act as gatekeeper and contact point for doctors from the EU so that cases could be directed to appropriate facilities, with regard to waiting lists etc.

*6. Comments are invited on the likely volume of patients who may wish to access cross-border health care and the treatments they may wish to obtain, in a context of prior authorisation for hospital care.*

It is difficult to estimate the numbers of patients who may wish to access treatments in the UK – travelling distance and its cost, language, reputation of a hospital or particular doctor will all play a part in the popularity of coming to the UK for treatments. If authorisation has been given in an EU citizen’s case, we (and they) will be bound to abide by the rules.

*7. What information, and presented in what format(s), do you think patients need to make an informed decision on receiving treatment in another EU Member State?*

It would be helpful if similar information was provided for each treatment and health facility for each country and doctor to enable comparisons to be made. It would also be helpful to have the information in any EU language.

*8. Where should NHS national contact points be located, should they only be required to provide information about patient rights/entitlements and the home system and how might they make use of existing resources?*

For ease of contact we suggest that there should be one nominated contact point for all EU enquiries, and a geographical network of contact points for further dissemination of these enquiries.

### **3) Co-operation on healthcare**

*9. Is an EU prescription template feasible and what would it look like? What advantages and disadvantages could there be to this?*

We suggest this question should be addressed to EU pharmacists and doctors or other appropriate health professionals.

*10. How do you think the European Reference Networks and proposed Health Technology Assessment Network might best add value to the UK?*

*11. The draft Directive proposes that the EU plays a greater role in setting required standards in data collection and eHealth (including health record, systems and ePrescriptions). Would this add value and what impact might this have on current UK systems?*

We are concerned that this could prove to be a very long-term project and could hold up the driving forward of better treatments for patients merely on the basis that there are not satisfactory systems in place to share data. There is also the question of cost for all member states – and the question of language.

## **Other questions on the impact of the draft Directive**

*12. What are the implications of this draft Directive for private insurance schemes and private providers?*

*13. What proportionate measures can we take to ensure that all patients, regardless of age, race or ethnicity, disability, religion or belief, gender, sexual orientation or socio-economic status feel a) reassured they will be treated with respect and their specific needs considered b) they are fully informed to make the right choice for them?*

Written policy on access to health treatments, and appropriate format of information should ensure that patients are reassured that they will be treated in a way that is suitable for them and their needs.

*14. To what extent do you think that these proposals will have a positive or an adverse impact on equity? What can be done to manage any adverse impact?*

In so far as this directive will encourage international co-operation and sharing of knowledge and expertise the effect should prove positive. Adverse impact may be apparent if “health tourism” to the UK becomes apparent and careful monitoring of cases will be required to ensure equity and parity of access to the NHS in the UK.

In terms of 'equity' many people would be unable to meet the costs of travel and accommodation to go elsewhere.

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