



European Union of Medical Specialists
Union Européenne des Médecins Spécialistes

The Newsletter of European Medical Specialists

EU consultation on a Framework for Health Services

Summary:

- EU national health systems ranked by EU think-tank's report
- Infringements proceedings carried out by the Commission against France and Spain
- Conclusions of the Austrian Presidency of Council in the fields of Health and Employment
- Progress Report by the Commission on blood donations
- Eurostat Report on the causes of death in the EU
- Fierce private recruitment of health professionals

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On 5th September last, the European Commission launched a public consultation on how to ensure legal certainty regarding cross-border health services under Community Law, and to support cooperation between the EU Member States' health systems. The first step of this consultation will focus on issues such as: the conditions under which cross-border healthcare can be authorised and paid for, and the provision of information to patients about those treatments available in other Member States; which national health authority is responsible for supervising cross-border healthcare in different circumstances; responsibility for any harm caused by healthcare provision and its compensation; patient rights; and supporting health systems through cooperation. On the basis of responses collected, the Commission will draw up formal proposals by the beginning of 2007.

Background

After the exclusion of health services from the scope of the wider "Services Directive" by the

European Parliament in February and then endorsed by the EU Council and the Commission, it was assumed that a new proposal on this particular topic would be brought forward. (See UEMS News 2006/10-09-06-04-03)

A clear, practical framework is needed to enable patients to and those who pay for, provide and regulate health services to take advantage of cross-border healthcare where that is the best solution.

Markos Kyprianou
European Commissioner for Health & Consumer Protection

The inclusion of health services in the proposal of this Directive was based on the lack of legal certainty arising from the different ECJ rulings allowing patients to move abroad to receive healthcare and to be reimbursed by their home social security. The exclusion of these issues from the "Services Directive" did not unfortunately fill in this gap.

A need for legal certainty

This is why the Commission continuously sought to bring clarity and certainty

on the application of the Treaty provisions on free movement to obtain health services, including also medical, regulatory and administrative issues. Issues involved in this respect include:

- The terms and conditions related to which healthcare in another Member State can be authorised and paid for, and the provision of information to patients about those treatments available in other Member States;
- Which health authority is responsible for supervising cross-border healthcare in different circumstances, and ensuring continuity of care;
- Responsibility for any harm caused in cross-border healthcare provision and any compensation arising from such harm;
- Common elements of patient rights.

Support for cooperation between health systems

Furthermore, there were a certain number of specific areas where the economies of scale by coordinated action between Member States, likely to bring added value to national health systems, notably through the work laid down by the

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Health Consumer Summit 2006

Brussels, 26.06.2006

The Health Consumer Powerhouse, a self-defined “do-tank” based in Stockholm, convened its annual “Health Consumer Summit” in Brussels on 26th June last. On this occasion, Messrs Johan Hjertqvist and Björnberg from the HCP presented to the audience their “Euro Health Consumer Index 2006” which compared the EU national healthcare systems on the basis of a certain number of indicators.

This report was drawn from publicly available statistics as well as from soft data and aimed to rank the EU-25’s health systems from the “consumer point of view”. According to the 2006-Index, France offers the most user-friendly public healthcare “with a technically efficient and gener-

ously providing healthcare system”, with the Netherlands, Germany and Sweden following.

The overall ranking was compiled on the basis of 28 indicators divided into 5 categories, each of which having their winners:

Patient rights and information: The Netherlands
Access: Belgium, France, Germany and Luxemburg

Medical quality: Sweden
System generosity (in terms of reimbursement): France, Hungary, Malta and Sweden

Access to new treatments and medicines: The Netherlands and Sweden

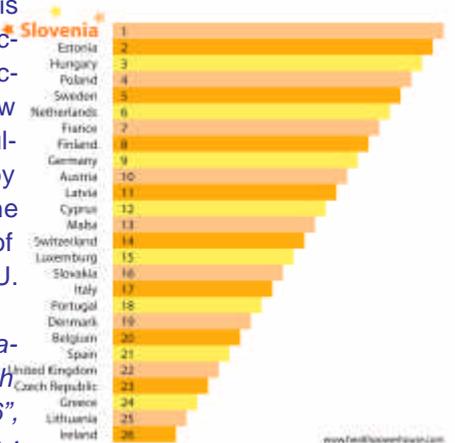
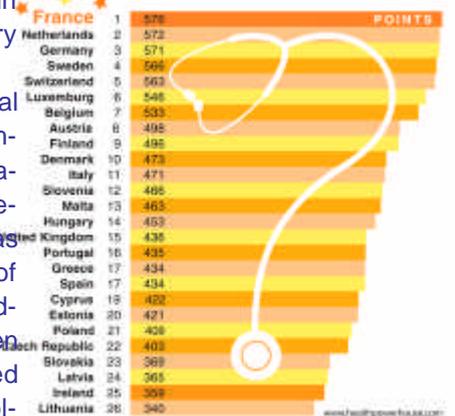
The Index also adjusted the different national scores according to the financial resources put into healthcare expenditures. The outcome of this

adjustment was to bring Slovenia into first place in front of Estonia, Hungary and Poland respectively.

At the Summit, several MEPs, European Commission’s officials, National Ministries’ delegates were present as well as representatives of European NGOs, including the UEMS. Even though it was admitted that the HCP methodology was arbitrary, this academic work was acknowledged as a productive input, notably in view of the forthcoming consultation to be launched by the Commission on the cross-border provision of health services in the EU. (See page 1)

For any further information on the “Euro Health Consumer Index 2006”, please visit: <http://www.healthpowerhouse.com>.

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Internal Market - Infringement proceedings

France – Temporary provision of services by doctors, dentists and midwives

The European Commission recently referred France to the European Court of Justice in relation to France’s provisions on the freedom to provide services by professionals benefiting from automatic recognition of their qualifications under Community

Directives. (See UEMS News 2006/01)

According to the Commission, the conditions set under French legislation concerning the temporary provision of services by doctors, dentists and midwives established in another Member State are unduly restrictive in that migrants are required to make a declaration for each service or for each patient, whilst also restricting any service to a patient is limited to a stay

of two days in France. In the Commission’s view, these provisions exceed those of the European Law and the criteria established in this respect by the ECJ, and prevent the professionals concerned from freely providing their services. Moreover, France is also considered to limit the ability of its own citizens to make use of the services of qualified practitioners from other Member States.

Spain – Recognition of qualifications for hospital pharmacists

The Commission recently sent a reasoned opinion to Spain for its failure to introduce measures transposing Directive 89/48/EEC establishing the general system for the recognition of professional education and training, in relation to the profession of hospital pharmacist.

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Outcomes of the EU Employment and Health Council

The Employment, Social Policy, Health and Consumer Affairs Council met in Luxembourg on 1st&2nd June last under the former Austrian Presidency of Council.

Discussions related to Employment and Social Policy were dominated by the issue of **working time**. As already reported in previous issues of the UEMS Newsletter (See *UEMS News 2006/09*), EU Ministers failed to reach an agreement, mainly because of the issue of individual opt-out.

In the field of Health, the Austrian Presidency had given the priority to **Women's Health**. After

broad discussions in April and June within the Council, the European Commission will integrate these concerns in the Community's health policy, and particularly in the future framework for health action after 2007.

Other issues of interest were the **Promotion of Healthy Lifestyles** and the **Prevention of Type 2 Diabetes**. The Commission considered that these topics should be seen in the context of an overall approach to tackling key health determinants, such as nutrition and physical exercise.

The EU Health Ministers also endorsed a memorandum on **common values and principles in**



Markos Kyprianou

European Commissioner in charge of Health & Consumer Protection

Maria Rauch Kallat

Austrian Minister for Health & Women

Source: www.consilium.europa.eu

EU health systems (See *UEMS News 2006/10*)

The Austrian Presidency also presented a progress report inviting the Council to pursue the examination of proposals on **advanced therapeutic me-**

dicinal products as well as on **medical devices**.

For any further information, please contact the Secretariat of UEMS.

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Blood donations

The European Commission recently issued a Report on the promotion by Member States of voluntary unpaid blood donations following to the implementation of two EU Directives on traceability requirements and notification of serious adverse reactions and events, as well as on Community standards and specifications relating to quality systems for blood establishments.

Blood and the products derived from it are accepted as an integral

facet of healthcare delivery. Their life-sustaining role extends beyond medical emergencies to routine surgical procedures and prolonged quality-of-life therapies. The degree to which such products are used in medicine, however, demands that their quality, safety and efficacy be ensured in order to prevent the transmission of diseases. It is this basic fact that underlies the EU efforts to ensure that requirements are in place to protect both the donors and recipients of blood

and blood products.

The EU legislative framework addresses the quality, safety and efficacy requirements related to blood and plasma donations whether they be for transfusion, the starting material for manufacturing plasma-derived medicinal products, or as essentials in some in vitro diagnostic medical devices. It puts in place requirements for the collection, testing, processing, storage and distribution of human blood and blood components.



Source: www.emma.tv

For the Report of the Commission, please visit: http://ec.europa.eu/health/ph_threats/human_substance/blood_en.htm.

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NEWS IN BRIEF...



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If you have any views with regard to the issues covered in this Newsletter, do not hesitate to contact the Secretariat of UEMS.

The global healthcare profession employs an estimated 100 million people, but is not attracting enough new recruits in either developed or developing countries alike. So fierce is the competition to secure scarce health-

care professionals, that private recruitment agencies stage promotional events and aggressive recruitment campaigns in supplying countries. A recent International Labour Organisation study examined these shortages of

healthcare professionals and the role played by private recruitment agencies in the flows of international migration.

For any further information, please visit: <http://www.ilo.org/public/english/bureau/inf/features/06/nurses.htm>.

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International brokering

Significant differences among the EU in the causes of death

According to figures recently unveiled by Eurostat for the period 2001-2003, the distribution of causes of death is not uniform throughout the EU-25, where heart attacks, strokes and other circulatory diseases are the most

common cause of death as they amount to 41% of all deaths, and 52% of deaths among the over-85s. Cancer remains responsible for around 25% of all deaths and is the largest single cause of death (41%) among the

middle-aged (45-64), while external causes (accidents, homicide and suicide) are most frequent among the young.

For any further information, please visit: <http://ec.europa.eu/eurostat/>.

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High Level Group on health services and medical care. These include:

- i. European networks of centres of reference;
- ii. Collaboration on assessment of new health technologies;
- iii. Providing a basis for sharing best practice through comparable data and indicators;
- iv. Better methods for evaluating the impact of new proposals on health systems.

Next steps

The public consultation on these issues, which is based on a Commission Communication, seeks input from the Member States, the European Parliament and stakeholders such as patients and health professionals, with a view to bringing forward specific proposals by 2007.

UEMS response

The Executive of UEMS would like to ask each of its national member asso-

ciations and Sections & Boards to contribute their views on this issue as soon as possible to the UEMS Brussels Office in order to have a concerted approach regarding the consultation in question. At the same time, the UEMS will collaborate with its sister European Medical Organisations in order to harmonise the views of the medical profession and be able to bring forward a solid and sensible response to this public consultation.

For any further information, please contact the Secretariat of UEMS or visit the following websites:

http://ec.europa.eu/health/ph_overview/co_operation/mobility/patient_mobility_en.htm or http://ec.europa.eu/health-eu/care_for_me/mobility_in_europe/index_en.htm.