

# REPORT

## Patient Mobility in Europe: Implementing the EU High Level Reflection Process

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Venue: Madariaga European Foundation, 87 rue Royale, 1000 Brussels



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## EXECUTIVE SUMMARY

*This Roundtable, co-organised by the Centre for Health, Ethics and Society (CHES) and GPC International, focused on concrete ways to implement the recommendations resulting from the High Level Reflection Process on Patient Mobility and Healthcare (HLRP) in order to progress the overall discussion on the future of patient mobility in Europe. Some 70 high-profile speakers and key stakeholders presented their views and debated possible ways forward. The Roundtable was timed to feed into the European Commission Communication (expected at the end of March), which will address the practical implementation of the HLRP recommendations. Participants and speakers focused on the need to improve the sharing of information, as well as co-operation between Member States.*

The aims of the Roundtable were:

- to inform the wider health community of HLRP discussions;
- to assist implementation of the HLRP recommendations by identifying gaps and issues to be addressed; and
- to involve other stakeholders that had not been directly involved in the HLRP.

### Session 1 - PRESENTATIONS

Mr **Michel Bourgès-Maunoury**, Secretary-General of the Madariaga European Foundation, welcomed the speakers and the participants.

Mr **Bernard Merkel** (Head of Unit “Health Strategy”, DG Sanco) stressing that the Roundtable took place at an important moment, provided an overview of general EU health policy developments until now. Focusing in detail on the HLRP process and its outcome – largely brought about by a number of recent ECJ Rulings - he stated that political will is now required to implement the HLRP Recommendations and announced that the Commission is currently working on a number of related initiatives:

- a Communication on the follow-up to the HLRP process;
- a Communication on the Open Method of Coordination (OMC) and the financing of health care and care for older people;
- a Communication on eHealth and health related information technologies.

### Session 2 - PANEL PRESENTATIONS

The panel presentations, chaired by Mrs **Caroline Wunnerlich** (Senior Vice-President of GPC International Brussels), provided the opportunity for different stakeholders, who had not been part of the HLRP, to present their general views on the HLRP recommendations, to identify the recommendation(s) which was/were most relevant to them and propose ways to implement this/these.

Mr **Nick Boyd** (Head of International Affairs at the UK Department of Health) stressed that one of the major positive HLRP outcomes is improved co-operation between national Health Ministers. Since the extent of patient mobility is rather limited, the real threat undermining European health care systems is the impact of principles set by ECJ rulings: for instance, paradoxically, UK citizens currently do not have a right to health care in their own country but under Community law they are entitled to health care when abroad. According to Mr. Boyd, the most important HLRP recommendation is the one addressing the creation of a permanent mechanism for co-operation between Member States.

Mr **Eddy Engelsman** (Health Counsellor at the Permanent Representation of The Netherlands to the EU) reminded the audience that the Health Council and DG Sanco are not always as strongly involved in the preparation of health related proposals (e.g. the revision of the pharmaceutical legislation) as would be expected. This leads to varied approaches. He stressed that investment in healthcare should not be seen as a financial burden but rather as an investment in society. The upcoming Dutch EU Presidency will also address the issue of patient mobility. In addition, the Presidency is planning an informal Health Council in relation to Internal Market and Healthcare. According to Mr Engelsman, it should be Health Ministers who are “at the steering wheel” on health issues and not others.

Ms **Éva Török** (Health Counsellor at the Mission of Hungary to the EU) briefly described the role of the accession countries in the HLRP process. She focused on the recent change in position of the Hungarian government regarding patient mobility. At first the ECJ rulings represented no threat but more recently views have been expressed relating to the need for action to avoid the risk of seriously undermining the financial balance of the health insurance fund. The most important HLRP recommendations are the ones focusing on the need to improve the sharing of information and experience, the creation of European centres of excellence, and the need to address issues relating to the mobility of health professionals.

Ms **Birgit Weihrauch** (Deputy Head of Health Section of the Ministry of Health, Social Affairs, Women and Family of the State of North Rhine-Westphalia) called for more transparency and cooperation in relation to patient mobility. She regarded the Malaga and the Menorca discussions, as well as the HLRP, as important steps. Health Ministers need to become more pro-active in order to effectively follow up on issues like health financing and the ECJ rulings. Although the inclusion of stakeholders in the HLRP process was important, Ms Weihrauch pointed out that none of the recommendations actually address the role of those stakeholders. According to Ms Weihrauch, a number of issues still need to be addressed: the actual objectives, values and principles, the definition of the proposed instruments (e.g. centre of excellence), tasks and responsibilities.

According to Mr **Paul de Raeve** (General Secretary of the Standing Committee of European Nurses) most important for health professionals is the sharing of spare capacity in transnational care and to improve knowledge on access and quality issues. In order to achieve this, a European Workforce Monitoring Forum could be established, a minimum core workforce dataset would need to be agreed and good practice guidance on international recruitment should be developed. Mr De Raeve called for ethical international recruitment guidelines as well as a commitment to train and retain national professionals, rather than taking these from other healthcare systems such as the accession countries. Nurses and doctors should be given more support and time to care and cure, and learning techniques and solutions in relation to patient safety should be shared at EU level. Lastly, policies should be developed ‘bottom-up’ rather than ‘top-down’.

Ms **Tamsin Rose** (General Secretary of European Public Health Alliance) expressed some critical views in relation to the HLRP: there was no proper consultation (referring to the White Paper on Good Governance), the European citizen was not included in the process, and there was little transparency and clarity about its final outcome. According to Ms Rose, the HLRP represented a missed political opportunity, where Ministers singularly failed to grasp the opportunity to demonstrate political will and put health into the EU Treaty in the interest of citizens.

### Session 3 - THE PLENARY DEBATE

During a lively plenary debate, also chaired by Ms Wunnerlich, the following issues were raised:

- Language is a serious barrier in relation to patients' and health professionals' mobility;
- It is unclear what is meant by "centre of excellence" or "centre of reference";
- The ECJ rulings do not put extra pressure on health care budgets, as they will not lead to increased expenditure for national healthcare systems;
- High quality healthcare will lead to economic benefits for citizens as well as society as a whole. A balance should be found between quality and efficacy;
- The proposed 'permanent mechanism' for continued co-operation in the area of patient mobility should have a legal remit, involve a proper balance of stakeholders and have its own work programme;
- The recently proposed General Services Directive applies to health services and deals with reimbursement issues.

### Session 4 – THE EU INSTITUTIONS' POINT OF VIEW

During the final session representatives of the European Commission provided their comments on the presentations and the discussions.

Ms **Géraldine Fages** (Unit "Services", DG Markt) focused on the Commission proposal for a Directive on Services in the Internal Market. She provided an overview of the recent relevant ECJ rulings in the area of patient mobility, reminding the audience of three cases which are still pending. The Directive is related to the HLRP as well as to the ECJ rulings, and deals with health service reimbursement issues. Ms Fages focused on article 23 of this proposal, which addresses the healthcare costs of non-hospital care. The Council and the European Parliament will now need to provide their response to the proposal.

Mr **Nick Fahy** (Unit "Health Strategy", DG Sanco) made the following four points:

- He supported the vision that investment in health leads to huge benefits for society and the economy;
- In his personal view, it is not realistic to exclude the issue of health from the European integration process as the general health principles are already part of the EC Treaty;
- It was practically impossible to include all relevant stakeholders in the HLRP process and the aim of the upcoming Commission Communication will provide all stakeholders with the opportunity to come forward with their views;
- It has become clear that national Health Ministers are now interested in taking charge of EU health issues, which was not the case before.

### Session 5 – CLOSING ADDRESS

Mr **John O'Toole** (Health Counsellor at the Permanent Representation of Ireland to the EU), closing the event, pointed out the importance of health: it is the single most important electoral issue and health spending in Member States averages 10% of their GDP. The Irish EU Presidency views patient mobility as one of its priorities and Mr O'Toole highlighted the Irish determination to progress the HLRP recommendations. He promised a rapid political response to the Commission's Communication. The issue will be addressed at the Health Council (1-2 June) as well as at an informal meeting in Cork (12 May). Mr O'Toole outlined various relevant EU developments, e.g. the e-health card. He concluded by saying that the Roundtable was a timely and opportune event and thanked the Madariaga European Foundation, the Centre for Health, Ethics and Society (CHES) and GPC International for this initiative.

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