

Reportage

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Introduction

The NHS European Office, which is part of the NHS Confederation was established in September 2008 to represent NHS organisations to EU decision makers, through monitoring and engaging with EU policy and legislative developments which have an impact on the NHS as a provider and commissioner of services, as an employer and as a business.

EU cross-border healthcare

Following a number of European Court decisions, the European Commission has proposed draft legislation which aims to clarify the rules on patients' rights to receive treatment abroad and be reimbursed by their healthcare system. Given the importance of these proposals for the NHS, the European Office has carried out a major consultation exercise focusing on potential implications for NHS organisations in view of influencing the EU decision-making. The main points which emerged from the consultation and that have shaped our position are:

- The volume of patients travelling to receive healthcare abroad, either to or from the UK, as a result of the EU proposals, is expected to be limited. Systems established to provide for and facilitate cross-border healthcare should therefore be proportionate to the level of cross-border activity and respect the organisation and structure of health systems.
- The proposals should be seen as an extension of 'patient choice'. Where a patient makes an informed choice that they wish to receive planned healthcare in another EU country, they should be supported to do so.
- It is crucial to recognise that, within the NHS, decisions about what treatment a patient can receive are made at local level on an individual basis. Such decision-making processes must be allowed to continue.
- Prior authorisation systems should not be seen as a barrier to accessing cross-border healthcare. They offer a valuable opportunity to ensure patients have the information they need to make informed choices about cross-border healthcare. They are also an important aid to help healthcare systems plan services and manage financial resources to the benefit of all patients.
- Providers should have the right to refuse to accept a planned treatment of a patient if they deem it clinically inappropriate to treat that patient or in case of limited capacity.
- Information on quality and safety systems as well as

differences in clinical practices and the way healthcare is organised and delivered in other EU countries will be a key element of patient information. However, these matters are the responsibility of the appropriate national authorities and the legal framework should not interfere in how they are managed within member states.

The NHS Confederation European Office has briefed Members of the European Parliament on NHS views and concerns and has suggested possible changes to be introduced to the text to address them. They have also submitted a response to the consultation on the EU proposals launched by DH and given written and oral evidence to the House of Lords' inquiry on the proposals. Contributions have also been made to shaping the European Hospital and Healthcare Federation's position on the proposals to ensure it is fully supportive of NHS views and the European Office has liaised with several other organisations and interest groups, both at EU and UK level, to identifying potential allies for a lobbying campaign.

Climate Change

The NHS European Office has carried out a major campaign to influence the revision of the European Emissions Trading Scheme (ETS) in the interest of the NHS. A final agreement on the new law was reached by EU decision-makers in December. On the basis of this agreement national governments can opt hospitals out of the scheme from 2013 as long as they implement alternative carbon emissions initiatives.

The opt out is the result of intensive lobbying by the NHS European Office to reflect the views of the NHS trusts currently subject to the scheme that the ETS is not an appropriate tool for them as it does not take into account the need for significant standby capacity in hospitals, it has disproportionate administrative and compliance costs for the NHS vis-a-vis large industrial emitters and has not allowed achieving significant emissions reductions in the NHS. National governments will now have until September 2011 to publish the list of sites that will be covered by this Directive, and it will be up to the Government to implement the new rules in a way which takes account of NHS concerns.

Public procurement

A new EU law, which aims to drive the market for clean energy-efficient vehicles, was agreed recently. The law will require the NHS to consider criteria for environmental performance when purchasing vehicles, such as lifetime environmental and energy impacts, alongside initial purchase price. NHS organisations will, however, continue to be free to buy the vehicles of their choice.

Following consultations with NHS PASA, the NHS procurement hubs, the Ambulance Service Network and individual NHS trusts, the NHS European Office contributed to the shaping of these rules ensuring that no mandatory targets for clean

vehicles were introduced and making the case for reduced administrative burdens, the need for financial incentives for green public procurement, and better servicing and refuelling infrastructure for new vehicle technologies.

This EU law will now have to be transposed into national legislation by 2010 and we will advise NHS organisations on preparing for implementation of the new rules.

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