

## **SOUTH WEST STRATEGIC HEALTH AUTHORITY**

### **RESPONSE FROM SOUTH WEST STRATEGIC HEALTH AUTHORITY TO THE EUROPEAN COMMISSION CONSULTATION ON HEALTH SERVICES**

#### **1. INTRODUCTION**

- 1.1 This document sets out the response of the South West Strategic Health Authority in England to the public consultation being conducted by the European Commission to clarify the European Union role in facilitating the access of citizens to healthcare in other European Union Member States.
- 1.2 The South West Strategic Health Authority is one of ten Strategic Health Authorities in England. It oversees a £7 billion National Health Service (NHS) budget for the region and works closely with over 50 NHS organizations. It is responsible for, and is accountable to, the English Department of Health for the performance and transformation of the NHS across the South West. It has three main roles:
- the strategic leadership of the NHS in South West England;
  - the development of NHS organizations and NHS staff in the South West;
  - ensuring the local NHS operates effectively and delivers improved health and healthcare performance.
- 1.3 The South West is the largest geographical region in England with a total population of around five million.

#### **2. THE SOUTH WEST RESPONSE TO THE QUESTIONS POSED BY THE EUROPEAN COMMISSION**

- 2.1 The South West response to the specific questions asked by the European Commission are described in this section.

##### **The current impact in the South West region of England of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how this should evolve**

- 2.2 Cross-border healthcare has not been identified as a cause of pressure on health services in the region at the current time although the impact of inward migration from new Member States on health services in the region is currently being assessed.
- 2.3 However, subsidiarity remains an important principle, which must be maintained to ensure this situation continues. It is essential that any new measures introduced must not prevent the NHS in the South West of England from delivering the standards of care expected by the population in the region in relation to the quality of care that people receive and the length of time they wait for treatment.

**The specific legal clarification and practical information required by authorities, purchasers, providers and patients to enable safe, high-quality and efficient cross-border healthcare**

- 2.4 The position of South West Strategic Health Authority is that there should be clarification that the right of a patient to choose where they receive their care must not impede the ability of the Member State to manage their healthcare systems.

**The issues, such as clinical oversight, financial responsibility, that should be the responsibility of the authorities of different countries**

- 2.5 It is essential that the following responsibilities are retained by individual Member States:

- health systems must retain the ability to plan services and allocate finite resources in a cash-limited system;
- healthcare systems have the ultimate responsibility for determining benefit packages and prioritisation criteria;
- commissioners must continue to retain decision-making power within a referral gatekeeper system.

**Clarifying who should be responsible for ensuring patient safety and compensation mechanisms**

- 2.6 The principle of caveat emptor should be made clear to patients who choose to travel abroad for healthcare, particularly that:

- the standards of care, governance and liability of the receiving country apply when patients choose to go abroad for treatment;
- when a patient specifically requests that they receive treatment in another member state at the expense of their home health system, they should not normally be able to seek redress from the home member state in the event that something goes wrong.

- 2.7 The principle of transparency is crucial. Before making decisions, patients should have information about their treatment. This might include information about funding procedures, additional insurance (such as for repatriation), liability, the nature and cost of treatments on offer and the governance and regulatory framework should something go wrong.

**The action required to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services;**

- 2.8 When designing financial mechanisms, equity between citizens should be considered. For example, patients should not be able to access services faster than other patients with greater need simply because they can afford to travel for the care and pay any additional costs above the cost of treatment at home. The rights of patients in

European Member States to choose where they receive treatment must not prevent the health services in another Member State from managing their systems effectively to maintain standards of care for their resident population.

**Whether there are further issues to be addressed regarding movement of health professionals or establishment of healthcare providers that are not already addressed by Community legislation**

- 2.9 Proposals should not adversely affect the provider side of health systems. For example, any change in legislation could have significant workforce implications on areas like training and capacity planning for Member States. European Union decision-makers should be aware of the human resource consequences of their proposals.

**The ways European action should help to support the health systems of the Member States and the different actors within them**

- 2.10 As the European Union does not pay for healthcare there should be limits on the extent to which the European Union establishes standards or criteria that will have cost implications for member states. Similarly, regulation should only be used when necessary and the burdens imposed should be proportionate.



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