Response from the Faculty of Public Health (of the UK Royal Colleges of Physicians) to the consultation on *Community action on health services*

Introduction

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals.

The Faculty welcomes the opportunity to respond to questions in this consultative document. Rather than answering each of the nine questions in turn, we have made some general observations across the two broad issues raised in the document: ensuring legal certainty; and support for Member States.

1. Ensuring legal certainty

i) The Faculty believes that moving towards 'free movement of services' will be a long haul in Europe. While standards of provision should be those of the provider country, the availability of services will depend on the citizen's nationality. Member States set the framework for health services provision. If the country has created independent health insurance funds, these may - within the discretion of their rules - agree care outside their country (but, of course, it may be possible for a health insurance fund to specify clearly restrictions on the place of care, even within the country). If the country has a national health insurance system, again the country will wish to have clear rules of access. No country would accept that patients can receive any treatment elsewhere in the EU, outside their own country, *as a right:* it would only be treatment that is agreed within their country system, and by agreement with external providers.

ii) Nevertheless, cross-border flows will certainly occur, welcomely, and these must ensure standards expected of the exporting country, eg equity of access, as well as not destabilising treatment in the receiving country. This must be achieved by intergovernmental agreement within a planning framework.

2. Support to Member States:

i) ***Centres of reference***. This has issues related to the 'legal' position earlier. There should not be European legislative *designation* of 'centres of reference', as there would be considerable contention between players, and the incentives could have undesirable hidden consequences (for example, a pharmaceutical industry hidden agreement with a particular centre, for commercial profit). However, it should be open for Member States, in consultation, to agree to contract across borders for management of rare conditions - which has already happened, for example, in transplantation surgery. The evidence supporting 'better' outcomes between centres is often contentious, and vitiated by factors such as statistical variation, selection bias and the need (for existing patients unwilling/unable to travel) to improve poor performance rather than to penalise it.

ii) ***Evidence-base***. There has been much international professional effort to share health care knowledge in clinical areas, particularly through the English language. It is open to individuals, organisations and governments to link into this. It is also valuable for cross-European comparative studies to be undertaken: EUROCARE is a good example of using existing data for comparisons (although the validity of the survival differences, and implications for national health care systems, need careful interpretation). However, under the Treaty of Amsterdam Article 152, it would be sensible to work towards a resource for all EU citizens, governments and organisations, on broad aspects of public health - prevention and health services - to provide the 'evidence' links between scientific knowledge on interventions and 'policy and practice'. This resource would need to be both

authoritative and regularly renewed. This is not a concept of either monitoring (which is a separate, desirable, feature based on quantitative and qualitative comparative information) nor does it need a physical 'observatory', but it would need coordination and multi-centre expert participation.

The Faculty trusts that these comments are helpful.