

**Dr. Maureen Baker CBE DM FRCGP, Honorary Secretary of Council**

European Commission  
Health and Consumer Protection Directorate General  
Health Services Consultation  
B232 8/102B-1049 Brussels  
Belgium

submitted by email: [health-services-consultation@ec.europa.eu](mailto:health-services-consultation@ec.europa.eu)

***For enquiries please contact: Dr Maureen Baker***

***E.mail: [honsec@rcgp.org.uk](mailto:honsec@rcgp.org.uk)***

***Direct line: 020 7344 3123***

***Fax: 020 7589 3145***

10 January 2006

**European Commission Consultation: EU action on Health Services**

1. The College welcomes the opportunity to comment on the European Commission Consultation on health services.
2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 26,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.
3. The issue of how to manage cross-border healthcare is an important one. We support the creation of a clear and effective framework that would allow healthcare to be effectively managed across the European Union. The key principles stated in the document seem reasonable; however these must be some necessary checks and balances on cross-border healthcare access,
4. These are some provisos that should be applied in cross-border healthcare
  - Treatment should be allocated no sooner than it would be for patients in the home country, so that individuals are not able to travel to reduce their treatment waiting time.
  - The treatment is recognised as legitimate in the patient's home country.
  - The transferred cost should be the same as the cost of the procedure in the patient's home country.
  - There should be a suitable compensation system for patients, in case the procedure goes wrong
  - There should be a suitable compensation system for the home country of the patient to cover the costs of aftercare incase the procedure goes wrong

In addition there need to be EU wide standards agreed as to

- What constitutes an episode of care?
  - Which healthcare body will be responsible for pre and post procedural assessment, care and follow up?
5. Further, impacts of cross-border access to healthcare that are external to health economies should be acknowledged. There will be environmental and economic impacts to an increase in cross-border travel that will be consequent to increased cross-border healthcare access – the size of which will be difficult to determine.

#### Health Information

6. There are already variations in the business and care models implemented across the home nations. These differing health economies have implications for sharing of patient records and will be increased by the introduction of Practice Based Commissioning and there are risks of information incompatibility as well as cost issues.
6. Variations in the health economies and attached information systems are even more pronounced, considering the added complexities of differing languages and work cultures. It may be possible to define standards for sharing health information, but first it is essential to define the type of information that should accompany patients seeking non-urgent healthcare across the EU. This could be embedded within a standardised referral protocol.
7. The management of expectations and perceptions of different healthcare systems across the EU will be important – particularly in a primary care setting. This can be done through the provision of effective information for both patients and professionals, using common EU-wide standards but accounting for differences in health perceptions within member states.

#### General Practice

8. There us a likely to be a significant impact on Practice Based Commissioning. The effects on commissioning will all apply to PBC but will be exacerbated as the unit size of the budget is low and hence will be more sensitive to additional destabilizing factors. However if other safeguards are properly implemented the effects can be mitigated.
9. I acknowledge the contributions of Dr Tina Ambury, Dr Alan Hassey and Dr Orest Mulka towards the above comments. While contributing to this response, it cannot be assumed that those named all necessarily agree with all of the above comments.

Yours sincerely

Dr Maureen Baker  
Honorary Secretary of Council

This paper represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.