



**The Centre for
Cross Border Studies**

**Submission
EU Commission Consultation
Community Action on Health Services**

January 2007

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The Centre for Cross Border Studies

The Centre for Cross Border Studies is a policy research and development institute, whose purpose is to research and develop co-operation across the Irish border in all fields of society and economy. The Centre, founded in September 1999, is a joint initiative by Queens University Belfast (Northern Ireland), Dublin City University(Ireland) and the Workers' Educational Association (Northern Ireland).

The Centre's purpose is to:

- Identify gaps in cross-border information, research and mutual learning in Ireland;
- Commission and publish research on issues related to opportunities for and obstacles to cross border co-operation in all fields of society and the economy;
- Host events at which research findings can be discussed and disseminated, and at which policy formation in the area of cross border co-operation can be developed;
- Present the findings of such research and development projects to the EU, the two governments, the Northern Ireland Executive, employer, trade union and social partnership bodies, and the wider public.
- Manage cross-border programmes and organisations which have a strong education and research dimension.

More recently the Centre has taken on a range of new challenges such as research on how public services are provided to ethnic and immigrant groups in Ireland, North and South, and Scotland, the first ever training course for civil servants working in the North-South co-operation field, the development of the Border Ireland online cross-border information system and the development of a cross-border labour mobility information service for the two governments. In addition, the Centre now provides the secretariat for three 'cross-border co-ordination' bodies: Universities Ireland, which brings together the nine universities on the island for joint projects and conferences; the Standing Conference on Teacher Education North and South (SCoTENS), which does the same for the colleges of education and other teacher education providers; and the International Centre for Local and Regional Development, a US-island partnership which promotes research into best practices in spatial planning and economic development.

Health continues to be a key area for developing co-operation on the island of Ireland and the Centre has been involved in numerous health and mobility-related work including:

- *Cross-Border Co-operation in Health Services in Ireland (2001)*. A study of the past, present and potential for future co-operation in health services across the Irish border.
- *From Concept to Realisation : An Evaluation of CAWT (2001)*. An independent evaluation of the work of the Co-operation and Working Together (CAWT) organisation, a partnership of the Health Boards and Trusts which adjoin the Irish border, in developing co-operation on the island before the formal commitment of the governments to work towards specific objectives in health.
- *Promoting Mental Health and Social Well-being: Cross-Border Opportunities and Challenges (2002)*. An examination of a number of cross-border projects in the areas of postnatal depression, public awareness of suicide, cancer support services, the mental health of young men and mental health in rural communities. The study also looks at the comparability and compatibility of mental health data sources in the two jurisdictions.
- *North/ South Ministerial Council (NSMC) Obstacles to Mobility Programme (2000-)*. The Centre has been intimately involved in the Obstacles to Mobility Programme of the two governments since 2000 and in January 2007 it was awarded the joint government tender to

develop an online cross-border labour mobility information service for the island which will address health mobility issues.

- *EU Framework VI Europe for Patients Study (2004 -)*. The Centre is collaborating with research institutes in Britain, Spain, France, Belgium, Slovenia and Estonia in the EU Sixth Framework funded Europe for Patients research project (see <http://www.europe4patients.org>). As part of this work a case study of co-operation in health across the Irish border was completed.
- *Border Ireland (see www.borderireland.info)*. The Centre is developing Border Ireland, an online searchable database of cross-border information produced by EU-funded programmes, government departments, academic researchers and other key information providers in Ireland, North and South since 1986. By September 2005 Border Ireland had captured information on 3,666 contacts (organisations and individuals), 2,761 activities, 847 publications and 20 funding sources across a range of sectors. Border Ireland shows a 50% increase in cross-border health-related activities since 2000 but with only 3% of the 'cross-border health budget' directed to developing cross-border services.
- *Public attitudes to the development of cross-border health services: The Case of GP Out-Of-Hours (2007)*. A study of the views of people living in or working with communities in the Irish border region on the planning, development and use of cross-border health services.

Introduction

The Centre welcomes this public consultation to support co-operation between health systems of the Member States and to provide certainty over the application of Community Law to health services and health care. In addressing the questions the Centre is focusing on the specific aspects of cross-border co-operation which relate to border regions such as the Irish border where communities sometimes live closer to services across the border. However the Centre recognises the wider, growing aspects of health mobility such as the needs of Irish residents who purchase second residents abroad.

Question 1: what is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?

The current context for cross-border health co-operation on the island of Ireland is grounded in a series of international and inter-governmental agreements. The last of these agreements, the 1998 Good Friday Agreement, saw a new devolved power structure put in place in Northern Ireland and embodied a formal commitment to work towards specific objectives in relation to cross-border co-operation in health. Common health policies and approaches are agreed within the framework of the North/South Ministerial Council (NSMC) but implemented separately in each jurisdiction. Since 2000 cross-border co-operation in health has been the subject of a number of influential reports which have evaluated the practical co-operation between health service providers in the immediate border region¹, reviewed the potential for upgrading all-island health services² and examined the benefits of EU membership³.

¹ P Clarke and J Jamison, *From concept to realisation: an evaluation of CAWT—Co-operation and Working Together Initiative* (Derry: Co-operation and Working Together, 2001).

² J Jamison, M Butler, P Clarke, M McKee and C O'Neill, *Cross-border co-operation in health services in Ireland* (Armagh: Centre for Cross Border Studies, 2001); available www.crossborder.ie.

The Centre wishes to refer to the recent findings of the Europe for Patients research⁴, and in particular the Irish case study⁵ which outlined the current impact of cross-border health care in the EU and found that the mobility of patients and professional on the island of Ireland has remained at a low level. Approximately 16, 000 patients have received treatment in the other jurisdiction over the seven year period from 1996-2003 either under individual contracting arrangements or through the newly established National Treatment Purchase Fund in Ireland. The Irish case study recommends the development of flexible contracting and joint planning arrangements as key for enhancing future mobility.

Within the island there is enduring enthusiasm at political, service provider and community levels to developing future health co-operation. In setting out a compelling vision of a strong competitive and socially inclusive island economy, a recent British-Irish policy report⁶ recommends exploring opportunities for planning and delivering all-island health services. This seminal report comments on the more efficient use of new facilities, better value for money, more balanced regional development and improved access to services and facilities throughout the island that such co-operation could bring. This clarity is particularly welcomed at a time when new EU operational funding programmes⁷ are being drafted and, despite the committed efforts of the Dublin and London governments, questions still remain over the implementation of the Good Friday Agreement.

Recent research⁸ by the Centre for Cross Border Studies on the planning, development and access to cross-border health services demonstrates strong support in the border community for the development of such services. The public's willingness to use health services across borders is also reflected in the fact that 1,262,705 European Health Insurance Cards⁹ were issued in the South and 359,061 in the North since the launch of the scheme in May 2004 – equating to one in every four people living on the island applying for EU 'occasional' health cover.

Within the island there is a mobile population. Available statistics¹⁰ suggest that approximately 18,000 workers, 5,200 students and 4,000 migrants cross the border to work or study each year, with another 1.7 million crossing to shop or for other purposes by bus or train. There are nearly 14 million car crossings of the Killeen border crossing every year (the border crossing of the main road joining the two main urban centres, North and South). It is believed that upwards of 45,000

³ J Jamison, H Legido-Quigley and M McKee, 'Cross-border care in Ireland', in M Rosemoller, M McKee and R Baeten (eds), *Patient Mobility in the European Union: Learning from Experience*. (Brussels: European Observatory on Health Care Systems, 2006), chapter 4.

⁴ Rosenmoller, Mc Kee and Baeten, 2006

⁵ Jamison, Legido-Quigley and Mc Kee, 2006

⁶ British-Irish Intergovernmental Conference, *Comprehensive Study on the All-Island Economy* (Dublin and Belfast: Department of Foreign Affairs / Northern Ireland Office, 2006).

⁷The detailed programmes for two EU funding programmes, the EU Programme for Cross Border Territorial Co-operation and the EU Programme for Peace and Reconciliation 2007-2013 are currently being prepared. These programmes are the successors to the EU Peace and INTERREG programmes which traditionally fund cross-border health activities on the island. .

⁸ P Clarke, Magennis E and J Shiels, *Attitudes to the development of cross-border health services: The case of GP Out-Of-Hours services* (Publication planned to coincide with the formal launch of the cross-border GP Out-of-Hours service in January 2007)

⁹ From June 2004 the EU simplified procedures for patients, providers and administrations by launching a European Health Insurance Card which replaced all existing paper forms required for occasional health treatment when in another Member State (E111, E110, E119, E128).

¹⁰ Various sources, mostly 2000 figures.

people¹¹ are informally accessing primary care health in the other jurisdiction every year some of whom include dependents of frontier workers and people who have retired and now live in the other jurisdiction.

A pilot cross-border GP Out-of-Hours service was launched in January 2007 which allows patients in the Republic of Ireland (Donegal) access to a GP Out-Of-Hours centre in Northern Ireland (Derry). This service recognises the unique circumstances that exist in the Irish border region, where 70,000 patients who may need access to primary care outside normal hours would be better served in the other jurisdiction. It is supported by health professionals, politicians and border communities. It is well-resourced and is built on a platform of collaborative primary care expertise developed under the auspices of CAWT over a 10 period. It is systematically finding solutions to a range of geographical, technical, professional, pharmacy and financial obstacles to co-operation. The implementation of this service is already having impacts on the individual systems involved beyond the cross-border dimension in terms of changing UK legislation, establishing patient choice funds and introducing competition.

Question 2: what specific legal clarification and what practical information is required by whom (eg; authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?

The series of judgments by the European Court of Justice based on the fundamental principle of goods and services (as set out in articles 30 and 49-50 of the EC Treaty) have established important principles for cross-border co-operation in health but offered little detail of what patient mobility in the European Union means in practice. Clear definitions of 'undue delay' and 'medically accepted waiting time' should be developed for common conditions and for each EU jurisdiction.

As is the experience of other EU border regions, patients within the Irish border region place a great importance on accessing information. Recent research by the Centre¹² highlighted the desire of the Irish border communities to contribute to the debate on cross-border health services. In particular questions were raised on the cost implications, the administrative procedures involved, the monitoring arrangements, their rights and entitlements to access, and the integration of cross-border care into existing arrangements for secondary services. There is a clear need to familiarise the wider border communities with their entitlements to access health care across borders. In addition, the border communities expressed a desire to be kept informed of how successfully cross-border services operate, how many people access care on a cross-border basis; what patients experience is of using cross-border services, and what indicators are being used to judge the success of such services.

Question 6: are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?

¹¹A brief comparison of the current population and GP registration statistics for the two health boards adjoining the border in Northern Ireland which were sourced from the Department of Health, Social Services and Public Safety, Northern Ireland

¹² Clarke, P, Magennis, E and Shiels, J (2006) Attitudes to the development of cross-border health services: The case of GP Out-of-Hours services. Co-operation and Working Together, Derry.

The mutual recognition of qualifications and mobility of health professionals remains a key issue in developing cross-border health care on the island of Ireland and one which has been further highlighted by the influx of new EU and non-EU residents to the island.

During 2000 the North South Ministerial Council established a Cross-Border Steering Group of senior civil servants to report on removing barriers to mobility on the island of Ireland. In November 2001 the NSMC published the *Obstacles to Mobility* report¹³ which includes a section on current health practice on the island of Ireland and its implication for mobility of patients. The report warned of gaps in awareness about the eligibility of frontier workers and posted workers for medical treatment through EU regulations. A series of four health recommendations were made aimed at removing obstacles to patient mobility on the island. Health issues will be at the forefront of a new cross-border labour mobility information service which is being developed by the Centre (2007-2009) at the request of the joint government Group. This service would benefit greatly from the inclusion of information on the practical application of EU legislation to promote health mobility on the island.

Question 8: in what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

The state of health care systems remains at the forefront of debate in politics, North and South of the island of Ireland. It is notable that the cross-border co-operation in health has not become a matter of public controversy across the border or across the “religious divide” as have suggestions for cross-border working in other fields. However on both parts of the island the maxim of former US House Speaker Tip O’ Neill that ‘all politics is local’ can be strongly applied to the health sector where elected representatives are sometimes seen to be too responsive to their constituencies. In the past, a formal agreement on the development of co-operation for acute services between health professionals from both sides of the border contained a number of conditions governing any cooperation between the two hospitals including:

- no proposal would undermine the services currently being provided in either hospital; and
- co-operation should be confined to services that a particular hospital could not see itself providing in 5 to 10 years.

These conditions were thought to be necessary because of concerns that less developed services could otherwise lose out to its dominant neighbour. For cross-border health to compete more effectively with other issues on the agenda, it will take leadership in the form of visible politicians willing to champion the issue, and the media attention that follows. European representatives should be encouraged and facilitated to lead this cross-border approach and act as honest brokers in developing a cross-border regional approach.

Cross-border health services development depends on the successful integration of a range of geographical, technical, professional, pharmaceutical and financial issues. In developing the cross-border GP Out-of-Hours services the health professional team identified a number of key issues emerged which required specific attention. These included:

- dual medical registration of GPs with the UK General Medical Council and the Irish Medical Council
- the introduction of a UK Primary Medical Services Performers List in Northern Ireland
- medical indemnity cover for GPs practicing in two jurisdictions

¹³ PricewaterhouseCoopers and Indecon Economic consultants, *Study of Obstacles to Mobility* (Armagh: North South Ministerial Council, 2002).

- the design of a technical interface between the Patient Information Systems (ADASTRA) and the Geographical Information System which would identify eligible patients
- protocols for data protection and processing/ triaging patient calls
- financial arrangements within Northern Ireland medical centres to accept patient payments.
- alternative arrangements for dispensing drugs which currently must be licensed in the dispensing jurisdiction.

A number of these issues could benefit from having an agreed and applied EU approach in professional qualifications, data protection, freedom of information and prescribing arrangements.

Question 9: What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

On a very practical level an initiative which informed European citizens of their rights and entitlements in relation to health care abroad and which emulated best practice by the Meuse-Rhine Euregio in establishing an Internet portal for health-related information and exchange would be very welcome.

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