

30 January 2007

European Commission  
Health and Consumer Protection Directorate-General  
Health Services Consultation  
B 232 8/102  
B-1049 Brussels  
Belgium

**Re: Response from Ireland to European Commission Communication  
Consultation regarding Community action on health services**

I refer to the communication from the Commission (SEC (2006) 1195/4) dated 26 September, 2006 on consultation regarding community action on health services.

At the outset I am to say that Ireland welcomes the initiative taken by the Commission in issuing this consultation document and the opportunity it provides to clarify issues related to the right to healthcare of EU citizens which is recognised in the Charter of Fundamental Rights of the EU. Ireland also supports the initiative on the basis that it is preferable to have in place a properly structured system by which citizens can access services in other member states rather than have a system developed by default on the basis of legal judgements which arise because no such structured system exists.

The Statement of Common Values and Principles in EU Health Systems which was adopted at the Health Council in June, 2006 underlined the importance of protecting the values and principles that underpin health systems in the EU and it is noted that the document states specifically that this community action does not infer the harmonisation of health or social security systems. This is important since it reinforces the principle that it remains the responsibility of each member state to organise and deliver these services in accordance with the principle of subsidiarity.

In welcoming this initiative Ireland recognises that the matter gives rise to very complex issues which require careful consideration and negotiation and it is felt that this can best be done by way of discussion and debate. Before giving a brief response to the questions posed Ireland would like to clarify two important points.

1. It is assumed that the communication deals only with situations where citizens elect to travel to another member state to access services and does not relate to the provision of emergency treatment to persons temporarily resident in another state or to situations where formal agreements have been entered into for the provision of services by health authorities in two member states.

2. The comments made are in the context of the eligibility arrangements in Ireland whereby services are largely funded by Government. Citizen's access to services is governed by a complex eligibility system whereby public hospital services are provided free (or with minimum charges) at the point of delivery and community based services are free to about 30% of the population.

**Question 1.** Formal arrangements are in place for the delivery of some hospital based services to Irish citizens in Northern Ireland and England. There is also a national system, funded by the state, whereby services can be purchased either at home or abroad for patients who are on waiting lists at a hospital beyond a specified length of time. These arrangements do not affect the quality or financial sustainability of the healthcare system. Only very limited numbers seek to have services abroad outside of these arrangements and accordingly have no real bearing on the system either. Ireland would be concerned, however, at the possible financial impact of the implementation of any arrangements which might encourage citizens to seek services abroad without prior approval because of our centrally funded system.

**Question 2.** It is not easy to consider the multiple of issues embodied in the question in a response such as this. Services in Ireland are supply managed rather than demand-led and this would have implications if resources were to be diverted to pay for services provided in other member states. It would seem that responsibility for the safety and quality of services should rest with the providers and/or the health authorities in that state. The provision of and access to information would need to be worked out in negotiations.

The approach to be taken in response to other questions would depend on the outcome of the considerations outlined above. The question of the movement of health professionals in Question 6 would seem to be a separate issue and in itself would raise a further set of considerations if it is to be pursued.

A preliminary response to some of the issues raised in the other questions is that action at EU level should be confined to attempting to clarify a set of provisions which should apply where citizens of one state elect to go to another member state for services with or without approval from the 'home' health authorities.

Ireland will be very pleased to take part in any discussions and negotiations which the Commission may consider necessary on this matter.

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