Communication From The Commission

Consultation Regarding Community Action on Health Services

Response By: The Benenden Healthcare Society, UK

The Benenden Healthcare Society is a Friendly Society providing healthcare support to 1 million people in the UK. Members seek help through the National Health Service, to which all UK residents are entitled, and if they encounter difficulty or are anxious, they have access to a range of health services through the Society.

It will be apparent that in setting out its response to questions concerning the further involvement of the EU in the healthcare of its citizens, Benenden seeks, on behalf of its members, actions which will improve their health and well being and enhance the prospects for a good quality and sustainable NHS.

Question 1 – Current Impact
The current impact of cross border healthcare in the UK is negligible. However, improved awareness amongst citizens of states with inferior quality health services poses the threat of catastrophic levels of demand. The fact that such demand is likely to be accompanied with finance from the referring country will not prevent de-stabilisation since capacity planning is an essential element of the overall design and planning of the NHS.

Question 2 – Specific Legal Clarification
The only comment regards awareness. There is no doubt that the current level of cross border activity is severely limited by the fact that most people are unaware of their right to seek care when the country of residence cannot produce clinically acceptable standards. Not withstanding the threat of raising demand that increased awareness would bring, “the right to know is profound” and the EU should take steps to ensure that states do make an effort to promote rights and the procedures to be followed to exercise them.

Question 3 – Which issues?
Clearly clinical responsibility must be in the hands of the state providing the care under local clinical governance arrangements. Perhaps the EU should be responsible for making sure that all member states have such arrangements in place and they work effectively.

Question 4 – Responsibility for Safety
N/C

Question 5 - Action required for Compatibility
It must usually be better for patients to be treated nearer to home in terms of verbal and written communication, visitors and the adverse effects of travel on recovery.
To also avoid the threat of destabilising states with good healthcare systems, the EU should consider establishing minimum standards of care that all states should achieve. These could be used to define the point when patients are able to seek care in another

member state. Given the priority of the individual case clinically, these would have to be guidelines. They could however be set at a lower level than the EU might desire for its citizens in the long term thereby giving member states with inferior healthcare systems and standards time to raise their performance to that of better systems. In this way, the danger of high volumes of patient movement could be avoided.

Question 6 – Further Issues
N/C

Question 7 – Other Issues
N/C

Question 8 – European action to help support Health Systems
Good practice guidelines would be useful, particularly for new member states. For example the EU could explain the benefit of having a GP to qualify demand for secondary services and the advantage of having tariffs to ensure the cost of services are recognised. Naturally, I would also see this including an explanation of the advantage of mutuals in healthcare systems. For example that they can be trusted to put patient care first (not shareholder return) and they are accountable to the people they serve. This might be a very useful feature in systems if rationing becomes necessary as health costs continue to rise. The choice as to the range of healthcare services to be provided being made by the community rather than government or shareholders will make such a process more acceptable.

The EU should also consider such guidance to include best clinical practice. This is a feature of the health system in the UK with “NICE” and there is a similar organisation in Germany. Yet in Germany money is spent on treating low blood pressure whereas in the UK it is not, this would seem to indicate there is scope for a European NICE. Harmonising clinical practice across Europe would also aid problems of patients travelling for care when this is shared between states. For example, follow up or revision of hip surgery is difficult if a different prosthesis is used in each state.

Finally, the combined drug bill in Europe is great. When new drugs come to market, patient expectations are raised often for drugs that provide only marginal clinical benefit. With the research costs already incurred it is not fair to blame drug companies from trying to recover them from sales. But should drug companies, who choose research programmes that make good financial returns, decide what comes to market alone? We feel that either the EU or groups of end payers should be involved in prioritising with drug companies those conditions which citizens feel will benefit them most **before** research is embarked upon.

Question 9 – Appropriate tools
No comment other than to state a preference for soft regulation such as advice and guidance than legislation.