



# CONSULTATION REGARDING COMMUNITY ACTION ON HEALTH SERVICES

Commission of the European Communities

Comments from ACCA

January 2007

**ACCA UK**

29 Lincoln's Inn Fields London WC2A 3EE United Kingdom

tel: +44 (0)20 7396 7000 fax: +44 (0)20 7396 7070 [www.accaglobal.com](http://www.accaglobal.com)



**The Association of Chartered Certified Accountants**



The Association of Chartered Certified Accountants (ACCA) is pleased to have this opportunity to provide comments to the Commission of the European Communities on the *Consultation regarding Community action on health services*. These comments have been developed in consultation with members of ACCA's Health Panel and with ACCA members who are employed in senior positions across the NHS.

## 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 impact of cross-border healthcare in England is minimal. Our experience is that patients generally prefer to be treated close to home, though this may change as the population becomes more mobile.

The evolution of cross-border healthcare will depend on the main drivers around accessibility, quality and finance.

Accessibility issues will be partly dependent on geography but, in respect of the provision of cross-border care, this could be easily addressed through the use of telemedicine; something which is already becoming increasingly common in England.

Quality of care, as a minimum, will need to match that offered by the patient's country of residence; systems will need to be put in place to manage this.

The expansion of cross border care could have serious financial consequences. There are numerous issues to consider including:

- How will prices be agreed? The tariff based system that has recently been introduced in England would help facilitate reimbursement but is centred around acute care so its scope is limited. Do other European countries have a tariff system and, if so, how similar are these?
- What is included in price? There will need to be clarity around which services are included (e.g. pathology reports, drugs, post-operative care) and the process for repatriation of patients.
- What will be the process for approving treatment?
- What impact will this have on the private sector?
- How compatible are the relevant IT systems? Information will need to be shared between commissioners and providers of care; how will this happen if IT systems are not compatible? How will patient confidentiality be ensured?
- What will be the process for data validation?
- How will disputes between commissioner and provider be reconciled?
- How will the overall cost burden of healthcare provision change from increased administration charges?

## Question 2

**What specific legal clarification and what practical information is required by whom (e.g. authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?**

In our opinion, from the financial perspective, we consider that to enable efficient cross-border healthcare, there will need to be clarification around:

- liability in respect of adverse patient events;
- financing of patient care and payment mechanisms; and
- points raised under other questions in this response with regards to situations where patients can opt to receive treatment in another member state and specifically where the patients home state is legally required to fund treatments, information availability in respect of clinical quality issues \ common standards relating to patient confidentiality and clear guidance on redress in respect of medico \ legal issues.

## Question 3

**Which issues (e.g. clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for the different kinds of cross-border healthcare described in section 2.2 above?**

We consider that the response to this question is dependent on whether the patient is referred by their local health provider or whether the patient self-refers.

If the patient is referred by their local healthcare provider then responsibility for:

- clinical quality, which should mirror that available in their local hospital, should rest with their local health care provider; and
- cost of care, which should be agreed between purchaser and provider prior to admission, should also rest with their local health care provider.

If the patient self-refers then responsibility for standard of care and cost of care should rest with the patient however, even under these circumstances, we consider that the patient has a right to be protected under a minimum set of clinical quality standards across member states.

#### Question 4

**Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?**

Responsibility for the safety of patient care should rest with both commissioner and provider. The commissioner should be responsible for ensuring that the overall clinical standard of care is satisfactory and the provider should be responsible for ensuring that the service delivered meets these standards.

For occasions where the quality of care falls short of agreed standards then redress should be decided in accordance with a common framework. This should set out a minimum set of clinical governance and reporting standards applicable across all member states.

#### Question 5

**What action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in ‘receiving’ countries)?**

If subsidiarity is to remain, with each country retaining responsibility for the provision of healthcare to its residents, then there needs to be a framework in place to ensure that individuals can only get access to the same level of care from a cross border provider as would be available in their country of residence.

This framework should set out detailed requirements and so will help ensure equity of care and financial stability.

Decisions around capacity should rest with the receiving state; they should not be legally obliged to treat all patients who may wish to be treated there if this is likely to impact adversely on their capacity to treat their own residents without undue delay.

## Question 6

**Are there any 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?**

One further issue to be addressed is the possible impact of cross-border flows on the local health infrastructure. We consider it very important that the provision of cross-border health care does not unbalance the provision of healthcare in any particular country thereby enabling one member state to benefit at the expense of another.

## Question 7

**Are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States - such as healthcare providers and social security institutions - suggest in order to facilitate cross-border healthcare?**

The facilitation of cross-border healthcare would be improved by legal certainty and a regulatory framework around:

- confidentiality and access to medical records;
- transparency and cross-border cost information relating to cost of care;
- clinical liability; and
- repatriation arrangements.

## 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?**

We believe that some of the main barriers to success may revolve around the more practical issues such as: the agreement of common clinical standards, the development of a common costing system, the application of standard accounting practices (e.g. International Accounting Standards, International Public Sector Accounting Standards), and issues around legal liability. Therefore, to support the move towards cross-border flows, we

consider that discussion groups and working parties targeted with focusing on each of these issues should be established sooner rather than later.

### 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?**

We consider that, wherever possible, legislative measures should be used rather than practical co-operation as this will help ensure a quicker move towards cross border flows.

The journey could be further smoothed if the EU encourages organisations such as the Standing Committee of European Doctors (CPME) and the European Hospital and Healthcare Federation (HOPE) to become engaged in the process from an early stage.

ACCA (the Association of Chartered Certified Accountants) is the largest and fastest-growing international accountancy body with 260,000 students and 110,000 members in 170 countries. We aim to offer first choice qualifications to people of application, ability and ambition around the world who seek a rewarding career in accountancy, finance and management.

We deliver our qualifications in partnership with many organisations. We operate 21 joint examination schemes with national bodies around the world and work closely with 420 registered tuition providers and 7,500 employers of accountants and finance professionals. We aim to support our students and members throughout their careers, delivering services through a network of nearly 80 offices and centres.

We use our expertise and experience to work with governments, donor agencies and professional bodies to develop the accounting profession. We aim to achieve and promote the highest professional, ethical and governance standards and advance the public interest.

ACCA's reputation is grounded in over 100 years of providing accounting and financial qualifications. Our long traditions are complemented by modern thinking, backed by a young, dynamic membership.



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.