



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

b-solutions

FINAL REPORT BY THE EXPERT

Advice Case: Cross-border Emergency Medical Services

Advised Entity: French Regional Health Agency “Grand Est”, FR

Expert: Transfrontier Operational Mission (MOT)

Table of Content:

- I. Description of the Obstacle
- II. Indication of the Legal/Administrative Dispositions causing the Obstacle
- III. Description of a Possible Solution
- IV. Pre-assessment of whether the Case could be solved with the ECBM
- V. Other Relevant Aspects to this Case
- VI. References and Appendix/Appendices if any



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

I. Description of the Obstacle

For Belgium, the purpose of the 2007 FR-BE Convention is to provide medical assistance (resulting from the observation that the local assistance may be far away) and not to organize cross-border health transport.

2 points regulated by the Convention:

*a foreign doctor (FR and BE) can work on the other side of the border, as part of urgent medical assistance;

*reimbursement of interventions aligned.

3 categories of intervention vehicles BE:

1) SMUR: light vehicle transporting a doctor;

2) PIT (paramedical intervention team): someone who knows how to perform medical procedures. Mission between the SMUR and ambulances;

3) Emergency medical aid ambulances called "112 ambulances"¹:

The initial observation comes from the fact that only category SMUR was regulated by the 2007 Convention.

At present, nothing allows Belgian 112 ambulances to cross, but nothing prevents them either. A problem will only arise in the event of an accident; therefore, they must be covered by a new agreement: a solution recommended by Belgium.

For France, on the other hand, the 2007 Convention covers both medical assistance and cross-border health transport of patients as part of urgent medical assistance.

3 categories of intervention vehicles FR:

1) SMUR: vital emergency, mobile vehicle equipped to transport patients, attached to 15, one per hospital in the department. The crew is composed of a doctor and an ambulance driver.

The following are involved in the distribution of the SAMU of each hospital contacted by the 15. Implementation in progress of a direct SMUR radio link (the same staff as the SAMU);

¹ There are also private ambulances (TMS: medical-health transport): only for medical transport outside the emergency.



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

2) VSAVs of the SDIS (Departmental Fire and Rescue Service);

3) ASSU or VSL: non-vital emergency, nonengaged vital prognosis, private ambulances. They are very rarely called. In principle, in case of unavailability of the SMUR, the SDIS is called.

FR: the term SMUR covers both SMUR and ambulances: vehicles equipped to transport a patient in a life-threatening emergency (see attached picture);

BE: the term SMUR refers only to a light vehicle transporting a doctor (see attached picture).

Proposal on the French side: to amend and use the term "vector" in the future Convention to refer to any type of vehicle crossing the border; however, there is also a risk of confusion with private ambulances outside the scope of the future agreement.

The FR side prefers an amendment to the existing Convention, if it is a simple problem of terminology.

Concern raised on the Belgian side: French VSAV have a lower or different level of training; Belgian ambulance drivers can perform a few more medical procedures.

A common definition of "ambulance driver" should be agreed upon.

(A reform of "ambulance driver" training is underway in France to allow ambulance attendants to do a few more medical acts).

Answer: Rescue and victim assistance vehicles (VSAVs) managed by the Departmental Fire and Rescue Services (SDIS) are and will remain outside the scope of the Convention². For the French side, the future convention will always only use the notion of "SMUR" which corresponds to both the Belgian SMUR and the Belgian 112 ambulances.

II. Indication of the Legal /Administrative Dispositions causing the Obstacle

² To cover the crossing of VSAVs from French SDIS, "Binational Mutual Assistance Agreements" between the Belgian Emergency Zones (7 in all: 5 in Wallonia and 2 in Flanders) and the French department (SDIS) concerned will be signed. Belgian Emergency Zones are also departmental fire departments but have their own legal personality and can sign these agreements themselves (alongside the governor of the province concerned). These agreements will be signed on the basis of the Administrative Arrangement between the 2 Ministers of the Interior on assistance and rescue in the border area of 18 July 2019.



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

The obstacle is the scope of the 2007 Franco-Belgian Convention on urgent medical assistance.

III. Description of a Possible Solution

Amendment of the existing Convention or signature of a new Convention.

The FR side prefers an amendment to the existing Convention, if it is only a problem of terminology, while the BE side recommends to negotiate a new one.

On the Belgian side, it is necessary to provide for common missions (SMUR + ambulances) and not the passage of ambulances alone. In this way, ambulances will be covered by the decisions of the SMUR's doctor.

The SMUR is a function of the hospital that requires a double license- regional - which must be integrated into a royal decree. However, its border crossing is already organized and regulated by the 2007 Convention.

112 ambulances are "federal" and do not require any other license; planning their passage in addition should not be a problem.

On the French side, no problem as long as the SMUR itself has a crew consisting of a doctor and an ambulance driver, able to transport patients. No changes are required.

IV. Pre-assessment of whether the case could be solved with the ECBM

The case would partially be resolved by applying the ECBM. In fact, article 6 of the current Convention already provides that "The parties recognize that the "SMURs" of each country, as well as their equipment, subject to the control of the respective competent authorities, meet the criteria laid down by law, within the framework of this Convention".

As part of the amendment to the Convention, the term "Belgian 112 ambulances" will simply be added to that of SMUR whose equipment and intervention procedures are already recognized by the State on whose territory they operate.

Simply need to specify in the future Convention that BE 112 ambulances crossing the border act in accordance with the laws/practices of their State/region of origin.



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

V. Other Relevant Aspects to this Case

1) Assistance/ interventions in FACTS:

FR-BE 112/15 radio systems are not compatible. So, in fact, 112 BE contacts the Belgian ambulances, 15 FR - the French ambulances, but the two call centers talk to each other. For a given intervention, they set up a triangulation between the two call centers and the contacted ambulance (which is linked to its original number).

The right of requisition of the Belgian emergency call agent cannot be exported.

Depending on the pathology, the patient is referred to a hospital. If several hospitals with his specialty are nearby, he has a choice.

In Belgium, there are Emergency Medical Assistance Commissions (public health part) at the level of each Province. They issue opinions of application of the rules. Thus, the Hainaut Commission has issued an opinion "of the 5 min. ": if the patient is within 5 minutes of a hospital, he can choose his destination hospital. This distance increases to 10 minutes if accompanied by an emergency doctor.

Each Commission issues different opinions.

In France, even if there is no 5 or 10-minute rule, in practice this is the way it works. If the patient wishes to stay in a hospital, he or she must be taken there if he or she is 5 minutes away (double rule: pathology and proximity).

2) Financial issues:

The first experience should be used as a model and the operational annex should be modified or redrafted to address financial issues.

On the Belgian side, the INAMI (National Authority for Sickness and Disability Assistance/Belgian Social Security) must be involved in the negotiations.

On the French side, the CNAM (National Health Insurance Agency) in collaboration with the CPAM Roubaix-Tourcoing.



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

FR system: the patient pays no fees. Emergency medical transport is fully covered by social security (vital emergency).

For Belgian patients transported by a French vehicle, the doctor in the French SMUR makes the Belgian patient fill in the S2 form.

BE system: 60€ package: any patient in contact with an ambulance 112 (same unsuccessful call) receives a non-refundable invoice of 60€, regardless of the distance.

SMUR BE: Belgian establishment fills out form S2 SMUR and gives the invoice to the Belgian mutual insurance company to be reimbursed according to the rates in the annex to the Convention.

3) Competent authorities:

Belgium³: FPS Health, DG Health Care, Emergency Assistance Service: responsible for individual or collective crises, but not for prevention (another service is in charge of it), except for major high-risk events.

There is already a FR-BE Convention on mutual assistance in the event of serious crises.

To bring together all the stakeholders and those responsible for negotiating the future Convention on ambulances, an interministerial conference of the 7 Belgian health ministers (regions + communities) will be held at the Belgian federal level, giving someone a mandate for the negotiations.

In addition, working groups will be set up to prepare technical questions.

In France, if only the operational annexes are amended, the ARS is competent.

If it is necessary to amend the existing Convention or negotiate a new one, the Ministry of Health is involved via the Delegation for European and International Affairs (DAEI), together with the 2 ARS Grand Est and HDF.

To be included in the new convention: recommendation of biannual FR-BE meetings.

³ In Belgium, competences are shared between the federal and federated levels. Thus, the quality standards of the emergency service are at the federated level.



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

VI. References and Appendix/Appendices if any

- 1) Picture of Belgian SMUR vehicle ;
- 2) Picture of French SMUR vehicle.

Transfrontier Operational Mission (MOT)



Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

