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b-solutions

FINAL REPORT BY THE EXPERT

Advice Case: Ambulances without Borders: towards sustainable cooperation between emergency services

Advised Entity: Municipality of Woensdrecht, NL

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I. Description of the Obstacle

According to the initiators of this b-solution case, it is still very difficult or even impossible, in their particular border region, that emergency ambulances provide services across the border.

For the municipalities of Woensdrecht (NL), Essen (BE), Kalmthout (BE), Kapellen (BE) and Stabroek (BE) these limitations are described as a daily problem for all its inhabitants.

One striking example from the working group of this b-solution project:

> *"Although the nearest available ambulance is just a few kilometres away – on Belgian soil – inhabitants of the Dutch town Putte have to wait for the Dutch ambulance services coming from their stand next to the hospital almost 20 kilometres away. Instead of a 10 minutes response time, it takes almost 40 minutes to arrive."*

It was not the task of the expert to question the presented problems with respect to the arrival times of different locations. The assumption of this report is, that the perceived problems with respect to arrival times and transport times are correct and in accordance with the actual situation. Since so many different stakeholders from different authorities were part of the project team, they were able to provide a broad picture of the problem with respect to certain local situations.

The shortcomings related to different geographical situations

The benchmark for the situation in border regions is in the first place the situation of citizens who do not live in border regions. In this respect, the project partners in the Dutch-Belgian border area of the municipalities of Woensdrecht, Essen, Kalmthout, Kapellen and Stabroek have presented a comprehensive list of shortcomings.

According to Dutch legal norms, in 95 percent of the emergency cases ambulances must be present within 15 minutes. Nevertheless, the partners have taken note of derogations from this norm over the last years for different locations close to the border. As an example, in the village of Putte almost 60 percent of the ambulances are not on time. The same problem counts for the village of Ossendrecht that has to deal with almost 40 percent exceedance. Recent figures suggest that overall - in the whole municipality – around 25 percent of the ambulances are not on time.

On the Belgian side, the municipality of Essen has to deal with a similar problem. The structural ambulance post is relatively close. Since Essen is in a corner in the far north of Belgium, it takes up to thirty or forty minutes to deliver patients to the closest Belgian hospital. Furthermore, this would takes twice as long to return to their posting. Due to its rural characteristics, with large geographical distances and relatively few inhabitants, the border region faces significant problems with timeliness and accessibility of emergency care.

Dutch Municipalities such as Baarle-Nassau, Alphen-Chaam show for years a high score in the percentage of exceedances of the 15-minute standard.

Zundert (NL): Due to long approach times of the Dutch ambulance, especially for the outskirts of Zundert towards the border (specifically the villages of Achtmaal and Wernhout), this issue has been raised several times by council members as a problem that requires urgent solution.

Roosendaal (NL): The 2018 annual figures show that the arrival times for, for example, the villages of Nispen and Moerstraten exceed the norm.

The observed problems are dual in nature according to the project partner. Firstly, due to the long distances, ambulance services take a long time to reach their patients and overrun the legal norms, despite nearby assistance being available across the border. Secondly, due to the long distances, ambulance services take a long time to bring their patients to the hospital, despite nearby hospitals across the border.

The project partners perceive one main solution to the problem: cross-border interventions could improve the quality of emergency medical services in the border region. At the moment, there is no structural cross-border intervention of ambulance services, while according to the project partners this could provide major benefits.

There were also already local initiatives that tried or currently try to tackle the problem:

- In Essen (BE), there is an initiative to establish a "zorgpunt" very close to the border. A "zorgpunt" means care at a centre with the presence of a nurse. The zorgpunt is meant to be a central element of medical care in the broader region. One idea is that the dispatch centre (112) could make use of the zorgpunt to enable a more refined approach in the region, whereas clear assignments for 112 intervention would be dealt with the regular emergency system.[1]

- Ravels (NL): To meet the problem of long arrival times, the municipality, together with the municipal OCMW, has taken the initiative to set up an ambulance service. The ambulance service is active since 2012 and mainly operates between the municipalities of Ravels and Baarle-Hertog. The Flemish Cross VZW currently provides emergency assistance. To ensure this service, the Flemish Cross receives an allowance from the municipality/OCMW.

- Baarle-Nassau (NL) / Baarle-Hertog (BE): Since September 2005, the Baarle-Nassau fire station runs a BLS team (Basic Life Support). The BLS team was born out of discontent about the long arrival times of the ambulances from Breda and Tilburg. The standard was exceeded in more than 80% of the cases. A decision was made to let the BLS team function as part of the fire department. Strong arguments were the availability of the accommodation, the motivation of the volunteers, and especially the possibility of embedding BLS-operations in the logistics of the fire brigade, which means significant cost saving, thereby making this initiative affordable. Despite the improvements, there

[1] See: Zorgpunten: Toelichtingsnota als basis voor grensoverschrijdend overleg.Versie: 17.12. 2018, AZ KLINA, FGI Antwerpen en Gemeentebestuur Essen.

are still shortcomings: the BLS team does not always get a call according to the project partner's evaluation, or the call is too late for deploying emergency services on the territory of Baarle-Hertog (BE).

Despite the efforts, the project group of this b-solutions case is of the opinion that none of the local initiatives offers entirely satisfactory and sustainable solutions.

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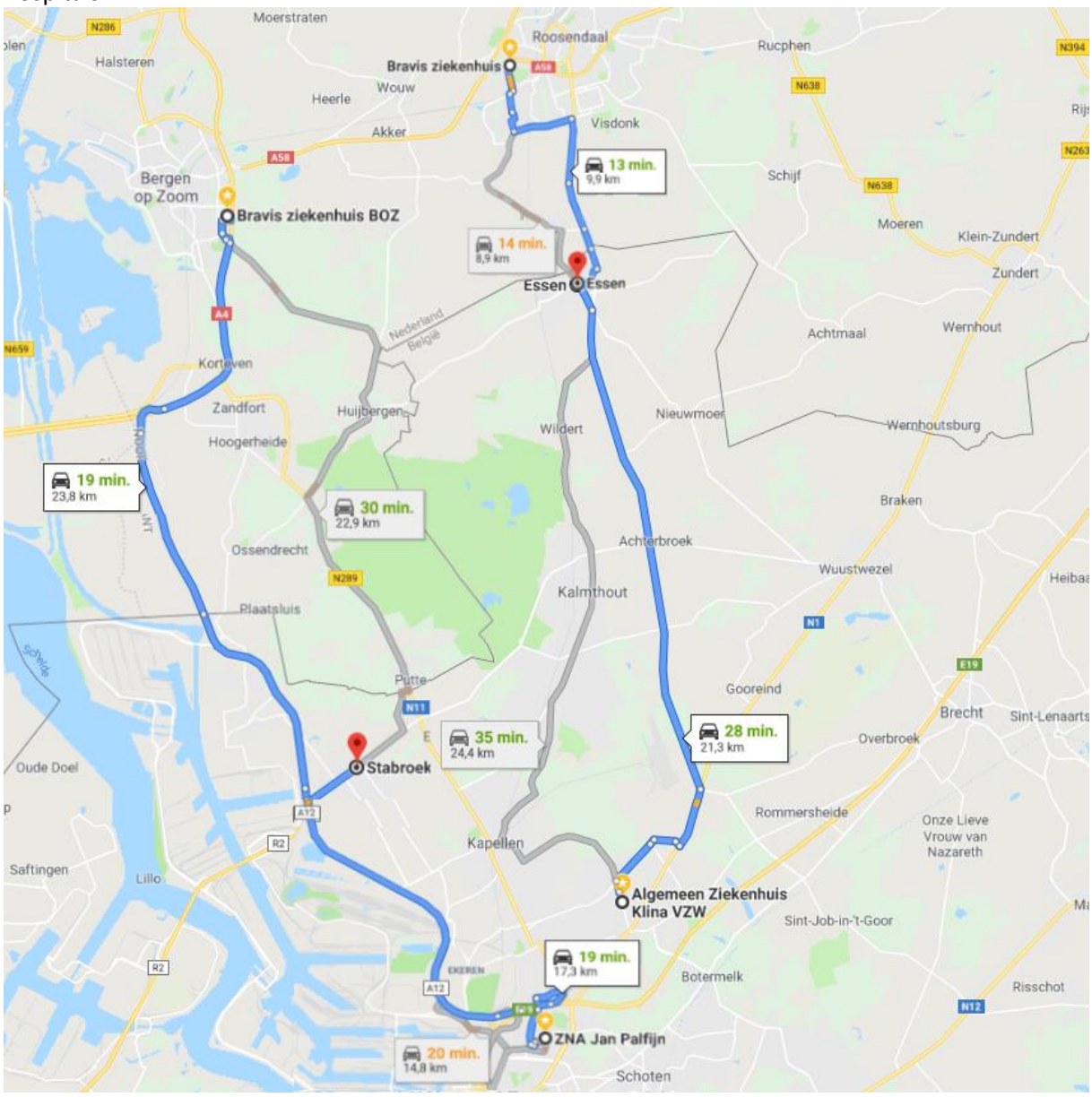
Map 1: The geographical situation and examples of distances between different villages and hospitals



The main objective: improvements for patients in the case of emergency-situations

As the initiators of the case highlighted in their description, the main purpose of solving obstacles is the improvement of the situation of patients in the case of an emergency-situation.

There are two general objectives described by the initiators:

- Improving the arrival time of emergency medical services in certain locations where the response time of the national system is in excess of the own national standards and where one can speak about a situation where assistance from abroad is necessary but incidental.[2]

- Creating a situation where the transport could also be improved with respect to the nearest hospital with the necessary medical specialisations. Meaning that the choice of the hospital is not limited to the hospitals on the side of the border where the emergency medical service arrives.

An extra added-value is that ambulances may be available in shorter time for the next call due to shorter distances and quicker arrival times.

Next to the collection of shortcomings with respect to certain local situations, the project partner already delivered a list of their perception of legal, administrative or financial obstacles that were presented to the expert in written form and in one plenary workshop on 4. September 2019.

1. Reimbursement issues
Although EU citizens have the right to access healthcare in any EU country and to be reimbursed for care abroad by their home country, it is unclear how this legal provision is related to structural cross-border interventions of ambulance services. It seems to be an unexplored area, which leads to a major administrative burden on the individual patient level, while on the higher level both sides react very hesitantly on account of this grey zone. An elaboration of the legal (im)possibilities in this area would help to reduce the uncertainty on both sides.

2. Legal issues
Cross-border intervention faces two main legal issues. Firstly, there is a discrepancy between the lights and siren signals used by emergency services in both countries. It is said that 'foreign' emergency services do not have the right to use these special signals, nor are they able to run a red light, for instance. Secondly, there are legal issues concerning the cross-border transportation of opiates, which are used for medical purposes on board of these services.

3. Discrepancy in education and training of staff / quality of service
Both countries differ in the way they have organized their emergency services. In the Netherlands, there is just one general ambulance that comes with highly-specialized nurses. In Belgium, by contrast, there are two levels of services. On the one hand, there are local ambulances that come with mainly volunteers that got professional first aid training. On the other hand, in situations of

[2] The objectives, for instance, do match with the objectives formulated in recent strategic policy document in the Netherlands. The Dutch Action plan Ambulance Care (*Actieplan Ambulance Zorg, 2018-2021*) formulates as a main target the reduction of the response time of Emergency Medical Care.[2]

life-threatening emergency, a regional ambulance comes with a doctor and a highly-specialized nurse. Cross-border intervention is hindered by the idea that lower skilled staff are not allowed to perform all medical procedures. Furthermore, concerning the recognition of diplomas and skills, it is unclear whether caregivers need official recognition of their qualification in the other country.

4. Administrative obstacles: Belgian ambulances have no permission to drive to Dutch hospitals

In some situations, patients suffer specific medical conditions that need to be treated in a specialized hospital instead of the nearest hospital. Special permission to bring these patients there needs to be asked in advance. These communication procedures are not opened up to 'foreign' services as well. Furthermore, Dutch hospitals are not authorized to the Belgian 100-network of recognized healthcare institutions, meaning that Belgian ambulances are not allowed to bring patient to a Dutch hospital.

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

The most striking aspect of this case is the persistency of obstacles that prevent cross-border ambulance services between the Netherlands and Belgium. All the legal, administrative or technical obstacles mentioned by the initiators of this case, have been, more or less, subject to discussion for the last 20 years at the level of Dutch-Belgian bilateral initiatives or at the level of the Benelux.

To sum up, the following issues have been detected by the stakeholders in the cross-border territory:

1. Reimbursement of costs and in general the higher tariffs of Dutch ambulance services, which can be described as an economic rather than a legal obstacle
2. Legal issues related to technical equipment (lights and sirens) that would hinder the use of sirens and lights,
3. Discrepancy of professional qualifications of staff and the problem that Dutch and Belgian emergency medical services differ with respect to the qualification of certain teams
4. The problem that Belgian ambulances face since Dutch hospitals in the regions are not listed on the Belgium 100 network of recognized emergency healthcare hospitals. In this case, the transport to a Dutch hospital would be illegal.

In the first place, this report will determine the nature of the presented obstacles perceived by the cross-border stakeholders.

- Are they strictly of legal nature, meaning that according to national law cross-border ambulance as demanded by the initiators, is very difficult or even prevented?
- Can we speak about a lack of coordination and cooperation of stakeholders, who could find agreements with respect to different aspects of the problem (presented as a legal one), beyond the question of national legislation or on the basis of existing legislation (for instance under the Benelux Treaty).
- Are the presented additional problems related to economic and financial considerations of stakeholders caused by the different national financing systems for emergency medical services that are not compatible in the field of reimbursement and insurance? Or can we speak about financial questions that establish obstacles but could be solved by cross-border arrangements?

To find out what the real nature of the particular problem is, one has to compare the situation of this part of the Dutch-Belgian border to other cross-border regions where the same legal regime applies. In this respect, the most striking finding is that in the Euroregion Meuse-Rhine (at the German, Dutch and Belgian border), ambulances do cross the border on a regular basis, not only between Germany and the Netherlands, but equally between Belgium and the Netherlands.

Hence, the task was to find out how obstacles were removed in the Euroregion Meuse Rhine, and whether this could be a best-practice case to be followed for the Woensdrecht region.

Cross-border ambulance services possible in another cross-border territory

In the particular cross-border situation of the Euregion Meuse-Rhine, where geographically Flanders, Wallonia, the Netherlands and Germany share borders, a network exists under the name EMRIC[3] (Crisis and Disaster Management) with partners from the Netherlands, Belgium and Germany. Surprisingly, this network was able to find arrangements that make cross-border ambulance services possible and make use of the entire potential of the hospitals in the border region. Different from the Woensdrecht case, ambulances are crossing regularly the border between the Netherlands and Belgium. Other than in the Woesdrecht case, Belgian ambulances may transport patients to a Dutch hospital. This is already an indication that under the same legal conditions, there is room for manoeuvre with respect to tailor-made solutions. It also indicates that local initiatives are an effective tool to solve the problem and thus, that solutions do not necessarily depend on a broader political process for border-wide solutions. Alternatively it indicates, that border wide instruments already exist.

Why are the legal dispositions causing the obstacles in one border region but not in the other?

The analysis will start with the question how the initiative in the Euroregion Meuse-Rhine deals with the unsolved problems of the Woensdrecht area.

In the Euregion Meuse-Rhine – similar to the Woensdrecht case - assistance from abroad can often arrive at the incident scene quicker than assistance from within the own country. The main tool to overcome obstacles was that for daily assistance, the already mentioned EMRIC office wrote and concluded agreements between the different stakeholders. By doing so, according to their internal numbers, about 1000 cross-border deployments (between NL/BE/DE) take place each year.[4] The larger hospitals within the Euregion Meuse-Rhine have been collaborating for years.

EMRIC found agreements on:

- The question of how to use technical equipment/sirens/horns on the territory of the neighbouring country: emergency services can use the technical equipment of their own country.

- How to deal with the different competences and qualifications of different national ambulance systems: they apply emergency services in accordance with the training and competences of the staff in their own state

- How to reimburse the costs: the reimbursement system is based on the technical details laid down in the framework of the Benelux Decision on cross-border ambulance services

- How to overcome the problem that Dutch hospitals have to be on the Belgian list of hospitals with emergency departments: Maastricht University hospital is on the list.

[3] EMRIC means in Dutch "*Euregio Maas-Rijn Incidentbestrijding en Crisisbeheersing*", Euroregion Meuse-Rhine Crisis and Disaster Management.

[4] See: https://www.emric.info/en/professionals/themes-2/acute-care, accessed on 18. October 2018.

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- How to overcome the problem of communication of dispatch-centres: they have established a good working relation between the dispatch centres across the border, agreed on mutual criteria for the deployment of a foreign ambulance and communication procedures

Map 2: The geographical Situation of the EMRIC case in the Euroregion Meuse-Rhine

Source: Euroregion Meuse-Rhine

Legal background: the existence of a particular Benelux Decision on cross-border ambulance traffic between Belgium and the Netherlands

The second striking element is that agreements related to the Belgian-Dutch situation in the Euregion Meuse-Rhine are to some extend legally possible because of the existence of a particular piece of legislation of the Benelux Union under the Benelux treaty.[5] Both, Belgium and the Netherlands (and Luxembourg) are members of the Benelux Union (BU).

The Benelux Committee of Ministers is the highest decision-making body of the Benelux Union. It consists of at least one ministerial representative of the three countries, whereby the composition of the Committee of Ministers can change according to the item on the agenda. The Committee determines the political guidelines and priorities of cooperation and is responsible for the execution of the treaty establishing the Benelux Union.

For that purpose, it has the following legal instruments at its disposal:

- Drafting agreements (*overeenkomsten*) that are to be concluded by the Contracting Parties and to be ratified according to the constitutional requirements of each Party;
- Approving (binding) decisions (*beschikkingen*) on the execution of the 2008 treaty establishing the BU that are directly binding on the Contracting Parties; and
- Adopting (non-binding) policy recommendations (*beleidsaanbevelingen*), and internal directives (*interne richtlijnen*) to the Council and the General Secretariat[6]

In the case of the ambulances, a particular decision on the Dutch-Belgian cross-border ambulance services was approved in 2009 namely "Decision M (2009)8 (revised by Decision M (2014) 1 on cross-border emergency ambulance traffic"[7].

The historical background of the Decision

In the course of the research, the advisor contacted the Secretariat General of the Benelux Union in Brussels in order to obtain information of the scope and political background of the Decision. The Decision was adopted after a long political process that started already around the year 2000. Already in 2001, the Dutch responsible ministry informed the Dutch Parliament, that agreements had been reached with the Belgian government. Dutch ambulances in border regions should in the future operate systematically on Belgian territory. In 2001, it was also already agreed, that due to a better information exchange, Dutch hospitals with emergency units should be recognized by the Belgian system and that the differences in competences and educational background of ambulance teams should be solved by better knowledge of each other system. In addition, there were already talks between the two governments about cost calculations and reimbursement of ambulance transport. The Belgian state would look into different possibilities to cope with the

[5] The latest version of the Benelux Treaty entered into force on 1 January 2012. Since then, the official name of the cooperation between the Netherlands, Luxembourg and Belgium is Benelux Union.
[6] For a broader analysis of the cross-border legal toolbox of the Benelux Union see: ITEM (2018): Statuut voor Limburg? Final Report – project phase 1 (English Version),(9 November 2018).
[7] There is not an official English title of Decision M (2009)8 and revised by Decision M (2014) 1 on cross-border emergency ambulance transport. The Dutch is: *Beschikking M (2009) 8 van het Benelux Comité van Ministers met betrekking tot het grensoverschrijdend spoedeisend ambulancevervoer, zoals gewijzigd door Beschikking M (2014) 1*

higher costs of Dutch transports and the Benelux would work on ways for a systematic approach on cross-border reimbursement. Finally, the intention of both governments at the time was to find solutions for the entire border territory.[8]

The list of detected obstacles from the year 2001 is referring to the obstacles defined by the initiators of this case in 2019, which again highlight the persistence of the problems. Nevertheless, the initiative triggered a positive development.

The mentioned initiative of 2001 led to a law-making process in the framework of the Benelux Union with the negotiation and the final adoption in 2009 of Decision M (2009)8 on cross-border emergency ambulance services tailor-made for the Dutch-Belgian situation. The objective of this decision is set out in article 2:

> *"This decision has the objective to make in special situations quick, targeted and efficient emergency medical services possible on both sides of the Belgian-Dutch border."*[9]

The following table will show the obstacles perceived by the stakeholders in the Woensdrecht region vis-à-vis a certain articles in the Benelux Decision that tries solving these types of legal or economic barriers.

[8] In 2001 already, the responsible State Secretary informed the Dutch Parliament in a letter to Parliament on the state of affairs with respect to the government's efforts to improve cross-border ambulance services. See: *Brief staatssecretaris met voortgangsrapportage grensoverschrijdende samenwerking met België en Duitsland op het terrein van de politie en de rampenbestrijding - Internationale aspecten van het beleid inzake brandweer en rampenbestrijding,* 28 November 2001.

[9] The original Dutch text states: "*Deze Beschikking heeft tot doel om in bijzondere situaties snelle, doeltreffende en efficiënte spoedeisende grensoverschrijdende geneeskundige hulpverlening aan weerszijden van de Belgisch-Nederlandse grens mogelijk te maken*."

Table 1: Perceived obstacles by the stakeholders and legal articles in the Benelux Decision

Problem	**Decision 2009**
Financial and Reimbursement problems in case of emergency medical services in a cross-border situation	Articles 3 and 4 Article 3: Dutch ambulances can be deployed in Belgium and the costs can be invoiced to Belgium Article 4: Belgian ambulances can be deployed in the Netherlands and the costs can be invoiced to the Netherlands Detailed arrangement on how the costs of the cross-border operation of ambulances are invoiced. For this purpose in 2014, a general letter was produced laying down the technical details (*Benelux Omzendbrief VI nr 2014/216 van 23 mei 2014*). In this letter, procedures and tariffs are described in detail with respect to different scenario's. The tariffs, reimbursement and invoicing can differ in function of the question whether patients have Dutch, Belgian, or third country insurance. Example: The amount the Belgian ambulance/MUG , that came to the Dutch territory for a person insured in the Netherlands, can invoice is from 1 June 2014 onwards 592,57 EUR per ½ hours (or the amount that replaces this (pseudo-code793575).
Obstacles related to the use of technical equipment (red lights and sirens) and the mismatch of technical requirements	Article 5 An ambulance that fulfils the legal requirements of the sending state is regarded as equivalent to an ambulance as defined in the legislation of the host state. Article 11

	The particular transport legislation of the host country applies. The ambulance may use its existing light- and acoustic signals applies in the host country.
Discrepancy of professional qualification of staff and the problem that Dutch and Belgian emergency medical services differ with respect to the qualification of certain teams Dutch Teams: specialised nurses BE Teams: 1. Ambulance/ First Aid training 2. team with physician (MUG) 3. paramedical intervention team (PIT)	Article 6 In case of deployment in the host country, the emergency teams of both sides may only carry out activities that are covered by their competencies in their own country. Article 7 Liability in the host state is determined by the existing national rules and international regulations.
Dutch Hospitals in the border region are not on the list of the 100 network in Belgium that qualify for emergency medical services. Belgian Ambulances not allowed to transport patients to these hospitals.	No article in the Decision about the accreditation or registration of hospitals.
Additional problems encountered during the research (not explicitly stated by the request)	
Cooperation Dispatch Center/communication According to the responsible Belgian Federal Health Authority (FOD), Belgian ambulances have today no possibility to inform a Dutch hospital on their arrival.	Article 3 1. The Dutch ambulances can be deployed in Belgium on the request of the uniform Belgian system 100/112. 2. This request is coming in by the call of the uniform system 100/112 to the dispatch center of Dutch security region (*veiligheidsregio*) agreed upon. Article 4: 1. The Belgian Ambulances can be deployed in the Netherlands on the request of the dispatch center (*meldkamer*) 2. This request is made via a call of the dispatch center to the uniform system 100/112 of the agreed upon Belgian Province.

The analysis of the Benelux Decision and the case of the Euroregion Meuse Rhine highlight the following:

- The presented problems are mainly of a non-legal nature, meaning that according to the Benelux decision cross-border ambulance services are even supported by a tailor-made piece of legislation for cross-border agreements.
- Given the successful cooperation agreements in the Euroregion Meuse-Rhine, we can rather speak about deficiencies with respect to coordination and collaboration of stakeholders, who were so far not able to actively find agreements and use the scope of the Benelux Decision.
- Even the presented problems with respect to financing and reimbursement are covered by the legislation and can be used as a starting point for tailor-made agreements in the specific cross-border region.
- Only the problem of registration of Dutch hospitals/emergency units in Belgium and on the Belgian list of registered emergency units is not covered by the legislation and needs a solution beyond the Benelux Decision (or could even be the reason for an amendment).

3. Description of a Possible Solution

As already mentioned, there are two very positive elements with respect to this case. Firstly, there is already a sort of best practice, namely the agreements on ambulances services made possible by EMRIC in the Euroregion Meuse-Rhine. And secondly, there is a specific piece of legislation that allows to some extent the acceptance of legal standards of one state in the other state (e.g. technical requirements), regulates the reimbursement of costs and the acceptance of different ambulance services with respect to training and competences.

The assumption is that there are no fundamental legal obstacles to cross-border emergency medical services in the Woensdrecht area. Since there are solutions that make cross-border activities possible at one specific region of the Dutch-Belgian border, that should also be possible in another border region of the same two states.

It is evident that in the case of the Woensdrecht area, the elements that led to the success of EMRIC, should be taken into considerations. Given the same legal background, the first recommendation is to follow the practical approach with respect to coordination and collaboration capacities.

In this respect, the difference between coordination and collaboration is important: whereas coordination implies the organisation of meetings, agenda setting and programming and is made possible by a coordinator (with an office in the case of EMRIC), collaboration is the result of this coordination effort. It means the active collaboration of dispatch centres, ambulance services and hospitals with emergency departments, insurance companies and public authorities.

As a lesson from the case of EMRIC, intensifying the collaboration was only possible by appropriate coordination structures. The medical managers working in the field of ambulance- and trauma care are continually working on the procedures for cross-border assistance in the Euroregion Meuse-Rhine. In this respect, the collaboration has to be supported by regular meetings of managers and the training of staff with respect to the neighbouring systems. Collaboration in a sustainable way needs coordination capacities and long-term engagement.

It is also evident, that the link between incidental ambulance services and collaboration in the case of large-scale incidents is beneficial. The more doctors or ambulance staff have gotten to know and appreciate each other due to the exchange of information on procedures on both sides of the border, the easier cross-border collaboration during large-scale incidents become. In this sense, starting with ambulance services is an investment also in a broader sense. The following describes a step-by-step approach for the b-solution partners:

Step 1: A permanent cross-border "ambulance coordination office" as a precondition for success

The research on this case showed in the first place, that before collaboration between important stakeholders is possible, coordination capacities are essential to bring stakeholders together, discuss the present situation and agree on ways to do away with the obstacles.

By doing so, and as an immediate follow-up to this initial report of the b-solution initiative, the initiating partners should establish a coordination office for cross-border ambulance services (for instance under the name BENEMED). This can be easily done on the basis of a cooperation agreement of the different partners of the b-solution project in order to finance coordination capacity together for the starting phase of the project. Without having to set up a special organisation, this could be done on short notice and would follow the example of the Euregion Meuse-Rhine, where the EMRIC coordination office has also no own legal or organisational status.

As presented in this report, the obstacles found are not in the first place of a legal nature but can be solved by agreements of different stakeholders in the field. In fact, the approach would be a tailor-made solution for the particular border region on the legal basis of the Benelux Decision (and hopefully beyond).

This is certainly the very positive result of this legal analysis: there is a rather comprehensive legal instrument that was developed specifically in order to make cross-border emergency ambulance services possible. This legal instrument also matches many of the perceived problems of the initiators. In this respect, it was not the legal situation in the first place that prevented stakeholders to be involved in cross-border activities. Instead there is a lack of coordination and collaboration capacities.

As indicated by some stakeholders (for instance the Belgian FOD), there are at the moment limited personnel capacities within organisations and such a process would take some time. This highlights the need for extra capacities and a permanent coordinator who will deal with the different obstacles on the basis of this report. The partners could formulate the assignment of the future cross-border ambulance coordinator in a cooperation agreement and a letter of intent.

In the future, a more sustainable option would be to link the coordination office/the coordinator to the BENEGO or establish it under the umbrella of the BENEGO. The BENEGO has been a member of the initiators of the b-solution project.

By doing so, this would also follow some of the lessons learned from the case of EMRIC. Currently, also EMRIC is searching for a more official organisational setup with a legal status (for instance under the umbrella of the newly established EGTC Euroregion Meuse-Rhine).

This has to do with the disadvantages of cooperation based on informal cooperation agreements. According to the experiences of EMRIC, the work is very much dependent on individuals with broader expertise (who were involved in the starting phase).

In the current b-solution case of Woensdrecht, a coordination office for cross-border ambulance services could deal with services in the wider BENEGO territory. The new coordinator could be

attached to the organisation of the BENEGO.[10] This is of course a political question and must be discussed by the municipalities involved. Based on the assumption of this report, there are excellent opportunities to do away with the detected obstacles in the short-term. This would mean that cross-border ambulance services are possible, if agreements and other arrangements can be found by competent stakeholders (as it was possible in the Euroegion Meuse-Rhine).

For practical reasons, the b-solutions partners should go ahead with the nomination of a coordinator and discuss in parallel whether there are possibilities to place the coordination task under the BENEGO umbrella.

Step 2: Establishment of a cooperation committee BENEMED for Cross-border Ambulance services (in the BENEGO area)

A future "BENEMED cooperation committee" should facilitate the cross-border collaboration in the field of emergency medical services in the case of daily emergency services and the cooperation on disaster management with respect to big incidents. As shown in the case of EMRIC, it is very useful to search for the synergies with respect to both aspects of emergency services.

The BENEMED cooperation committee should bring together the responsible directors and medical managers of the services and dispatch centres, who are responsible for ambulance services and medical emergency departments (hospitals) in the given territory. Representatives of different municipalities could join in order to contribute to the needs-analysis and give constant feed-back with respect to the perspective of citizens.

The following stakeholders could be represented in the committee:

- RAV - Regional Ambulance Facility in the Dutch area of BENEGO, which is funded by the Dutch health insurers
- Dispatch centres (*Meldkamer* regio Zeeland/West-Brabant, Federal Belgian dispatch centre authority)
- Ambulance Belgium
- MUG - Mobile Urgency Group, medical staff including a doctor
- Hospitals with emergency medical department in the cross-border region
- Dutch and Belgian health insurance companies/institutions (certainly in the first phase when agreements on reimbursements have to be made (on the basis of the Decision)
- BENEGO (or officials from single municipalities as representatives of the municipal interest)

Given the fact that the Belgian Federal State has also important competences with respect to different matters of ambulance services, the Belgian side has to be represented as well by a delegate of the national FOD (the Federal Service Health, Food Chance safety and the Environment).

[10] BENEGO was established in 1968 as a cross-border cooperation organisation of municipalities in the Region. It comprises 25 municipalities close to the border between the territory of Antwerpen/Bergen op Zoom in the west and Turnhout/Tilburg in the east. See: http://www.benego.be/wie/3/situering.

One of the initial task of the BENEMED group is to find agreements of the unsolved barriers to cross-border services detected by the initiators of this b-solution report:

A possible first mission statement could be:

"Make cross-border ambulance services possible by using the legal provisions of the Benelux Decision and try to use the example of practical solutions in the Euroregion Meuse-Rhine."

Step 3: Needs analysis, road map and preconditions

The new body BENEMED could start the work with a proper needs analysis complementing the detected problems and opportunities of this report. Based on that, a roadmap should be developed how to tackle the problems. Following the results of this report, the following three topics can be regarded as preconditions for a future successful collaboration of stakeholders and could be defined as priorities.

1. Dutch Hospitals on the Belgian list

As a first priority, the future BENEMED group should solve the question how and which of the emergency centres/hospital on the Dutch side (for instance in Roosendaal, Bergen op Zoom, Breda) could be in the short term registered on the Belgian list of hospitals (as legal requirement for Belgian ambulances). Today, according to the Belgian FOD, Maastricht University Medical Centre is the only Dutch hospital on the Belgian list. The crucial question is what are the criteria or requirements defined on the Belgian side with respect to the hospitals in question. The criteria are defined at Federal and Flemish level.[11]

In the Euroregion Meuse Rhine, the emergency medical service departments of the four biggest hospitals in the border region are represented in the EMRIC coordination group. It is evident that the Dutch hospitals in the border region are important stakeholders for the future BENEMED group. Only if the above-mentioned registration problem has been solved, further talks on cross-border services of Belgian ambulances in relation to Dutch hospitals are possible.

In parallel, the secretariat of the Benelux Union could be approached. There is a certain gap in the Benelux Decision with respect to the accreditation/registration of hospitals with emergency units. In accordance with the solutions found for technical equipment, an amendment to the current decision could be made, formulating that "the legislation with respect to minimum criteria/requirements and the registration system for the emergency units/departments of the host country applies and is recognized by the sending state of an ambulance".[12]

[11] In Belgium, the minimum criteria for the specialised emergency medical service ("*gespecialiseerde spoedgevallenzorg*") are laid down in a royal decree. In Flanders, the Flemish Angency Care and Health (Vlaams Agentschap Zorg en Gezondheid) has developed additional criteria.

[12] In the Netherlands, the inspectorate for Health as part of the Ministry of Health is the inspectorate for the emergency medical services (Inspectie voor de Gezondheidszorg (IGZ). The legal requirements are laid down in particular directives on minimum criteria.

2. Reimbursement on the basis of the provision of the Benelux Decision

The reimbursement question could be the following priority. As reported by many stakeholders, there is a problem with respect to the costs of ambulance services and the reimbursement of these costs by insurance companies or the payment requirements for patients (due to the different insurance situations). Since this has been the case for many years, the first attempt should be to try whether the proposed reimbursement rules of the Benelux Decision and the respective technical document (*Omzendbrief VI nr 2014/216 van 23 mei 2014*) could be the basis of the arrangements. This has been the approach of EMRIC in the Euroregion Meuse-Rhine.

3. Dispatch Centres: get to know each other and agreeing on communication and procedures

One of the cornerstones of the approach in the Euroregion Meuse-Rhine is the collaboration of the Dispatch Centres. There are regular exchange visits and joint training sessions of staff. As a precondition of the collaboration, there is an agreement under which a Dutch or Belgian dispatch centre can ask the colleagues in the dispatch centre on the other side of the border whether they have free capacities and could send an ambulance across the border. According to the experiences, regular meetings are relevant to make a joint needs-analysis with respect to response and arrival times. Contact is made by phone and the exchange of specific telephone numbers is vital. In addition, the colleagues have to get familiar with the routines of the cross-border partner. According to the experiences in the Euroregion Meuse-Rhine, Dutch ambulances speak about a dynamic dispatch centre approach, where ambulances also drive from one hospital to another without going back to their own post which is not the case in the Belgian situation.

Agreements between dispatch centres can for instance be made on particular time limits. As an example: If the dispatch centre in the Netherlands has the expectation that the arrival time with a Dutch ambulance is beyond 15 minutes they call Belgian ambulances if their expected arrival time is shorter.

4. Support local initiatives as the establishment of a “zorgpunt” and make use of the potentials

One essential challenge is how to strengthen the current local initiatives with respect to innovative solutions. This refers to the current project in Essen (BE) with the intention to establish a ‘zorgpunt’ close to the Dutch border. The relevant question for the broader BENEMED group is what the opportunities are to use the “zorgpunt” to improve the situation of citizens on both sides of the border in certain emergency-situations. The same is true for existing initiatives as the established Basic Life Support teams in Baarle-Nassau (NL) / Baarle-Hertog (BE) as part of the fire station.

4. Pre-Assessment of whether the Case could be solved with the European Cross-Border Mechanism

The presented case is certainly unique: the research showed that there is already a piece of legislation covering the cross-border situation between the Netherlands and Belgium that could be described as a sort of “cross-border mechanism”. The content of the presented Benelux Decision is to some extent a blue-print for other cross-border regions to do away with legal and administrative obstacles of cross-border ambulance services. As shown in the Euroregion Meuse-Rhine, local initiatives were successful in improving their cooperation with the help of the Decision.

There are in a broader sense, no legal cross-border obstacles that prevent a similar success in the cross-border region where the city of Woensdrecht is located. The advantage of the Benelux ”Decision” is that it is relatively “light”. Meaning that it needs an agreement of both governments without heavy procedures in both Parliaments. This is the advantage of a governance system as the Benelux Union based on a joined treaty. Agreeing on a similar legal instrument by two neighbouring states is not as easy in many other border situation as it is in the case of the Benelux. The reason is that this particular Benelux decision on cross-border ambulances could only be made on the basis of the Benelux Treaty (article 19, 29 and 30). Other neighbouring countries cannot agree on a similar legal instrument without having to follow much more cumbersome and time-consuming bi-lateral procedures.

One of the advantages of the proposed cross-border mechanism regulation would be exactly that: providing Member States with a similar option if they want to find agreements on the mutual acceptance of certain legal provision of the neighbouring country on their own territory.

The mutual acceptance of standards of the neighbouring country is the core of the Benelux Decision:

- Accepting technical standards of vehicles coming from abroad on the own territory
- Accepting the definition of competences and the educational background of ambulances on the own territory
- Accepting the liability rules of the host state
- Formulating the right of dispatch centres to deploy an ambulance from the neighbouring country in addition to national rules on dispatch centres

As mentioned in the report, there is a certain gap in the Benelux Decision regulating the national standards for the registration or accreditation of emergency units of hospitals. Following other

elements of the decision, a mutual acceptance of the criteria (what is a hospital with an emergency unit) could be helpful also for other border-regions in the EU.

There is also a lesson from the Benelux legal instrument that is relevant for a future European Cross-border mechanism. It is striking that so far one particular border region could benefit from the legal instrument whereas in another region, cross-border ambulance services are still unsatisfactory. In this case, the success is dependent on cross-border coordination capacities that support the sustainable collaboration of stakeholders across the border. One of the decisive elements in the Euroregion Meuse-Rhine is a coordination office and a stable network of stakeholders. This shows that also a future European Cross-border mechanism is one tool out of a broader tool-box of cross-border cooperation. The better the quality of cooperation and collaboration in a certain sector, the more likely it is that stakeholders benefit from certain legal instruments.

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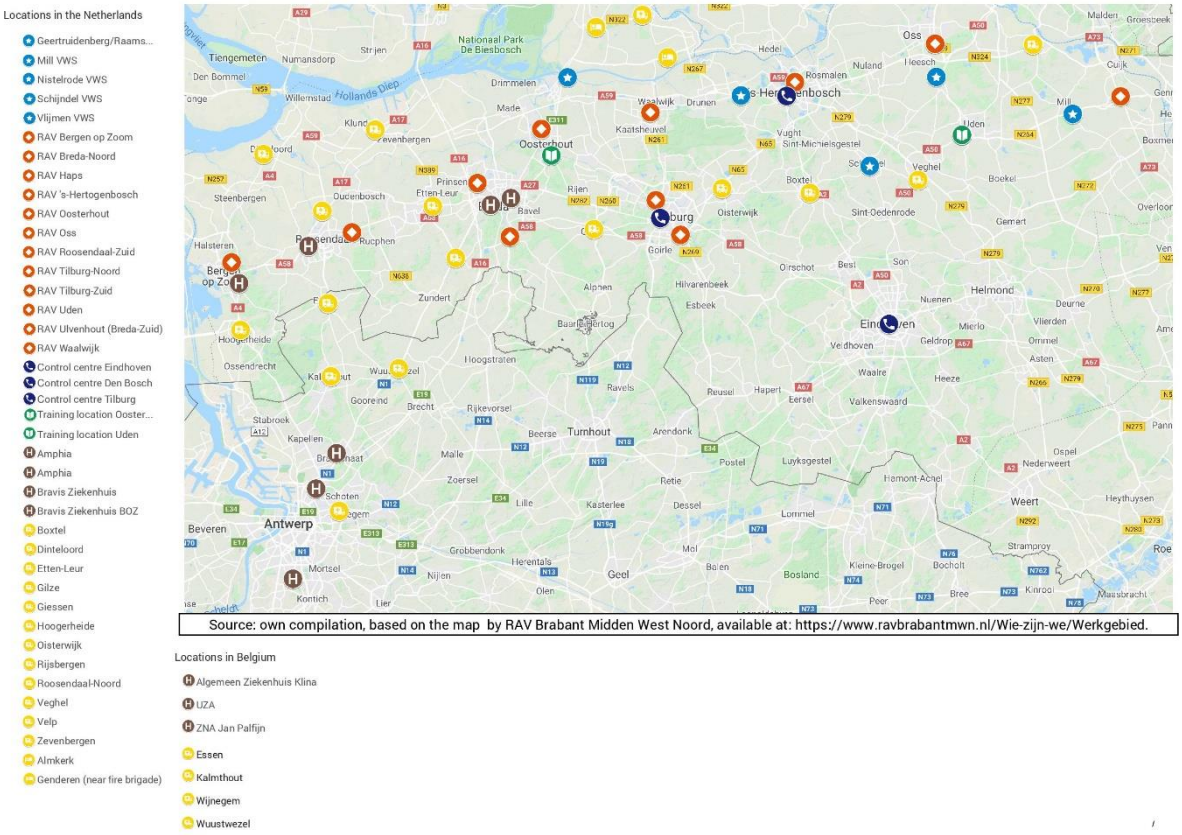
Managed by the Association of European Border Regions by an Action Grant (CCI2017CE160AT082) agreed with the Directorate General of Regional and Urban Policy, European Commission. Financed by the European Union.

Annex I: Locations of Emergency Medical Services



Source: own compilation, based on the map by RAV Brabant Midden West Noord, available at: https://www.ravbrabantmwn.nl/Wie-zijn-we/Werkgebied.