

## FINAL MINUTES OF MEETING

# COORDINATION MEETING OF REPRESENTATIVES OF NATIONAL CONTACT POINTS (CROSS-BORDER HEALTHCARE EXPERT GROUP)

2 DECEMBER 2015, 10:00-16:30

### **ATTENDING:**

- Video or audio-links: Greece, Cyprus, Malta, Croatia, Austria, Czech Republic, Italy, Hungary, Lithuania.
- Present: United Kingdom, Sweden, Finland, Slovenia, Slovakia, Romania, Poland, Luxembourg, Spain, Netherlands, France, Estonia, Latvia, Belgium, Germany, Denmark, Ireland, Norway.
- Excused: Bulgaria, Iceland, Portugal.

#### 1. WELCOME AND INTRODUCTORY REMARKS

The Chair welcomed all delegates and presented the agenda, which was adopted without modification. The Chair outlined the objectives of the meeting i.e. to update the group about experiences implementing the Directive 2011/24/EU, to exchange views on further joint work of the NCPs Expert Group, and to reflect on the end-user perspective and how to better meet the information challenges.

The Chair clarified the decision not to call for a Committee meeting further to a letter received from UK Department of Health. In particular, the Chair explained that the Cross Border Healthcare Committee is a comitology Committee which aims at supporting the Commission in policy areas where it is empowered to implement legislation, and there currently is no intention from the Commission's side to propose such measures. However, it was agreed that it could be useful to convene the Commission Cross-border Expert Group around March 2016 to discuss on the implementation of the Directive in general and its possible effects on the national health systems. It will be up to the Member States to decide on their representative in this meeting in light of the topics to be discussed.

#### 2. IMPLEMENTATION OF THE DIRECTIVE FROM THE NCP PERSPECTIVE

## Information point: 4 September 2015 Report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare

The Chair outlined the main conclusions of the report, which was discussed at the Informal Health Ministerial meeting on 25 September 2015, i.e.:

- Patients' mobility for planned healthcare remains low (late implementation by Member States; low awareness of patient's right; some obstacles in Member States legislation);
- Information to patients (more transparency on health services in the EU; Directive provides a framework for NCP to improve information to patients);
- The Directive created a framework for cooperation between Member States (ERN, HTA, eHealth, cross-border cooperation).

## Evaluative study published in May 2015 on the operation of the Directive 2011/24/EU – including a review of NCP websites

The Commission services presented the study and its main findings. In particular, the report showed inter alia a lack of knowledge on rights to cross-border healthcare, and very little knowledge of the existence of National Contact Points. The report also made it clear that the functioning of the different NCPs and the official NCP web-sites was varying very much. The findings show that there is a need for continued work on making the European patient aware of his/her rights.

### 2.1. Exchange of views on basis of the discussion paper ref. SANTE NCP 2/12/2015

There was a discussion on the relevance and feasibility of using social media as an information channel.

Views were expressed that future surveys should be more limited, and concentrated. Quality aspects of NCP's contacts should be considered, not only quantitative aspects of such interaction. Stakeholders should be contacted to clarify questions and avoid misunderstandings.

Most representatives agreed on the need to further work together, and in particular towards creating a common **Frequently Asked Questions** document.

Other suggestions of topics where further cooperation would be useful included:

 producing an informative text on differences between rights patients have by virtue of Regulation (EC) No 883/2004 and under the Directive 2011/24/EU;

- producing an informative text on rare diseases;
- translations of relevant information into EU languages;
- producing a template checklist of what common information should be given by NCPs;
- putting together common guidelines for cooperation between NCPs and stakeholders;
- producing an informative text on quality and safety.

## Action points:

- > Specific feedback will be given to NCPs, particularly to the 12 MS of focus that were involved in the fieldwork carried out for the evaluative study.
- ➤ European Commission services will send by e-mail an invitation welcoming further suggestions on possible fields where collaboration between Member States could bring added value. This will include an invitation to volunteer for participation to the work. Deadline to come with suggestions will be end of January 2016.

#### 3. Providing information to citizens from the patients perspective

European Patients Forum (EPF) presented their work and findings from a series of regional conferences.

Some of the main findings were:

- Financial issues are a hindrance to equity of access, both cross-country and inside Member States
- Information about rights needs to be improved. EPF recommends that patients' organisations are consulted on how to improve information work from NCPs, national governments and on EU level.
- Trust in the quality and safety of available healthcare, and continuity of care when moving
  across borders, are important issues for patients. Information on quality and safety should
  be comparable within Member States, but also across borders.
- EPF are available to give contact details on relevant patient's organisations in the different Member States.

#### 4. WORKING TOGETHER

## Presentation of the results of the data collection exercise – Jonathan Olsson Consulting, by Jonathan Olsson

Challenges and possible improvements of the exercise were presented along with the data that was found. Main findings are low numbers of treatments and substantial variations in reporting and use.

The Commission services intend to have a similar data collection for 2015 and coming years. However, such a collection should be limited to fewer questions in order to lessen the burden on Member States as much as possible, and to focus on better quality and usefulness of the collected data.

### Action point:

A revised questionnaire will be presented for discussion to the Expert Group on Crossborder Healthcare consisting of Member States' representatives.

## Use of IMI (Internal Market Information system) in the area of Patient's rights

The IMI representative informed about the IMI system, and gave an overview of what it is and how it is used. IMI representative informed that IMI could be expanded to collect FAQs or share knowledge on use of cross-border healthcare rights if there was a need and wish for this.

It was agreed that possibilities should be explored between DGs SANTE and DG GROW.

# Mapping study on patients' rights in Member States – presented by Maastricht University and EU Observatory on Health Systems and Policies

The study objectives is to map patients' rights initiatives in the Member States with special attention on enforcement of patients' rights at national level and contains a review of the Council of Europe activities in the field of patients' rights. The mapping shows significant differences between Member States. Formal and legal rights are not necessarily meaning that the services are provided according to these rights.