



Brussels 28th January 2007

**Response of the
European Emergency Number Association (EENA – www.eena.org)
to the Communication from the European Commission entitled
«Consultation regarding Community action on health services»
*SEC (2006) 1195/4 dated 26 September 2006***

by e-mail to health-services-consultation@ec.europa.eu

A. Introduction

- 1) The European Emergency Number Association (EENA) is a non-profit organisation established in Belgium whose objective is to promote the knowledge and efficient use of the single European emergency call number (112). The 112 was established on the basis of Council Decision of 29 July 1991 on the introduction of a single European emergency call number (91/396/EEC)¹ and is currently provided for in the context of Directive 22/2002 (Universal Service Directive)².
- 2) The efficient implementation of the 112, which is still lacking in many respects, depends from two components namely telecommunications and emergency services. EENA has been active trying to improve the quality of services offered in the context of the 112 service chain by pushing hard on the emergency telecommunications component. However, the present consultation gives EENA the opportunity to address the same issues in the context of the field of one of the emergency services, namely the Emergency Medical Services (the other two being the Fire-fighting or Rescue Service and the Police).
- 3) Every year Emergency Medical Services (EMS) concern potentially about 100 million European citizens travelling within the borders of the EU³. Unfortunately, data on the nationality or permanent residence of victims treated by emergency services are practically non-existent. Therefore ***one action in the context of the new Community action on health services should be the collection of data on people seeking emergency medical help while in another Member State.*** However, when analysing the issue one should take into account the following elements:
 - a) some analyses by EMS⁴ specialists indicate that tourists face a higher risk compared with locals (especially when driving in the context of conditions different from the ones in their country of origin).

¹ OJ L 217 , 06/08/1991 p. 31

² OJ L 108 , 24/04/2002 p. 51

³ In fact every year more than 100 million Europeans cross the internal EU borders for leisure, business or simply because they live in cross-border areas. Over a period of five years, two thirds of the population of the EU (i.e. more than 300million people) may be in another European country and may need emergency assistance (see Report from workshop on Effective Handling of Emergency Calls, Rosersberg, Sweden, available at <http://europa.eu.int/comm/environment/civil/>)Räddningsverkets, 2002).

⁴ Road accidents in tourist areas – Crete, presentation by Dimitis VOURVACHAKIS, MD, in the context of a Workshop on Road Safety and EMS, Athens, 28 September 2006 (available in Greek at http://portal.tee.gr/portal/page/portal/SCIENTIFIC_WORK/EKDILOSEIS_P/EPISTHMONIKES_EVENTS/ODIKH%20ASFALEIA%20KAI%20EKAB/EISHGHSEIS/BOURBAXAKIS.pdf)



- b) the causes of death and disease for the European region published by the WHO⁵ clearly indicate that a significant percentage of these causes (namely heart attacks, cerebrovascular incidents, self inflicted injuries, falls, road accidents, poisonings, drowning and interpersonal violence) are unpredictable and consequently will generate calls to the EMS in a considerable percentage of cases, thus putting the EMS at the forefront of citizens' preoccupations⁶.
- c) it is evident that in case of an accident (or even a disaster) healthcare should be provided without administrative procedures of prior authorisations. In fact in the context of EMS the «golden hour» practical rule indicates that victims should be taken care of as soon as possible.
- 4) To achieve the objective of the Commission consultation i.e. to develop a Community framework for safe, high quality health services, EENA believes that special attention should be given to the challenge of establishing an efficient and high quality EMS system based on the same values and covering all EU citizens, mobile or not. The basic motto of the "*Statement of common values and principles in EU health systems*" issued by the Council i.e. to develop an action "*..ensuring clarity for European citizens about their rights and entitlements when they move from one EU Member State to another and enshrining these values and principles in a legal framework in order to ensure legal certainty*", seems especially addressed to the short term travelling EU citizens who may call upon the EMS of the country they are visiting.
- 5) EENA would also like to underline the need for greater coordination between Commission services. For example, the Commission had in the past, supported several projects in the fields of Emergency and Disaster Medicine (through its Civil Protection Action Programme). The present Consultation process seem to ignore the published results of these projects⁷, which specifically suggested actions for the reinforcement of EMS and the establishment of a EU-wide strategy based on subsidiarity, commonly accepted standards and coordination between Member States. EENA hopes that the suggestions of numerous working groups and workshops, collected through Community financing and specifically addressing citizens needs, will be taken on board in the context of the new Health Strategy.
- 6) Finally, EENA fully supports the position of the Commission that Community action on health services should not mean harmonising national health or social security systems. However, EU citizens from Northern Europe visiting some popular destinations in Southern Europe, who have been promised harmonised consumer protection rules, EU-wide traveller rights, similar product liability standards and a EU-wide emergency call number, will find it difficult to accept that similar quality standards do not apply to the treatment they will receive when having an accident.

B. Replies to the specific questions of the Consultation document
(specifically oriented to services provided by EMS in cases of accidents or disasters)

⁵ WHO – World Health Organisation (2000), Injury: A leading cause of the global burden of disease, Geneva (available through <http://www.who.int>).

⁶ For the above causes of death and disease for high-income countries of the European region, the total of deaths is 1.287.769 and of burden of disease 9.066.441 (for the year 2000). Considering that all of these cases will on average necessitate one call to the EMS we easily have more than 10 million calls.

⁷ See final reports in the project archive at <http://ec.europa.eu/environment/civil/prote/cpactiv/cpact03.htm>.



- 1) *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?*

On the basis of the conclusions of previous work financed by the European Commission (see point 5 above), EENA believes that EMS should be organised in cross-border areas according to the same principles and rules. However, given the fact of the numerous internal borders of the EU, it seems more efficient to establish a EU-wide legal obligation (probably a directive) based on the quality of the end result, rather than legislate on the organisational structures of the different health services involved. Interconnection of information systems used throughout the EU for the exchange of medical information can also ensure economies on scale especially on expensive medical analyses.

For specific pathologies (e.g. burns) the establishment (or reinforcement of existing) hospital networks may prove invaluable in cases of major accidents or disasters when cross border help is required. The best solution of course would be the establishment of some form of accreditation of hospitals on the basis of commonly agreed quality standards and evaluation methods (see point 5 above).

- 2) *Question 2: what specific legal clarification and what practical information is required by whom (eg; authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?*

From the citizen's point of view an important piece of legal clarification could be the establishment of a EU-wide legal obligation for a maximum response and intervention time for EMS (probably differentiated for urban and rural areas). Another important legal clarification could address the quality of healthcare provided in cases of accidents (and/or disasters). The use of clear, measurable indicators (for the response and intervention times 8-15 minutes, for the quality of healthcare provided mortality rates at the exit of the hospital), the obligation for publishing results of independent evaluations of the above (and maybe other) indicators at national and EU level, can clearly help the healthcare sector in general and the EMS in particular to improve performances and results. In fact **EENA supports a healthcare system (especially in the EMS field) whose performance is evaluated on the basis of output (response/intervention time, mortality at exit, number of victims treated, etc.) and not input (available doctors and nurses, ambulances, beds, etc.)**

- 3) *Question 3: which issues (eg: 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?*

- 4) *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?*

In the context of healthcare provided by EMS, the question of responsibility, when it arises, is often waived by judicial authorities on the basis of the fact that EMS always provide the best possible help under the prevailing circumstances. However, in the context of a EU-wide quality assurance system based on accredited hospitals (see above) the issue of responsibility can be addressed with a clause that when the decision is taken to move a victim to an accredited hospital of another MS, the responsibility lies with the medical personnel of the MS of origin and the common rules (to be established for cross-border responsibility cases under the EU legal framework which will provide for the whole system) apply.



- 5) *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)?*

As stated above a (framework) directive should provide for the cross-border provision of healthcare, especially in cases of accidents and disasters. Regular healthcare can also be provided across the national borders, on the basis of a «triage» system and in cases national healthcare resources are not sufficient to guarantee a high level of healthcare within the national borders. Of course people who would be ready to pay the extra cost of receiving healthcare outside the national borders should be able to do so but on the basis of a priority attribution system (to be provided in the context of the future EU legal framework).

- 6) *Question 6: are there 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?*

The provision of qualifications for the specialties of Emergency Medicine and Disaster Medicine at EU level should be considered a priority.

- 7) *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?*

(no reply)

- 8) *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?*

As mentioned above, the Emergency Medical Services should be considered as a matter of priority. Establishing a legal framework for high quality healthcare with specific quality standards and indicators will certainly help Member States analyse their own healthcare systems and start seeking improvements. Of course, the Southern Member States may be lacking in some respects in comparison with Northern Member States, but an action programme to redress the situation (like the cohesion funds) would help a know-how transfer from the more developed regions towards the less developed ones and will generate economic flows in the opposite direction. In any way, providing for a high quality health care all across Europe will certainly create economic benefits from many points of view (healthcare industry, social security, individuals, etc.)

- 9) *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?*

Quality standards and levels of service should be legally binding. Support for attaining these standards should (also) be ensured through Community financing.



C. Conclusions

- 1) EENA fully supports the idea of a legal framework for the provision of cross-border healthcare, especially in the field of Emergency Medical Services linked with the use of the 112, the single European emergency call number.
- 2) EENA believes that European citizens have the fundamental right to know about the existence of the 112 - this can save their lives. When in distress, every citizen calling the 112 within the European Union should get the appropriate help, as soon as possible, at the place of the emergency. Finally EENA believes that citizens in distress are entitled to the same high quality safety and security standards within the territory of the Member States and that they should receive the same high quality aftercare in case of accident or disaster. In fact EENA supports a EU healthcare system based on results (output) and not available means (input).
- 3) WHO statistics of deaths and disease in the European region fully support the need for priority action in the field of Emergency Medical Services.
- 4) Finally, EENA believes that when establishing a Community strategy for health the Commission should take stock of the conclusions of studies and workshops financed through the Community budget in the field of Emergency and Disaster Medicine, which have specifically addressed the issues of cross border provision of Emergency Medical Services.