

The implementation of the EU directive on cross-border healthcare: views from the English NHS

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About NHS

- One of the largest publicly funded healthcare systems in the world, providing the vast majority of healthcare in England
- Based on universal access free at the point of use
- Every 36 hours it sees over 1m patients
- Largest single organisation in Europe: annual budget above £100bn, more than 1.5 million workers
- Integrated system: payers and providers are part of the same organisation
- Currently undergoing a significant programme of reforms
- Confronted with exceptional financial challenge

Our engagement with the directive

- Since the ECJ decision on the ‘Watts case’ it became very clear that cross-border healthcare mattered to the NHS
- One of the main drivers for the establishment of the NHS European Office in 2007
- Widely consulted the NHS on possible implications and concerns
- Extensively briefed EU decision-makers on NHS views



Implications for commissioners (1)

- Reduced uncertainty on patients' rights and how to handle patients' requests for cross-border healthcare
- At a time when the UK Government proposes to extend patient choice and diversify providers, the directive will extend choice beyond national borders
- Large expansion in the volume of cross-border healthcare is not expected as patients prefer to be treated close to home
- ...unless waiting times were to increase for certain treatments

Implications for commissioners (2): main challenges

- Determining domestic prices, especially for procedures not covered by tariff and subject to local variations
- Providing patients with clear information on healthcare they are entitled to receive at a time when greater variations at local level are expected
- Maintaining the ability to plan and prioritise. As authorisation cannot be refused in cases of 'undue delay' some patients could receive treatment more quickly than others who are in greater medical need. Implications for health inequalities?

Implications for providers (1)

- Increased demand for NHS providers in clinical areas where there are capacity issues in some EU member states is possible
- Opportunities in particular for trusts which provide highly specialised care and have international reputation
- Important to ensure that sufficient capacity is planned so that treating additional patients will not have a detrimental effect on NHS patients
- Establishment of European Reference Networks: cooperation with EU experts in some clinical areas, improved patient care

Implications for providers (2)

- Hospitals required to deliver significant cost improvement plans: new strategic operating models to be considered which could include 'marketing' services to non-UK patients
- NHS tariffs often higher than cost of healthcare in other EU countries and this could impact on our ability to attract EU patients
- Determining cost of healthcare - NHS tariffs to be topped up to take into account additional costs which would apply only to EU patients for objective reasons (e.g. capital costs)?

Conclusions and next steps

- Current NHS reforms and EU directive share some common founding principles
- Implications of the directive on NHS difficult to predict at this stage
- Produced briefing providing initial analysis of implications
- Implementation of the directive in the UK at a very early stage due to ongoing programme of reforms
- We will continue to engage and help the NHS prepare for implementation



Thank you!

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