2.42 **emphasises** the need to ensure when the Directive is implemented that professional bodies can perform their present duties without restrictions in future, too. The existence of compulsory membership schemes currently means that if service providers intend to set up in business in another Member State, they must contact the competent professional bodies in that country directly. It is therefore important, in connection with the establishment and setting-up of single points of contact, to take account of current responsibilities and allocations of tasks;

2.43 **is** also **aware of** the new challenges and tasks facing professional bodies, especially as possible single points of contacts or in connection with the drafting of new codes of conduct at Community level;

2.44 for this purpose **asks** Member States, regional and local authorities and all other interested parties to prepare themselves in good time for the challenges set by the new Directive;

2.45 **would urge** that actions should not be guided by defensive reflexes but that the chances presenting themselves to each Member State's service providers and citizens and to the internal market as a whole should be seized.

Brussels, 30 September 2004

The President
of the Committee of the Regions
Peter STRAUB

Opinion of the Committee of the Regions on the Communication from the Commission: Follow-up to the high-level reflection process on patient mobility and health-care developments in the European Union and the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'open method of coordination'

(2005/C 43/07)

THE COMMITTEE OF THE REGIONS

Having regard to the *Communication from the Commission: Follow-up to the high-level reflection process on patient mobility and health-care developments in the European Union* and the *Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'open method of coordination'* (COM(2004) 301 final and COM(2004) 304 final),

Having regard to the European Commission's decision of 20 April 2004, under Article 265(1) of the Treaty establishing the European Community, to consult the Committee on the subject,

Having regard to the CoR president's decision of 5 April 2004 to instruct the Commission for Economic and Social Policy to draw up an opinion on the subject,

Having regard to the *Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on the health strategy of the European Community* and the Commission's *Proposal for a Decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2001-2006)* (COM (2000) 285 final),

Having regard to the *Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions: Strengthening the social dimension of the Lisbon strategy: Streamlining open coordination in the field of social protection* (COM(2003) 261 final),

Having regard to the *Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions: The future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability* (COM(2001) 723 final),

Having regard to the Commission's *Proposal for a Directive of the European Parliament and of the Council on services in the internal market* (COM(2004) 2 final),

Having regard to the report submitted on 9 December 2003 entitled *High-level process of reflection on patient mobility and health-care developments in the European Union*,

Having regard to its draft opinion (CdR 153/2004 rev. 1) adopted on 6 July 2004 by the Commission for Economic and Social Policy (rapporteur: **Ms Bente Nielsen**, Member of Århus County Council (DK, PES);

ADOPTED THE FOLLOWING OPINION

unanimously at its 56th plenary session on 29 and 30 September 2004 (session of 30 September).

1. **The Committee of the Regions' overall views and recommendations**

THE COMMITTEE OF THE REGIONS

1.1 **considers** that, between them, the Commission's two communications on *Follow-up to the high-level reflection process on patient mobility and health-care developments in the European Union* and *Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'open method of coordination'* constitute a framework that presents an overall strategy for developing a shared vision for the European health-care and social protection systems. The two communications should therefore be considered together and the Committee of the Regions calls for the parallel coordination of the further work on the initiatives and processes proposed therein;

1.2 **stresses** that a joint European strategy for establishing a shared vision of European health and social security systems must not lead to any extension of the EU's healthcare remit. A shared European vision for health and social security systems must not result in any moves towards harmonisation or opaque regulatory initiatives. Health care – and its organisation and funding – is the concern and responsibility of the Member States and that must be respected. It is essential to comply with the subsidiarity principle;

1.3 **notes** that, in some Member States, it is the regional and local authorities that are responsible for health and the health-care sector. The Committee of the Regions, and the regions responsible in these areas, would like therefore to be involved in and contribute to establishing a common European health strategy and must be secured influence over the Community's global health strategy in relation to decisions and initiatives that touch on the remit and responsibilities of local and regional authorities in the health and health-care sectors;

1.4 **trusts** that the regional and local authorities will be involved in implementing the initiatives to establish a shared, global European health strategy, for instance in the development of health indicators and benchmarking. The Committee of the Regions therefore feels that regional and local authority representatives should sit on the *High-level Group on Health Services and Medical Care* which will assist the Commission in a range of key areas, including developing the rights and duties of patients; sharing spare capacity between the various health-care systems and cross-border cooperation; identifying European centres of reference; and coordinating assessment of new health technologies. The Committee of the Regions therefore calls on the Commission to ensure that regional and local authorities are represented on this group;

1.5 **feels** that particular attention must be paid to the new Member States in order to meet shared and prospective health-care challenges. Clear priority should be given to supporting the new Member States in developing health measures and improving people's state of health, so as to reduce the discrepancies and imbalances that exist on the health front within the Union, in order, gradually, to come within range of the top EU benchmark.

Patient mobility and health-care developments in the European Union (COM(2004) 301 final)

2. **The Committee of the Regions' views and recommendations**

THE COMMITTEE OF THE REGIONS

2.1 **is pleased** that the Commission recognises that, to meet the requirement that a high level of human health protection be ensured in the definition of all Community policies and activities (Treaty Article 152(1)), it is necessary to increase the involvement of the political authorities responsible for health, health systems and health care. It is vital to ensure that the impact of Community initiatives should be included in the overall impact assessment of new policies and that an assessment of this kind should also consider the interplay between Community rules and the implications for Member States' health systems and national health policy objectives. Given that health, health systems and health care in many Member States are the responsibility of the local and regional authorities, the Committee of the Regions recommends that the regional and local level should be involved;

2.2 **considers** – following on from that – that it is vitally important to clarify the impact on citizens' rights under Community law to seek health care in other Member States and to be reimbursed for such care received in another Member State as set out in the Proposal for a Directive on services in the internal market, and in Regulation 1408/71 on the coordination of social security schemes;

2.3 **asks that**, when comparing health care and service provision as set out in the proposed services directive, the Commission should make sure that health care does not become solely a marketing commodity driven by the prospect of economic gain but, in contrast, is also underpinned by criteria geared to considering an individual's health, course of treatment and quality of life;

2.4 **recommends** that, in its work to disseminate and improve information on citizens' rights under Community law, the Commission should uphold the right of individual Member States to lay down rules for rights and obligations pertaining to the health-care system under their own social security schemes and the various conditions that apply to different services under Member States' health-insurance systems;

2.5 also **considers** that it is not only a question of securing citizens' rights under Community law and providing public information on the subject. More consideration should be given to the possibilities of ensuring provision of a responsive and accessible system that enables all patient groups to make use of the available rights and options. This will ensure that more vulnerable patient groups such as older people with no social network and the mentally ill are in a position to draw on their rights under Community law. For that to happen, it is essential, for instance, that information should be available wherever the public demands it and that such information should be followed up by competent advice and guidance in the individual Member States;

2.6 **asks** that, in the development of initiatives designed to secure the cross-border sharing of spare capacity and health care – as well as in European rules on the recognition of professional qualifications and in the ongoing simplification process – care should be taken in this regard to ensure that the initiatives do not have an adverse impact on the appropriate distribution of medical and health-care staff between the Member States to the detriment, for instance, of the new Member States;

2.7 **is pleased** that the Commission recognises the importance of a structured overall health technology assessment that can provide a solid basis for the evaluation and documentation of health-related devices, products and techniques;

2.8 **feels** in this regard that structured and coordinated European-level cooperation with a view to exchanging experience, sharing knowledge and simplifying arrangements relating to developments in health technology may bring clear value added to the Member States;

2.9 **considers** that access to high standards of sound data and information is crucial to any moves Member States might make to determine best practice and compare standards, and is thus also a *sine qua non* for implementing many of the proposed initiatives. The requisite frameworks for a systematic European data and information system should, as the Commission points out, be established in cooperation with other players in the field and should be coordinated with the ongoing OECD and WHO initiatives and work in this area. It is up to the individual Member States to implement measures and carry through new schemes in the light of the comparable data and information;

2.10 **thinks** that the Commission should do more to ensure that regional and local authorities responsible for health systems and health care are involved and take part in cooperation on health services and medical care and in the group set up on this issue.

Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'open method of coordination' (COM(2004) 304 final)

3. The Committee of the Regions' views and recommendations

THE COMMITTEE OF THE REGIONS

3.1 **welcomes** the Commission's global aim in this communication, namely to define a common framework to support Member States in the reform and development of health care and long-term care, borne by the social protection system, using the 'open method of coordination';

3.2 **can support** the three general objectives: accessibility of care for all, based on fairness and solidarity, provision of high-quality health care and assurance of the long-term financial sustainability of such care;

3.3 **finds** that establishing an overall common framework and securing the general objectives can help meet future challenges such as demographic ageing, persistent problems of accessibility as characterised by unequal access to health care and services, imbalances between the provision of quality services and public needs, and financial imbalances in certain systems;

3.4 **stresses** that the process for drawing up indicators and benchmarking criteria should be carried out showing full respect for Member States' responsibilities for providing and organising health care and take account of the various and divergent conditions in the individual Member States. It is extremely important for these indicators to be based as far as possible on already accessible data. There is a risk that an excessive number of indicators could create unacceptable levels of extra work at the local and regional levels;

3.5 **stresses**, in this connection, that health care and services in many Member States are managed by the regional and local authorities, which, moreover, often have major responsibilities in the fields of health education and preventive health care and of home care services, which serve to avert or reduce the need for recourse to residential care facilities. Thus, local and regional authorities, as essential actors and in accordance with the principles of the open method of coordination, should be involved in the drawing-up of national action plans and the establishment of indicators and benchmarking criteria;

3.6 **urges** that some of the indicators drawn up should relate to quality, as it is difficult for strictly quantitative indicators to cover so-called 'feminine' values, such as care for the elderly and the provision of a high quality of life. The quality of health care should therefore not be seen simply in cost-benefit terms but also in terms of the range of different services it offers;

3.7 **wishes**, furthermore, to point out that the establishment of these indicators and the implementation of benchmarking criteria in accordance with use of the open method of coordination should also take account of the different points of departure of the various Member States;

3.8 **calls upon** the Commission to support the development of a network for exchanging experiences and spreading best practice, which is an important part of the open method of coordination;

3.9 **welcomes** the focus on the significance of other policies for health and health care and considers that closer coordination with other political processes, such as the employment strategy, will be important to achieving the general objectives. The CoR is therefore pleased at the focus on the need for investments in basic and further training for health-care professionals based on the principle of lifelong learning and the formulation of policies on health and safety at the workplace and the creation of higher-quality jobs. In time this can help keep staff in the health-care sector and, hopefully, facilitate recruitment, which is essential to meeting the common challenges of demographic ageing and shortage of labour;

3.10 **considers** that an increased focus on marginalised groups, such as elderly people outside the safety net, ethnic minorities and low income groups, is of prime importance to achieving the general objective of fair access for all to health care. In this connection steps should be taken, as back-up for the Member States' own efforts to change things, to develop support machinery for these marginalised groups so that health inequalities can be reduced. The development of such support machinery requires the involvement and mobilisation of all the relevant players.

Brussels, 30 September 2004.

The President
of the Committee of the Regions
Peter STRAUB