

## **Guest editorial 21st January 2009: The health policy impact of the EU's new Presidency**

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**This guest editorial from Helen Disney, director of the Stockholm Network, considers the likely impact of the EU's new six-month Czech Presidency**

Despite not being a 'core competency' of the European Union, health policy has nevertheless risen up the political agenda in Brussels in the last few years. So, as we kick off a new six-month period, with the EU Presidency being overseen by the Czech Republic, what is on the cards when it comes to healthcare?

Strictly speaking, the main focus of this Presidency is, unsurprisingly, the economy. Even so, a number of key health priorities have been outlined in the Czech Presidency's formal work programme - including patients' rights to cross-border healthcare; financial sustainability of healthcare systems; and e-health and telemedicine.

Looking at the first two items alone, significant challenges lie ahead. In theory, the EU is in favour of patient mobility. Yet the issue remains highly controversial. While most European politicians support the expansion of the single market, when last it was formally debated, health and social care was thrown out of the service directive on the grounds that such welfare services could not be given the same treatment as, say, financial services or telecommunications.

However, attitudes appear to be changing.

The trend for patients to travel overseas for treatment is growing all the time. The fundamental principle of patient mobility is also being used by frustrated patients eager to exert their right to choose and put pressure on over-stretched national health systems like the UK's NHS, which still have long waiting times even for essential treatments.

Indeed, today's unveiling of a new NHS constitution by Health Secretary Alan Johnson enshrines limited rights for UK patients to receive treatment abroad.

### ***Europe sans frontieres?***

Whatever happens with the new Cross-Border Healthcare Directive, which receives its first reading in April or May, the likely trend is for more and more patients to expect the right to cross-border healthcare, and even to choose to use it.

If Europe's decision-makers want to live up to the Czech Republic's slogan of 'Europe Without Barriers', then surely they must include extending the single market in healthcare? As their own work programme for the next six months states, "the issue is, above all, to remove any barriers that still stand in the way of the full utilisation of all internal market freedoms, namely the free movement of workers and services, as well as the extraordinarily promising movement of knowledge".

Linked to Europe's worsening economy, will also be the theme of financial sustainability of healthcare systems - to be debated at May's high-level conference, with a particular focus on long-term care. With Europe's population growing older, few nations are truly prepared for the challenge of caring properly for the elderly - nor indeed for the challenge of paying for it. This conference is intended to share best practice between member states, as well as trying to define what financial sustainability means in practice.

## **Connecting for e-health?**

Last but not least, and linked to the other topics, e-health and telemedicine will be discussed at a ministerial conference next month. The aim is not only to modernise health systems, but also to use technology to innovate and save costs - for example, by strengthening the interoperability of information systems in the healthcare sector.

Whether this is really any area for government intervention is debatable – past attempts at e-government, at least in the UK, are littered with examples of costly failures. Yet, given how many health systems in Europe are lagging behind in the use of ICT and, with the push for more patient mobility, some joined-up government thinking might not go amiss.