





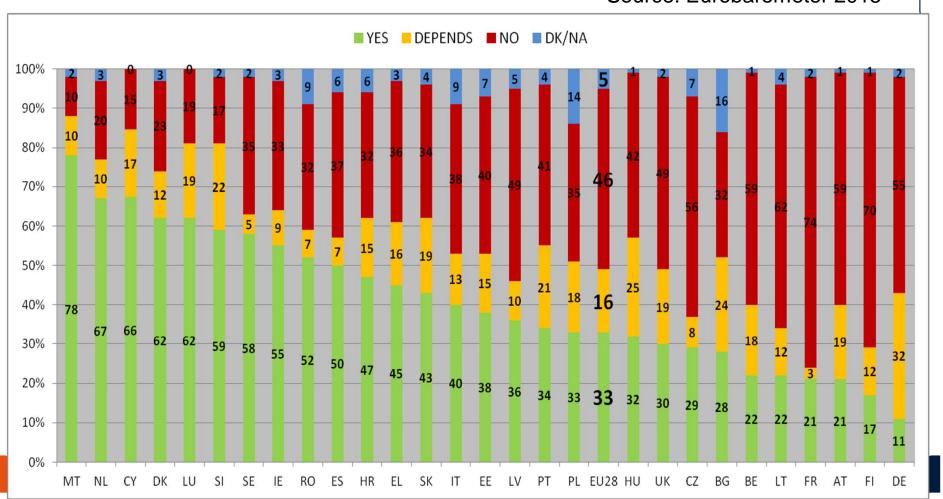
#### Overview

- Directive 2011/24/EU: some starting points
- NCP: Status of implementation
- Information provided
- Conclusions
- Examples of good practices
- The way forward



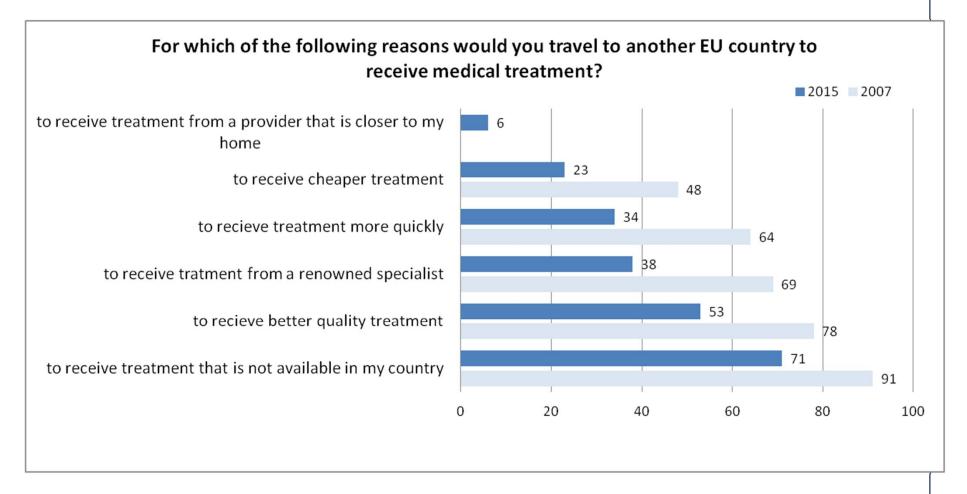
# Would you be willing to travel to another EU country to receive medical treatment?

Source: Eurobarometer 2015





#### Motivations



Source: Eurobarometer 2015 and 2007

#### Dir. 2011/24/EU: the big picture

National provisions, regulations, etc. are very different across MS

- quality of care,
- patient safety
- patients rights

...and information about those is scattered across different institutions within MS

=> an NCP approach



# Directive 2011/24/EU on the application of patients' rights in cross-border health care

What patients' rights do we find in the Directive?



# Legal certainty about rights and entitlements to care in another Member State

- Conditions for reimbursement of cross-border health care (benefit basket, level, formalities)
- Prior authorisation (scope, undue delay, administrative procedures)
- Guarantees of information and equal treatment (prices)



#### Access to safe and high-quality cross-border healthcare

- Information on applicable quality and safety standards and on available providers
- Access to medical record
- Guarantees of non-discrimination, complaints and compensation, professional liability, data protection



#### Cooperation on healthcare between Member States

- Basic duty of mutual assistance and cooperation
- Mutual recognition of medical prescriptions
- Areas of cooperation: European reference networks, Rare diseases, ehealth, Health technology assessment, border regions



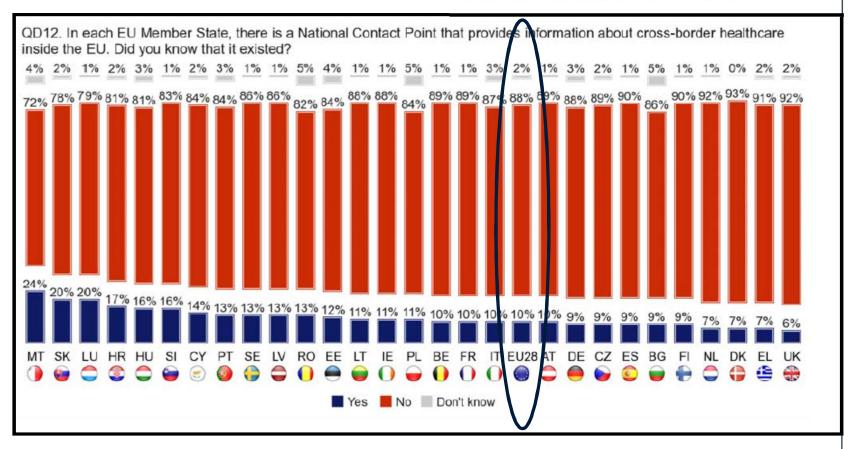
National Contact Points





### Do you know that a NCP existed?

Source: Eurobarometer 2015





# General Context of implementation

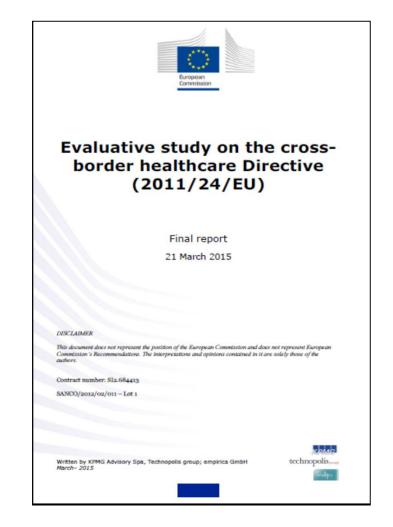
- Many countries late in transposing the PRD/ establishing the NCP
  - => 26 infringements initially opened
  - => 4 still open as of 1st July 2015
- Little awareness of the NCPs
- small number of information requests
- (bi-) annual meeting of the NCP coordinators in BXL

#### Data sources

#### 2014

- content analysis of NCP websites
- Short interviews





#### Results: Formats

- Integration of NCPs in existing portals, e.g.
  - Austria
  - Malta





- Newly designed web areas, e.g.
  - Germany
  - Hungary





#### Results: Multiple NCPs (websites)

- Regional approaches
  - Denmark (one website, pre-existing regional offices)
  - UK (England, Wales, Scotland, NI, Gibraltar)





- Different NCP websites for incoming and outgoing patients websites
  - Hungary
  - Lithuania





#### Results: Scope

- MS of treatment, MS of affiliation or both
  - Malta
  - Austria





- information for patients /for healthcare providers, for health insurance funds
  - Germany





#### Results: Collaboration

- Consultation of patient organisation, health insurances, and healthcare providers
  - In 2014: Some consultations with stakeholders from the field (insurances, providers, governments)
  - In 2015: pattern continues that patient organizations are less likely to be contacted
- Collaboration between MS
  - In 2014, any use informal contacts, some formal cooperation with neighboring countries
  - In 2015 has intesified, most frequently on quality and patient safety issues

### Results: Information provided I

- Reimbursement (2014)
  - On many NCP websites very good, accessible ways of presenting the options, the difference between 2011/24/EU vs. 883/2004
  - the pro's and con's involved
  - the forms needed

...sufficient level of information (2015)

#### Results: Information provided II

- Patient rights, redress & complaint procedure (2014)
  - Very different information provided
  - using links to institutions involved or to laws on patient rights
  - Sometimes missing or uncomplete

...more information/tools on how to enforce those rights practically is needed (2015)

- Info on providers' supervision (2014)
  - Often missing
  - Links to professional chambers or associations

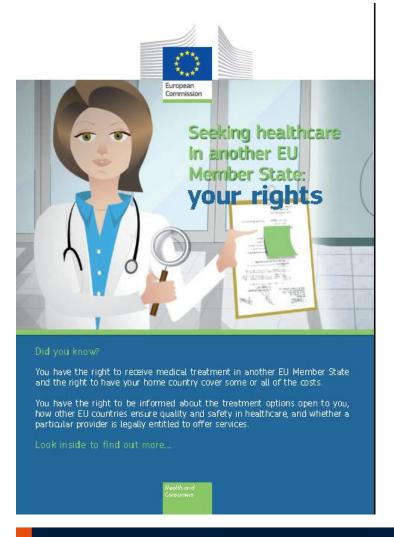
#### Results: Information provided III

- Quality of care and patient safety (2014)
  - Often no thorough and accessible way of presenting
  - Some NCPs lack information
  - Some advise to contact NCP
  - If stated via links to institutions involved in quality of care and patient safety

...and is often not complete still in 2015



#### Conclusions



- National variation in approaches and practice
  - > reflected on NCPs
- Provision of information at national level has benefited from NCP approach (also for domestic patients!)
- BUT: enhance the usefulness of the information

# Individual performance (England)

- NHS Choices publishes performance data of individual surgeons since 2013
- 10 fields e.g. cardiac surgery, hip replacements...
- Data focus on mortality rates, volume of operations

Number of elective infra-renal AAA repairs	Adjusted mortality rate after elective infra-renal AAA repair	Number of carotid endarterectomies	Adjusted rate of stroke and/or mortality
(i)	(i)	(i)	1
24	ОК	22	OK
elective infra-renal AAA repairs	Within the expected range	carotid endarterectomies	Within the expected range
56	ОК	35	OK
elective infra-renal AAA repairs	Within the expected range	carotid endarterectomies	Within the expected range
57	ОК	n/a	n/a



# Quality standards (Ireland)

Making standards understandable for normal people

# The Standards for Leadership, Governance and Management

- 5.1 Service providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare.
- 5.2 Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.



#### Examples of what this means for you:

 you can expect that there is an identified person who has overall responsibility for the quality and safety of the service you are attending

#### **Table of Contents**

Par	t One – Introduction and Implementation Principles	
1.	Introduction	
2.	Guidance	4
2.1	Development of the Guidance	[
2.2	Feedback on the Guidance	(
3.	Implementation Principles	
3.1	Guidance on the Principles	
3.2	How the National Standards are Structured	8
Par	t Two – Guidance on the National Standards	9
1	Person-Centred Care and Support	10
2	Effective Care and Support	4
3	Safe Care and Support	69
4	Better Health and Wellbeing	. 100
5	Leadership, Governance and Management	. 10
6	Workforce	. 149
7	Use of Resources	. 166
8	Use of Information	. 176
Glo	ssary of Terms	. 190
Use	eful Web Resources	. 196
App	pendix: Membership of the Standards Advisory Group	. 198



# Legislation in plain language (NL)

A "lay summary" of the law on patients' rights



National Health Care Institute



# Magazines' Hospital rankings (FR, DE)

Differences in quality between hospitals







# The way forward: Role of NCPs in providing information

- common guidelines, checklists, templates for information provision
- ➤ Patients' rights: comparative list with conditions and practicalities per country
- > Translation support

- about entitlements and procedural rights: complexity!
- about providers:
  publicly available
  performance
  indicators!, waiting
  times, patient
  experience
- about quality & safety standards and treatment options:





#### Acknowledgements

- Brigitte van der Zanden,
- Eveline Cox
- Helmut Brand
- Willy Palm
- Kaisa Immonen





# Thank you for your attention!!

www.inthealth.eu

timo.clemens@maastrichtuniversity.nl