



EPSU HOSPEEM Joint Declaration on health services

The launch of the European Social Dialogue in the Hospital Sector in September 2006 is a crucial step in the development of industrial relations in Europe, as it gives the recognised social partners EPSU and HOSPEEM the possibility to take joint actions on the field of human resources, employment and social policies by using the social dialogue instruments. It also gives employers and workers the possibility to give direct formal input on EU policies affecting the hospital sector and its workers.

The establishment of social partner relations in the hospital sector comes at an appropriate time. More and more European institution activities address health care including hospital care. Important developments include the discussions on the exclusion of health from the services directive, the European Court of Justice Rulings on patient mobility and recently the European Commission Consultation on Health Services.

As key stakeholders, EPSU and HOSPEEM have given their input to this consultation on behalf of our members. However, as employers' and workers' representatives we also want to take up our responsibilities as European social partners according to the provisions of article 138 of the European Treaty. Policy initiatives on the field of cross-border health care have many social aspects and will affect management and labour. Therefore, we call on the Commission to consult us timely if and when it is planning to launch further initiatives in the field of health services

As EPSU and HOSPEEM we are ready to contribute to the present and future debates on health care, while promoting our members' interests. In this document we present and establish our common positions on health services in Europe.

1. HOSPEEM and EPSU fully support the principles as set out in the articles 152 and 153 of the Treaty, and consider these articles to be the starting point and basis for any Community action on health. The European Community should thus fully respect the subsidiarity principle in any EU initiative on the field of health and/or health services. We are of the opinion that the funding, organization and delivery of health services should fall under the competence of individual Member States. We also emphasize that it is the role of the European Community to promote public health, and that it should aim to improve health care for all patients. It is not for the European Institutions to impose market

and/or competition mechanisms in the health care sector, which could have as consequence the lowering of standards and increasing costs of health care systems and thus diminishing the accessibility to care.

2. Health services, including hospital services, are essential in guaranteeing human rights. It is part of the Member States' public responsibilities to promote the general interest including a high level of public health. Health care should therefore be organised on the basis of common European social values including solidarity, social justice and social cohesion. They should also follow the principles of general interest, like universality, accessibility and quality. It is essential that EU-internal market or competition rules do not limit the EU Member states' autonomy in the implementation of these national responsibilities.
3. To maintain and improve the level of services, Member states should maintain their autonomy to plan services and organize resources at a local, regional and national level. This includes the possibility to manage the concrete delivery of services to patients by effective planning and organizing. Without proper coordination, a high rate of cross-border patient mobility can seriously harm the possibilities for governments and authorities to organize the care in a financially sustainable way. It could also endanger equal access to health care. Authorities therefore should be encouraged to coordinate both the incoming and outgoing patient movements by setting up transparent and fair procedures for cross-border care including referral systems, authorization procedures and financial compensation schemes.
4. It is important that local and regional health care facilities meet the health care needs of the population and ensure patient safety. Patient care is paramount and this will be difficult to guarantee without a well-trained and motivated workforce. Health care authorities and providers should take all actions necessary to promote high quality health care staff, be it in the recruitment, the training or the employment of health workers. In cases of cross-border mobility of health workers, adequate monitoring and registration systems should be established in order to enable work force planning, assist a quick exchange of information and facilitate the mutual recognition of qualifications. Cross-border health workers should have the rights and responsibilities according to the legislation and the collective agreements of the country in which they do their work.
5. Cross-border health care should only take place if that is in the best interest of the patient. As the care provision should in principle be liable to the rules and regulations of the country in which the care is provided, information about health care standards, the delivery of services and its regulatory framework should be made available to patients, so that patients are fully aware of potential problems and complications of receiving treatment in another country. In cases of cross-border cooperation between health care authorities and facilities, other settlements, such as bilateral agreements, could prevail in order to meet national requirements and obligations towards patients and workers.
6. Health services are a key element of the European Social Model, especially in relation to social and territorial cohesion. They have a critical role to play in the

economic and social development of Europe, including in the achievement of the Lisbon objectives.

At the same time, a common European approach is needed to safeguard, support and nourish healthcare services so to ensure that they continue to serve the public interests, while able to respond to the challenges generated by globalisation. For those reasons, HOSPEEM and EPSU strongly believe that

- Sufficient legal clarity for authorities and providers is needed to guarantee an appropriate delivery of services at national, regional and local level, and to avoid further interventions by the European Court of Justice;
- The principle of subsidiarity should be fully respected in the financing, planning and operation of healthcare services at national, regional and local level;
- A common evaluation needs to be carried out about the interface between the private sector and public services, ensuring, for instance, that public/private partnerships would not be detrimental to high quality, effective and solidarity-based healthcare services
- Healthcare systems should be governed by the awareness that forward-looking and long-term investments in the service-provision would result in considerable improvements in the population's health status and consequently lead to (financial) benefits and savings that are favourable to the community as a whole. Health should be considered as a growth factor.

HOSPEEM and EPSU believe that in order to assess the impact of any Community action in the field of cross-border healthcare on respective national health systems, a clear methodology is required. This should be conceived in consultation with the European social partners. A possible impact assessment should look in close partnership with the European Social partners in the hospital sector and their members at the impact of a European action on the financial sustainability as well as on the accessibility and quality of health services. The EU must focus on promoting and ensuring high quality health care based on common values and principles, as agreed in principle by the Council of Ministers in June 2006



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