



**EPSU and HOSPEEM on Cross-border healthcare  
evaluation of patients' rights (Directive 2011/24)  
Brussels, 10 February 2021**

As recognised European sectoral social partners, forming the Sectoral Social Dialogue Committee for the hospital and healthcare sector, the European Public Service Union (EPSU) representing 8 million public service workers across Europe with the large number of them in the health and social services Sectors and the European Hospital and Healthcare Employers' Association (HOSPEEM) representing the interest of employers active in the state or regionally controlled hospital sector and the private health sector, present the following view with regards to the evaluation of the Directive 2011/24 on patient's rights in accessing cross-border healthcare, henceforth called "the Directive".

HOSPEEM and EPSU were active in the process leading to the establishment of the Directive, which regulates parts of the fundamental cornerstones of Member States' health systems, such as the capacity to plan for the current as well as future needs within their respective systems. Reiterating the main messages from our joint letter from 15 December 2010, we would like to take the opportunity to underline that the Directive should aim to contribute to the quality and accessibility of patients' care. Equal access to health care is a fundamental human right, which must be facilitated – to the extent possible – in the proximity of patients' living surroundings or directly at the patient's home, including through the use of digital solutions.

It is paramount to support Member States to strengthen their national health systems, address the existing challenges and identify opportunities to create resilient health systems to improve patients' cross-border healthcare access: This includes investment in health workforce and healthcare infrastructure comprising investment in working conditions to address health workforce shortages and medical deserts, access to continued professional development and life-long learning, coherent occupational safety and health prevention practices and guidelines as well as to reinforce equality in the access to healthcare between Member States and within them, taking into account the concept of integrated care. Only by delivering on those challenges quality and timely access to healthcare for patients in cross border arrangements and patients, in general, can be provided. The COVID-19 pandemic stressed the need for investment in Members States health systems, among others through joint actions and

creation of synergies and the need to enhance cross border solidarity in delivering health services.

In terms of health emergencies such as the COVID-19 pandemic, there is a greater need for improved coordination of hospital services in border regions, allowing better allocation of patients and provision of care, which could be included in the Early Warning and Response System of the proposed regulation on cross-border health threats.

Existing tools and mechanisms need to be better implemented to provide patients with a clear overview of available services. One example is the role of the National Contact Points established by the Directive allowing patients to make well-informed decisions about receiving treatment in other EU countries and improving the system of prior authorisation with the principle of delivering healthcare in the proximity of patients' living surroundings.

Considering the arguments mentioned above, HOSPEEM and EPSU do not consider the need to revise the Directive, instead strengthening the implementation of existing tools and initiatives within the Directive.