

Conference on crossborder healthcare organised by  
the Polish National Health Fund



‘Cross border health care (CBHC)’:  
quality and safety  
as supervised by national regulators and  
supervisory bodies in Europe.

*Presentation by Jooske Vos, general-secretary of EPSO  
(European partnership for supervisory organisations in health  
services and social care).*

# Overview of this presentation

Quality and safety as supervised by national regulators and supervisory bodies in Europe

- Introduction (slide1)
- 5 main questions (slide 2)
- EPISO and Supervisory organisations in Europe (slides 3-10)
- Back to the 5 main questions (slide 11-21)
- Your questions about this presentation (slide 22)

# Introduction (1)

**Quality and safety as supervised by national regulators and supervisory bodies in Europe**

- **Jooske Vos – general secretary EPISO**
- **EPISO European Partnership for supervisory organisations in health and social care;**
- **Thanks to the Polish National Health Fund for inviting me to talk about supervisory organisations in relation to CBHC.**

# 5 Main Questions (2)

**Quality and safety as supervised by national regulators and supervisory bodies in Europe**

**In this presentation I will try to answer the following 5 questions:**

- 1. Is the public well informed about QS in relation to cross border healthcare in Europe? (slide 12-15)**
- 2. Why is crossborder healthcare not spreading quickly on its own (various perspectives);(slide 16)**
- 3. Would it be useful to work on improvement of QS safety information?(slide 17)**
- 4. Could Supervisory organisations add to cross border QS information in Europe ?(slide 18)**
- 5. How could this be done? (slide 19-21)**

# Supervisory Organisations (3)

But before answering these questions I share with you some information about supervisory organisations in Europe:

- **What are they?** What do we mean when we are talking about 'supervisory organisations'? (slide 4);
- **What do they do ?** (slide 5);
- **What are their powers ?** (slide 6);
- **What information do they have ?** (slide 7);
- **What is their position in relation to cross border healthcare directive? (8-10).**

# Supervisory Organisations (4)

**What are they? What do we mean when talking about supervisory organisations ?**

**Not all** European countries have supervisory organisations (for instance **not Germany and Poland**);

**Most** have a kind of supervisory organisation; They are called:

- **Regulators (UK);**
- **Inspectorates (Netherlands);**
- **Health Boards (Nordic countries);**
- **National Accreditation or Monitoring organisations (France/ Italy, Ireland).**

# Supervisory Organisations (5)

## What do they do ?

**Most of them have :**

- **Have a long-lasting history, sometimes over 100 years;**
- **Operating closely related to national governments, but also operate more or less independently;**
- **Usually have as main task to supervise the quality and safety of health and social care in their country;**
- **Mainly focused on preventing bad or inadequate care but sometimes also having the task to promote better care.**

# Supervisory Organisations (6)

## What are their powers ?

**Some** have ‘**police tasks**’ such as closing down hospitals or giving fines or punishment to mal functioning health institutions or stopping inadequate doctors and staff;

**Some** mainly **register and report** information to government;

**Some** have an important **role in complaints handling and incident investigation** in health care;

Most of them have **great authority and power in their advisory role to government** on quality and safety of healthcare.



# Supervisory Organisations (7)

What information do they have ?

IMPORTANT to keep in mind in relation to cross border healthcare:

**All of them have an awful lot of quality and safety information more or less directly available - in one way or another - on their respective health systems;**

This may include:

**Individual information** about hospitals doctors, carers, patients;

**Aaggregated information** about the system and groups of health institutions within the system.

# Supervisory Organisations (8)

What is their position in relation to the cross border healthcare directive (2011/24/EU) ?

Most of the supervisory organisations have

**no formal role or task**

in relation to the implementation of the cross border healthcare directive (2011/24/EU);

# Supervisory Organisations (9)

What is their position in relation to the National Contact Points (NCP) of the crossborder healthcare directive (2011/24/EU) ?

Most NCP are newly set up and seem to be functioning quite separately from the national supervisory organisations;

In the NCP list you see a great variety of different organisations:

- Newly set up NCP for crossborder healthcare;
- Divisions of the Ministry;
- Insurance organisations;
- Reimbursement organisations;
- Social security organisations;
- Ombudsman organisations;

And in 2 cases (Slovenia/Lithuania) also supervisory organisations (health surveillance/ state accreditation).

# Supervisory Organisations (10)

What is their position in relation to cross border Quality and Safety information which has to be provided to patients based on the cross border healthcare directive (2011/24/EU)?

Most supervisory organisations have:

- some contact with patients and patient organisations;
- no specific or formal obligation to provide quality or safety info to them or to National contact points;
- Some do work more or less closely together with the NCP.

In specific cases privacy regulation will often not allow them to provide information freely.

# Crossborder Healthcare: back to the 5 questions (11)

1. Is the public well informed about QS in relation to cross border healthcare in Europe? (slide 12-15)
2. Why is crossborder healthcare not spreading quickly on its own (various perspectives);(slide 16)
3. Would it be useful to work on improvement of QS safety information?(slide 17)
4. Could Supervisory organisations add to cross border QS information in Europe ?(slide 18)
5. How could this be done? (slide 19-21)

# Crossborder Healthcare(12)

## question 1: is the public well informed?

To answer this question first **5 interesting statements** from the **Evaluative study on the implementation of the crossborder healthcare directive** (EU- DG SANCO 2012/02/011 final report 21 March 2015)

1. The majority of patient representatives believe that **patients are not generally informed** about the Directive 2011/24/EU;
2. Information on quality and safety is available on most National Contact Point websites, but is **often not comprehensive**;
3. **NCPs indicate that some high-level, generic information is provided**;  
Only a few websites publish practical and easily understandable information to help patients make an informed choice. (for instance on the quality of healthcare providers) **National Contact Points do not disclose information on quality and safety** relating to healthcare providers;
4. **Quality of care is not considered a key driver** in patients' choices;
5. Patients are **guided by the experience of other patients or acquaintances**.

# Crossborder Healthcare(13)

## question 1: is the public well informed?

From my personal quick- scan of NCP websites I indicate 2 examples and a general impression:

- **The Uk** mentions that you have to go to the 5 different websites of the various parts of the UK( England Wales Northern Ireland, Scotland and Gibraltar).
- **The Netherlands** sends you as foreigner to a number of incomprehensive websites (only available in Dutch);
- **My general impression:** Practical information related to specific treatment is on most websites completely missing.

# Crossborder Healthcare(14)

## question 1 : Is the public well informed?

To my personal opinion (and to the obligations set out in the directive) the public might be interested in answers like:

- Which doctor/ hospital provide **best medical care** in my case?
- Which one is the **cheapest**?
- What are the **known risks**?
- What hospital/ doctor will be **available at short notice**?
- What are **specific outcome figures** per hospital and preferably per doctor or team of doctors ( medical unit)?
- What is the **most comfortable hospital**?
- Whats are the **additional costs of treatment in various options**?
- Do they **speak my language**?



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# Crossborder Healthcare (15)

## The answer to question 1

### The answer is No

**PATIENTS ARE NOT WELL INFORMED** ABOUT QUALITY AND SAFETY ISSUES OF CROSS BORDER HEALTHCARE;

#### **MAYBE AS A RESULT**

ONLY FEW PATIENTS WHO HAVE INFORMATION FROM OTHER SOURCES SUCH AS FAMILY AND RELATIONS GO CROSSBORDER;

IN FACT THE **RESULT IS THAT ONLY A VERY LOW NUMBER OF PATIENTS IS SEEKING CROSS BORDER CARE** (exact information about numbers is not available at EU level).

## Crossborder Healthcare(16)

Why is crossborder healthcare not spreading quickly on its own?

### Various perspectives:

- **Hospitals** and other health institutions - are **not primarily interested in sending patients abroad** ( loss of income and money/risk of bad care/ loss of control/ problem with medication and aftercare;
- **Healthcare workers and doctors** - **not primarily interested in sending patients abroad** – gives more trouble / already busy in daily practise / no extra gains /often perception of best healthcare provide by themselves;
- **Insurance companies** - could be interested for several reasons: reduce waiting lists / cost reduction /to attract patients
- **Patients**- uncertainty about bureaucratic procedures /reimbursement
- **EU member states:** not promote crossborder care as better than at home.
- **Supervisory organisations** - no cross border powers /feel not safe in comparing care between states; some share information on quality.

## Crossborder Healthcare(17)

### Question 2: Would it be useful to work on improvement of Quality Safety information?

The answer to this question seems -without doubt -to be **yes**

One of the main recommendation from the KPMG -EU Sanco evaluation report is: **“Enhance the usefulness of the information provided on the websites of the NCP through cross referencing and by involving patient organisations in defining standards requirements”**.

But is this the only option ? Are other parties maybe more obvious?  
**To my opinion Supervisory organisations could be a good partner .**  
**The next question therefore is question 3.**

## Crossborder Healthcare(18)

### Question 3: Could supervisory organisations add to crossborder Q and S information in Europe?

The answer to this question seems again without doubt: **yes** .

**Inspectorates have - as said before - an awful lot of quality and safety information more or less directly available - in one way or another – and are well informed on all aspects of their respective health systems;**

This may include:

Individual information about hospitals doctors, carers, patients, or

Aggregated information about the system and about health institutions.

The top of the slide features a collage of images related to healthcare, including a hospital room, a person at a desk, and a person in a lab coat. Below this collage is a horizontal bar with a color gradient from blue to white.

# Crossborder Healthcare(19)

## Question 4: How could this be done?

**But... if we want supervisory organisations to disclose – in the public interest –their quality information available at their desk , there are a number of hurdles to take:**

1. supervisory organisations will have to be very prudent with their information to make sure they stay **trusted partners for hospitals ,doctors and carers;**
2. They also will have to be prudent with their opinions on quality and safety as **politics will not like them to be too negative on institutions often supported with public money** or public regulations;
3. They will not be happy to make their information publicly available unless there are enough safeguards in the system such as protection against claims and personal accountability.

The top of the slide features a horizontal collage of images: a blue grid, a hospital room with a patient bed, a person in a white lab coat, and a blue circular graphic. Below this collage is a white horizontal bar.

## Crossborder Healthcare(20)

### Question 4: How could this be done ?

The NCPs are according to the Directive (art 4.2b and 6 ) responsible for information on QS -Directive 2011/24/EU Par 20:

In order to help patients **to make an informed choice** when they seek to receive healthcare in another Member State, Member States of treatment should ensure that patients from other Member States receive on request the **relevant information on safety and quality standards** enforced on its territory as well as on **which healthcare providers are subject to these standards** Furthermore, healthcare providers should provide patients on request with information **on specific aspects of the healthcare services they offer and on the treatment options.**

# Crossborder Healthcare(21)

## Question 4: How could this be done ?

**Do the MS and NCP in Europe to make this happen need help of**

- a. **supervisory organisations (EPISO) and**
- b. **the patient organisations ?**

The answer seems to be again **Yes:**

It seems a good option (and a challenge) for the NCPs in co-operation with the supervisory organisations and patient organisations **to work together on improvement of spreading QS information crossborder.**

**This might lead to better healthcare facilities and spreading of knowledge and good practice by organising a more transparent crossborder healthcare in co-operation with each other.**

**Are there any questions?**



EPISO European Partnership for Supervisory  
Organisations in health and social care