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DRAFT REPORT

on the Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the ‘open method of coordination’
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CONTENTS

	Page
EXPLANATORY STATEMENT.....	3

EXPLANATORY STATEMENT

1. INTRODUCTION

The social-security system is a component part of the European social model. Its four strands are:

- pensions
- social integration
- making work pay
- health care and long-term care

In the field of health-care and long-term-care provision, the aim is to provide access to high-quality health care for all people, irrespective of their age, sex, nationality or means.

2. BACKGROUND

In 1992 the European Council issued a recommendation calling upon the Member States to establish and develop high-quality health-care systems appropriate to the needs of the population - needs which would increase in particular with the ageing of the population, developments in diagnosis and treatment and the requirements of prevention.

In 1999 the European Council included health care as one of the four areas in which closer cooperation between countries was required.

In December 1999 the European Council adopted a resolution on modernising and improving social security.

In its June 2000 decision the European Council established 'high-quality sustainable health care' as one of the four broader aims to be pursued in the modernisation and improvement of social security.

In the March 2000 Lisbon European Council conclusions the creation of 'greater social inclusion' (including the modernisation of social-security systems) was established as a strategic objective.

At the June 2001 European Council in Göteborg a call was issued for greater efforts to be made in order to provide adequate, sustainable pensions which would cover the cost of both health care and long-term care.

At the March 2002 Barcelona European Council, three principles established by the Commission were adopted. They serve as a basis for the development and the reform of health care and long-term care: (1) care to be universally available, (2) care to be of high quality and (3) care to be sustainable on a long-term basis.

On 10 March 2003 the Commission and the European Council adopted a joint report on support for national strategies relating to the future of health care and care for the aged. In that report, (1) innovations in technology and care, (2) the increase in patients' expectations and awareness and (3) demographic ageing were highlighted as new problems which threatened to undermine national health-care and long-term-care systems. At the same time three general objectives were laid down in the report and are now being proposed as the basis for the open method of coordination: (1) availability of care, (2) high quality and (3) financial sustainability.

The Commission report was submitted together with a report concerning the movement of patients and the development of health care within the European Union. That report stemmed from an initiative launched by the former Commissioners David Byrne and Anna Diamantopoulou and their respective health ministers. The two reports were adopted jointly by the Commission and they set out a joint strategy for the development of health care and social-security systems in Europe.

3. SUBSTANCE OF THE REPORT

The Commission report was published in the Spring Report 2004. Its purpose is to define a common basis for Member-State support for the development and reform of health care and long-term care by means of the 'open method of coordination'.

In the report, (1) accessibility, (2) quality and (3) the financial sustainability of health-care and long-term-care systems are established as the main objectives to be pursued through the development and reform of those systems in the Member States. Those objectives are closely interconnected and interdependent.

The report identifies as the main threats to the national systems (1) new diagnostic and therapeutic technologies, (2) the general public's increasing awareness and growing expectations and (3) the ageing of the population, to which may be added (4) the increasing age of medical workers, especially in the new Member States, and (5) an increasingly mobile Community population.

Both Commission reports call for coordination of the Member States' health policies and the Commission proposes a global strategy for the development of health-care systems. The Commission report proposes joint objectives for the development and the reform of health-care and long-term-care systems. Those joint objectives enable individual countries to establish their own national strategies and to exchange their experiences with other countries. The joint objectives should underpin further development in health care and long-term care and they should provide political support for reforms.

Improving health care is a means of tapping the potential of the labour force and health policy is an active instrument of employment policy, since it improves an individual's chances of finding and remaining in a job.

The ageing of health workers constitutes a time bomb, since many such workers are retiring just at the time when a general ageing of the population is taking place - hence at a time of

increasing demand for health care and long-term care.

A fundamental role in raising awareness, in preventing illnesses and in improving the quality of health care is played by the exploitation of information technologies - 'eHealth'. This also plays an important role in the training of health workers. Communication plays a fundamental role in the coordination of the health care and the long-term care made available by a variety of providers who often work in isolation.

According to the Commission the key to the development and the reform of health-care and long-term-care systems is the effective running of systems based on the linking of responsibilities and the transfer thereof to the individuals involved in the systems, including the social partners, local and regional authorities, patients and non-governmental organisations. At the same time health-care providers, financial organisations, non-governmental organisations and public authorities must be coordinated.

The Commission proposes the following joint objectives:

(1) Availability of health care and long-term care

- Ensuring access to high-quality health care for each individual in accordance with his or her needs, based on universal access, fairness and solidarity,
- Providing a safety net against poverty or social exclusion associated with ill health, disability or old age for both the beneficiaries of care and their families.

The Member States should agree to:

- offer high-quality care to persons requiring long-term or expensive care, to those with particular difficulties in accessing care, to persons with disabilities and to the elderly,
- concentrate on the coordination of social services, primary care, hospital services and the services of specialised institutions,
- promote palliative and end-of-life care,
- reduce regional inequalities in access to health care,
- support action to shorten waiting lists,
- promote human-resources management and the training of health workers.

(2) High-quality health care and long-term care

Providing high-quality health care and long-term care is still a priority which is becoming ever more difficult to achieve. The reason is rapid technological development together with a rapid increase in costs and the general public's growing demands and expectations.

Increasing the quality of health care and long-term care must result in a genuine improvement in people's state of health and quality of life, and public resources must be spent effectively.

The Member States should agree to:

- promote practices and treatments based on scientific assessment and to evaluate the costs and benefits of treatment, equipment and drugs,
- promote prevention and a healthy lifestyle,
- promote the quality of the undergraduate, postgraduate and life-long training of health workers,
- improve the legal arrangements for protecting health and safety at work, with an emphasis on prevention,
- promote the adaptability of systems to changing needs, with a view to providing the best possible conditions for health and quality of life by means of better coordination between the players concerned,
- define the rights of patients and their families.

(3) Financial sustainability

The Commission assumes that it will be possible to maintain access to high-quality health care and long-term care without drawing on financial resources from other areas of the public budget. Much of the cost of health care and long-term care is reimbursed out of public funds which are currently under pressure from the demands of the Stability Pact.

In the report the Member States are advised to carry out reforms designed to increase the financial stability of health-care and long-term-care systems. The tools to be used for that task should include the introduction of partial reimbursement of care costs out of public resources or the requirement that patients pay some of their own costs, in order to promote responsibility on the part of care consumers. Furthermore, the report mentions the setting of budgets (particularly in the hospital sector), the introduction of steering tools designed to improve the population's state of health and the results of treatment, and the transfer of greater responsibility for public spending to health workers. The report places particular emphasis on increasing the responsibility of the players concerned: care providers, financial backers and care consumers.

The Member States should agree to:

- improve prevention and thereby reduce the consumption of expensive medicinal products,
- strengthen coordination and the exchange of information between individual providers of health care, long-term care and social care,
- achieve a sustainable rate of expenditure on development by means of incentive measures for care providers and consumers,

- offer more effective care by more effectively monitoring the way in which resources are used,
- make the provision of health care and long-term care more effective through the decentralisation of the providers of such care and in particular by increasing those providers' responsibility for the use of public resources.

4. JUSTIFICATION FOR PARLIAMENT'S MOTION FOR A RESOLUTION

In Parliament's motion for a resolution on the Commission report I emphasise health as a basic value of each individual and the protection of public health as one of society's basic tasks.

It must be borne in mind that health is by no means affected only by health care and hence that in efforts to maintain and improve health, attention must also be paid to factors other than health care and long-term care.

The confidence that health care will be available if it is needed is essential to the functioning of each individual in society and in the context of an increasingly mobile Community population, efforts must be made to provide comparable availability of health care throughout the Community.

New preventive, diagnostic and therapeutic technologies, the general public's growing awareness and expectations and the increase in life expectancy - which are considered in the Commission report to constitute problems or threats - are in fact achievements on the part of our society. Hence we do not intend to combat them but, rather, to promote them and to seek a way of making health-care and long-term-care systems financially sustainable, even if people's life expectancy, awareness and expectations continue to increase and greater use is made of new technologies.

In the motion for a resolution, emphasis is placed on the fact that prevention and health care are important not only to health but also to the long-term financial sustainability of care systems.

In the motion for a resolution the individual - the patient - is placed at the heart of health-care and long-term-care systems. Everything that is done in the context of health care and long-term care is done in the interests of the patient; the availability of care is in his interest, as are the quality and the financial sustainability of care systems. For this reason the individual must have maximum access to information and extensive rights as regards decision-making, and at the same time he must assume responsibility (including financial responsibility) for the decisions he takes.

In the motion for a resolution I make the point that the quality of health care and long-term care is conditional upon the level of health workers' education and training and upon the extent to which the latest preventive, investigative and therapeutic technologies are made available.

Last but not least, health care and long-term care are presented as significant sectors of a

country's economy and as scientific and research fields. They create a large number of stable, high-quality jobs and generate a great deal of economic value.

I propose that in its resolution, Parliament should back the Commission report, endorse the main objectives laid down in the report and acknowledge the main causes of the problems facing the Member States' health-care and long-term-care systems.

I propose that in its resolution, Parliament should call on the Member States' governments to devote more attention to promoting a healthy lifestyle, to creating and maintaining healthy living conditions and to encouraging prevention. Furthermore, I propose that the Member States' governments should be called upon to promote the position of the individual - the patient - within health-care and long-term-care systems. The general public should be given better access to information, greater rights and greater responsibility. At the same time I propose that the Member States' governments should be called upon to promote better-quality communication and the sharing of information amongst all providers of social, health and long-term care, and to promote all forms of education and training for health workers.

5. CONCLUSION

The Commission report is a contribution designed to support the Member States as they develop and reform their health-care and long-term-care systems.

Of fundamental importance are the acknowledgement that the Member States' governments have full sovereignty in the field of health care and long-term care and the promotion of development and reforms in that field on the part of all Community bodies.

The growing need for development and reforms to be coordinated is accentuated by the increasing mobility of the general public and hence of patients within the Community. It is right that the Commission report has been drawn up and is being considered in conjunction with the report on the movement of patients and the development of health care in the EU.