


# Fiche de procédure

Basic information		
INI - Own-initiative procedure	<a href="#">2003/2134(INI)</a>	Procedure completed
Health care and care to the elderly: supporting national strategies for ensure a high level of social protection		
Subject 4.10.07 The elderly		

Key players			
European Parliament	Committee responsible		Rapporteur
	<b>EMPL</b> Employment and Social Affairs		Appointed 11/06/2003
			PSE <a href="#">JÖNS Karin</a>
	Committee for opinion		Rapporteur for opinion
	<b>FEMM</b> Women's Rights and Equal Opportunities		Appointed 11/06/2003
			PPE-DE <a href="#">FLEMMING Marialiese</a>

Key events			
03/01/2003	Non-legislative basic document published	<a href="#">COM(2002)0774</a>	Summary
04/09/2003	Committee referral announced in Parliament		
17/02/2004	Vote in committee		Summary
17/02/2004	Committee report tabled for plenary	<a href="#">A5-0098/2004</a>	
11/03/2004	Debate in Parliament		
11/03/2004	Decision by Parliament	<a href="#">T5-0184/2004</a>	Summary
11/03/2004	End of procedure in Parliament		

Technical information	
Procedure reference	2003/2134(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 54
Stage reached in procedure	Procedure completed
Committee dossier	EMPL/5/19854

Documentation gateway					
Non-legislative basic document		<a href="#">COM(2002)0774</a>	03/01/2003	EC	Summary
Committee report tabled for plenary, single reading		<a href="#">A5-0098/2004</a>	17/02/2004	EP	
Text adopted by Parliament, single reading		<a href="#">T5-0184/2004</a> <a href="#">OJ C 102 28.04.2004, p. 0653-0862 E</a>	11/03/2004	EP	Summary

## Health care and care to the elderly: supporting national strategies for ensure a high level of social protection

**PURPOSE :** to present a joint report from the Commission on health care and care for the elderly : supporting national strategies for ensuring a high level of social protection. **CONTENT :** the Barcelona European Council invited the Commission and the Council to examine more thoroughly the questions of access, quality and financial sustainability. For this purpose, a questionnaire was submitted to the Member States. This report draws the main conclusions from the analysis of the Member States' responses and proposes future steps. The replies from Member States confirm the usefulness of the three broad objectives of access, quality and sustainability as a basis for looking at policies for health care and long-term care for the elderly. All Member States are trying to find the best balance between these three goals: how to raise enough funding to secure adequate care for all, with high quality; how to provide services more cost-effectively? The Member States' replies show that seeking this balance poses a major challenge for the overall management of systems. Thus, many national replies refer to the need to ensure good decision making at the interface between their health care and the emerging long-term care sectors and a better co-ordination of health care provisions and long-term care services for the elderly. Achieving the best balance also raises governance issues; there needs to be a balance between the focus on quality, standards and cost control which are often centrally driven on the one hand, and local management and delivery, on the other. While it was not an explicit objective of the questionnaire, some Member States' replies point to the large employment challenges and opportunities in the care sector. The challenges include: how to retain staff under sometimes rather difficult working conditions; how to recruit and train new staff as demand increases over the next decades; and how to develop the quality of work, by providing skill development and career progression, in the sector. 1) In relation to access, Member States express their determination to maintain general and comprehensive access as a cornerstone of their systems, even in the face of increasing costs, with several proposing to further refine and improve their access mechanisms. 2) In the area of quality, the replies reveal that there is scope for greater co-operation between Member States in the area of quality of service delivery regarding both health and long-term care. This is particularly true in the perspective of greater crossborder mobility of patients and enlargement. The Community's action programme in the field of public health, which will come into force in January 2003, will help in developing tools for quality assessment. 3) Regarding financial sustainability, Member States point to the challenge of ensuring that resources and in particular new technologies can be deployed in the interest of efficiency and cost effectiveness and of ensuring that health professionals and patients integrate cost considerations into their decisions. The Commission invites the Council, on the basis of this Communication, to adopt the joint report requested by the Barcelona European Council and to submit it to the Spring 2003 European Council. A process of mutual learning and co-operative exchange should be continued on the basis of the issues identified in the joint report. The Commission will present in autumn 2003 further proposals for pursuing this co-operation. That Communication should also cover the specific aspects of these issues related to the enlargement of the European Union. Co-operation between Member States could concentrate on exchanging experiences and best practice with regard to each of the three broad objectives. There should be a particular focus on improving the information base and on indicators as a basis for such co-operation, drawing on the existing close co-operation between Eurostat and the OECD in this area. It would also be useful to pay particular attention to employment issues.?

## Health care and care to the elderly: supporting national strategies for ensure a high level of social protection

The committee adopted the own-initiative report drawn up by Karin JÖNS (PES, D) in response to the Commission report. MEPs welcomed the start of cooperation by the Member States in the field of health care and long-term care and endorsed the three main principles, namely, access for all regardless of income or wealth, high quality and financial sustainability. They called for the open method of coordination to be applied in this area and for the Member States to lay down, by early 2006, common objectives and indicators which take more account of the importance of prevention and health promotion, which, they said, should be accorded the same attention as treatment and rehabilitation. In this connection, they stressed that, to achieve financial sustainability, Member States should fully explore the enormous cost-cutting potential of preventive strategies rather than simply making cutbacks in their healthcare services. They also pointed to the risk that achieving financial sustainability would be overvalued with regard to the costs of accessibility and quality. The report called for a European Charter of Patients' Rights which would guarantee inter alia the right to comprehensible, factual and appropriate information and advice from the doctor, the right to documentation on treatment and the right for patients to inspect it, and the right to make a complaint. MEPs expressed concern about the growing shortage of well-trained doctors, medical and care staff and urged the Member States to make deliberate efforts to improve the quality of the work, make these professions more attractive and remove the present staffing bottlenecks. There was also a need to encourage the training and further training of volunteers, as well as those already qualified and working in this sector. The report called on the Member States, in the event of long waiting lists and when treatment cannot be provided on their national territory in good time, to cooperate so as to provide jointly a high level of health and social care for all EU citizens. The Commission was urged to carry out a general review of patient mobility, i.e. patients crossing from one Member State to another to seek treatment, and examine how to strengthen the legal certainty of patients as to their rights in this area. MEPs also warned against a purely individual approach to patient mobility and the provision of health care across borders such as was now being adopted in the Commission's proposals for an internal market in services. They called on the Commission to make broader and more balanced proposals in order to protect national health systems against an erosion of the social character of health care systems and the solidarity on which they are based. Lastly, the report expressed concern at the substantial differences existing between the present and future Member States in terms of the health of their populations and access to health care and

long-term care. It called for the new Member States to be supported in their efforts to improve this sector with the aid of the health action programme and other appropriate instruments. ?

## Health care and care to the elderly: supporting national strategies for ensure a high level of social protection

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The European Parliament adopted a resolution based on the own-initiative report drafted by Karin JONS (PES, D) on health care and care for the elderly: supporting national strategies for ensuring a high level of social protection. Parliament is calling for the Open Method of Coordination to be applied to health care and long-term care. MEPs welcome the exchange of information and experience, and the identification of best practice, which has taken place between the Member States. On the other hand, they believe this cooperation should be reinforced, with the Member States setting objectives and common indicators for the period to 2006. They should take account of three fundamental objectives: universal access regardless of wealth and income, the need for high quality care, and financial viability. They also emphasise the importance of prevention and health promotion, which are at least as important as treatment and rehabilitation. MEPs favour a European Charter of patients' rights, which they say the Commission should draw up after an exchange of experience. The Member States are each asked to adopt a law on patients' rights or a Patients' Charter, guaranteeing the right to receive appropriate and comprehensive advice and information from their doctor, the right of access to treatment records and the right to make a complaint. MEPs note that even if there is limited cross-border use of health services, this is constantly growing for certain groups of people and in certain regions. They therefore invite the Commission to review, on the basis of Court of Justice case law, ways to enhance legal certainty for patients regarding their rights to use health services in another Member State, and to present appropriate proposals on the subject. They are concerned that in many Member States, waiting times for certain treatments are too long and call for Member States to take steps to reduce waiting times.?