



direct contact by telephone rather than by letter. This is evident by the 100% success rate with recruitment from families contacted directly, compared to the response from those who are informed about the study only by letter. However, the combined approach of using a national database with a team of trained and experienced MODY link nurses has proved effective in establishing a collection of families suitable for genetic studies. Our study has shown that DSNs who have received additional training in the genetics of diabetes are a valuable tool not only in selecting appropriate families for recruitment, but also in collecting essential background information and samples which are necessary for determining the precise phenotype. We hope that this approach will continue to prove effective in extending our current cohort and also for future genetic studies investigating novel causes of diabetes.

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Eurowatch



Patient mobility across the EU: issues and challenges

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The E111 and other current paper forms are being replaced by the European health insurance card – the so-called Health Passport.

In recent years, patients have also sought medical treatment in other countries for non-emergencies. Far less well known has been the E112 certificate, which authorises visits to other member states for planned treatment. E112 authorisation has been rarely given in the past. More usually, in recent times there have been referrals of groups of patients under bilateral contracts,

as part of waiting time initiatives. Now the debate has been moved on and more power placed in the hands of patients themselves. There has been a series of court rulings by the European Court of Justice on patients' rights to receive planned treatment in other EU member states in situations where they cannot be treated in their home country within an acceptable time limit.

These patient mobility rights, stemming from the European Treaty's enshrined principle of freedom of movement with the EU, are



potentially good news for patients but a substantial headache for health service budget holders and insurers. So far, the pace has been set by the courts and patient pressure. If we are happy to leave it to the courts to decide policy and spending priorities, the EU needs to do nothing – except to prepare to pay heavy and unpredictable bills, whenever patients probe through the courts and legal opinions and judgements are delivered.

That is no way to run a country, much less the venture that is New Europe. Our electors like the idea of patient mobility as an option; but they want and expect it to be properly managed and they want and expect to be offered sound guidance on policy and procedures. Some national governments may prefer to think that, if they delay long enough, the issue will go away and that health care delivery is their exclusive preserve under the Treaties. Yet it is exactly those Treaties that have provided the Court of Justice with its judgements and have set in motion a process which has the potential to empower patients and enhance the health of Europe's citizens.

The answer to member states who prefer that their citizens should use their national health and care services is to ensure that these services match the best that is available within the Union. Most patients and their families would prefer to use local services; but, if the quality is poor or the delays are unacceptable, some at least will be prepared to travel, knowing that the bill will be paid by their home country.

Following the court judgements it is urgent that we agree the procedures for patients, their doctors, NGOs and health services and insurers. That led to the setting up of a High Level Reflection Group, from which came a Commission communication that confirmed the constitutional setting and reality of

patient mobility rights and set out the issues and procedures that need to be agreed. It is not absolutely clear, however, that it recognises the need to take these forward with a sense of urgency, if the matters are not to go back to the courts. It is also not clear why other parts of the Commission have been allowed to tinker with health services in the draft General Services Directive. It would be better from patients', professionals' and policymakers' points of view to deal separately and comprehensively with the issues of patient and professional mobility.

If I am waiting for treatment of a painful or uncomfortable disease or disorder, I want to know my options. Where could I go? How can I be sure of the professional competence and standards of care and treatment? How do I or my family or specialist doctor know where there is capacity in hospital or clinic and in professional diaries? What forms do I need to complete and under what circumstances will my application be agreed? What does 'undue delay' mean in relation to my personal condition? What financial cover is provided for the operation, for other medical and care costs, for travel and convalescence, and for family accompanying or visiting? If the cost is too high, can I top up above the set limit and who is to set such limits? Are there complications if I travel from a Euro to a non-Euro zone or *vice versa*? What if something goes wrong or I have a complaint – what complaints systems will there be and will there be a cross-Europe register of professionals guilty of malpractice? And so forth and so on.

Budget holders will ask about reimbursement for unplanned expenditure resulting from this new patients' freedom and they and governments will want to know how they are to set local or national priorities for treatment, if these are to be unpredictably affected by impatient

patients. We are very unlikely to see a tide of patients going abroad but the incentive to avoid even a trickle doing so, by raising the standards of local services, is a likely and beneficial outcome. The concept of money following patients is also not a bad one, if managed sensibly, as do many governments already in managing the transfer of patients to other health districts, or to the voluntary and private sectors and by bilateral agreement with hospitals in other countries to reduce waiting lists.

There is much to be done to perfect the policy and management of the system, so that patients benefit and health service managers are able to plan their budgets and services effectively. That work itself must be completed without 'undue delay'.

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