

NHS European Office - Report of activities

September 2007 – March 2008

1. Introduction

This report gives an overview of the activities carried out by the NHS European Office from September 2007 to March 2008.

2. Office setting up

The Office was launched on 17 September. During the first months the work mainly focused on the setting up of the Office including finding suitable accommodation in Brussels, recruitment of staff and establishing financial and administrative procedures for the functioning of the Office. By March 2008 the setting up process and staff recruitment was completed.

3. Governance arrangements

The Office's EU Steering Group was formed and the Terms of Reference for its functioning agreed. The Steering Group is responsible for shaping the Office's agenda and overseeing its work. At its first meeting at the end of November, the Steering Group agreed the Office's work plan for 2008.

On the request of the Steering Group, contacts were made with the devolved administrations to inform them of the setting up of the Office and of its work plan and to explore possibilities of cooperation.

4. EU policy and legislation – monitoring and engagement

The European Office has informed NHS organisations of key EU developments and has started engaging with them in the interest of the NHS, as required. The main issues it has been involved with are outlined below:

4.1 Cross border care

These proposals, which are now expected in June, will clarify the rights of patients to travel to other member states of the EU to receive medical treatment, and the responsibilities of health systems to facilitate and fund this.

Given the potential large implications of these proposals, working with NHS representatives we have started carrying out an impact assessment. Main concerns identified include the need to maintain the financial planning capacity for PCTs, retain the right to agree that the care the patient wishes to seek abroad is clinically necessary, avoid exacerbating health inequalities and avoid significant additional administrative burdens.

We have also held informal discussions with key officials in the European Commission to inform them of possible concerns to the NHS and made contact with like-minded organisations with a view to establishing alliances.

4.2 Climate change

In January, the European Commission proposed an unprecedented package of measures to tackle climate change. As part of this, it is proposing a revision of the European Emissions Trading Scheme (ETS), which will have implications for approximately 70 NHS hospitals across the UK. The European Office has made contact with each of the trusts involved to inform them of the proposals and ask for their help in shaping an NHS response.

The main concern expressed is that the cost and administrative burden of including the NHS in this scheme far outweigh any energy efficiency which might be achieved. With this in mind, the exemption for small emitters proposed by the European Commission does not go far enough.

Large acute trusts, which have significant standby capacity in order to ensure continuity of service in case of power failure, would indeed not be covered by the exemption because of their potential for emissions even if their real emissions are relatively low. The Office is now considering which changes we may want to propose to the Commission's proposal.

4.3 Public procurement

The European Commission has recently proposed EU legislation requiring public authorities to take account of mandatory environmental criteria when purchasing or leasing vehicles. The idea is that the public sector has an important role to play in developing a market for clean and energy efficient vehicles, which in turn will lead to important benefits for the environment and public health.

The proposals could have a considerable impact on NHS procurement policies and may involve substantial additional upfront costs to trusts (or the operators under contract to them) for the purchase or leasing of vehicles. There could also be implications for the NHS car lease scheme possibly requiring changes to how it operates.

The Office has briefed NHS organisations on these proposals and is working with them to assess the impact on the NHS and identify changes to be proposed, as required.

4.4 Organ donation and transplantation

The European Commission will propose new laws on quality and safety of organ donation and transplantation, with the aim of harmonising standards that apply to transplants in EU member states. Alongside this, the Commission intends to produce an action plan to increase the availability of organs for donation, by sharing best practice and enhancing the efficiency of transplantation systems.

These proposals may require changes to the UK's transplant process. The NHS European Office is working with UK Blood and Transplant to ensure that developments in this area complement existing arrangements in the UK.

4.5 Information to patients on medicinal products

The Office has coordinated the NHS response to the consultation on information to patients on prescription-only medicinal products launched by the European Commission. The consultation will lead to a legal proposal later this year, which will seek to harmonise the way in which information on medicines is made available to patients.

We do not expect the proposal to allow for direct to consumer advertising, but it may advocate pushed information on medicinal products through the media with implications for the NHS in terms of patient demand for access to certain medicines. The Office will continue to engage with developments in this area.

4.6 Rare diseases

The NHS European Office has submitted a response to the EU consultation on rare diseases, following liaison with the NHS National Commissioning Group, the Department of Health and the wider NHS membership. This consultation will feed into EU proposals in this area to be released at a later stage.

5. Communication and NHS engagement

A communication strategy was drafted by the Office to define the way it will communicate and engage with NHS bodies. The strategy aims to build NHS intelligence on EU affairs, foster interest amongst NHS organisations, and encourage their involvement in the activities of the European Office.

We have started implementing the strategy through a series of meetings with the NHS Confederation's networks and fora to establish contact, discuss methods of disseminating EU information, and identify EU leads who can act as liaisons between their sector and our Office. In the same spirit, EU leads have also been identified in each Strategic Health Authority. The Office has also actively undertaken to identify experts in areas of policy and legislation relevant to its work plan.

6. Raising the Office profile to EU decision-makers

As a newly established office, it is obviously very important for us to inform EU decision-makers of our existence and of the expertise we can bring when EU policy is shaped. To this end, letters have been sent to Members of the European Parliament and key European Commission officials to inform them of the establishment of the Office. We have also held a series of meetings with key representatives of the EU Institutions and different stakeholder groups.

As part of our efforts to raise the NHS profile in Brussels, we have start working towards the organisation of evening reception to formally mark the launch of the Office to the EU community on 10 September 2008. The event will be held in the European Parliament with Members of the European Parliament and senior delegates from other EU Institutions.

7. EU funding

The Office has started investigating funding opportunities relevant to the NHS, notably within the EU Framework Programme for Research and Development and the European Public Health Programme, and has informed NHS organisations accordingly.

Contacts with the European Commission DG Research lead on Health research were made to identify key priorities of relevance to the NHS. We also met with the Service Delivery Organisation network and the Health Research network hosted by the NHS Confederation to investigate overlapping priorities.