Comments on

SCOTTISH GOVERNMENT

CROSS BORDER HEALTHCARE & PATIENT MOBILITY: PUBLIC CONSULTATION ON SCOTLAND'S TRANSPOSITION AND IMPLEMENTATION OF DIRECTIVE 2011/24 EU ON THE APPLICATION OF PATIENTS' RIGHTS IN CROSS-BORDER HEALTHCARE

The Royal College of Physicians of Edinburgh (the College) is pleased to respond to Scottish Government's consultation on Scotland's Transposition and Implementation of Directive 2011/24 EU on the Application of Patients' Rights in Cross-border Healthcare.

The College has the following comments on consultation questions:

National Contact Points (page 18)

6. What information, and presented in what format(s), do you think patients need to make an informed decision on receiving treatment in another EU Member State?

As mentioned in the consultation document, Article 6 provides a significant amount of detail about the content and format of information which should be publicly available. The College agrees that, in order for patients to make an informed choice and understand their rights, there should be easy access to detailed information available in a variety of electronic and other formats.

Information should be provided on the services available and any restrictions on access, and patient rights, entitlements and complaints procedures. In order for patients to make an informed decision, information should be provided on comparable patient safety data in EU member states, clinical outcomes and quality measures, as well as information on aftercare responsibilities for patients who have been treated overseas.

Healthcare that may be subject to prior authorisation (page 23)

11. Do you agree that the UK should continue to operate a system of prior authorisation for patients requiring certain types of treatment?

The College agrees that elective care for UK patients should be commissioned outside the UK within a system of prior authorisation.

Mutual assistance and co-operation (page 31)
20. What information should be shared between competent authorities on treating practitioners, and in what circumstances?
Information should be shared on standards and guidelines on quality and safety. Professional regulators should also share the registration status of health professionals when requested through the existing Commission Internal Market Information (IMI) system.
In addition to information about treating practitioners, clarification is needed on what information should be shared on patients, for example, healthcare records should be shared to ensure treating practitioners are aware of all the facts of each case and to help ensure continuity of care. This will be especially important if there are post-treatment complications.
All College responses are published on the College website www.rcpe.ac.uk.

Further copies of this response are available from Lesley Lockhart (tel: 0131 225 7324 ext 608 or

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