Basic information

2003/2134(INI) INI - Own-initiative procedure	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	Appointed
EMPL Employment and Social Affairs	JÖNS Karin (PSE)	11/06/2003

Committee for opinion	Rapporteur for opinion	Appointed
FEMM Women's Rights and Equal Opportunities	FLEMMING Marialiese (PPE-DE)	11/06/2003

Key events

Date	Event	Reference	Summary
03/01/2003	Non-legislative basic document published	COM(2002)0774	Summary
04/09/2003	Committee referral announced in Parliament		
17/02/2004	Vote in committee		Summary
17/02/2004	Committee report tabled for plenary	A5-0098/2004	
11/03/2004	Decision by Parliament	T5-0184/2004	Summary
11/03/2004	Debate in Parliament		
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 55

Stage reached in procedure	Procedure completed
Committee dossier	EMPL/5/19854

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, single reading		A5-0098/2004	17/02/2004	
Text adopted by Parliament, single reading		T5-0184/2004 OJ C 102 28.04.2004, p. 0653-0862 E	11/03/2004	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2002)0774	03/01/2003	Summary

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

2003/2134(INI) - 03/01/2003 - Non-legislative basic document

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

2003/2134(INI) - 11/03/2004 - Text adopted by Parliament, single reading

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.