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**Brexit Update**

With next steps in the Brexit saga largely dependent upon the outcome of the contest for the leadership of the Conservative Party, and the EC (European Commission) updating its contingency planning, we continue to work with EU stakeholders to ensure that they remain cognisant of the risks that Brexit poses to the wider European medical profession and its patients across the continent.

Accordingly, and ahead of Finland assuming the Presidency of the Council of the EU, BMA Chair of Council, Dr Chaand Nagpaul, has written to the Finnish Minister of Social Affairs and Health to reiterate our view that:

> the UK’s impending departure from the EU will have profound repercussions for the European medical profession and its ongoing ability to provide high quality healthcare across the continent.

And advise that:

> Whilst we recognise that challenges pertaining to the integrity of the single market exist and are cognisant of the fact that “so far, the European Union has not entered into a horizontal agreement on mutual recognition of professional qualifications with a third country” I would echo our European partners’ call for the delivery of pragmatic solutions (regarding the mutual recognition of professional qualifications) which permit the ongoing provision of high quality healthcare across the continent.

In addition, and following last month’s elections to the EP (European Parliament), we are beginning to meet with both returning and newly elected MEPs from across Europe to ensure that they too are fully aware of the threat posed to their constituents’ health by Brexit.

Finally, and with regard to ensuring that collaborative pan-European medical research isn’t damaged by Brexit, we’ve been working with both UK and European partners to promote a petition calling for a research and innovation agreement between the EU and UK, which would include:

- A commitment by European countries to work together to make the European Research Area a world leader in science
- Full researcher mobility between the UK and the rest of Europe for all levels and career stages
- A commitment to collaboration, including UK associate membership of Horizon Europe
- Co-operation on regulations that support science
A full copy of Dr Nagpaul’s letter to the Finnish Minister of Social Affairs and Health is available upon request, with further details about our extensive work on this key issue available here.

Strengthening Engagement between the EMA and GPs

The EMA (European Medicines Agency) and the two major organisations representing general practitioners (GPs) in Europe – UEMO (European Union of General Practitioners), and the European section of WONCA (World Organization of Family Doctors) – and the major organisation representing primary care professionals in Europe, the European Forum for Primary Care (EFPC), have signed a joint statement committing to strengthening interaction between EMA and this important group of healthcare professionals. It is intended that such cooperation will:

- help EMA gain a better understanding of how medicines are being used in real life and the potential impact of specific regulatory actions on patient care
- facilitate the incorporation of views and input from GPs and family physicians into the Agency’s activities
- raise awareness amongst GPs and family physicians of the role and activities of the EU medicines regulatory network

Speaking afterwards, Dr Mary McCarthy, BMA Council member, Vice-President of UEMO and one of the co-signatories, stated that such cooperation:

*Will facilitate the incorporation of GP views in the Agency’s activities and raise awareness among European GPs of the role and activities of the European Medicines Agency.*

*The EMA will develop communication with the European GP organisations, which will increase knowledge of medicines uptake and use, and improve vaccination information whilst helping to deliver better medicines’ data. This will improve patient care by aiding GPs to provide the best possible service.*

As the BMA is a member of UEMO, members are ideally placed to play a key role in such activity.


The European Court of Auditors has published a special report – EU actions for cross-border healthcare: significant ambitions but improved management required – on the impact of the EU’s Cross-Border Healthcare Directive, which seeks to guarantee EU patients’ right of access to safe and high-quality healthcare across national borders within the EU, and their rights to be reimbursed for such care. The report advises that:

- **While cross-border healthcare remains marginal in comparison to healthcare delivered domestically, in some situations, the most accessible or appropriate care for patients is available in a Member State other than their home country. Patients’ ability to make a free and informed choice to access cross-border healthcare can improve their healthcare.**

- **Approximately 200 000 patients a year take advantage of the systems put in place under the Directive to receive healthcare treatments abroad: less than 0.05 % of EU citizens. In recent years, France reported the highest number of outgoing patients and Spain the highest number of incoming patients. The majority of patient mobility has been between neighbouring Member States.**

- **At the time of our audit, no exchanges of patients’ data between Member States had taken place and no benefits to cross-border patients from these exchanges could be demonstrated. The Commission did not establish an implementation plan with timelines for its new eHealth strategy and did not estimate the volumes of potential users before deploying the cross-border health data exchanges.**
• The concept of European Reference Networks for rare disease is widely supported by EU stakeholders (patients’ organisations, doctors and healthcare providers). However, the Commission has not provided a clear vision for their future financing and how to develop and integrate them into national healthcare systems.

With the UK’s future involvement in this initiative obviously dependent upon the exact nature of the country’s departure from the EU, we will be monitoring developments and, where necessary, working with partners to help deliver a framework which reflects the interests of the medical profession.

Labelling of Alcoholic Beverages
As feared, despite previously having threatened alcohol industry wide legislation mandating the provision of calorie information on labelling, the EC appears to have ceded to industry’s demands for self-regulation. “Following constructive discussions with the European Commission”, the spirits sector has adopted a MoU (Memorandum of Understanding) “which sets up commitments on the provision of the energy value and list of ingredients on spirits drinks and sets out a number of specific principles and rules with regards to the questions of how energy information should be provided on the label and in which manner ingredients should be listed online.”

Responding to this news, the CPME (Standing Committee of European Doctors) President, Prof Dr Frank Ulrich Montgomery, stated that ‘European doctors are convinced that labels of all alcohol products should include nutritional information and health warnings. Adequate labelling is one way to protect the health of the population. Consumers may not realise that many alcoholic beverages contain a lot of sugar. This fact shouldn’t be hidden somewhere online’

Despite this apparent set-back, we will continue to work with our European partners to ensure that all alcoholic beverages are included within the scope of the EU’s labeling regulations.

Access to Healthcare and the EU’s Strategic Agenda
The European Council has published its Strategic Agenda for 2019-24 which provides an overall framework for the EU’s response to the challenges and opportunities presented by a world that is increasingly unsettled, complex and subject to rapid change. It is intended to guide the work of the European Institutions over the next five years and focuses on four main priorities:

1. protecting citizens and freedoms
2. developing a strong and vibrant economic base
3. building a climate-neutral, green, fair and social Europe
4. promoting European interests and values on the global stage

Priority #3 recognises the vital role that healthcare will play in building a climate-neutral, green, fair and social Europe as:

   Adequate social protection, inclusive labour markets and the promotion of cohesion will help Europe preserve its way of life, as will a high level of consumer protection and food standards, and good access to healthcare.

The agenda also recognizes that the far-reaching effects of digital transformation will further accelerate and that the EU’s “policy must be shaped in a way that embodies our societal values, promotes inclusiveness, and remains compatible with our way of life. Accordingly, “the EU must work on all aspects of the digital revolution and artificial intelligence: infrastructure, connectivity, services, data, regulation and investment.”
As the Strategic Agenda is the first step in a process that will be taken forward by the Institutions and the member states – still including the UK – we’ll be working with European partners to ensure that the development of such policies reflect the interests of the medical profession.