

HOSPITAL DE / HÔPITAL DE
CERDANYA / CERDAGNE

European week of Regions and Cities
Brussels October 8th 2019

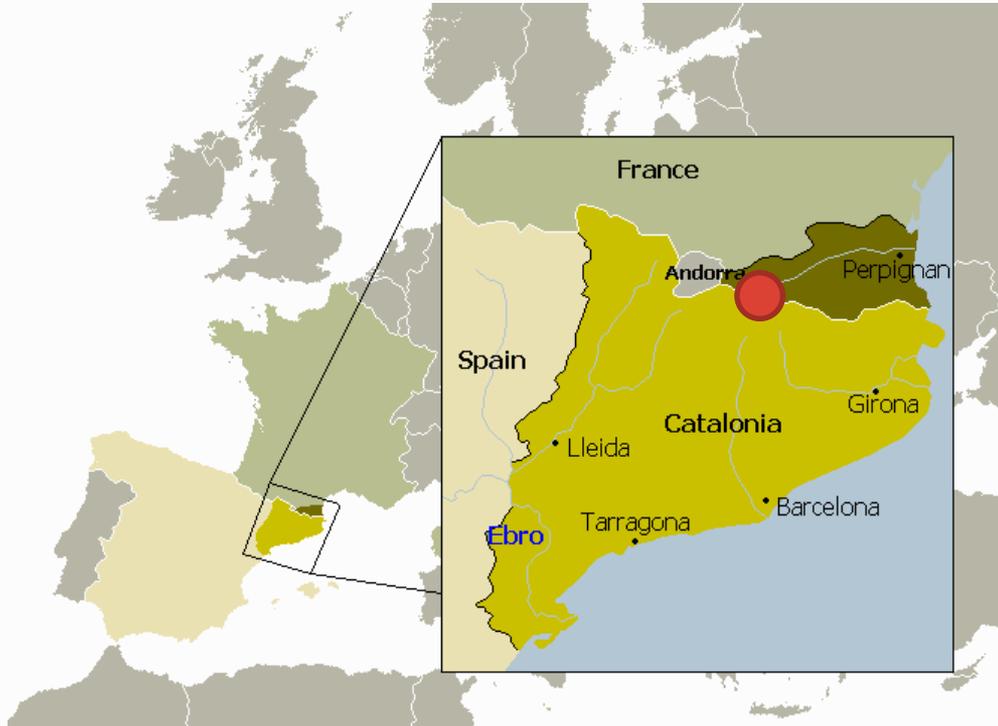
The Future of European Territorial Cooperation



Hospital de Cerdanya: The project

- ✓ The need for a cross border hospital in Cerdanya
- ✓ The EGTC solution
- ✓ Reference population
- ✓ Funding and resources
- ✓ Our services

Cerdanya/Cerdagne



Covering an area of more than **1.300 km²**, the Cerdanya high plateau is one of the widest valleys in Europe (average altitude 1.200 m.)

With **33.000 permanent residents**, a **tourism based economy** causes a high increase of population in August and during the ski season (up to times 4).

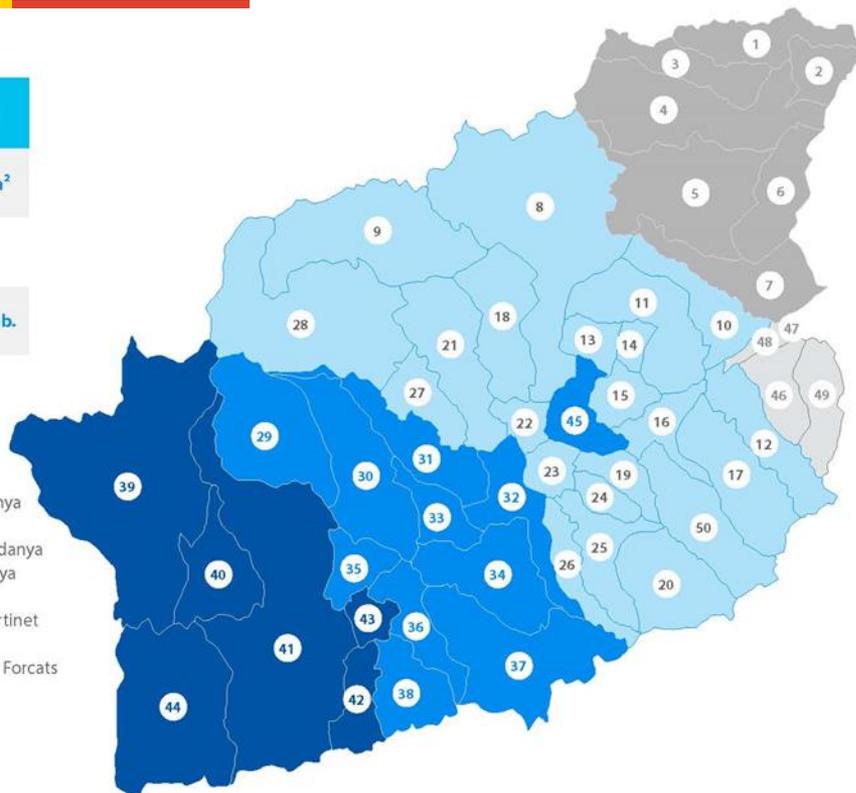
A **difficult climate** in winter (snow and bad weather) complicates the access to the area by road.

Cultural similarities north/south. Recent and very “porous” border (The region was divided between France and Spain on 1659 by virtue of the *Pyrenees treaty*)

Population

	Cerdanya Sud	Cerdagne Nord / Capcir	Total
Superfície <i>Surface</i>	546 Km ²	794 Km ²	1.340 Km ²
Municipis <i>Communes</i>	17	33	50
Població* <i>Population</i>	17.719 hab.	14.300 hab.	32.019 hab.

- | | | |
|---------------------|-----------------------|----------------------------|
| 1. Puigbalador | 18. Dorres | 35. Isòvol |
| 2. Real | 19. Sta. Llocaia | 36. Das |
| 3. Font-rabiosa | 20. Vallcebollera | 37. Alp |
| 4. Formiguera | 21. Enveig | 38. Urús |
| 5. Els Angles | 22. Ur | 39. Lles de Cerdanya |
| 6. Matamala | 23. la Guingueta d'Ix | 40. Prullans |
| 7. La Llaguna | 24. Naúja | 41. Bellver de Cerdanya |
| 8. Angostrina | 25. Oceja | 42. Riu de Cerdanya |
| 9. Portè i Pimorent | 26. Palau de Cerdanya | 43. Prats i Sansor |
| 10. Bolquera | 27. La Tor de Querol | 44. Montellà i Martinet |
| 11. Font Romeu | 28. Porta | 45. Llivia |
| 12. Eina | 29. Meranges | 46. Sant Pere dels Forcats |
| 13. Targasona | 30. Ger | 47. Mont-Louis |
| 14. Èguet | 31. Guils | 48. La Cabanassa |
| 15. Estavar | 32. Puigcerdà | 49. Planès |
| 16. Sallagosa | 33. Bolvir | 50. Er |
| 17. Llo | 34. Fontanals | |



The legal process towards the EGTC model

October, 17th 2005

- Joint **declaration of intent** between the French Health minister (Xavier Bertrand) and its Spanish counterpart (Helena Salgado)
- Joint **declaration of intent** for cross-border cooperation in the first level health care for the patients of Cerdanya and Capcir between the minister of health of France (Xavier Bertrand) and his counterpart in the Catalan government (Marina Geli)

March 19th, 2007

Declaration of intent towards **the constitution of a GECT** (Legislation passed by the EU 5 July 2006)

April 26th 2010

The AECT-Hospital de Cerdanya / GECT-Hôpital de Cerdagne is founded.



The EGTC's basics

Their role

To facilitate cross-border, transnational and interregional cooperation between EU Member States or their regional and local authorities

Legal framework

1. Regulation (EC) No 1082/2006 of the **European Parliament** and of the **Council** of 5 July 2006 on a European grouping of territorial cooperation (EGTC)
2. In all matters non regulated by European law, the laws of the country where the EGTC is physically based apply

Building Europe Across Borders

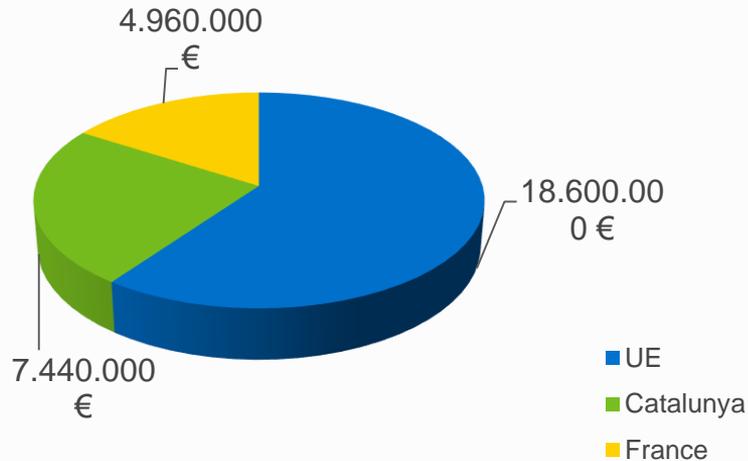
*In 2016, the **COR** awarded its distinction for cross-border cooperation within the EGTC framework to the Hospital de Cerdanya*



Funding

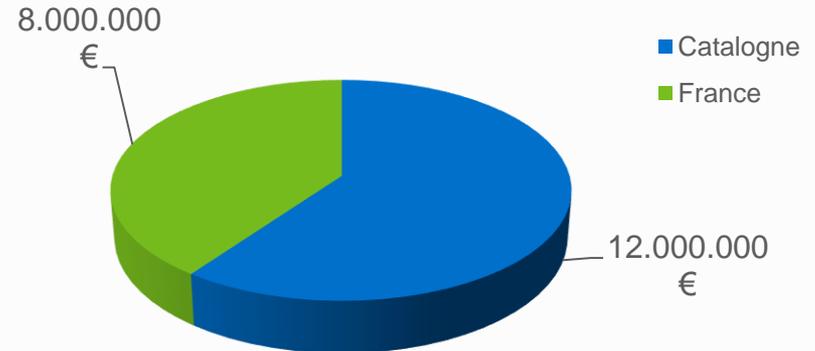
The building

- 60% EU funds (FEDER programme)
- 40% The project's partners: Catalonia (60%) and France (40%)



Operating annual budget

- Catalonia (Servei Català de la Salut) 60%
France (Agence Régionale de Santé) 40%



Human resources



* Includes staff on secondment
and liberal professionals

Our specialities

HdC' own specialists

1. Anaesthesiology
2. Emergencies
3. General Surgery
4. Gynaecology/Obstetrics and Midwives
5. Internal Medicine
6. Mental Health
7. Orthopaedic and Traumatology Surgery
8. Paediatrics and Neonatology

External consultants

1. Cardiology
2. Dermatology
3. Dietetics and Nutrition
4. Endocrinology
5. Gastroenterology
6. Haematology
7. Medical oncology
8. Nephrology
9. Ophthalmology
10. Orthopaedic and traumatology surgery
11. Rheumatology
12. Sports Medicine
13. Urology
14. Vascular surgery

Our facilities



32 inpatient rooms



2+ 4 neonatal incubators



Haemodialysis (14 posts)



Day hospital (14 p)



ER (18 boxes)



4 operating theatres



Medical imaging



26 outpatient cons. rooms

Being a Cross-border Hospital

- ✓ The cross-border health model
- ✓ Specific problems
- ✓ New projects and solutions

The “cross border” model of patient care



Bismark



Beveridge

- Different models of healthcare system
- Different levels of administrative decentralisation
- French, Spanish and third country patients
- French & Spanish professionals

Major day to day difficulties (I)



Civil registration

All French births and deaths must be processed by the French consulate in Madrid and central registry office at Nantes (not the local town hall)

IMPROVEMENT

Agreement between HdC and the Social Security at Perpignan to speed the inscription of new babies as beneficiaries of their parents social security >> [faster access to health care](#)



Deceased persons repatriation

Until 20/02/17 (Franco-Spanish summit Malaga), the repatriation of bodies was a complicated and expensive process.

IMPROVEMENT

- One single document is now needed.
- No special preparation or mode of transportation required (within the 72 hours after demise).



Malaga
20/2/17

Major day to day difficulties (II)



Multilinguism

- Adds to the recruitment difficulties
- Adds to the difficulties in day to day administration duties (i.e. translations)



Police and legal medicine issues

- French police are not allowed to cross the border while carrying guns.
- Acceptability by French courts of HdC medical reports, in case of bodily injuries



Drugs and prescriptions

- Practical. France doesn't have an online medical prescription system.
- Certain drug dosages are not legal in one of the two countries (ibuprofen 600mg vs 400 mg) = Need for an *International Hospital Pharmacy*



SEM / SAMU-66

- The two medical emergency systems are base at the Hospital, but they cannot be activated by “the other country’s” control centres, to cross the border to assist each others’ nationals

“When emergencies erase the borders”



“When emergencies erase the borders”

Under the “B-Solutions” initiative for projects on the EU border regions

Project spearheaded by Hospital de Cerdanya
Coordinated by The Pyrenes Working Community

Participants

CAT-ESP: AECT-Hospital de Cerdanya, Emergentziak Osakidetza (Euskadi), Servicio de Protección Civil de Navarra, Urgencias y emergencias Sanitarias de Aragón.

FR: ARS Occitanie, ARS Nouvelle Aquitanie

AND: Hospital Nostra Senyora de Meritxell (Servei Andorrà d'Atenció Sanitària)

Timing

August 2018 – October 2019



“Speedy mutual recognition of qualifications”

Granted in 4/6/18 under B Solutions II

The program appoints an expert to “assist in the structured definition of the obstacle and in the drafting of any eventual solutions, within the most convenient legal framework”

The study will last 4 months, beginning in October 2019



Thank you
www.hcerdanya.eu

