

Inspire policy making by territorial evidence

Cross-border Public Services (CPS)

Targeted Analysis

Final Report

Scientific Report – Annex IX
Case study report – Euroregion Elbe/Labe



Version 16/11/2018

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Case study report – Euroregion Elbe/Labe

Table of contents

1	Summary	1
2	Methodology	2
3	The Euroregion Elbe/Labe at a glance.....	2
3.1	The multidimensional reality of the border and its effects on CPS provision	3
3.2	Analysis of CPS at the level of the case study areas	10
4	Existing cross-border public services	17
4.1	Elbe-Labe tickets	17
4.1.1	A contract between transport associations defines the framework conditions	18
4.1.2	Need for simplified and more accessible cross-border transport.....	19
4.1.3	A decentral organisation building on existing infrastructure	20
4.1.4	Dealing with economic disparities and language barriers through specific solutions	21
4.1.5	Success factors and outlook	21
4.2	Cross-border ambulance services.....	22
4.2.1	An accident with severe consequences raised awareness	22
4.2.2	Bilateral national framework agreement as basis for cross-border regional agreement	23
4.2.3	A decentralised organisation using existing infrastructure on both sides of the border	24
4.2.4	CPS delivery based on national rules and common understanding of processes..	25
4.2.5	Success factors and outlook	25
5	Future cross-border health care – Providing access to a German hospital for Czech patients	26
5.1	Learning from an ineffective past experience in view of an increased need	27
5.2	Many aspects to be clarified and open questions to be answered	28
5.3	A preliminary action plan for the first working steps	29
5.4	Opening the hospital in Sebnitz as pilot and first step towards integrated health care...	31
6	Lessons learned, recommendations & transferability	32
	References	34
	Documents and Literature	34
	Legal sources	35
	Online sources	35
	List of interviews	36

List of Figures

Figure 3.1:	Border crossing points at the Czech-Saxon border	4
Figure 3.2:	The Cross-border Healthcare Directive as legal framework for CPS in the field of healthcare	8
Figure 3.3:	Development of CPS 1990-2018 in the Euroregion Elbe/Labe*	12
Figure 3.4:	Number of CPS per theme	13
Figure 3.5:	Share of target groups of the CPS	14
Figure 4.1:	Sales figures of single and group tickets in Germany and the Czech Republic 2007-2017	20

List of Maps

Map 3.1:	Population density in the Euroregion Elbe/Labe 2011	3
Map 3.2:	Border crossing points in the Saxon-Bohemian Switzerland national parks.....	5
Map 3.3:	Employment rates and cross-border commuters in the Euroregion 2016.....	7
Map 3.4:	Euroregion Elbe/Labe - Number of CPS per border segment	11
Map 3.5:	CPS in the Euroregion Elbe/Labe	13
Map 4.1:	Tariff zone of the Elbe-Labe Ticket (as of April 2018).....	18
Map 4.2:	Area of operations for cross-border ambulance services along the Saxon-Czech border	24
Map 5.1:	Access to health care facilities in the Euroregion Elbe/Labe	27

List of Tables

Table 3.1:	GDP per capita and PPS per inh in the Elbe-Labe region at NUTS3 level	6
Table 3.2:	Preliminary list of CPS in the Euroregion Elbe/Labe	15

Abbreviations

avg	Average
CPS	Cross-border public services
CZ	Czech Republic / Czech
DE	Germany / German
DRK	German Red Cross
DÚK	Czech transport association
EGTC	European Grouping of Territorial Cooperation
ESF	European Social Fund
ESPON	European Territorial Observatory Network
EU	European Union
GDP	Gross Domestic Product
inh	Inhabitants
LAU	Local Area Unit
NUTS	Nomenclature des unités territoriales statistiques
PPS	Purchasing Power Standard
VVO	German Upper Elbe Transport Association

1 Summary

The Euroregion Elbe/Labe case study covers part of the Saxon-Czech border area with about 1.23 million inhabitants (2017), most of which live in the four main urban centres. The EU accession of the Czech Republic in 2004 and the accession to the Schengen area in 2007 has changed the situation of the border area from rather peripheral regions in the respective national context to the centre of the EU. Economic disparities, different currencies and the language barrier can be considered important aspects that mainly hamper cross-border integration.

Since 1994, when the first CPS was established, the number of CPS has increased continuously to 15 in 2018, with a particular focus on transport (6 CPS), environment protection and civil protection / disaster management (each 2 CPS).

A good example of an existing CPS is the Elbe-Labe ticket which offers day passes for customers to use local and regional transport in both countries taking into account socio-economic disparities.

Cross-border ambulance services are another CPS example of the region. Within a 10 km strip along the border, ambulances can operate on both sides if request by the respective domestic emergency centre. These two CPS are subject to more in-depth analysis of this report as they provide insights valuable for other regions (chapter 4).

Regional and local players are particularly interested in opening a hospital in Sebnitz to Czech residents (chapter 5). This would help to improve the level of health care service provision for Czech inhabitants and could contribute to a more efficient use of the hospital's resources. As next steps for the coming months, the players want to raise awareness for the issue at political and administrative levels, and organise a trip to a hospital in Gmünd in the Czech-Austrian border area to learn from their long-term experience in the field of cross-border health care.

Five key points and lessons learned can be identified (chapter 6): First of all, a step-wise approach of gradual integration and slow deepening of cooperation is more promising to achieve long-term integration. Second, a long-term vision might help the local and regional players steer the process and agree on short- to mid-term actions. Thirdly, continued political support is required to provide sufficient resources and develop suitable solutions. Fourthly, preparing a CPS cannot be done occasionally but requires someone who has the backing of all involved parties, takes care of the process and is (equally) familiar with the situation in both countries. Finally, the opening of the hospital in Sebnitz should not be a single measure but rather a pilot that can be transferred and applied to other sections in the border area. This way, also Czech hospitals would benefit from the new CPS in the long-term.

2 Methodology

For this case study different methods were applied. First of all, comprehensive desk research allowed to collect documents and information about the overall situation in the border region. The variety of documents ranges from political, planning and legal documents to studies and newspaper articles.

The selection of two existing CPS and one new CPS to be developed in the future was agreed in close collaboration with the regional stakeholder (Euroregion Elbe/Labe). The information on the existing CPS was gathered through document analysis and complemented with expert interviews. Also for future CPS development documents on the current situation and framework conditions in the Czech Republic and Germany were collected and supplemented with information from relevant EU directives and regulations. This information was presented to regional stakeholders as background to discuss possible pathways for the future.

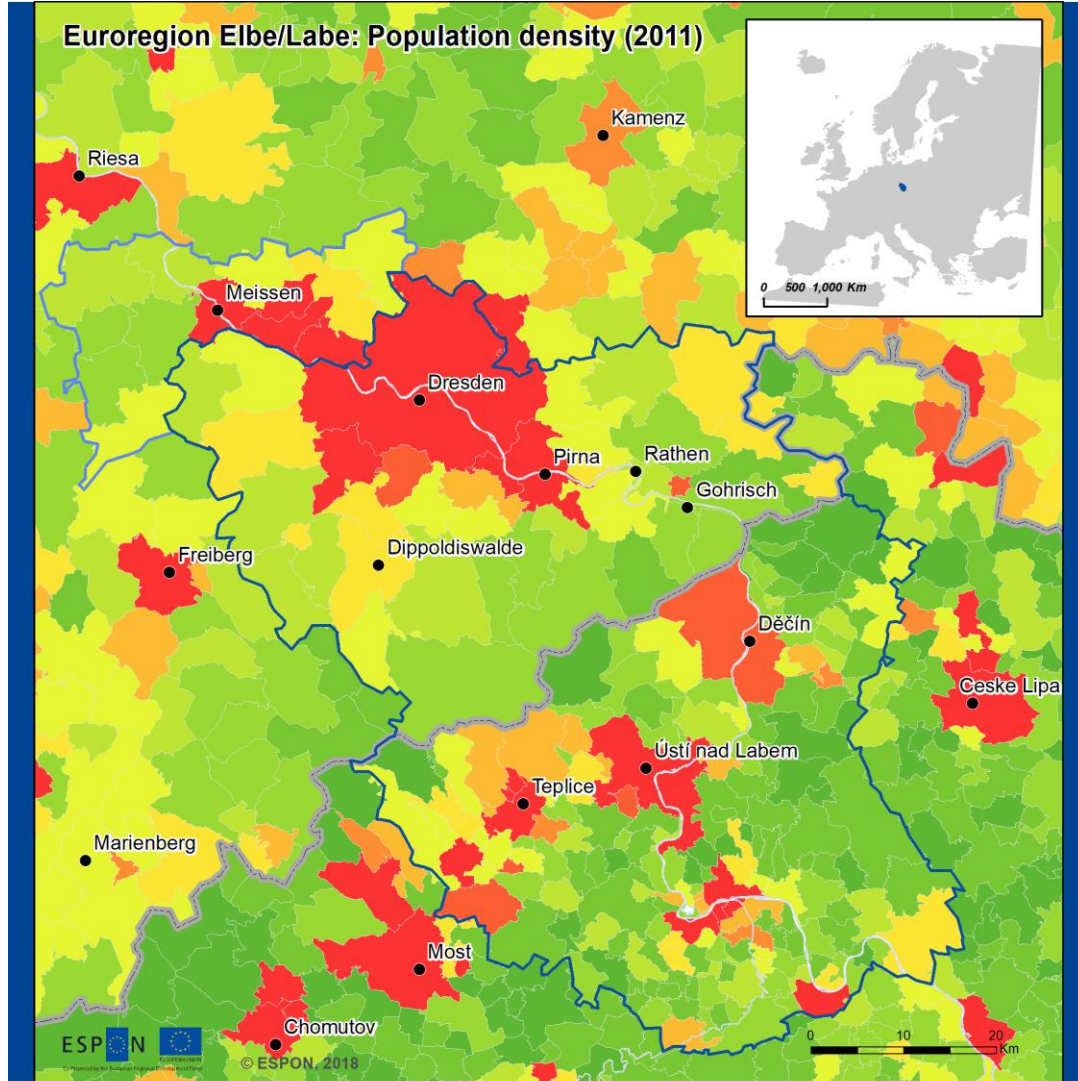
For this purpose, a focus group was conducted in June 2018 in Sebnitz with representatives of the hospital, the German municipality of Sebnitz, the Czech municipality of Dolní Poustevna, the Czech district Ústí nad Labem and the Euroregion Elbe/Labe. The main outcome of the workshop is an action plan (written in German) with concrete steps to be taken by the participants over the next months.

3 The Euroregion Elbe/Labe at a glance

The Euroregion Elbe/Labe covers on the German side of the border the district ('Landkreis') Saxon Switzerland-Eastern Ore Mountains ('Sächsische Schweiz-Osterzgebirge') and the City of Dresden and on the Czech side the towns and municipalities of the former districts ('okres') Ústí nad Labem, Teplice and Litoměřice and parts of the district of Děčín along the German-Czech border region. End of 2017, the Euroregion had a total population of about 1.23 million inhabitants, of which 0.8 million (65 %) were living in Germany and 0.43 million (35 %) in the Czech Republic (own calculations based on Český statistický úřad, 2018, and Statistisches Landesamt des Freistaates Sachsen, 2018).

Population density varies considerably (see Map 3.1). The German district Saxon Switzerland-Eastern Ore Mountains (2017: 148 inh/km²) and the former Czech districts Litoměřice (2017: 116 inh/km²) and Děčín (2017: 143 inh/km²) are least densely populated. The former Czech districts of Teplice (2017: 274 inh/km²) and Ústí nad Labem (2017: 295 inh/km²) are more urbanised. Dresden is most densely populated with 1,671 inh/km². It is important to note that almost half of the population (45 %) of the Euroregion lives in Dresden (549,000 inh) and another 16 % (193,000 inh) in the main Czech cities: Ústí nad Labem (93,000 inh), Teplice and Děčín (50,000 inh each). In other words, only 39 % of the total population of the Euroregion live in other areas of the Euroregion than the four main cities.

Map 3.1: Population density in the Euroregion Elbe/Labe 2011



Population density (inh/sqkm)

- < 25
- 26 - 50
- 51 - 75
- 76 - 100
- 101 - 150
- 151 - 200
- 201 - 300
- 301 - 400
- 401 - 500
- > 500

- Case Study region (core area)
- Case Study region (extended area)
- National border
- Sea, lakes










Local level: LAU2
 Source: ESPON CPS
 Origin of data: TCP International, 2018;
 ESPON LAU2 census file, 2011
 Spatial Foresight, 2018
 CC - UMS RIATE for administrative boundaries

3.1 The multidimensional reality of the border and its effects on CPS provision

The **political dimension** of the Czech-German border had a clear closing effect in the past. Until 2004, the year of the EU accession of the Czech Republic, the Euroregion was located at an external EU border. After the accession it took another 3.5 years until the Czech Republic became a member of the Schengen area in December 2007. For about 10 years, the German-Czech border crossing points have been open (see Figure 3.1) without any regular border controls. People, goods, services and capital can circulate freely between both countries, which also has an opening effect for CPS provision. The accession to the EU and

the Schengen area therefore promoted the integration of the Czech Republic in the European Single Market and also changed the overall framework for cross-border cooperation in general and CPS provision in particular.

Figure 3.1: Border crossing points at the Czech-Saxon border

  N Ě M E C K O							
Hora sv. Kateřiny - Katharinenberg	6-22, 8-18	●	●				
Hrádek nad Nisou - Hartau	6-22, 8-18	●	●				
Varnsdorf - Seifhennersdorf	0-24	●	●	●	●	●	
Rumburk -Seifhennersdorf	0-24	●	●	●	●		
Jiříkov - Neugersdorf	0-24	●					●
Dolní Poustevna - Sebnitz	0-24	●	●	●	●		
Hřensko - Schmilka	0-24	●	●	●	●	●	
Petrovice - Bahratal	0-24	●	●	●	●	●	
Cínovec - Zinnwald	0-24	●	●				
Cínovec - Altenberg	0-24	●	●	●	●		
Moldava - Neurehefeld	0-24	●	●	●	●		
Hora Sv. Šebestiána - Reitzenhain	0-24	●	●	●	●	●	●
Vejprty - Bärenstein	0-24	●	●	●			
Boží Dar - Oberwiesenthal	0-24	●	●	●	●	●	
Potůčky - Johanngeorgenstadt	0-24	●	●	●			
Kraslice - Klingenthal	0-24	●	●	●	●		●
Vojtanov - Schönberg	0-24	●	●	●	●	●	●
Doubrava - Bad Elster	0-24	●	●				

Source: <http://www.prepravce.cz/index.asp?menu=240>

Regarding cross-border cooperation, the different administrative systems with a federal system on the German side and a central administrative system on the Czech side, where regions exist but do not have the same competences as the German federal states, could create some closing effects. However, experience shows that close working relations exist between the Saxon and Czech state ministries as well as with the Czech regions. Thus, the formally existing asymmetry does not create the expected closing effects.

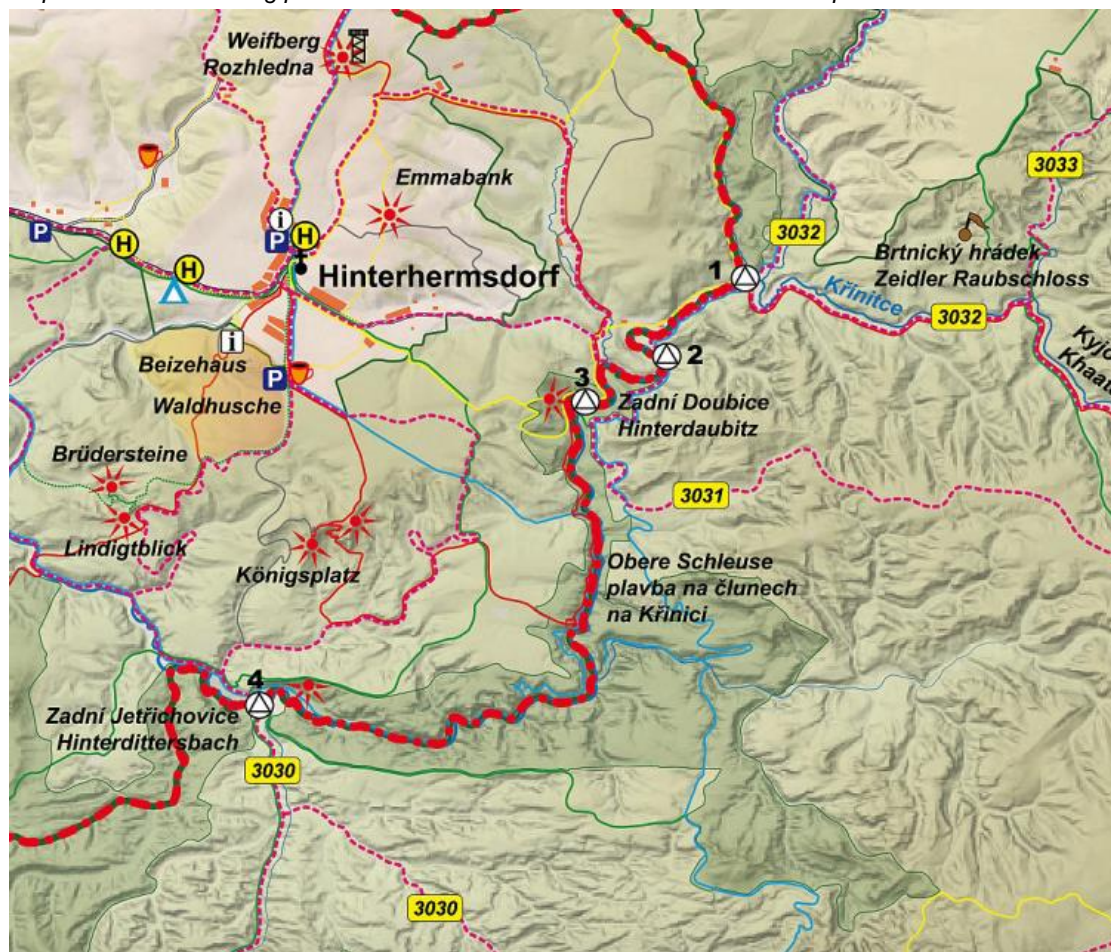
The border area did not have any general cooperation agreement that allows the set-up of cross-border legal structures. The introduction of the EGTC Regulation (EC) 1082/2006 was expected to fill this gap. However, until the amendment of the EGTC regulation in 2013 different liability rules hampered the set-up of EGTCs at this border area. With the amendment, the liability issue at this border was solved and the first EGTC in this area was founded in 2016 in support of a TEN-T transport infrastructure.

Open border crossing points are important in many regards. Political changes led to new border crossing points – this helped to reduce the closing effects of **geographical conditions**, namely the mountain ranges. For a few years, the Saxon and Czech ministries have been lobbying for a new railway link between Dresden and Prague that shall bypass the Elbe Valley, thereby further reducing the physical closing effects of the mountain range. For this purpose, the Free State of Saxony, the Czech Republic, the Saxon Switzerland-Eastern

Ore Mountains district and the Ústecký district have established a partnership¹ using the EGTC² instrument (see above).

The **physical dimension**, however, is not only important for freight and long-distance passenger transport, but also for everyday local border traffic by public transport, car or even by bike or foot, as well as for tourists, excursionists and wanderers, e.g. in the Saxon-Bohemian Switzerland Transboundary Parks (see Map 3.2). The Czech-German border area is among those regions for which previous ESPON research activities showed that have a much lower potential accessibility (whom they can access / who can access them) when only considering the national context. Due to European integration, the border area is now at the centre of Europe considering that both the German and the Czech part are rather peripheral regions in their respective national contexts (ESPON, 2013). Hence, the geographical/physical dimension of the border nowadays has opening effects on CPS provision, especially as compared to the situation before 2004 / 2007.

Map 3.2: Border crossing points in the Saxon-Bohemian Switzerland national parks



Source: <http://www.nationalpark-saechsische-schweiz.de/wp-content/uploads/2013/12/Grenz%C3%BCberg%C3%A4nge-72dpi-1024x727.jpg>

¹ For further information see <http://www.nbs.sachsen.de/>

² European Grouping for Territorial Cooperation, see Regulation (EC) 1082/2006 and Regulation (EU) 1302/2013 for further information.

Nevertheless, cooperation has not developed as originally expected. This is, inter alia, due to the continuing disparities existing in economic terms, which imply a rather ambivalent **economic dimension** of the border. GDP, income and price levels still differ strongly between the German and the Czech part of the region. According to Eurostat, the GDP per capita in 2015 was only EUR 12,200 in Ústecký district ('kraj')³ but EUR 21,500 in the Saxon Switzerland-Eastern Ore Mountains and even EUR 37,300 in Dresden. Economic disparities are still prevailing in the border area (see information on employment rates in Map 3.3), even if they have been reduced over time. Dresden still keeps to be outstanding as main economic centre for the entire region (see Table 3.1). The economic disparities make it easier for inhabitants on the German side to spend their money in the Czech Republic due to lower prices than vice versa. But due to higher wages the German labour market is more attractive for Czech employees than vice versa (see information on cross-border commuters in Map 3.3). Hence, the economic dimension of the border generates both opening and closing effects for CPSP.

Table 3.1: GDP per capita and PPS per inh in the Elbe-Labe region at NUTS3 level

	GDP per capita 2015		PPS per inhabitant 2015	
	Total [EUR]	EU avg [%]	Total [EUR]	EU avg [%]
Ústecký district	12,200	42	19,400	67
Saxon Switzerland-Eastern Ore Mountains	21,500	74	20,800	72
Dresden	37,300	128	36,100	124

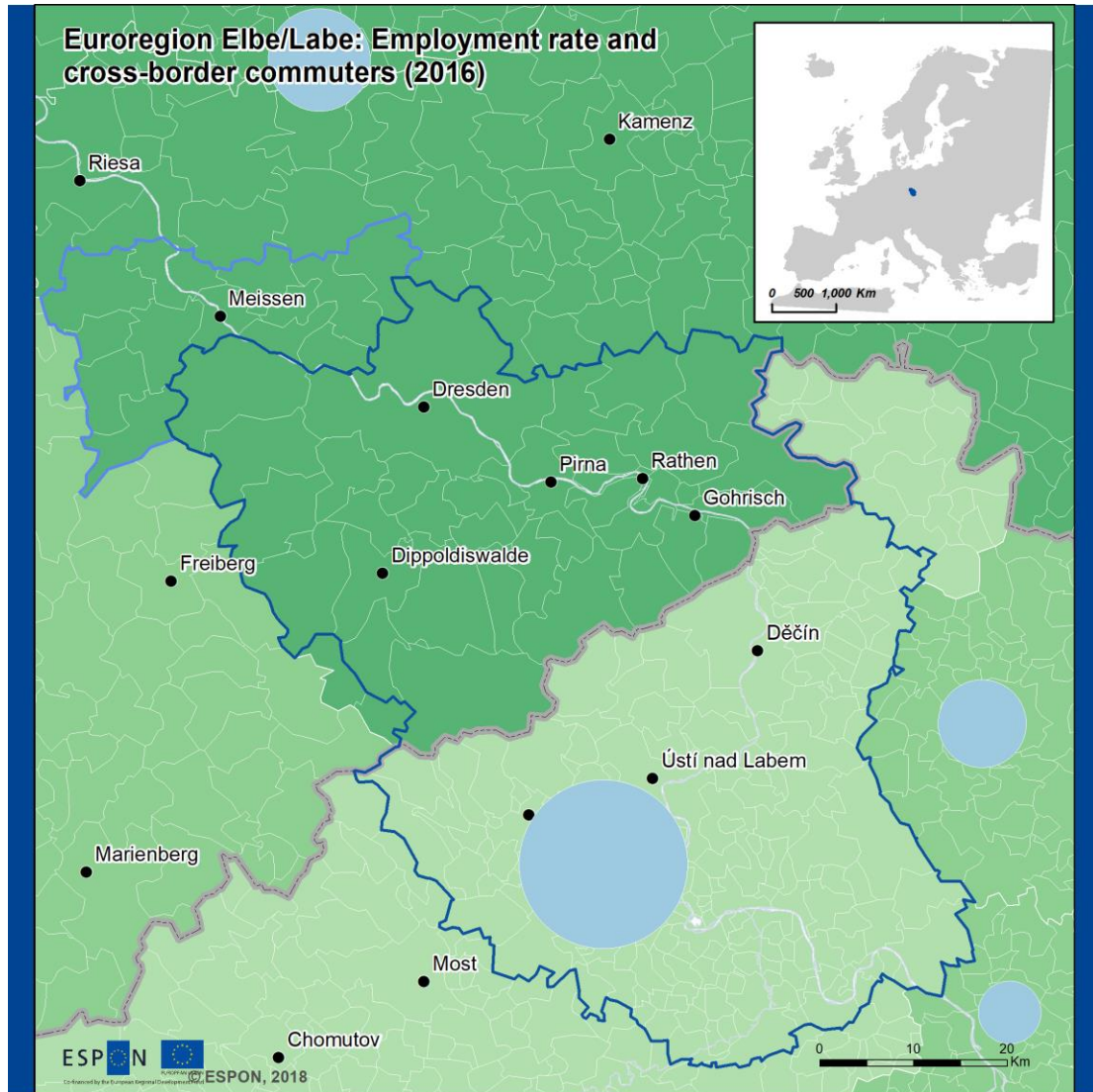
Source: Eurostat, 2018a

Another economic difference important for the daily life of the inhabitants with a rather closing effect, refers to the usage of different currencies. So far, the Czech Republic has not adopted the Euro. The question whether and when the Czech Republic may adopt the Euro remains open. Former Prime Minister Sobotka aimed to adopt the Euro between 2022 and 2027, his successor Babiš (in office since December 2017) is more sceptical towards further integration and currently sees no need to replace the Czech crown ('koruna').⁴

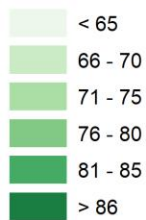
³ The former districts Ústí nad Labem, Teplice, Litoměřice and Děčín form the eastern part of Ústecký district.

⁴ For more details see <http://www.epochtimes.de/politik/europa/tschechischer-wahlsieger-gegen-euro-einfuehrung-und-europaeischen-finanzminister-a2264865.html>

Map 3.3: Employment rates and cross-border commuters in the Euroregion 2016



Employment rate, 20-64 years old (%)



Number of persons employed in a foreign country



- Case Study region (core area)
- Case Study region (extended area)
- National border
- Sea, lakes

Statistical level: NUTS 2
 Source: ESPON CPS
 Origin of data: TCP International, 2018;
 Eurostat (lfe2emprtn, lfst_r_lfe2ecomm), 2018
 Spatial Foresight, 2018
 CC - UMS RIATE for administrative boundaries

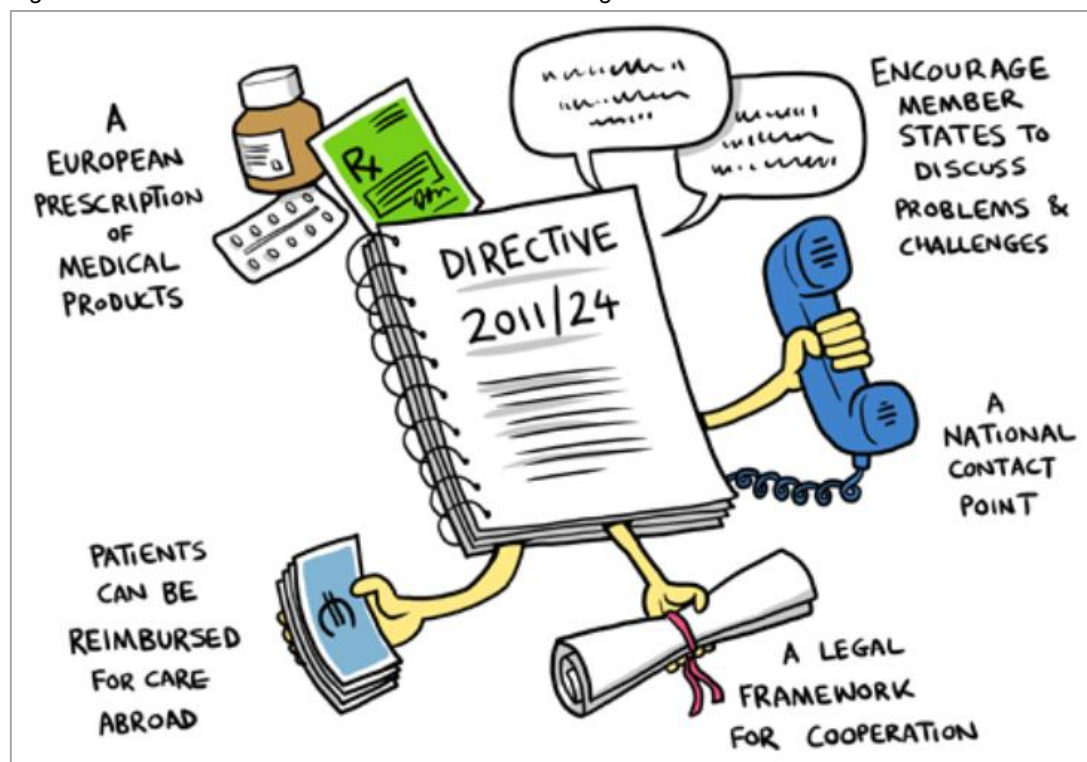
With regard to the **socio-cultural dimension** of the border, a key aspect refers to the language barrier. Languages have different roots, namely the Germanic and Slavic language roots that are distant to each other, which makes it relatively difficult to learn the neighbour's language. Nevertheless, German is the second most learnt foreign language in the Czech Republic (after English). According to Eurostat (2018b), in 2016, 1.1 % of Czech pupils learnt German already in primary education (2013: 1.3 %), about 47 % in lower secondary education (2013: 32 %) and about 38 % in upper secondary education (2013: 41 %). These numbers are related to the entire country. As the total number of Czech pupils who learn

German has been increasing over the past years (2013: 302,000; 2016: 328,000) and no numbers are available on the role of the Czech language in the German education system (see an important exception below), this implies a significant imbalance. Language skills open or even remove borders. Since Czech citizens tend to learn German they open the border more proactively than Germans who largely depend on the language skills of their Czech neighbours, i.a. in the context of CPS provision. Hence, changes in the socio-cultural dimension of the border have opening effects especially for Czech citizens. But also Germans benefit from the language skills of Czech citizens when travelling to the Czech Republic and not being forced to speak Czech (or English). Overall, the language barrier persists for people on both sides of the border and still has closing effects.

Other territorial and/or sector-specific aspects relevant for CPS provision

A sector-specific aspect of high relevance for healthcare provision in border areas refers to national legal provisions, under which CPS provision in the field of healthcare takes place. Actors in the region already have some experience in the field of cross-border ambulance services. In 2013, the German and the Czech governments signed a bilateral framework agreement on such services, which entered into force in 2016. The Directive on the application of patients' rights in cross-border healthcare (Directive 2011/24/EU) obliges the Member States to take further steps, cooperate on healthcare and develop a framework for organising and delivering healthcare services (see Figure 3.2).

Figure 3.2: The Cross-border Healthcare Directive as legal framework for CPS in the field of healthcare



Source: European Commission, 2017

Existing cross-border structures and joint policy objectives on CPS

Based on the principles of the European Outline Convention on Transfrontier Cooperation between Territorial Communities or Authorities ('Madrid Convention', Council of Europe, 1980), cross-border cooperation between Saxon and Czech municipalities was institutionalised in 1992 through the foundation of the Euroregion Elbe/Labe. As an organisation the Euroregion consists of a German and a Czech municipal community. Both communities decide independently about their respective members. During the foundation process, they agreed on the following objectives and tasks for their cooperation:

- support for cooperation and development in the fields of (a) regional planning, (b) nature and environment, (c) business promotion, tourism, infrastructure, (d) civil protection and emergency services, (e) transport, (f) culture, education, sports, encounters, (g) health care and social affairs;
- support for municipal and other projects in line with the regional development objectives;
- support for all activities at local level that promote the joint border area;
- representing joint interests to responsible authorities and support to create binding bilateral agreements for local and regional cross-border cooperation.

According to the general agreement of the Euroregion, the organs are the Council, the Executive Committee and the Secretariat. The Council is the main committee to coordinate the activities. It consists of 15 German and 15 Czech members of the respective municipal communities. The Executive Committee represents the Euroregion and consists of four German and four Czech members, among them two Presidents, two Vice Presidents, two elected members and two Managing Directors. The Managing Directors also form the Secretariat. Each of them runs one office of the two municipal communities. The organs are supplemented by working groups. Delegated representatives from the districts, cities and municipalities cooperate in these groups. Since 2015 these groups are namely economy, science and education; culture and tourism; spatial development; social issues, youth and sports; civil protection; environmental protection; transport. Here, they discuss challenges and on-going projects, exchange experience and work on the current status and future of the different cross-border funding programmes.

The Euroregion benefits in particular from the Interreg cross-border cooperation programme Saxony-Czech Republic, which covers the entire Saxon-Czech border. The cooperation programme finances joint projects in four priority axes:

- promoting the adaptation to climate change, risk prevention and risk management;
- maintaining and safeguarding the environment and promoting resource efficiency;
- investments in education, apprenticeship and vocational training for competencies and life-long learning;

- improving institutional capacities of public authorities and stakeholders and efficient public administration (incl. small project fund).

In both funding periods 2007-2013 and 2014-2020, the Euroregion has been in charge of direct improvements of projects in the Elbe-Labe area that are financed by the small project fund.⁵ Additional funding programmes used in the region to address common challenges and promote joint development, are financed by the Free State of Saxony, the German-Czech Future Fund and other EU funding sources.

The regional development concept from 2001 (Kowalke and König, 2001) describes the main natural, demographic, economic, social and other regional challenges. Apart from these challenges, of which some may be translated into specific needs for developing CPS, the region is also challenged by different administrative and institutional frameworks. While competences for many public services are decentrally distributed at regional and local level on the German side of the border, the Czech system is characterised by centralised competences at national level. A study from 2013 which was commissioned by the Saxon State Ministry of the Interior and the Ministry for Regional Development of the Czech Republic and covered the entire Saxon-Czech border area (not only the Euroregion), identified six development objectives for the border area (Bergfeld, 2013):

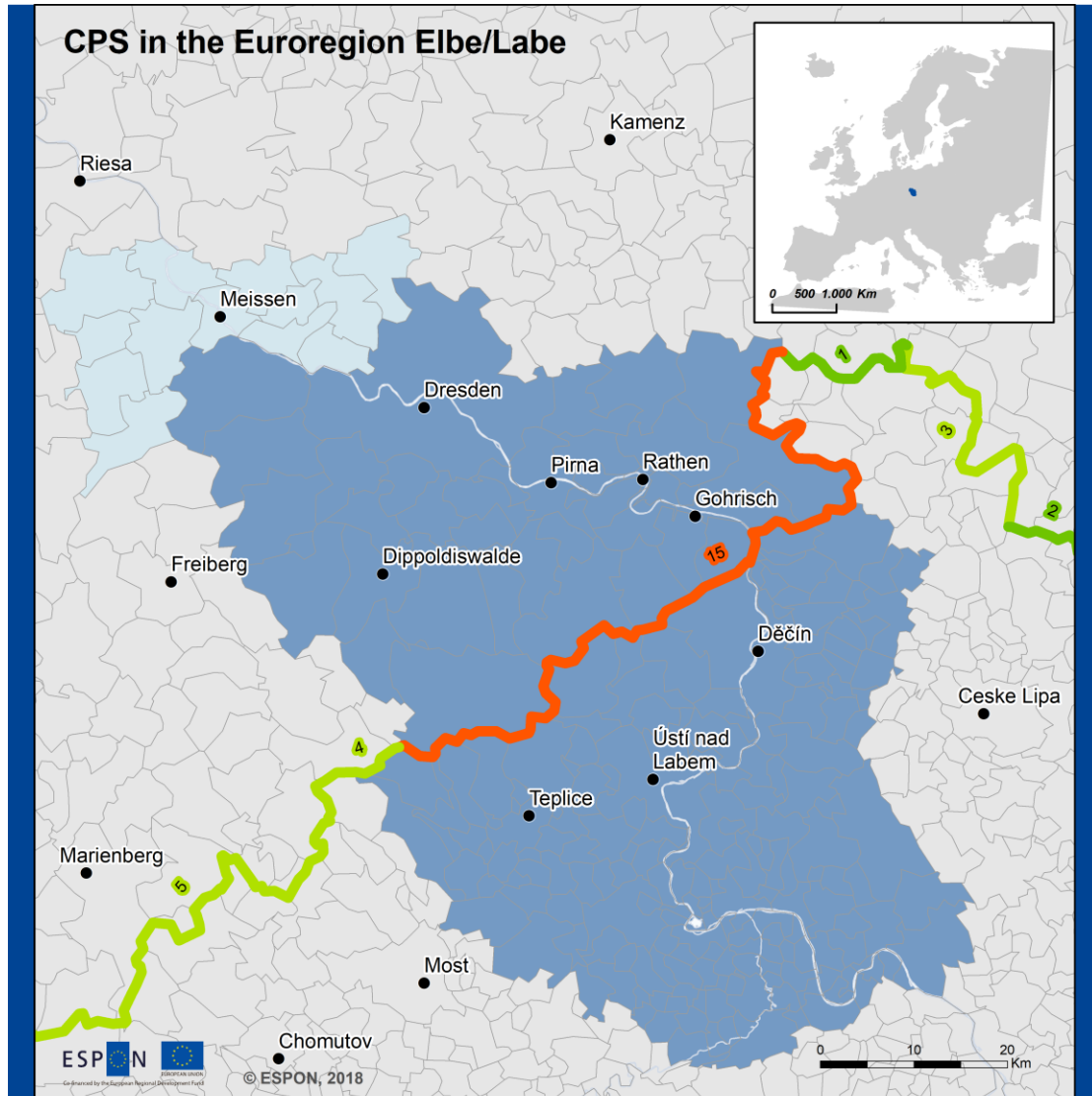
- strengthening the external perception and strategic position of the region in Europe;
- strengthening internal cohesion through joining forces and connecting infrastructures;
- strengthening the border area as an efficient economic area;
- developing cross-border mobility and connecting infrastructure to maintain convergence in the economic and living space;
- maintaining and restoring natural resources, development of cross-border cultural landscapes and coordinated mitigation of the effects of climate change;
- support territorial interrelationships and coordinated regional development.

3.2 Analysis of CPS at the level of the case study areas

15 existing CPS were identified in the Elbe/Labe Euroregion case study area, which is considerably higher than what has been identified for the neighbouring regions (see Map 3.4). The first CPS was established five years after the fall of the Iron Curtain and four years after the German reunification, respectively. It was a bus line between Dresden and Teplice. By 2004, when the Czech Republic joined the European Union, the number of CPS had increased to five, and has further increased continuously to the 15 CPS in place in 2018 (Figure 3.3).

⁵ For more information see <http://www.euroregion-elbe-labe.eu/de/projektforderung/neu-kpf/>

Map 3.4: Euroregion Elbe/Labe - Number of CPS per border segment

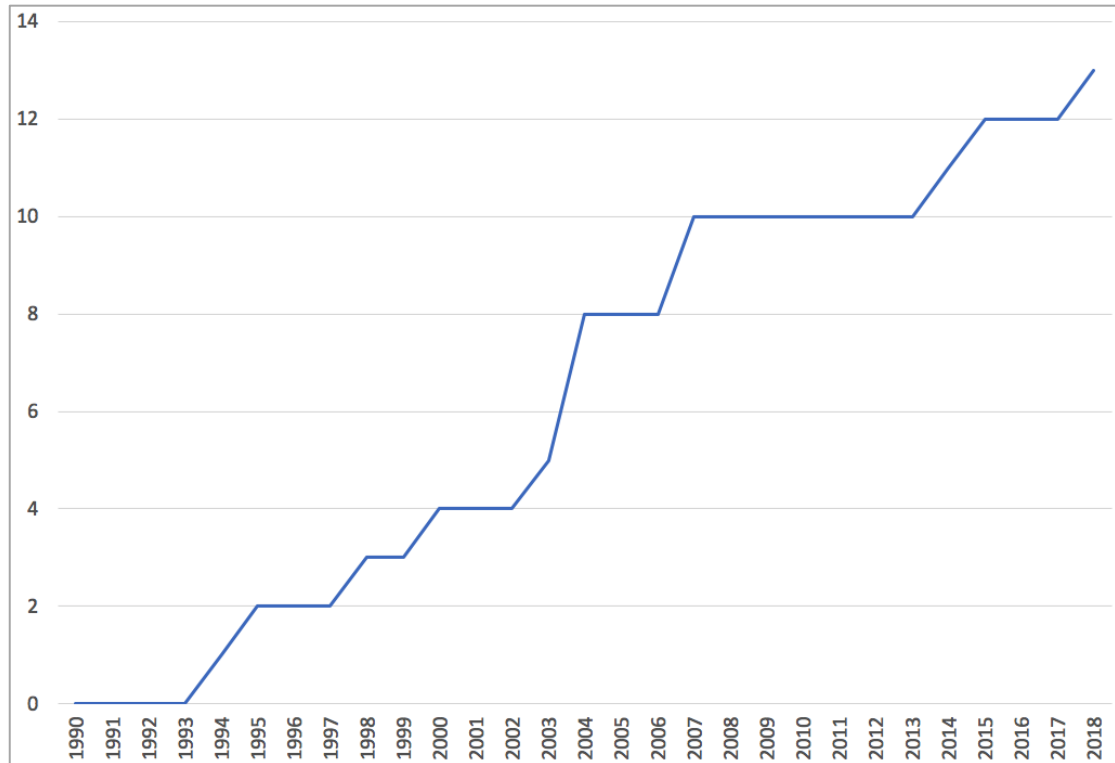


Number of CPS per border segment

- no CPS
- 1 - 2
- 3 - 5
- 6 - 7
- 8 - 10
- 11 - 15
- 16 - 23
- Case study area: core area
- Case study area: extended area
- National border
- LAU-2 units

Local level: LAU2
 Source: ESPON CPS
 Origin of data: TCP International, 2018;
 Eureconsult, 2018; RRG GIS Database, 2018

Figure 3.3: Development of CPS 1990-2018 in the Euroregion Elbe/Labe*



* For two CPS no information was available when these CPS were established.

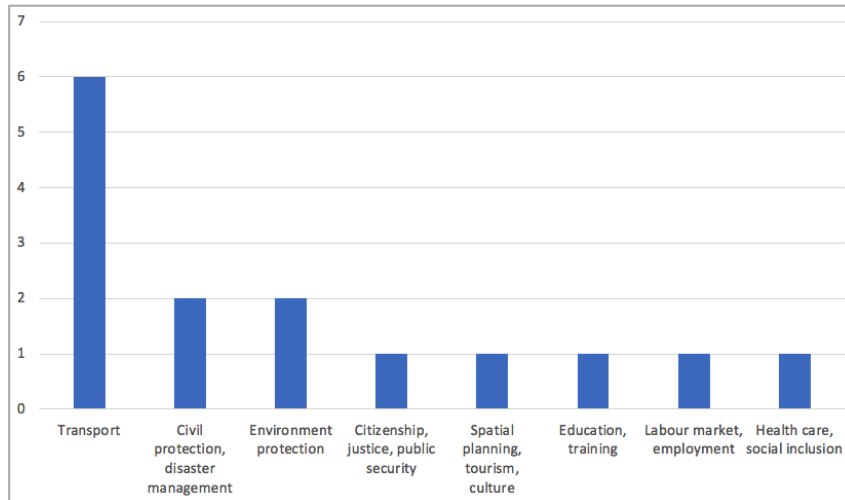
Source: Service provider CPS database, 2018

The range of topics covered is rather balanced. A particular focus can be identified for CPS in the field of cross-border transport (6). Two CPS exist in the fields of civil protection and disaster management, and environmental protection, respectively; each of the other themes is covered by one CPS (Figure 3.4) their territorial coverage differs not only between themes but between CPS (Map 3.5).

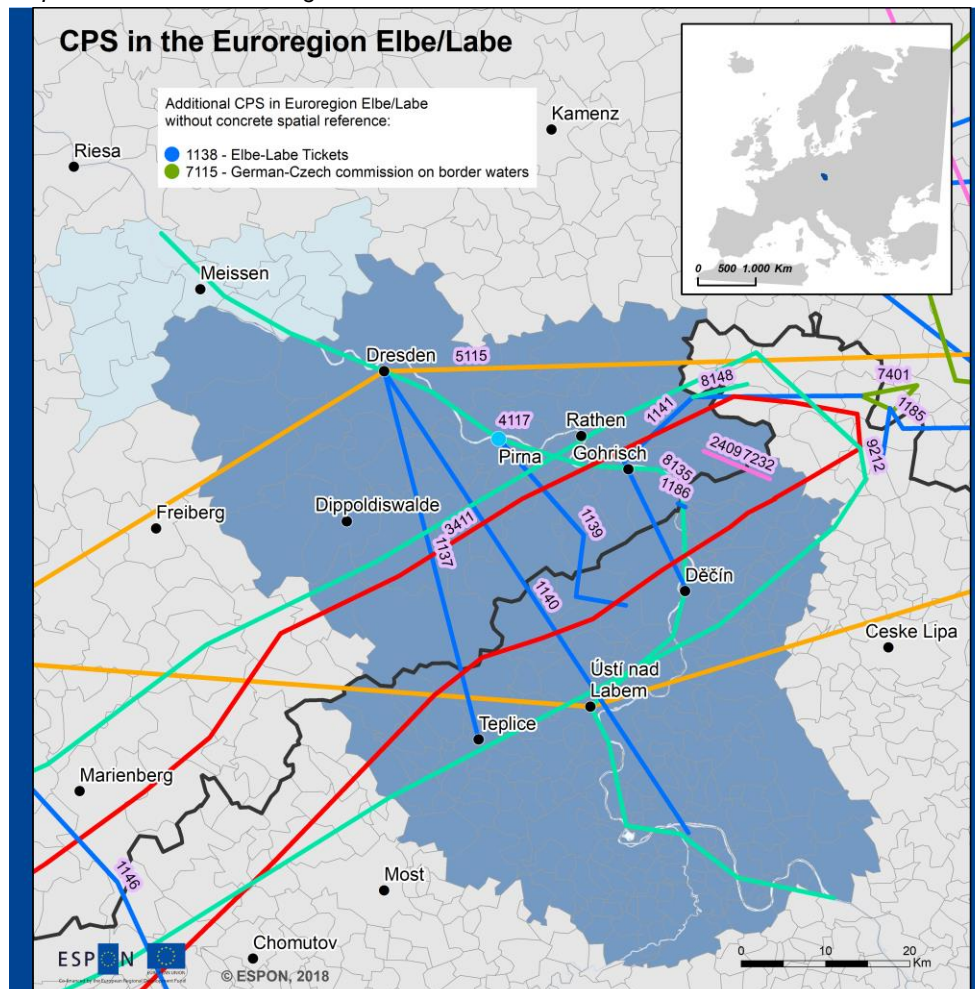
Apart from the fields, in which CPS have been developed, the regional development concept (Kowalke and König, 2001) also raises the need for CPS, inter alia, in the fields of

- social infrastructure development for cross-border uses;
- a cross-border organisation of water, waste water and waste management;
- the development of common business centres;
- cross-border tourism information and marketing activities;
- an intensified cooperation and exchange in tertiary education and research activities;
- a cross-border use of medical and social infrastructure.

Figure 3.4: Number of CPS per theme



Map 3.5: CPS in the Euroregion Elbe/Labe



Themes / fields of application of CPS services

- Citizenship, justice and public security
- Civil protection and disaster management
- Communication, broadband and information society
- Education and training
- Environment protection
- Healthcare and social inclusion
- Labour market and employment
- Spatial planning, tourism and culture
- Transport

- Case study area: core area
- Case study area: extended area
- National border
- LAU-2 units

Local level: LAU2
 Source: ESPON CPS
 Origin of data: TCP International, 2018;
 Eureconsult, 2018; RRG GIS Database, 2018

Most CPS are dedicated to public transport users (40 %) or the residents of the border area (30 %) as rather general target groups. The other CPS have more specific target groups, addressing the needs of tourists, job seekers, cross-border workers, pupils and people requiring medical or permanent care (see Figure 3.5).

Figure 3.5: Share of target groups of the CPS

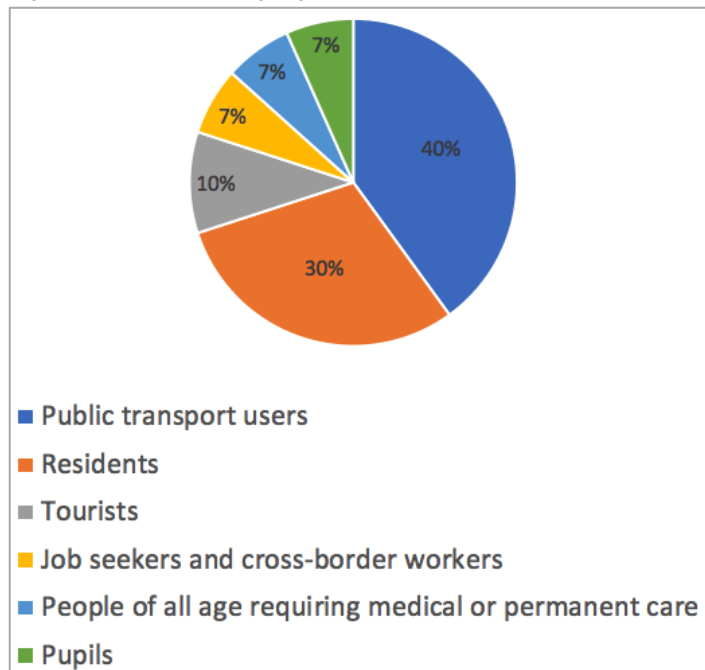


Table 3.2: Preliminary list of CPS in the Euroregion Elbe/Labe

#	CPS no in Map	Name	Theme	Year	Target group	Description
1	1137	Regional bus line 398 Dresden-Teplice	Transport	1994	Public transport users	Daily bus line between Dresden and Teplice; frequency has increased (2017: every 2 hours)
2	1138	Elbe-Labe tickets	Transport	2007	Public transport users	Cross-border day passes for individuals, small groups, families and bikes to integrate existing national public transport services; bilingual information
3	1139	Regional bus line 217 Pirna/Bahratal - Tisá - Jilové Sneznik - Rosenthal	Transport	n.a.	Public transport users	Cross-border bus line available for the general public but with a focus on tourists; on weekends (April-October) the bus has a trailer to transport bicycles
4	1140	Regional train connection RE20 Dresden - Litoměřice	Transport	2004	Public transport users	In the beginning focused on Dresden – Děčín, the train now links Dresden and Litoměřice; the train connection is available for everybody but focuses on wanderers in Saxon-Bohemian Switzerland
5	1141	Region railway line U 28 to link different areas in the national parks	Transport	2014	Public transport users	Cross-border railway link Rumburk – Sebnitz – Bad Schandau – Děčín; link between formerly separate railway lines
6	1186	Ferry connection between Schöna (DE) and Hřensko (CZ)	Transport	1997	Public transport users	Ferry connection across the Elbe between the German municipality of Schöna and the Czech municipality of Hřensko. In summer (end of March until end of October), it runs daily from 7.30 until 21.30, in winter from 8.30 until 17.30. One passage takes 2 minutes. The Elbe-Labe tickets (see #8) are valid on this ferry.
7	2409	Cross-border marketing of Saxon Swiss and Bohemian Swiss national parks	Spatial planning, tourism, culture	2004	Tourists	Based on a ministerial agreement, which was already adopted in 1991, transboundary activities are carried out with a specific focus on joint marketing activities for the two national parks.
8	3411	Cross-border ambulance services	Health care, social inclusion	2015	People of all age requiring medical or permanent care	In a framework agreement, signed in 2015, general principles have been agreed to define framework conditions under which ambulance services can operate on the other side of the border in emergency cases
9	4117	Binational-bilingual German-Czech education at the Friedrich-Schiller secondary school in Pirna (DE)	Education, training	1998	Pupils	A bilingual class at a German school with 50% Czech and 50% German students without any prior knowledge of the other language; German-Czech Geography and Art classes between 7 th and 10 th grade plus elective course on DE-CZ relations in upper secondary school; the degree is recognised in the Czech Republic

10	5115	Employment market partnership EURES-TriRegio	Labour market, employment	2007	Jobseekers and cross-border workers	Information, advise and employment services for different target groups; covers Germany, the Czech Republic and Poland
11	7115	German-Czech Commission on Border Waters	Environment protection	1995	Residents	Bilateral agreement between Germany and the Czech Republic that establishes two permanent committees (Saxon-CZ, Bavarian-CZ) to manage cross-border water bodies, assess and improve their quality
12	7232	Transboundary Park Saxon-Bohemian Switzerland	Environment protection	2004	Residents and tourists	The transboundary park comprises two national parks (Saxon Switzerland, Bohemian Switzerland) and two landscape protection areas (Saxon Switzerland area and Elbe Sandstone Mountains Conservation Area (CHKO Labské pískovce)).
13	8135	Flood control & protection	Civil protection, disaster management	2003	Residents	Non-institutional cooperation in 10 Interreg projects to complement national activities with regard to flood risk management and protection of the Elbe-Labe river basin
14	8148	Fire brigades Sebnitz – Dolní Poustevna	Civil protection, disaster management	2018	Residents	Fire brigades in different parts of the Euroregion cooperate with each other. Joint projects enable them to support each other. However, no detailed information is available and CPS seem to be differently well developed between neighbouring municipalities.
15	9212	German-Czech police and customs cooperation	Citizenship, justice, public security	2000	Residents	Bilateral treaty between Germany and the Czech Republic to establish a framework for cross-border police and customs cooperation; since 2007 joint centre in Petrovice (another DE-CZ centre in Schwandorf (Bavaria)); with new agreement 2016 the treaty covers the whole territory of Germany and Czechia

4 Existing cross-border public services

In this section, two cross-border public services are presented that are currently in place and important cornerstones of CPS provision in the Euroregion Elbe/Labe. This shall give detailed insights in the framework conditions of CPS provision, what needs are addressed, how the provision of CPS is organised and what the key elements are that maybe interesting for transfer to other CPS in the Euroregion Elbe/Labe and for other cross-border regions.

As the above overview shows, there is a particular focus in the Euroregion on CPS in the field of transport, e.g. cross-border bus lines, regional train connections and joint pricing systems. Hence, the Elbe-Labe ticket is presented as an example of an integrated ticket that can be used for public transport on both sides of the border.

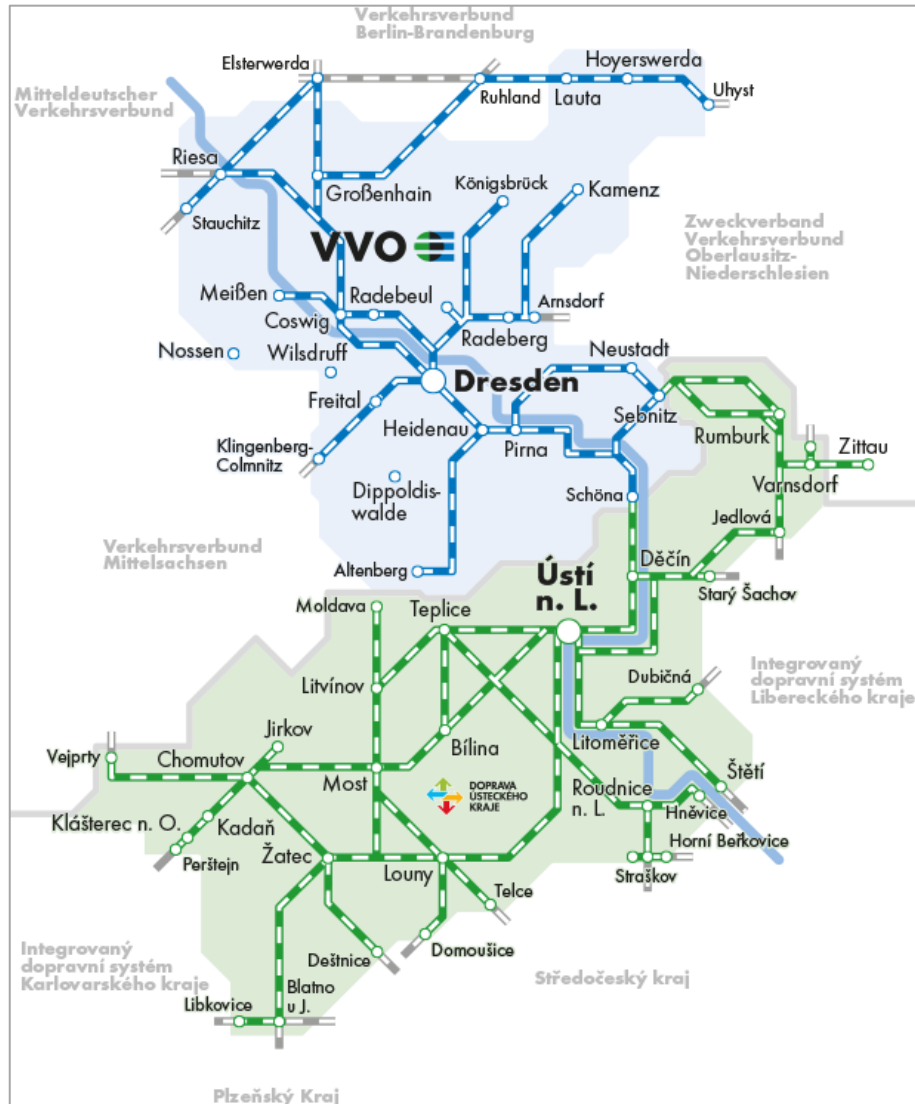
An important thematic field, for which CPS provision shall be further developed in the future, is the health sector. First steps were taken when agreeing on joint principles for cross-border ambulance services in 2015. Section 4.2 explores in further detail what is needed and done to improve healthcare provision and to reduce closing effects in this regard.

4.1 Elbe-Labe tickets

The Elbe-Labe ticket is a day ticket for cross-border public transport. It was introduced in 2007 and can be used for local and regional busses and trains in the tariff zone of the German Upper Elbe Transport Association ('Verkehrsverbund Oberelbe', VVO) and the Czech Transport Association of the Ústecký district ('Doprava Ústeckého kraje', DÚK), plus a few municipalities close to the respective boundaries (Map 4.1). The target group of the ticket are all users of public transport in the border area. Four different day passes are available, for single travellers, small groups, families and bicycles.

To introduce the Elbe-Labe ticket, the existing portfolio of tickets on both sides of the border was extended with a cross-border component, which adds on the respective day pass of the German and Czech transport association. For an extra fee, the day pass can be used on the other side of the border. As the pricing system considers the difference in purchase power, the price of the ticket in the Czech Republic is lower than in Germany. However, the extra fee is the same (EUR 3.50), no matter where the ticket is bought.

Map 4.1: Tariff zone of the Elbe-Labe Ticket (as of April 2018)



Source: <https://www.vvo-online.de/de/tarif-tickets/tickets/elbe-labe-129.cshml>

4.1.1 A contract between transport associations defines the framework conditions

The introduction of the tickets in 2007 roots in the EU accession of the Czech Republic in May 2004 and its accession to the Schengen area in December 2007 as well as in the joint desire to make the border more permeable and support cross-border mobility. The regional transportation plan of the German side (VVO, 2011) specifies that cross-border public transport has increased considerably since 2004/2007, which is reflected, inter alia, by intense coordination with Czech partners like railway companies and public authorities with regard to general information, available data, plans and strategies. This coordination shall be further intensified in the future. In very practical terms, new cross-border connections and offerings shall be developed and implemented (ibid.), e.g. a new fast regional train connection between Dresden and Ústí nad Labem or commutation tickets (monthly, annual).

Since April 2018, the Elbe-Labe ticket as such is based on a contract between the German transport association (VVO) and the Czech transport association (DÚK). As the Czech DÚK

did not yet exist in 2007, prior to the new agreement the Elbe-Labe tickets were based on individual contracts between the German VVO and the different Czech transportation companies.

The contract defines the tariffs, which are then integrated into the pricing systems of the transport associations. Each transport association has own structures and processes for internal decision-making as well as for coordination with public authorities and other relevant players. In the context of the Elbe-Labe ticket coordination and exchange between the two associations therefore mainly takes place occasionally while each partner is responsible for coordination and communication both internally and with other players on the respective side of the border.

4.1.2 Need for simplified and more accessible cross-border transport

The main task of the Elbe-Labe ticket is to ensure the provision of a public service and make the usage of cross-border public transport as easy as possible for the passengers by offering one single ticket for the entire border region. Everybody can purchase such a ticket without further obstacles such as language barriers or different currencies. Hence, the cross-border region gradually becomes a single transport area.

The Elbe-Labe ticket addresses different needs of the local population as well as tourists. The Saxon-Czech border region is a tourist region with a cross-border national park, where tourists want to move freely without buying several tickets.

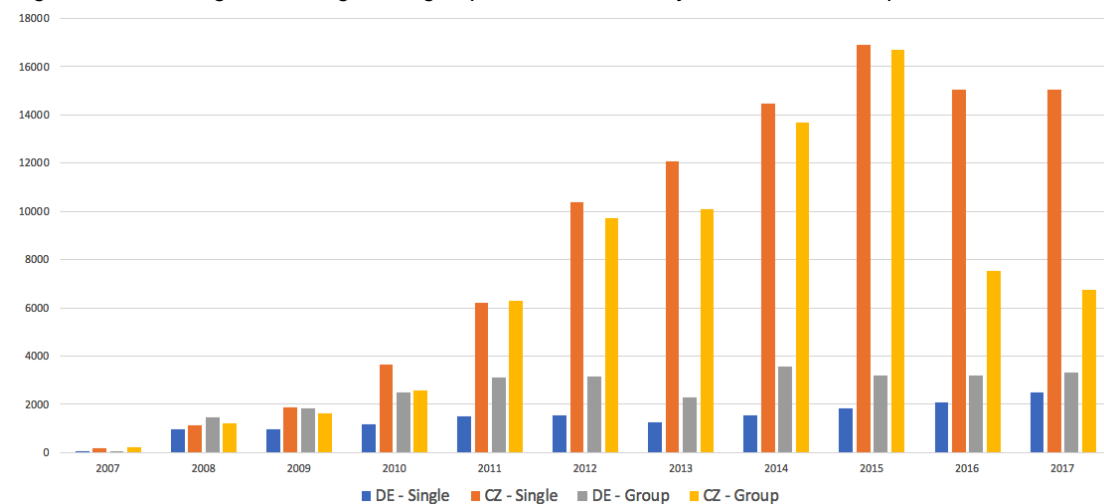
Furthermore, shopping and leisure activities show a comparatively strong cross-border dimension so that the Elbe-Labe ticket is especially used for this purpose. One example is the Advent season before Christmas during which trains to Dresden on weekends are sometimes overcrowded with Czech shopping tourists. Hence, the Elbe-Labe ticket addresses the need and desire of the population to buy more specialised, non-daily goods on the other side of the border and to spend leisure time in the other country.

The Elbe-Labe ticket consequently outreaches to the entire population living in the tariff zone of the involved associations, which is about 2 million inhabitants, plus tourists and day visitors. However, sales numbers also reveal an imbalance. In general, more tickets are sold on the Czech side, sometimes >10 times than in Germany (see Figure 4.1). The sales figures confirm the demand that is addressed by the ticket. They increased from 483 single and group tickets in 2007 to 27,600 single and group tickets in 2017. The drop in sales figures on the Czech side between 2015 and 2016 mainly roots in an increase in prices of the group tickets (+ 38 %) and the introduction of an association ticket on the Czech side that did not exist before January 2016. Before this new ticket was introduced, the Elbe-Labe ticket was often used for inland, i.e. non cross-border, transport in the Czech Republic, which indicates the benefit of a joint ticket rather than single tickets from different transport companies.

Using the ticket for inland transport is therefore one reason that led to an imbalance in sales figures. Until restricting the locations for buying the Elbe-Labe ticket on the Czech side, it was

furthermore possible to buy the Elbe-Labe ticket outside the border area, which allowed many people to travel from Prague to Dresden (and back) for a rather low price with a ticket from Prague to the border area plus the Elbe-Labe ticket to get from the border area to Dresden (and back). Hence, the ticket was also used for, and integrated into, trips going far beyond the border region. Remaining imbalances today are maybe more attributed to the more frequent use of public transport by Czech citizens as compared to Germans and the share of Czech commuters working in Dresden. Also seasonal differences might play a role. While a comparatively high share of tickets in Germany is sold between April and October (70 % in 2017), sales figures on the Czech side show only average values (60 % in 2017) in line with what could be expected when assuming uniform distribution of sales throughout the year. Christmas season, on the other hand, attracts many Czech residents to travel to Germany. About 15 % of all Czech tickets in 2017 were sold in December, which is almost twice the value to be expected under conditions of uniform distribution.

Figure 4.1: Sales figures of single and group tickets in Germany and the Czech Republic 2007-2017



Source: Own calculations based on information provided by VVO (unpublished)

4.1.3 A decentral organisation building on existing infrastructure

No information is available how time-consuming and resource-intensive the preparation phase of the tickets was. Coordination processes generally take a long time. All decisions need to be prepared thoroughly, discussed, (re-)negotiated and approved by the decision-making bodies. This usually prevents short-term decisions or fast implementation processes. This is however not specific for the cross-border ticket but a general characteristic when developing local and regional public transport.

The Elbe-Labe ticket is based on the administrative structure of the involved transport associations. The transport infrastructure including some cross-border trains, bus and ferry connections, for which the Elbe-Labe ticket is valid, did already exist before the ticket was introduced. The respective transport associations and individual transportation companies own the busses and trains used to operate the transport connections.

Before the introduction of the Elbe-Labe ticket it was necessary to buy several tickets. As different transportation companies were involved and no association existed on the Czech side, the mix of tickets a passenger needed, depended on the specific route. The Elbe-Labe ticket was the first ticket on the Czech side that was accepted by different transportation companies.

Since April 2018, the revenues of the ticket sales are distributed by the associations directly every month.⁶ The two associations report their sales numbers, which are offset against each other, and the resulting difference is transferred from one association to the other. The amount available for each side of the border is then distributed internally among the different transportation companies based on internal distribution keys.

4.1.4 Dealing with economic disparities and language barriers through specific solutions

A key challenge resulting from the price difference has been cannibalisation by by-passing the German and taking advantage of the Czech system, e.g. Germans cross the border and stock up with (cheaper) tickets on the Czech side. When the ticket was introduced, this issue had been solved as tickets purchased in the Czech Republic are only valid on the day of sale whereas tickets purchased in Germany can also be used on another day. In addition, on the Czech side they are now (since April 2018) only available in the border area and cannot be bought in Prague or elsewhere.

The main challenge during the preparation and introduction phase of the Elbe-Labe ticket was the multitude of transportation companies in the Czech Republic, as the single transport association on the German side had to conclude individual bilateral agreements with each of them. Coordination processes were thus quite complex. This has become much easier upon the establishment of the Czech transport association, which now functions as the sole contracting and contact partner.

The main challenge in regular communication between both transport associations is still the language barrier. Phone conversations are usually sufficient to clarify issues among the players within either of the countries. Exchange between the German and the Czech partners, especially in the case of binding bilateral agreements, are more difficult as not all contact persons understand and / or speak the other language. Furthermore, reaching consensus, preparing, adopting and implementing (political) decisions is often more time consuming. This can, however, only partly be attributed to language issues but is a rather general issue in public transport.

4.1.5 Success factors and outlook

The new contract, which is in place since April 2018, should be sufficient as updated framework for the Elbe-Labe ticket. The originally identified need has been confirmed by increasing ticket sales since the introduction (see Figure 4.1) and the introduction of the

⁶ Until March 2018, it was done by an external consultant.

family day ticket which complements the other day tickets since April 2018. Two key success factors need to be highlighted:

- **Consider different price levels.** Especially if price differences are significant, it is important to consider these socio-economic disparities and offer tickets that are similarly attractive on both sides of the border.
- **Prevent cannibalisation.** By specific conditions it needs to be ensured that tickets are sold on both sides of the border although they have different prices; e.g. by selling tickets for immediate use in the country where the ticket is cheaper so that people do not travel to this country to buy tickets there and stock up with tickets for months.

A key challenge in further developing the Elbe-Labe ticket and adapting it to the trend of digitisation will consist in finding a way to introduce online distribution of the ticket while at the same time still preventing cannibalisation.

4.2 Cross-border ambulance services

The Saxon-Czech cross-border ambulance service operates on basis of a cooperation agreement that has been in force since January 2016 and allows rescue teams to support each other and operate across the border if needed and useful. The service addresses everybody who needs medical care in case of emergency, or more specifically, everybody who has an accident while sojourning in the immediate border area.

4.2.1 An accident with severe consequences raised awareness

In 2009, due to the general legal situation, which requires that an emergency patient has to be taken care of in the country where the accident happened, a German citizen suffered severe consequences from an accident on the Czech side of the Euroregion Elbe/Labe. Although the next hospital in Germany was only 5 km from the accident site, the patient was taken consecutively to two different Czech hospitals, one 24 km, the other one 70 km away.⁷ As a consequence, negotiations were launched by national and state governments to improve the situation.

Cross-border cooperation thus became an important component in the border area to address increasing cross-border mobility of wide parts of the population and to ensure sufficient quality and availability of emergency services as a fundamental part of health care provision. As no legal basis was in force, the national and regional governments decided to close this gap and establish a consistent legal framework as basis for service provision on both sides of the border.

⁷ For more information see <http://www.sz-online.de/nachrichten/rettung-an-der-grenze-3629990.html>

4.2.2 Bilateral national framework agreement as basis for cross-border regional agreement

After the abovementioned accident awareness increased for a joint need for action, i.e. to solve legal ambiguities and to develop a joint legal framework in case of future incidents. As a consequence, a bilateral framework agreement (Bilateral national agreement, 2013) between the German and the Czech government was negotiated and eventually adopted in 2013. Based on international law, this agreement established the framework for further regional cooperation agreements. According to article 4 (1) of the bilateral agreement of the two Member States, such regional cooperation agreements can be concluded to define more specific rules. The regional cooperation agreements shall include details, inter alia, regarding the following points (article 4 (4)):

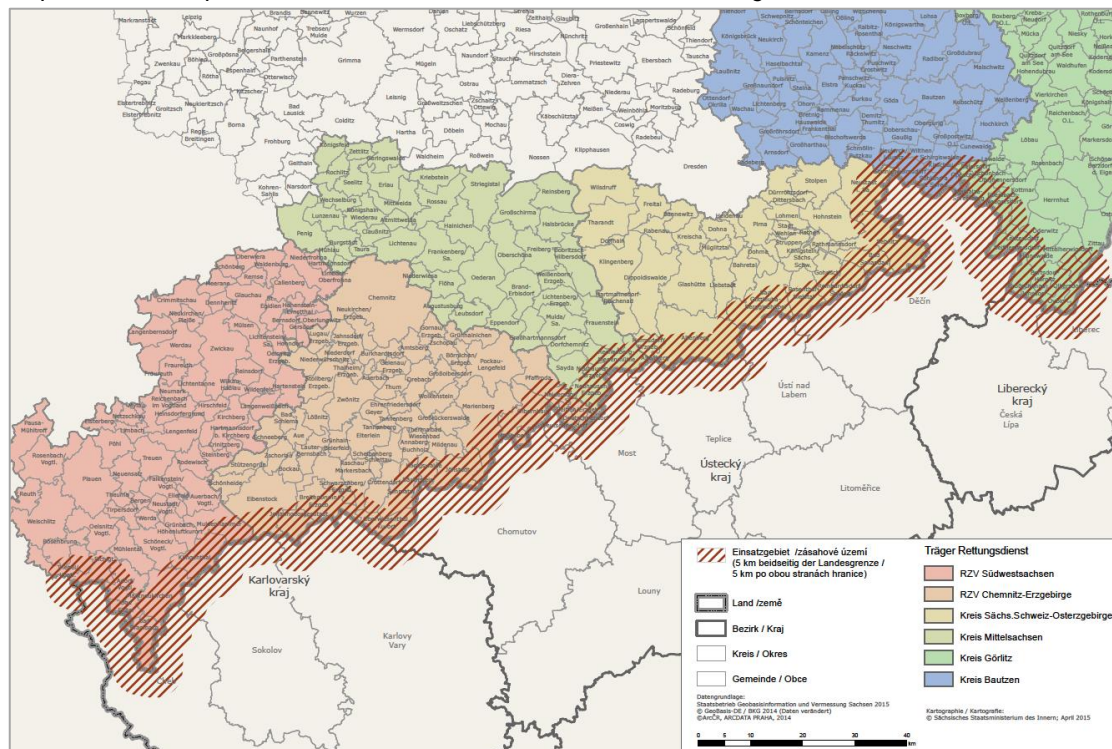
- code of conduct for rescue teams and rules for emergency vehicles;
- to which country and hospital patients shall be taken (if possible);
- how to treat patients to ensure uninterrupted care on the vehicle and in the hospital;
- criteria to monitor the quality and security of services;
- documentation, statistics and evaluation;
- liability insurance;
- communication between the involved rescue directing centres and the rescue teams;
- procedures in case of death.

In order to respect the domestic allocation of competences, rights and duties, only two German 'Länder' (the Free States of Bavaria and Saxony) and five Czech districts (Liberecký, Ústecký, Karlovarský, Plzeňský and Jihočeský kraj) may conclude regional cooperation agreements (cf. article 4 (2) of the bilateral national agreement). Already the bilateral agreement (articles 5-12) includes different provisions with regard to the abovementioned aspects and, this way, establishes a regulatory framework to be further specified and implemented in the regional cooperation agreements.

Based on the provisions of the bilateral agreement, the regional cooperation agreement (Regional cooperation agreement, 2015) for the Saxon-Czech border was negotiated between, and adopted by, the Free State of Saxony and three Czech districts (Liberecký, Ústecký, Karlovarský kraj). Thus, the CPS covers a larger area than the case study region Euroregion Elbe/Labe. The agreement entered into force in January 2016 and allows rescue teams to operate in a 10 km strip along the Saxon-Czech border (5 km on each side; see Figure 4.2). On a rather general level, the cooperation agreement defines forms of cooperation, operations on the spot, directing centres, documentation, reimbursement of costs and liability (articles 3-8). More important, however, are eight annexes to the agreement with specific details on 50 pages, e.g. a map of the area of operations (see Map 4.2), members of the working group with their contact details, bilingual forms and operation

protocols, and tables with the names, addresses and contact details of relevant medical-care facilities (incl. specialist departments), directing centres and service providers.

Map 4.2: Area of operations for cross-border ambulance services along the Saxon-Czech border



Quelle: Regional cooperation agreement, 2015

To monitor the long-term implementation of the regional cooperation agreement, a working group was established with representatives of the different competent authorities at regional and state level, health insurances and other relevant institutions. Once a year, this working group meets and exchanges information about the number and duration of operations. If necessary, they update the annexes to the regional agreement (cf. article 2).

4.2.3 A decentralised organisation using existing infrastructure on both sides of the border

The service benefits all emergency patients within a 10 km strip along the Saxon-Czech border. As can be seen on the map, however, the zone is not defined precisely. According to information from people working in the area the zone is hence extended pragmatically in case of emergency for the benefit of the patient's health. According to the framework agreement, and if appropriate in view of the patient's state of health, a German patient shall be brought to a German facility and a Czech patient to a Czech facility. The CPS therefore supports treatment of patients in their home country even if the case occurs in the neighbouring country.

The CPS is provided based on existing infrastructures, facilities (hospital, directing centres etc.), emergency vehicles and rescue teams. In case of an emergency that cannot be covered immediately on the same side of the border, the directing centre in charge contacts another centre on the other side of the border and asks for their support. Afterwards, the directing

centre, which was approached, checks the availability of staff, informs the other centre about the decision and, in case a team is available, instructs the team to take over. Hence, the cross-border emergency service relies entirely on mutual support and is not based on new or extended infrastructures. All staff members, facilities, vehicles or infrastructures belong to the respective institution that also uses and/or owns them in the national context.

4.2.4 CPS delivery based on national rules and common understanding of processes

The preparation phase of the CPS, i.e. the elaboration of the cooperation agreement and the development of the extensive annexes and forms, was time-consuming and lasted several years. Due to a lack of a general framework, the regional agreement was only finalised after the bilateral national framework agreement came into force.

Developing the regional agreement, first of all, required the development of a joint understanding of the service and national structures, provisions and specificities. Rescue systems are complex systems requiring a seamless communication that involve various players without causing any delay in case of emergency. Hence, the involved authorities had to make sure that a clear communication chain includes the cross-border cooperation. It was furthermore challenging to identify the relevant institutions and collect the correct contact details for each institution.

For delivering the CPS the respective national provisions, skills and experience apply. This implies, for example, that rescue teams follow their own procedures and standards (article 5 (3) of the framework agreement) and the equipment must fulfil the requirements of the country where it is located (article 8 (1) of the framework agreement). To overcome the language barrier, translations of standard forms were drafted. Relying the emergency service entirely on well-established structures that were already in place on both sides of the border before the agreement entered into force is perceived as an advantage. This way it was not necessary to develop, establish and make everybody familiar with a broad range of entirely new structures and procedures.

4.2.5 Success factors and outlook

The current agreements are considered sufficient for good service provision in the field of cross-border emergency services. Some general elements that may be considered by institutions interested in introducing similar services, refer in particular to different governance levels that have to be involved to acknowledge competences of different levels and subsidiarity. If responsibilities lie at different levels, the corresponding rules should be defined preferably in separate agreements:

- **General framework conditions at national level.** First of all, an overall legal framework needs to be established on national level between the involved countries, usually by an agreement under international law. This creates legal certainty. Specific and consistent provisions should already be defined in the framework agreement leaving leeway for adaptations to regional needs.

- **Details of the implementation at local and regional level.** With regard to the specific implementation in the region that shall be covered by the service, different details need to be defined, e.g. with regard to health facilities, contact persons or forms. This can best be done by the players in the region that will implement the service eventually.

Although the current agreements are considered, further cooperation activities are currently implemented in the border area, e.g. in an Interreg project⁸ on “Promoting cross-border cooperation and training in emergency services” (2016-2019) led by the emergency service of the Ústí district together with a Czech technical college, different local groups of the German Red Cross (DRK) and the training centre of the Saxon economy. This project is establishing a German-Czech network, the partners cooperate in the field of training, improve language and intercultural competences. Besides the emergency service and the local groups also students and trainers are involved to organise and conduct joint seminars, trainings and language classes. This project shows that emergency cooperation increasingly covers different aspects and supports the local and regional players to reduce barriers and support the development of a joint emergency service area.

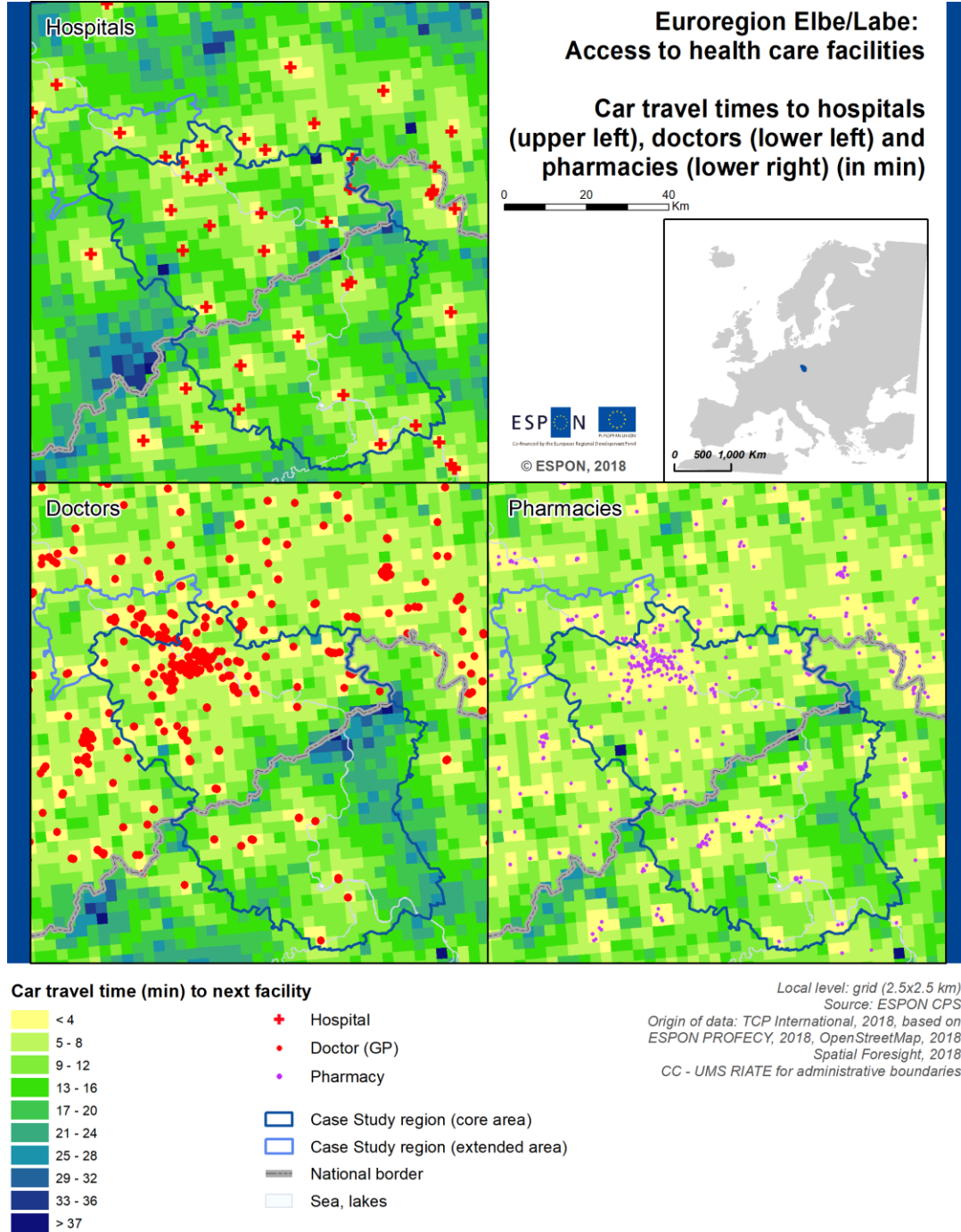
5 Future cross-border health care – Providing access to a German hospital for Czech patients

The Euroregion Elbe/Labe as the regional stakeholder in the case study region prioritised a CPS in the field of health care. Particular interest is in opening a hospital, which is located directly at the border in the German municipality of Sebnitz, to residents of neighbouring Czech municipalities.

Opening hospital access beyond emergency cases could create tangible effects and make benefits of cross-border cooperation visible to the local population. Map 5.1 indicates significant differences with regard to the availability and accessibility of health care facilities in different parts of the border region. Especially in the most northern Czech part of the region the supply level is rather low. The situation has been further aggravated when the hospital in this area (Rumburk) was closed in June 2018 (at least temporarily). At the same time, the hospital in Sebnitz is facing capacity reductions in view of population decline. Thus, cross-border solutions seem to be a suitable approach to improve the situation in the border area, addressing both, Czech demand and German hospital capacities.

⁸ For more information see www.sos-sn-cz.eu

Map 5.1: Access to health care facilities in the Euroregion Elbe/Labe



5.1 Learning from an ineffective past experience in view of an increased need

Already during 2012-2014 the hospital in Sebnitz analysed possible steps necessary to facilitate access to the hospital for Czech patients.⁹ The analysis was supported by the Saxon European Social Fund (ESF) programme. It comprised a number of different measures: A legal report was drafted, a web platform was launched to facilitate the exchange of experience and information between all hospitals in the border area, and first meetings were

⁹ For project details see www.jusani.de

organised to discuss the issue with the Czech government and German and Czech health insurances. Nevertheless, this project did not lead to any concrete negotiations or even practical steps of implementation and is of no relevance today.

One of the main issues constantly raised by the Czech players in the previous project, refers to the specific advantage and added value of one-sided patient flows, i.e. the Czech side sending patients to a German hospital. The project has furthermore shown that political interest is limited at national and state level, both in Germany and the Czech Republic. Hence, one can conclude that the success of a new initiative will depend on convincing arguments and strong answers to questions that will be asked again.

Nevertheless, a need for joint action has been identified and repeatedly confirmed by regional and local stakeholders. It has become even more severe only recently in June 2018 when the Czech hospital in Rumburk was closed for economic reasons. Now the next primary health care hospital in the Czech Republic is in Děčín, about 45-60 minutes by car from the immediate border area around Sebnitz. At the same time the utilisation level of the hospital in Sebnitz is in decline: The delivery room was closed in 2015 and the number of beds will be reduced from currently 160 to 130 (according to the current plan for 2019).

This hints at a need and demand for opening the hospital to Czech patients for inpatient and outpatient treatment. Given these overall framework conditions, this maybe a promising approach to implement another CPS in the Euroregion Elbe/Labe with high visibility for the citizens. It could contribute to better service provision for the population of the Czech municipalities in the border area and higher utilisation levels of the hospital. The latter could even support the long-term continuation of the hospital's current departments and thereby benefiting also the citizens on the German side of the border.

5.2 Many aspects to be clarified and open questions to be answered

A number of open questions need to be answered and included in the agreements, which also need to be reached and enter into force, before the hospital can be opened for Czech patients:

- First of all, basic information needs to be collected on the structure of the German and Czech health sectors. Which players are relevant? How is the health sector organised (planning, financing)? Which differences exist and might impact cross-border provision of health care services? How can these differences be dealt with?
- A more specific point refers to services that might be part of a first catalogue of services that could become available for Czech patients. How does it work if a treatment is completed in Germany but shall be reimbursed in the Czech Republic? In general, it is necessary that this treatment is part of the catalogues of both countries. Are both treatments really identical or do they only have the same or a very similar name?

- Closely related to the treatment itself is the question about briefing meetings, follow-up care or rehabilitation measures. Can these also be completed in Germany and will they be fully reimbursed? Who bears the costs if an additional overnight stay becomes necessary only because of a longer way to get to, or leave from, the hospital?
- To be reimbursed many treatments require pre-approval. How can the related procedures be standardised that they do not imply (unnecessary and disproportionate) additional burden for the patient, the hospital and the insurances? Formal communication paths and possibilities to support the patient need to be checked and adjusted.
- Medical treatments can be accompanied by complications, regardless of pre-approvals. To which degree are consequent treatments covered by the pre-approval? Under which circumstances are they no longer covered? What will be done in case of complications in the context of non-authorised treatments?
- In Germany, all documents (doctor's letters, patient records, treatment documentation) are produced in German. Who takes care of the translation? Who can ensure that the translation is correct and fulfils the requirements of the Czech insurances? Are special glossaries or dictionaries necessary to assist and standardise the translation process?
- Language skills of the working staff are another important aspect. Already today many Czech doctors work in the hospital but among the nursing staff only a few speak Czech. Will it be necessary to consider language skills when working on the duty rota? Or should more Czech (speaking) staff be hired? If so, what to do about German language skills? Will additional interpreters be needed if Czech language skills cannot be provided by the hospital staff? Who pays for them?
- Finally, it will be important to agree how to inform the population in the border area comprehensively about possible treatments, patient rights, different options and limits of the new service so that the patients can prepare for different situations and take a well-informed decision.

5.3 A preliminary action plan for the first working steps

In view of these open questions and the need to improve health care in the border area, regional stakeholders including representatives from the hospital agreed on a set of complementary steps. These aim at broadening the joint basis of information and getting on board the most important key players for developing a new CPS in the field of health care provision:

- Players in the Austrian-Czech border region have been working on cross-border health care provision since 2006 and for out-patient treatment Czech patients have

access to the hospital of the Austrian municipality of Gmünd. To learn from this example and promote the exchange between both hospitals, an excursion shall be organised by the Euroregion Elbe/Labe and the hospital of Sebnitz. Besides the hospital and the Euroregion, also representatives of the German and Czech municipalities, the districts, the state administration, politicians, the health insurance and the association of hospital shall be invited. The excursion shall take place in autumn 2018. If the efforts to prepare and conduct such an excursion are too high, representatives of Gmünd shall be invited for a workshop to Sebnitz.

- At higher political and administrative levels, there is a lack of awareness for the need for and added value of stronger cooperation in the field of health care provision. In several cases it is not clear yet who the right contact person might be, or whether such a person exists at all. As the political support is crucial for the success of such initiatives, different players and levels shall be approached via different channels, e.g. the State of Saxony (Members of the Saxon Parliament, working groups in the ministries), the Ústí nad Labem district, the insurances and the Czech Health Ministry.
- As mentioned above, one main issue in the previous project was to convince the Czech side of the added value of cross-border health care provision. It will therefore be important to develop convincing and comprehensible arguments to ensure long-term engagement of all key players. Tentative arguments on the added value are:
 - supporting health and well-being of the Czech population in the border area;
 - thereby making the Czech border area more attractive in view of population decrease and ageing (ESPON, 2014);
 - securing jobs in health care for German and Czech doctors and nurses in the cross-border area due to higher utilisation rates;
 - a more efficient use of public funds: avoiding comparatively high infrastructure costs for the modernisation of outdated hospitals without risking the well-being of the local population while modern infrastructure is available in the neighbourhood on the other side of the border;
 - securing efficient use of existing hospital infrastructure on the German side for the long-term by expanding the patient potential;
 - thereby also securing nearby health care services for the population in the German part of the border area and preventing long-distance travel to the next hospital;
 - developing a model that can be expanded to other parts of the border for ensuring two-sided patient flows in the wider area;

- becoming a good model for innovative solutions that can be transferred to other regions and thereby contributing to the region's image.
- Different framework conditions are still unknown. A cross-border study could accompany the process and provide an important source of information to compare both systems and learn from each other. The previous study from 2014 can be a starting point and it might be sufficient to update this study. One important new element of the study should be a detailed comparison of the service catalogues between Germany and the Czech Republic. As a similar exercise was carried out for the hospital in Gmünd (Austria), the German and Czech players might benefit from the Austrian-Czech case. Such a study might be financed by the Small Project Fund of the Euroregion Elbe/Labe.

5.4 Opening the hospital in Sebnitz as pilot and first step towards integrated health care

Opening the hospital in Sebnitz for Czech patients seems to be an adequate policy response to current challenges in this specific section of the border area. The (temporary) closing of the Czech hospital in Rumburk, the closing of the delivery room in Sebnitz and the most recent plans to reduce the number of beds at the hospital in Sebnitz clearly indicate a need for joint health care provision and better utilisation rates in the hospital in Sebnitz. This would benefit both the population and the hospital.

Despite all open questions, preparing and implementing such a new CPS does not seem to be unrealistic. Recent experience from the Austrian-Czech border in Gmünd shows that such initiatives can be implemented successfully. The Austrian-Czech cooperation can be traced back to 2006. Only seven years later, however, first Czech patients were treated in the Austrian hospital. Already back then, a vision for a new and joint primary health care centre was formulated. In 2019 construction on the first European cross-border health care centre which will be built directly on the border, is supposed to begin. As of 2020, Czech and Austrian experts shall work together and take equal care of Austrian and Czech patients (Niederösterreichische Landeskörrespondenz, 2018). This example shows that integration should take place stepwise. If the first step is a success, the next steps for more integrated health care can be taken.

Nevertheless, the Austrian-Czech example also shows that political support and persistence is needed at all levels of government and administration for the preparation and implementation phase. Furthermore, comprehensive trust needs to be developed. All key players need to be (and stay) convinced of the added value of the initiative. It might therefore be important to develop a long-term general vision and a more specific joint understanding of the first steps. Instead of dealing with all issues at stake from the very beginning, it might make more sense to define priorities that can be tested in practice in pilot projects. Especially under cross-border conditions with closing effects due to economic disparities and different languages, pilot projects help to adjust and fine-tune concrete processes and procedures. In

addition, such a step-wise approach can be realised more quickly than an all-encompassing approach thereby indicating first benefits more quickly which is usually beneficial to keeping relevant players involved and committed.

The long-term vision should sufficiently address the interests of German and Czech stakeholders. For instance, to overcome the previous perception of one-sided patient flows, the opening of the hospital in Sebnitz to Czech patients as such could be considered as pilot action. For the long-run offering cross-border hospital health care also in other parts of the Saxon-Czech border region could be envisaged. This should then allow for two-sided patient flows, for which also Czech hospitals could be used by German patients to improve overall health care service quality.

6 Lessons learned, recommendations & transferability

Building on the previous chapters, a number of lessons learned and general recommendations can be drawn that are not only valid in the context of health care provision and the Euroregion Elbe/Labe but might help regions and municipalities to prepare and introduce CPS in general.

Step-wise approach. Past experience from the ESF project shows that aiming too high can easily result in an overload of tasks and issues, which leads to frustration and dropouts of key players. Good practices like the hospital in Gmünd show that a step-wise approach of gradual integration and deepening of the cooperation is more promising. Measures that can be prepared and implemented more easily might not be the ideal solution for all challenges. Yet, short-term successes help to build trust on all sides and provide the basis for the next steps.

Long-term vision. A long-term vision helps to guide the cooperation process. If all players can agree on common long-term objectives, it is often easier to reach a common understanding about a sequence of short to mid-term steps and measures to reach this vision.

Political support. If a new CPS shall be established, a number of issues can hamper and prolong the process, e.g. a lack of interest and willingness of relevant authorities or concerns about the uncertainty due to different (contradictory) national legal frameworks that make it difficult to reach consensus or compromises. It is therefore especially important to gain and maintain political support at different levels. Broad awareness for the relevance of the topic must be raised. If certain measures have political priority, it is often easier to be more courageous and find suitable compromises.

'Caretaker'. Due to the long-term dimension and constant need for action, as it is the case for many 'advanced' CPS, it is not sufficient to work on the topic occasionally. It is rather crucial to have someone who establishes a particular network around the topic and develops a reputation as competent person in the field. It should be clear that this person is the contact person who takes care of the process from a cross-border perspective (instead of representing national perspectives or individual interests) and pushes all players to continue

working. In order not to introduce a new body or institution, this person could be based at an existing cross-border structure, which in this case is the Euroregion Elbe/Labe.

Transferability. One of the main reasons why the previous attempt failed in the Euroregion, was that the Czech side did not see the added value of sending Czech patients to a German hospital. It could hence make sense to think about the next steps already now. It would be possible, for example, to apply a similar situation to other sections of the border area. In some cases Czech hospitals might then benefit from German patients. In this case the hospital in Sebnitz would only be the first pilot for a broader approach of developing a joint supply area.

References

Documents and Literature

Bergfeld, A. (ed.) (2013): Sächsisch-Tschechische Grenzraumstudie. In: forum ifl, no. 22. Leipzig, 2013.

Council of Europe (1980): European Outline Convention on Transfrontier Co-operation between Territorial Communities or Authorities. Madrid, 21.V.1980. Accessed at: <https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/106> (10.07.2018)

Český statistický úřad (2018): Počet obyvatel v obcích České republiky k 1. 1. 2018; Population of municipalities of the Czech republic, 1 January 2018. Accessed at: <https://www.czso.cz/csu/czso/population-of-municipalities-mg2kmr7h39> (20.07.2018)

ESPON (2014): ET2050 Territorial Scenarios and Visions for Europe. Project 2013/1/19. Final Report. 30/06/2014. Main Report.

ESPON (2013): TRACC Transport Accessibility at Regional/Local Scale and Patterns in Europe. Applied Research 2013/1/10. Final Report. Version 30/11/2013. Volume 1. TRACC Executive Summary and Main Report.

European Commission (2017): European Cross-Border Cooperation on Health: Theory and Practice. Luxembourg: Publications Office of the European Union, 2017.

Eurostat (2018a): Gross domestic product (GDP) at current market prices by NUTS 3 regions; nama_10r_3gdp. Last update of data: 28/02/2018; last table structure change: 28/02/2018. Accessed at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=nama_10r_3gdp&lang=en (19.07.2018)

Eurostat (2018b): Pupils by education level and modern foreign language studied – absolute numbers and % of pupils by language studied; educ_uae_lang01. Last update of data: 11/07/2018; last table structure change: 28/06/2018. Accessed at: http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=educ_uae_lang01&lang=en (19.07.2018)

Kowalke, H.; König, B. (2001): Komplexes grenzüberschreitendes Regionalkonzept der Euroregion Elbe/Labe (EEL). Accessed at: http://www.euroregion-elbe-labe.eu/files/dokumente/Grenzueberschreitendes_Regionalkonzept.pdf (10.07.2018)

Niederösterreichische Landeskörrespondenz (2018): Neues Gesundheitszentrum in Gmünd: Standort und Zentrums-Manager fixiert. NLK Presseinformation. 11. Juli 2018. Accessed at: http://www.noel.gv.at/pdf/Neues_Gesundheitszentrum_in_Gmuend__Standort_und_Zentrums_94199_1531301229.pdf (19.07.2018)

Statistisches Landesamt des Freistaates Sachsen (2018): Bevölkerung des Freistaates Sachsen jeweils am Monatsende ausgewählter Berichtsmonate nach Gemeinden. Accessed at https://www.statistik.sachsen.de/download/010_GB-Bev/Bev_Z_Gemeinde_akt.pdf (20.07.2018)

VVO (2011): Nahverkehrsplan Oberelbe. 10.10.2011.

Legal sources

Rahmenabkommen zwischen der Bundesrepublik Deutschland und der Tschechischen Republik über die grenzüberschreitende Zusammenarbeit im Rettungsdienst. Bundesgesetzblatt Jahrgang 2015 Teil II Nr. 24, ausgegeben zu Bonn am 31. August 2015. Accessed at: https://www.bgbl.de/xaver/bgbl/start.xav?start=%2F%2F*%5B%40attr_id%3D%27bgbl215s1091.pdf%27%5D#__bgbl__%2F%2F*%5B%40attr_id%3D%27bgbl215s1091.pdf%27%5D__1532021658199 (19.07.2018); cited as ‚Bilateral national agreement, 2013‘.

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). OJ L 210/19, 31.7.2006.

Regulation (EU) No 1302/2013 of the European Parliament and of the Council of 17 December 2013 amending Regulation (EC) No 1082/2006 on a European grouping of territorial cooperation (EGTC) as regards the clarification, simplification and improvement of the establishment and functioning of such groupings. OJ L 347/303, 20.12.2013.

Vereinbarung über grenzüberschreitende Zusammenarbeit im Rettungsdienst zwischen dem Sächsischen Staatsministerium des Innern und dem Bezirk Karlsbad (Karlovarský Kraj) und dem Bezirk Reichenberg (Lieberecký Kraj) und dem Bezirk Aussig (Ústecký Kraj); cited as ‚Regional cooperation agreement, 2015‘.

Online sources

<http://www.epochtimes.de/politik/europa/tschechischer-wahlsieger-gegen-euro-einfuehrung-und-europaeischen-finanzminister-a2264865.html>; ‚Tschechischer Wahlsieger gegen Euro-Einführung und europäischen Finanzminister‘, 11. November 2017. (20.07.2018)

<http://www.euroregion-elbe-labe.eu/de/projektforderung/neu-kpf/>; ‚Kleinprojektefonds in der Euroregion Elbe/Labe 2014 – 2020‘. (20.07.2018)

<http://www.jusani.de>; ‚Juristisches Informationsnetzwerk für grenzüberschreitende Gesundheitsdienstleistungen‘. (20.07.2018)

<http://www.nationalpark-saechsische-schweiz.de/wp-content/uploads/2013/12/Grenz%C3%BCberg%C3%A4nge-72dpi-1024x727.jpg>; ‚Touristen-Grenzübergänge in der Kernzone des Nationalparks‘. (20.07.2018)

<http://www.nbs.sachsen.de/>; 'Eisenbahn-Neubaustrecke Dresden-Prag'. (20.07.2018)

<http://www.prepravce.cz/index.asp?menu=240>; 'Hraniční přechody'. (20.07.2018)

<http://www.sos-sn-cz.eu>; 'Förderung der grenzüberschreitenden Zusammenarbeit und Ausbildung im Rettungsdienst'. (20.07.2018)

<http://www.sz-online.de/nachrichten/rettung-an-der-grenze-3629990.html>; 'Rettung an der Grenze', 08.03.2017. (20.07.2018)

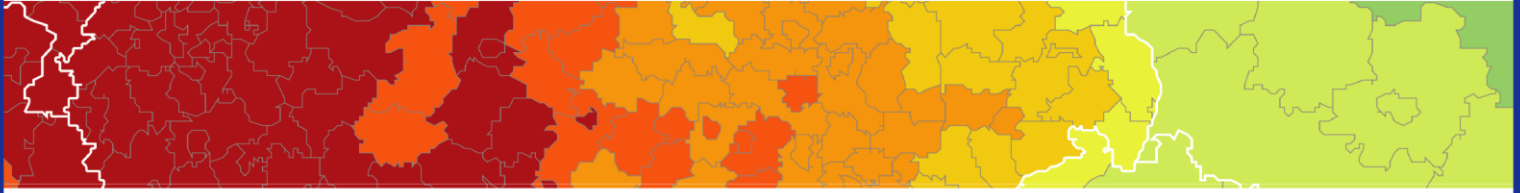
<https://www.vvo-online.de/de/tarif-tickets/tickets/elbe-labe-129.cshtml>; 'Elbe-Labe-Ticket'. (20.07.2018)

List of interviews

Hiersemann, Konrad; Landesdirektion Sachsen, 21.06.2018, completed questionnaire

Horeni, Oliver; Verkehrsverbund Oberelbe GmbH, 29.05.2018, phone interview

Zabel, Gudrun; Saxon State Ministry of the Interior, 22.06.2018, phone interview



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