

编号: YY006-20190902001

标题: Brexit threatens the UK's ability to tackle illicit drugs and organised crime: What needs to happen now?

简介: Background

The decision by the UK government to leave the European Union comes at a time when parts of the UK are experiencing a marked rise in reported gun and knife crimes. The health effects of Brexit will have serious consequences as to how the UK tackles this upsurge in drug-related crime.

Health policy processes

The UK's future participation with the EU's specialised agencies will depend on the detail of any agreement reached on future collaboration with the EU and its drug agency, the EMCDDA.

Context

The EMCDDA provides the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support debates on drugs policies. It also supports early warning initiatives and coordinates measures at national and supranational levels with Europol and supranational enforcement agencies.

Expected outcomes

While these arrangements might continue throughout any transition period, those working within the sector require guidance and assurances from the British government about its long-term intentions after any transition.

Conclusions

The scale of collaboration between the UK and European institutions is extensive. It is not clear how this might be replicated after Brexit. Yet an alternative framework of collaboration between the UK and the EU is clearly needed to facilitate shared and agreed approaches to data sharing and drug surveillance after Brexit.

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标题: The transposition of the Patients' Rights Directive in Finland—Difficulties encountered

简介: The Directive on the application on patient rights' in cross-border healthcare (2011/24/EC) was transposed in Finland by the Act on Cross-Border Health Care (1201/2013), which entered into force on 1 January 2014.

A new reimbursement model for cross-border health care costs was designed. The Finnish legislator considered the chosen reimbursement model to correspond both with the aims of the Directive as well as to the functioning of the national health care scheme. The European Commission, however, initiated the first infringement procedure against Finland already in January 2014.

In spring 2015, the Government launched a Regional government, health and social

services reform, which would fundamentally transform the organizing, production and financing of health care services in Finland. Consequently a Government bill (HE 68/2017 vp) to change the existing reimbursement model for cross-border health care costs was delivered to the Parliament on 1 June 2017.

In this article, Finland's implementation process of the Directive is reviewed. Special attention is drawn to the argumentation concerning the reimbursements of cross-border health care costs. The differences of views on reimbursements can generally illustrate the conflicting objectives to expand access to cross-border health care services and to ensure financial sustainability of states thereof.

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标题: Primary care reform in Manitoba, Canada, 2011–15: Balancing accountability and acceptability

简介: Primary care reform cannot succeed without substantive change on the part of providers. In Canada, these are mostly fee-for-service physicians, who tend to regard themselves as independent professionals and not under managerial sway. Hence, policymakers must balance two conflicting imperatives: ensuring the acceptability of renewal efforts to these physicians while enforcing their accountability for defined actions or outcomes. In its 2011–15 strategy to improve access to primary care, the province of Manitoba introduced several linked initiatives, each striving to blend acceptability- and accountability-promoting elements. Clearly delimited initiatives that directly promoted a specific observable behaviour (accountability) through financial or non-financial support (acceptability) were most successfully implemented. System-wide initiatives with complicated designs (notably a primary care network model that established formal partnership among clinics and regional health authorities) encountered greater difficulties in recruiting and sustaining physician participation. Although such initiatives offered physicians considerable decision-making latitude (acceptability), many physicians questioned the meaningfulness of opportunities for voice within a predetermined structure (accountability). Moreover, policymakers struggled to enhance the acceptability of such initiatives without sacrificing strong accountability mechanisms. Policymakers must carefully consider how acceptability and accountability elements may interact, and design them in such a way as to minimize the risk of mutual interference.

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标题: The 2017 reform of the hospital sector in Poland – The challenge of consistent design

简介: Beginning in October 2017 a system of basic hospital service provision, popularly called the ‘hospitals network’ was implemented in Poland. It covered 594 hospitals out of a total number of approx. 920 operating in 2017. The regulation’s official objectives were to: “(1) improve the organization of services delivered by hospitals; (2) improve access to hospital care; (3) optimize the number of specialist wards; (4) improve coordination of in- and out-patient care; (5) facilitate hospital management”. The aim of this paper is to

describe the background of the reform planning and its formal objectives, content and implementation process, as well as to assess the preliminary results and discuss the possible limitations and implications. Although the official term ‘hospitals network’ is used to describe the reform, in practice it does not involve an element of cooperation between hospitals. The regulation’s main feature was changing the financing methods for a pre-defined scope of services (from per-case to global budget). The reform was planned and implemented on a rather ad-hoc basis while its major controversy is the lack of quality of care, health outcome and population health need measures in the network inclusion criteria. The assessment of the reform’s impact on service provision requires long-term analysis and access to detailed quantitative data.

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标题: A discussion of the unresolved 2016/17 plans for regulating the Polish dietary supplements market

简介: The Polish dietary supplement market is growing steadily. However, even though these products may have an impact on health they are not as strongly regulated as pharmaceuticals. In 2016/17 the introduction of new regulations covering the marketing of dietary supplements in Poland was proposed. This article briefly describes the Polish market for dietary supplements and assesses the benefits and risks associated with its development. A range of potential legislative changes, such as a total ban on dietary supplements, a ban on using the images and recommendations of authoritative entities, increased fines for breaking the law, and other measures are under consideration. We describe the advantages (e.g., better customer protection, and the limitation of inappropriate, misleading advertising) and disadvantages (e.g., a decrease in product innovation, deterioration in product offerings, and rises in product prices) of the proposed changes. As a European Union member, Poland adopts EU law, but EU directives have only harmonized some issues relating to dietary supplement marketing, other key aspects remaining within the competence of member states, but it is noted that some proposed changes in Polish law (e.g., an advertising ban) are so strict that they are unlikely to be acceptable to the EU.

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