



health bulletin

OCTOBER 2004

Table of Contents

INTRODUCTION	2
EUROPEAN HEALTH NEWS ROUNDUP	2
News from the EU	2
Commission Designate	2
Informal Health Council.....	2
European Commission warns of impending HIV/AIDS epidemic.....	2
WHO Europe meeting – non-communicable disease control: a major priority for Europe	3
Ready for European benchmarks?	3
Ignorance is not bliss	3
News from Germany	4
AOK demands fee exemptions; premiums to rise for childless.....	4
GKV Health Insurance Premiums Falling?	4
Citizens' Insurance.....	4
Dental Prostheses Insurance.....	4
News from France	5
French surgeons call off strike action	5
Fraud made easy by electronic 'carte vitale'	5
French parliamentary committee advocates passive euthanasia	5
News from the UK	5
Return of a Blairite	5
Plurality In Provision	6
GPs will be forced to offer patients private care	6
OFT chief calls for 'free markets'	6
Pharmacy shake-up 'is missed opportunity'	6
Liberal approach to health; is the future orange?	6
Bang for Buck? NHS advised to measure health benefits	7
News from Scandinavia	7
Reforming the Danish Health Care System	7
The Patient Bridge	7
News from Slovakia	8
Look to the East	8
News from Poland	8
Polls say Poles willing to pay for private health	8
Pharmaceutical News	9
MPs launch inquiry into influence of drug industry.....	9
Counterfeits of impotence drug appear in the United Kingdom	9
Free trade saves lives.....	9
Industry frustrations grow as regulators get tough with new drugs clearances	9
The Truth about The Drug Companies?	10
Move to switch statins to non-prescription in US	10
States, Led by Ex-Governor, Want to Know Which Drugs Work Best	10
Pfizer sues Internet sites selling Lipitor.....	10
Promethean Technological Foresight	10
CNE JOURNAL WATCH	11
Health Systems and Economics	11
Responding to the challenge of chronic diseases.....	11
Impact of the European Union enlargement on health professionals and health care systems	11
Explaining the differences in income-related health inequalities across European countries	11
Explaining income-related inequalities in doctor utilisation in Europe	12
Political leadership in Europe.....	12
Social austerity versus structural reform in European health systems: a four-country comparison of health reforms	12
Implementing change in health systems.....	12
Public health sector unions and deregulation in Europe.....	13
Health systems in transition: learning from experience	13
Care on call: a mutual approach to out of hours primary care services	13
The Three Paradoxes and Three Forms of Private Medicine	13
Living arrangements among older people.....	13
Private hospital healthcare Europe: 2004	14
Organizational failure and turnaround.....	14
Public/private 'partnerships' in health – a global call to action	14
FEATURE/FOCUS OF THE MONTH: TOWARDS GREATER PARTNERSHIP IN HEALTHCARE FUNDING	15
CONFERENCES AND EVENTS	16
KEY SOURCES	18



health bulletin

OCTOBER 2004

INTRODUCTION

Welcome to this, the seventh CNE Health Monthly Bulletin. Our aim is to keep readers informed of important healthcare news and publications each month. Each bulletin will have a feature of the month and then summaries of news from around Europe and further afield where relevant. Comparative studies and journal articles will also be included, as too recent and forthcoming seminars and conferences.

We would like this to be as complete as possible, so if you would like to draw our attention to interesting news and thoughts, please do! Please email them to healthletter@cne.org. Thanks in advance.

EUROPEAN HEALTH NEWS ROUNDUP

EU, Germany, Denmark, Norway, Slovakia, Poland, France, UK, Iceland, Pharmaceutical News

News from the EU

- + Commission Designate
- + Informal Health Council
- + HIV/AIDS in EU
- + WHO Europe meeting: Non-communicable Diseases
- + EU Health Benchmarks
- + Ignorance is not bliss

Commission Designate

Incoming Commission President Barroso announced the Commissioner portfolios on 12 August. The Health and Consumer Affairs portfolio has been left unchanged and has been allocated to the Cypriot Commissioner Mr Kyprianou. According to the August 2004 edition of the EPHA newsletter, 'this leaves the Commission structures out of sync with the other institutions. At the European Parliament pharmaceuticals and medical devices come within the remit of the Committee that deals with health rather than the industry Committee. The new EU Constitutional Treaty specifically lists medical products (pharma and products) as part of Article III-179 on public health.' Barroso's Commission will see responsibility for pharmaceuticals and medical devices (including the EMEA) rest with one of the survivors of Prodi's Commission; Gunter Verheugen is to be a Vice President and Commissioner for

Enterprise and Industry. To read a biographies of Mr Kyprianou and Verheugen go to:

http://europa.eu.int/comm/mediatheque/photo/barroso/commission_en.htm

Informal Health Council

Hans Hoogervorst, Dutch Minister of Health, Welfare and Sport, hosted an informal meeting of the EU Ministers of Health, in Noordwijk, the Netherlands, 9-10 September. The Council took 'Health Care in an Ageing Society' as its theme; many 'member states of the European Union (EU) are worried about the financial sustainability and efficiency of their national health care systems. They are faced with the challenge of finding ways of dealing with issues like ageing, the emergence of expensive new medical technologies, and the public's growing expectations with regard to the quality and availability of health care services.' To read the full programme go to:

http://www.minvws.nl/images/Compleet_tcm11-54576.pdf

European Commission warns of impending HIV/AIDS epidemic

The number of newly reported HIV cases in Western Europe has doubled over the past nine years. In a Working Paper prepared for an international meeting of health ministers and AIDS experts in Vilnius, Lithuania, 16-17 September, the European Commission warned European governments must show strong political leadership if the continent is to avert an HIV/AIDS epidemic. "High levels of drug related and unprotected sexual behaviour are the forerunners of emerging epidemics."... "The situation



in some of the new EU Member States is worrying. 'In the Baltic States the rates related to new cases of HIV infections have risen dramatically, with the HIV prevalence of 1.0 percent in Estonia and 0.4 percent in Latvia in 2001. This is particularly relevant for young people: up to 80 percent of people infected with HIV are under 25 years of age.' Coordinated and Integrated Approach to combat HIV/AIDS within the European Union and in its Neighbourhood—is available at the following link:

http://europa.eu.int/comm/health/ph_threats/com/aids/docs/ev_20040916_rd01_en.pdf

WHO Europe meeting – non-communicable disease control: a major priority for Europe

Non-communicable diseases, environment and health and the global fight against HIV/AIDS were key issues discussed at the meeting of the governing body of the WHO European Region which closed in Copenhagen on Thursday, 9 September, with eight resolutions approved and the nomination of the WHO Regional Director for Europe (Dr Marc Danzon). According to the WHO (Press Release EURO/13/04), the 'meeting decided to step up action against non-communicable diseases, which account for some 86% of deaths and 77% of the disease burden in the Region. A resolution was adopted on developing a European strategy on non-communicable diseases by the end of 2006. This will target the top killer diseasessuch as cancers, cardiovascular disease, diabetes, respiratory disorders and mental illness.' For more information click on the following link:

<http://www.euro.who.int/document/mediacentre/fs0604e.pdf>

Ready for European benchmarks?

Blogging on 24 September, Johan Hjertqvist argued that it is time to look into the national health systems of the European Union with consumers' eyes. Do they respond to the consumer demand for knowledge and influence? To what extent do they offer information allowing informed choices? Are the systems designed to make sure the consumer can pick the most suitable hospital or service? Do governments enhance rapid access to new, best practice therapies, or is there, on the contrary, a strategy of delay to contain costs? If you need to go abroad to have a treatment, does your government support that effort or does it make your choice more complicated? The Union of 25 countries and 450 million people is in the early phase of integrating into a joint health services market. By its rulings the European Court, step by step, transfers power from governments to consumers. But the lack

of consumer information regarding consumer rights and the options of care is a strong roadblock. That is why Timbro and CNE are starting the process to launch the 2005 European Health Consumer Index, a practical tool to empower the individual to take action. To build this empowerment tool we will need assistance from committed Europeans. If you want to take part in the process drop Johan a line:

<mailto:mjohanh@timbro.se>

Ignorance is not bliss

A witty yet important article by Per Wold-Olsen, a senior executive at Merck & Co, appeared in the Wall Street Journal (30 August 2004) about the price of ignorance. Europe, Mr Wold-Olsen writes, 'is suffering from an insidious, life-threatening epidemic. The good news is that this widespread [non-communicable] disease, call it "Patient Information Deprivation Syndrome," or PIDS, is curable and its cause is well-known, if not widely understood; European laws help keep European consumers ignorant of health-care developments. As a result, many in Europe suffer or die needlessly from a simple lack of information.' A healthcare model based on the state funding or reimbursement of prescribable medication and on the state licensing of health information cannot keep up with, and has incentives to slow down innovation. For Europeans, it comes down to a stark choice. Either to cling to a blinkered view where the state is always right coupled with refusal to recognise the missed opportunities caused by the dead hand of bureaucracy and the inability of government to fund unlimited demand. Or to consider that state intervention should be the exception, not the rule, and accept that people have to pay for the medication of their choice. Ignorance is bliss, so long as one can keep one's eyes tightly screwed shut.



News from Germany

- + Nursing Care
- + GKV Premiums Falling?
- + Citizens' Insurance
- + Dental Prostheses Insurance

AOK demands fee exemptions; premiums to rise for childless

The federal organization of statutory health fund insurance AOK has demanded (GermNews 23 August) that 'residents of nursing homes be exempted from paying the [recently introduced medical] practice fee and co-payments for prescription drugs. A spokesperson for the health ministry stated that the health insurance funds had already the right to renounce the fee in individual cases.'

A week later (GermNews 31 August), Federal Minister for Health Ulla Schmidt introduced to Cabinet the bill for collecting higher premiums for nursing insurance from those without children. 'The bill stipulates that persons between 23 and 65 years who do not have children will pay an additional half percent for the nursing insurance. Currently the rate is 1.7 percent of the gross income. The new regulation is in response to a ruling by the Federal Constitutional Court that, regarding the old-age nursing insurance, parents must be relieved compared to [those] without children.'

GKV Health Insurance Premiums Falling?

Less than eight months after Germany's health-reforms kicked in, there is good news for patients (GermNews 20 August). Several public health insurers think their surpluses, generated in light of health-reforms offer possibilities 'for lowering subscriptions... [Costs] of prescription drugs, income-support and refunds of travel-expenses have dropped significantly. AOK's surplus [was reported to be] 960.4 million euros for the first six months of 2004, with BEK's reaching 291 and DAK's 200 million euros. A spokesperson for the Health Ministry said the reforms obviously were doing their bit. Now was the time to lower subscriptions. Minister Schmidt thinks that they would drop below 14% [by] the end of the year (the original target had been 13.6%).' Reports a few weeks later (GermNews 16 September) throw some of this confidence into doubt. 'The Social Services Ministry [is] arguing about the debts of [AOK]. The debate was triggered by an anonymous letter published by the

press [giving] the impression of "financial miseries" at the largest health insurance company in the country. [An AOK] spokesperson commenting on the matter stated that the postponement until November of the administration board's decision on lowering contributions did not mean that the decision would be pushed far into the future.' We'll have to wait and see.

Citizens' Insurance

GermNews 29 August reported that the 'SPD party executive has approved plans for a "citizen's insurance" system, with a large majority. Those plans will form the basis of further discussions, said executive member Andrea Nahles, following a closed meeting of the SPD leadership. The group also confirmed the decision to finalize plans for the introduction of such an insurance system only after the 2006 federal election. Chancellor Gerhard Schroeder said that there were still many details to work out, and that no final decision could be made in what remains of this legislative period. In the meantime the proposals continue drawing fire (GermNews 30 August). 'Representatives of the economy, the opposition, and the health insurers warned against including capital gains along with wages as funding sources for public health contributions.....The Union parties' health expert, Storm, ...[has] again criticised the 'citizens' insurance' [...calling] it inadequate. In his opinion, it would neither lead to lower health insurance contributions nor to a fairer way of funding. The league of private health insurers [PKV] disagrees with both government and opposition plans for health reform.'

Dental Prostheses Insurance

In the continuing debate on dental-care insurance, CSU social affairs expert Seehofer has asked for agreement by the CDU/CSU (GermNews 23 August). 'Federal Health Minister Schmidt [has] tabled a proposal for compromise. It provides for income-dependent contribution rates, rather than the [earlier] flat-rate plan.' According to Schmidt's plans (GermNews 3&7 September), statutory health fund members who wanted bridges, crowns and dentures to be paid for by the public health system would need to pay an extra 0.4% of their gross income higher subscription to their public health insurer. Employers would not pay extra. Schmidt called the private additional insurance compromise negotiated last year with the Union socially unfair and not realizable. While the CSU had signalled agreement, the CDU has already rejected Schmidt's plans.



News from France

- + Strikes called off
- + Carte Vitale
- + Passive Euthanasia

French surgeons call off strike action

Last month's CNE bulletin noted that 2000 French surgeons were intending to seek refuge in London in September to avoid being forced back to work during a strike in France. Writing in the BMJ (BMJ 2004;329:530 (4 September), doi:10.1136/bmj.329.7465.530), Brad Spurgeon reported that the surgeons in question aborted their plans after a settlement was reached with the government. 'The surgeons have taken into account the measures to be taken regarding the training of young surgeons, the increase in rates for surgery, better reimbursement for patients from the healthcare system, and an improvement in working conditions,' their association said. Their 'main complaint was that the tariff [according to which] the insurance-based healthcare system reimburses them for surgery had not increased for 15 years and that the cost of professional insurance premiums had risen to around a quarter of their income. From 1 October the tariff for surgery will rise, eventually increasing by 30% for those working in the private sector and by 15% for those working in publicly funded hospitals. The lowest paid surgeons --- those who are only able to charge the standard health care system rates ---will earn about €17 000 more a year, bringing their income to about €70 000.' To read Spurgeon's full report:

<http://bmj.bmjournals.com/cgi/content/full/329/7465/530?etoc>

Fraud made easy by electronic 'carte vitale'

Antoine Clarke (CNE Blog 07 September 2004) highlighted a disturbing report by French TV station TF1 about the re-sale of pharmaceutical products by pharmacies in France shows how the move to a government health identity card has created opportunities for fraud and endangered patients.

A recycling program known as Cyclamed is designed to ensure that patients are encouraged to return unused medication to their pharmacies. However, a thousand French pharmacies are believed to have re-sold some returned medication. Paradoxically, re-sale

is easier since the introduction of the electronic 'carte vitale', a security card with a chip allowing the sharing of information between government agencies and healthcare professionals. The previous system required pharmacists to place a licence sticker on the prescription, whereas paperless systems are much easier to sidestep, according to a pharmacy union representative. Thus the very mechanism designed to control information is the vehicle for subverting patient safety (transfer of infections etc) and defrauding the taxpayer. Can anyone doubt that the next round of controls will produce similar and potentially more dangerous unintended consequences? To read the TF1 report, go to:

<http://news.tf1.fr/news/france/0,,3172232,00.html>

French parliamentary committee advocates passive euthanasia

So it's not just the Dutch and Swiss; at the end of August, Jane Burgermeister reported (BMJ 2004;329:474 (28 August), doi:10.1136/bmj.329.7464.474-a) that French doctors' associations have welcomed a parliamentary committee recommendations on passive euthanasia. 'In a landmark report, the cross party committee of 31 deputies recommended that terminally ill patients should be given the right to refuse treatment in certain circumstances.' However, they decided active euthanasia should not be legalised. 'Health minister, Philippe Douste-Blazy, said that the government was ready to accept the committee's recommendations and give terminally ill patients a greater right in deciding whether to end their lives or not.' For more details:

<http://bmj.bmjournals.com/cgi/content/full/329/7464/474-a?etoc>

News from the UK

- + Former Health Secretary, close ally of Blair returns to frontline
- + Plurality in Provision; NHS to offer private surgery; OFT call for competition
- + Liberal approach to health
- + Pharmacy shake-up 'is missed opportunity'
- + Getting less bang for more buck

Return of a Blairite

Former UK Health Secretary, Alan Milburn, made a comeback in the ministerial reshuffle in early September (Stephen Pollard, CNE Blog 06 Sept). Milburn was one of the few genuine Blairites, a



health bulletin

OCTOBER 2004

minister who really believed in reform. His successor, John Reid, is equally reform minded, but there aren't enough such politicians to afford the loss of any one. So the news that Milburn is back in the Labour Party Cabinet is good. That said, he won't have a direct say on policy. His role will be electioneering. But that will give him an input into the manifesto for the next election (expected in May 2005) and one hopes that the transformers win out over the consolidators (as Milburn himself termed the battle within the government). If they don't, forget about health reform. Forget, in fact, about any real reform.

Plurality In Provision

For the meantime though, it looks like the UK continues to learn from the continent and US; plurality in provision is becoming a reality. On 8 September John Carvel reported that 'subsidiary of UnitedHealth, who recruited the Prime Minister's health policy advisor and the BMJ's Richard Smith in May, have won a contract to 'test a new approach to cancer management in nine areas of England', worth £6m. The subsidiary is called Ovations Healthcare. US firm linked to No 10 wins NHS cancer contract. Read on: http://www.guardian.co.uk/uk_news/story/0,3604,1299238,00.html

GPs will be forced to offer patients private care

More than a million NHS patients are to be offered the choice of having their operations privately by the end of next year. According to Lynn Eaton (BMJ 2004;329:700 (25 September)), the 'policy framework issued by the Department of Health in August, "Choose and Book"—Patient's Choice of Hospital and Booked Appointment (see www.dh.gov.uk) said the range of service providers could include NHS trusts, foundation trusts, NHS and independent sector treatment centres, independent sector hospitals, and GPs with a special interest or other extended primary care treatment services. But a separate letter sent to strategic health authorities, seen by the Health Service Journal, states that "every [primary care trust] should have at least one independent sector provider on its menu of four or five choices for planned hospital care for five of the ten most common procedures." It adds that the trusts should plan to spend 10-15% of their total funds on private or independent sector treatments.' For Eaton's article:

<http://bmj.bmjournals.com/cgi/content/full/329/7468/700-b?etoc>

OFT chief calls for 'free markets'

Bob Sherwood, legal correspondent on the Financial Times reported that 'government procurement

contracts might be opened up to a wider range of bidders were boosted [September 15, when]...the Office of Fair Trading warned that government bodies must be subject to the same competition rules as private companies. OFT head John Vickers 'stressed that good competition policy was not simply about controlling mergers and tackling cartels, but required pro-competitive regulatory reforms as well.' The OFT will ascertain whether small and medium-sized companies have fair access to contracts for among other things, NHS services. To read more:

<http://news.ft.com/cms/s/c305e7e4-078d-11d9-9672-00000e2511c8.html>

Pharmacy shake-up 'is missed opportunity'

On 19 August, Helen Rumbelow reported that 'government moves to relax the rules governing pharmacies have been criticised as a "missed opportunity" by the Office of Fair Trading. The proposed overhaul of the prescription rules, announced by health minister Rosie Winterton, could lead to the approval of internet and mail order pharmacies. But John Vickers, the OFT chairman, said: "While some liberalisation is better than no liberalisation, we see this as a missed opportunity." The changes come after last year's report from the Office of Fair Trading, which called for the sector to be deregulated.' For more information:

<http://www.timesonline.co.uk/newspaper/0,,173-1222531,00.html>

Liberal approach to health; is the future orange?

According to Helen Disney, (CNE Blog 22 September 2004), a debate is raging about whether the Lib Dems should move to the left and Hoover up old Labour voters disillusioned with Blairism or move towards policies that are both socially and economically liberal (or even classical liberal, one might say). The younger reformers believe the latter course of action is best and have launched "The Orange Book" - a collection of essays on the future of liberal democrat thinking. Perhaps not a juicy read but nevertheless an interesting direction for the party to be exploring.

In the book, David Laws MP, the Liberal Democrats' Shadow Chief Secretary to the Treasury, argues for a "national health insurance scheme" to replace the NHS. This means that all 3 major political parties in Britain are now getting serious about NHS reform in their own ways. David Wrede, a Consultant Obstetrician and Gynaecologist working in the NHS, member of the Steering Committee of Doctors for Reform and a former Liberal parliamentary candidate, said: "It is immensely encouraging, and we believe highly significant, that for the first time a senior frontbencher of one of the major parties should call for



health bulletin

OCTOBER 2004

social insurance-based healthcare to replace the taxpayer-funded NHS.” So perhaps for once, the UK General Election expected for next year will focus not so much on who is going to ‘save’ the NHS but rather who is brave enough to secure a sustainable future for Britain’s health system and a more efficient service for its users. However, the Labour Party has accused the Lib Dems of ‘wanting to break up the NHS’ (usually a line Labour reserves for the Conservatives) to ‘penalise Britain’s hard-working families and hit the poorest hardest.’ This nonsense simply misrepresents an interesting contribution to debate on reform; clearly, we shouldn’t get carried away with Labour’s reforms!

Bang for Buck? NHS advised to measure health benefits

Times health editor Nigel Hawkes reported (September 21) that spending on healthcare in Britain is rising nearly twice as fast as the amount of care provided, according to the Office of Health Economics a think tank backed by the pharmaceutical industry. ‘This suggests that the Government is not getting value for its huge investment.’ But as Hawkes points out, ‘nobody really knows, because the NHS does not measure its productivity.’ In the annual Compendium of Health Statistics, the OHE says that spending on the NHS is rising at an annual rate of about 7 per cent. But “activity” — the healthcare consumed — rose at 3.8 per cent a year from 1999 to 2003, according to the Office for National Statistics. Some measurements of activity show even smaller increases. ...According to the OHE “The Government must commit itself to acting on this and to measuring health outcomes”...“There is no other way to measure NHS value for money.” Read on:

<http://www.timesonline.co.uk/newspaper/0,,171-1272360.00.html>

Writing in the BMJ on the same subject, Ahmed Kassem, notes that ‘spending on health care in the United Kingdom rose to 8.3% of gross domestic product in 2003, reaching the level of many mid-performing European countries but still falling short of health spending in Germany, France, and Italy. Despite an 18% increase in spending on new staff during the same period, the United Kingdom still has proportionately fewer doctors than other European countries. The United Kingdom currently has 2.3 doctors per 1000 population, compared with 3.3, 3.4, and 4.4 doctors in France, Germany, and Italy respectively in 2002. See:

<http://bmj.bmjournals.com/cgi/content/full/329/7468/700-a?etoc>

A great resource, the Compendium of Health Statistics 2004-2005 is available from the Office of Health Economics, 12 Whitehall, London SW1A 2DY. Or: <http://www.ohecompendium.org/>

News from Scandinavia

- + Reforming the Danish Health Care System
- + Norway: The Patient Bridge

Reforming the Danish Health Care System

Earlier in 2004, Danish health economist Michael O. Appel spoke at a CNE Health Lunch; the transcript is now available on the CNE site. Although many governments are interested in the Danish health reform model, Appel wonders why. Contrary to other countries with a tradition of the public integrated model, such as Sweden, United Kingdom, Norway, New Zealand, regions in Italy and regions in Spain, Denmark has no experience with so-called purchaser-provider split reforms. In Denmark, the function of provider is integrated with the function as purchaser. So, the story to tell is actually the story about why Denmark has not seriously engaged in market oriented reforms, reforms with the purpose of introducing competition between providers. But it needs to. Appel cites a recently published study by Professor Michel Coleman and others show survival rates for patients diagnosed with cancer; Denmark is a poor performer. To read the full transcript, go to: http://www.cne.org/pub_pdf/2004_03_25_appel.pdf

The Patient Bridge

As Johan Hjertqvist suggests above, the next decades will see more trade in services in Europe, among them health care. A recent Norwegian project is reported on in the latest edition of Health Policy (Grete Botten, et al. ‘Trading patients: lessons from Scandinavia.’ Health Policy 2004; 69 (3): 317-327 (September 2004)). Botten et al describe a project on cross-border trading of patients initiated by the Norwegian parliament (The Patient Bridge). Predictably, the ‘reform met some resistance among hospital physicians, [but] patients were willing to participate if properly informed and supported by local health care workers....The Patient Bridge revealed large price differentials not only between Norwegian and foreign hospitals, but also between hospitals abroad, even within the same country. This finding points to the possibilities of reaching mutual gains from trading patients across borders.’



health bulletin

OCTOBER 2004

News from Slovakia

- + Look to the East

Look to the East

Blogging on 10 September, (Look to the East?) Johan Hjertqvist asked 'What will the European healthcare systems of tomorrow look like'? Well, maybe like the transforming models of the new EU member countries rather than the old welfare strategies of EU-15. The intense present debate on reform in countries like Poland, Slovakia, Czech Republic and Hungary as well as the reform approaches selected give us hints about the path. To nations wanting good, accessible health care without getting lost in the high tax landscape of Germany or Sweden there is a call for new solutions.

In almost every former Communist nation the drive is remarkably strong for market-flavoured ingredients. At the same time the political instability is often hindering systematic reform. Nevertheless, conditions in these transitional nations provide unique opportunities. Substantial out of pocket pay (in Slovakia one tenth) means that the perception of "free" health care is weak. "Informal payment" - bribes and gift for the doctor - represent a large portion of this flow of money. In a couple of weeks the parliament of Slovakia hopefully will pass new laws introducing a radical market shift in health care. Taking this step Slovakia may show us how to introduce consumer empowerment (self-management, consumer accounts), competition among providers as well as regular rules and incentives to govern the system. For further detail follow this link:

<http://www.mesa10.sk/en/>

News from Poland

- + Polls say Poles willing to pay for private health

Polls say Poles willing to pay for private health

Rather less positively, writing for Tech Central Station (26 August 'Sick Leave', TCS), Polish journalist Kamila Pajer laments the failure of Polish politicians to implement the health reform wants of their electorate. 'The Polish Parliament didn't get a holiday this year. [Instead] they have to pass a new bill on the public health care system as the previous piece of legislation proved to be unconstitutional.

Politicians 'did not vote to convert the public system into a private one, even though the latest poll carried out by PENTOR shows that the majority of citizens - about 64 percent of them - support a market-based health care system. The poll also showed that even those who earn little would agree to pay for health care services...On average each month every insured person in Poland already pays some 100 zloty for the public health care - exactly the amount that would allow them to use private services and specialist treatment of high quality. Yet, instead of services that should be competitive with private, they get poor, dirty, badly equipped public hospitals and clinics where doctors and nurses are rude and corrupt, where patients wait for months in queues for examination and surgeries'. According to Pajer, the 'Polish health care system badly needs a change but none of the parties with a majority in the Parliament understands this. They just want to change as little as possible.' To find out more:

<http://www.techcentralstation.com/082604B.html>



Pharmaceutical News

- + MPs launch inquiry into influence of drug industry; Officials reject claims
- + Counterfeits of impotence drug appear in the United Kingdom
- + Free trade saves lives
- + Industry frustrations grow as regulators get tough with new drugs clearances
- + The Truth About The Drug Companies?
- + States, Led by Ex-Governor, Want to Know Which Drugs Work Best
- + Promethean Technological Foresight
- + Move to switch statins to non-prescription in US
- + Pfizer sues Internet sites selling Lipitor

MPs launch inquiry into influence of drug industry

In a move relevant across Europe, the UK House of Commons Health Committee held its first public hearing on 9 September as part of a wide ranging six month inquiry into the influence of the pharmaceutical industry over the health system. The committee is investigating drug companies' influence on the NHS, the National Institute for Clinical Excellence and other regulatory authorities, medical research, the education of doctors and so forth. The Royal College of General Practitioners has described "unhealthy" industry influence over drug testing, medical education, and information for patients.

But Ray Moynihan (Officials reject claims of drug industry's influence, BMJ), reports that four senior officials from the Department of Health and one from the Department of Trade and Industry 'told the parliamentary inquiry that there was no evidence of unhealthy influence. The health department's Dr Felicity Harvey launched into a defence of the industry, citing its £12bn (\$22bn; 18bn) in annual exports and its trade surplus of more than £3bn. Rather than the industry having any unhealthy influence, argued Dr Harvey, the government was successfully influencing the industry to do the right thing by patients and public health: drug company representatives were giving doctors good information, and rising numbers of prescriptions for antidepressants and drugs for heart problems were a sign that the government's health priorities were being adhered to.' To see the inquiry agenda:

http://www.parliament.uk/parliamentary_committees/health_committee/health_committee_future_meetings.cfm

For Moynihan's BMJ report go to:

<http://bmj.bmjournals.com/cgi/content/full/329/7467/641-a?etoc>

Counterfeits of impotence drug appear in the United Kingdom

Liza Gibson reported that 'counterfeit versions of the erectile dysfunction treatment tadalafil (Cialis) have been found in the United Kingdom's legitimate supply chain. This is the first such occurrence since the discovery of fake versions of the ulcer drug ranitidine (Zantac), packaged as Azantac, in 1994. The Medicines and Healthcare Products Regulatory Agency issued a drug alert last week informing healthcare professionals of two fake batches of Cialis (20 mg; lot numbers A031410 and A041410).' Dr Richard Barker, new director general of the Association of the British Pharmaceutical Industry, said, "This incident highlights the need for the greatest vigilance and scrutiny, especially when medicines are introduced into the system other than from their original manufacturers. The best protection against counterfeiting is to ensure that the products bought are those supplied by the authentic manufacturer." At this stage there is no definitive evidence that the counterfeit product entered the UK legitimate supply chain through parallel trade. But the ABPI comment suggests that were parallel trade in pharmaceuticals within Europe prohibited, such occurrences could not occur. An inquiry has been set up to establish how this counterfeit Cialis entered the supply chain. For further detail go to the following weblinks:

- <http://bmj.bmjournals.com/cgi/content/full/329/7465/532-c?etoc>
- http://medicines.mhra.gov.uk/ourwork/monitorsafeguardmed/def_medsrepcen/counterfeitcialis_230804.pdf ;
- http://www.abpi.org.uk/press/press_releases_04/040824.asp

Free trade saves lives

Stephen Pollard (CNE Blog 13 September 2004) highlighted an important article in Wall Street Journal Asia (10 September), in which Andres Mejia-Vergnaud and Ben Irvine pose the question: Are Free-Trade Agreements Good for Your Health? It's a must-read article because it deals with the specious arguments deployed by the anti-globalisation (or, more accurately, anti-prosperity) activists. For more: <http://online.wsj.com/article/0,,SB109477031000214138,00.html>

Industry frustrations grow as regulators get tough with new drugs clearances

Stephen Foley ('Business Analysis: AstraZeneca setback will be a growing pain for all drugs firms', The Independent (UK) 14 September 2004) reported that



health bulletin

OCTOBER 2004

one of the most eagerly anticipated new drugs developed by a UK pharmaceutical company has been "eviscerated" by a panel of US doctors, who said the product - AstraZeneca's revolutionary anti-clotting pill, Exanta - might be less use than existing drugs and is certainly too dangerous to allow on the market. To read more:

http://news.independent.co.uk/business/analysis_and_features/story.jsp?story=561503

The Truth about The Drug Companies?

America's pharmaceutical industry is under attack, by non more so than Marcia Angell. But Elizabeth M. Whelan has reviewed Angell's recent contribution to the literature (The Truth About The Drug Companies: How They Deceive Us and What To Do About It). This is a must read rebuttal of all Angell's arguments. 'Dr. Angell argues that drug company profits are too high and drugs cost too much. But in making this argument, she overlooks the importance of economic incentives for innovation. The "pot of gold" prospect is what fuels research and development. What is wrong with big profits if companies are producing drugs that prolong and enhance our lives? It is a win-win scenario. When she states that drugs are too expensive, the logical follow-up is: Compared to what? Premature death? Weeks or months of hospitalization? Pain and suffering, say, from osteoarthritis?' It's a knock out!

<http://www.washingtontimes.com/op-ed/20040920-091120-9910r.htm>

Move to switch statins to non-prescription in US

Jeanne Lenzer, writing in the BMJ reports on an editorial published in the American Journal of Cardiology (2004;94:753-6) which argues that 'US medical authorities should follow the lead of Britain and allow the sale of cholesterol lowering agents without a prescription'... 'British medical authorities switched simvastatin (Zocor) to over the counter status in July, making it the first statin to be available without prescription.' To read more follow this link:

<http://bmj.bmjournals.com/cgi/content/full/329/7468/704-a?etoc>

States, Led by Ex-Governor, Want to Know Which Drugs Work Best

Writing for Bloomberg (Sept. 13) Kristen Hallam reports that eleven 'U.S. states are funding a project pioneered by Oregon's former Governor John Kitzhaber in which reviewers comb through drug studies to help policy makers purchase the cheapest, most effective medicines.' 'Kitzhaber, said he saved Oregon millions of dollars by reviewing the effectiveness of 25 classes of medicines and steering

patients to the cheapest drugs that worked the best. He now is turning that into a national model that states can buy from the centre he runs. The Pharmaceutical Research and Manufacturers of America, said it has concerns about the way Kitzhaber's team is reviewing the drug studies.' Spokeswoman Wanda Moebius said 'This evidence-based medicine sounds like economics-based medicine....We have to be careful the research doesn't get distorted.' To a European, it sounds very much like rationing is on the cards in the US. For further detail:

<http://quote.bloomberg.com/apps/news?pid=10000103&sid=azCJ6Px3IEIQ&refer=us>

Pfizer sues Internet sites selling Lipitor

On 2 September Reuters reported that 'Pfizer, the world's biggest drugmaker, said it had filed lawsuits against 18 Web sites, charging them with selling illegal versions of its best selling cholesterol medicine, Lipitor. The New York-based drug maker said it is suing the operators to combat Web selling of unapproved copies of Lipitor, marketed as "generic Lipitor."Pfizer has also gone after sales of counterfeit versions of its impotence drug Viagra.'

Promethean Technological Foresight

Blogging on 23 September, Anders Sandberg, reported on the Converging Technologies for a Diverse Europe conference, held 14-15 September in Brussels. Right now we are seeing a convergence of IT, biotechnology, nanotechnology and cognitive science (info-bio-nano-cogno): these technologies enable and empower each other. It is a certain bet that they will be extremely important in the near future for nearly any field, and just as certain that the debate about their applications will be just as intense as the current biotechnology debate. What has this to do with medicine? As the reports presented showed, one of the key early applications of the new technology will be in medicine. Biotechnology is controversial in farming and industry, but far more accepted as part of medical treatments. The same is likely to be true for other convergent technologies. For the conference site:

http://europa.eu.int/comm/research/conferences/2004/ntw/index_en.html



CNE JOURNAL WATCH

Health Systems, Economics and Medical Journals

Health Systems and Economics

- + Responding to the challenge of chronic diseases: ideas from Europe
- + Impact of the European Union enlargement on health professionals and health care systems
- + Explaining the differences in income-related health inequalities across European countries.
- + Explaining income-related inequalities in doctor utilisation in Europe
- + Political leadership in Europe: the impact of the 2004 EU Accession on nursing in Europe.
- + Social austerity versus structural reform in European health systems: a four-country comparison
- + Implementing change in health systems: market reforms in the UK, Sweden and the Netherlands
- + Public health sector unions and deregulation in Europe
- + Health systems in transition: learning from experience
- + Care on call: a mutual approach to out of hours primary care services
- + Delivering care on call: an implementation guide for PCTs and GP co-ops
- + The Three Paradoxes and Three Forms of Private Medicine
- + Living arrangements among older people : an overview of trends in Europe and the USA
- + Private hospital healthcare Europe: 2004
- + Organizational failure and turnaround: lessons for public services from the for-profit sector.
- + Public – private 'partnerships' in health – a global call to action

Responding to the challenge of chronic diseases

Martin McKee, Ellen Nolte, Clinical Medicine 2004; 4 (4): 336-342 (July/August 2004)

We all know that health systems face increasing challenges in responding to chronic disease. 'This paper explores the nature of these challenges, including the increasing burden of chronic disease and the weak evidence that informs clinical and policy

responses.' McKee and Nolte describe 'a series of innovations in different parts of Europe that seek to address these challenges: nurse-led clinics; mechanisms to bridge health and social care; and two more comprehensive programmes, disease management programmes in Germany and national service frameworks in England. It 'discusses the scope for learning from international experience.' To view follow this link:

<http://www.ingenta.com/isis/searching/ExpandTOC/ingenta.jsessionid=1970g573n244o.crescent?issue=pubinfobike://rcop/cm/2004/00000004/00000004&index=11>

Impact of the European Union enlargement on health professionals and health care systems

Efthimios D., Avgerinos, et al. Health Policy 2004; 69 (3): 403-408 (September 2004)

Previous editions of this bulletin have considered the impact of enlargement on health systems. In this extensively referenced paper, Avgerinos, et al 'suggest the admission of new human resources in the health services will have an impact on the European market and health care system. Under the umbrella of the European Union (EU) equality, the educational quality barriers (e.g. PLAB test in UK, DIKATSA test in Greece) will be abolished.' The authors call for 'medical and political authorities and decision makers of the EU ...to reform the European Health System, and harmonise individual National Health System policies.' They ask if a 'structured European Health Policy might moderate the vibrations of the EU enlargement.'

Explaining the differences in income-related health inequalities across European countries

Eddy van Doorslaer Xander Koolman Health Economics 2004; 13 (7): 609-628 (July 2004)

Eddy van Doorslaer and Xander Koolman are leading Dutch academics working in the health and healthcare equity and equality field. 'This paper provides new evidence on the sources of differences in the degree of income-related inequalities in self-assessed health in 13 European Union member states. Significant inequalities in health favouring the higher income groups emerge in all countries, but are particularly



high in Portugal and - to a lesser extent - in the UK and in Denmark.' The latter two being bastions of 'fair' taxation! 'By contrast, relatively low health inequality is observed in the Netherlands and Germany, and also in Italy, Belgium, Spain Austria and Ireland. There is a positive correlation with income inequality. Health inequality is not merely a reflection of income inequality. The relative health and income position of non-working Europeans like the retired and disabled explains a great deal of excess inequality.' Van Doorslaer and Koolman 'also find a substantial contribution of regional health disparities to socio-economic inequalities, primarily in the Southern European countries.' You can view this article at the following link:

<http://www3.interscience.wiley.com/cgi-bin/jissue/109085500>

Explaining income-related inequalities in doctor utilisation in Europe

Eddy van Doorslaer, et al. Health Economics 2004; 13 (7): 629-647 (July 2004)

In this paper, van Doorslaer, et al present new international comparative evidence on the factors driving inequalities in the use of GP and specialist services in twelve EU member states. They 'find little or no evidence of income-related inequity in the probability of a GP visit in these countries. [In fact conditional] 'upon at least one visit, there is even evidence of a somewhat pro-poor distribution. By contrast, substantial pro-rich inequity emerges in virtually every country with respect to the probability of contacting a medical specialist. Despite their lower needs for such care, wealthier and higher educated individuals appear to be much more likely to see a specialist than the less well-off. This phenomenon is universal in Europe, but stronger in countries where either private insurance cover or private practice options are offered to purchase quicker and/or preferential access'; eg. the UK. You can view this article at the following link:

<http://www3.interscience.wiley.com/cgi-bin/jissue/109085500>

Political leadership in Europe

An assessment of the impact of the 2004 EU Accession round on nursing in Europe

Tom Keighley, Journal of Nursing Management 2004; 12 (4): 279-285 (July 2004)

This JNM article by Tom Keighley touches on the same subject. Keighley's abstract includes the following. 'The accession of twelve countries to the European Union necessitated mechanisms to be put in place to offer support to the professions to comply with Directives applying to their training. The author

led missions to these countries on behalf of the European Union Commission. This paper reports on the issues arising from the accession process in terms of the political leadership of nursing in Central Europe. It places the current developments in historic and geopolitical contexts.' Click on the following link:

<http://www.blackwellpublishing.com/issue.asp?ref=0966-0429&vid=12&iid=5&oc=&s=&site=1>

Social austerity versus structural reform in European health systems: a four-country comparison of health reforms

Claus Wendt, Theresa Thompson, International Journal of Health Services 2004; 34 (3): 415-433

This article will be of interest to those keen on examining financial incentives and the healthcare politics of cost containment. Wendt and Thompson note that some 'European health systems are now implementing hospital payment schemes that mirror the U.S. model of diagnosis-related groups (DRGs) and are raising premiums and co-payment levels in an effort to limit public expenditures.' They suggest that 'though financial incentives may indeed help rein in health expenditures, focusing predominantly on financial incentives hinders due consideration of needed structural reforms that improve the continuity, quality, and appropriateness of health care service delivery.' They discuss the influence of structural characteristics on cost-containment efforts in 'two legally enacted health insurance systems (Germany and Austria) and two national health systems (Great Britain and Denmark)'.

<http://baywood.metapress.com/app/home/contribution.asp?wasp=m1b67myuqg1qwghwrh5u&referrer=parent&backto=issue,2,12;journal,1,135;linkingpublicationresults,1:300313,1>

Implementing change in health systems

Market reforms in the United Kingdom, Sweden and the Netherlands

Michael I. Harrison, London: Sage Publications, 2004 ISBN: 0761961763

More cost containment! Harrison 'examines the development and implementation of national cost-containment programmes and health systems reorganisations in the UK, Sweden and The Netherlands - countries that have been leaders in health system reform.' The book 'explores the processes of implementing market reforms in each country and considers the outcomes, both expected and unintended. In all three countries competitive reforms encountered serious technical, organisational and political obstacles. Yet they paved the way for significant new health policies including: changes in



health bulletin

OCTOBER 2004

the quality, efficiency and costs of care; growing managerial and political control over health care professionals; increased influence and centrality of community-based care; diffusion of ideas and practices from business management into healthcare.'

Public health sector unions and deregulation in Europe

Jane Lethbridge, International Journal of Health Services 2004; 34 (3): 435-452

In this article Jane Lethbridge, finds that 'deregulation and liberalisation of health services take several forms in Europe: public-private partnerships; contracting out of services; and corporatisation of health care institutions. The impact on health workers includes changes in terms and conditions of employment, break-up of collective bargaining agreements, and often more stressful working conditions.' Lethbridge 'examines four types of trade union responses to deregulation.' True to form, 'health workers' unions in alliance with other trade unions have taken part in wider campaigns against privatisation and in promoting public services.' You just can't teach an old dog new tricks! But are the unions interested in improving patient care? Click on the following link:

<http://baywood.metapress.com/app/home/contribution.asp?wasp=m1b67myuqq1qwghwrh5u&referrer=parent&backto=issue,3,12;journal,1,135;linkingpublicationresults,1:300313,1>

Health systems in transition: learning from experience

Josep Figueras, et al., editors, World Health Organization, Regional Office for Europe, European Observatory on Health Care Systems. Copenhagen, 2004 ISBN: 9289010975

The European Observatory on Health Care Systems has published another helpful comparative tome, this time looking at enormous political and socioeconomic change to the European Region following the break-up of the Soviet Union. 'The health sector has not been spared the effects of transition, and the countries emerging from the process have each engaged to varying degrees in health system reform'.... 'This book draws on the experience and lessons learned in the Region over the past ten years of transition in key health systems areas, such as health care financing, the restructuring of hospitals, public health and gains in health system quality.' The full text is available online:

http://www.euro.who.int/observatory/Publications/20040720_2

Care on call: a mutual approach to out of hours primary care services

Peter Hunt, Cliff Mills, editors London: Mutuo, 2004 ISBN: 0954412753

Many in the UK are getting excited about mutualism and public service; Mutuo is a think tank dedicated to the subject. In this publication, Hunt, and Mills examine out-of-hours primary healthcare services. To download their report go to:

http://www.out-of-hours.info/downloads/care_on_call2.pdf

Also see:

Delivering care on call: an implementation guide for PCTs and GP co-ops. Cliff Mills, Peter Hunt, Ball, Matt, editor London: Mutuo, 2004 ISBN: 0954412761

<http://www.natpact.nhs.uk/uploads/Delivering%20Care%20On%20Call.pdf>

The Three Paradoxes and Three Forms of Private Medicine

Marcus J Longley BMJ 2004;329:579 4 September

In his CNE Blog (8 September) Anders Sandberg reminded us that in rhetoric there are three main forms: logos, pathos and ethos. Logos is the appeal based on logic, pathos is the appeal to emotion and ethos is an appeal based on the character or reputation of the speaker. Ideally they work together: someone passionately gives us good reasons, and we believe their sincerity because we trust them. On the other hand, an argument can lose because it lacks these components or they contradict each other.

That the same forms can be applied to the health care experience and the willingness to look at private alternatives is demonstrated by the amusing essay The Three Paradoxes of Private Medicine by Marcus J Longley. The author expresses his conflicting emotions of being treated courteously and well – because this friendliness conflicts with his suspicions about the money incentive. When the payment issue is handled inconspicuously (perhaps as a natural response to the first concern) it seems like a charade. And due to all cognitive dissonance between publicly espoused values and private practical behaviour the whole experience becomes guilty hypocrisy rather than reaching a closure. To read Longley's piece:

<http://bmj.bmjournals.com/cgi/content/full/329/7465/579?ehom>

Living arrangements among older people An overview of trends in Europe and the USA.

Cecilia Tomassini, et al. Population Trends 2004; (115): 24-34 (Spring 2004)

As the debate on nursing insurance rumbles on in Germany (see above), this article by Tomassini, et al



compares the trends in living arrangements of older people in several European countries and in the United States. Trends and cross-country variability in several factors that could account for these cross-national differences, including marital status, fertility, labour force participation and attitudes, are also examined. Considerable variability in both trends and levels of older people's living arrangements was seen especially between north-western and southern European countries. To read more:

http://www.statistics.gov.uk/downloads/theme_population/PT115.pdf

Private hospital healthcare Europe: 2004

Stephen Taylor, editor, London: Campden Publishing, 2004 ISBN: 1904471242

This publication claims to be the essential new reference resource for the private hospital sector. It includes: 'comparative statistics analysing the private hospital sector; information on EU health policy initiatives; over 100 articles analysing important clinical and business trends for the future of private hospital healthcare; and subsections looking at management issues, pharmacy and therapeutics, nursing and patient care, radiology and imaging, facilities management and IT.' To find out more and purchase at a mere £165.00 GBP go to:

<http://www.campden.com/publications/phhe.shtml>

Organizational failure and turnaround

Lessons for public services from the for-profit sector

Kieran Walshe, et al Public Money and Management 2004; 24 (4): 201-208 (August 2004)

The performance of hospitals and primary care services is increasingly and rightly scrutinized. Walshe et al explore 'the literature on failure and turnaround in for-profit organizations, presents a number of models or frameworks for describing and categorizing failure

and turnaround, and examines the relevance and transferability of theoretical and empirical studies in the for-profit sector to the emerging field of failure and turnaround in public services.' To access this article go to:

<http://www.ingenta.com/isis/searching/ExpandTOC/ingenta.jsessionid=pernci4n0tc.crescent?issue=pubinfobike://bpl/pmam/2004/000024/00000004&index=3>

Public/private 'partnerships' in health – a global call to action

Sania Nishtar Heartfile, Islamabad, Pakistan, Health Research Policy and Systems 2004, 2:5 doi:10.1186/1478-4505-2-5

PPP and PFI have entered the lexicon of most these days. The author suggests the 'need for public-private partnerships arose against the backdrop of inadequacies on the part of the public sector to provide public good on their own, in an efficient and effective manner, owing to lack of resources and management issues. These considerations led to the evolution of a range of interface arrangements that brought together organizations with the mandate to offer public good on one hand, and those that could facilitate this goal through the provision of resources, technical expertise or outreach, on the other. The former category includes of governments and intergovernmental agencies and the latter, the non-profit and for-profit [original emphasis] private sector.' The paper 'outlines key ethical and procedural issues inherent to different types of public-private arrangements.' For the full article go to:

<http://www.health-policy-systems.com/content/2/1/5>



FEATURE/FOCUS OF THE MONTH:

Towards greater partnership in healthcare funding The rise of health consumerism in British and other European healthcare systems

Stephen Pollard, Dr. Tim Evans, Dr. Cecile Philippe and Alberto Mingardi – CNE 2004

A revolution is already underway in Britain that could spell the end of "free at the point of delivery" health services in Britain after the next General Election, regardless of which party wins. More than 7 million British people have already taken out some form of private medical insurance, according to CNE's report into the future of healthcare services in Europe published today. Six million more have healthcare cash plans. The number of people paying as they go has grown by 20% in the past three years.

CNE predicts that - regardless of what politicians of both major parties might be saying today - the NHS is transforming into a regulator of private health services and abandoning the principles of its founders.

To empower patients for the future, the report's authors propose a nine-point plan for the next UK government to consider:

1. Enable NHS independent sector treatment centres to provide acute surgery to insured and self-funded patients over and above the work they are contracted to deliver for the NHS.
2. Enable NHS foundation trusts to launch, in partnership with insurers, their own locally branded personal, corporate health insurance and cash benefit plans.
3. Improve incentives for individuals to hold personal or corporate health coverage.
4. Promote workforce occupational health and rehabilitation services so that employees are kept fit and in work.
5. Assist the development of personal and corporate long-term care products which are integrated with a range of permanent health and pension products.
6. Provide incentives for trades unions, churches and other institutions in civil society to furnish their members with an enhanced range of membership health products.
7. Liberalise the laws that currently preclude doctors and other health professionals from advertising their services. Such a change will not only encourage greater competition with positive supply-side effects, but it will greatly empower patients.
8. Liberalise the laws that currently preclude direct to consumer information about prescription medicines. By better informing and empowering patients, they will be better equipped to take more control of their healthcare choices.
9. Ensure that all healthcare suppliers publish comparative performance data so that consumers can make informed judgements between competing suppliers.

For the press release, go to: http://www.cne.org/pub_pdf/2004_09_10_NHS_PR.htm

To download the full report: http://www.cne.org/pub_pdf/2004_09_00_uk_health.pdf



health bulletin

OCTOBER 2004

CONFERENCES AND EVENTS

CNE Events

- + CNE Health Conference
- + CNE Health Luncheon

CNE Health Conference

The Politics of Healthy Ageing and European Public Opinion

07 October 2004, Le Meridian Hotel Brussels

CNE is delighted to invite you to its first annual Health Conference on the Politics of Healthy Ageing and European Public Opinion.

The speakers at this conference include an outstanding array of international health policy experts who will publicly share their cutting edge research on the future of European healthcare. CNE has put together a range of leading panelists from the worlds of politics, academia and journalism, including Robert Perkins, Christofer Fjellner MEP, Ben Irvine, Jonathan Evans MEP and many more.

We would be delighted to have you as our guests at this event. Spaces are limited and will be allocated on a first come first served basis.

For the full programme go to:

http://www.cne.org/events/by_date/event_2004_1007_healthy_aging.htm

CNE Health Luncheon

On 25 November 2004, in Brussels, CNE Senior Fellow, Stephen Pollard will speak on *UK Healthcare: Reform and Direction*. Details to be announced – keep an eye on the CNE website:

<http://www.cne.org/index.htm>

If readers hear of – or are holding – other events, please let CNE know so that we can include them in this listing.

Upcoming Events in Europe

- + 6-9 October: Global Health Challenges: European approaches and responsibilities
- + 19-20 October: 6th UK and Ireland health impact assessment
- + 29 October: Practical Implementation of Patient Choice at the Point of Referral
- + 7 - 9 November: International Healthcare Conference, Vienna
- + 16-20 November: Forum 8 + World Summit on Health Research, Mexico City

Global Health Challenges: European approaches and responsibilities

European Health Forum. Hofgastein, Austria. 6-9 October 2004. Tel +43 (6432) 3393 270.

Email: info@ehfg.org or <http://www.ehfg.org>

The programme is at the following link:

<http://www.ehfg.org/website04-2/programme2.pdf>

6th UK and Ireland health impact assessment

19-20 October 2004, The University of Birmingham.

Tel: 0121 414 3921. Email: s.hirst@bham.ac.uk

Practical Implementation of Patient Choice at the Point of Referral

29 October, Earls Court Conference Centre, London, United Kingdom. Organisers: Health Service Journal.

Tel: +44 020 7505 6044; Fax: +44 020 7505 6001;

E-mail: HSJconferences@emap.com

URL: www.hsj-patientchoice.co.uk

International Healthcare Conference

7 - 9 November InterContinental Hotel Wien, Vienna, Austria. Organisers: Voyageur Group. Tel: +44 0117 922 6600; Fax: +44 0117 929 2023;

E-mail: contact@ihcc.org.uk;

URL: www.ihcc.org.uk

Forum 8 + World Summit on Health Research

Mexico City, 16-20 November 2004



health bulletin

OCTOBER 2004

The 2004 annual meeting, Forum 8, will be held in conjunction with the World Summit on Health Research (research to achieve the Millennium Development Goals) organized by the World Health Organization and the Mexican Ministry of Health. There will be several common elements to the two parallel meetings, including joint closing sessions with presentation of the Ministerial Declaration (on the part of the Summit) and Statement (on the part of Forum 8).



health bulletin

OCTOBER 2004

KEY SOURCES

- The CNE Reading List: <http://www.cnehealth.org/readinglist.htm>
- OECD
- IRDES
- British Library (Welfare Reform on the Web, Healthcare Overseas <http://www.bl.uk/collections/social/welfare/hcareov.html>)
- Bertelsmann Foundation / International Network for Health Policy and Reform.
- King's Fund, Current Awareness Bulletin
- EHPG – email list
- HEN – email list