

Providing emergency medical care (New Eurohealth issue)

by *Sherry Merkur, Anna Maresso and David McDaid*

Providing timely emergency medical services for life-threatening situations as well as urgent care appropriate to patients' clinical needs are the most enduring challenges facing national health care systems, particularly in light of rising numbers of unnecessary emergency department attendances in many countries. The latest issue of Eurohealth (volume 21, issue 4), which has just been published by the [European Observatory on Health Systems and Policies](#) (in which LSE Health is a partner), tackles this issue.

In this issue's **Eurohealth Observer** section, Sagan and Richardson provide an overview of the main aspects of emergency care, highlighting some of the strategies being adopted to consolidate emergency care and divert patients to more appropriate parts of the health system. In a related second article, they put the spotlight on out-of-hours urgent care most appropriately provided at the primary care level and how this may be improved in order to relieve the pressure on hospital emergency departments. Providing an example of a telephone-based service designed to improve access to urgent health care, Turner et al discuss the piloting and national implementation of NHS 111 in England which is well liked by users but to date has not delivered the expected efficiencies or checked the growth in emergency ambulance activity. Finally, it has been argued that one factor determining patients' possible use of emergency care is excessive waiting times for various treatments which can exacerbate conditions to the point of requiring urgent care. In the last article in this section, Siciliani et al assess the main policy tools that have been used in OECD countries to try to tackle long waiting times, with varying degrees of success.

In the **International** section, the article by Brooks looks at EU health policy in the current climate of fiscal and economic coordination. The author points to the European Semester and Health System Performance Assessment as competing processes which are changing the policy landscape at EU level and are increasingly shaping policy responses at the national level. On the topic of eHealth services in the European Union, Ellis and colleagues discuss the variable levels and speeds of adoption and provide country examples. Rounding up this section, Alarcón-Jiménez explains how the international MEDICRIME Convention adopted by the Council of Europe functions as a major tool to criminalise the counterfeiting of medical products and similar crimes involving threats to public health and to protect the rights of victims.

Covering a neglected area, in our **Systems and Policies** section, Baker discusses Ireland's National Men's Health Policy, which ran from 2008 to 2013, the first of its kind in the world. Reporting the results of an independent review that he conducted, the author concludes that such plans could also reap benefits if adopted by other EU countries. Moving to the hospital sector, in their article, Quentin et al look at recent payment reforms in Switzerland, where the introduction of diagnosis-related groups considerably improved hospital planning and co-ordination across the country's 26 largely independent cantons.

The **Monitor** section features new publications highlighting the study '[Promoting Health, Preventing Disease: the economic case](#)' as well as a new policy brief on '[How can countries address the efficiency and equity implications of health professional mobility in Europe?](#)' The News pages provide a round-up of what's been happening in health policy around Europe.

Read the [full issue](#).

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Sherry, Anna and David edit the Eurohealth series.

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