Key messages

As healthcare professionals aware of the need for responsible quality of outpatient antibiotic prescribing between the two recommendations.

Quality indicators for outpatient antibiotic use. European Surveillance of Antimicrobial Consumption and the Information System on Medication Consumption in Aragon. The number of defined daily dose (DDD) of the different substances was counted. The analysis of antibiotic prescribing was carried out according to the Drug Utilization 90% (DU90%) approach and the seasonal variation of use in Aragon, reflecting an overuse and broad-spectrum penicillins. ESAC quality indicators indicated different substances accounted for the DU90%, mainly narrow-spectrum penicillins. In Aragon, 11 (out of 59) different antibiotics in Denmark, ranking first

Results

Methods

Outpatient antibiotic prescribing data (2010) were obtained from the National Institute for Health Data and Disease Control in Denmark and the Information System on Outpatient antibiotic prescribing in Aragon, a southern European country. The aim of this study was to analyse and compare the quality of outpatient antibiotic prescribing between two areas of northern and southern Europe. This paper will assess the roles of and consistencies between regulatory bodies in nine European countries on how they regulate quality of health care and professional issues.

A systematic random sample was drawn up from routine databases and patients (n = 30), who received care in Malta or in London during the year 2012, participated in face-to-face or telephone semi-structured interviews. During the interviews, it was noted that several patients who were referred to the United Kingdom for therapy had previously received treatment in Malta which created a new patient group. The data collected were analysed qualitatively by a thematic data analysis and a SWOT analysis.

Findings suggest that patients who received care domestically benefited from being treated in a familiar setting and close to their relatives. Patients who were referred to the United Kingdom have positive experiences of receiving care in a highly specialized cancer hospital. However, these patients faced financial, information provision and follow-up hurdles and the lack of proximity from home also tended to have an impact on their experiences.

The study elicited insight on patients’ perceptions of cross-border cancer care and stimulated dialogue among stakeholders on how inter-relationships among patients, health professionals and the healthcare system reflect patient care experiences. A debriefing session was organized for practitioners and health authorities to disseminate the findings and discuss patient views of domestic and cross-border cancer care. It is being recommended that within the long standing Malta-United Kingdom collaboration for specialized cross-border care, patient experiences are optimized in light of the patient-centered approach endorsed by the EU Patients’ Rights directive.

Key messages

- Patients should be at the heart of healthcare systems. By capturing true patient experiences of cross-border care as opposed to care at home, improvements can be made to cross-border care delivery.
- This study will not only benefit health professionals and providers but patients themselves who are referred to similar treatment in the future.

Opportunities and challenges of cross-border health care: voices of Maltese thyroid cancer patients

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