

Organization of Swedish health-care with special reference to prevention of communicable disease and the rational use of drugs



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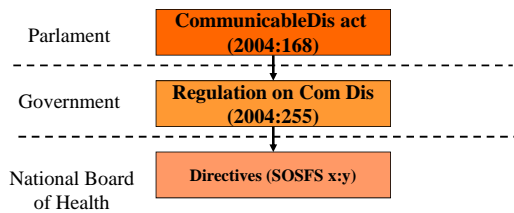
China-Sweden Conference on Antibiotic Resistance
Beijing, April 28, 2009



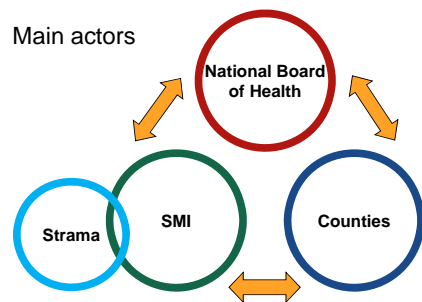
SWEDISH COUNTIES



Laws and regulations



Swedish structure



Who does what in Sweden?

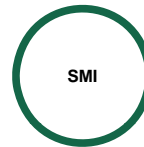


- National responsibility
- Develops national strategies
 - Develops recommendations based on science and experience
 - Issues directives
 - Supervises the performance of the counties.
 - International contact point for EU and WHO



Socialstyrelsen

Who does what in Sweden?



- The node for the surveillance system for diseases and resistance
- Analysis changes in epidemiology
 - Expert authority
 - research
 - methods development
 - teaching
 - advice on measures



Socialstyrelsen

Who does what in Sweden?



- Responsible for the operational activities
- Appoints a medical officer in charge of communicable disease control
 - Plans organises and leads the work
 - In charge of preventive programs



Socialstyrelsen

Who does what in Sweden?



- Special body for the coordination of intersectoral activities to control antibiotic resistance
- Follows and analysis patterns of antibiotic consumption
 - Supports local activities
 - Follows developments and give advise on measures against antibiotic resistance



Socialstyrelsen

Requirements for Quality and patient safety

- Regulation (SOSFS 2005:12)
Steering system for quality and patient safety in health-care
- Guidelines for Good care

Good quality in hospital hygiene

- Requirement in the law on Health-Care

"The government bill explicitly points out that the requirement for good hospital hygiene means that **hospitals must implement all the measures that are necessary to achieve this**"
Proposition (2005/06:50)
- The NBH can in directives define details of the requirements

Directive on hygiene, SOSFS 2007:19

- Means that hospitals has to implement basic hygiene procedures



Supervision

- Done by the NBH according to
 - Directive on Steering system for quality and patient safety in health ca (SOSFS 2005:12)
 - Reports according to Lex Maria (SOSFS 2005:28)

Rational use of drugs – steering mechanisms

- Drugs approved by Medical products agency/EMA
- Drugs sold by pharmacies – privatisation ongoing
 - antibiotics by prescription only
- Drugs prescribed by MD
 - no limitations
- Drugs financed by universal insurance
 - only drugs with proven value for public health included

Rational use of drugs – steering mechanisms

- Counties will issue guidelines on rational use of drugs
 - Drug and Therapeutic committees (DTC)
- Hospitals and health centres can follow the prescription habits of individual MDs

The DTC law

1. At least one DTC/county
2. Medical and pharmaceutical expertise
3. Through recommendations promote rational drug use
4. Analyzing drug utilization
5. Collaborate with other DTCs, authorities and academia
6. Each county council issue regulations



Rational use of drugs – steering mechanisms

- Conclusions
 - limited possibilities to dictate prescribing rules at national level
 - guidelines issued by MPA/Strama
 - counties can influence prescribing habits
 - Drug and Therapeutic committees (DTC)
 - Local Strama- groups
 - follow-up