Good quality, local health care

A joint effort (SOU 2019:29)

Summary

About the report

In line with the Inquiry's additional terms of reference issued in August 2018, the Inquiry is to submit a report on the focus of its work and on its progress in June 2019. In consultation with the commissioning body – the Government – the Inquiry has chosen to do this in the form of this interim report. The interim report contains an analysis of and background texts on areas in which the Inquiry is to submit proposals in its final report in March 2020. It also contains more detailed descriptions concerning a number of areas in which the Inquiry has submitted proposals in previous reports. Questions for dialogue, linked to these analysis and background sections, are also provided as a tool for discussion in workplaces and other contexts where there may be an interest in the questions addressed by the Inquiry. The form and content of the report is summarised below, and some of the key ideas that form the basis of the work of the Inquiry are highlighted.

Form and content of the report

The Inquiry's mandate, work and starting points

The introductory section of the report sets out the Inquiry's terms of reference and the mandates reported on up to this point. The work of the Inquiry seeks to set out modern, equitable, accessible and effective health care, focusing on primary care. Making changes to the system of primary care that exists today will be insufficient to achieve this. The transformation must encompass the entire health care system. The first interim report of the Inquiry presented new

principles for the organisation of health care based on proximity to the patient and clearly setting out that outpatient care [sw: *öppen vård]* is to be the first choice. Based on these governing principles, the report also presented a shared vision for the restructuring of Swedish health care, with a 10-year road map for the coordinated transition to a modern, equitable, accessible and effective health system with a focus on primary care. We also submitted proposals for an enhanced health care guarantee in primary care. These proposals formed the basis of Government Bill 2017/18:83, Governing principles in health care and an enhanced health care guarantee, which the Riksdag passed on 23 May 2018, and whose legislative amendments entered into force on 1 January 2019.

The second interim report, entitled *A primary care reform* submitted proposals deepening the road map and vision for the restructuring of the entire Swedish health care system. This second interim report focused on primary care and how it can be strengthened so as to form the basis of the health care system more clearly than is currently the case. This second interim report contained both legislative proposals and examples of success factors in work to strengthen primary care. The continued process of the proposals in the report is currently (May 2019) being considered by the Government Offices of Sweden.

In this first section we also set out the remaining tasks in the Inquiry's remit up until the final report in March 2020. We provide a description of a number of the report's key concepts and highlight a number of vital areas that affect how we consider a new health care system should be built. The section concludes with a description of priorities and their crucial importance in designing a health care system, as well as for citizens' trust and regarding the working environment of employees on the ground.

The emergence of the Swedish health care system

This section provides a historical overview of the development of the modern health care system in Sweden since the post-war period and how this, often organic, development has shaped the circumstances in which we are seeking to provide modern, equitable, accessible and effective health care today. The description spans the

period 1928–2010. Besides covering the historical facts in question, a historical overview predominantly focusing on legislation and government inquiries also illuminates the absence of perspectives that would today be considered essential to success in a modern social context: person-centred health care and the importance of many different professions in designing a health care system. In this way, as well as describing prevailing historical circumstances, this section also serves as a study in historic hierarchies and an explanation of the often outdated power structures that prevail to this day.

Current status of the transition in the health care system

Here we provide a picture of the status of the transition in progress, with a focus on developments that have taken place since the submission of our previous interim report in June 2018. In the same way as in our previous interim reports, the intention is to help to provide an overview of the various initiatives related to the transition that can be said to have begun based on the proposals in *Effective health care* and further delineated in our vision and road map. In this report, the overview is based on the mileposts and areas designated in the road map. The overview is not exclusive and for practical reasons is mainly restricted to work at national level. There is an appendix (Appendix 4) accompanying this section containing an initial account of how the transformation work can be described and is progressing.

We describe the importance of culture, attitude and trust issues, and conclude, by means of this report, with submitting the road map and vision for the transition to our commissioning body – the Government – to be administered and further developed with the municipalities and the regions/county councils, these being the bodies responsible for providing the transition to good quality, local health care.

The structure of the Swedish health care system

The Inquiry's remit includes analysing whether the division of health care into inpatient *[sw: sluten vård]* and outpatient [sw: *öppen vård]*

care remains appropriate. In the light of the transformation of the health care system, further investigation is needed as to whether the division into these two forms still fulfils any function in the new health care structure that is emerging.

The division into inpatient and outpatient care is also significant in regulatory frameworks that govern areas other than health care as such. We are therefore also tasked with setting out the consequences that discarding or changing these terms would have in a broader perspective. This section provides an overview of current legislation and case law and concludes with starting points for the continued work of the Inquiry. This section should be read as a background text and analysis ahead of the Inquiry's proposals in this area in its final report in March 2020.

Person-centred collaboration

In line with its terms of reference, the Inquiry is to investigate and submit proposals for how collaboration between and within the bodies responsible for providing health care and the suppliers of health care can be facilitated and what the interfaces should look like. The Inquiry is also to examine how the underlying conditions for coordinating health care measures for patients and users of all ages with extensive and complex care needs can be improved, review existing legislation in terms of demands for care plans and consider whether what is termed a "patient contract" *[sw: patientkontrakt]* should be regulated by statute. Health care has a number of potential collaborative partners in municipally-run bodies, in government agencies and among other actors in society. Based on the Inquiry's terms of reference and our assessment of the most central collaborative partners, after considering the options, we have come to the conclusion that we will focus our work on health care carried out with regions/county councils and municipalities as the bodies responsible, and on associated parts of social services provision. Given that education is such a strong determiner of health and that schools are an arena to which virtually all children have access, collaboration with schools will also be highlighted. This section describes the background to the need for collaboration, applicable legislation, statutory planning tools and other central support. The

section concludes with an account of the starting points for continued work. This section should be read as a background text and analysis ahead of the Inquiry's proposals in this area in its final report in March 2020.

Activities conducted under the Medical Practitioner (Compensation) Act[1] and the Physiotherapy (Compensation) Act[2]

The Inquiry has been tasked with investigating and proposing how doctors and physiotherapists who currently receive compensation under the national tariff scheme *[sw*: *nationella taxan]* can be integrated into ordinary primary care, its system of choice and outpatient care in general. The proposals are to be in harmony with the changes taking place in health care and with the proposals of the Inquiry as a whole. For a long time, the State has been legislating to create a variety of care providers in the health system and so increase freedom of choice for patients. Greater accessibility and continuity in patient care contacts has also been sought. In certain circumstances, some specialist doctors as well as physiotherapists can join a national compensation system as private care providers in outpatient care, i.e. the national tariff scheme.

Different actors have long identified a number of challenges with the existing design of the tariff system, from their different perspectives. The parallel systems for primary care have been seen as particularly problematic. The Inquiry's dialogues have shown that the actors affected are agreed that the current system needs to be replaced with something new that is better tailored to today's health care system. This issue has been examined on several previous occasions. At the end of 2016 the Government Offices launched a review of the legislation in this area. A proposal is currently being prepared within the Government Offices that will constitute a first step towards a broader review of the regulatory framework.

This section highlights current legislation and case law on the issue and reports the views of different actors involved. It concludes with an account of the starting points for continued work. This

[1] SFS 1993:1651

[2] SFS 1993:1652

section should be read as a background text and analysis ahead of the Inquiry's proposals in this area in its final report in March 2020.

The role of health care in promoting health, preventing illness and building functional capability

This section addresses the areas in which proposals have already been submitted in previous interim reports but where the progress of the Inquiry has brought up so many valuable insights and so much additional material that further comment is necessary. Under the Swedish Constitution, the public institutions are to secure favourable conditions for good health. Health is usually defined as physical, psychological and social wellbeing, rather than merely the absence of illness or injury. It thus requires efforts from several sectors of society, with the health sector being one central sector.

As previously described in earlier interim reports, the Inquiry judges that a focus on how we can improve health, and not merely treat illness, is crucial to Sweden being able to meet the health challenges of the future and the population's care needs in years to come. This is partly reflected in the Inquiry's proposal for a national mandate for primary care, which points out that preventive and rehabilitative measures alike are a vital part of the mission of primary care, covering both somatic and mental health.

Given its crucial role in developing good quality, local health care, this section provides greater detail on the role of the health service primarily in prevention, rehabilitation and habilitation.

Research, development and education

There is no health care without research, development and education. These three elements are the engine of a sustainable and agile health care system. Staffing and skills supply are vital factors for the health care sector of the future. The Inquiry's second interim report proposes that an Ordinance be passed stating that research is to be carried out in primary care. The reason for this is that clinical and patient-oriented research is of vital importance to the development of good and sustainable health care today and into the future. Our view is that awareness of the importance of research is

growing, outside the traditional research environments. During the process of the Inquiry, many initiatives and best practices have come to light at macro, meso and micro level in the health care organisations. Given the obvious and vital role that research plays in the development of health care, we have chosen to compile and share some of this input and these arguments in this report.

In line with the intention to always consider how the proposals will serve to retain the employees of today and recruit the employees of the future, education and training in all their forms are always highlighted in dialogue meetings as a basis for skills supply. In terms of the relevance of the concept of research, development and education at operational level, the impression gained, however, is that there is a need to share best practices and innovative measures regarding research and development in areas over and above the field of education alone.

This section therefore describes some of the initiatives in progress considered to be significant to the transition to a modern health care system where the majority of the clinical activity, and thus also the majority of the clinical teaching, needs to take place outside a hospital environment. The Inquiry intends to return to the issue of whether education, like research, should be covered by the Health and Medical Services Act (HSL).

Conditions for continued transformation

The final section of the report describes success factors for the continued transformation of the health care system. It also addresses the difficult questions of transferring resources between different parts of the health system and the burning question: "Will resources ever really be transferred?"

The continued work of the Inquiry

Mandate

After submitting this interim report, the work of the Inquiry will be focused on the remaining tasks in line with the terms of reference as set out in section 1 and the final report to be submitted in March 2020.

Continued dialogue

This report contains a number of dialogue questions connected to the text of the various sections. Based on the Inquiry's supportive mandate, it is hoped that these will invite and stimulate discussion in workplaces, in organisations and in other types of meetings. They are intended to serve as dialogue tools for internal use but, as always, we welcome input and views submitted directly. Input based on the dialogue tools will always be gratefully received via the ordinary means of contacting the Inquiry as shown on our website: www.sou.gov.se/godochnaravard

The dialogue questions can be introduced by means of a number of short films created on different themes: Patients and relatives, Collaboration, Inter-professional learning, and Support in transition. These are available on the Inquiry website and are free to use as additional dialogue tools.

Culture and power structures

As the work of the Inquiry always does, this report emphasises the need for inter-professional collaboration and respect for different skills in the health care system, naturally including the skills of people with experience as patients and users. This is a view that is increasingly self-evident in today's social context, but which has not historically prevailed. Health care is not the only area in which historical power structures are being challenged and questioned.

This means that in descriptions of current legislation and case law, in accounts of various historical documents and in texts referred to, some phenomena and occupational groups are mentioned more often than others. One practical consequence of this, which has been noted by many of the people we have encountered, is that when anyone searches for words or terms in the texts produced by the Inquiry, some particular occupations and phenomena occur more frequently than others. The Inquiry notes this and welcomes incoming views, including in responses to the consultation process. The aim is to always have a questioning and reflective attitude regarding prevailing power structures and hierarchies. None of us can influence what things were like in the past. When proposing changes, the starting point has to be how things look today, and this

will affect the words and terms that have to be used in order to achieve change. It is our conviction that all actors, people, employees and professions, each in their own way, need to contribute their expertise in a sustainable future health care system. This is the starting point of the proposals made by the Inquiry.

We also wish to be clear that this does not change the importance of different skills or strengths in the knowledge and contribution of individual professions. It is by working together that we become as good as we can possibly be.

Modern health care is a team sport. The person we are here for – the person who needs the care – is an important player in the team. Therefore, every meeting in person-centred care begins with the question: What is important to you? This is why every meeting ends by concluding together how the answer to that question has been addressed, and will be managed going forward together. The Inquiry's ambition is for this approach to infuse our texts and our work, in both this report and in working further towards the submission of the final report in March 2020.