



HELENA WAHLMAN/IMAGEBANK, SWEDEN/SE

Ambulance helicopters are useful when getting help to people in hard-to-reach areas or transporting critical patients over long distances. There are currently seven ambulance helicopters in Sweden, not counting coast guard and mountain rescue service helicopters.

## HEALTH CARE:

# EQUAL ACCESS – THE KEY TO KEEPING SWEDEN HEALTHY

Everyone in Sweden has equal access to health care services under a largely decentralised, taxpayer-funded system. Like many other countries, Sweden faces numerous challenges, such as funding, quality and efficiency of its health care services.

People in Sweden are living increasingly longer. The average life span is now 83.7 years for women and 80.1 years for men. This can be attributed in part to falling mortality rates from heart attacks and strokes. In 2013, 19.4 per cent of the country's population was 65 or older. That means Sweden proportionally has one of Europe's largest elderly populations. On the other hand, the number of children born in Sweden has been increasing each year since the late 1990s.

### Shared responsibility

The responsibility for health and medical care in Sweden is shared by the central government, county councils and

municipalities. The Health and Medical Service Act regulates the responsibilities of county councils and municipalities, and gives local governments more freedom in this area. The role of the central government is to establish principles and guidelines, and to set the political agenda for health and medical care. It does this through laws and ordinances or by reaching agreements with the Swedish Association of Local Authorities and Regions (SALAR), which represents the county councils and municipalities.

### Decentralised health care

Responsibility for providing health care

is devolved to the county councils and, in some cases, municipal governments. County councils are political bodies whose representatives are elected by county residents every four years on the same day as national general elections. Swedish policy states that every county council must provide residents with good-quality health and medical care, and work to promote good health for the entire population. County councils are also responsible for dental care for local residents up to the age of 20.

### Shared medical care

Sweden is divided into 290 municipalities and 20 county councils. Three of

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### PATIENT FEES

The fee for a hospital stay is no more than SEK 100 per day. Patient fees for primary care vary between SEK 100 and 300 depending on the county council. For specialist visits, there is a maximum fee of SEK 350.

### HIGH-COST CEILING

After a patient has paid a total of between SEK 900 and 1,100 (depending on area of residence) in the course of a year, medical consultations within 12 months of the first consultation are free of charge. There is a similar ceiling for prescription medication, so nobody pays more than SEK 2,200 in a given 12-month period.

### NATIONAL EHEALTH

National eHealth is aimed at reforming and improving the handling of information technology in health and medical care. Examples include electronic patient records, e-prescriptions and web portals providing health care information. The Patient Data Act enables health care employees, with the patient's consent, to gain electronic access to patient records from different care providers across organisational boundaries. All county councils are connected, making this the world's first such national solution.

### ABORTION

In Sweden, anyone can obtain contraceptives. If someone has an unwanted pregnancy, she is entitled to terminate the pregnancy with an abortion before week 18. After the 18th week, an abortion may be performed only following a decision by the National Board of Health and Welfare and only under exceptional circumstances.

### SMOKING

The number of people who smoke has been falling in Sweden since the mid-1980s. According to the latest OECD Health Statistics figures on smoking (2011), Sweden has the lowest proportion of smokers (13 per cent) among member states. That, however, has to be put in relation to the availability of snus, a smokeless tobacco that 12 per cent of Swedes use to some extent.

### MEASURING QUALITY

*The National Patient Survey* provides an annual measurement of how patients see the quality of health care. Questions concern treatment, patient involvement, confidence in care and information. The results are used to develop and improve care based on the patient perspective. *The Health Care Barometer* is a survey reflecting attitudes, knowledge and expectations relating to Swedish health care. This is compiled each year by every county council and region.



KRISTIN LIDELL/IMAGEBANK SWEDENSE

Elderly in Sweden have the right to receive care in their own homes.

- ▶ the county councils: Halland, Skåne and Västra Götaland – as well as Gotland municipality – are called regional councils and have assumed responsibility for regional development from the state.

There is no hierarchical relation between municipalities, county councils and regions. Around 90 per cent of the work of Swedish county councils concerns health care, but they also deal with other areas such as culture and infrastructure.

Sweden's municipalities are responsible for care for the elderly in the home or in special accommodation. Their duties also include care for people with physical disabilities or psychological disorders and providing support and services for people released from hospital care as well as for school health care. Chronic diseases that require monitoring and treatment, and often life-long medication, place significant demands on the system.

### International cooperation

Greater mobility among EU citizens has increased the need for cooperation on health and medical care. Sweden is actively involved in collaborating on specialised care, improving patient safety and enhancing patient influence.

### Patient safety

There is also discussion of health and medical services outside the EU, particularly in organisations such as the WHO, the OECD, the Council of Europe and the Nordic Council of Ministers. Many of the challenges confronting Swedish health care can also be seen in other countries, and include issues of access, quality, efficiency and funding.

One priority area is patient safety. In early 2011, Sweden enacted a new patient safety law which provides everyone affected by health care – patients, consumers and family members – new opportunities to influence health care content. The aim is to make it easier to report cases of wrong treatment. ■

## PLAYERS WITHIN THE HEALTH CARE FIELD

There are several authorities and organisations involved in health care at the national level.

The National Board of Health and Welfare (*Socialstyrelsen*) plays a fundamental role as the central government's expert and supervisory authority.  
[socialstyrelsen.se/english](http://socialstyrelsen.se/english)

The Swedish Association of Local Authorities and Regions (*SALAR*) represents the government, professional and employer-related interests of Sweden's 290 municipalities, 20 county councils and four regions.  
[english.skl.se](http://english.skl.se)

The Medical Responsibility Board (*Hälsa- och sjukvårdens ansvarsmyndighet*) is a government agency that investigates possible breaches of standards by health care professionals.  
[kammarkollegiet.se/node/126](http://kammarkollegiet.se/node/126)

The Swedish Council on Health Technology Assessment (*SBU Kunskapscentrum för sjuk- och hälsovården*) seeks to identify the best treatment methods for patients and most effective use of resources.  
[sbu.se](http://sbu.se)

The Dental and Pharmaceutical Benefits Agency (*Tandvårds- och läkemedelsförmånsverket*) is a central government agency assigned to determine whether a pharmaceutical product or dental procedure should be subsidised by the state.  
[tlv.se](http://tlv.se)

The Medical Products Agency (*Läkemedelsverket*) is the national authority responsible for regulating and monitoring the development, manufacture and marketing of drugs and other medical products.  
[lakemedelsverket.se](http://lakemedelsverket.se)

## SPECIALIST CARE WITHIN 90 DAYS

Waiting times for pre-planned care, such as cataract or hip-replacement surgery, have long been a cause of dissatisfaction. As a result, Sweden introduced a health care guarantee in 2005.

This means all patients should be in contact with a community health care centre the same day they seek help and have a doctor's appointment within seven days. After an initial examination, no patient should have to wait more than 90 days to see a specialist, and no more than 90 days for an operation or treatment, once it has been determined what care is needed. If the waiting time is exceeded,

patients are offered care elsewhere; the cost, including any travel costs, is then paid by their county council.

Statistics from 2013 indicate that about nine out of ten patients see a specialist within 90 days and receive treatment or are operated on within a further 90 days. That same year, 78 per cent felt they received the care they needed. In 2006, the figure was 74 per cent. ■



PHOTO: ELISABET OMSÉVITT

## FOCUS ON SWEDISH MIDWIVES

Sweden has long had trained professional midwives. Research shows this has resulted in a sharp reduction in mortality among women in childbirth. In the 18th century, the rate was about one in a hundred. By the beginning of the 20th century, mortalities had dropped to 250 women per 100,000 live births.

In 2011, the Swedish Association of Midwives celebrated its 125th anniversary as a professional organisation and 300 years of midwife training. The

first regulations governing midwifery in Sweden were established in 1711, and stipulated that midwives in Stockholm should be trained, assessed and take an oath.

Today, maternal mortality in Sweden is among the lowest in the world; fewer than three out of 1,000 babies and fewer than four women out of 100,000 die in birth. Swedish maternal care is often highlighted as a success story in international contexts, given its long tradition of significant contributions. ■

## LEARN MORE

## SIX HEALTH CARE REGIONS

Because many county councils have small catchment areas, six health care regions have been set up for more advanced care. These are coordinated by the Committee for National Specialised Medical Care (*Rikssjukvårdsnämnden*) under the National Board of Health and Welfare. The counties own all the emergency hospitals, but health care services can be outsourced to contractors.



## EIGHT REGIONAL HOSPITALS

Sweden has 61 hospitals that provide specialist care, with emergency services available 24 hours a day. Seven are regional hospitals, where highly specialised care is offered and most teaching and research are based. For pre-planned care, there are several private clinics from which county councils can purchase certain services to complement those offered by their own units. This is an important component of efforts to increase access.

SEK 1 (Swedish krona) =  
USD 0.15 or EUR 0.11



PHOTO: MELKER DAHL STRAND/IMAGERANK SWEDEN SE

Operation waiting lists are shorter thanks to the health care guarantee.

## COSTS FOR CARE

Costs for health and medical care as a percentage of Sweden's gross domestic product (GDP) is fairly stable and on par with most other European countries. In 2012 health and medical care represented 7.5 per cent of GDP. The bulk of health and medical costs in Sweden are paid for by county council and municipal taxes. Contributions from the national government are another source of funding, while patient fees cover only a small percentage of costs.

## Primary care most expensive

Public sector costs for health and medical care, excluding dental, were SEK 238 billion in 2012, the single largest expense for the government.

Primary care accounts for the largest increase in costs. Costs for general medical care and emergency duty contributed most to this rise.

## More private health care providers

It is now more common for county councils to buy services from private health care providers – in 2013, 12 per cent of health care was financed by county councils but carried out by private care providers. An agreement guarantees that patients are covered by the same regulations and fees that apply to municipal care facilities. ■

## USEFUL LINKS

- [barnmorskeforbundet.se](http://barnmorskeforbundet.se) The Swedish Association of Midwives
- [english.skil.se](http://english.skil.se) The Swedish Association of Local Authorities and Regions
- [folkhalsomyndigheten.se](http://folkhalsomyndigheten.se) The Public Health Agency of Sweden
- [government.se](http://government.se) The Government Offices of Sweden
- [lakemedelsverket.se](http://lakemedelsverket.se) The Medical Products Agency
- [sbu.se](http://sbu.se) The Swedish Council on Health Technology Assessment
- [socialstyrelsen.se](http://socialstyrelsen.se) The National Board of Health and Welfare

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