Every county council must work to promote good health for the entire population.

HEALTH CARE:

EQUAL ACCESS – KEY TO KEEPING SWEDEN HEALTHY

Everyone in Sweden has equal access to health care services under a largely decentralized, 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 83.5 years for women and 79.5 years for men. This can be attributed in part to falling mortality rates from heart attacks and strokes. In 2010, 18 per cent of the country’s population was 65 or older. That means Sweden has one of Europe’s largest elderly populations as a proportion of the national total. In principle, however, the number of children born in Sweden has been increasing each year since the late 1990s, a shift that will reduce the proportion of elderly Swedes.

Chronic diseases that require monitoring and treatment, and often life-long medication, place significant demands on the system.

The incidence of smoking, however, has been falling in Sweden since the mid-1980s. A study by the European Union has found that Sweden has the lowest proportion of smokers (18 per cent) among EU member states.

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.

Decentralized 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.
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PATIENT FEES
The fee for a hospital stay is SEK 80 (USD 11, EUR 8) per day for the first ten days, and SEK 60 thereafter. Patient fees for primary care vary between SEK 100 and 200 depending on the county council. For specialist visits, there is an additional fee of a maximum 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. One exception is Stockholm, where the maximum sum payable is SEK 1,800.

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 organizational boundaries. All county councils will be connected by the end of 2012, 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.

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.

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, 21 county councils and four regions – Gotland, Halland, Skåne and Western Götaland. Sweden’s regions are based on county councils or municipalities that 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.

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 specialized care, improving patient safety and enhancing patient influence.

PATIENT SAFETY
There is also discussion of health and medical services outside the EU, particularly in organizations 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, 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 organizations 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.
www.socialstyrelsen.se

The Swedish Association of Local Authorities and Regions (SALAR) represents the government, professional and employer-related interests of Sweden’s 290 municipalities, 21 county councils and four regions.
www.skl.se

The Medical Responsibility Board (Hälso- och sjukvårdens ansvarsnämnd) is a government agency that investigates possible breaches of standards by health care professionals.
www.kammarkollegiet.se/hsan

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.
www.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 subsidized by the state.
www.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.
www.lakemedelsverket.se

CARE WITHIN 90 DAYS

Waiting times for preplanned 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 no patient should have to wait more than seven days for an appointment at a community health care centre, 90 days for an appointment with a specialist and 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 December 2010 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. Roughly 80 per cent today feel they receive the care they need. In 2006, the figure was 74 per cent.

For 2012, the Swedish government and SALAR will review the design of this health care guarantee. Their intention is to formulate a guarantee that will be even more patient-oriented and take a comprehensive view by regulating the maximum time a patient must wait from initial contact with a health care provider to the time treatment begins.

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.

The Swedish Association of Midwives recently celebrated its 125th anniversary as a professional organization 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 six out of 1,000 babies and fewer than one woman 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 Specialized 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.

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

COSTS FOR CARE

Costs for health and medical care represent about 10 per cent of Sweden's gross domestic product (GDP), which is on par with most other European countries. 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

County council costs for health and medical care, excluding dental, were SEK 196 billion (about USD 29 billion, EUR 21 billion) in 2010, an increase of SEK 4.6 billion or 2.4 per cent on 2009. Primary care accounts for the largest increase in costs. Costs for general medical care and emergency treatment, along with costs for nursing care, 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 – 12 per cent of health care is 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.

EIGHT REGIONAL HOSPITALS

Sweden has 60 hospitals that provide specialist care, with emergency services available 24 hours a day. Eight are regional hospitals, where highly specialized care is offered and most teaching and research are based. For preplanned 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.

USEFUL LINKS

www.barnmorskeforbundet.se The Swedish Association of Midwives
http://english.skl.se The Swedish Association of Local Authorities and Regions
www.fhi.se The Swedish National Institute of Public Health
www.lakemedelsverket.se The Medical Products Agency
www.sbu.se The Swedish Council on Health Technology Assessment
www.smittskyddsinstitutet.se The Swedish Institute for Infectious Disease Control
www.socialstyrelsen.se The National Board of Health and Welfare
www.sweden.gov.se The Government Offices of Sweden
www.tlv.se The Dental and Pharmaceutical Benefits Agency

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Further Information about Sweden: sweden.se, the Swedish embassy or consulate in your country, or the Swedish Institute, Box 7434, SE-103 91 Stockholm, Sweden. Phone: +46 8 453 78 00; e-mail: si@si.se

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