

## **6 National Health Plan for Norway (2007–2010)**

We have set ambitious goals for the health service in Norway. We want the services to be of a high quality, to be available within acceptable waiting times and distances, and the provision to reach out to everyone regardless of their financial situation, social status, age, gender and ethnic background. These high ambitions have to a great extent been realised and we have a health service that is among the best in the world. At the same time we acknowledge that there are deficiencies and challenges in a number of areas, which show there is still much that can be improved. There is broad agreement in Norway concerning the central goals of health policy. The government will work systematically to achieve these. User experiences and supervisory activities that uncover errors and deficiencies in organisation or provision shall be followed up.

In the National Health Plan for Norway (2007–2010) the government presents the status of the health service in Norway today, and suggests policy measures that are intended to result in a better health service. A better health service also means prevention and facilitating the participation of users and their relatives.

The health service faces considerable challenges in the years ahead because there will be more senior citizens, the distribution between major groups of diseases will change, and expensive, new medicines and treatment methods are constantly being developed. To meet these challenges the government will in this four-year plan give weight to six cornerstones that shall characterise all types of health services:

- cohesion and interaction
- democracy and legitimacy
- proximity and security
- stronger user role
- professionalism and quality
- work and health

The National Health Plan for Norway shall show how the various sections of the health service depend on each other in order to help users and their relatives in a satisfactory manner.

The government will provide a status update about the follow-up of the National Health Plan for Norway in its annual national budgets. Processes in which the status and development of the health service, users and staff is reviewed will be implemented.

### **6.1 The cornerstones of the health plan**

Norway has a well-developed health service from an international perspective. One of its core values is that everyone should have equal access to good health services funded through public schemes. Important reforms have been carried out in recent years within both municipal health services (the regular general practitioner (RGP) scheme) and specialist health services (hospitals). Experience and evaluations indicate that these reforms have had significant positive effects, but that at the same time not all of the intentions have yet been realised.

Through the National Health Plan for Norway (2007 – 2010) the government wants to strengthen and coordinate the focus on a more equal and fair distribution of good health. The principal task is to prevent illness and harm. This does not just make demands of the health service, it also makes demands of all sectors of society that affect public health.

Users and their relatives have high expectations of the health services and some deficiencies and distinct challenges have become apparent. Our goal is for health services to be equally and fairly distributed. Nonetheless we can see that there are geographical differences in health provision. There are geographical differences in waiting times and the prioritisation of groups with different diagnoses. Considerable social differences in health have been documented, and there is much to indicate that such differences also exist in the use of health services. There are still unacceptable waiting times within some specialist fields. The number of reported treatment errors is increasing. Many users and their relatives experience the health service as disjointed without a clear allocation of responsibility for the interaction between the various actors. Tomorrow's challenges also include a rise in the number of senior citizens, a changing distribution between major groups of diseases, and new knowledge resulting in new and often expensive treatment possibilities. Staff organisations report a sense of alienation as language from the business world is increasingly being utilised in the sector.

People's expectations of the health services will remain high in the years to come. This will require us to organise and manage the health service better and to utilise the knowledge that users and staff have. Given this, the government would like to highlight six cornerstones that shall be common to the preventive work, municipal health services and specialist health services.

### **Cohesion and interaction**

One recurrent theme in reports, evaluations and criticisms from user organisations is that the interaction is too poor and that the services are not cohesive enough. This applies both within the health service and in its interaction with other sectors and professional fields such as schools, child welfare, work and welfare services, the legal sector, etc. Many users experience that they themselves have to manage the interaction between the actors. This lack of cohesion often comes to light when actors push their area of responsibilities onto others instead of cooperating on good solutions that serve their users. The need for a cohesive approach is increasing in parallel with hospital services becoming increasingly more specialised. Interaction has not held a position in the general health service system commensurate with its importance. Changing this will therefore be a central topic during this health plan period. The National Health Plan for Norway emphasises that all staff in the health service should be aware of the users' need for interaction in and outside the organisation. Managers in the sector have a special responsibility to organise and implement interaction where this is necessary. Agreements will also be signed between responsible actors at national and local levels. Good interaction must be based on the state having various means of steering local authorities and specialist health services. In Report to the Storting No. 25 (2005 – 2006) *Mestring, muligheter og mening* (Mastering, opportunities and opinions) the government presented a complete discussion of the development, challenges and measures for municipal care services. The National

Health Plan for Norway must be seen in the context of the challenges and measures that have been presented in the report to the Storting concerning future care services.

### **Democracy and legitimacy**

The hospitals reform, the RPG reform, the escalation plan for mental health, and the substance abuse reform are important health reforms that have been implemented in recent years. The government wishes to build on the concept that the health service should be politically guided and professionally managed, and be characterised by openness and participation. In many areas this happens best within the framework of local authority autonomy. A good health service must have legitimacy amongst and the trust of the general public. Evaluations and feedback indicate that the RGP scheme, the other local authority health and social services, and specialist health services enjoy a high degree of legitimacy among the general public. The public's expectations vis-à-vis the health service are considerable and increasing in line with medical progress and economic development. This is especially true with respect to specialist health services. The follow-up of the health plan in the annual presentation of the national budget must manifest a realistic level of expectations and clarify limits for the development and operation of the services. Within the politically set limits, the management and staff of the health service shall administer the allocated resources in a socially beneficial manner. The government takes the democracy challenge seriously and has already appointed new boards for the health enterprises. A majority of the owner appointed board members have been appointed from amongst proposed elected representatives. Further development and appropriate modifications will continue to take place within the enterprise model. During the period the government will emphasise national administration of the specialist health services in selected areas that are of significance with respect to achieving provision of equal worth and the proper national utilisation of resources. The democratic right to provision of equal worth for the Sami population means that the health services must develop their knowledge of the Sami language and culture in order to facilitate good communication and offer good services. In situations where this is not possible the necessary interpretation services must be established.

### **Proximity and security**

We want a decentralised pattern of settlement in Norway. The health service should support this. We want the entire population to have equal access to health services regardless of where they live. Treatment and follow-up shall continue to be organised according to the lowest, effective level of care principle (known in Norway as the LEON principle). Proximity and local knowledge provide the best opportunity to achieve individually adapted service provision with genuine user influence. We must therefore facilitate good local authority services that follow the user over time. Local authorities are in a particularly good position to carry out local preventive work.

Medical developments assume access to advanced diagnostics and treatments that often requires specialist competence. This professional development will involve centralisation in some areas. This development dictates the centralisation of that which must be centralised and the decentralisation of that which can be decentralised. High quality local health services shall be organised and developed in cooperation with municipal health services and pre-hospital services. The National Health Plan for Norway builds on the government's programme that no local hospital shall be closed

down. The services provided by local hospitals must be developed and modified on the basis of good professional services with an emphasis on the major illness groups in which treatment and rehabilitation near to home are important.

### **Stronger user role**

We want users to know about the services and that they are meant to participate and influence. Greater openness about the health service's content and quality will, among other things, play a central role in the development work. Users and their relatives are experts concerning their own situations and what they can master. This resource can be utilised better in the treatment and rehabilitation of individual patients, but it is also necessary for the planning and development of the health services. A majority of today's patients are active users who want to receive good information so that they can make good decisions themselves to improve their own health. The users want to set goals for their treatment themselves – some want to run a marathon after a hip operation, while for others being able to fetch the post is enough. Some will choose life-prolonging treatment regardless of how great the side effects are, while others will decline such treatment. Not all users are able to advance their own demands and rights. This is particularly true for the seriously ill, a number of people with mental disorders, people with substance abuse problems, people suffering from dementia, and people with an intellectual disability. Relatives are often important intermediaries with respect to users' wishes and needs as care givers and supporting actors for the health service. User organisations also play an important role. Being taken seriously and feeling that one is respected as a patient is important to everybody – both in the light of human dignity and because we know that users who participate in their own treatment often achieve a better result. Better utilisation of the free hospital choice scheme will play a central part during the four-year period of the National Health Plan for Norway. We also want the experiences and knowledge that patients accumulate as users of the services to benefit other patients. Weight shall be placed on developing the role user organisations play in the development of the health services.

### **Professionalism and quality**

The professions and professionals are the health service's foundation and value creators. The health service is a major knowledge-based organisation and the rate at which it is acquiring knowledge is accelerating. In general Norwegian health services maintain a high level of professionalism. Professional circles have an important responsibility with respect to introducing new knowledge and phasing out old. This is necessary in order to maintain the quality of the services at an international level. Surveys show that errors occur and that many errors have serious consequences for patients. Systems shall be established to learn from such mistakes so that they are not repeated, and these systems shall support the development of the health service as a learning organisation. It is important for the service's legitimacy that there is openness about errors and improving quality.

Health care professionals live in a reality in which users' expectations, possibilities provided by knowledge, fundamental ethical values, and financial and professional priorities meet. The challenges presented by prioritisation in the health service are demanding and complicated, and must be resolved with the participation of the professions and user organisations. The government will continue to develop

organisational systems that better enable users and national actors to address the big picture vis-à-vis the prioritisation and quality work.

### **Work and health**

Work is vital for health and rehabilitation. Almost 11 per cent of the population that is of working age receive some kind of disability benefit. Reward in the form of wages and recognition means a lot for one's self-respect and health. Unemployment and insecure work situations constitute a health risk. It is important to prevent the social exclusion of groups who fall out of education and work for health related or other reasons. The National Health Plan for Norway will give weight to prevention and rehabilitation in which work – and especially cooperation between work and welfare services, health services, working environment authorities, and the parties involved in work – plays a central role.

Summaries of the chosen direction and concrete measures associated with each of the cornerstones are provided in chapter 6.5.