

# Nordic Leader Seminar 24-26.8

## Participants:

Denmark: Mireille Lacroix (PLO), Anne Mette Torp (NYGP), Niels Saxtrup (DSAM) and Bolette Friderichsen (DSAM)

Finland: Juha Auvinen (SYLY), Ilona Mikkola (SYLY), Merja Laine (SYLY), Kaisa Sotamaa (SYLY), Markku Satokangas (SYLY) Johanna Salmio (GPF), Jaana Puhakka (GPF), Ilkka Aahos (GPF), Kati Lempinen (NYGP) and Annika Kolster (NYGP)

Sweden: Carolina Emdin (DLF), Marina Tuutma (DLF), Magnus Isacson (SFAM) Nazila Mansimli (NYGP), XX

Iceland: Margret O Tomasdottir (FIH) and Berglind Gunnarsdottir (FIH), XX , Sandra Ásgeirsdóttir (NYGP) xxx

Norway: Marte Kvittum Tangen (NFA), Torgeir H Skavøy (NFA), Ivar Halvorsen (AF), Katrina Tibballs (NYGP), XX

NFGP: Louise Hørslev, Johann Sigurdsson, Roar Maagard & Sanne Bernard

Before this meeting, The Finnish Medical Association organised a seminar Wednesday 23 August, 2023, 12.30-16.00

Aim of the seminar is to give good overview in primary health care (PHC) systems in Nordic countries and Estonia. How PHC is organized, funded and produced, and what are the key successes, strengths, weaknesses and challenges. What can we learn from these when strengthening Finnish PHC?

## 24.8

### Country reports- short presentations from the Nordic countries.

#### Iceland:

Small country, the Union = Association

There are economic challenges, a probable strike in spring. Also, PHC is lacking workforce- but there are many specialising future GP:s

- + GP program is big: 250 GPs, and 100 in training 😊 (20/year)
- + Most important is to keep up the training program so that the workload won't "kill the young doctors"

A working group on certification has been established.

#### Guidelines:

- Icelandic doctors have studied in several countries, and use several guidelines, since there are not many national guidelines.
- There is a need for a discussion on guidelines. What are the little things that we can leave out- what is low value care?
- It is difficult to leave out low value care, if you are paid extra for doing stuff that is not really no-use, i.e. answering electronical contacts gives extra income.
- Digital easy access- free and easy to use: It is a complete add on on everything else- it does not reduce the workload.

#### Denmark:

Association and Union work together, the association can “path the way” and then the Union easier talk about money.

Young doctors worry about not finding a locum.

Re-organization is done, and is an upcoming discussion, What should be treated where?  
A big work has been done to describe Opgaverne for almen praksis the central tasks of GP/Primary care [https://content.dsam.dk/guides/basissider/oppaver-for-almen-praksis---en-rapport-fra-dsam- 14.04-2023\\_rev-29.09-2023.pdf](https://content.dsam.dk/guides/basissider/oppaver-for-almen-praksis---en-rapport-fra-dsam- 14.04-2023_rev-29.09-2023.pdf)

There is a need for 5000 GPs according to the government, but not much is done to increase the number of GPs.

There has been a change- there are doctors who own practices but don't work there, but run the offices as regional practices - this is a threat since patients don't get continuity.

#### Norway:

Worries about people that lack their own GP (rising curve)

GPs work huge amounts of hours: average 55.6 h/week 10% work close to 100 h!!

2014->2019 + 7 h/week but salary is the same

2012 task movements from secondary care to primary care- but amount of GPs is the same.

- + A lot of reports: All point to same: Need more GPs
- + New GP specialising program is a possibility
- + New general practice research fund.

## Sweden

10 years ago no-one was talking about general practice- now there is much discussion thanks to advocacy!

We don't know how many doctors work clinically in general practice.

No negotiation about what is referred from secondary -> primary care.

Lack of continuity of care is a big problem! People don't have an own GP  
1177 has been a centralised national number "to solve everything" GPs would want to have assessment of need of care locally.

## Finland

- Health and social service reform has finally happened, starting from January 2023  
This has been a struggle, but we are going forward...So far there's been mainly practical problems , not much change in the actual processes yet. Integrating social- and health care is a big goal.
- Guaranteed time for treatment from 3 months to 2 weeks starting from September
- Continuity of care - models are on their way 😊
- Reform in specialicing education has occurred. It is now competence-based and there's more tutoring available, it is also more regulated.  
In Autumn 2023 185 starting positions for specialising in GP  
2022: 155 positions -> 111 applied for general practice  
Comment: Denmark has 300 GP trainees and the same population

## Country themes

### GPs' working environment - Iceland

A survey on doctors working in Primary health care clinics was done 02/22.  
An important finding is that the digital workload has not reduced other types of contact, but com on top of this.

### Well-being questionnaire: NYGP

NYGP is doing a wellbeing questionnaire, the aim is to:

- To identify factors that support work-related wellbeing and resilience among young GPs in the Nordic countries.
- By identifying well-working practices we hope to influence the development towards a sustainable future in general practice.

Results from pilot study were presented, and discussed by country.

The survey will be finalized during october and answers collected november-january.  
Preliminary results at NCGP

## Sustainable primary care -Norway

Sustainability has many dimensions, a healthy work climate that make GPs want to stay in PMC- but also the need of a strong PMC to reduce overmedication and too much medicin. Discussion on global goals and sustainability and the role of healthcare.

Fri 25th of August 2023

## Digitalisation -Sweden

Sweden told us their experiences on this field as follows

- Diagnostic apps, chat and video consultations, triage tools are used in Sweden
- Digital communication is very common in Sweden (used in every clinical centres)
- The fact that the patient can read their medical records raised an interesting discussion btw Nordic countries: is it good or bad (for a patient/for a doctor)? That is a question. Is it data which should be provided to colleagues and patients? Or is it so personal that no one should ever see that/we shouldn't take even a slight risk that the data ends up under the eyes for which it is not ment?
- We got information on online doctors in Sweden: they are quite popular but more expensive than self care advice offered by the nurse from their own health center and that is a problem. Health centres are paying.
- Education, and the will to take risks and make changes are the most important points when using digital services.
- Sweden loads a report about these services in Drive folder of NLS 2023
- We heard some daily experiences from clinic
  - It's time saving in some patients (for an experienced doctor, who knows the patient)
  - Digital communication is useful with long distances, and in regulation of BP
- We heard about the study about digital intervention in treatment of Type two diabetes
  - Platforms need to be integrated into regular care.
  - Patients need a human being behind the digital scene.
- Group discussion notes are written down in Swedish folder in detail, but key things were
  - In Denmark: basically no sick leaves written by GPs.
  - In Iceland: Iceland does not

## Denmark - Quality work

- We heard about

- quality work in Denmark
  - Clusters, which meet regularly (appr. 5 times per day) and check the quality results of their own in comparison with other GPs.
  - Nearly all GPs attend.
- Continuous education and research
  - 35% has not participated in systematic (mandatory) subjects
- The discussions regarding group sessions (on the above mentioned topics) are written down in Danish folder of this NLS 2023 meeting

## Finland

- We heard about the consensus guideline for National recommendation on how Primary care should be organized and discussed a few example recommendation sentences on remote consultations, interprofessional collaboration, prevention and management and organization.
  - The key notes of group discussions (international groups) are presented in padlet  
<https://padlet.com/juhaauvinen/finland-workshop-consensus-guidelines-2s6yupzfen9lv90n>

## Saturday 26.8 Wrap up of seminar

Based on the discussion during the pre-congress, we identified the need of a statement on digital care and contact.

-> Helsinki statement on digitalisation:

- Roar chair, Annika has written notes on discussion.
- The statement will be discussed further through e-mail sent by Roar.

Upcoming congress: Turku 2024. Need to promote congress in all national forums.

Need of a group working on sustainability in PMC:

On the way home, Johann has drafted a statement on sustainability:

-> As it is decided to have a working group on this question, they will continue from this draft.

Plan is to write to chairs of colleges AND unions and ask them to collect a workgroup to prepare an action plan that will be presented at the annual meeting in Copenhagen 03/24.

Congress fee for young doctors:

At the NFGP board meeting, it was decided to simplify the different payments at NCGP, and have a:

- Studentfee
- Fee for specialising doctors
- Specialist fee

Until now, the fee for young doctors has been lower until 5 years after becoming a specialist.

- This is not a definition about being a young doctor- that is another discussion!

NYGP understands the need to unify fees, but argues that young specialists are a special group, that we want to involve in the activities: Arguments:

- Katrina: Pre-congress is the main product of NYGP, recruiting has been challenging, we want to keep the price of the congress affordable- many come to pre-congress on own time and pay expences.
- Katrina: What about PhD students? Going from clinical work to research reduces salary for most doctors.

-> Marte: A combination fee possible? (pre-congress+ congress) This suggestion got support.

Upcoming themes:

- Before next NCGP: Pre-seminar in preparation to understand how the other countries have organized their primary care
- Marte: We could write a new article on how the PMC is organised to update the previous one. [All countries | Health systems](#)  
<https://eurohealthobservatory.who.int/countries/overview>

NLS feedback:

- The seminar at the medical association of Finland was a success, many participants and several people in high positions. Thankyou for contributing and this could be a good idea to let politicians and leaders know more about what is going on in the Nordic countries.
- Schedule: Has worked well wednesday-> saturday OK for most participants.
- Thanks for organisation and all that!
  - walking was nice and social program was appreciated.
- Marina: Union is not organising, when was this decided?
- Marina: Is it ok if Estonia wants to send an observer to NLS? -> June meeting.
- Themes and organisation are decided at a meeting at/before NCGP congress- this should be scheduled. -> Juha and Magnus. There will be a seminar for policy makers before the congress in Turku as well. Pre-congress in Kupittaa ad 15.30. -> Kati and Juha look at the timetable, and try to make it work so that NFGP leaders have a good program and that NYGP chairs (Sweden and Finland) can attend.

The material in the Drive collected during the seminar is going to be available after the meetin.