Health and medical care in Sweden

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FACT SHEET

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Health and medical care is a core part of the welfare system and is one of the issues in society that the Swedish people are most concerned about. Swedish health and medical care is based on the principles that care should be provided on equal terms and according to need, that it should be under democratic control and financed on the basis of solidarity. Health and medical care is to be characterised by high quality and good accessibility in which the patient comes first.

The Swedish Health and Medical Services Act states as follows: Health and medical services are aimed at assuring the entire population of good health and of care on equal terms. Care shall be provided with due respect for the equal worth of all people and the dignity of the individual. Priority shall be given to those who are in the greatest need of health and medical care. Health and Medical Services Act (1982:763), Section 2, "Goals".

Organisation of health and medical services

Responsibility for health and medical care in the Swedish health system is divided between the state, county councils and municipalities. The Health and Medical Services Act sets out the respective responsibilities of county councils and municipalities for health and medical care. The Act is designed to give county councils and municipalities considerable freedom with regard to the organisation of their health services. The state is responsible for overall health and medical care policy.

The state

The Ministry of Health and Social Affairs works to meet the objectives set by the Riksdag (Swedish Parliament) and Government. The objective of health and medical care policy is to improve the quality of care, increase accessibility and create diversity. The policy area of health and medical care encompasses government agencies and state efforts devoted to health and medical care, dental care and pharmaceutical (medical) products. The Ministry monitors and analyses health and medical care, drafts legislation and other guidelines, moves forward policy issues and negotiates with the bodies responsible for organising care. In Sweden these bodies are the county councils and the municipalities.

Government agencies

Traditionally, Swedish ministries are relatively small. Several agencies are answerable to the Ministry of Health and Social Affairs. Five of these support the Ministry's activities in the area of health and medical care. Swedish government agencies are independent. The Government distributes resources and decides on the agencies' general roles. The agencies are free to decide for themselves what to do in particular cases.

The **National Board of Health and Welfare** (SoS) is one of the largest agencies under the Ministry of Health and Social Affairs. The Board is responsible for care-related development activities, issues guidelines and supervises health and medical services. All health and medical services staff in Sweden come under the supervision of the National Board of Health and Welfare.

The **Medical Responsibility Board (HSAN)** investigates complaints against health and medical services staff that have to do with examination, care and treatment of patients. Complaints can be made by a patient, a close relative if the patient is incapable or the National Board of Health and Welfare.

The **Swedish Council on Technology Assessment in Health Care (SBU)** is responsible for examining the scientific basis of medical innovations, existing routines and practices in health and medical care. As well as being important for maintaining and increasing the quality of care, these assessments help to ensure that available resources are used in the best possible way.

The **Medical Products Agency (MPA)** is responsible for approving medical products. The task of the Agency is to ensure that the individual patient and the health service have access to effective and safe medical products of a high quality and that these are used in an appropriate and cost-effective way. Unlike other government agencies, the Medical Products Agency is financed by charges.

The **Pharmaceutical Benefits Board (LFN)** decides which pharmaceutical preparations and products are to be included in the pharmaceutical benefits and also determines the prices of these products. The pharmaceutical benefits system makes certain pharmaceuticals available at a subsidised price.

County councils

Sweden's 21 county councils are responsible for providing services across large geographical areas and that often require considerable resources. The major service involved is health and medical care. County councils are responsible for organising their services so that all their residents have access to care of a high standard. The county councils, in turn, are grouped into six regions. One of the purposes of the regions is to facilitate cooperation in highly specialised care. Health and medical care can be divided into three levels: regional medical care, county medical care and primary care. In Sweden there are eight regional hospitals, some 70 county hospitals and just over 1000 health centres. In 2005 there were approximately 26 500 beds for in-patients.

Primary care is the basis of health and medical care. Primary care is intended to meet the needs of most patients for medical treatment, care, preventive measures and rehabilitation. Various occupational categories are represented in primary care services – doctors, nurses, children's nurses, auxiliary nurses, physiotherapists, occupational therapists, social workers and so on.

When more specialised care is necessary, the county medical service/county hospital steps in. The hospitals are generally organised in clinics specialising in different areas, such as surgery, medicine, radiology, etc. The county hospitals have both outpatient clinics and wards for in-patients.

The regional hospitals treat rare and complicated diseases and injuries. They are also university hospitals and conduct a great deal of research, teaching and training. County councils that do not have their own regional hospitals can offer their residents highly specialised medical care by agreement with other county councils. The most advanced care is only available at a few of the country's hospitals.

The **Swedish Association of Local Authorities and Regions** is the body that represents the interests of the county councils and municipalities. The Association is the party the state negotiates with on issues concerning the county councils and municipalities.

Municipalities

Municipalities are responsible for ensuring that their residents receive the help and support they need. With respect to health and medical services, the municipalities are responsible for the care of elderly people and people with disabilities living in special accommodation. Half the municipalities in the country have agreed with the county council to take over responsibility for care of elderly and disabled people living at home. In the other municipalities, such care remains the responsibility of the county council. The county council is always responsible for care provided by doctors.

Free choice in health care and the health care guarantee

Since 1 January 2003 people everywhere in the country have been entitled to freedom of choice in health care. Free choice in health care means that patients can seek care anywhere in the country on the same terms as in their own county council area. When a county council decides on a course of treatment, such as hospital care, the patient is free to choose a hospital anywhere in the country.

On 1 November 2005 a national health care guarantee covering all treatment in planned county council care was introduced. The health care guarantee commits county councils to offering treatment within 90 days of a treatment decision. In the event that a county council is unable to offer treatment within this deadline, the county council is bound to help the patient obtain care in another county council within the guaranteed period.

Free choice in health care and the national health care guarantee are based an agreements between and recommendations from the Swedish State and the Swedish Association of Local Authorities and Regions. In order to clarify the rules that apply both to the patient and to the care provider, the Government intends to introduce a statutory right to free choice in health care and a statutory right to treatment with another care provider if the health care authorities cannot deliver the guarantee periods in the health care guarantee.

Health care resources

In 2005 the costs of the health and medical care sector amounted to SEK 223 billion (EUR 1 = approx. SEK 9.20), or 8.4 per cent of GDP. This amount includes costs of pharmaceutical products, dental care, eyeglasses and patient fees paid by households. The municipalities' health and medical care for the elderly corresponds to about 0.7 per cent of GDP. This means that the total costs of health and medical care in 2005 amounted to 9.1 per cent of GDP.

Household consumption, that is, the proportion of the total costs of health and medical care paid for by patients, amounts to around 15 per cent. The major costs for households are pharmaceutical products and dental care.

Some 70 per cent of county council services are financed by county council taxes. County councils also obtain income from patient fees and by selling services. The remainder is covered by the general government grant from central government to the county councils.

The state also provides some targeted grants to increase access to care and to pharmaceutical benefits, for instance. The bulk of county council budgets, some 90 per cent, goes to health and medical care and dental care.

The table below shows the breakdown of county council costs for the various health and medical care services.

Net costs to health care authorities of health and medical care in 2005. (*Percentage breakdown by services.*)

Service	%
Primary care	16%
Specialised physical care	52%
Specialised psychiatric care	9%
Dental care	3%
Pharmaceuticals in the pharmaceutical benefits scheme	11%
Other health and medical care	8%
Political activities	1%
	100%

Patient fees

In Sweden, as in most other comparable countries, fees play a relatively limited role as a source of finance in the health and medical care system. What patients themselves pay amounts to only a minor part of medical costs. Most is financed out of tax revenues.

Within certain limits, county councils are free to decide how much patients must pay. Fees are differentiated to direct patients to the right level of care. It costs less to go to primary care than to a hospital emergency department. There is a high-cost protection scheme that means no patient ever needs to pay more than a total of SEK 900 over a 12-month period.

Pharmaceutical costs

Use of pharmaceuticals is now one of the most important methods of treating diseases. However, pharmaceutical products are often expensive and the costs of this treatment are high. Total costs for pharmaceutical products came to nearly SEK 31 billion in 2006. Patients paid SEK 8.6 billion of this sum themselves. To prevent pharmaceutical costs becoming too high for the patient, we have pharmaceutical benefits in Sweden. Under this scheme, no patient ever has to pay more than SEK 1800 over a 12-month period for prescription drugs covered by the benefits. The benefits also include some disposable products and in certain cases foodstuffs for particular nutritional uses.

Private care providers

Sales of private companies in the health care and social care industry have increased in recent years. Aggregate county council purchases of services from private companies, voluntary organisations and foundations in health and medical care have increased from just under SEK 12 billion in 2001 to SEK 14.7 billion in 2005. In 2005 this corresponded to just less than 10 per cent of county councils' net costs of health and medical care excluding dental care. However, the share of county-council funded health and medical care bought from private care providers varies substantially between county councils.

The increased sales for private care providers can mainly be seen in outpatient health and medical care. In contrast, in-patient health and medical care has shown a decreasing trend in many respects.

Private care where patients themselves pay the entire cost of their care represents a very small part of health and medical care. There is also a relatively small amount of private health insurance, even though the number of people covered has increased in recent years.

In May 2007 the Riksdag adopted the proposal by the Government to remove the restrictions that have been in place since 1 January 2006 on activities at contracted-out hospitals. One change is that it will be easier for county councils to transfer all or part of the operation of hospitals to private for-profit companies. Health care will not need to operate solely with public funding and health care charges either. These amendments come into force on 1 July 2007. The reasons given for the proposal include opening the way for greater diversity, thereby contributing to more creative and efficient health and medical care.

The patient

The health and medical services have an obligation to strengthen the position of the patient, for example, by providing individually tailored information, freedom to choose between treatment options, and the right to a second opinion in cases of life-threatening or other particularly serious diseases or injuries.

It is important that patients and the general public care know about these rights and know where to turn if they have complaints related to health and medical care.

National Board of Health and Welfare

The health care system and its staff come under the supervision of the National Board of Health and Welfare, which is responsible for supporting

and monitoring the activities of health services and measures taken by health care staff. The intended purpose of the Board's supervision is mainly to prevent injuries and eliminate risks in the health care system. If a patient has suffered or has been exposed to a risk of suffering a serious injury or illness in connection with health and medical care, care providers are required to report the incident to the National Board of Health and Welfare.

Patients' committees
Every county council and municipality has a patients' committee that, based on patients' views and complaints, is to support and help individual patients and contribute to quality development in the health care system, by

- helping patients to get the information they need to safeguard their interests,
- promoting contact between patients and health care staff,
- helping patients to get in touch with the appropriate agency,
- reporting any irregularities that are significant to patients to care providers and care units.

The number of cases reported to patients' committees has increased in recent years. About 15 per cent of all cases have to do with reception, communications and information.

Medical Responsibility Board (HSAN)
Patients who believe they have received the wrong treatment from a public or private health care professional may turn to the Medical Responsibility Board. The Board makes its decision after conducting a thorough investigation. If the professional is found to be to blame, the Board may impose a disciplinary punishment.

Patient insurance
A patient who is injured in connection with treatment or a comparable health care measure (including dental care) can seek compensation for the injury from the patient insurance scheme. All care providers are required by law to take out patient insurance. Such insurance does not cover injuries caused by pharmaceutical products.

Pharmaceutical insurance
Pharmaceutical insurance is a voluntary, unregulated, collective insurance for injuries caused by pharmaceutical products supplied in Sweden by members of the Swedish Pharmaceutical Insurance Association. The insurance is provided to members either in their capacity as Swedish manufacturers or as importers of pharmaceuticals manufactured abroad. Virtually all pharmaceutical enterprises manufacturing or importing pharmaceutical products to Sweden are members of the Association.

International dimensions
Today Swedish health and medical care is greatly influenced by EU cooperation. Even though responsibility for organising and funding health and medical care is mainly a national concern, the number of patients seeking care in another Member State has increased in recent years. The number of professionals working in health care in another Member State has also increased. This development can bring great advantages both for the individual and for health care systems.

Sweden is participating actively in cooperation in the EU to improve accessibility in health care, to cooperate on highly specialised care, to improve patient safety in all Member States and to enhance patient influence and information to patients. In the pharmaceuticals area, Sweden is also an active participant in working groups for matters including information to patients and the relative effects of pharmaceuticals.

Increasingly discussions on health care are also being conducted outside EU cooperation, mainly in organisations like the WHO, OECD, the Council of Europe and the Nordic Council of Ministers. Many of the challenges facing Swedish health care are shared by other countries. This applies, for example, to issues of accessibility, quality, efficiency; demographic challenges; and the funding of health care, to mention a few areas.

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