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Kommenterer helsepolitikk i bl.a. BBC, The Guardian og The Sunday Times, og har skrevet en rekke bøker om organisering av helsetjenesten.

Spring-time needed!

I don't do cold weather very well. I'm a warm weather man. I do hot much better. I'm a beach-bum at heart. Trunks and flip-flops. Not scarves and boots. You can keep the icy draft of the piste. Snow capped landscapes leave me cold.

Normally, a sudden and unwelcome belt of snow sweeping across the UK would leave me running to the travel agent, or mining the Internet for a last minute dash to the sun.

That said, quite why I left the UK and flew to a country that I can only describe as a refrigerator, is something of a mystery to me. I swapped the relative balm of the three degrees below freezing at Heathrow airport and made off to the eleven degrees below in Oslo, Norway.

By my standards, London was very cold. Norway is bone aching, breath snatching and brittle cold. Pretty, picture postcard gorgeous, but, not to put too fine a point to it – glacial!

Why Oslo? Why risk my lungs being coughed up in splinters and my fingers snapping? A health conference, what else. As a an unreconstructed health anorak, the unexpected opportunity to eaves drop on a Norwegian health care conference was irresistible.

I knew a bit about Norwegian health-care. Last summer I had enjoyed a meeting with a couple of their senior health managers who were interested to know about the NHS reforms of the late eighties. The so called, «Thatcher Reforms».

In the UK we suffer the hand-to-hand, street fighting that local post-code entitlement produces. From what I could make out, Norway has long-range bombing – region to region battles. Much of their healthcare is provided through autonomous regions, structured through what we might recognise as local authorities. It comes as no surprise that different folks were getting

different treatment depending on where they lived. Costs were up and outcomes were variable.

I suggested they should give GP's their own budgets and have them work under an overarching national control. In other words a Department of Health and GP fund-hold-ing. Not very original advice and, to be frank, I have no idea whether they took it or not!

So, I was curious. The symposium, in the walk-in ice box, was familiar and tempting. They were talking about NICE, clinical governance, guidelines, protocols and contracting out services. I'm not sure whether to say; good news travels slow, bad news travels fast or, there ain't nothing new under the sun! I got a strong sense of *deja-vu*.

If I've learned anything about healthcare management it is this; if we've got a problem, someone else, somewhere, will have the same problem. Anyone who says European healthcare systems are better than the UK is either very gullible or never been there. Anyone who says the UK system is the best has spent too much time at home. There are pockets of golden practice and purple patches, everywhere. However, all the systems are struggling with either managerial-medical battles, shortage of cash, too much demand, too few staff, unmeasured outcomes, pharmaceutical product price hikes or bureaucracy gone mad.

In France doctors and nurses have been on strike for more money. In Germany their deluxe system is running out of cash and they are trying to reign back on benefits. In Denmark they are looking for a way out of a labyrinthine insurance reimbursement system. And, Italy? Well Italy is Italy and the patients have been demonstrating in the streets, demanding access to new medicines. Spain? Well, they've miscalculated their workforce statistics and have too many nurses. However, by 2004, they will be in

the same mess that we are in today. I suspect they will tempt Spanish nurses working in the UK with the argument that Malaga is warmer than Manchester. It would work for me!

So, how is the land of pickled herring and perma-frost getting along? Well, I know it is dangerous to condemn a whole system on the basis of a brief encounter. But, I have no reason to believe the conference speakers were posing for my benefit. I have to believe they are like conference speakers in the UK; knowledgeable, interested, articulate and representative of their various professions and groups.

What can I tell you? Their doctors sure don't like guidelines! There's no way they want to be told what to do. They, even surer, don't like the idea that their clinical performance is going to be put into the public domain. And, sure as sure can be, they are not going to be told what to prescribe!

Guidelines, apparently, are no good because they could be wrong. Not that they can't be reviewed, or that clinical practice is ever wrong! It seems that clinical performance cannot be measured or published because of the complications of case-mix, background health and age. Not that there aren't data collection methods to allow for all that. And, prescribing? Well, I lost the plot with this. Something to do with the inalienable right of the profession and nothing to do with what works and how much it costs.

The Norwegians were charming, polite, hospitable, welcoming, friendly, convivial and despite their climate, genuinely warm. The last thing I would want to be is rude, discourteous or bad-mannered. But I have to say this bitterly cold nation has its medico-managerial model frozen solid in a twenty-first century ice-age.

I heard no speaker enthuse about the benefits to patients of measuring outcomes or publishing performance. No mention of transparency. Not a word about stakeholder involvement or accountability. It seems the role of the patient as customer is not yet on their agenda. Norwegian healthcare, it seems to me, needs a spring-time. A thawing of attitude and ideas. It needs the sun to shine in the dark corners of professional protectionism and secrecy. When it does this elegant country will have a health-care system that will blossom. And, when they've done it perhaps they'd like to come to the UK and tell us how to do it!

Also at www.roylilley.co.uk

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