

Primary Care in Europe Compared (PPG Meeting 4 Jan 2018)

Healthcare spending as a proportion of GDP (2015)

UK	9.8%
Netherlands	10.8%
France	11.0%
Denmark	10.6%
Germany	11.1%
Italy	9.1%
Sweden	11.1%
EU28	9.9%

Average no of practising doctors per 1K population (2016)

UK	2.8
EU28	2.5
EU28 Lowest	2.0 eg Poland
EU28 Highest	4.0+ eg Germany, Sweden

Percentage of patients denied access to care because of cost, distance or waiting time (2016)

UK	2.1%
EU28	3.6%

Percentage of patients unable to obtain same/next day primary care appointment

UK	41.0%
Netherlands	19.0%

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Practices

- UK 2005 10347 practices with average patient list of 6,094
36,007 GP providers and 3,715 other GPs
63m total registered patients
- 2015 9458 practices with average patient list of 7,183
28,894 GP providers and 11,089 other GPs
68m total registered patients
- Average EU practice size (2015) 1,687 patients (eg Netherlands 2,322, France 800)
- Most EU GPs are self-employed: key issue is an ageing provider group
- Minimum primary care opening hours apply in most EU countries but vary widely from 20 hpw in Austria to 52.5 hpw in the UK.
- Delivery of out of hours care varies widely.
- GPs as gatekeepers: in 11/31 European countries only GPs can refer patients to specialists (eg UK, Spain, Italy, Norway, Netherlands); in only 7 countries (eg Austria, Belgium, Germany) did patients have direct access to specialists
- There was little difference in the spread of services offered in most countries, with the UK, Spain, France, Finland, Norway, Sweden and Belgium offering the most comprehensive.

Charges

- Only 4 European countries do not charge for drugs
- Most countries do not charge for home visits
- Where payment is made for access to primary care,
 - Irish payments make the highest formal payments, with 60%+ paying non-reimbursable fees of €45-60 per GP visit.
 - In Switzerland 66% of primary care practitioner costs are paid for out of pocket by patients, who have an annual allowance of €225-1875 beyond which they pay the first 10% of GP's fees up to an annual maximum of €525.
 - It is common in several countries, including France and Sweden, for patients to pay per GP visit.

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France

- 3.4 GPs per 1K population
- 67% GPs self-employed
- 50%+ GPs (mainly younger doctors) in group practices
- Average practice of 2-3 GPs
- 75% practices made up only of physicians: remainder comprise teams of allied health professionals
- 15% average workload made up of home visits
- Self-employed GPs earn fees per service (€25) plus annual capitation payment (€40) for managing patients with chronic conditions plus maximum €5K pa for fulfilling a range of initiatives from generic prescribing to delivery of preventive services
- If GPs set up a practice in an under-represented region, they are eligible for €6,900 per month
- GPs employed in medical centres earn around €50K pa
- GP average income (2011) €82K pa, 94% from fees
- GPs refer patients to specialists
- Patients pay the full fee and claim reimbursement under state health insurance: for the poorest patients, the state pays the GP directly for consultations
- Costs generally covered through state health insurance range from 15% for cost of drugs with low medical benefit to 80% for cost of inpatient care, with patients exempted from paying from several specified conditions, eg chronic illness or pregnancy after the 5th month. VHI can be taken out by patients to cover costs not covered by SHI but patients on average still contribute 7.5% of their medical costs out of their own pocket. (The European average is more than 16% of total healthcare costs.) Funding for long term care comes partly from a dedicated fund created in 2004, supplemented by local authority funding and patient funding
- Out of hours care is delivered by emergency departments of public hospitals or private hospitals signed up to the scheme or self-employed GPs working for emergency services or state-financed medical homes

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Germany

- Primary care delivered mainly by sole practitioners (60%) or dual practices (25%)
- Most practitioners employ doctor's assistants but other non-physicians will have their own premises
- Patients have free choice of GPs, specialists and hospitals. No registration is required. GPs have no gatekeeping function. But sickness funds must offer members the option of enrolling in a family physician care model which has been shown to deliver better services
- Practitioners are reimbursed on a fee per service basis according to a fee schedule negotiated between physicians and sickness funds which limit the patients per practice and the number of treatments per patient
- Average reimbursement per family physician is €200K pa, excluding income from private patients
- Physicians are reimbursed by billing their regional associations which in turn receive funds from the sickness funds. Patients pay directly for services/treatments not covered by the sickness funds
- Physicians are obliged to provide out of hours service

Sweden

- Swedish healthcare is highly integrated
- Since the 1990s inpatient care has been shifted to outpatient and primary care with highly specialised care concentrated in specialist medical centres
- All provider fees are set by local authorities, resulting in wide regional variations
- Most public and private physicians, nurses and other health care staff are salaries employees
- Physicians earn average monthly salary of 63K Swedish kroner
- There is constraint on physicians seeing private patients outside their public practice
- 20% of funds spent on healthcare is spent on primary care
- No formal gatekeeping function
- Main form of practice is team-based (GPs, nurses, midwives, physios, psychologists, gynaecologists)
- Average primary care practice based around 4 GPs

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- 40% of 1200 primary care practices are privately owned

[Sources: Health at a Glance: Europe 2016, OECD; General Practice Trends in the UK to 2015, Health & Social Care Information Centre; www.hspm.org (European Observatory on Health Systems & Policies); www.commonwealthfund.org; www.kingsfund.org]; www.rmbf.org (Royal Medical Benevolent Fund)]