

PORTOROZ UEMO MEETING on 29 and 30 October 1999

PRESENTATION of THE NATIONAL REPORT on the situation in the Netherlands

In this report I would like to elaborate on the following items:

- Electronic prescription policies, financing
- Practice support by practice-nurses;
- Nightcare-initiatives
- The cost containment policies of the government in relation to drugs prescription;
- Mental Health Care and the general practitioner;
- The position of the General Practitioner in relation to the open competition;
- Manpower problems;

1. Electronic prescription policies, financing the introduction of the practice nurse. The work-pressure among Dutch General Practitioners is becoming so high, that our association for some time now is seeking for the best means for decreasing that pressure. We are doing this by exploring the ways and means of introducing the so called practice nurse in our general practice practices and also a newly organised way of organising night and evening shifts. As a start there has been made available one nurse for three full time working general practitioners. This will cost in all about 230 million guilders, about 110 million Euros.

The retaining of about 2000 nurses for about 6000 FTE General Practitioners will be financed primarily by the large scale introduction, installation and off course use of scientifically based prescription software into the GP's computer systems. The software has been developed in close co-operation with the Dutch College of general practitioners. The Government was willing to accept our willingness to start using the software for giving the green light for the financing and the introduction of the practice nurse.

2. The introduction of a new wave of NIGHT CARE activities in Rotterdam (three night care centres) was a big success and has had many imitations in other cities. Now the doctors in the rural areas are seeking for ways of organising them also in the less densely populated countryside. That will be dealt with in November when the general assembly will discuss the different conditions. For instance the 15 Minutes criterium will be discussed, just as well as the exact content of the service GP's ought to be tendering during out of office hours. Some advocate that there is no difference with the service offered during practice hours. We do not agree. Doctor's are there for emergency help during evening and night, not for actively engaging in a 24 hours a day economy -

3. The last 20 years or so we have seen in the Netherlands a constant struggle of the government aimed at containing the ever rising prices of drugs. We -the prescribers- of course have had to have a lot to do with it. In general however we and our right of free prescription were only marginally involved. Up until now the government's policy was to do all the containing itself, so others, the Health insurers included, were able to be passive in this. Now the government is planning to leave all the cost-containment efforts and strains to the sick funds and insurance companies. The Idea is that they in their own main region together with Doctor's and Pharmacists select one drug for each type of illness, the selling price of which will be the limit for the reimbursement of all drugs for that type of illness. So the government is planning to use our co-operation in this respect in the struggle against the pharmaceutical Industry. This off course places doctors in an awkward position in relating to the patient, with whom we have a treatment contract to do only the best for him, but also could very well affect the prescription freedom. It could very likely lead to a situation in which the doctor has the obligation to mention the patient's illness or prescription indication in the prescription paper, which hitherto was unthinkable.

4. The governments constant efforts to contain Health costs at all levels and the continuing problems in the mental Health System for ambulatory patients has prompted the government to introduce an extension in the task of the General Practitioners: the GP should also act as a gatekeeper to the ambulatory mental Health care System. How we have to cope with that we do not know yet, but we hope to inform UEMO on this next year.

5. Up until very recently doctors had nothing to do with the national or international open competition laws. A recent new law in The Netherlands had introduced the EU System in the Netherlands: any obstruction or possible obstruction of the free competition is forbidden, unless permitted explicitly by a new government related Competition Authority. The Dutch GP Association has opted for exemption for several policies, but the Competition Authority seems not be willing to yield. This very well could be a time bomb under an organisation who has developed into a highly strung democratically checked self-steering organisation, that is seen and sees itself as responsible for and the back bone of the provision of the Dutch family doctor care. There will be serious consequences, when the functioning of the Association is seriously affected by the new Authorities attitude. Very soon we wilt have a discussion on this with our Health Minister.

6. As well as in other countries we more and more fee! the effects of a policy of many decades of very strict manpower-planning in combination with an ever increasing tendency towards very early retirement of full time working doctors and their replacement by doctors who see part time working as full time . We do not have or see yet a solution for this growing problem. The government is not at home when spoken to about this. Maybe we should discuss this problem within the UEMO.