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UEMO 2000/099

Dutch

response on UEMO

Questionnaire on

GP's serving deprived

Populations

UEMO – PRESIDENCY

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Utrecht, The Netherlands, 22 May 2000

Dutch response on UEMO Questionnaire on GP's serving deprived populations

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1. Do GP's in your country face problems in access of services or in delivering health care towards certain sub-populations (people in socio-economic poor condition, people in deprived areas, immigrants, asylum seekers, refugees e.g.)? Please give a brief general answer and enclose relevant documents.

ANSWER: Yes.

As far as the last three categories are concerned, a very important access problem is caused by their not being assured against healthcare costs. As they mostly live also in poorer, often deprived areas, their access possibilities towards the regular financed health care institutions very often are very low indeed.

The first two categories in The Netherlands are insured the regular way, and so do have access on a regular base to the regular health care institutions.

As far as the not insured people, such as illegal immigrants, are concerned, there is a special fund founded by the Amsterdam region sick fund. That is that professional contacts by GP's with more than 10 not assured people in one year, will be paid for by that sick fund.

Big problems in the access of services are caused by language-problems, the fact that contacts with people in deprived areas normally are rather time consuming, the fact that immigrants, asylum seekers and refugees face the problems of living in another, foreign, strange country with an often to them very unfamiliar health care system, with functionaries they do not know, like us general practitioners. They usually are used to going to some kind of clinic with more doctors and nursing staff and do not know what to expect from for instance GP's in single hand practices.

We do have no recent documents in English available. There are though some reports that will be available in the English tongue within a short time. Right here we refer to some older documents, already in the possession of the chairman and the present rapporteur of the working group.

2. What is the distribution of these problems in your country. Is it a general problem ? Does it occur only or mainly in large inner cities or is it a problem that occurs in rural areas ?

ANSWER:

The problems are occurring in the whole country. Mainly though in large inner city centres, but also in smaller towns, and sometimes even villages. This is as far as asylum seekers are concerned the consequence of the government policy of dispersal. Asylum centra are in big cities as well in smaller, as well in rural areas. In fazes during the asylum process they dispersed in houses throughout the whole country. As a consequence almost all GP's are acquainted with giving care to asylum seekers.

- 2.1. Please give a brief description and make a distinction between rural and urban areas.

ANSWER:

The BMA answer to this question applies also to the Dutch situation.

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2.2. Is there a system of identifying deprived areas ?

In case there is, please give a brief description and enclose relevant documents or policy paper.

ANSWER:

Yes, there is.

The system is a mix of the outcome of investigations directed at average income, number of allochthons in a certain quarter, numbers of people living within a square kilometer, analysed per post code area. The outcome of the three investigations per item is rather relative, but the combination of the three gives a rather objective picture of the deprivation scale of a certain quarter.

The Jarman Index, as the British reaction explains, has been used in the setting up of the Dutch Identifying system.

A report on this in English will be published shortly.

3. It is well known that mortality and morbidity in a population in poor socio-economic status is high compared to the country's average.

3.1. Is there any data or research specific to the situation in your country. Please give a brief overview and enclose relevant documents.

ANSWER:

There is a report from the situation in Rotterdam indeed showing a remarkably lower life expectancy. This report van der Maas shortly will be available in English.

4. Does the health status of the people living in deprived areas influence the work or the workload of GP's delivering cure and care ?

ANSWER:

The UK answer to this question applies to the situation in The Netherlands as well. The general workload compared to the one in not deprived areas is remarkably larger. This also influences the working satisfaction. The income however for working for people in deprived areas has increased thanks to the abolition of the twist in the cost allowance in the payment scheme for sick fund patients and the introduction of special payment schemes for GPs working in deprived areas, such as a deprived area fund

5. In deprived areas, do GPs experience problems during delivering cure and care:

5.1. Towards knowledge/skills

ANSWER:

Yes, especially as regards HIV, Mental Health Care, the use of drugs and imported diseases beyond the knowledge of the average GP. For those diseases there is a special need for extra education.

5.2. Towards co-operation with other health organisations

ANSWER;

No

5.3. Towards financing the work of GPs. In other words, does the extra effort or the co-operation with other health organisations lead to extra funding?

ANSWER;

Yes.

There is a scheme of extra payment in the field of payment for sick fund patients. This payment is partly to the GP working in deprived areas him/herself and partly to a special deprivation fund per District GP Association (there are 23 in all), managed by the Board (=GPs) of that District and the management of the locally foremost sick fund.

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Per sick fund patient in deprived area the extra payment to the GP is F 14 or Euro 6.5 and to the deprivation fund f 15,60 or EURO 7.5

6.

Are these problems reported?

ANSWER:

Yes. Presently all data will be reported in a comprehensive and up to date report in the English tongue to be published by the NIVEL, the government funded WHO Collaborating Centre for Primary Health Care(formerly the Netherlands Institute for Primary Health Care) . Problem with publications in our Dutch language is their non accessibility to non Dutch speaking people, unfortunately the majority.

6.1. Please give examples or refer to literature.

ANSWER;

See: 6

7. Are these problems known by your (local) government or the medical organisation ?

ANSWER;

Yes. They have been reported by the Medical organisations first and were discussed then with the National Union of sick funds. The idea of the split payment to GPs and to a local fund as well was agreed on and presented to the National government, who agreed to it.

8.

Are these problems acknowledged by your (local) government or the medical organisation ?

ANSWER:

YES, see under 7

9.

Is there a special policy to support GPs in deprived areas or GPs working for deprived populations?

Give details.

ANSWER:

Firstly: see the answer under question 5.3.

Very important part of the extra support for the doctors in the deprived areas are the projects funded by the deprived area fund and directed at either supporting general practitioners individually or GroupWise, such as:

- migrant information schemes;
a Practice nurse for regularly visiting and checking the (single)elderly,
- a practice nurse for diabetes,
- support for the administrative work, which is more onerous than in other areas because of a generally higher turnover in terms of moving etc.
- specific forms of Continuous Medical Education, elaborated with the doctors in the deprived areas;
- the organising of large scale locum or deputising structures;
- the organising of professional interpretation facilities.

The experience since the funding of the special support for GPs in deprived areas in their working conditions is that is working, that the working pleasure of those doctors is improving and that that has caused a growing interest with young GPs looking for a GP Practice. There are ideas and plans to start a thorough investigation on this. We all want to have investigated whether the Dutch policy on lightening the working pressure with GPs with patients in deprived areas indeed does work and meets the needs of the GPs involved.

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10 Please give your suggestions for the UEMO policy paper on GP's serving deprived populations .

ANSWER;

The paper should give keys, ideas and ways coming from member countries to others in order to help them defining and solving problems in their own country in this field.

The paper also should be political in order to address the European Union where necessary as well as a basis for possible EU funding of health care in deprived areas.

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