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UEMO questionnaire on GP's serving deprived populations

Country	Sweden
Name of the organisation	Swedish Medical Association
Contact person	Mr. Gunnar Lonnquist
Telephone	+46 8 790.33.92 or +46 70 790.33.92
Fax	+46 8 20.57.18
E-mail	Gunnar.lonnquist@sif.se

1. Do Gps 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, eg)? Please give a brief general answer and enclose relevant documents.

There are problems. Quantitatively mostly in large cities, but also in other geographical settings. Communication problems due to language difficulties and/or cultural differences occur as for some immigrants. The closing-downs of psychiatric hospitals have also led to increased demands for e.g. GP-services, without allocation of additional resources to the PHC.

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 ?

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

Please, see answer to question 1.

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.

No

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

Some research has been done on this in GP-settings (info on this recently sent to Dr Buss).

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

Yes: the workload often heavier due to increased need for contacts /consultations with other services e.g. social services.

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

5.1 Towards knowledge/skills

Sometimes communication difficulties due to i.e. language problems and cultural differences.

5.2 Towards co-operation with other health organisations

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 ?

No.

6. Are these problems reported ?

6.1 Please give examples or refer to literature

Studies have been done on e.g. the health situation of immigrants.

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

Yes.

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

Yes.

9. Is there a special policy to support Gps working in deprived areas or GPs working for deprived populations ? Give details.

No.

10. Please give your suggestions for the UEMO policy paper on GPs serving deprived populations.

The paper could preferably deal with problems/aspects of a culturally pluralistic society, need for more time and financial resources depending on the extra workload; need for more cooperation with other service providers e.e. the social welfare, special need also for collegial exchange of experience with other GPs as well as with medical specialists.