



EUROPEAN UNION OF GENERAL PRACTITIONERS

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Dutch National Report 2003

This report does come in late, because government's plans for the next year are made known traditionally each year on Prince Day, the third Tuesday of September, which this year was on September 16. Writing it earlier could have given it less content.

1. Health budget cuts and savings

The government believes the stagnant economy forces her to enforce never seen before cuts and savings in this year and those to come. The EU Stability Pact margin of 3 % is in view. The whole welfare state's wings are being clipped. The health budget is not excluded. That budget not only includes sick fund dispensed care, but also privately financed care, controlled both by the National Tariff Authority.

Physiotherapy and dentist care abolished from the sick fund package from the age of 18 years. Psychotherapy will be limited to 30 sessions. The first IVF treatment is stroked out of the packet just like all over the counter drugs, the pill from the age of 18 years and sitting transportation to GP's and hospitals. A personal payment to the pharmacist or dispensing GP of Euro 1, 50 per prescription; higher personal payments for home-care and nursing home costs, etc. .

We are not prepared to accept this demolishing to the GP care. The government is not showing any vision on the future of healthcare, nor a perspective. It's just savings and savings. All these measures will affect the GP care directly by the so called substitution effect, increasing the GP workload, while there are no provisions for investing in the structure of GP care, like the finance schemes for the employment of practice nurses. The budgets for this the sick funds appear to have frozen as well.

There is no stimulation for cooperation-models nor for a senior GP policy. Nothing. Just cuts and savings. The waiting-lists at surgeries of medical specialists and GP's will rise again. We will see rising absenteeism and a rising workload with doctors. Next to that the already serious manpower problem is worsening. We believe this government's policy to penny wise and pound foolish.

GP's are happy for the existence throughout the country of the GP-posts for the continuity of GP care during the out of office hours. The last government agreed to this. This government would not have consented.

2. GP income

The cuts and savings do not hit the GP directly. But the future looks bleak indeed. There is no prospect for more expenditure on GP costs. This while for years the National GP Association well argued has been pointing at the underpayment qua income, practice

UEMO – PRESIDENCY

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costs reimbursement, reimbursement for disability assurance etc. etc. Within our Association the uneasiness and anxiety is growing. This being so the profession does not become more popular with young basic doctors, something the future makes mandatory. To be continued.

3. The government's war on drugs costs

For the last 25 years the government has been fighting for the containment and lowering of the drugs budget. For the same period the industry, wholesalers, pharmacists and dispensing GP's as well have been fighting back or -in other words- have struggled to keep abreast of the budget costs and the underlying measures. Now the government has increased the claw back percentage on trade discounts and bonuses for pharmacists and dispensing General Practitioners from an overall percentage of 6.8 % to 9 % on non-interchangeable specialties and 40 % on interchangeable generics. By doing this the government has attacked the heart of the matter, the earnings with pharmacists and dispensing GP's as a consequence of the margin competition between drugs manufacturers and wholesalers to get the attention of Pharmacist or dispensing GP. The margin here is the difference between the official imbursement list price and the actual cost price. Because of the high percentage of the claw back on not interchangeable specialties some pharmacists do not wish to dispense anymore drugs that cost more than they receive. This could affect healthcare. We will see what the future will bring in this. One certain thing seems to be the increasing of the official dispensing fees. The government for years has denied this pointing at the margin income. When this is abolished, this government argument no longer stands.

4. Position dispensing general practitioners.

Some years ago we reported here on this subject as well. It is time to do it again. The pressure from young pharmacists wishing to establish themselves in the countryside has gone down considerably. Reasons are first that the most favorable rural establishment places have been filled in by now. Second is that there seems to be a shortage of young pharmacists. The number of dispensing GP's is decreasing though. Main reason is the shortage of GP's as possible successor and certainly of young colleagues prepared and willing for a possible year-long legal battle with nearby pharmacists and for the paying of goodwill to the leaving dispensing GP. Retirement of a dispensing GP without successor or a not dispensing successor implies a decreased locum-group of dispensing GP's and a pharmacist taking over the predecessor's pharmaceutical care. This last take-over could contribute to giving suit by the other members of the group. A partly dispensing locum-group is trying in daily practice work. Next to that dispensing GP's financially are affected in the same way as pharmacists by the government's offensive to control drug prices. Most GP's are not inclined to think, act and react as businessmen. All this contributes to the decreasing of the number of dispensing GP's in the Netherlands. Their number now is about 600 on a total of 7000 GP's.

To be continued.

5. The future of general practice care

The Dutch GP Association has put to paper her vision on the future of general practice care. Putting the patient first implies quality assurance and the maintenance of professional expertise. This is to be done in good cooperation and must be based on a sufficient number of general practitioners, this being also a condition for an attractive profession. All this implies investing in a healthy provision of general practice care. This vision-paper is presently being translated and will soon be available in English to the UEMO members.

Utrecht, 18 September 2003