

## Austria

Give priority to care consumer empowerment:

- Information improves transparency and puts positive pressure on the system to perform better.
- Healthcare guide systems such as NHS Direct in Great Britain or the Danish hospital rating suggest how Austrian authorities can tackle the information deficit.

## Belgium

Give priority to the improvement of treatment outcomes:

- A relatively well-funded healthcare system, its expenditures could deliver much more for Belgian patients. There is a need for a thorough look into quality improvement measures.
- Belgium is remarkably slow at offering its healthcare consumers access to new medicines. This systematic delay, often larger than a year, seems to affect quality of care and has an impact on the survival of Belgian patients.

## Bulgaria

Give priority to the improvement of access to specialists:

- Our results show that using GPs as gatekeepers makes access to specialists worse without reducing costs. There is a link between this rationing mechanism and the poor access to specialist doctors.
- Bulgaria should abolish the gatekeeper role of primary care doctors.

## Cyprus

Widening the public offering should be given priority:

- Cyprus should boost efforts on preventive medicine. The high levels of smoking and obesity affects heart mortality and chronic diseases.
- Cyprus could also improve by subsidising medicines to a higher degree and include more of them, as well as dental care, in the public offering.

## Czech Republic

Focus on improving the access to specialists:

- Our results show that using GPs as gatekeepers makes access to specialists worse without reducing costs. There is a link between the rationing mechanism and the poor access to specialist doctors.
- The Czech Republic should abandon the gatekeeper role for primary care doctors.

## Denmark

Be more generous in the public care offering, is our advice:

- Denmark ought to be able to afford a more generous system, both for medicines and for treatments.
- For example, including dental services in public health care would be a good start.

## Estonia

Recommendation: Cut waiting times and improve the access to cancer drugs:

- Estonian healthcare needs to deal with the waiting times for specialist care.
- Another area for improvement in the rapidly growing Estonian economy is consumer access to new medicines, especially regarding cancer drugs. Today Estonia is a mid-income country, therefore consumers could expect better.

## Finland

Speed up the healthcare bureaucracy, is our recommendation:

- The Finnish healthcare should carry on with the improvement of waiting times, especially for cancer treatments where there seems to be real progress.
- A more rapid entry of new medicines into the reimbursement system is also suitable. Although Finnish healthcare is relatively generous, the current delays limit the consumer's choice and might even be harmful to their health.

## France

Advice: Empower the consumers and increase access to new medicines:

- Last years' champion should speed up the implementation of electronic medical records and consumer information services.
- This healthcare system should also get rid of delays in accepting new medicines into the reimbursement system. In a country which believes in the good of medicines, the time-lag in accepting new medicines into the reimbursement system is difficult to understand.

## Germany

Give priority to patients' rights and information:

- Excellent inspiration can be found close by, like in Denmark the UK.
- Further we would like to see a public ranking of performance among German hospitals since that would improve the not too impressive medical outcomes.

## Greece

Recommendation: Improve on organ donations.

- Adopting a “presumed donor” law like in Italy could be a good idea to support an active transplantation policy.

## Hungary

Increase information and quality measurement, says our advice:

- Patients are ill-informed and underpowered, which is one explanation to the poor quality outcomes.
- This needs to change with a patient rights law as well as publicly available quality measures of outcome.

## Ireland

Recommendation: First and foremost, the Irish should cut the waiting times for most treatments, as these are still far too long.

Ireland should further work on the consumer empowerment in order to raise outcomes quality.

## Italy

Advice: Direct access to specialist care would no doubt bring down the long waiting times.

- Italy has actually got some pretty good transparent and accessible healthcare information services. Unfortunately, these facts are not very well known by the public – there is room for marketing.

## Latvia

Recommendation: Improve the week performance of public healthcare.

- Latvian patients should be helped to take their healthcare related decisions themselves. The system needs consumer pressure!
- There are few good examples to follow and other healthcare systems where Latvia could look for inspiration: UK’s Dr. Foster or the Sundhedsstyret in Denmark are just two good examples of consumer empowerment.

## Lithuania

Recommendation: Improve the week performance of public healthcare:

- This country should help its patients take their own decisions. The government needs consumer pressure to be able to improve the weak performance of public healthcare.
- There are unfortunately few good examples to follow but there is hope: Dr. Foster of the UK and Sundhedsstyret in Denmark can be an inspiration for consumer empowerment.

# Luxemburg

We find it is time for a systems check – increase access to medicines:

- Nowhere in Europe does a system pour more money per capita into healthcare - but without achieving real front-line results.
- The question is how come the access to new medicines is so poor in such a well-funded system. Luxembourg should shift to a quicker system instead of relying in the slowest one in Western Europe – the Belgian system.

# Malta

We suggest that the Maltese government speed up the healthcare bureaucracy;

- For the time being new medicines are prevented from rapidly entering the public subsidy scheme.

Antibiotic-resistant infection rates in Malta need to be reduced;

- Maltese should look at the way Northern Scandinavia or the Netherlands approach this issue.

# The Netherlands

Eliminate waiting times, is our advice:

- The GP gate-keepers delay patient access to specialist care, yet without really saving money. Without this dogmatic rationing, the Netherlands would be a winner.
- The Dutch system should reconsider the primary care gate-keeping to finally eliminate waiting times.

# Norway

Recommendation: Increase the systems efficiency:

- In recent years, access problems have been “solved” by pouring money over them, which conducts to a single result: very expensive healthcare still
- Introduction of new cancer drugs is remarkably slow.

# Poland

Advice: Address two major problems in Polish healthcare: access to medicines and the healthcare sector brain-drain!

- For a long time, new drugs were not allowed at all into the Polish reimbursement system. Lately, however, there has been a change for the better. It is important for consumers, as well as for the sizeable domestic pharmaceutical industry, that this change continues. The previous policy has rather obstructed the economy than saved money.
- To ensure the best for Polish citizens, their Government must address the brain drain among its medical staff. For that reason, skilfully applied performance-based financing of primary care and hospitals should make it possible to pay doctors and healthcare staff respectably.

# Portugal

Recommendation: Reduce the waiting times for primary and specialist care.

- There is clearly room for further efficiency improvement. The percentage of the Portuguese GDP spent on healthcare delivery is quite high.
- A more systematic approach to technology assessment should be taken to ensure that good value for money is obtained in healthcare provision.

# Romania

Recommendation: Give priority to reducing the Romanian problem of “under the table”-payments to doctors will have to be addressed to improve equity and patients’ rights.

- Skilfully applied performance-based financing of primary care and hospitals should make it possible to pay Romanian doctors and healthcare staff decently enough.

# Slovakia

A multi-year plan is needed to raise outcomes quality, is our recommendation:

- A powerful tool would be a consumer information system on hospital outcomes with quality indicators (like Dr. Foster in UK and [www.Sundhedsstyret.dk](http://www.Sundhedsstyret.dk) in Denmark).
- The NHS Direct help-line could equally be used as an example.

# Slovenia

Advice: Increase access to new medicines:

- For a middle-income country, Slovenia is remarkably slow. This systematic delay seems to affect quality of healthcare and even the well-being of Slovenian patients.
- Slovenia should reduce the time needed to bring new drugs into the public subsidy system.

# Spain

Recommendation: Cut waiting times and address the MRSA infection problem:

- Quality information can both improve mobility and reduce waiting. In order to accomplish that, Spain should use quality indicators. They could take a look at the British or Danish systems for inspiration.
- The ability to buy all kinds of antibiotics off-prescription may look attractive from a consumer point of view but the spread of killer infections is a high price to pay.

# Sweden

Advice: Take real action to reduce the worst waiting times around Europe, shaming an otherwise well-serving system!

- High time for a re-think of the strategy to reduce waiting times. The national waiting time guarantee lacks teeth.
- Efficient sanctions against counties neglecting the waiting times commitments can be a necessary step.

# Switzerland

Switzerland needs patient empowerment, we recommend:

- Swiss consumers should benefit from quality ranking of hospitals and a layman-adapted pharmacopoeia.
- Such tools would improve the ground for independent choice.

# The United Kingdom

Despite substantial funding increases, UK is still a mediocre overall performer. It may be the end of the road for the rationing approach which the UK has pursued. Suggestion:

- There will be a public policy review on access to new cancer drugs. This is a mostly encouraged development, as the present “post code lottery” system became objectionable. Access should be granted to everyone and rapidly set in place.
- Time for an overall NHS strategy assessment, as continental Europe systems prove to deliver better value for money than the UK ones. Is there a British government which dares ask such a question?