

Study visit 2-4 May 2011: The Dutch PHC system

On Monday 2 May, the study visit with its participants from the Tampere University (Finland) started at the NIVEL (Netherlands Institute for Health Services Research) with a welcome by Mr Peter Groenewegen (director of the NIVEL) followed by a presentation of the VAAM: this Demand and Supply monitor for PC gives policymakers and healthcare organisations insight into the expected demand for care and the supply at local level.

Then Mr Francois Schellevis (GP and researcher at NIVEL) explained the Dutch Health Care System. The Dutch Payment/Insurance system was presented by Ms Judith de Jong (researcher at NIVEL).

After the coffeebreak there were two topics on the agenda: EURHOMAP and Patient empowerment in the Netherlands. EURHOMAP (presented by Ms Nadine Genet, researcher at NIVEL) is a collection of international research projects to monitor and compare the Home Care and Primary Care within Europe. Ms Madelon Kroneman (researcher at NIVEL) explained how patient empowerment is important in the Netherlands.

In the afternoon a visit to the PHC centre "Klein Gooioord" was planned. Ms Saskia van Pelt (practice assistant and manager of the PHC), Mr Dirk Achterberg (GP), Mr Etienne van Banning (GP) and Ms Tjitske Vreugdenhil (GP) gave the mission and vision of the centre. The cooperation between health and welfare, the community orientation, patient involvement and the interprofessional collaboration were addressed.

At the end of the day there was a dinner at a Belgian Restaurant in Amsterdam.



On Tuesday the participants came to The Hague to visit the health centre "De Rubenshoek". The morning started with a presentation of Mr Marc Bruijnzeels (director of the Jan van Es Institute). He explained the changes in Primary Health Care in the Netherlands during the last decades. With the example of the "frietsnijder" (translates to French fries cutter), he

provided the framework of how the PHC services should deal with patients: not only separate parts (like a potato when sliced into French fries), but as a whole (like a Mr Potato Head").

Ms Caroline van Raaijen then told the group about the vision and the activities of the EFPC.

After another coffee, Mr Richard Starmans, one of the GP's of the Rubenshoek Centre, presented the mission and vision of the Rubenshoek and elaborated on the problems in the neighbourhood. This Primary Health Care Centre is located in the "Schildersbuurt", where many not western-immigrants live. Because of this population the centre has adapted its services. The social



determinants as well as the interprofessional and intersectoral collaboration are special issues they have to deal with. For example, there is an interpreter working at the PHC centre to deal with different languages and cultures. Furthermore they have organized social work together with the health care services. In the building there is an I-shop: citizens can go there with their questions on housing, sports, municipality-related issues etc. He then guided us through the neighbourhood with a stop at the another health care centre "Vaillantplein" in the neighborhood.



After the lunch with other GP's, Physiotherapists and Nurses of the Rubenshoek, Mr Jan Wuister (GP) and Ms Marleen Sibeijn (physiotherapist) discussed of some of the projects on integrated care of the Rubenshoek. For example: the special movement programmes for non western immigrant women. This has been a success. But the "Rubenshoek" is also looking for future solutions for problems with funding. In Finland, these issues are not a major problem: There are not many (non-western) immigrants and the government pays for all basic care. To the Finnish visitors it was interesting to see how services are patient-oriented. In Finland it is more service oriented.



Next stop was Delft, where Ms Susan Barto (nurse) and Mr Jan Bijl (GP) gave their vision on healthcare services. They (almost singlehandedly) organised a very new way of delivering PHC, with for example walk-in consults. The walk-in centre is where everybody can come to the GP, without an appointment. Another advanced feature is that consults are held outside working hours. Moreover they have arranged for

special nurses (Nurse Practitioners) and programmes for elderly and other special groups. Another recurrent theme of the last few days is that of self management. In the Netherlands more and more is regarded as the patients own responsibility or that of the community. Mr Jan Bijl and Ms Susan Barto guided us through the PHC centre "Dock van Delft" and showed the PHC centre "De HOED" across the city, to get an idea of how the buildings and settings where laid out. A special interest went to which disciplines were located at the centres by the Finnish visitors.

On Wednesday 4 May, the day began at the LVG (Dutch organisation for organised PHC Centres). Mr Leo Kliphuis (Director of LVG) explained how PC in The Netherlands is organised and what influenced the changes during the last decade. In The Netherlands PHC services are guided mainly through finances. It seems as



Finland is a precursor in that perspective: more and more is directed through the municipalities. In Finland there is no organisation like the LVG, there the government lays down the framework for PHC. They invite patient organisations to help them with what is needed in Finland.



The last visit was at the PHC centre the "Roerdomp" in Nieuwegein. Social care differs from PHC, and both should be addressed according to Mr Bertus Jonker (physiotherapist) and Ms Karen de Groot (Physiotherapist). For the Roerdomp there is cooperation between the health and the social care as well as cooperation between PC and secondary care level. The focus for the

patients is not just: "Are you healthy?", but also: "Are you happy?" The social workers deal with the social welfare to help people create and maintain a network. In Finland loneliness is also an issue that needs to be dealt with. Furthermore Mr. Jan Joost Meijs discussed the "buyers versus sellers market". Where to him now it is a buyers market, but it should be a sellers market. He tries to find ways to exploit (special) programmes.

Overall the Finnish delegation thought the visit as a good experience. They wanted to mirror their own work and found that they are doing a good job. Points of interest are a more patient centred approach and better monitoring of what service is delivered compared to what is needed. Similar problems with healthcare workers in the future occur, especially because of the growth in chronic and older people.

EFPC Secretariat - Caroline van Raaijen

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