

The history about the health care in Mittenälvborg then, now and afterwards

Part 3 – Local care

Part three of this historical cavalcade we have called Närvården/the Local Care. Here we want to point at the tendencies which might change primary health care towards a functional organisation which near collaborates with the local hospital's specialists and the municipality's care activities. Mittenälvborg's primary care being included in the southern Älvsborg's is getting in a direction against this from 2007 when a new central management organisation was established.

As in the two other parts we also focus on the surrounding world. In **Chapter one** Jan Kuuse discusses "Economy and culture in change". He shows on the globalisation's and the wealth system's effects but also how the healthcare has been more and more industrialized. We discuss the welfare and the population trend and the connection between social position, health and length of life.

Next chapter give you a flashback to "Happenings from the time of district doctors to and during the time of primary care". A lot has happened to the doctors role. The patient and the individual's requirements have come more in focus from earlier having a doctor focused care. The healthcare policy is strongly influenced by changes of government. The work environment of the primary care workers has been improved but still "burn outs" increase. The information society influences the care in big extent – on sweets and evil. Preventive initiatives, as early was an important function in the open care, has been reduced or perhaps more correct been concentrated to other levels than the basic unit. Increased pressure from people on the primary care centres got them to leave this important part of their activities.

Chapters three "The primary care at the new millenium" describes from three perspectives different activities five years before to five years after the year 2000. The three perspectives are: The country's, the West Götaland's and the

Mittenälvsborgs.

We discuss

- the patient perspective,
- the management perspective,
- the crew and the general doctors,
- the watch activity,
- the district care,
- physiotherapy and work therapy,
- medical technology,
- the information interchange,
- IT in the care,
- prevention and public health work,
- quality work including R & D,
the primary care's effectiveness.

We complete the chapter with a summary from The National Board of Health and Welfare's national action plan for the healthcare. The concept of family doctor is one important component in the action plan.

As we experienced in southern Älvsborg like others the system of listing patients to an own doctor did not work and the majority of the county councils applied in practice an area consciousness. To a certain extent, the development can depend on missing general doctors. The number of doctors have raised the last years but there was a lack 2004 with 200 general practitioners in the country in order to reach the objectives.

The county councils work in various ways in order to increase the care's access and continuity.

It is considered that the telephone access increased especially when introducing new telephone pass systems and with internet communication. The healthcare advice has also been built out strongly but is still not enough. The new technology might be problematic for a part of the older and functionally disabled. It is difficult to get an overview over the R & D activities in the primary care. R&D is developed different in the county councils: build up, scope and direction vary.

The development of private care has stagnated as happened during 1990th. In the year 2003 approximately a fourth of visits to doctors within primary care was done at private care holders. Most of the county councils have shown small activity in order to stimulate diversity of operation shapes.

In conclusion the action plans say that:

"As the local healthcare development is in its beginning it is difficult to comment on if one will succeed in the aspirations.

As is established in the report the population wish a permanent doctor's contact. Also in the local healthcare, one must then think around the number of physicians, continuity and collaboration."

In the chapter "Primary health in change" we point out different current models that has been discussed and also implemented in the primary care's organisation. A model which is suggested from all Saco-unions seems interesting for southern Älvsborg. We also review the local development plan that the politicians in Mittenälvsborg have decided to realize. We lift forward a primary care investigation that was done by Bengt Dahlin in 1997 which in many paragraphs still is relevant to the development of primary care.

In conclusion, we contemplate a concept to primary care, "the Local Care". Anders Anell, manager for the institute for health economy, IHE, at the university of Lund and member of SBU:s councils (the State's preparation for medical evaluation), he has in a brilliant way described and analyzed the primary care's future development with different models. We have got his permission to quote important sections in his books, what we also do.

In conclusion, we comment on a primary care mock-up for Mittenälvsborg where we point on that the primary care's objectives with access and continuity hardly have come nearer fulfilment since beginning of the 1970th. You may hope that the direction will be against reaching the objectives in a changed organisation. In these cases, it concerns itself not to so much about resources but more about attitudes of the personnel and about how one organizes their activities. It should become an important management question to work with. First when the objectives access and continuity can be reached the population will apply for itself to the primary care's local healthcare (the general medicine). Otherwise it will not be preferred for other specialities and health organizations within the local care. That will be a disaster for the general medicine.

In an Epilogue we take up the politics change in 2006. A new era with perhaps new angles of approach to what is experienced as big problems in present times, Availability to primary care and Continuity in health care. The problem that was solved with "Ierumsmodellen" in 1975.

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