



# Overview Document of International Healthcare Plans

To inform preparation of  
Health Service Executive Corporate Plan  
2020 - 2022

**November 2019**



# Table of Contents

Introduction .....	2
Aim .....	2
Linking to Corporate Plan Principles.....	2
Methodology; Search Strategy and Filtering process.....	2
Limitations .....	3
Vision .....	4
Common Challenges identified in National Health Service Planning.....	4
Common Planning Goals & Objectives to be considered for Corporate Planning.....	5
Finance.....	5
Performance Indicators .....	5
Reviewer Observations.....	6
Review of Short Listed Plans .....	6
1.    New Zealand .....	7
2.    Australia.....	8
3.    NHS England.....	9
4.    Switzerland .....	10
5.    Norway .....	11
6.    British Columbia, Canada.....	12
7.    France .....	13
8.    Finland .....	14
9.    Denmark .....	15
10.   Sweden.....	16
11.   Netherlands.....	17
12.   Germany.....	18
13.   Scotland.....	19
14.   Northern Ireland .....	20
Conclusion.....	21

**Document Owner: Camille Staunton**

**Project Team: Maurice Farnan, Conor Kennedy, Preeti Patel**

## Introduction

This document was produced following a rapid review of international healthcare plans. The intention of the rapid review was to enhance the project team's knowledge of the vision, mission, goals, themes and challenges that are common to the strategic plans of comparable health care systems and to use the insights gleaned to inform the development and the structure of the Health Service Executive Corporate Plan 2020 – 2022.

## Aim

The aim of this paper is to support the Health Service Executive (HSE) Board deliberations in the development of the Corporate Plan 2020-2022.

## Linking to Corporate Plan Principles

We have considered the key principles which will guide the corporate plan and highlighted below which principles this research paper will support.

Corporate Plan Principles	
Focused on the People Who Use Our Services	✓
Evidence Based	
Outcomes Based	
Written in Simple, Plain English	
Real and Achievable	✓
Implementation Ready	✓

## Methodology; Search Strategy and Filtering process

The search strategy incorporated the long-listing of countries for which a review of Corporate Plans might be appropriate. This list incorporated the following:

- I. European Union (EU) countries (28)
- II. Organisation for Economic Co-operation and Development (OECD) countries (36).

Duplicates were removed to produce the final list of 42 countries.

The following filtering process was applied to produce a short list of 12 (2 further countries, Northern Ireland and Scotland, were added at the request of the Board) countries which were deemed most appropriate for inclusion in the rapid review of Corporate Plans:

- I. Filter using OECD Life Expectancy rankings in first instance (Latest World Health Organisation (WHO) rankings are 2000)
- II. Filter for health system comparable to the Irish system / those we regularly look to compare our own system with
- III. Removed Luxembourg, Cyprus, Malta, Iceland due to small size of health system.

The table below represents the short list of 12 (now 14) countries remaining following the filtering process.

<b>List of Short-Listed Countries</b>	
1	New Zealand
2	Australia
3	NHS England
4	Switzerland
5	Norway
6	Canada British Columbia
7	France
8	Finland
9	Denmark
10	Sweden
11	Netherlands
12	Germany
13	Scotland
14	Northern Ireland

All available strategic / corporate plans for the countries on the short list were subject to rapid review.

### **Limitations**

Rapid reviews are time limited and it is, therefore, necessary to acknowledge the limitations that can be associated with them:

- The research is not as comprehensive as a full literature review or part of one
- The output is not subject to peer review
- The analysis between plans is not as comprehensive as a full review. This is particularly so in the case of international healthcare strategies given the significant differences between health care systems, in terms of how they are managed, regulated and financed.

### **Approach – Structure and Common Themes**

While there is commonality in the challenges faced by health systems and the strategies taken to address and manage these, there are also significant differences in the planning approach and the planning documents used across the health systems examined in the review. To provide as much insight as possible, this rapid review focused on the overall structure and common themes within the plans. Many common themes emerged, and they are summarised in the following sections:

1. Vision analysis
2. Key theme/ challenges analysis
3. Planning goals and objectives
4. Finance
5. Performance Indicators
6. Reviewer observations
7. Individual review of 12 shortlisted plans

## Vision

On review of the shortlisted plans it is notable that there are few clear statements of overall vision or intent. It is more common that the vision is presented by way of high-level health goals. Examples of vision statements are listed below. Where they exist in the national strategies, they represent either a focus on population health or health system performance (or both).

Examples of vision statements within the documents reviewed:

- *“All New Zealanders live well, stay well, get well” (New Zealand)*
- *“A health system for all us, now and into the future” (Australia)*
- *“To develop an inter-ministerial approach to healthcare; to provide personal, appropriate and accessible health pathways; to tailor measures to suit different territories; to simplify the regulatory framework so as to give greater flexibility to those working in the field; to involve health democracy bodies as early as possible in the decision-making process; to ensure compliance with ethical principles and those relating to solidarity, transparency and independence; and to base decisions on proven knowledge, independent assessment and expertise, health impact studies and research” (France)*
- *“Our aim is a Scotland with high quality services that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so. (Scotland).”*

## Common Challenges identified in National Health Service Planning

This section summarises the common challenges identified within the strategic plans of the twelve shortlisted countries. The challenges are not listed in rank order. The challenges are clearly linked and each has complex interdependencies.

- Demographics / Population: in particular the management of an ageing population
- Increased demand and consumer expectation
- The need for health promotion to ensure that citizens stay healthy longer
- Supporting / assisting service users to self-manage their illness
- The challenge to ‘digitise’ healthcare to assist in providing timely and efficient services
- The increasing cost of healthcare including medical inflation, the cost of medical technology and the increasing cost of new drugs and treatments
- The rise in healthcare-associated infections (HCAIs) and antimicrobial resistance
- Burden of Disease: while there has been significant success in managing communicable diseases there are significant challenges associated with growing lifestyle and age-related disease
- Human resource issues: there is a challenge internationally in ensuring that there are sufficient medical and other staff to ensure sustainable healthcare delivery
- Access to care
- Transfer of care from hospital-based care to a community model of care
- The provision of quality healthcare and in the reduction of adverse incidents
- Regulation and performance management
- Fit for purpose organisational structures delivering high quality, affordable healthcare.

## Common Planning Goals & Objectives to be considered for Corporate Planning

As noted above there is a high degree of consistency in the challenges faced by the healthcare systems examined in the review. Similarly, there is significant crossover in the goals and objectives designed to address these challenges. Again, this list is not ranked, is indicative and not exhaustive.

- Life-long health promotion to keep citizens healthy and reduce health inequalities
- Focus on quality measures
- System reform to drive improvement
- Evidence based population needs analysis
- Evidence based approaches to the delivery of care
- Focus on Patient Safety
- Measures to improve access to care
- Patient / Service User Involvement
- Efforts to develop more efficient working across the systems. Increase digitisation both in delivery of services and in data collection and utilisation
- Managing the transition from Hospital based care to a community model.
- Management of Risk – clinical and service provision
- Capital Plans linked to population profiles
- Care of the elderly / social care
- Cross departmental / whole of government approach to health and social care
- Development and support of workforce.

## Finance

There was no consistent approach to financial management, health care funding or investment across the plans reviewed.

- National Health Service (NHS) England and British Columbia provide significant detail in their plans on financial commitments over the lifetime of the plans
- New Zealand takes a broader financial view in its *Roadmap of Actions* document which supports the overall strategy and focuses on targeting high-need priority populations in order to improve overall health outcomes and improve equity as well as improving alignment between funding and strategic priorities
- Australia's corporate health plan discusses its investment commitments across the breadth of the health services and medical research but at a high level only
- France made no specific reference to funding
- The Swiss document discusses the requirement to keep health affordable by increasing efficiency.

## Performance Indicators

The treatment of performance indicators in the plans is similar to that of finance

- Some plans contain clear and detailed performance measures, notably NHS England and British Columbia

- Both New Zealand and Australia have detailed actions and metrics in their respective supporting Roadmap and Corporate Plan documents rather than in the main strategy documents
- A number of countries reviewed have autonomous healthcare regional delivery systems of with central government setting high level priorities e.g. Denmark and the Netherlands, performance metrics were not a feature of their plans.

### Reviewer Observations

Two of the reviewed countries, New Zealand and Australia, have similar approaches. Both utilised two related documents to articulate their strategies. One document is a high-level strategy paper supported by a more detailed framework- document which provides more detail on the goals, the objectives, timelines and performance metrics to monitor implementation of the strategy. This approach brings the following advantages:

1. It allows for the development of a high level, stand-alone, strategy document that is easy to understand and interpreted by a wide range of stakeholders
2. The document can clearly state the aspirations of the health service for ‘where it will be’, when the plan is delivered
3. The high-level document will also clearly state the high-level goals that will deliver the aspirations of the organisation
4. The document is more accessible to a wider range of stakeholders unlike examples where detailed objectives and performance metrics have been included in the strategic documents
5. The approach allows monitoring on the delivery of the strategy
6. The accompanying framework document provides clarity for management, planners and those charged with managing performance to have clear and detailed oversight on the delivery of the strategy.

### Review of Short-Listed Plans

The following section summarises the content of the 14 plans on the short list. The plans detailed below in column A. are those that are recommended for more detailed review to inform the development and implementation of the HSE Corporate Plan / Strategy. Those in Column B were considered less informative in developing the HSE Corporate Plan or their health systems were less comparable the Irish health system. However, there are some elements of the plans / documents in Column B that are likely to be instructive in the development of the HSE Corporate Plan and these are identified in the single page summary of each of the 14 short listed plans is provided below.

**Table 1. Shortlisted Plans**

A	B
New Zealand	France
Australia	Finland
NHS England	Denmark
Switzerland	Sweden
Norway	Netherlands
Canada British Columbia	Germany
Scotland	Northern Ireland

# 1. New Zealand

Link to Document	<a href="https://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-future-direction">https://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-future-direction</a>
Other Relevant Documents	n/a
OECD / Report	<a href="http://www.oecd.org/els/health-systems/Health-Policy-in-New-Zealand-March-2017.pdf">http://www.oecd.org/els/health-systems/Health-Policy-in-New-Zealand-March-2017.pdf</a>

## Summary

The New Zealand (NZ) plan is a 10-year strategy document (2016-2026) called Future Direction. It is supported by a Roadmap of Actions Document (52 pages). The report is very clear, has strong content is visually appealing and is easy to read.

## Vision

All New Zealanders live well, stay well, get well.

## Content

The **New Zealand Health Strategy: Future Direction**, outlines the high-level direction for New Zealand's health system from 2016 to 2026. It lays out some of the challenges and opportunities the system faces; describes the desired future for citizens, including the culture and values that will underpin this future; and identifies five strategic themes for the changes that will take the health system and the population towards this future.

The five strategic themes are listed below. The plan itself provides a detailed vision for what 'good looks like' in respect of these themes in 2026.

## High Level Strategic Themes

7. People Powered
8. Closer to Home
9. Value and High Performance
10. On team
11. Smart System.

Delivering on the vision requires some shorter-term signposts. These are developed in the accompanying, **Roadmap of Actions**. The Roadmap takes the five strategic themes and lays out concrete action areas to focus on over five years. The framework is subject to a refresh after the first five years.

A broad financial commentary is provided within the *Roadmap of Actions* document. There is a focus on targeting high-need priority populations in order to improve overall health outcomes and health inequalities as well as improving alignment between funding and strategic priorities.

## Insight

The clear alignment between the strategic themes in **Future Direction** and the areas of focus in the Roadmap of Actions over a medium term may make this approach user friendly for health service staff and provide a clear link between strategy and operations.

## 2. Australia

Link to Document	<a href="https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan">https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan</a>
Other Relevant Documents	<a href="https://www.health.gov.au/sites/default/files/corporate-plan-2019-20.pdf">https://www.health.gov.au/sites/default/files/corporate-plan-2019-20.pdf</a>
OECD / Report	<a href="https://www.oecd.org/australia/Health-at-a-Glance-2017-Key-Findings-AUSTRALIA.pdf">https://www.oecd.org/australia/Health-at-a-Glance-2017-Key-Findings-AUSTRALIA.pdf</a>

### Summary

The Australian Plan is in two parts – a **High Level Reform Plan** (24 pages) which focuses on four key pillars of reform and a more detailed **Department of Health (DOH) Corporate Plan**. The Corporate Plan sets out the key areas of focus for a four-year period to ensure that objectives under each of the four pillars of the High-Level Reform Plan are achieved. It also describes how progress will be measured and takes account of the challenges that will be faced. The Corporate Plan also describes the operating environment, the approach to managing risk and includes information on improving overall capability.

### Vision

A health system for all us, now and into the future.

### Content

The plan is grouped around four strategic / pillars themes which are detailed below. It also discusses its multi-year investment commitments across the breadth of the health services and medical research.

### High Level Goals Objectives

- *Pillar 1.* Guaranteeing Medicare, stronger primary care and improving access to medicines through the Pharmaceutical Benefits Scheme (PBS)
- *Pillar 2.* Supporting our public and private hospitals, including improvements to private health insurance
- *Pillar 3.* Mental health and preventive health
- *Pillar 4.* Medical research to save lives and boost our economy
- Ageing well and aged care (not a pillar but a standalone section).

Incorporated within the pillars are:

- The 2030 mental health vision, including a new strategy specifically for children under 12 years
- The 10-year Primary Health Care Plan
- Continued improvement of Private Health Insurance
- The 10-year National Preventive Health Strategy
- The 10-year Medical Research Future Fund investment plan.

### Insight

Similar to New Zealand the Australian approach involves alignment between the reforms in the Long-Term Plan and the areas of focus over a medium term (4-year period); this may make this approach user friendly for health service staff and provide a clear link between strategy and operations.

## 3. NHS England

Link to Document	<a href="https://www.england.nhs.uk/long-term-plan/">https://www.england.nhs.uk/long-term-plan/</a>
Other Relevant Documents	<a href="https://www.hfma.org.uk/docs/default-source/default-document-library/the-nhs-long-term-plan---a-summary.pdf?sfvrsn=0">https://www.hfma.org.uk/docs/default-source/default-document-library/the-nhs-long-term-plan---a-summary.pdf?sfvrsn=0</a>
OECD / Report	<a href="https://www.oecd.org/unitedkingdom/united-kingdom-country-health-profile-2017-9789264283589-en.htm">https://www.oecd.org/unitedkingdom/united-kingdom-country-health-profile-2017-9789264283589-en.htm</a>

### Summary

The **National Health Service (NHS) 10-year Long Term Plan** is a strong detailed document but is text heavy and arguably, less visually appealing than a number of other strategy documents discussed (136 pages). It is, however, the only plan reviewed that has an accompanying 24 page '**easy read**' version which describes the goals of the plan using pictures and plain language. The plan is accompanied by an **Implementation Framework** that sets out further detail on how the commitments in the Long-Term Plan will be delivered. While this is a relatively short document at 44 pages it is very dense and is not user friendly.

### Vision

While not specifically stated as a vision there is a brief introduction to the plan on the NHS website which includes an aspirational statement about the NHS continually moving forward so that in 10 years' time citizens will be accessing services that are fit for the future.

### Content / High Level Goals Objectives

1. It sets out the pathway for a New Service Model fit for the 21st century. The aim is for patients to receive more options, better support and properly joined-up care at the right time in the optimal care setting
2. More action on prevention and health inequalities
3. Further progress on care quality and outcomes
4. NHS staff to get the backing they need; the plan makes it clear that workforce growth has not kept up with need
5. Digitally-enabled care will go main-stream across the NHS Technological advances are expected to provide new possibilities for prevention, care and treatment
6. Taxpayers' investment will be used to maximum effect. The plan is based on a 3.4% increase in **funding** from 2018 – 2023 with a chapter (6) providing detailed financial information
7. Next steps: The plan sets out major reforms to the NHS architecture, payment systems and incentives, providing a long-term strategic framework for local planning
8. Building on its development approach a new operating model must be based on co-design and collaboration.

### Insight

While both the plan and the accompanying implementation framework are unwieldy and may be challenging for staff to relate to, the 24-page 'easy read' version has merit for making the plan more widely accessible to all citizens and stakeholders.

## 4. Switzerland

Link to Document	<a href="https://www.bag.admin.ch/bag/en/home/strategie-und-politik/gesundheit-2020.html">https://www.bag.admin.ch/bag/en/home/strategie-und-politik/gesundheit-2020.html</a>
Other Relevant Documents	n/a
OECD / Report	<a href="https://www.oecd.org/switzerland/Health-at-a-Glance-2017-Key-Findings-SWITZERLAND.pdf">https://www.oecd.org/switzerland/Health-at-a-Glance-2017-Key-Findings-SWITZERLAND.pdf</a>

### Summary

**Health2020** is an overview of the health priorities which have been set in Switzerland for the eight-year period 2013 – 2020. The Swiss plan is a short concise document (25 pages). While it does not strictly utilise the Vision, Mission, Objectives, Strategy and Tactics (VMOST)<sup>1</sup> format, the plan and planning approach is recommended for further review to inform the HSE Corporate Plan and process.

### Vision

While not stated as a vision, the high-level objective of the plan is to make the Swiss health system fit to face the challenges ahead while at the same time keeping costs affordable.

### Content

The plan presents the challenges facing healthcare in Switzerland such as the increase in chronic diseases, continuing cost growth and the need for performance management and transparency. It describes 36 measures across four priority areas for health-policy action to be implemented incrementally. These measures are directed at achieving a total of twelve objectives and are intended to align the proven Swiss health system optimally with current and future challenges. The measures in the Health 2020 agenda are designed to increase efficiency and improve quality and there is an anticipation that their implementation will help to contain the growth of costs in the health sector.

### High Level Goals Objectives

The Plan has 4 priority areas for action with a number of objectives under each priority.

The four high level priorities are:

- Ensure Quality of Life
- Reinforce equality of opportunity and personal responsibility
- Safeguard and increase the quality of healthcare provision
- Create transparency, better control and co-ordination.

### Insight

The Swiss plan is a short and concise document that is fact-based and has a structure and style which makes it accessible to health service staff and other stakeholders.

---

<sup>1</sup> An analysis framework which reviews Vision, Mission, Objectives, Strategy and Tactics.

## 5. Norway

Link to Document	<a href="https://www.regjeringen.no/contentassets/3dca75ce1b2c4e5da7f98775f3fd63ed/action_plan_implementation_healthcare21_strategy.pdf">https://www.regjeringen.no/contentassets/3dca75ce1b2c4e5da7f98775f3fd63ed/action_plan_implementation_healthcare21_strategy.pdf</a>
Other Relevant Documents	<a href="https://www.regjeringen.no/contentassets/af2a24858c8340edaf78a77e2fbe9cb7/careplan2020_eng.pdf">https://www.regjeringen.no/contentassets/af2a24858c8340edaf78a77e2fbe9cb7/careplan2020_eng.pdf</a>
OECD / Report	<a href="https://international.commonwealthfund.org/countries/norway/">https://international.commonwealthfund.org/countries/norway/</a>

### Summary / Influence on HSE Corporate Planning

Two Norwegian plans were reviewed, the first was **The Government Action Plan for Implementation of the Health & Care 21 Strategy (2015-2018)** (36 pages) which had a research and innovation focus and the second was **Care Plan 2020 (2015-2020)** (64 pages) which pertains to both health and welfare provision. While neither were presented in VMOST format – read together they should assist in informing the development of the HSE Corporate Plan.

### Vision

The Government Action Plan for Implementation of the Health & Care 21 Strategy (2015-2018):

- To achieve the objective of a system of knowledge and innovation for improved services and a new growth industry. No vision was articulated in the Care Plan 2020.

### Content

Government actions in **The Government Action Plan for Implementation of the Health & Care 21 Strategy** included *inter alia*:

- Development of Human Resources
- Strategic and evidence-based governance
- Improved clinical treatment
- Efficient and effective
- Health Data as a national competitive advantage.

Care Plan 2020 has the following goals / objectives *inter alia*:

- Deeper involvement of Service Users, non-governmental organisations (NGOs) & industry
- A high level of professional expertise in the services
- Strengthening health care services
- New architecture and knowledge
- Simplification, renewal and improvement through innovation.

No detailed funding plans were included in the documents.

### Insight

The Government Action Plan for Implementation of the Health & Care 21 Strategy could help with input to the HSE Corporate Plan or Strategy but is not a comparable document to a Health Service Corporate strategy. Care Plan 2020 is more aligned to a government policy document with a wide brief that looks at role of the whole of society in the future of health services including Non-Profit Organisations and Trade and Industry.

## 6. British Columbia, Canada

Link to Document	<a href="http://www.phsa.ca/about-site/Documents/2017-18%20PHSA%20Service%20Plan.pdf">http://www.phsa.ca/about-site/Documents/2017-18%20PHSA%20Service%20Plan.pdf</a>
Other Relevant Documents	n/a
OECD / Report	<a href="https://international.commonwealthfund.org/countries/canada/">https://international.commonwealthfund.org/countries/canada/</a>

### Summary / Influence on HSE Corporate Planning

This plan is succinct (21 pages) and clear, its strength is the linking of Key Performance Indicators (KPIs) to strategic goals and objectives. It clearly states its alignment to the goals of the Ministry for Health. It is one of the few plans that include focus on major Capital and Information Communication Technology (ICT) projects.

### Content

The content includes detail on the alignment of British Columbia's policy with the Canadian Federal Government. It provides a strategic context, the goals, objectives, strategies, challenges to the services in terms of an aging population and increasing demand on unscheduled care services as well as performance measures. The plan provides a resource summary and detail on major capital and significant ICT projects. High level information on funding allocations was provided in the plan.

### Vision

There is no articulated vision or high-level statement of intent.

### High Level Goals Objectives

1. Ensure a focus on cross sector change initiatives requiring a strategic repositioning
2. Support the health and well-being of British Columbians through the delivery of high-quality health care services
3. Deliver an innovative and sustainable public healthcare system.

Each goal has a set of objectives and associated implementation strategies which are closely linked to KPIs and outcome measures.

### Insight

The plan is titled a Service Plan and is presented more as a service delivery plan rather than a strategy. Its approach is clear with good links between KPIs and strategic imperatives. It is strong on resource management and the inclusion of capital and significant ICT plans projects. It is, however, not visually appealing.

## 7. France

Link to Document	<a href="https://solidarites-sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf">https://solidarites-sante.gouv.fr/IMG/pdf/dossier_sns_2017_synthesev6-10p_anglaisv2.pdf</a>
Other Relevant Documents	<a href="https://www.gouvernement.fr/en/health-system-transformation-strategy">https://www.gouvernement.fr/en/health-system-transformation-strategy</a>
OECD / Report	<a href="https://www.oecd-ilibrary.org/social-issues-migration-health/france-country-health-profile-2017_9789264283374-en">https://www.oecd-ilibrary.org/social-issues-migration-health/france-country-health-profile-2017_9789264283374-en</a>

### Summary

The **Summary Document** linked above sets out the priorities for the French Health System 2018 – 2022 (11 pages). It is based on an analysis by the French High Council for Public Health of the health status of the population.

### Content

The plan focuses on four priorities listed below under Objectives and breaks these down into very high-level strategic actions. No information on funding or funding allocation was included in the plan.

### Vision

To develop an inter-ministerial approach to healthcare; to provide personal, appropriate and accessible health pathways; to tailor measures to suit different territories; to simplify the regulatory framework so as to give greater flexibility to those working in the field; to involve health democracy bodies as early as possible in the decision-making process; to ensure compliance with ethical principles and those relating to solidarity, transparency and independence; and to base decisions on proven knowledge, independent assessment and expertise, health impact studies and research.

### High Level Goals Objectives

The plan has 4 broad Priorities with a number of objectives under each:

1. Healthy Lifestyle / life-long Health Promotion
2. Tackling social and territorial inequalities in terms of access to health
3. Guarantee of Quality & Safety at each stage of the patient journey / case management
4. Transforming the health service by re - affirming the role of service users.

### Insight

The document would benefit from more detail on funding, KPI's and an implementation framework either in the document or in a supporting document. There is a link above (in other relevant documents) to a recently approved health transformation strategy for France. It is suggested that this document would have limited insights for the HSE Corporate Plan.

## 8. Finland

Link to Document	<a href="http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/69930/URN_ISBN_978-952-00-3395-8.pdf">http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/69930/URN_ISBN_978-952-00-3395-8.pdf</a>
Other Relevant Documents	n/a
OECD / Report	<a href="https://www.oecd.org/publications/finland-country-health-profile-2017-9789264283367-en.htm">https://www.oecd.org/publications/finland-country-health-profile-2017-9789264283367-en.htm</a>

### Summary / Influence on HSE Corporate Planning

The document reviewed located is from 2013 and sets priorities for the Finnish municipal regions rather than set out a national healthcare plan (44 pages). While the Finnish plan is informative in terms of the challenges and approaches comparatively it is limited in its capacity to inform the development of the HSE Corporate Plan. High level funding arrangements were outlined in the plan. It does not utilise a VMOST<sup>2</sup> approach to the planning documents.

### Vision

The introduction indicates a universal right to healthcare and this is required for a socially sustainable society, but this is not expressed as a vision statement.

### Content

The plan provides an overview of population health in Finland and covers a range of issues including the model of funding and the provision of health and welfare services. It includes sections on Pharmaceutical services / status and rights of patient and health care personnel.

### High Level Goals / Objectives

- Health & Welfare Promotion
- Prevention of infectious diseases and environmental health care
- Improved Medical Care and Rehabilitation
- Improved Pharmaceutical Services.

### Insight

The plan provides an overview of the health of citizens, provides information on the Regional / Municipal provision of health care, health promotion, a range of healthcare provision, pharmaceutical services and the status and rights of patients. It also provides information on health care personnel and the future of healthcare. The plan has limited insight for the development of the HSE Corporate Plan. Where it may be of particular use, is in its treatment of the status and rights of patients (P33-35)

---

<sup>2</sup> An analysis framework which reviews Vision, Mission, Objectives, Strategy and Tactics.

## 9. Denmark

Link to Document	<a href="https://www.healthcaredenmark.dk/media/1479380/Healthcare-english-V16-decashx-3.pdf">https://www.healthcaredenmark.dk/media/1479380/Healthcare-english-V16-decashx-3.pdf</a>
Other Relevant Documents	n/a
OECD / Report	<a href="https://www.oecd.org/health/denmark-country-health-profile-2017-9789264283343-en.htm">https://www.oecd.org/health/denmark-country-health-profile-2017-9789264283343-en.htm</a>

### Summary / Influence on HSE Corporate Planning

The document reviewed (73 Pages) provides an overview of Health care provision in Denmark rather than a strategic perspective on the Danish healthcare system. It is informative in terms of the healthcare challenges and approaches of the Danish state. No information on funding or funding allocation was included in the plan.

### Content

The plan provides an overview of the Danish healthcare system and provides information on the regional and municipal delivery systems. The document details patient rights, discusses primary care, hospitals, psychiatric care and health promotion. It discusses digitisation and data, medicines and the financing and delivery of elderly care.

### Vision

Not applicable as it is not a strategic document

### High Level Goals of the Danish Health Service

- Better Quality, Coherence and Geographical Equality in Healthcare
- More Coherent Patient Pathways
- Increased efforts for chronically ill and Elderly Patients
- Improved survival rates and patient safety
- High Quality of Care
- Fast Diagnosis and Treatment
- Increased Patient Involvement
- More Healthy Life Years
- More effective healthcare system.

### Insight

The structure and layout of this plan is appealing. It is a detailed and comprehensive document that is easy to read and informative. Although it is not a strategy document there are lessons from it in terms of how a comprehensive document can be made more accessible to stakeholders. The plan is strong on digitisation and it may be of particular benefit in this regard to the development of the HSE Corporate Plan.

## 10. Sweden

Link to Document	<a href="https://sweden.se/society/health-care-in-sweden/">https://sweden.se/society/health-care-in-sweden/</a>
Other Relevant Documents	<a href="https://ehalsa2025.se/wp-content/uploads/2017/10/vision-for-ehealth-2025.pdf">https://ehalsa2025.se/wp-content/uploads/2017/10/vision-for-ehealth-2025.pdf</a>
OECD / Report	<a href="https://www.oecd.org/publications/sweden-country-health-profile-2017-9789264283572-en.htm">https://www.oecd.org/publications/sweden-country-health-profile-2017-9789264283572-en.htm</a>

### Summary / Influence on HSE Corporate Planning

No single comparable national healthcare plan was identified. A link to the Swedish Health Ministry and a summary of healthcare system is referenced above. Swedish healthcare is decentralised and the responsibility for healthcare lies with their local government, local councils or municipal governments. The role of the central government is to establish principles and guidelines and to set the political agenda for health and medical care. Given that the Irish system is substantially different to the Swedish the key Swedish document reviewed for VMOST was the Swedish eHealth agenda (see link above and text below).

### Local & Regional Responsibilities

Swedish policy states that each county council must provide residents with good quality health and medical care, and work to promote good health for the entire population.

Sweden's municipalities are responsible for care for the elderly in the home or special accommodation.

### Swedish Vision for eHealth (see link above)

*"In 2025 Sweden will be best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society".*

### Insight

The Swedish approach to Digitisation in Healthcare may be informative in developing the HSE Corporate Plan.

## 11. Netherlands

Link to Document	<a href="file:///C:/Users/mauricefarnan/Downloads/healthcare-in-the-netherlands-2018%20(4).pdf">file:///C:/Users/mauricefarnan/Downloads/healthcare-in-the-netherlands-2018%20(4).pdf</a>
Other Relevant Documents	<a href="https://www.oecd-ilibrary.org/docserver/9789264283503-en.pdf?expires=1569874542&amp;id=id&amp;accname=ocid53019317&amp;checksum=5CE84A28C381930C8CE9B0A9F6195413">https://www.oecd-ilibrary.org/docserver/9789264283503-en.pdf?expires=1569874542&amp;id=id&amp;accname=ocid53019317&amp;checksum=5CE84A28C381930C8CE9B0A9F6195413</a>
OECD / Report	<a href="https://www.oecd.org/publications/netherlands-country-health-profile-2017-9789264283503-en.htm">https://www.oecd.org/publications/netherlands-country-health-profile-2017-9789264283503-en.htm</a>

### Summary / Influence on HSE Corporate Planning

No single comparable national healthcare strategic plan was identified. The document reviewed was a Dutch Government Report on Healthcare from 2018. The Dutch healthcare system is governed by five basic healthcare-related acts: The five healthcare-related acts form the foundation of the healthcare system. The high-level document reviewed focused on the Dutch legislation and accordingly is of limited value in informing the HSE Corporate plan.

In the Netherlands<sup>3</sup>, the national government has overall responsibility for setting health care priorities, introducing legislative changes when necessary, and monitoring access, quality, and costs. It also partly finances social health insurance (a comprehensive system with universal coverage) for the basic benefit package (through subsidies from general taxation and reallocation of payroll levies among insurers via a risk adjustment system) and the compulsory social health insurance system for long-term care. Prevention and social support are not part of social health insurance but are financed through general taxation. Municipalities and health insurers are responsible for most outpatient long-term services and all youth care under a provision-based approach (with a high level of freedom at the local level).

Primary Care: There is a strong focus on primary care in their healthcare system with the GP being the central figure in primary care.

There were more than 11,600 practicing primary care doctors (GPs) in 2015, and more than 22,585 specialists in 2013. Thirty-nine % of practicing GPs worked in group practices of three to seven, 40% worked in two-person practices, and 22% worked solo (2015). Most GPs work independently or in a self-employed partnership; only 16 % are employed in a practice owned by another GP.

<sup>3</sup> <https://international.commonwealthfund.org/countries/netherlands/>

## 12. Germany

Link to Document	<a href="https://www.bundesgesundheitsministerium.de/en/en.html">https://www.bundesgesundheitsministerium.de/en/en.html</a>
Other Relevant Documents	<a href="https://apps.who.int/iris/handle/10665/130246">https://apps.who.int/iris/handle/10665/130246</a>
Commonwealth / Report	<a href="https://www.oecd.org/publications/germany-country-health-profile-2017-9789264283398-en.htm">https://www.oecd.org/publications/germany-country-health-profile-2017-9789264283398-en.htm</a>

### Summary / Influence on HSE Corporate Planning

No single comparable plan identified. The following abstract is taken from a World Health Organisation Report linked above. Given the nature of the German system and the absence of a comparable planning document a further examination of the German system may be of limited value in informing the HSE Corporate Strategy Document.

Health insurance is mandatory for all citizens and permanent residents of Germany<sup>4</sup>. It is provided by two systems, namely: 1) Competing, not-for-profit, nongovernmental health insurance funds (“sickness funds”—there were 118 as of January 2016) in the statutory health insurance (SHI) system; and 2) Substitutive private health insurance (PHI). States own most university hospitals, while municipalities play a role in public health activities and own about half of all hospital beds. However, the various levels of government have virtually no role in the direct financing or delivery of health care. To a large degree, regulation is delegated to self-governing associations within sickness funds and provider associations, which are together represented by the most important body, the Federal Joint Committee.

The healthcare system in Germany is based on four principles.

*Statutory insurance:* all citizens and permanent residents of Germany must generally have statutory health insurance.

- Parity financing: healthcare is financed for the most part by insurance premiums that are based on a percentage of income, shared between the employee and employer
- Solidarity: in the German healthcare system, statutory health insurance members mutually carry the individual risks of loss of earnings and the costs of medical care in the event of illness
- Self-governance: while the state sets the conditions for medical care, the further specific setup, organisation and financing of individual medical services is the responsibility of the legally designated self-governing bodies within the healthcare system.

### Insight

Given the marked difference in healthcare systems and the absence of a comparable document further analysis of the German healthcare system is unlikely to be helpful in developing the HSE Corporate Plan.

<sup>4</sup> <https://international.commonwealthfund.org/countries/germany/>

## 13. Scotland

Link to Document	<a href="https://www.gov.scot/publications/health-social-care-delivery-plan/">https://www.gov.scot/publications/health-social-care-delivery-plan/</a>
Other Relevant Documents	<a href="https://www.ehealth.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf">https://www.ehealth.scot/wp-content/uploads/2018/04/25-April-2018-SCOTLANDS-DIGITAL-HEALTH-AND-CARE-STRATEGY-published.pdf</a> <a href="http://www.qihub.scot.nhs.uk/media/581636/nhsscotland%20qi%20hub%20-%20triple%20aim%20final.pdf">http://www.qihub.scot.nhs.uk/media/581636/nhsscotland%20qi%20hub%20-%20triple%20aim%20final.pdf</a>
OECD / Commonwealth / Report	<a href="http://www.euro.who.int/__data/assets/pdf_file/0008/177137/E96722-v2.pdf">http://www.euro.who.int/__data/assets/pdf_file/0008/177137/E96722-v2.pdf</a>

### Summary / Influence on HSE Corporate Planning

The Scottish plan (2016) is a clear and succinct 38 page document. It specifically references the 'triple aim' (an established term internationally) which refers to the simultaneous pursuit of improving the patient experience of care, improving the health of populations and reducing the per capita cost of health care. Other elements of the Scottish plan that are noteworthy are the emphasis on 'digitisation' with a specific digital health care plan (other relevant documents are embedded above). The plan is very relevant to the HSE Corporate Plan.

### Vision

Our aim is a Scotland with high quality services that have a focus on prevention, early intervention and supported self-management. Where people need hospital care, our aim is for day surgery to be the norm, and when stays must be longer, our aim is for people to be discharged as swiftly as it is safe to do so.

### Content and Strategic Priorities

The delivery plan sets out a programme to further enhance health and social care services. This programme aims to ensure the people of Scotland can live longer, healthier lives at home or in a homely setting and Scotland has a health and social care system that:

- Is integrated
- Focuses on prevention, anticipation and supported self-management
- Will make day-case treatment the norm, where hospital treatment is required and cannot be provided in a community setting
- Focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions and
- Ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

### Insight

The Scottish plan is a clear well considered document and should be considered in developing the HSE Corporate plan. Scotland is broadly similar in terms of population and demographics. The plan is concise and identifies and contains actions that speak to many of the challenges faced by healthcare in Ireland.

The focus on integrated health and social care, prevention, supported self-management and increased use of day cases in hospitals is reflective of areas that have been identified as part of Sláintecare and will need to be addressed in the HSE Corporate Plan. The plan is also clear on how it will be funded, noting the need for long-term financial sustainability of the health and care system and ensuring the best use of total resources.

## 14. Northern Ireland

Link to Document	<a href="https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf</a>
Other Relevant Documents	n/a
Commonwealth / Report	n/a

### Summary / Influence on HSE Corporate Planning

The Northern Ireland (NI) Strategy is a 10-year strategy entitled “Health and Wellbeing 2026: Delivering Together” (28 Pages). The Strategy acknowledges that changes in organisational structures are required to deliver the world class services to which the document aspires. The challenges of an ageing population, often with long-term health conditions and the challenges of health inequalities are also noted. While the plan should be reviewed for the HSE Corporate plan it is not as strong as some of the others reviewed.

### Vision

- People are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing
- When they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion
- Staff are empowered and supported to do what they do best
- Our services are efficient and sustainable for the future
- A new model of person-centred care focussed on prevention, early intervention, supporting independence and wellbeing.

### Strategic Priorities

The paper sets out the ambitions for the plan (see vision above) and then defines the change needed, where the focus is on:

- Building capacity in communities and in prevention
- Enhancing support in primary care
- Reforming our community and hospital services
- Organising ourselves to deliver.

The paper also sets out the approach to be utilised including Partnership Working, Improving Quality and Safety, Investing in our Workforce, Leadership and Culture and eHealth and Care.

### Insight

The NI Plan is concise and reflects many of the challenges and opportunities faced by health services south of the border. It will inform the HSE Corporate plan but may not be as helpful as some of the other documents reviewed as part of this document. While there are a series of actions identified in the plan, they are mainly concerned with design and pilot rather than delivery of specific actions.

## **Conclusion**

This paper has provided a high-level overview on the themes identified from a rapid review of fourteen national healthcare strategies. It made a number of observations based on the rapid review and has attempted to summarise what are disparate complex strategies and documents onto a single page each.

While the health systems, structures and funding models vary significantly it is instructive that all the countries examined share mutual challenges identified in the common themes and challenges section of this document.

There are a range of approaches to the planning and delivery of services. There is a decentralised approach to service planning and delivery in many European countries whereas those with a Commonwealth history appear to follow a more centralised approach albeit with some regional autonomy.

Given the different approaches it has been challenging to compare planning approaches across the range of jurisdictions examined. Many of the plans / planning documents note the importance of staff / human resources in delivering high quality care and to a greater or lesser extent highlighted the importance of the patient / service user.

The document has provided further information on each of the plans / strategies on the short list which may inform the development of the HSE Corporate Plan.