Directorate of Health

Brief Summary of Activities 2013–2014

Embætti landlæknis
Directorate of Health

Nordic Meeting of Directors of Health

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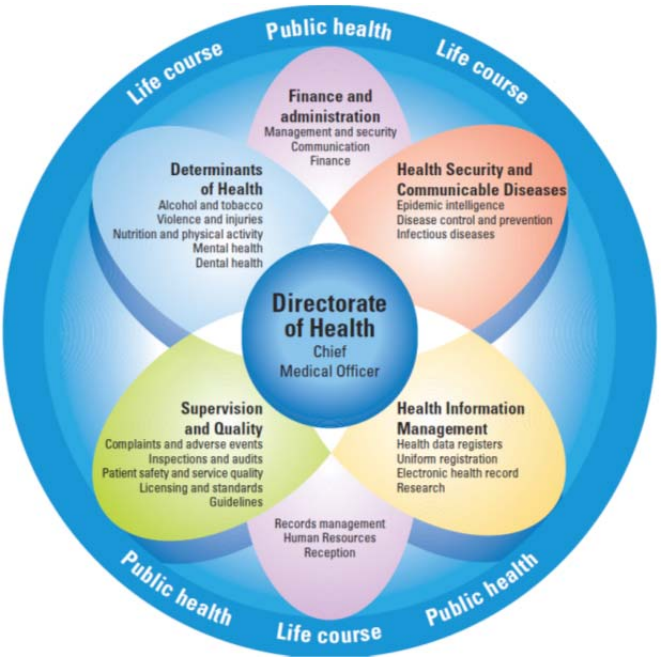
Introduction

Since our last meeting in Porvoo, Finland, the Directorate of Health has, as before, been working on all the numerous activities prescribed to it by law.

The Directorate of Health

Currently, there are four key divisions within the Directorate of Health and one for Finance and Administration (see figure), a structure in force since October 2013. The Directorate has now 68 employees working in 57.1 full-time positions.



A new Strategic Plan for the Directorate for the period 2014–2018 was launched at the end of the year 2013 and included a Work Plan for 2014. It covers 27 specific actions to be taken this year that are expanded on within each Division of the Directorate. In addition, eleven Key Performance Indicators (KPI) were defined and are to be monitored and evaluated at the end of the year 2014.

With the publication in 2012 of the Strategic Vison for the Directorate, and now the Work Plan for 2014, the merger of the the National Public Health Institute and the Directorate of Health has still further been consolidated. Staff surveys, made both internally and nationally among public institutions, also show improved performance of the Directorate in comparsion with the last three years. The staff will now build on gained experience and be guided by the values we have adopted for our work, i.e. *Integrity – Professionalism – Progress.*

Budget framework for the health services

The Directorate of Health continues to work under severe budget constraints. Since 2009, the Directorate (including the former National Public Health Institute) has suffered cuts of about 1m euros. At the same time, the Directorate has increasingly been given new tasks to take responsibility for. An increasing proportion of the budget is fixed for salaries and other tasks, thus leading to less space for development of the services, exchange with neighbouring countries, etc. These cuts are felt in all aspects of our work, and more cuts are possible in the budget for 2015.

In the Budget for 2014, the new Government of Iceland, in power since May 2013, decided to increase funds to the University Hospital in Reykjavík by about 20m euros and about 10m euros to

other health care institutions in the country. This was done in response to a call for action by health professionals and the public who claim that the health services are deteriorating at increased risk to patients. The decision was well received, while it was pointed out by health professionals that this should only be the first step towards strengthening the health services after years of neglect, even since before the economic crash. Further, the government has changed its former policy regarding renovation of the University Hospital, and a new Patient Hotel is now being designed and construction work is in preparation.

Prosecution of a nurse and the University Hospital

For the first time in the history of Icelandic health care services, the State Prosecutor has now decided to take a nurse to court for neglicence of professional duty and the University Hospital for not securing that its procedure guidelines were being followed. This neglicence resulted in the death of an elderly patient. This decision has been received by most health professionals with dismay and disbelief. Even the relatives of the deceased do not want to have the nurse prosecuted, as all the facts have been exposed and actions taken to avoid a recurrence. Evidently, this course of action may dramatically change work morale and might also influence on-going salary negotiations with doctors.

Ministerial Committee for Public Health

The Government has made strengthening of public health activities one of its priorities, initially with the main focus on children and adolescents, and the elderly. It has now decided to create a committee, presided over by the Prime Minister and including also the Minister of Health, Minister of Social Affairs and Housing and Minister of Education. Other Ministers are expected to be called to the table as the work evolves. The first meeting is expected to be in August 2014. To support the Ministers, a Public Health Committee has been composed in addition to a three-member Management Group. The Management Group started its work on July 1 and is expected to support the Public Health Committee in delivering a national public health policy by the end of the year 2015. Evidently, this work will rely heavily on expertise within the Directorate, while it strengthens its mission to improve public health in the country. The over-all aim is to propagate an understanding of the importance of *Health in All Polices* approach.

Activities of the Directorate of Health in the past year

I. Health Determinants

Health promoting communities

The staff of the Directorate has been working closely with some communities on enhancing the concept of health promoting communities. Increasingly, the municipalities see an opportunity in fostering such practices, e.g. in attracting new inhabitants to their community. The Directorate has designed many guidelines to stimulate such work locally.

An interesting experiment is being conducted in collaboration with the Reykjavik City Council regarding the status of public health in the municipality. In the last 12 months we have been identifying data from diverse registers, within and from outside the municipality. The result of this work has the potential of guiding the work in other municipalities as well.

Health promoting schools

In addition to the Health Promoting School projects that have been operated for several years in all secondary schools in Iceland and the vast majority of primary schools, a new project aimed at health promotion in the country's pre-schools is now under development. Since September 2013, several pilot pre-schools have been trying out material for the project and a fulll-scale handbook will be completed this summer (2014).

Tobacco and substance use

Tobacco control measures in Iceland have yielded some good results and by now smoking rates are among the lowest in Europe. In 2013, approxiamately 14% of the population in the age group 15–89 years were daily smokers compared with 30% in 1991 and even higher before that. Smoking rates are clearly linked to socioeconomic factors as the incidence of smoking is higher among those less educated and those with lower incomes. Yet, a worrisome trend is the increasing use of „snus" by young people.

Access to alcohol

Once again, a few Members of Parliament (MPs) are preparing a bill on the abolition of the state monopoly on alcohol to be debated in the coming legislative year 2014/2015. The last time an attempt was made to pass a similar bill was in January 2009, but it failed in the middle of popular unrest in the wake of the economic crash. At present, it seems that such legislation has a better chance of succeeding with new and younger MPs in Parliament. The Directorate will have to work hard to call their attention to the potential negative public health impact of such an outcome.

Nutrition

Keyhole, the Nordic nutrition label

In November 2013, Regulations on the Keyhole entered into force in Iceland and the Nordic nutrition label is now available to Icelandic food producers. Since then, an ever increasing number of products have been marketed with the logo as a promotion of the product´s quality and consumers have received the labelling very favourably.

Following the adoption of the Nordic Nutrition Recommendations in October 2013, the Directorate issued new recommendstions for daily intakes of vitamin D and minerals. At present, nutrition recommendations for Iceland are under revision.

Physical activity

The most significant event regarding the promotion of physical activity in the preceding year was the opening of a new interactive web site (www.hreyfitorg.is) which helps individuals of all ages to find the form of physical activity best suited to their needs. The website is also intended as a hub for all forms of physical activity services available in the country. It serves as well as a support for the introduction and propagation of the so-called physical training prescription, which is being adopted by health professionals in their treatment of various physical, musculoskeletal and mental disorders.

Promotion of healthier lifestyles

Work continued in 2013 on the development of an interactive web for promoting healthy lifestyles and helping people change their behaviour patterns. The web will e.g. make it possible to interactively evaluate the amount of one‘s alcohol and tobacco consumption, eating habits etc., and provide feedback and support for those who want to make lasting changes in their lifestyle. The web will be opened in September 2014.

II. Health Security and Communicable Diseases

Communicable diseases

Immunisation

In October 2013, the Directorate of Health published the first official report on children´s participation in the National Childhood Vaccination Programme in Iceland.

This was a preliminary report and subsequently all health care institutions were sent lists with the names of those who were not fully vaccinated in their respective target area according to the Programme. They were also requested to explain why the children concerned had not been vaccinated.

The final vaccination report for 2013 was published in March 2014 with improved coverage compared to the report of October 2013. Reasons for the improved coverage are e.g. that vaccinated children had not been registered properly, children who lacked vaccination had in the meantime

been called in for vaccination, and some technical problems were identified in the retrieval of real-time data in the database.

Participation in general vaccinations according to the report is largely acceptable, with a coverage of over 95% for children at 3 and 5 months, even though vaccination of 12-month and 4-year old children is below expectations. The DTP/Hib/IPV coverage was 91% at 12 months and the booster dose at 4 years had a coverage of 88%. Pneumococcal immunisation coverage was 88% at 12 months of age. Coverage of MMR at 18 months was 91%. Work is now in progress to improve the coverage still further.

III. Supervision and Quality of the Health Services

The Directorate of Health is by law responsible for the professional supervision of health care institutions and the work of health care professionals. This is a demanding task in terms of financial resources and manpower, extending to over two thousand health-service operators.

Ranking of the health services in Iceland

In November 2013, Iceland was ranked in the 3rd place in a comparsion of health care services in 34 European countries. The results were published by the Health Consumer Powerhouse in a report on their findings of a comparison of the quality of health care services in 34 European countries by applying 42 evidence-based standards. This is of particular interest considering the recent economic hardship Iceland has suffered since the economic crash in 2008.

Dental services for children

From January 1, 2014, free dental services were expanded to 3-year-old children and children aged 10 through 17 years. With the payment of an annual fee of about 15 euros, the children are registered with one particular dentist who is supposed to act as a *family dentist*. The aim is to have children make a dental visit once a year. This is a long due progress in the dental health services in Iceland.

Conference on safety in the health care services

The Directorate organised a conference on 3 September 2013, with the title *How Safe are We? Safety in Health Care*. The conference was held in collaboration with the Ministry of Welfare and the University Hospital. Keynote speaker was Sir Liam Donaldson, former CMO of Britain and world authority on the subject. Other speakers were leading Icelandic specialists in this field.

Audits of health care institutions and facilities

In the past year, the Directorate of Health has concluded two large evaluations on the quality of the health care services at the University Hospital, i.e. the Departments of Psychiatry and Internal Medicine. Despite complaints about the services the over-all results were positive. However, there is

dire need for renovating the physical structures of the hospital, in addition to the lack of doctors in some specialties, in particular oncologists and radiologists.

Abolition of an age-limit for practicing doctors

In the spring of 2014, a new law was passed prescribing a changed age-limit for permitting doctors to run their own practices. Since 2012, the age limit had been 76 years but with the new act there will be no age limit. However, from the age of 75 years doctors must apply for extension of their licence at the Directorate, for three years at a time. Applications must be supported with relevant documents, e.g. regarding their health to practice.

IV. Health Statistics

National morbidity and mortality statistics

Towards the end of last year, the Directorate of Health reached a milestone in terms of delivering health statistics in real time. We are now able to manage and display real-time data on the activities of hospitals from day to day and continuously back to 1999.

Access to reliable real-time data from the hospitals amounts to a revolution in health statistics in Iceland and will improve our capacities for supervision, quality surveillance and effective service and support to policy and planning.

In the coming months, we aim to gather real-time data from all primary health care institutions as well.

Electronic health record

The Directorate of Health is responsible for the development, co-ordination and implementation of an electronic health record (EHR) at national level in Iceland.

The priority projects for 2013–2014 all push towards more access to EHR-data, irrespective of place of origin within the public sector. These include:

- Access for all physicians to a new real-time prescription database.
- Giving health care providers access to EHR-data from other institutions through a national health network, thus forming a virtual real-time EHR for the patient.
- National patient portal giving the public access to certain parts of their EHR, a safe method to communicate with their family physician or other health care providers, and online booking.

Health survey 2012

In March 2014, the report *Health and wellbeing Iceland 2012 - Implementation Report* was published on the Directorate´s website. This is a comprehensive survey conducted on about 10.000 Icelanders,

aged 18–79. It was previously performed by the Public Health Institute of Iceland in 2007 and 2009, and now by the Directorate of Health, in collaboration with many other institutions. Its aim is to monitor the health, wellbeing and quality of life of the people of Iceland. The fact that 3.676 of the participants have been followed from the first survey in 2007 gives particular value to the results, while 6.486 people were new participants in a sample of 18-79-year old people in Iceland. This document and the data serve us now as a guide in our health promotion work and in the preparation for a national public health policy to the year 2020.

Conference sessions

The Directorate arranged two sessions at the annual Conference of the Icelandic Medical Association, held 20–24 January 2014. The first one dealt with the devolpment and application of information technology in medicine and the health care services, with particular emphasis on the development of EHR (see above). The second session focused on quality and safety in the Icelandic health care services and the procedures applied by the Directorate in its function of supervision and quality control. Geir Sverre Braut, President of the European Partnership for Supervisory Organisations in Health and Social Care, and Senior Adviser on the Norwegian Board of Health Supervision, was a guest speaker at the session and gave a lecture on supervision and monitoring of quality of health services in a European perspective.