Embætti landlæknis
Directorate of Health

Activities of the Directorate of Health 2012–2013

A brief summary

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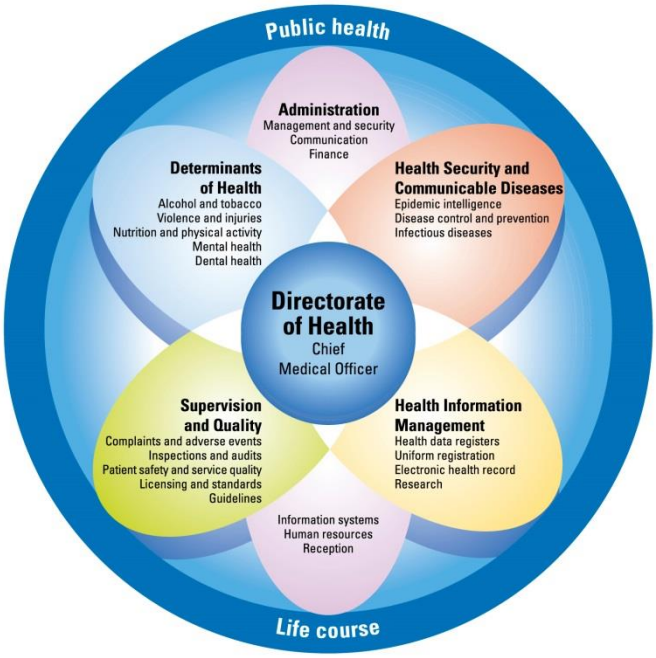
Introduction

As a result of the general parliamentary election on 27 April 2013, a new government came into power on 23 May. It decided to retain the Ministry of Welfare intact but with two ministers instead of one, i.e., a Minister of Health, under which the Directorate of Health belongs, and a Minister of Social Affairs and Housing. One reason given for this arrangement is the scope and magnitude of the work of the Ministry of Welfare, which is responsible for more than 40% of the state budget. The new government also wanted to mark its preoccupation with heavily indebted families as a result of the financial crisis.

Following the merger

The year 2012 was the first whole year of activities for the Directorate of Health after the merger with the Public Health Institute on 1 May 2011. Currently there are 63 employees working in full- or part-time positions at the Directorate of Health. These are divided into four main divisions, two units for internal administration and services to professionals and the general public. These two units are now being merged into one division, Administration (see figure).



Following the merger, the staff of the Directorate of Health has been working on strategic planning for the next four years as well as formulating a separate Annual Plan of Work. During the planning process the staff has identified the three core values of the organisation as being *Honesty – Professionalism – Progress*. We are at present in the process of strengthening the Directorate of Health as an organisation with the aim of consoldidating it as an Institution of Excellence in its services for the government, professionals and the general public. In addition to the development of the Annual Plan of Work, the staff is also focusing on six cross-cutting themes within the organisation: revised guidelines for internal quality and security; assessment and analysis of laws and directives pertaining to the work of the Directorate of Health; good internal administration and records management; coordinating activities across different sections; image and public relations, and staff morale.

The supervision of Icelandic health-service quality has been under constant scrutiny by the public and media during the year. The Ombudsman of the Parliament contacted the Ministry of Welfare in August

2012 on the subject of the Ministry's role in monitoring the work of the Directorate of Health, especially with regard to its health-services supervison. Extensive discussions with the Ministry followed, and already in September 2012 the Ombudsman wrote to the Ministry, declaring that he would not pursue this subject any further, in view of the information already submitted. This was, however, a reminder to everyone of the importance of proper and efficient execution of all requests by the public directed to the Directorate of Health.

Visits to health institutions

Since May 2012, the Chief Medical Officer (CMO) has, together with Directorate of Health staff, visited most health institutions in the country. In short, despite the economic downturn and financial constraints in recent years, the health services have coped reasonably well under pressure. The infrastructure of the health services is good (despite continuous need for maintenance) and the different sections of the services have in general continued to deliver good-quality health services. Nevertheless, the services face a severe shortage of health-care professionals in rural areas, in particular medical practitioners, but also other staff such as psychiatrists, psychologists and mental health nurses.

The primary health-care services in the Reykjavík Capital Area are also dealing with severe problems, including lack of family physicians, resulting in lack of access and long waiting times. Solutions are being sought and more privatisation within the primary health-care services has been proposed as one option. Also, increasingly and in high numbers, health professionals, in particular doctors and nurses, seek work abroad, mostly in Norway and Sweden. This results in a heavier workload on those at home and health-care staff is increasingly feeling the consequences of the burden, at a time when the immediate effect of the economic collapse has gradually waned. This impacts greatly on staff morale and young doctors seek away from the services for better tenure abroad.

Landspitali University Hospital

The future of the tertiary services at Landspitali University Hospital has been hotly debated in the last year. The former government had given its approval for extensive plans for renovation of its current facilities and construction of new ones. The aim was to have all the services in one place, close to the University of Iceland, in the centre of Reykjavík. Concern has been raised about the high cost associated with the plan as well as the site of the hospital. The plans are currently partially on hold, pending decision by the new government on the future direction of the work. The CMO has held the position that decisions regarding the future of the tertiary services have to be taken now if Iceland wants to have a modern and up-to-date tertiary hospital within the next decade, something we have taken for granted through the years.

Genetic testing

Genetic testing has, once again, been a hotly debated issue in Iceland. In short, today it has come to the knowledge of the general population that deCODE genetics, currently a subsidiary of Amgen, a US based pharmaceutical company, has genetic information on most of the Icelandic population. The company has gathered genotypic and medical data on about 140.000 volunteer participants, comprising more than half of the adult Icelandic population. The company has also put together a genealogy database covering the entire present day population and stretching back to the founding of the country more than 1000 years ago. Thus, the combination of the high participation rate in studies and the genealogy information has made it possible for the company to impute with reasonably high precision the probability of any individual carrying a specific gene. The BRCA1 and 2 genes have been in particular focus. The company's CEO claims the company has life-saving information on about 1200 women regarding their BRCA status, but that the company is not allowed to disclose this vital information to the women involved. One such obstacle has been the position taken by the CMO, based on the results of an interdisciplinary consultation process in 2010/11. Most recently, the Data Protection Authority has refused the company permission to

link up with health-care data at the Landspitali University Hospital with the aim of further analysing the utility of such data in the health-care services, including medication. It is highly likely that this debate will continue and raise fundamental questions regarding ethics and the protection of sensitive personal data and how the health services should respond.

Collaboration with Reykjavík City

On 4 June 2013 the Directorate of Health and the City of Reykjavik signed a three-year Agreement on Public Health Promotion within the municipality. The emphasis is on collaboration within three main fields, i.e. development of measures to promote healthier neighbourhoods, increasing the coverage of health promoting pre-schools to lower secondary schools in the city, and action to reduce health inequalities. The agreement embraces health promotion efforts during the life-course, in line with the overarching aim in the work of the Directorate.

Activities of the Directorate of Health in the past year

I. Health Determinants

Health promoting schools

All the secondary schools in Iceland (31) now participate in the Directorate´s Health Promoting Project and 51 primary schools, almost one third of all primary schools in the country. A health promoting pre-school project is still under development. In spring 2013 the Secondary School Health Promoting Project of the Directorate of Health was nominated as one of five of the most innovative programmes within the public sector. This is a recently introduced prize to encourage and stimulate innovation within the public sector in Iceland. The process alone of identifying innovative work is stimulating for staff morale and fosters ambition and pride in the daily work.

Tobacco and substance use

A survey on the use of marijuana and other illegal substances was conducted towards the close of 2012. The findings, published in spring 2013, reveal that 36% of the population say they have tried marijuana at one time or another, an increase of 11% since June 2003 (up from 25%). Around 18% had tried marijuana in the last 12 months, the same proportion as in 2003. Similarly, around 18% of those having tried the substance during some period of their lives had used it on a daily or regular basis.

In 2012 work began on the development of an interactive web for evaluating the amount of one‘s alcohol and tobacco consumption. The web is also intended to provide feedback and support to reduce or give up the use of alcohol and tobaccol.

Nutrition

The findings of a national dietary survey among adults, carried out during 2010–2011, were published in January 2012. They showed a generally positive outcome in comparison with the dietary habits reported in 2002, e.g. an increase in the consumption of fruit, vegetables and whole-grain bread, although it is still below recommendations. Among positive findings was a decrease by 30% in the consumption of sugared soft drinks since 2002.

In October 2012 a report was published on the results of the first Nordic survey, carried out the year before, on the diet, physical activity and weight of children aged 7–12 years and adults.

Another report on breastfeeding and baby nutrition in Iceland, published last year, was based on data on children born in 2004–2008. The main findings indicate that breastfeeding is the general rule in Iceland, even though relatively few babies are fed by breast milk alone at 6 months of age as recommended by WHO. However, three quarters of all babies are still being breastfed at that age to some extent.

Nordic Nutrition Conference

In June 2012 the 10th Nordic Nutrition Conference was held in Reykjavík where new proposals for the *Nordic Nutrition Recommendations* were introduced. The Icelandic recommendations will be revised based on their final version.

Keyhole, the Nordic nutrition label

Preparations for the adoption of the Keyhole, the Nordic nutrition label, have been under way for the past year. In December 2012 the Directorate of Health, in cooperation with the Icelandic Food and Veterinary Authority, conducted a survey on the awareness of the general public regarding the Keyhole as a nutrition label. The of Regulations on the Keyhole will enter into force in September 2013 and the Keyhole will from then on be made available to Icelandic food producers.

Physical activity

An interactive website (www.hreyfitorg.is) designed to promote physical activity among the general public was opened in June 2013 after a development period of two years, led by the Directorate of Health. The role of the website is to provide a good overview of the different forms of physical activity available in Iceland to all age groups and to form a bridge between those who seek such services and the service providers. The website also supports the introduction of Physical Activity on Prescription, a project whereby licensed medical personnel offer a prescription for physical activity to their patients.

Conference on Health Determinants and Wellbeing

The Directorate of Health held a conference in Reykjavík on 28 June 2013 to honour the memory of the late professor Guðjón Magnússon, Md, PhD, who dedicated his career to various aspects of public health. The keynote speaker of the conference, entitled *Health Determinants and Wellbeing – from Research to Action,* was professor Sir Michael Marmot, Director of the Institute of Health Equity and the International Institute for

Society and Health, a world authority on the subject of social determinants of health. The title of his lecture was *Fair Society, Healthy Lives*. Another guest speaker was professor Felicia Huppert, Director of the Well-being Institute of Cambridge University, who spoke about the *Importance of wellbeing - and how to enhance it*. Among other speakers were leading Icelandic specialists in the field. The conference was a great success, attended by over 300 people.

II. Health Security and Communicable Diseases

Communicable diseases

Only one case of HIV was diagnosed in Iceland in the year 2012, the lowest incidence rate in Iceland since the disease was first reported in 1983.

An epidemic of pertussis emerged in Iceland in 2012 but until then pertussis had not been confirmed since 2008. In 2012 pertussis was confirmed in 36 individuals and unconfirmed in additional 11 individuals. Fourteen were fully vaccinated and 9 unvaccinated. No child died from pertussis in 2012.

Twenty seven individuals were diagnosed with invasive pneumococcal disease in 2012. For the first time in many years no child was diagnosed with invasive pneumococcal disease, presumably as a result of the fact that pneumococcal vaccination was included in the General Vaccination Programme in 2011.

No individual was diganosed in 2012 with meningococcal C disease, which has been part of the vaccination programme since 2002.

Hepatitis C infections decreased by more than 50% in 2012 as compared with the year before. (33 reported cases compared with 74 in 2011).

Antibiotic consumption and antibiotic resistance

A report on antibiotic consumption and antibiotic resistance among humans and animals in 2012 was recently published. It shows that the total consumption of antibiotic drugs among humans has remained unchanged for several years although consumption in some regions of the country has decreased. Compared with 32 European countries the report reveals that in about half of these countries the consumption of antibiotics exceeds that of Iceland. As for the Nordic countries antibiotic consumption in Iceland is similar to what it is in Finland.

Antibiotic resistance in 2012 also remained similar to that of previous years apart from ciproflaxacin resistance in campylobacter bacteria, which increased by 29% from 2010 to 2012. Penicillin resistance in pneumococcal bacteria, however, decreased by 23% between 2011 and 2012.

Immunisation

No new vaccination was introduced in the Genaral Vaccination Programme in 2012. Vaccination coverage in 2012 was 90–95%.

Communicable disease surveillance

The surveillance of communicable diseases and syndromic surveillance is monitored in real time from primary care centres and results are regularly submitted to The European Surveillance System (TESSy) at the ECDC (European Centre for Disease Prevention and Control). This form of real-time surveillance began during the pandemic influenza in 2009/2010 and has been developed further since then.

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.

Quality of service and safety in nursing homes

Following an effort started in 2011 to improve the quality of service and safety in nursing homes it was decided to focus the Directorate 's regular supervisory work in 2012 specifically on nursing homes. Service audits of nine nursing homes in the Reykjavik Capital Area were carried out in 2012 and seven such audits were made of nursing homes outside the Capital Area.

The Directorate of Health also collaborated with the nursing homes in various ways to improve their quality of care.

Quality indicators for nursing homes were published in 2012, providing upper and lower limits for RAI (Regular Assessment Instrument) indicators that had been developed by means of evidence-based data and adjusted to Icelandic conditions. These indicators are mainly intended for nursing home managers in their monitoring of internal quality development and the quality of service.

As part of the effort to improve the quality of service in nursing homes the Directorate of Health initiated the development of pharmaceutical care quality indicators in the autumn of 2012. The Directorate requested information from nursing homes on four such indicators that would provide comparable data on specific ATC codes from all of the homes. The nursing homes responded favourably and by the close of 2012 data had been submitted from 29 nursing homes out of the 57 homes (51%) that received the request for the data. This work is still in development with the aim of refining such indicators for use in nursing homes.

Audits of health-care institutions and facilities

In 2012 an interdisciplinary team from the Directorate of Health carried out an extensive audit of the Akureyri Hospital with special emphasis on the care quality of the Department of Psychiatry. At the request of the Ministry of Welfare special visits were also made to two centres for occupational rehabilitation, one in the North and the other situated in Reykjavík. All these audits also involved setting goals based on quality indicators and user surveys, among other things, to improve the quality of care. It has been decided to carry out a similar audit of the psychatric department of the Landspitali University Hospital in Reykjavík and to finalise it before the end of 2013.

Drug surveillance team

The Directorate of Health operates a drug surveillance team of 3–4 specialists who actively monitor and supervise prescriptions of medicines. The main aim of this team is to encourage rational use of medicines in Iceland. The team's most important tool is the Directorate of Health Prescription Database which has been in operation since 2003 and contains practically all prescriptions from all pharmacies in the country.

Special emphasis has been on the abuse and overuse of psychotropic medicines. The team answers enquiries and reacts to hints from doctors, pharmacists, patients and the media and has also established contacts with various parties involved, including hospitals, the Icelandic Medicines Agency, police, customs, prisons and forensic institutions.

Of particular concern is the overuse of certain medicines (particularly methylphenidate), drug dependency, polypharmacy, doctor shoppers and inappropriate prescription habits of some doctors. Besides answering enquiries the team sends information and suggestions to doctors, has regular meetings with doctors and publishes information in the Icelandic Medical Journal.

The team monitors about 130 medicines with abuse potential. During the year 2012 the team worked with 293 such cases compared with 192 cases in 2011.

Licensing of health-care professionals

The Directorate of Health is responsible for licensing of all health-care professionals working in Iceland. On 1 January 2013 a new law on health-care professionals, entitled Act No. 34/2012 on Healthcare Practitioners (/media/acrobat-enskar_sidur/Healthcare-Practitioners-Act-No-34-2012.pdf), entered into force with subsequent adoption of new regulations applying to each of the 33 professions that require the Directorate's licence to practise. The enactment of the new legislation and regulations was prepared in 2012 by the Ministry of Welfare with support from Directorate of Health staff that proved very time-consuming.

A good deal of the licensing work involves confirmations of licences issued in the European Economic Area (EEA) as well as certificates on the legitimacy of older licences, mainly in connection with the movement of health professionals between countries. In 2012 the Directorate of Health issued 649 licences to health-care professionals, including 69 specialist licences, and 50 licence confirmations.

Surgical Safety Checklist

A surgical safety checklist was published towards the close of 2012. It is an adapted translation of the WHO Surgical Safety Checklist which had been on trial in Icelandic operation theatres for one year. It is hoped that the use of the checklist will contribute to safer surgical operations in the country.

Guidelines on health care for schoolchildren aged 6 to 16 years

The Directorate of Health has just completed the development of Guidelines on Health Care for Schoolchildren aged 6 to 16 years. The guidelines will be published on the website in late August 2013 and implemented in schools in the coming school year. The guidelines cover primary, secondary and tertiary prevention measures as well as organisation and infrastructure, e.g. staffing and registration of health-care data, the quality of schoolchildren's health care and ways of monitoring their health through pre-defined quality indicators, health indicators and operational indicators in children's health care.

IV. Health Statistics

National morbidity and mortality statistics

The national morbidity statistics of hospital and primary care patients has now for a decade been collected electronically with individual patient data. The data for hospital patients is now collected electronically in real time. This change, along with the launching of a national data warehouse, enables provision of continuous monitoring of patient load and surveillance of quality indicators, such as readmissions and transfers between different service providers. The first phase of the warehouse is near completion and preparation for provision of data from primary-care facilities in real time is under way as well.

The mortality coding and statistics were transferred to the Directorate of Health in 2011 and an electronic death certificate has been in preparation, hopefully to be launched by January 2014.

Electronic health record

The Directorate of Health is responsible for the development, co-ordination, and implementation of an electronic health record (EHR) at a national level. Projects related to the EHR implementation and coordination of health-care data standards will be managed by the Health Statistics division. To ensure users´ involvement in the development, professional user groups have been established. The role of the user groups is to identify and prioritise relative projects for effective and successful national EHR implementation in Iceland.

The priority projects at present include: A real-time prescription database with electronic access for all physicians, a national database of all childhood vaccinations, preparation of a coordinated national registry of all adverse events of patients, connecting EHRs to a common national network, and procedures to improve data quality and reporting for better monitoring of population health and health-data benchmarking.

Health survey 2012

In 2012 the national health survey *Health and Wellbeing of Icelanders* was implemented for the third time. This is a comprehensive survey conducted on about 10.000 Icelanders, aged 18–79. Performed previously by the Public Health Institute of Iceland in 2007 and 2009, now the Directorate of Health in collaboration with many other institutions, its aim is to monitor health, wellbeing and quality of life of the people of Iceland.