

Report on
Overseas Travel undertaken by

Hon. Lawrence Springborg MP
Minister for Health

Denmark – Sweden - Finland
29th January 2014 – 8th February 2014

Travel Approvals:

Report to Parliament

This Report on overseas travel undertaken by the Minister for Health, Hon. Lawrence Springborg MP, and the his Chief of Staff, Mr Jake Smith, is tabled in accordance with Section 4.13.8 of the Ministerial Handbook which states:

A written report on overseas travel undertaken is to be tabled in Parliament by the Minister within one month of their return. A copy of the tabled report is to be provided to Ministerial Services either prior to, or as soon as possible after tabling.

This report is to detail the benefits obtained from overseas travel in addition to the details in the approval section (above), excluding any requests for recreation leave. Note that the total estimated cost of the travel is to be included in the report and/or the actual costs are to be reported in the Public Report of Ministerial Office Expenses which is currently required to be presented to Parliament on a six monthly basis in accordance with Section 3.12 of this Handbook

Travel Specifics:

1. Dates of Overseas Travel:

Depart: Wednesday, 29th January 2014

Return: Saturday 8th February 2014 (Sunday 9th February 2014 for Jake Smith)

2. Destination:

Denmark – Sweden - Finland

3. Travel Plan:

Brisbane – Copenhagen – Stockholm – Helsinki - Brisbane

4. Participants:

The Minister for Health sought formal approval from the Premier, in a letter dated 16 July 2013, to undertake travel to Sweden, Denmark, and Finland from 29 January to 9 February 2014; and to be accompanied by : Jake Smith, Chief of staff and the Director General , Ian Maynard (Mr Maynard partook in travel to Denmark and Sweden only).

The delegation was also accompanied by the Agent General for Queensland (London), Mr Ken Smith.

5. Acting Minister:

Hon. Scott Emerson MP, Minister for Transport and Main Roads, was Acting Minister for Health for the period specified above.

6. Cost Estimates:

All costs and claims incurred by the Minister and Chief of Staff are subject to the final approval and ratification of Ministerial Services Branch (MSB) within the Department of Premier and Cabinet. Current advice (as at 7th March 2013) from MSB indicates:

Hon. Lawrence Springborg MP:

Airfares	\$8,769.34
Accommodation:	\$3,716.89
Incidental Allowances	\$660.00
Estimated expenses taxi/meals at \$100/day	= \$900

Mr Jake Smith

Airfares	\$8,769.34
Accommodation	\$3,667.96
Incidental Allowances	\$751.00
Estimated expenses taxi/meals at \$100/day	= \$900

Objectives and Benefits of Travel to Denmark, Sweden and Finland

In the *Blueprint for Better Healthcare*, launched in 2013, the Queensland Government outlined a detailed vision to ensure the State delivers the best taxpayer funded free public healthcare system in the nation.

Underpinning the *Blueprint for Better Healthcare* has been a commitment to deliver the best services, at the best time; and at the best place. This commitment is underpinned with four principle themes:

- Health services focused on patients and people;
- Empowering the community and our health work force;
- Providing Queenslanders with value in health services;
- Investing, innovating and planning for the future.

The decision to visit Denmark, Sweden and Finland was based on those countries being universally recognised as world-leaders in key areas of public health delivery.

The Queensland Government is committed to exploring the world's best practices in healthcare to assess their applicability to the state; committed to embracing new and modern partnerships in healthcare; and committed to investment in, and procurement of, world leading innovation in the health sector.

In early 2014 the Queensland Government also outlined its intention to scope policies that maximise patient choice and deliver patient surgery guarantees in partnership with non-government and private sector healthcare providers.

Against this backdrop, the following benefits of travel to the Scandinavian/Nordic region were identified as follows:

1. Investigating empowering patients with "Patient Choice" models;
2. Entrenching services through legislated Patient Rights and surgery guarantees;
3. Effective management and reduction in public hospital waiting lists;
4. Engagement of the private sector to partner government in the provision of taxpayer funded public healthcare;
5. Diversity of models for the engagement of the not-for-profit sector;
6. Differing applications of medical and healthcare technology;
7. Governance and transparency in the provision of taxpayer funded public healthcare.
8. Effectiveness of preventative health campaigns;
9. Health workforce and research partnerships.

Queensland Agent General & Australian Embassies:

It is important that this report acknowledges the assistance of the Agent General, Mr Ken Smith, and the support of his office, particularly M/s Cindy Calendar, in co-ordinating and organising a comprehensive schedule.

Mr Smith's extensive knowledge of governance, particularly within Queensland, was of significant benefit to the Queensland delegation in all discussions. His ability to dissect conversation and data and to assess its applicability to Queensland, coupled with his knowledge of the state and national policy agendas and histories, added exceptional value to each meeting and the learnings from the entire schedule.

The Agent General's Office also worked closely with the Australian Embassies in both Copenhagen and Stockholm.

The delegation thanks Australia's Ambassadors to both Denmark and Sweden who personally involved themselves in large components of the itinerary; and also provided hospitality at their residences for key healthcare providers in Denmark and Sweden to meet with the Queensland delegation; and to discuss issues of mutual interest pertaining to governance and possible future partnerships.

WEDNESDAY, 29TH JANUARY 2014

Brisbane

2:20pm Depart Brisbane for Copenhagen.

In transit for approximately 22 hours.

Copenhagen

6am Arrive Copenhagen and met by Agent General – Queensland

Agent-General discusses updated briefings and itinerary amendments *enroute* to hotel.

9am Meeting and briefing with the Australian Ambassador to Denmark, Damien Miller accompanied by Third Secretary, Ms Rebecca Marshall.

10am

Venue: *Juliana Marie Centre, Copenhagen*

Attendees:

- Ms Merete **Lange**, Management Director, Rigshospitalet
- Mr Johannes **Jakobsen**, Director for the Neuro Centre

Purpose of Meeting:

- Outline of The Juliane Marie Centre with its focus on research, education and patient care specialising in women, children and reproductive health.
- Provided an overview of the governance structure of the Danish public health system which is divided into 5 regions covering 98 municipalities and providing healthcare to 5.5 million Danes;
- Noted that municipality governments are responsible for the provision of home nursing; public health; school health services including child dental; general disease prevention and rehabilitation;
- Noted that health regions are responsible for all hospital and mental health treatments; GPs; adult dental services; physiotherapy; and private practice governance;
- Noted that average per capita expenditure on public health is \$US4,348;
- Overview of funding arrangements which require municipalities to achieve 2% efficiency per annum to be eligible for growth funding;
- Minister Springborg advised that Queensland's Hospital and Health Services were now running on budget with HHS's able to direct efficiency savings back into frontline health services;

- Provided an overview of Denmark’s “Patient Rights” which governs timely access to surgery; the complaints mechanism; and the “Hospital Choice” policy for public patients;
- Background on how inappropriate presentations to emergency Department were being addressed through call centre triage and streaming of non-acute patients to GPs or alternative treatment pathways;
- Comprehensive briefing on the “Hospital Choice” policy introduced in 2002 which empowers public patients with a freedom of choice to choose a private hospital/clinic if waiting time in the public hospital system exceeds 1 month (since October 2007 for serious illness) [2 months prior to October 2007];
- Noted the general parameters of “Hospital Choice” allow a patient to choose private hospital treatment if there is a wait of longer than 2 months, or a wait of longer than one month of urgent surgery;
- Noted that the policy also extends “Hospital Choice” where a patient’s surgery date is changed;
- Noted that Hospital Choice is extended when there is a wait of more than 1 month for a GP referred diagnostic study;
- Emphasised that private hospitals must be accredited and guarantee the service is free of charge to the patient;
- Outlined how the “Hospital Choice” policy was extended in January 2010 to apply to Psychiatric patients who faced a wait of greater than 2 months;
- Outlined further improvement to the “Hospital Choice” policy which guarantees a “right to assessment” within one month;
- Noted that Hospital Choice does not apply to clearly identified procedures such as organ transplants; sterilization; fertility treatment; hearing care; cosmetic treatment; gender reassignment surgery; and medical research;
- Provided an overview of how the average waiting-time for surgery in Denmark had improved (for all categories of surgery combined) from 67 days in 2009 to 52 days in 2012;

11am

Tour of the Department of Paediatric & Adolescent Medicine

- The tour included a briefing on the facility's philosophical approach that seeks to keep young children, requiring long-stays in hospital, in regular contact with their school friends through a school ambassadors program;
- The delegation also met with those involved in providing on-site teaching facilities designed to bring the patients [school] friends into classes on a regular basis to learn and play alongside the paediatric patient.

12:30-2:30pm

Ambassador's residence: Health Industry Lunch Meeting jointly hosted between the Australian Ambassador and Healthcare Denmark

Attendees:

- Mr Hans Erik Henriksen, CEO, Healthcare Denmark
- Mr Toke Skovlund, Director, Corporate Public Affairs, Novo Nordisk
- Dr Peter Welburn, General Manager, LEO Australia, Leo Pharma
- Mr Anders Goul Nielsen, Vice President, Systematic Software Engineering
- Mr Peter Thomsen, CEO, Cekura
- Ambassador Damien Miller

Purpose of Meeting:

- Introduction to *Healthcare Denmark*, co-hosts of the meeting, which is a Danish public-private partnership established to promote excellence in healthcare. Its charter is to promote successes in the Danish health system and the use of innovation, redesign and flexible policies. Her Royal Highness Crown Princess Mary is Patron of *Healthcare Denmark* which brings together the Ministries of Health, Business and Foreign Affairs; the Confederation of Danish industry and the Danish Chamber of Commerce; Danish regions; and private healthcare providers;
- The joint meeting between *Healthcare Denmark* and the Australian Ambassador was designed to give the Queensland delegation an insight into possible future partnerships with Danish healthcare providers;
- Briefed on Novo Nordisk which is a global healthcare company spanning 76 countries with over 37,000 employees specialising in diabetes medicines/treatment/products; haemophilia and growth hormone and replacement therapies;
- Briefed on *Leo Pharma* which is a global company specialising in dermatology pharmaceuticals. In recent years Leo Pharma purchased the Brisbane-based Biotechnology company, Peplin, which developed world leading treatments for Solar Keratoses (sun spots);
- Briefed on *Systematic Software Engineering* which is an IT healthcare company focused on public health and defence. And specialising in e-health/telehealth;
- Briefed on Cekura which is a telemedicine company specialising in services to disabled and senior citizens including 24 hour assistance services and medical alarms

15.00 – 17.00

Briefing by the Ministry of Health on Danish health policy and e-health systems

Venue: Ministry of Health, Holbergsgade 6, Copenhagen

Attendees:

- Mr Svend Særkjærd, Deputy Permanent Secretary for Health, Ministry of Health
- Ms Nanna Skovgaard, Branch Head for Health Economics, Ministry of Health
- Ms Birgitte Drewes, Branch Head for National Health IT, The State Serum Institute.

Purpose of Meeting:

- In depth policy outline and discussion on national health policy framework;
- Outline on e-health systems which include e-pharmaceutical prescriptions designed to reduce practitioner error and share medical records;
- Overview of “Hospital Choice” policy and the challenges and successes of implementation;
- Briefed on how Hospital Choice had resulted major surgery access improvements in public hospitals;
- Re-iterated the need to measure ‘outputs’ (ie. Results for patients) and not ‘inputs’;
- Briefed on responsibilities in healthcare delivery between the national government; and regions and municipalities;
- Analysis of annual agreements setting and monitoring patient activity and finance targets;
- Briefed on the success of the shared medication record resulting in reduced error and maximum transparency and knowledge of a patient’s healthcare needs through the National Patient Index;
- Noted measures to ensure patient detail confidentiality and laws requiring that hospitals must keep a log of healthcare professionals who access a patient’s data and random audits of employees accessing e-health records;

- Briefed on how health regions given autonomy to choose best and most suited e-health technology with the overriding national requirement that all information can be consistently read and shared (including medication history) and accessed within 24 hours of a patient being registered for surgery;
- Outline of the success in e-health including 81% of all GP referrals for hospital treatment now being digitally lodged and reducing error; 99% of discharge letters from hospitals to GPs being digital; and 99% of lab-test orders and results being digital;
- Outlined how a patient's electronic record must also include details on discharge medication;
- Briefed on *Sundhed* portal which is the central base for patients to access their personal electronic health record which empowers patients through a more transparent process and also allows visibility of who accessed record and when;
- Noted accessing of personal page was through a secure personal ID and allowing them to view their treatments and diagnoses; make bookings; monitor drug schedule compliance; and view personal online vaccination card;
- Noted that the Sundhed portal also allowed for online organ donor registration;
- Noted the portal gave patients access to real-time waiting list information to maximize patient empowerment as part of the *Hospital Choice* policy;
- Noted the setting of preventative health targets for health regions; and
- Analysis of improved patient outcomes resulting from e-health framework.

Copenhagen

08.30 - 10.45

Meeting with Copenhagen City Council on aged care management

Venue: Ørestad Plejecenter, Asger Jorns Allé 4, Copenhagen

Attendees:

- Mrs Ninna Thomsen, Mayor for Health, Copenhagen City Council
- Mrs Katja Kayser, CEO, Health and Care Management, Copenhagen City Council
- Mrs Nanna Skriver, Head of the Elderly Care Department
- Mrs Lise Bitsch Simonsen, Advisor
- Mrs Signe Louise Tholstrup Bertelsen, Special Advisor, Health Department
- Mr Ian Røpke, Program Manager,
- Mrs Anne Margrethe Pallesen, Nursing Home Manager

Purpose of Meeting:

- Briefing on Copenhagen city aged care management by Mayor Thomsen;
- Presentation on management of aged in home settings and impact on hospitalization by Mayor Thomsen;
- Overview of welfare technology by Mr Ian Røpke;
- Tour of Ørestadens Plejecenter (aged care facility) by Director Ms Anne Margrethe Pallesen;
- Noted governance structure that has Mayor Thomsen as Chairman of the Health and Care Committee auspiced under the 55 member Copenhagen City Council;
- Noted the municipal government was responsible for permanent care; home care; disability; treatment; and health prevention;
- Briefed on the Patient Choice model for aged care giving patients a mandated right to choose the best model of care for themselves between a public provider and a private provider;
- Noted that choice in providers maximized patient empowerment, independence and self-reliance;

- Noted that choice also extended beyond the nursing home facility to include, for example, meal providers where local restaurants contracted to nursing facilities, at a set meal price, should a patient choose to want to eat out as a part of their independence;
- Noted that in 2012, 4558 elderly lived in residential homes;
- Noted 19 nursing homes are owned by the municipality and 25 owned and operated by the private sector;
- Briefed on the requirement for all employees in home care and residential care to be trained in detecting early signs of health problems to maximize early intervention;
- Briefed on average wait for a nursing home bed is 4 weeks; with a legislative requirement that a wait not be longer than 8 weeks;
- Noted priority is given to increasing palliative care services in the home as being best for patient in the majority of cases;
- Noted that 30% of home care was provided by the private sector who are contracted to the municipality.

11.15 - 12.00

Meeting with Danish Patient Insurance Association (Patientforsikring)

Venue: Nytorv 5, 3rd floor, 1450 Copenhagen

Attendees:

- Ms Karen-Inger Bast, CEO, Danish Patient Insurance Association
- Mr Martin Erichsen, Deputy Director

Purpose of Meeting:

- Discussion on the management of the medical negligence system and ways of providing certainty of recourse for affected patients;
- Overview of reducing litigation costs and negligence insurance on the overall cost of the health system;
- Noted the scheme covers all patients in a public or private hospital setting; or in relation to GPs and other private specialists;
- Noted the governance structure of the Danish Patient Insurance Association consisted of 8 board members comprised of 6 appointed by the health regions; one appointed by the Minister; and one appointed by the insurance industry;

- Noted the board is supported by three directors and a secretariat; and that the board drives policy and governance parameters and not individual case decisions;
- Noted the Association has 150 employees of which 80 were lawyers;
- Noted that the Association's charter related only to treatment injuries and drug (pharmaceutical) related injuries;
- Noted that the Association receives an average of 10,000 claims per annum (out of 10.7 million outpatient treatments) of which 1/3 result in compensation;
- Briefed on Association's division into a 'complaints system' and a 'compensation system';
- Noted that Danish system did not require a patient to fund private legal representations and streamlined the complaints/compensation process with a standard and easy-to-use system;
- Noted there was a right of appeal;
- Noted that certain negative outcomes were considered "unavoidable" such as hospital infections or special case complicated procedures such as in neurology or organ transplant;
- Outline on how compensation can also be granted to a patient's relative in the event of death or severe impairment to recognize issued such as loss of a breadwinner or funeral costs;
- Noted that claims must be made within ten years of the procedure leading to injury or within 3 years of knowledge of the injury.

12.30-13.45

Briefing on Medicon Valley and the Danish Biobank

Venue: Statens Serum Institut ,5 Artillerivej, 2300 Copenhagen

Participants:

- Mr Poul Erik Hansen, Deputy Director, Statens Serum Institute (The State Serum Institute)
- Mr Stig Jørgensen, CEO, Medicon Valley
- Dr Karina Meden Sørensen, Laboratory Manager, The Danish *Biobank*

Purpose of Meeting:

- Overview of Denmark and Sweden's joint public/private funded life sciences cluster and possible collaboration with the Queensland government, health companies, and research institutions;
- Noted the Medicon Valley Alliance consists of 250 member organisations representing companies, researchers and universities;
- Briefed on its research focus on "independent living": treating people with chronic or non-chronic disease; and healthcare treatments for the elderly and disabled;
- Noted its aim was to maximise individuals managing their own medical treatment and rehabilitation providing alternatives from hospital care;
- Noted the global demand for research in "independent living" would increase with the world's over-60 population estimated to grow from 810 million in 2012 to 2 billion in 2050;
- Noted it is a not-for-profit industry association and works in collaboration with the public and private sectors;
- Briefed on how the Alliance assists to "internationalise" small to medium sized companies as a part of global competition and global access to skills;
- Noted its Ambassador program in Japan and the United States and opportunity for potential growth of partnerships with Australia;
- Briefed on its focus on immune regulation and structural biology;
- Comprehensive briefing and inspection of the Danish Biobank facility and its underpinning of health research in areas such as immune regulation; drug delivery; and structural and system biology;
- Briefing on the Danish Biobank's ability to provide "whole-of-life-tracing" through the state-of-the art storage facility able to hold 16 million specimens (currently approximately 6 million being held);

- Noted the significant advantages the facility brings to genomics and pharmaceutical testing;
- Noted its up-to-date currency with data from each Danish hospital uploaded to the facility on a nightly basis.

14.30-15.30

Meeting with Danish Health and Medicines Authority

Venue: Australian Embassy, Dampfærgevej 26, Copenhagen

Attendees:

- Dr Else Smith, CEO
- Ms Marianne Kristensen, Chief consultant
- Ambassador, Damien Miller

Purpose of Meeting:

- Discussion on the *Danish Health and Medicines Authority* which is Denmark's key health care implementing agency;
- Briefed on the history and Authority's perspective on Hospital Choice and Patient's Right policies;
- Noted that entrenching Patients' Rights in law had driven healthcare and hospital reform and improved the patient focus of public hospitals;
- Briefed of preventative health challenges in Denmark and discussed similarities with Australia and effectiveness of campaigns;
- Noted and discussed campaigns around smoking rates amongst young people having initially dropped, but are now levelling;
- Noted and discussed campaigns around the growing incidence of young women drinking to excess.

1600 – 1800

Meeting with Danish Regions to discuss Hospital Choice

Venue: Regionernes hus, Dampfaergevej 22, 2100 Copenhagen

Participants:

- Mr Adam **Wolf**, CEO, Danish Regions
- Ms Janet **Samuel**, Assistant Director and leader of Danish Regions office for health care economics and analysis
- Mr Morten Elbæk **Petersen**, Director of sundhed.dk

Purpose of Meeting:

- *Discussion on the governance of health regions and responsibility for Danish hospitals;*
- Briefed on the region's perspectives of Hospital Choice and Patient Rights policies (outlined previously in report);
- Noted that the regions are responsible for the provision of primary healthcare, hospital services and mental health;
- Noted that state block funding accounts for 79% of total health expenditure and a further 20% is sourced from municipal funding;
- Brief on block funding to the five regions and governance surrounding its annual allocation based on demographics, social-economic factors;
- Outline on e-health, from a regions perspective, and confidentiality safeguards allowing each Dane, aged 15 years and older, to access their own medical records and access services including hospital satisfaction surveys, last-will, organ donation registers etc.
- Briefed on regional perspective of the Patient Complaints system and access to the Patient Ombudsman as a single point of access from patients to lodge a complaint about:
 - Assessment
 - Diagnosis and treatment;
 - Information and consent;
 - Record keeping
 - Patient confidentiality
 - Medical reports

2300-0100

Natteravenene (Night Owls)

Venue: Townhall

Attendees:

- Dan Taxbøl, Rikke Wimmermann, Hanna Thomsen, Sue Irmov, Jenette Pedersen, Jesper Poulsen.

Purpose of Meeting:

To participate in Night Owls (Natteravenene) which operates as a voluntary organisation throughout Denmark, Sweden and Norway; and received the Crown Prince Couple's Social Award (at a special televised ceremony back to Denmark from Sydney Opera House during their visit to Australia in 2013) , for organisation's commitment to the safety of young people in public areas.

The delagation was able to experience first-hand the respect of Natteravenene amongst young people and the immediate recognition and welcome that volunteers have.

Its contribution and effectiveness at building community spirit and community responsibility was obvious; as was its effect on helping young people feel safe in public areas largely around 'night spots'.

Copenhagen/Stockholm

(Note: previous day's itinerary concluded after 1 am)

1000-1300

Meeting at the Natteravnene (Night Owls) office

Venue: Pasteursvej 2, 1799 Copenhagen

Attendees:

- Ole Hessel, Chief Manager, High:Five
- Erik Thorsted R. CEO, Center for Socialt Ansvar

Purpose of Meeting:

- Comprehensive briefing on the achievements and work of *Natteravnene* (the Night Owls) which enlists the support of over 100,000 volunteers in 650 cities and towns across Denmark, Sweden and Norway;
- Briefed on the organisations commitment to the safety of young people and demonstrated results in reducing the instances of violence and vandalism in public areas – mainly late at night on Friday's and Saturday's;
- Noted that Natteravnene (Night Owls) volunteers are offered courses in first aid, and the behaviour psychology of young people;
- Briefed on funding and governance arrangement and corporate partnerships;
- Noted its franchise structure, independence from government and commitment to low cost overheads;
- Briefed on the success of the High Five program to address anti-social behaviour, mental issues etc. in juvenile and young criminals and identifying career paths;
- Noted that Prince Joachim is patron of High Five, which was established in 2006, and which has guaranteed financing through to 2017;
- Briefed on its partnership with police, prison and probation services and corporations to help manage young offenders into education and career paths;

- Briefed on its partnership with the corporate sector to develop employment programs for young offenders aged between 15 and 30 years of age;
- Noted the program's success rate that, between 2010 and 2014, 85% of participants were continuing in a job or education after release from custody;
- Noted that 1700 companies are registered with High Five which assists approximately 250 young offenders each year upon release;

1800 Depart Copenhagen for Stockholm

19:10 Arrive Stockholm

SUNDAY 2ND FEBRUARY 2014

Stockholm, Sweden

Free

Stockholm, Sweden

900-1200

Meeting with Ministry of Health and Social Affairs

Venue: Ministry of Health and Social Affairs, Fredsgatan 8

Attendees:

- Lena Furmark, State Secretary;
- Eva Nilsson Bågenholm M.D. National Coordinator for Elderly Care on National initiative for the most fragile elderly; and
- Henrik Moberg on system of free choice in Primary Health Care

Purpose of Meeting:

- Briefings of the Swedish public healthcare including Patient's Rights, surgery guarantees and partnerships with the private sector to deliver taxpayer funded healthcare;
- Noted the Ministry was the largest in Sweden encompassing health, aged care and social security;
- Briefed on governance models for the delivery of healthcare through 21 independent county councils, each with their own Parliament, encompassing 290 municipalities;
- Noted the national government was in its second term of office since 2006 with a policy position in support of patient rights, choice in care; and private sector partnerships;
- Briefed on the success of *Capio, S:t Görans* Hospital model (visited later in the day) as one of three private hospitals providing acute care;
- Noted that between 10% and 20% of homecare providers are private sector;
- Noted that 30% of GPs are publicly employed;
- Briefed on the legal obligation to provide patient guarantees broadly as:
 - 24 hours to provide patient with contact with primary care;
 - +7 days to schedule an appointment with a specialist;
 - +90 days to see a specialist
 - +90 days for a procedure

- Noted that incentive payments were made where achievement were made of:
 - +60 days to see a specialist (instead of 90 days)
 - +60 days for a procedure (instead of 90 days)
- Briefed on the challenges of an ageing population with 19% of Swedish citizens aged 65 years and over (growing to 25% by 2030);
- Noted this was against a backdrop of a fertility rate of 1.85
- Noted Sweden's philosophy that it is generally in the interests of a senior citizen to stay in their home for as long as possible;
- Briefed on the transparency in aged care with the regularly open publishing of standards and outcomes of each facility;
- Briefed on transparency of standards in Palliative care; Dementia care; prevention; quality medications; and coordinated care;
- Briefed on history of reform in aged care from the 1960s when aged care became a legal right; 1992 when all long-term (institution) facilities were closed; 1995 when mental institutions were closed; and 2010 when dignity of care and service choice were entrenched in legislation;
- Noted increased funding has been targeted to train and recruit more doctors capable of diagnosing and treating dementia;
- Noted implementation of policy frameworks that recognise that personal centred care can often be more effective than medication;
- Noted that the change in philosophy had resulted in a 50% reduction in neuroleptics and falls at trial sites across Sweden;
- Briefed on the Free Choice model for healthcare which are guided by two Acts of Parliament:
 - Swedish Public procurement Act (2007); (which ensures value for money with public funds and takes advantage of competition in the market place) and
 - Systems of Choice in the Public Sector Act (2008) (which mandates that county councils must provide a patient with choice in primary healthcare providers)
- Briefed on how the Free Choice model allows patients to use vouchers (similar to the Queensland government's successful trial with long-wait dental procedures)

- Noted that the Systems of Choice in the Public sector Act (2008) applied to the social sector as well as the health sector;
- Noted that transparency was entrenched in the Free Choice model with all tenders processes and final contracts with the private sector published publicly;
- Briefed on how engagement of private sector has also stimulated entrepreneurship in healthcare (with start-up grants made available to eligible established small businesses in the health sector); and assistance with education in business skills recognising that a medical or nursing qualifications usually did not come with formal business training and skills;
- Noted that policies had led to a surge in the growth of small business with 2/3 of new providers with fewer than 50 employees;
- Noted that from 2015, the Free Choice model will allow choice across Sweden and not remain confined to the county.

12.00-2:15

Lunch, hosted by the Australian Ambassador

Venue: Australian Residency, Kommendörsgatan 2, Stockholm

Attendees:

- Ms Lena Furmark, State Secretary Ministry of Health and Social Affairs
- Mr Gabriel Andreasson, Desk Officer, Ministry of Health and Social Affairs Division for EU and International Affairs (TBC)
- Ms Eva Nilsson Bagenholm, National Coordinator for Elderly Care
- Ms Ylva Wide, Vice President, Swecare Foundation (TBC)
- Mr Gerald Thomson, Ambassador

Purpose of Meeting:

General discussion on the applicability of Swedish health models to Queensland; and the sharing of learnings in healthcare provision.

15.00-17.00

Study visit at Capio, S:t Görans Hospital

Venue: Sankt Göransplan 1

Attendees:

- *Britta Wallgren, CEO S:t Görans Hospital*

Purpose of Meeting:

- Discussion on the S:t Görans' hospital success as a private provider of taxpayer funded public healthcare in Sweden;
- Briefed on the history of Capio originally formed as a government company financed through Swedish pension funds;
- Briefed on its funding structure to deliver a 2% productivity gain each year to be eligible for growth funding;
- Briefed on its contractual obligations with the county council as a privately owned but publicly funded facility;
- Noted the hospital serves a population of 430,000 in central Stockholm; with 1800 employees and treating 220,000 public patients each year (80,000 emergency visits and 140,000 outpatient and inpatient hospital admissions);
- Noted the hospital was contracted to accept all patients;
- Noted its focus on internal medicine; orthopaedic and general surgery; and ICU;
- Briefed on the success of electronic referrals to fast track a patient's access to healthcare and to minimise error;
- Noted that the hospital is bound by national oversight of issue relating to medical negligence and is required to comply, at a minimum with all public hospital standards for medical and patient safety;
- Noted that management has the support of employee groups (unions) and is driven by five key values: quality care; patient focused care; efficient care; equal care; and care at the right time;
- Noted that surgery errors had been reduced, and were significantly less than in public hospitals, when all costs associated with corrective surgery had to be borne by the hospital (noted the same principle was later applied to public

hospitals with similar improvements in surgery errors and complications);

- Noted that more efficient quality care and cutting of waste had resulted in a reduction of orthopaedic beds from 66 to 56 beds; yet an increase of 20 to 25% in orthopaedic procedures;
- Noted that the workforce had led better management and greater efficiencies with the introduction of “profit share” which is directed into worker’s pension funds;
- Noted the employee satisfaction (79%) was the highest of all six acute hospitals in the region;
- Noted that hospital acquired infections were at a lesser rate than at public hospitals;
- Noted that Hospital acquired infections were at 6.1%; compared to 9% nationally; or 10.2% across Stockholm;
- Noted that management and workforce were driven to reduce waste and inefficiency by a commitment to patient “Quality and Timeliness” and not by a commitment to “Savings”;
- Briefed on workforce flexibility and self-empowerment that allows employees to choose to be paid for additional hours or have those hours put into a “time bank”;
- Noted that S:t Görans was the first hospital in Sweden to clear elective surgery waiting lists; and
- Noted that the funding contract for S:t Görans was publicly available

Stockholm, Sweden

09.00-10.15

Study visit at Arrhythmia Center Stockholm

Venue: Sjukhusbacken 10, Södersjukhuset

Attendees;

Anders Englund, CEO Arrhythmia Center

Peter Rönnerfalk, CEO Södersjukhuset

Purpose of visit:

- Discussion on private sector surgical provision in a publicly owned hospital;
- Briefed on arrhythmia ablation procedures to address atrial fibrillation
- Noted that the Södersjukhuset was one of three central emergency teaching hospitals in Stockholm;
- Noted that the hospital conducts approximately 61,000 inpatient treatments per annum; 27,000 inpatient surgical procedures; 504,000 outpatient visits; 126,000 emergency room visits; 7,400 deliveries; and 10,800 emergency operations;
- Noted Södersjukhuset employs 4300 staff ;
- Briefed on how the facility must deliver a 2% efficiency improvement each year;
- Noted how the Arrhythmia Center is a privately run operation that sits within a public hospital;
- Noted that 68% of its procedures are publicly funded; 31% funded through health insurance; and 1% private;
- Briefed on the centre's operation since it opened in 2009 and its small workforce of 3 doctors; 5 nurses and 1 controller/manager;
- Noted that the service treats four times as many patients than the other nine publicly run services providing ablation surgery;
- Briefed on the ownership structure (71% owned by Global Health Partners and 29% owned by physicians);

- Briefed on operating model whereby Arrhythmia provides equipment and workforce; and rents the premises providing income to the hospital.

11.00-13.30

Study visit at Karolinska University Hospital

Venue: Karolinska vägen, Solna

Attendees:

Per Båtelsson, Chairman Karolinska University Hospital

Purpose of Meeting:

- General discussion on modern hospital management in Sweden; the construction of the new Karolinska hospital as part of public-private partnership; unique challenges and opportunities provided as a university hospital; and exploration of learnings that can be applied to the new Sunshine Coast Public University Hospital in Queensland.
- Noted that the new Karolinska hospital will be the first hospital in Sweden to be built as part of a public-private partnership and is scheduled for completion in 2017 (but opening in 2016);
- Briefed on the PPP model that allows the contractor flexibility to apply modern technology throughout the construction process; and makes the contractor responsible for facilities management for an extended period beyond completion;
- Noted the new facility would provide single rooms for inpatients and house a total 800 beds (including 125 intensive care and intermediate care beds, 75 post-operative beds, 100 outpatient places and 100 beds in an associated “patient hotel”).
- Briefed on the new Karolinska’s plans for specialised care and to be a hub for life-science research; and underpinned as an integrated healthcare, research and teaching facility;
- Briefed on models and policies to ensure greater clinical autonomy at the new facility;
- Briefed on Sweden’s public private partnership framework for modern health infrastructure; and
- Updated on Karolinska’s organisational plan for 2014.

14.30-17:15

Swecare Foundation:

Roundtable discussions on public-private cooperation in delivery of Healthcare in Sweden

Venue: Centralposthuset, Mäster Samuelsgatan 70

Attendees:

- Ylva Wide, Vice President, Swecare Foundation;
- Ann-Sophie Sjöberg, CEO - Medicinsk Röntgen (Praktikertjänst);
- Dr. Regina Rodau, Medical Auditor and Senior Medical Advisor, Stockholm County Council
- Cecilia Bergh, CEO, Mando
- Cecilia Halvars Öhrnell, Vice Division Manager - Aleris
- Christina Sterner, SVP, CCO - Diaverum
- Boris Zjacic, SVP, Chief Operations Officer
- Gunnar Nemeth, Professor - Karolinska Institute
- Per Båtelsson, Chairman - Karolinska Sjukhuset

Purpose of Meeting:

- Round table discussion on close cooperation between public sector, private sector and academia in the delivery of healthcare in Sweden which has allowed it be at the forefront of health technology advancement;
- Discussion on Sweden's adoption of the purchaser-provider model where the government budget is used to purchase public services from private or a public providers
- Noted that in Sweden, 20 % of the public hospital care and 30 % of public primary care is provided by private providers;
- Briefed on the private provider perspective of "Patient Choice" policies;
- Noted Sweden's national indexes for measuring patient satisfaction have consistently shown improvement
- Briefed on public sector experience of purchasing public health care from private providers
- Minister Springborg provided overview of Queensland's healthcare system: future, obstacles and government policy to partner with private sector for solutions where applicable;

- Discussions regarding Australia/Queensland's healthcare market/needs and possible areas of potential cooperation and partnership.

WEDNESDAY, 5TH FEBRUARY 2014

Helsinki, Finland

(Note: The Director General of Health, Mr Ian Maynard, takes leave of the delegation for the Finnish component)

8:25am Depart Stockholm for Helsinki

10:25am Arrive Helsinki, Finland

1:30pm

National Institute for Health and Welfare (THL) headquarters

Venue: Building A, Mannerheimintie 166,

Attendees:

- Prof. Juhani Eskola, Director General THL
- Prof. Erkki Vartiainen, Assistant Director General
- Dr. Tuija Leino, Chief Physician, Department of Vaccination and Immune Protection
- Prof. Anja Noro, Research Professor
- Dr. Nea Malila, Director of the Mass Screening Registry

Purpose of Meeting:

- Overview of the Finnish public health system and its globally acknowledged success in preventative health campaigns; clinical trials; and development of medical and healthcare technologies;
- Briefing on the National Institute for Health Welfare which is auspiced under the Ministry of Social Affairs and Health and is chartered with providing independent advice, monitoring and analysis;
- Noted that the Institute is responsible for providing independent advice to the Minister and Ministry and works in partnership with the World Health Organisation; EU and OECD;
- Noted that the Institute has six 'branch' offices across Finland and employs approximately 1120 staff of which 25% have a doctorate degree; and of which 72% are women;

- Briefed on the governance structure for the Institute that has an annual budget of 114 million euro of which 69% in state funding; 26% is co-funded by research institutes etc; and remainder is from fees for service;
- Noted its structure into four divisions: Welfare and Health policy (eg. funding arrangements and overarching policy parameters); Welfare and Health Promotion (eg. chronic disease prevention and alcohol and drug addiction); Health Protection (eg. infectious disease surveillance, vaccinations and environmental health); and Health and Social Services (eg. Mental health, children and young families);
- Briefing on Finland's approach to chronic diseases and policies designed to change behaviour based on: knowledge, persuasion and practical skills;
- Briefing on clinical trials, modeling and register based research such as tools in vaccine programme evaluation and development;
- Noted and discussed success of vaccination and immune protection strategies;
- Briefing on aged care policy and direction underlined by a commitment to independent living; and the drive to deliver home care over institutional care;
- Noted that 10% of home care was delivered by private providers;
- Briefing on the success of Finland's mass screening campaigns: cervical, colorectal and breast-screen;
- Discussion on the mandatory reporting on cancer types and automatic input of death certificate data if/when cancer is mentioned in autopsy;
- Discussion and analysis on breast-screening program and campaigns; and
- Noted that over 90% of eligible (target age group) women present for breast screens under a system that proactively allocates an appointment rather than 'reminding' women
- to make an appointment.

19:00

Dinner meeting with Nuovo Nordic Healthcare Services

Venue: Saaga, Bulevardi 34, 00120 Helsinki

Attendees:

- Mr. Jani Korpela/Managing Director
- Mr. Mikko Nyman, Director of Dental services, Nuovo Nordic Healthcare Services
- Mr. Jari Sinkkonen/ M.D. Senior consultant psychiatrist at Save the Children Finland
- Mr. Ilkka Saarinen/ Deputy Director General, Department for External Economic Relations, Ministry for Foreign Affairs
- Ms Satu Leino / Senior Advisor, International Affairs Unit, Ministry of Social Affairs and Health

Purpose of Meeting:

- General discussion on Nuovo Nordic's global expertise as a recruiter of Finnish healthcare professionals following the company's participation in the "Team Finland" delegation to Australia in 2013 with Finland's Minister for Trade, designed to build partnerships between Australia and Finland;
- Discussion on recognition of Finnish healthcare qualifications in Australia;
- Briefed on the company's ten year history in Finland and ability to identify highly skilled health professionals fluent in English to assist with gaps in services/supply in international markets;
- Noted the company's broad scope of recruitment included the dental profession;
- General discussion on the role of private providers in Finland's healthcare system.

Helsinki, Finland

Thursday, 6 February

9.00-10.30

Finpro (National trade, internationalization and investment development organization)

Venue: Porkkalankatu 1, 00180 Helsinki

Attendees:

- Mr Eero Toivainen, Senior Consultant, Finpro
- Markku Myllylä, CEO Commit
- Janne Argillander, CEO X-akseli
- Mikko Tiihonen, CEO Valuecode
- Tapio Jokinen, CEO Medixine

Purpose of Meeting:

- This session was an opportunity for Finnish providers of healthcare and health management technology to discuss Finland's success as an innovation-led economy; and explore possible future partnerships with the Queensland public, non-government and private health sectors.
- Noted that Finpro had offices in 50 countries including in Sydney to assist build on partnerships and engage with private sector providers from Finland;
- Companies discussed a range of technologies on offer including digital health; electronic health records; early disease detection; patient flow management systems; web-assisted maternity care; data collation and analysis.

11.00

Meeting with the Minister for Health, Hon. Susanna Huovinen

Venue: Ministry of Social Affairs and Health, Meritullinkatu 8, 00170 Helsinki

Attendees:

- Hon. Susanna Huovinen, Minister for Health
- Ms Ulla-Maija Rajakangas, State Secretary
- Mr Jukka Mattila, Ministerial Counsellor, Ministry of Social Affairs and Health
- Ms Päivi Voutilainen, Director, Ministry of Social Affairs and Health

Purpose of Meeting:

- Overview of the Finnish public health system;
- Formal development of closer relations between the two countries and an opportunity to highlight opportunities to partner in health technology;
- Noted Minister Huovinen's commitment to public service having been elected to parliament in 1999 and appointed Minister for Health in the last year;
- Briefing on the 2013 visit to Australia by Finland's Minister for European Affairs and Trade as leader of the "Team Finland" delegation and the strong desire to build commercial partnerships, including in health, with Australia;
- Briefing on Finland's wish to resolve any outstanding issues in Australia's recognition of medical; and dental qualifications for Finland's healthcare specialists;
- General discussion about Finland's healthcare system built on a principle of universal access;
- Noted that municipalities had been responsible for healthcare delivery since 1865, which fall under 21 hospital districts;
- Noted the success of "voucher systems" for public health patients wishing to use private health care providers;
- Discussion of Finland's "Charter for Patients";
- Discussion on aged care services and new governance legislation that took effect in July 2013;
- Discussion on the establishment of the Council of Older People.

12.40

Meeting and site tour of HUS, (Helsinki University Hospital)

Venue: HUS Group Administration (building 5), Stenbäckinkatu 9, Helsinki

Attendees:

- Mr Aki Lindén, Chief Executive Officer of HUS
Mr Markku Mäkijärvi, Chief Medical Officer, MD, Ph, Cardiologist, FESC
- Mr Janne Aaltonen, CEO, CMA of HYKSin Oy
- Mr Jari Petäjä, Director of Department, MD, PhD, Pediatrician
- Mr Visa Honkanen, MD, PhD chief development officer
- Mr Kimmo Mattila, Chief Physician HUS Group Administration
- Mika Laine, Chief Physician, Associate Professor, Cardiologist
- Irma Jousela, Chief Physician

Purpose of Visit:

- Visit to Cardiovascular Laboratory with Mika Laine, Chief Physician, Associate Professor, Cardiologist
- Visit to operating theatre, Irma Jousela, Chief Physician
- Briefed on hospital management, patient flow models, hospital research and incorporation of technologies;
- Noted services were also provided to private and international patients (with services in English, Russian, Swedish and Finnish)
- Discussion on HYKSin and its role in providing university hospital-level medical services and healthcare to private patients;
- Briefed on the role of a division head in HUCH - Case Women and Children
- Discussion on Finnish Hospital Productivity Benchmarking auspiced under the Institute for Health and Welfare (visited on the previous day)
- Briefed on eHealth and establishment of the 'virtual' hospital for mental health to assist with quick treatment for citizens in remote communities;

16.15-17.50

TEKES – the Finnish Funding Agency for Innovation

Venue: Kyllikinportti 2, Länsi-Pasila

Attendees:

- Ms Minna Hendolin, Executive Director, Vitality of people
- Ms Merja Hiltunen, Director, Steering and networks
- Mr Pekka Kahri, Director, Large companies and public organizations
- Mr Eero Toivainen, Senior Consultant, Finpro

Purpose of Meeting:

- Discussion on the role of state financing of the development of innovation and business in the healthcare sector in Finland;
- Noted that TEKES is a research and development fund auspiced under the Ministry of Employment and Economy, with 280 employees;
- Briefed on TEKES role in applying research to the private sector and attracting research and development funding;
- Discussion on TEKES governance models pertaining to grants, small loans and capital investment as a financier of new innovation projects and/or businesses;
- Noted that grants and loans can range from 25% to 75% of required capital;
- Noted that in 2013 TEKES financed 1860 projects to a value of 577 million euros;
- Briefed on the Finnish Innovation Council and its role in driving public-private partnerships;
- Discussion on the growth in health and life-science industries ; and
- Briefed on the work of “Team Finland” (from the Department of Trade) and its role in assisting and facilitating international market access.

18.15-20.00

Meeting with Planmeca Oy

Venue: Planmeca, Asentajankatu 6, Helsinki

Attendees:

Mr Jouko Nykänen, Director, Export Sales at Planmeca oy

Purpose of Meeting:

- Discussion on Planmeca as one of the world's leading providers of dental units and 3D imaging technology with significant interest in the Australian and Queensland market;
- Noted its exports to more than 120 countries including Australia;
- General discussion on dental care in Australia and the Queensland Government's commitment to this important area of health; and
- Noted Planmeca's global status with 98% of products exported.

FRIDAY, 7TH FEBRUARY, 2014

Helsinki, Finland

6:45 am Minister Departs Helsinki for Brisbane (via Copenhagen);

7:50 am Minister's Chief of Staff departs Helsinki for Brisbane (via London).