ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

Document :	**AEMH 07-019**
Title:	**National Report Denmark**
Author :	**Danish Medical Association**
Purpose :	**Information**
Distribution :	**AEMH Member Delegations, Participants in the 60th AEMH Plenary Meeting**
Date :	**20th March 2007**

Danish national report 2007 to the AEMH

A new structural reform is put into force on 1 January 2007. It changes the tasks between the state, regions and municipalities. The public health care sector is now divided in 5 administrative regions each controlled by a region council with 41 elected politicians. The regions are responsible for the running and planning of the hospital sector and practising health personnel, among others general practitioners and specialists.

80 % of the financing of the health care sector is based on income tax collected by the state and 20 % is based on income tax collected by the municipalities. A smaller part of the financing is based on activities. Besides the economic co-financing of the health care sector, the municipalities are also responsible for tasks concerning prophylaxis and rehabilitation, which are new tasks for the municipalities.

In all 5 regions plans for the health care sector must be prepared. The plans suggest a concentration of the hospital running in fewer and larger units, which have all specialties on the same domicile. Emergency patient, including trauma patients, will primarily be taken care in these units. A number of smaller hospitals will still take care of special assignments, primarily elective treatments.

There are plans on changing the emergency area, so that patients primarily go to hospitals after having seen a general practitioner, except trauma patients and other emergency accidents. In a draft plan for the largest region, which is the capital region, this rule has not been followed.

After the structural reform is put into force, the Danish National Board of Health has gained a more powerful position, because the Board has the authority to make demands for the functions in the various regions, including the placement of these functions on regional and private hospitals, and the Board must recognise these functions placement in the hospitals.

An advisory committee on specialty organisation has been established with representatives from the regions and the medical scientific societies. The committee must be heard in connection with the decisions of the Danish National Board of Health in this area.

Denmark has focused on quality in the health care sector. The Government has announced an establishment of a quality reform of the public sector.

Many activities are taking place with this, aim for example: surveys among patients (satisfaction surveys), clinical data bases for documentation of activity and quality, accreditation of hospitals and reporting of adverse events to a central registration system. All these activities are time and resource demanding processes.

New collective bargaining and agreement for doctors have to be negotiated before 1 April 2008, and preparations have started. The senior hospital physicians want more focus on the working environment with the aim that patients should not be treated by stressed and tired doctors.

20. March 2007/FVJ