The National Quality Register of intensive heart care and stroke care is the nearest equivalent to a national quality register concerning a national ranking of public care undertaken by the Swedish state. There are also guidelines, for example regarding diabetes (cf. Swedish Diabetes Index 2006). Both the national quality registers and the guidelines are made public and so one can note distinctive differences from one hospital to another as well as differences between counties. They also point to inequalities and weaknesses in Swedish diabetes care county by county. Not one single county follows the National Board of Health and Welfare’s guidelines stipulating bi-annual eye check-ups. The following initiatives have been adopted: gather peoples experience and attitudes:

■ Information provided to the public on queues mainly for surgical treatment. This information about queues to all Swedish hospitals and special clinics is provided by the federation of county councils and municipalities (SKL).

■ A Consumer Index has been developed by the EuroHealth company network in response to the demand for performance indicators for Swedish healthcare. The need is described to consider national, authorised, regular repetitive, multi-dimensional evaluations on healthcare quality and efficiency with the possibility of comparing healthcare nationally within different counties and internationally with other European and international performance indicators. The EuroHealth Consumer Index is a tool for ranking and comparing national healthcare systems across the EU from the consumer/patient’s viewpoint.

■ The Swedish Health Care Consumer Index (VKI) compares the 21 Swedish county councils with each other, showing the extent to which consumer aspects have been taken into account in the design of publicly funded healthcare. Every county council in Sweden constitutes a regional healthcare system with extensive liberty to decide emphases, priorities and service according to its own needs and values. Accordingly, the degree of consumer adaptation says a good deal about the policy pursued.

■ One continuously on-going survey is Vårdbarometern, which seeks to collect experiences with and attitudes towards healthcare without any rankings. However, there has been criticism that the respondents are “residents”/”citizens” rather than health-care consumers. Consequently, interviewees may have little experience of the health-care provisions. The public has taken first steps towards creating an information system similar to Dr Foster’s. The Swedish Board (Socialstyrelsen) has a mission to collect and design users’ information, although the consumer perspective is still lacking (cf. Vårdkonsumentindex 2006).

CONCLUSIONS

This section seeks to summarise the description and analysis of the Swedish health sector with a focus on hospital care. Finally, the paper concludes by presenting some empirical findings and studies, where other researchers have attempted to answer the question of the impacts of liberalisation and privatisation on productivity, quality of service and employment. There is a lot of ideological disagreement concerning healthcare, such as centralisation.
versus decentralisation and privatisation, the role of the state professionals and the market, etc. While centralisation is at the centre of the Social Democratic vision, the centre-right argues for a decentralisation of responsibility and for privatisation. Another great divide concerns state employees, entrepreneurs in their own practice versus healthcare companies, driven by high-risk funds on the stock market. Considering access as one of the major problems of Swedish healthcare, a reviewed and strengthened version of the Guarantee Act came into practice in 2005 (cf. WHO 2005). Unsatisfactory access to healthcare has also been discussed in terms of primary care centres/polyclinics versus family doctors. The Social Democrats’ are in favour of primary care close to the residents (and close emergency department), while the right wing emphasises the need for family doctors and possibilities of visiting patients in their homes.

In Sweden, political changes in the various county councils and the government in power have affected the measures taken. The presence of various administrative levels in a decentralised model provides the opportunity for different political parties to hold power at municipality, county council/regional and national level, with large variations in the large geographical area of Sweden.

REFERENCES

Dent, Mike (2003), Remodelling hospitals and health professions in Europe. Medicine, nursing and the State, Houndmills/Basingstoke.