Deloitte.

Time to care

Supplement country overview

December 2017

Deloitte Centre *for*
Health Solutions

Overview of 14 health systems across Europe

Health systems are universally complex and diverse, the result of history, culture and the economic and political environment in which they operate. Most health systems have similar goals and face similar challenges, such as demographic change, limited resources and rising costs. However, they apply different strategies to address these challenges and their existing structures and organisations vary in how well they cope with them.

In particular, countries differ in how they fund health care and how much they are prepared to pay for services, as well as which services they prioritise. These differences also manifest in the way treatment is controlled at the point of care, and how the patient pays and is reimbursed. Health care expenditure has grown steadily in most European countries, and governments are becoming increasingly concerned about achieving higher levels of efficiency and matching financial sustainability with high quality delivery of health care. As a result, across Europe we now see a convergence of health care models and most countries are looking to reform their health systems. Differences in original set-up include whether care is funded through taxation or insurance (and whether these are general, ear-marked or income-based), financed through a centralised national health system or through competitive insurance organisations. Across Europe there are variations in the market for voluntary add-on insurance and a varying share of the population of European countries chooses to take out insurance for complementary coverage (services excluded from public coverage) or supplementary coverage (accelerating access to services, more amenities in hospitals, wider provider choice). A key differentiator in the organisation of care is whether primary care acts as gatekeeper, which means that secondary elective care, specialist diagnostics and treatment can only be accessed through referral from a primary care practitioner. The table below includes the 14 countries covered in the ***Time to care: Securing a future for the hospital workforce in Europe*** **report.**

Country and key indicators (OECD)	How health care is financed	How care is organised	Current health care reforms	Digitisation in health care	Pre-registration professional education and training	Percentage of foreign-trained workforce and country of origin
 **Belgium** Population (2016) **11,358,000** Life expectancy at birth (2015) **81.1 years** Health care spend (% of GDP) **10.4%** Expenditure per capita at PPP **$4,779**	Universal coverage for core services through mandatory basic insurance system. Income-based statutory health insurance provided by competing insurance organisations with set insurance contributions of 7.35 % of gross salary, employee (3.55 %) / employer 3.8%) split. Significant add-on private health insurance market.	Planning and coordination of care at national and at level of Communities and Regions. No gatekeeping in primary care; self-referral is discouraged by higher out-of-pocket copayments. Mix of public and private hospitals. Doctors outside of university hospitals are self-employed and are not part of the core hospital staff.	In Flanders hospital networks will become the base unit of the hospital landscape. Hospital financing modalities will depend on the level of complexity and eligibility for standardisation of care. Care with low complexity and little variation in patient outcome will be financed through a fixed amount, regardless of the actual care provided. Care with high complexity will be financed based on actual care provided.	National health information system (HIS) (2008); National eHealth policy (2013); National EHR System (2008). **EHR implementation** Primary care 50 to 75% coverage. Secondary care greater than 75% coverage	**Doctors:** 6 years (3 years bachelor, 3 years masters degree); specialist training 3-6 years. Belgium will have a double cohort of medical graduates in 2018, following harmonisation with EU educational standards of 6 years. **Top contributors to foreign-trained workforce, 2016 (11.9% of total):** France (17.8%), Romania (16.9%), and the Netherlands (15.1%).	**Nurses:** Two types of nursing training: 1. Further education, 3-year nursing certificate in non-university institutions. 2. Higher education, 4-years professional bachelor degree, which can be complemented with a 1-year master degree at university. Nursing education varies between Flanders and Wallonia **Top contributors to foreign-trained workforce, 2016 (3.4% of total):** France (22.0%), Romania (19.7%) and the Netherlands (10.5%).
 **Denmark** Population (2016) **5,712,000** Life expectancy at birth (2015) **80.8 years** Health care spend (% of GDP) **10.4%** Expenditure per capita at PPP **$5,058**	Universal access for all Danish residents through national health system. National health tax allocation split across regions and municipalities, adjusting for population socio-economic variance. 39% of population buy voluntary add-on complementary insurance, 26% buy supplementary coverage.	5 regions focus on hospital services and special nursing homes; 98 municipalities responsible for primary health care and prevention, home nursing, post-hospital rehabilitation, and children's services. Gatekeeping in primary care. Regionally managed and financed hospitals are mostly publicly owned (97% of beds). Previous national activity-based regional bonus cancelled for 2018 and replaced by block grant. Hospital physicians are salaried and not allowed to see private patients within public hospitals.	Reorganisation of health regions and subsequent hospital infrastructure reforms, aimed at reducing hospital numbers and bed capacity. All five regions are in the process of closing or amalgamating small hospitals and building new hospitals, at a total cost of $ 5.3 billion.	IT used on all levels of the health system, supported by a national strategy.	**Doctors:** 6 years, including 1 year clinical foundation training; followed by specialist training. Comparable health professional migration data for Denmark not available.	**Nurses** Higher education; 3½ year bachelor degree at university colleges. Comparable health professional migration data for Denmark not available.

Country and key indicators (OECD)	How health care is financed	How care is organised	Current health care reforms	Digitisation in health care	Pre-registration professional education and training	Percentage of foreign-trained workforce and country of origin
 **Finland** Population (2016) **5,503,000** Life expectancy at birth (2015) **81.6 years** Health care spend (% of GDP) **9.3%** Expenditure per capita at PPP **$3,993**	Universal access for all permanent residents through national health system. Funding is split between local taxation and central government allocation according to local population age profile, morbidity from specific diseases and the ability of a local authority's inhabitants to pay tax. Voluntary add-on private insurance available.	The health care system is highly decentralised. Responsibility for providing health care is devolved to the municipalities (local government). Gatekeeping in primary care.	Parliament has adopted a bill to carry out a major reform of its social and health care system which started in the autumn of 2017, including shifting responsibility for service provision to 18 different regions; local governments will provide the entire chain of social welfare and health care.	100% of Health Centres and Hospital Districts in Finland have implemented EHRs.	**Doctors:** Medical degree programme 5-6 years; followed by specialist training. **Top contributors to foreign-trained workforce, 2012 (19.9% of total):** Estonia (30.7%), Sweden (22.8%) and Russia (16.1%).	**Nurses:** Higher education; 3½ – 4½ year bachelor degree at university colleges. **Top contributors to foreign-trained workforce, 2012 (1.8% of total):** Estonia (50.9%), Sweden (21.8%) and Germany (6%).
 **Germany** Population (2016) **81,915,000** Life expectancy at birth (2015) **80.7 years** Health care spend (% of GDP) **11.3%** Expenditure per capita at PPP **$5,353**	Universal coverage through mandatory basic insurance. Income-based statutory health insurance (SHI) provided by competing insurance organisations with set insurance contributions of 14.6 % of gross salary, employee (7.5 %) / employer (7.5%) split. High-earning individuals can opt out of statutory insurance and choose full private coverage (~11% do); In addition a significant share of the population with SHI buys voluntary add-on private insurance for complementary or supplementary coverage.	No gatekeeping in primary care. States own most university hospitals; 3 different types of hospitals public (~50% of beds); private non-profit (~33%); private for-profit (~17%) Most hospital physicians are salaried.	New legislation on the the organisation of the education of nurses and carers; and plans to reform medical education.	Ehealth Act (2015), large variation in level of implementation across the country.	**Doctors:** 6 years (2 pre-clinical, 3 clinical, final year serves as clinical foundation year); specialist training 3-6 years. **Top contributors to foreign-trained workforce, 2015 (10.3% of total):** Romania (10.1%), Greece (7.1%) and Austria (5.7%).	**Nurses:** Further education; 3-year diploma in schools of nursing mostly owned by individual hospital organisations. **Top contributors to foreign-trained workforce, 2015 (7.2% of total):** Poland (21.5%) and Russia (10.8%).
 **Iceland** Population (2016) **332,000** Life expectancy at birth (2015) **82.5 years** Health care spend (% of GDP) **8.6%** Expenditure per capita at PPP **$4.106**	Universal coverage through national health system. Split between: 69% general taxation; 15% out-of-pocket spending; 13% private insurance payments. 46% of population buy voluntary private insurance (complementary and supplementary).	No gatekeeping in primary care. Hospital services are provided in either: 1) Specialised hospitals. 2) Regional hospitals with some specialisation. 3) Local health care facilities with limited hospital beds and more long-term beds for elderly people. These hospitals have functions that are similar to nursing homes.	Bill on a new reimbursement system for health services entered into force in February 2017.	Health Records Act (2009)'. National EHR system (2004). More than 75% of health care facilities in Iceland have EHR in place.	**Doctors:** 6 years; specialist training (1 national medical university). Comparable health professional migration data for Iceland not available.	**Nurses:** Higher education; 4-year bachelor degree at university colleges. Comparable health professional migration data for Iceland not available.

Country and key indicators (OECD)	How health care is financed	How care is organised	Current health care reforms	Digitisation in health care	Pre-registration professional education and training	Percentage of foreign-trained workforce and country of origin
 **Ireland** Population (2016) **4,726,000** Life expectancy at birth (2015) **81.5 years** Health care spend (% of GDP) **7.8%** Expenditure per capita at PPP **$5,276**	Universal coverage through national health system. Split between: 69% general taxation; 15% out-of-pocket spending; 13% private insurance payments. 46% of population buy voluntary private insurance (complementary and supplementary).	The Health Service Executive (HSE) is responsible for the provision of health and personal social services with dual commissioner-provider role and chief responsibility to execute the policies set forth by the Department of Health. Gatekeeping in primary care. Three types of hospitals: 1) HSE Hospitals – owned and funded by the HSE. 2) Voluntary public hospitals – owned by private bodies such as religious orders, and funded primarily by the HSE. 3) Private hospitals – privately operated and funded. HSE hospitals and voluntary hospitals provide both public and private services on site.	Laying the legislative foundation of the new children's hospital, consolidation of Hospital Group concept and future governance arrangements; introduction of health care / hospital licensing, implementation of Values in Action – behaviour and cultural change.	Ireland's national health care ICT spend is 0.85% of the total health care budget relative to the EU range of 2-3%. eHealthIreland – HSE body with responsibility for overseeing and implementing Ireland's national eHealth strategy. Currently two years into their initial five year plan.	**Doctors:** 5 to 6 years; 12-month foundational internship; specialty selection and training thereafter. **Top contributors to foreign-trained workforce (41.6% of total):** Pakistan (22.2%), Sudan (11.9%) and the UK (8.0%).	**Nurses:** Higher education; 4-year bachelor degree at higher education institutes. Comparable health professional migration data for Ireland not available.
 **Italy** Population (2016) **59,430,000** Life expectancy at birth (2015) **82.6 years** Health care spend (% of GDP) **8.9 %** Expenditure per capita at PPP **$3,352**	Universal eligibility through national health insurance. National earmarked corporate and value-added taxes; general tax revenue and regional tax revenue. ~15% of population buy voluntary add-on private insurance (complementary or supplementary).	National government defines funding and minimum benefits package. Regional government provides planning and regulation and have significant autonomy in determining macro structure of their health systems. Local health units deliver hospital care. Gatekeeping in primary care. Hospitals are mostly public (~80% of beds), some private (~20%). Hospital-based physicians are salaried employees. Public hospital physicians are prohibited from treating patients in private hospitals and pay portion of private income to public hospitals when private patients are attended to.	Within the European Digital Agenda, Italy has adopted a national strategy – 'Digital Health' – aimed at improving degree of digitisation of health care providers through the implementation of: • electronic prescription; • electronic medical record (within the hospital); • electronic health record (at regional level).		**Doctors:** Total duration of degree 11 years; 6 years (nonclinical and clinical training); 5 years specialty clinical training in the hospital. Comparable health professional migration data for doctors in Italy not available.	**Nurses:** Higher education; 3-year bachelor degree at university. **Top contributors to foreign-trained workforce (5.4% of total):** Romania (50.3%), Poland (10.8%) and India (6.2%).
 **Luxembourg** Population (2016) **576,000** Life expectancy at birth (2015) **82.4 years** Health care spend (% of GDP) **6.3%** Expenditure per capita at PPP **$6,818**	Universal coverage through mandatory basic insurance overseen by a national health fund (Caisse National de Santé(CNS)). Income-based contribution (5.44% gross salary; 50:50 employer/employee split). 75% of population buy voluntary add-on private insurance (complementary and supplementary).	No gatekeeping in primary care. Hospitals are public.	No relevant national reforms, but major national infrastructure projects for new hospitals and plans for national medical school, extending education of doctors in the country.	Highly digitised health care facilities.	**Doctors:** 6 years university degree, first year of Bachelor of Medicine in-country, degree completed in pre-agreed countries abroad. In-country postgraduate training is only available in general medicine. Comparable health professional migration data for Luxembourg not available.	**Nurses:** Higher education; 4-year bachelor degree at university. Comparable health professional migration data for Luxembourg not available.

Country and key indicators (OECD)	How health care is financed	How care is organised	Current health care reforms	Digitisation in health care	Pre-registration professional education and training	Percentage of foreign-trained workforce and country of origin
 **Netherlands** Population (2016) **16,987,000** Life expectancy at birth (2015) **81.6 years** Health care spend (% of GDP) **10.5%** Expenditure per capita at PPP **$5,297**	Universal access for all insured residents, mandatory basic insurance. Funded by a mix of compulsory tax and community-rated insurance premiums (insurance provided by competing insurers). 84% of population buy add-on / voluntary private insurance for complementary coverage.	Gatekeeping in primary care. Hospitals are mostly private, non-profit organisations.	Fundamental reform commenced in January 2015 following years of rapid spending growth. Main goals of reform were future universal access, fiscal sustainability and to encourage greater individual and social responsibility.	Patients have a unique identification number, yet EHR are not nationally interoperable or standardised.	**Doctors:** Total duration of degree and post-graduate training 8-12 years. Entry either: directly from secondary school or following a 'first' in biomedical sciences undergraduate degree. 4 different types of post-graduate clinical training: general practice (3 years), around 30 different medical or surgical specialties (4 to 6 years), public health (2.5 to years), or nursing home specialist (2 years). **Top contributors to foreign-trained workforce (2.1% of total):** Belgium (45.7%), Germany (18.5%), Romania (3.7%), other EU (17.2%).	**Nurses:** Higher education, 4-year bachelor degree in schools of nursing at university. **Top contributors to foreign-trained workforce (0.1% of total):** Belgium (26.8%), Poland (8.5%), Spain (8.5%), Germany (6.5%), Suriname (6.5%).
 **Norway** Population (2016) **5,255,000** Life expectancy at birth (2015) **82.4 years** Health care spend (% of GDP) **10.5%** Expenditure per capita at PPP **$6,190**	Universal coverage through national health system. General tax revenue, national and municipal taxes. ~9% of population have add-on voluntary private insurance, mainly provided by employer.	Regulation, central planning, funding and provision by national government; some responsibilities devolved to regional and municipal authorities. Gatekeeping in primary care. Hospitals are mostly public, some private not-for-profit, some for-profit hospitals (elective services-only).	The new Agency for Hospital Construction (Sykehusbygg HF) was established in November 2014; it serves as a national centre of competence for hospital planning and construction for all hospital trusts. In 2016 a new national centre for procurement for health care providers was established.	National strategy for health information technology (HIT) was initiated in 2016.	**Doctors:** 6 years at one of four national universities **Top contributors to foreign-trained workforce (38.1 % of total):** Germany (18.7%), Poland (18.3%), Hungary (11.3%), Denmark (10.7%), Sweden (6.9%), Ireland (3.1%), other EU (16.4%).	**Nurses:** Higher education; 3-year bachelor degree at university. **Top contributors to foreign-trained workforce (9.1% of total):** Sweden (26.1%), Denmark (11.3%), and Philippines (11.2%).
 **Spain** Population (2016) **46,348,000** Life expectancy at birth (2015) **83 years** Health care spend (% of GDP) **9.0 %** Expenditure per capita at PPP **$3,180**	Universal eligibility through national health service. Funded mainly through general taxation. Some add- on private insurance (complementary and supplementary).	Planning and delivery organised across the central state and 17 highly decentralised regions (Comunidades Autónomas), with their own governments and parliaments. Gatekeeping in primary care. Public and privately managed hospitals, some of which offer both public and private services.	Wide-reaching system reforms towards single-area management structures are underway, integrating primary care and specialist care including innovative population health management (PHM).	Incremental health IT implementation; some highly digitised hospital organisations.	**Doctors:** 6 years; followed by 3-4 years of specialist training. **Top contributors to foreign-trained workforce (9.4 % of total):** Columbia (12.0%), Cuba (10.9%) and Argentina (10.8%).	**Nurses:** Higher education; 4-year bachelor degree at university. **Top contributors to foreign-trained workforce (2.1 %of total):** Peru (22.0%), Romania (12.4%) and Colombia (10.6%).

Country and key indicators (OECD)	How health care is financed	How care is organised	Current health care reforms	Digitisation in health care	Pre-registration professional education and training	Percentage of foreign-trained workforce and country of origin
 **Sweden** Population (2016) **9,838,000** Life expectancy at birth (2015) **82.3 years** Health care spend (% of GDP) **11.0%** Expenditure per capita at PPP **$5266**	Universal coverage through national health system. Mainly general tax revenue raised by county councils; some national tax revenue. Copayments for physician visits and hospital of up to $38 per visit, capped at $120 annually. Outpatient pharmaceuticals are paid by patients up to $240 annually; children are exempt from cost-sharing for all health services. 10% of all employed have supplementary private insurance provided by employers.	The responsibility for health and medical care in Sweden is shared by the central government, county councils and municipalities. National government is responsible for regulation, supervision and partial funding; most financing and provision from county councils. Counties aligned into 6 regional providers; maintenance of a high standard of care and facilitates co-operation. No gatekeeping in primary care. Almost all hospitals are public, some private for- and not-for-profit.	Programme to improve health equity received investment of $55 million per year from 2015 to 2018. Patient rights and shared decision-making are at a centre of new legislation, monitored by the Swedish Agency for Health and Care Services.	The Swedish eHealth Agency (eHälsomyndigheten) was formed in 2014 to strengthen the national e-health infrastructure.	**Doctors:** 5½ years followed by minimum 18 months of clinical internship and specialist training. **Top contributors to foreign-trained workforce (27.1 of total):** Poland (13.1%), Germany (9.9%), and Iraq (8.1%).	**Nurses:** Higher education; 3-year diploma at university. **Top contributors to foreign-trained workforce (2.7 % of total):** Finland (20.2%), Germany (7.7%), and Norway (5.9%).
 **Switzerland** Population (2016) **8,402,000** Life expectancy at birth (2015) **83 years** Health care spend (% of GDP) **12.4%** Expenditure per capita at PPP **$7,536**	Universal coverage through mandatory basic insurance. Mandatory health insurance through competing insurance organisations, social insurance contributions from accident insurance, old-age, disability and military; tax-based subsidies to hospitals. 60% of population buy voluntary add-on private insurance (complementary and supplementary).	Decentralised health care system divided among the federal, cantonal (26 in all), and municipal levels of government. Each canton has its own constitution; responsible for licensing providers, coordinating hospital services, subsidising institutions and individual premiums. Mostly no gatekeeping in primary care. Hospitals are mostly public or publicly subsidised private organisations. Hospital planning and funding is the responsibility of cantons, with legal requirements for cross-canton co-ordination. Public-hospital physicians can receive extra payments for seeing privately insured patients.	The Health2020 strategy outlines important national topics, objectives, and measures for improving the quality of life, promoting equal opportunity and self-responsibility, ensuring and enhancing the quality of care, and creating more transparency, better governance, and closer coordination.	Legislation on a national electronic patient record (Elektronisches Patientendossier) is in force since April 2017 and full implementation is projected for 2018.	**Doctors:** 6 years; specialist training 3 years in general practice or 5-6 years. **Top contributors to foreign-trained workforce (27% of total):** Germany (58.4%), Italy (7.5%), and Austria (5.2%).	**Nurses:** Vocational higher education; 3 years diploma in school of nursing or at university. **Top contributors to foreign-trained workforce (18.7 of total):** Germany (44.1%), France (23.9%), Italy (8.5%).
 **UK** Population (2016) **65,789,000** Life expectancy at birth (2015) **81 years** Health care spend (% of GDP) **9.7 %** Expenditure per capita at PPP **$4,125**	Universal coverage through national health service. General tax revenue (includes some employment-related insurance contributions). Northern Ireland, Scotland and Wales receive devolved budgets. ~11% of population buy voluntary add-on private insurance (complementary and supplementary), often provided through employer-benefit schemes.	Devolved responsibility and funding across the 4 countries (England, Northern Ireland, Scotland, Wales). Gatekeeping in primary care. Most secondary care is provided in NHS hospital organisations; most hospitals also provide care to private patients; there is a network of private hospitals that are at times commissioned to provide publicly funded care.	Wide reaching system reform to create locality-based, integrated accountable care systems. For example since 2015 the NHS in England and local councils in 44 geographic areas have formed 'Sustainability and transformation partnerships' (STPs) to develop proposals for system transformation.	98% of primary care physicians are using EHR. Government commitment that patient records across the country will be paperless by 2020; this is supported by a local digital roadmap plan, aligned to STP areas.	**Doctors:** 5 years followed by 2 years of foundation training and further specialist training (3-8 years). **Top contributors to foreign-trained workforce (28.1 of total):** India (32.7%), Pakistan (11.2%) and Nigeria (4.4%).	**Nurses:** Higher education; 3-year bachelor degree at university. **Top contributors to foreign-trained workforce (15.2 of total):** Philippines (22.1%), India (16.0%), Romania (7.7%) and Spain (7.2%).

Endnotes

Belgium

- Regulated healthcare professions in Belgium, Federal Public Service Health, Food Safety Chain and Environment, 2016. See also: https://www.health.belgium.be/en/health/taking-care-yourself/patient-related-themes/cross-border-health-care/healthcare-providers-0
- Intercultural Education of nurses in Europe, IENE, 2017. See also: http://ieneproject.eu/information-2-be.php
- Belgium, World Health Organisation, 2016. See also: http://www.who.int/goe/publications/atlas/2015/bel.pdf
- International Profiles of Health Care Systems, Commonwealth Fund, 2015. See also: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf?la=en

Denmark

- The Danish Health Care System, International Health Care Profiles, Commonwealth Fund, 2015. See also: http://international.commonwealthfund.org/countries/denmark/
- Health Statistics for the Nordic Countries, Nomesco, 2016. See also: https://norden.diva-portal.org/smash/get/diva2:1034907/FULLTEXT04.pdf

Finland

- EHealth Status in Finland, Danish eHealth Observatory, 2014. See also:http://2014.e-sundhedsobservatoriet.dk/sites/2014.e-sundhedsobservatoriet.dk/files/slides/Jarmo%20Reponen,%20E2%20slides.pdf
- Health Statistics for the Nordic Countries, Nomesco, 2016. See also: https://norden.diva-portal.org/smash/get/diva2:1034907/FULLTEXT04.pdf
- Nurse Education in Finland, Finnish Nurses Association, 2017. See also: https://www.nurses.fi/nursing_and_nurse_education_in_f/nurse-education-in-finland

Germany

- Federal Ministry of Health, Bundesgesundheitsministerium, 2017. See also: https://www.bundesgesundheitsministerium.de/en/en.html
- International Health Care System Profiles: The German Health Care System, Commonwealth Fund, 2016. See also: http://international.commonwealthfund.org/countries/germany/
- International Profiles of Health Care Systems, Commonwealth Fund, 2015. See also: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf?la=en

Iceland

- Health Statistics for the Nordic Countries, Nomesco, 2016. See also: https://norden.diva-portal.org/smash/get/diva2:1034907/FULLTEXT04.pdf
- Iceland, World Health Organisation, 2015. See also: http://www.who.int/goe/publications/atlas/2015/isl.pdf

Ireland

- Ireland: Health Care Indicators, The Organisation for Economic Co-operation and Development (OECD), See also: https://www.oecd.org/ireland/46506744.pdf
- Government Legislation Programme Autumn Session 2017, Department of the Taoiseach, 2017. See also: https://www.taoiseach.gov.ie/eng/Taoiseach_and_Government/Government_Legislation_Programme/
- Figure 4.4 Percentage of Population Covered by Private Health Insurance in Ireland, 2011, 2013 and 2015, Department of Public Expenditure and Reform, 2016. See also: https://data.gov.ie/dataset/figure-44-percentage-of-population-covered-by-private-health-insurance-in-ireland-2011-2013-and-2015
- Hospital Charges, Health Service Executive, 2017. See also: https://www.hse.ie/eng/services/list/3/acutehospitals/hospitals/Hospitalcharges.html
- Building a Better Health Service, Health Service Executive, 2017. See also: https://www.hse.ie

Italy

- International Profiles of Health Care Systems, Commonwealth Fund, 2015. See also: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf?la=en
- International Health Care System Profiles, The Italian Health Care System, 2016. See also: http://international.commonwealthfund.org/countries/italy/
- Health Workforce Policies in OECD Countries: Trends in Medical Education and Training in Italy, The Organisation for Economic Co-operation and Development, 2016. See also: https://www.oecd.org/health/OECD-Health-Workforce-Policies-2016-Doctors-Italy.pdf
- Health Workforce Policies in OECD Countries: Trends in Nursing Education in Italy, The Organisation for Economic Co-operation and Development, 2016. See also: https://www.oecd.org/health/OECD-Health-Workforce-Policies-2016-Nurses-Italy.pdf

Luxembourg

- Healthcare in Luxembourg, Deloitte, 2017. See also: https://www2.deloitte.com/lu/en/pages/life-sciences-and-healthcare/articles/healthcare-in-luxembourg.html
- Luxembourg Health Care and Long-Term Care Systems, Joint Report on Health Care and Long-Term Care Systems & Fiscal Sustainability, 2016. See also: https://ec.europa.eu/info/sites/info/files/file_import/joint-report_lu_en_2.pdf
- Healthcare System Sustainability in Luxembourg: a Reality of a Utopia?, Fondation-IDEA, 2014. See also: http://www.fondation-idea.lu/wp-content/uploads/sites/2/2017/04/IDEA_Health-study_2014.pdf

Netherlands

- International Profiles of Health Care Systems, Commonwealth Fund, 2015. See also: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf?la=en
- International Health Care System Profiles, The Dutch Health Care System, 2016. See also: http://international.commonwealthfund.org/countries/netherlands/
- Health Workforce Policies in OECD Countries: Trends in Medical Education and Training in the Netherlands, 2016. See also: https://www.oecd.org/health/OECD-Health-Workforce-Policies-2016-Doctors-Netherlands.pdf

Norway

- International Profiles of Health Care Systems, Commonwealth Fund, 2015. See also: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf?la=en
- International Health Care System Profiles , The Norwegian Health Care System, 2016. See also: http://international.commonwealthfund.org/countries/norway/

Spain

- Spain Health System Review – Health Systems in Transition, World Health Organisation, 2010. See also: http://www.euro.who.int/__data/assets/pdf_file/0004/128830/e94549.pdf

Sweden

- International Health Care System Profiles, The Swedish Health Care System, 2016. See also: http://international.commonwealthfund.org/countries/sweden/
- International Profiles of Health Care Systems, Commonwealth Fund, 2015. See also: http://www.commonwealthfund.org/~/media/files/publications/fund-report/2016/jan/1857_mossialos_intl_profiles_2015_v7.pdf?la=en
- Health Statistics for the Nordic Countries, Nomesco, 2016. See also: https://norden.diva-portal.org/smash/get/diva2:1034907/FULLTEXT04.pdf
- Nursing Programme, Sahlgrenska Academy – University of Gotherburg, 2017. See also: http://sahlgrenska.gu.se/english/education/degree/nursing-programme/?r=ss

Switzerland

- Federal Office of Public Health, Bundesamt für Gesundheit, 2017. See also: https://www.bag.admin.ch/bag/en/home.html [some information only available in German and French]
- Strategie eHealth Schweiz, Bundesamt für Gesundheit BAG, 2017. See also:https://www.bag.admin.ch/bag/de/home/themen/strategien-politik/nationale-gesundheitsstrategien/strategie-ehealth-schweiz.html
- Electronic patient record, Ehealthsuisse: Swiss Competence and Coordination Centre of the Confederation and the Cantons, 2017. See also: https://www.e-health-suisse.ch/en/electronic-patient-record.html

UK

- The NHS in England, NHS choices, 2017. See also: https://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx
- Sustainability and transformation parnterships (STPs), NHS England, 2017. See also: https://www.england.nhs.uk/stps/

Contacts

Karen Taylor
Director Centre for Health Solutions
+44 20 7007 3680
kartaylor@Deloitte.co.uk

Deloitte Centre for Health Solutions

The Deloitte Centre for Health Solutions is the research arm of Deloitte LLP's health care and life sciences practices. Our goal is to identify emerging trends, challenges, opportunities and examples of good practice, based on primary and secondary research.

The Centre's team of researchers seeks to be a trusted source of relevant, timely and reliable insights that encourage collaboration across the health value chain, connecting the public and private sectors, health providers and purchasers, patients and suppliers. Our aim is to bring you unique perspectives to support you in the role you play in driving better health outcomes, sustaining a strong health economy and enhancing the reputation of your industry.

Web: **www.deloitte.co.uk/centreforhealthsolutions**

Sign up for our weekly blog: blogs.deloitte.co.uk/health/

Deloitte.

Designed and produced by The Creative Studio at Deloitte, London. J13320