



Annual report 2016
The Health and Social Services
Ombudsmen in Norway

Preface

In 2016 the Health and Social Services Ombudsmen dealt with around 15,000 cases. Their collective goal is to be a key supplier of patient experiences. The Ombudsmen focus on running an unbureaucratic and efficient scheme. Only a brief period should elapse between a request being made and necessary action being taken. We are a low-threshold solution and provide feedback to the health services. We acknowledge that dialogue with the parties can offer a better result than a formal complaints process, which can be prolonged. The mode of working relieves the work of the complaints bodies. It is important that Ombudsman offices are available locally throughout the country, so that we can assist directly when conflicts arise.

In our meetings with patients, users and relatives, we must create realistic expectations as to what the Ombudsmen can help with and what can be expected and required from the health and care services. The Ombudsmen emphasise the need for expertise within communication

and relationship-building. Some cases are so serious that they should be handled by the county governor, or financial compensation should be sought. The Ombudsmen have extensive experience of helping patients and users put their case on the right track.

The Health and Social Services Ombudsman is primarily contacted by patients, users and relatives who have objections to the treatment they have received. At the same time, we know that a lot of good work takes place in the health and care sector. This is a perspective we must not lose. Every day, health personnel work hard and make a difference to individual people. The Ombudsmen commend health personnel. We commend those who spend their professional lives giving the rest of us appropriate and proper health care at the right time.

Sometimes things go wrong. That's when the Ombudsmen offer an accessible and independent scheme that works to ensure

that the needs, interests and legal rights of individuals are addressed in their meeting with the health services. In the annual report we emphasise some of our experiences in the year that has just passed, and our recommendations for quality improvements.

The annual report is prepared in digital format only.

The annual report is available in Norwegian, Sami and English. The reports may be found at pasientogbrukerombudet.no.

Best wishes,

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The Ombudsmen recommend

- an information campaign directed towards the country's inhabitants in order to create knowledge about patient and user rights
- an information campaign directed towards service providers in order to create knowledge about patient and user rights
- that the health services must notify patients and users to a greater extent about the Health and Social Services Ombudsman scheme
- that the supervisory scheme should be strengthened
- that patients waiting over one hour beyond a specified appointment time at their GP should not have to pay
- that the GP scheme should be evaluated
- that young persons between 16 and 18 years of age should not pay a user fee at their GP

Introduction to the Ombudsmen's activities

There is a Health and Social Services Ombudsman in each county, and these bodies work closely with each other. Section 8-1 of the Act on Patient and User Rights states that the Ombudsman's work is twofold. The Ombudsman shall:

- work on individual cases
- contribute to quality improvements in the health and care services

Around 15,000 people contacted the Health and Social Services Ombudsmen in 2016, and this concerned a total of 17,600 different issues associated with the health and care services. An individual often has several issues he or she requires advice, assistance, information or guidance about. 60% of issues referred to specialist health service. 40% issues referred to municipal health and care service:



Individual cases

Ombudsmen are important recipients and communicators of patient and user experiences.

Anyone can refer themselves to the Ombudsman. Those who contact the Ombudsman comprise patients, users, relatives or staff in the health and care services. It is possible to make contact anonymously, and the service is free. Ombudsmen shall be an accessible low-threshold service for anyone who has questions, feedback or complaints in connection with the health and care services.

Ombudsmen attach importance to face-to-face meetings. The assistance is often based on listening, asking questions, providing information about options, helping to structure thoughts and ideas and offering advice.

If there are grounds for escalating a case, this will take place in cooperation with the patient. One or more of the following options will often be available:

- raise the case directly with the service location, provide feedback or ask for a dialogue meeting
- submit a complaint to the county governor
- seek compensation from the Norwegian System of Patient Injury Compensation

The Ombudsmen's work is characterised by close and direct contact with patients, users, relatives and service locations.

Raise the case directly with the service location

The majority of people who contact the Ombudsmen are dissatisfied with some aspect of the service they have received. Trust in the service location may be reduced or completely absent. This may have unfortunate consequences, especially for patients who depend on receiving further services.

Some people wish to contact the service location and describe their experiences, submit a complaint or provide feedback. In a number of cases the Ombudsmen assist in establishing contact with service providers, and the Ombudsmen can also participate in meetings. The objective is to provide the patient or user with an opportunity to communicate their experience, be given a chance to ask questions, perhaps receive an apology, feel they have been understood and that their trust has been reinstated. The role of the Ombudsmen will then be to pave the way for a positive dialogue.

Such meetings can be of great significance to patients, users and relatives and can provide both parties with greater understanding and learning. A successful meeting can also result in cases ending up on the “right track”, avoiding the need for the case to be escalated to other arenas, but to rather be resolved through the meeting.

Complaints to the county governor

The county governor is both a complaints body and supervisory authority and represents a central legal rights function. There are two types of complaints that are relevant:

- legal rights complaint – when a right has not been fulfilled
- regulatory complaints – when the services received have not been in compliance with health legislation

Certain cases should absolutely be submitted to the supervisory authority. In other cases we offer guidance to patients, users and relatives regarding what they can expect from complaining to the county governor about an incident they are dissatisfied with. This is in order to create a realistic expectation of what can be achieved. In such cases we may also recommend other ways of following up the case.

Compensation from the Norwegian System of Compensation to Patients (NPE)

The Ombudsmen provide information about the possibility of seeking compensation when a patient has been injured. If there is a need for assistance, the Ombudsmen also help with the submission of application papers.

It is the experience of the Ombudsmen that health personnel are aware to varying degrees of the duty they have to provide information about the opportunity to apply to the Norwegian System of Compensation to Patients. Health personnel also possess varying degrees of knowledge about the possibility of contacting the Health and Social Services Ombudsman. We feel that knowledge in these areas is better within the specialist health service than the municipal health and care services. This is also reflected in the distribution of cases to the NPE from, respectively, the specialist health service and the municipal services.

The work to achieve quality improvements across the services

The Ombudsmen are in daily contact with staff at service locations in order to resolve cases. The patient and user experiences that these cases represent provide a good basis for offering input to service locations on how the services can be improved. We provide vital feedback within the relevant service areas and are used as consultants with an “outside view”.

The Ombudsmen attend the respective health authority’s user council and Patient Safety and Quality Committee. The Ombudsmen meet local council officials and politicians. The Ombudsmen conduct annual meetings with the health authorities, county medical officers, the Norwegian Board of Health Supervision and other levels of administration and contribute to useful and important knowledge exchange.

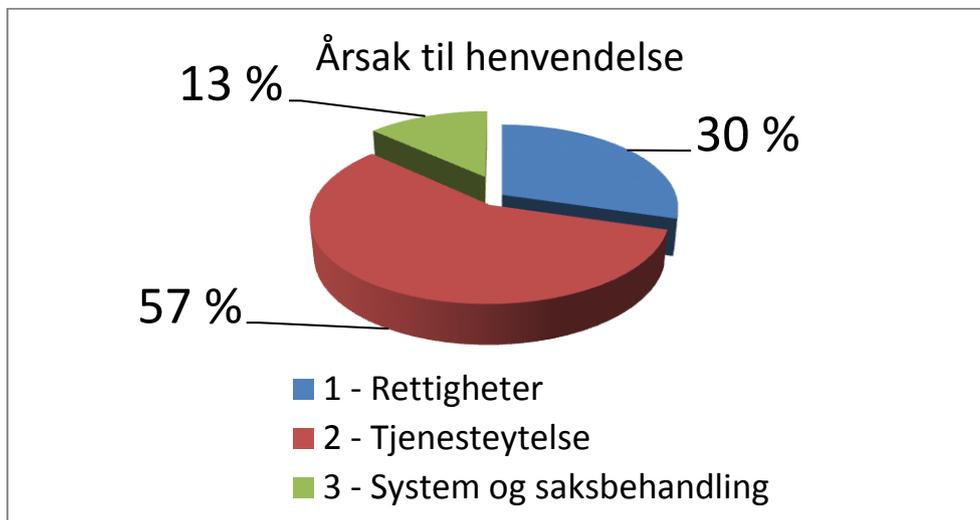
Members of parliament also receive information about the Ombudsmen's experiences through Ombudsman participation in parliamentary consultations and direct contact with the various counties' MPs. The experiences of the Health and Social Services Ombudsmen are used in the annual Report to Parliament on quality and patient safety in the health and care services.

The Health and Social Services Ombudsmen contribute with submissions within our field of activity.

Reasons for contacting the Health and Social Services Ombudsmen

In order to provide the most accurate feedback to the health service, the Ombudsmen register three main categories into which cases are sorted. These categories are rights, service providers and system, and case processing. Well over 50% of cases referred to the Ombudsmen are about dissatisfaction with the actual performance of the service they received, ranging from injuries incurred to a lack of care. 30% of cases are associated with rights, most often suspected breaches of patient and user rights. 13% of cases we identify as faults in systems designed to address patient safety and flow in patient treatment, as well as lack of knowledge, confusion and time-wasting in case processing, which impacts patients and users.

In nearly all cases the Ombudsmen find elements of missing or inadequate information. Proper and appropriate communication between health personnel and those who receive services, including their relatives, is crucial to patient safety.



External information about rights and the Ombudsman scheme

The Ombudsmen work actively to enhance knowledge about patient and user rights and the Ombudsman scheme. We hold lectures for user organisations, staff at hospitals and in local government services, students, pupils, immigrants attending introductory courses, municipal councils, senior citizens' associations, political and administrative committees. In external activities we also gain much knowledge on how the services are perceived. The Ombudsmen are also used as lecturers at national and regional courses and conferences.

The Ombudsmen took part in Arendal week in August with a stand, lectures and participation in events.

Politicians have expressed a wish that Ombudsmen increase the proportion of cases from the local government services. This is a wish that the Ombudsmen share. In order to achieve this, it is crucial that the Ombudsmen have the mobility to meet people where they live and where services are provided. With an increased transfer of services from the specialist health service to local governments, this becomes even more important. Present-day resources set restrictions in the scope of this work.

Selected topics

Right to submit a claim in theory only?

Patient and user rights shall contribute to “Patient’s health service”. This assumes that patients and users know their rights, claim their rights and also complain if they believe their rights are not being fulfilled. This also assumes that service providers know their rights, practise them and ensure that their patients and users are familiar with them. It further assumes that a complaints body is in place that effectively contributes to ensuring that services are operated in line with laws and regulations. There are failings here in all three areas.

A serious legal rights problem is that there is a lack of knowledge about complaints processing and patient rights in the health service. We note that in many instances service locations that receive a complaint do not know how to process it. Some complaints are treated as a new application in which the complainant will receive a new refusal. Some service locations process the complaint but do not forward it to the county governor as they should, if they uphold the original decision that the complaint concerns.

There are also examples of service locations not having been able to identify that a complaint has been submitted. Patients and users also describe situations where they feel pressured into desisting from submitting a complaint. They are informed that if they are granted the services they have applied for, other patients will

“We applied for evening supervision for our mum from the district nurse. The head of municipal affairs said that if they approved this, then it would affect the services of other patients who needed the district nurse. I think it is difficult that I have to take responsibility for this”

receive a poorer service.

Some service locations have issued statements that compare complaining with an attempt to “jump the queue”. Patients and users state that they are reluctant to complain to the health service because they do not want to be perceived as being difficult. At the same time we see that the overall reversal percentage at the respective county governors for those who complain, is relatively high.

Raising awareness and improving knowledge about patients’ rights and appeals procedures in the health and care services is necessary. Measures should be implemented to ensure that the services make it easier to complain and that they process complaints correctly and with good will.

The Ombudsmen are also concerned about the long case-processing times among some county governor’s offices. There are also examples of cases in which the county governor returns a case for new processing in the municipality, without this resulting in clarification. Instead, there is a new round at the county governor. Patients and users feel like they are being sent from pillar to post in the system, in which the total case processing time is so long that filing a complaint is no longer a genuine right. It is not sufficient to have politicians who continuously add new patients’ rights and various forms of guidelines. Politicians must also assure themselves that, in terms of capacity and organisation, the health service and supervisory authorities are capable of fulfilling the expectations that the rights provide.

The Ombudsmen place great emphasis on resolving cases in collaboration and dialogue with the parties, before it becomes a formal complaint. It will often be better for the parties that the case is resolved in collaboration with the Ombudsman than for it to become a decision for the county governor several months into the future. The Ombudsmen are engaged in advocacy and focus on contributing where the conflicts actually arise. We often use dialogue meetings as tools, in which we can contribute with information and reality check to the

benefit of both the service location and user. This mode of working means that we can often resolve cases more effectively and at the lowest possible level. It is also more likely that trust in the services can be restored and cooperation between the parties improved when conflicts are jointly resolved. This way of working can also contribute to increased focus on quality among the services. It is our objective that this working methodology also redresses the capacity problems experienced by the county governor's offices.

The Ombudsmen call for and recommend the following:

- an information campaign directed towards the country's inhabitants in order to create knowledge about patient and user rights. The Ombudsmen would be happy to help in this work
- an equivalent campaign directed towards service providers
- a strengthening of the supervisory programme
- that the health services must notify patients and users to a greater extent about the Health and Social Services Ombudsman scheme

National office for health service appeals – the process is still too slow

Patients who believe they have sustained a treatment injury as a consequence of inadequate healthcare can apply for compensation to the Norwegian System of Compensation to Patients (NPE). If the patient disagrees with the decision that is made, they may submit a complaint to the national complaint body for the health service, Helseklage. This body will ensure the patients' right to have their case assessed by two independent bodies.

On 1 January 2016 the Patients' Injury Compensation Board was reorganised and moved from Oslo to Bergen. Like many others, the Ombudsmen were already critical of the process and asked questions concerning the preliminary work and feasibility of the schedule. There are historical grounds for this criticism.

The Norwegian Ministry of Health and Care Services (HOD) was notified by the Patients' Injury Compensation Board (PSN) that the expected case processing time would increase considerably as a result of the reorganisation. As early as 2012, the Office of the Auditor General maintained that the Patients' Injury Compensation Board did not have sufficient capacity to address the increase in complaints. The situation was further aggravated by the reorganisation, albeit temporarily. Prior to the move, the case processing time was 12 months. As at 1 April 2016 it was anticipated that the case processing time would increase to 24.5 months by the end of 2016. Patients were notified that the case processing time was 20 months but that “in the coming months you should make allowances for an even longer case processing time”. The Director of the national office for health service appeals recently stated in the media that the expected future case processing time at the turn of the year 2016–2017 was down to 13–14 months. The Ombudsmen expect that persons applying for compensation to be given corresponding information.

As Health and Social Services Ombudsman, we are concerned about patients' legal rights and that their right to have their case processed is appropriately addressed.

For many patients, a treatment injury can result in major changes to their life. Some of them are unable to continue working. Others have to modify their houses in order to function properly in their daily lives. Some patients have a reduced life expectancy as a consequence of a patient injury. For such people it is of great significance that their case is processed in the shortest possible time, while also maintaining quality.

When we know that the PSN alters the compensation amount in 32% of cases, it is important that processing times are kept to a minimum. Reasonable case processing times are crucial in order to maintain trust in the national office for health service appeals and in the health authorities' ability to address patients' rights.



The processing deadline is detrimental to the overall patient pathway

The specialist health service shall give patients who are entitled to essential health care a deadline for when the patient shall receive the care. The deadline may be met by commencing assessment or treatment. The regional health authorities are measured on whether the deadline is met. Figures from the Norwegian Patient Register indicate that the deadline is met to a greater degree than previously in that more patients are called in for an assessment and fewer to treatment. The Ombudsmen share the concerns over this development. In the Ombudsmen's experience, patients are called to an initial consultation within the deadline, but there is insufficient focus on ensuring that the time usage in the ongoing patient care process is in line with good practice. The Ombudsmen are concerned that the focus on avoiding a breach of deadline for the start of treatment will impact the quality of the total patient care process.

Patients report that they they are offered an initial consultation quite quickly. Following this, nothing much happens. Some patients have to wait four months before the situation is clarified. Patients have experienced spurious arguments for why the treatment was postponed. One patient received a letter to the effect that the hospital needed a new assessment before treatment commenced. At the same time the patient received a verbal message to the

After the preceding assessment, the patient was referred to the hospital for a stomach operation. The patient received a letter informing them of their right to health care with a deadline for assessments/treatment. Both the GP and the patient expected the operation to take place within the deadline of the clarified treatment need. The patient only received a consultation before the deadline, and the operation did not take place until one year later.

effect that it was a lack of capacity that was the primary cause of the long waiting time.

Check-up appointments at hospitals are put back in order to free up capacity so the deadlines are not exceeded. Essential check-up appointments are an important part of the entire patient care process; this is no balancing item. In our dialogue with health personnel we receive feedback to the effect that they are not very familiar with the regulations relating to treatment deadlines, that they are difficult to understand and not compatible with day-to-day clinical activities.

Political objectives aimed at avoiding deadline breaches have resulted in reporting requirements. The reports do not show the entire picture but the respective health authority's ability to adapt themselves to these objectives.



Children and young people

The Ombudsmen receive few cases from children themselves. The Ombudsmen are often contacted by relatives who feel that their assessment of a need for help has not been addressed. There could be disagreement about the form, scope and expertise in the help offered. Experiences suggest that when a child is sick or needs extensive support, the whole family is affected. It is therefore important to ensure that the right help is in place quickly.

Users who require extensive help are often faced with major challenges, especially with municipal service providers. The service varies between municipalities in terms of expertise, organisation and resource use. In cases where the situation has become acute, we have positive experiences of the use of dialogue meetings in order to identify new and better solutions.

We also meet families who have chosen to move because they have heard that the new municipality would be able to provide a better service than the one they were moving away from. The Ombudsmen are working to ensure that families who need comprehensive help must be ensured sufficient help regardless of their municipality of residence. Reference is also made here to the objective stated in the Act on Patient- and User Rights that “the population shall have equal access to good quality services”.

Children who are patients at a hospital should receive treatment in a ward suited to their age. It can be difficult for a 16-year-old to be admitted to an adult ward. In this respect, a young person’s individual needs should be addressed. Children and young persons are particularly vulnerable when it comes to questions of health. In respect of children and young persons who are to receive outpatient treatment, it is important that the appointment times are, as far as possible, adapted to the individual’s school timetable and life situation. Too much absence from school should be avoided. The “differentness” that children and young persons with treatment needs represent should, as far as possible, be minimised with a high degree of sensitivity and flexibility in relation to this.

The respective health authorities are obliged to establish young persons' councils at hospitals to ensure the involvement of young persons and to ensure optimal transitions from child patient to adult patient. The Ombudsmen believe it is important that young persons' councils are established at all hospitals.

Preventive work must be strengthened. It is important to have a good and accessible maternal and child health centre and school health service, and it is important that children are seen and listened to. Many patients suffering from mental illness at an adult age communicate childhood stories that leave an impression. "A good childhood lasts a lifetime", as they say. The same applies to a bad childhood. With knowledge about such childhood stories, there is reason to emphasise the importance of preventive work and early intervention.

Patients who require mental health care

Many of the cases to the Ombudsmen are about issues surrounding a patient's mental health. Examples of this could be questions about the right to receive treatment, the quality or scope of the treatment, requests for rectifying and deleting medical records, delayed or poor interaction between service levels, medication, questions regarding medication-free treatment. The list goes on.

Many cases that concern the treatment of mental illness are from the patient's relatives. The relatives' knowledge and experiences are an important and valuable contribution in order to address the patient's situation, and should be used more than they currently are.

In the Ombudsmen's experience, the transition from the specialist health service to municipal treatment and follow-up can be poor and represents a challenge to the patient.

We receive cases that concern medication-free treatment. The demand for medication-free treatment is considerable, particularly in respect of patients who have used extensive medication over an extended period, and where minimal improvement and extensive side-effects have been experienced. In its letter of instruction to the health authorities in both 2015 and 2016, political leadership has decreed that medication-free treatment options shall be established. These are not yet in place in all locations. There is disagreement in the specialist fields on the establishment of such treatment centres. As Ombudsmen we believe that such an option must be put in place in the "patient's health service" and also emphasise the inherent importance of keeping political promises made to a patient group.

A patient with a serious mental disorder received extended treatment in the specialist health service. Before being discharged, an application was made for follow-up from the mental health team in the municipality. It took six weeks before the patient received a response from the municipality in which the patient was given a one-hour appointment every other week. The municipality was invited to a family support team meeting, but did not show up. Three months after the patient had received a response, the follow-up had still not started. The patient submitted a complaint about this in collaboration with the Ombudsman. The appointments only started after the county governor had been notified of the situation.

New supervisory methods provide the basis for better services

In 2016 the Parliamentary Ombudsman's preventive unit has demonstrated serious regulatory breaches concerning the inspection of institutions in the matter of patients being sectioned and detained. The Ombudsmen are positive about the work of the Parliamentary Ombudsman in this field. The Parliamentary Ombudsman's work can have a preventative effect and prevent regulatory breaches towards a vulnerable patient group. The Ombudsmen have also noted that the Parliamentary Ombudsman has announced that the inspections will take place without stipulating the specific date of the actual visit beforehand. This will lessen the chance of institutions dressing up their operating conditions or modifying information during the actual inspection. The Ombudsmen believe this is a working method that county governors and health authorities can benefit from to a greater extent in their inspections of the health and care services. We have also noted the interdisciplinary cooperation between county governors in Hordaland, Rogaland and Troms counties regarding poor healthcare for a teenager known as "Ida", cf. inspection report "They don't understand me". The Ombudsmen agree with the recommendations of the report: An assessment should be made as to whether there is a need for development work to ensure better methods for the county governors' work in the most serious cases.

Generally speaking, the Ombudsmen experience significant variations among Norway's county governors when it comes to complaints processing, inspection procedures and case-processing times. We also see isolated examples of new methods of approach and working methodology, especially within psychiatric health care. This is encouraging.

In 2016 the VG newspaper revealed that the use of restraints when sectioning and detaining patients is under-reported to the central health authorities. The consequence is that the extent of such use of force is not known. The Ombudsmen believe that this under-reporting is unsustainable. Concrete measures must quickly be put in place to ensure better and easier reporting of the use of force.

Lack of interaction and participation by addiction sufferers

The waiting time for treatment of addiction sufferers has become shorter, but the Ombudsmen have experienced that many of them have their cases for addiction treatment rejected. Patients report difficulties following discharge from the specialist health service. A lack of accommodation, or poor housing, prevent successful rehabilitation. Interdisciplinary specialist treatment could be regarded as virtually futile if the patient does not receive proper and suitable accommodation following discharge. For most people, accommodation that is not associated with a alcohol/drug-charged environment is a prerequisite for being able to remain alcohol/drug free. Accommodation with differentiated staffing levels is requested by both patients themselves and staff in the respective services.

DAR (Drug-assisted rehabilitation) patients often complain about the choice of medication, delivery point and delivery procedures, as well as a lack of individual assessment and involvement.

We see many shared experiences among patients afflicted by alcohol or drug dependency and patients receiving psychiatric health care. In many cases it transpires that they are neither aware of nor have they been offered individual plans (IPs), or they have an IP that is outdated and not being used. Our experience is that if an IP is used as intended, it gives the patient a greater chance of participation and predictability. It can also contribute to better cooperation between those responsible for following up the patient, as well as strengthening and following up on the treatment.

The users' views on what it takes for the treatment and rehabilitation to be successful shall be established and entered into their medical records. "What is important to you?". The answer should provide some guidelines for what is offered.

Knowledge is the key to equality across the health services

The Act on Patient- and User Rights shall help ensure that everyone has equal access to good quality services, promote trust and social security, and maintain respect for the individual's life, integrity and worth. For many immigrants this right is challenged in that they are not sufficiently fluent in Norwegian and that they are not familiar with the Norwegian health service.

Equality across health services assumes equal access to information and equal opportunity for participation. The information must be provided with the immigrant population in mind and in the communities where they live and work. We cannot expect those who are not familiar with the systems to seek out the right channels themselves.

Some patients depend on interpreters in their meeting with the health service. The Ombudsmen have encountered employees both in the specialist health service and municipal health and care services who argue that it can be difficult to access and obtain funding for interpreting services. We have heard from patients who have not been offered the help they should have received because an interpreter was not used. Patients have not understood the information issued, and health personnel have not understood how the patient has described his/her symptoms, previous treatment, illnesses in the family, etc. In our feedback to service locations, we emphasise their responsibility for making provision for appropriate communication. Management involvement, planning and budgeting for essential expenses for qualified interpreters is necessary to ensure the legal rights of language minorities and to ensure that they receive appropriate health care.

Patients with mental health conditions have told the Ombudsmen that they have been denied essential health care simply because the service location believes there are professional reasons why they cannot provide the care using an interpreter. After the Ombudsman has made contact, the service is provided. It must be an absolute requirement

that the health service ensures that patients receive the necessary health care without the patient's receiving assistance from a Health and Social Services Ombudsman in order to complain.

Challenges attributable to language are also increasing in local government services. The number of older immigrants with Norwegian as a second language is growing increasingly and, unlike in the past when they were often looked after by family, more will request municipal health and care services. What do we do when the district nurse is to visit a woman who has forgotten her knowledge of Norwegian as a consequence of dementia? What do we do with the old man in the nursing home who only speaks Somali? A good collaboration with immigrant organisations is necessary to develop the service so that all residents in Norway receive the help they are entitled to.

Health among immigrants as a topic should be integrated in the most important health conferences, unlike today where it is mainly at special conferences that this is the main topic. Most often at these conferences, it is people who are already interested in the field and possess knowledge who attend.

Do GPs fulfil their role?

GPs play an important role in the public health service in Norway and receive much praise. In addition to offering health care themselves, they are our gatekeepers, or perhaps rather door openers, into other parts of the health service.

Patients experience telephone availability as being worse than stipulated in the GP regulations. It takes a long time to get an appointment, and when a patient eventually arrives at the GP's office, he/she often has to wait a long time. Home visits are difficult to arrange, and collaboration partners are requesting more cooperation with the other health

and care services in the municipalities. There are also challenges connected with recruitment of GPs in the districts. Patients experience being without a GP. Several locations are using temporary staff as a matter of course. One of the purposes of the GP reform was to contribute to continuity in the doctor-patient relationship. The health authorities must implement measures to ensure availability and continuous GP services throughout Norway. In the experience of the Ombudsmen, the requirements of the General Practitioner regulations are insufficiently followed up by local authorities.

**“You have been placed
on a GP list that
currently has no GP”.
Heading in letter to
inhabitants in a
Norwegian municipality**

In the specialist health service, patients who wait more than an hour beyond the agreed appointment time at an outpatient clinic have their user fee waived. On the other hand, they must pay if they miss the appointment and do not submit notification 24 hours in advance. Patients are also obliged to pay if they do not cancel a GP appointment in time. However, a GP will not waive the user fee, even if the patient had to wait for more than an hour. There is no reason why an equivalent regulation as used in the specialist health service could not be introduced into the GP scheme. Payment exemption in the case of long waiting times at a GP's office could perhaps lead to a better organisation of the service.

Long waiting times can also be a symptom of a lack of resources. The scheme is assigned new tasks, treatment options increase and patients' rights are strengthened. This increases the patient's need for information which, in turn, requires more time during consultations. Increased internal communication within the local authority, between home care services and GPs, and between those who make decisions about the municipal health and care services and GPs is being highlighted from several quarters. Patient experiences shared with the Ombudsmen show that a lack of interaction between the various assisting bodies is often the cause of something going wrong.

We must also safeguard young persons in their meeting with the health service better than we do today. When you have reached the age of 16, you are in principle of legal age when it comes to health care, i.e. you are on an equal footing to adults, are entitled to receive information and make decisions about your own health. In principle, health personnel have a duty of confidentiality towards parents and other relatives of patients over 16 years of age. In other words, if you have reached 16 years of age, you may, with certain exceptions, decide whether your parents shall be notified in the event that you require health care.

But a 16 year old is not exempt from paying a user fee. For many, this means they must ask their parents for money to cover the user fee. This means we restrict the opportunities of young people to realise important aspects of being of legal age at 16 in health matters. There is considerable focus on young persons and their health and on the need for some of them to refer themselves when experiencing problems connected with physical and mental health, difficulties at home or at school that are problematic to talk about with the family.

It would be natural that the legal status in health matters of 16-year-olds is followed up with exemption from paying the user fee until they had reached the age of 18 in order for the right to have any meaning.

The Ombudsmen recommend that:

- patients waiting over one hour beyond a specified appointment time at their GP should not have to pay
- the GP scheme should be evaluated
- that young persons between 16 and 18 years of age should not pay a user fee to their GP

“It’s the old communication issue again”

The quote in the heading may be recognised from many conversations the Ombudsmen have had in recent years with patients, relatives and health personnel. Unfortunately, communication is more often described as a commodity in short supply rather than a resource.

Interaction around the discharge-ready patients remains a challenge throughout the country. The Ombudsmen talk to patients and relatives who say they are made to feel like they are a problem, both for the specialist health service, which is “finished” with its part of the job, and for the local authority that does not have the necessary services in place for the patient/user. This results in increasingly more temporary and poor solutions whereby, in a worst case scenario, the patient does not receive the full benefits of the treatment that was provided, precisely because the follow-up is insufficient and/or wrong.

In their dialogue with employees in the specialist health service, patients and relatives have expectations that the municipality will follow-up the patient with specific services following discharge from the hospital. These expectations are not always met. In our experience, the specialist health service largely deals with diagnoses and how these should be followed up, while the municipality’s health and care service focuses on the patient’s functional level and how the need for services can be addressed. We believe these differing angles of approach represent challenges to interaction.

The Ombudsman sees particular challenges in the total services within rehabilitation and habilitation. The patient is most concerned about the best and correct service being defined, identified and offered to him or her at the right time. It is less important to the patient *who* is responsible, as long as responsibility has been allocated and is taken seriously by the relevant party.

There is also a lot of work being done to create positive and safe pathways for the country's citizens across levels of care for the patients and users who need it. Agreements that define responsibility are in place for many areas that form part of the term "interaction". The Ombudsmen feel that in spite of all the good work, there is a long way to go until safeguarding of the individual patient can be perceived as safe, planned, prepared and with a clear delegation of responsibility.

Elderly people must speak up!

The Ombudsmen are in contact with many people who confirm the impression that there continues to be an extensive fear of complaining among the elderly and their relatives. Many patients and users do not wish to be a bother and they do not wish to appear as being ungrateful. The Ombudsmen find that both relatives and patients wish to pursue any grievances they may have but that the fear of negative consequences stops any feedback or complaint to the service provider. This gives cause for concern. The Health and Social Services Ombudsmen have experienced that in the vast majority of cases feedback has been received in a constructive way and used for change and learning. Provision must be made for grievances to come to light and be registered so that the matter can be rectified. This annual report discusses the service providers' processing of complaints in another chapter.

Service providers within health and care develop and utilise increasingly new systems and technical solutions in which the purpose is to provide better and more effective services. Not all of the solutions are equally available and usable for all patients and users. Some municipalities do not have alternative solutions available. The Ombudsmen would draw attention to how

A 94-year-old man living at home was unable to order food from the municipality because he didn't have a computer.

The relevant municipality did not have alternative solutions available.

important it is to conduct appropriate risk and vulnerability analyses before the introduction of new technology. It is also very useful and important to involve users in the planning and introduction of new systems.

In the same way that we believe there are not enough complaints about the quality and scope of services, the Health and Social Services Ombudsmen are concerned that the real need for help is not highlighted. We meet people who refrain from seeking the necessary help because they are convinced that there is no point and that it will end with a refusal. There is a sense of resignation among patients and users. This is particularly important to note in an election year. We advise everyone to be accurate with the facts and nuances when the health service is being discussed.

The Ombudsmen are particularly concerned about elderly or sick people who are living alone and do not ask for help. Oslo municipality has positions as senior consultants in the urban districts. These are local government employees who contact elderly people who do not have a relationship with the public care services. The objective is to engage in health-promoting conversations. Senior consultants can notify the elderly citizens and also form a picture of potential needs in the short and long term. Senior consultants can help to prevent some of the problems described in the sections above. This could be a positive measure.

You can find more information about how the Health and Social Services Ombudsmen work along with links to relevant legislation and addresses and telephone numbers for all Ombudsmen at www.pasientogbrukerombudet.no

