Changes in Oslo hospitals – for the good of the whole country

There has been a lack of clarity regarding the service offered by Oslo hospitals, and they have not been geared to patient’s wishes and needs. Nor have their services been aligned to the special challenges facing Oslo, with its large group of substance users, a multi-cultural population and wide social disparities. Consolidation was called for. This is what the South-Eastern Norway Regional Health Authority was assigned to do, and the process is under way.

In 2007 the Norwegian government merged two regional health authorities to form the South-Eastern Norway Regional Health Authority. The main reason for doing so was to achieve better coordination and use of resources in the capital city and surrounding area. No less than 28 specialist areas were spread between two or three sites in Oslo. There were A&E facilities, manned around the clock, at five hospitals less than 15 minutes drive from one another. Hospital activities were being run in 70 buildings, many of them old and inadequate.

The ongoing capital city hospital process is an impressive piece of work.

**Strengthened specialist communities**

In Oslo, three hospitals were merged to form the Oslo University Hospital. Specialist communities have been consolidated through the merger, and the hospital is busy developing some of the largest and most robust medical specialist environments in the Nordic countries.

This will have a positive effect on research, developments in specialisations and opportunities to provide the best patient treatment. A single processing course and «one door» access will result in greater equity in the services offered. Patients in a large catchment area will all have the same waiting times. The use of equipment and personnel in the combined health trust will be more efficient. Patients in need of radiation therapy and treatment for prostate cancer are already noticing the improvement in service.

At the same time, Oslo University Hospital is establishing a clearly defined local hospital service for the people of Oslo, with services aligned to the challenges presented by the capital city area.

**Akershus University Hospital – best for common complaints**

When the Norwegian Storting (parliament) gave the go ahead to start building the new Akershus University Hospital in the national budget for 2004, the intention was that it would cater for patients from the north-eastern suburbs of Grorud, Stovner and Alna. Norway has invested NOK 8 billion in a new, modern hospital three-four kilometres outside the Oslo city limits. Akershus University Hospital can deal with all the usual complaints on streamlined, user-friendly premises. There was never any intention that people living close to the hospital should not have access to these first class services because they live on the other side of an invisible city boundary.

Responsibility for the inhabitants of Grorud and Stovner was transferred to Akershus University Hospital in 2004. Patients living in Alna were transferred to Akershus University Hospital in 2004. Patients in need of radiation therapy and treatment for prostate cancer are already noticing the improvement in service.

From 2011, together with patients from the six municipalities in the neighbouring Follo district. The Minister of Health approved this decision in November 2008.

What is changing is the population sector for which the various hospitals are responsible. Money and personnel are being redistributed in order to meet these responsibilities. The same number of patients will have the same hospital services in the Oslo area both before and after the reshuffle.

Oslo has around 20% of the population in the health region, but over 40% of the hospital doctors. The region around the capital is also very well supplied with doctors compared with the rest of Norway. They will continue to provide services for the same population. From 2011, some doctors, nurses and other healthcare personnel will be doing so from a different hospital a few kilometres away from where they are now.

We have a national responsibility to ensure that the overall number of doctors and nurses in the capital area does not rise as a result of the changes being made. The staff increase at Akershus University Hospital will be balanced by a corresponding reduction in the number of staff at Oslo University Hospital.

**Cooperation on services**

The Coordination Reform singles out a number of services that must be coordinated among municipalities and hospitals. The South-East Regional Health Authority plans to achieve this through a number of programmes throughout the regions. There are a number of important projects and programmes under way in Oslo. It is important that Oslo Municipality also makes its plans for future health services more concrete. Only when we collaborate as equal partners can we develop the best services for our patients.

The health authority’s restructuring programme entails other hospital regions outside Oslo being able to give their populations 80–90% of all the treatment they need. This means that the hospitals outside Oslo will be able to relieve Oslo University Hospital and take back more of the treatment of the individual patient.

**Good leadership, participation by employees and users**

I understand that many people are feeling disquiet at the changes now taking place in the Oslo area. But I also know that very many people in Oslo and the rest of Norway are expecting us to make a long awaited change in the capital city.

It is demanding to make such a major change within a system based on annual financing frameworks laid down by the Storting. We have therefore started work on long-term financial plans that will provide a solid foundation for changes over a number of years like the one we are now carrying out in the capital.

An impressive amount of work is being put into the capital city process. There are an enormous number of activities. Risk assessments are being made continuously, so that measures can be applied before there are negative consequences for patients. This is only possible thanks to the dedicated and skilled leadership we have in Oslo, and the active participation of staff and users.

The intention behind the restructuring is to secure national cutting-edge functions and world class research and innovation, while offering the people of Oslo good and appropriate services within the economic framework at our disposal.

Bente Mikkelsen
South-Eastern Norway Regional Hospital Trust

Conflicts of interest: None

The manuscript was received on 8 October 2010 and approved on 18 October 2010. Medical editor Anne Kveim Lie.