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# **First things first**

*Prioritisation principles for municipal health and care services and publicly funded dental health services*

**Report by the committee appointed by Royal Decree of 05 April 2017.  
Presented to the Ministry of Health and Care Services on 13 December 2018.**

# 1 Summary

Prioritising is defined as putting things in order of importance. Decision makers in the health and care sector must often make difficult decisions that involve prioritising certain service areas, service users or patients. Resources must be distributed across several different areas, such as prevention measures or places in nursing homes and rehabilitation facilities. Employees must structure their workday to the greatest benefit of patients and service users. Prioritisation principles offer guidelines for these decisions. In other words, it is not a question of *if* we should make priorities, but rather on what principles our decisions should be based.

Without clear principles, the distribution of health and care services would become more random, and the goal of equal access would be more difficult to achieve. These principles must be founded on values that have broad legitimacy in the population. Prioritisation principles should ensure that resources are utilised wherever they offer the greatest benefit, and for those who need them the most. The goal is to achieve transparent and verifiable processes, where decisions are built on prioritisation principles that apply across municipalities and county councils.

In Norway, we have a long-standing tradition of working systematically with priority-setting issues in health care services. Since 1987, four official reports have assessed priority setting in health care services: The Lønning Committee I (1987) and II (1997), the Grund Committee (1997) and the Norheim Committee (2014). A working group in 2015 was tasked with determining how to assess severity of illness in priority setting in the health care services (Magnussen Working Group). This work focused primarily on priority setting in specialist healthcare services and the reimbursement of medicinal products through the National Insurance Scheme.

The need for priority setting and the challenges associated with it applies to specialist healthcare services, municipal health and care services, and publicly funded dental health services. Due to patient and service user needs, the content of services and their structure and management, the conditions for priority setting will in many cases differ between specialist healthcare services, municipal health and care services, and publicly funded dental health services. This may have significance for the structure of prioritisation principles and for means and methods that would be relevant.

In a follow-up of the Norheim Committee report, the government presented White Paper 34 (2015 - 2016) *Values in patient healthcare services. White paper on priority setting*. The white paper included a proposal for an official committee to evaluate priority setting in the municipal health and care services. Stortinget (Norwegian Parliament) backed this proposal. One Committee recommendation, Rec. 57 S (2016 - 2017), states that this evaluation should also include dental health.

## *Priority setting in health and care services*

Criteria that currently apply to specialist health and care services include benefit, resources and severity. Prioritisation principles must be understood as a description and application of these criteria. The Committee's mandate is to assess whether the principles that apply to specialist healthcare services should also apply to municipal health and care services and to public dental health services.

Similar to previous committees, this committee chose to distinguish between decisions for priority setting at a professional level as opposed to an administrative/policy level. At the

same time, the Committee emphasises that these different levels are not independent of one another, and must be viewed in relation to each other .

Priority setting at a professional level involves decisions regarding patient/service user's need for emergency assistance, assessments regarding the distribution of services, and assessments regarding treatment, follow-up and measures or interventions aimed at individual patients and service users, as well as smaller groups of patients/service users. In principle, decisions at this level do not distinguish themselves from decisions made at a clinical level in specialist healthcare services.

Prioritisations at a policy and administrative level involve the distribution of resources within the health and care service sector, and between health and care services and other sectors overseen by the municipality. Resources must be distributed across different areas, and health and care personnel must make difficult decisions that involve prioritising different service users or patients, and prioritising certain measures that should be initiated for groups of patients and service users. Decisions regarding which dental diseases or conditions that should be funded by the National Insurance Scheme, are part of a national prioritisation that will have consequences for the distribution of resources at a government level, but that are not subject to local policy prioritisations.

In the opinion of the Committee there are three conditions distinguishing municipal health and care services and public dental health services from specialist healthcare services that are significant for the description and application of priority setting criteria. The first deals with the broader social role of municipalities. When municipal leadership makes decisions on the distribution of resources, it must also consider sectors other than health and care services. In daily operations and in the planning of services, the municipality must assess and set priorities for the use of resources across the various sectors. While the primary challenge for specialist healthcare services is to set priorities in the healthcare sector, municipalities must set priorities across sectors and between the various areas of health and care services.

The second involves the different professional goals. Specialist healthcare services focus largely on a specific issue or diagnosis. Municipal services must often deal with several issues or diagnoses at a time, where the goal is to enable patients or service users to manage or master their conditions and live quality lives with their respective diseases or conditions. Municipal health and care services must therefore ensure a broader range of patient/service user needs, and often over a longer period than that which is the case for specialist healthcare services.

The third distinction involves differences in the research base and systematic documentation for implemented measures and interventions. For many measures and interventions implemented in municipal health and care services, including dental health, there is little systematic documentation of effect. The lack of knowledge of the effect of measures and interventions is a challenge in terms of setting good priorities.

### *Committee recommendations for prioritisation principles*

Specialist health care services, public dental health services and municipal health and care services all build on the same fundamental values. Many patients, throughout the course of their illness, will receive services from both municipal health and care services and specialist healthcare services. Public dental health services are included in public health and care services, and the Committee recommends that it should be viewed in context with other health and care services. This indicates that priority setting for the entire range of health and care services should be based on the same principles. It is the Committee's opinion that the main criteria currently forming the basis for specialist healthcare services: Benefit, resources and