



Valvira

Nordisk tillsynskonferens 2017 – Internal vs external control

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The National Supervisory Authority for Welfare and Health (Valvira)

- a national agency operating under the Ministry of Social Affairs and Health
- the supervision of the social and health care,
- licensing for social and health care professionals,
- etc.

Offices and personnel

- Helsinki
- Rovaniemi (Northern Finland)
- Approximately 160 experts
 - Legal officers, medical officers,

Strategic objectives

Customer-oriented services

Valvira is pro-active and responds quickly to changes in the operating environment

Renewed operations through digitalisation and by developing methods

Strengthened pro-active supervision and guidance



Valvira

Access to care

- **Legislation in March 2005:**
legally binding provisions for municipalities (primary health care) and hospital districts (specialised health care)
 - To ensure that patients are able to reach a health centre;
 - To assess the need for treatment and
 - To provide treatment necessary on medical or dental grounds within a maximum period of time
 - Valvira and Regional State Administrative Agencies have been supervising access to care since 2007
 - Data gathered by the National Institute for Health and Welfare (THL)
 - Criteria for intervention (number of patients and referrals, number of phone calls missing..)
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How do we supervise?

- Valvira and regional authorities
 - Plan
 - coordination
 - criteria for intervention
 - Data gathered by THL (twice a year/three times a year)
 - Process in mainly written
 - New approach: meetings with health care providers (Hospital districts):
 - Mutual understanding about the present situation, means to improve the situation, problems, ...
- More and more emphasis on self-monitoring

Hoitoa yli puoli vuotta odottaneiden määrä sairaanhoitopiireittäin huhtikuun lopussa 2009–2017

Sairaanhoitopiiri	30.4.2009	30.4.2010	30.4.2011	30.4.2012	30.4.2013	30.4.2014	30.4.2015	30.4.2016	30.4.2017	Muutos 4/2016–4/2017
Etelä-Karjalan shp	17	53	31	21	9	0	2	5	1	-4
Etelä-Pohjanmaan shp	26	25	68	32	27	9	15	28	29	1
Etelä-Savon shp	50	63	2	30	27	30	0	1	1	0
Helsingin ja Uudenmaan shp	69	1 357	58	166	387	662	221	549	277	-272
Itä-Savon shp	47	2	4	1	18	9	1	4	1	-3
Kainuun shp	0	38	46	61	15	53	36	16	10	-6
Kanta-Hämeen shp	20	114	37	79	35	59	30	48	41	-7
Keski-Pohjanmaan shp	28	10	16	9	20	16	24	28	26	-2
Keski-Suomen shp	54	157	51	21	23	57	21	28	52	24
Kymenlaakson shp	8	42	60	4	0	6	16	63	34	-29
Lapin shp	12	13	49		34	7	9	0	14	14
Länsi-Pohjan shp	1	2		28	8	7	6	4	9	5
Pirkanmaan shp	196	322	288	35	113	79	90	9	42	33
Pohjois-Karjalan shp	3	49	9	19	53	6	15	11	7	-4
Pohjois-Pohjanmaan shp	2	447	134	93	40	175	0	13	36	23
Pohjois-Savon shp	111	83	49	136	10	28	73	59	55	-4
Päijät-Hämeen shp	27	8	8	7	12	5	22	23	12	-11
Satakunnan shp	50	98	51	30	0	7	88	5	31	26
Vaasan shp	6	44	11	3	2	3	3	9	33	24
Varsinais-Suomen shp	18	170	32	104	112	110	127	50	33	-17
Yhteensä	745	3 097	1 004	879	945	1 328	799	953	744	-209

Lähde: THL, Hoitopääsy erikoissairaanhoidossa –tilasto (30.4.2017 tiedonkeruu)

Conclusions

- Plan-based supervision has been successful
 - Number of cases has decreased
 - Numbers of patients waiting
- BUT the written process is long, time-consuming
- More and more: Emphasis on self-monitoring
 - Future?