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Healthcare speech for primary and specialist care

EDITORIAL

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As Prime Minister Støre's second Minister of Health and Care Services, Jan Christian Vestre was supposed to deliver his first 'hospital speech'. So why didn't he?

Photo: Sturlason

The so-named *Hospital Speech 2025* was scheduled to take place at the Radiumhospitalet in Oslo on 15 January. However, the Minister of Health and Care Services decided to rename it the *Healthcare Speech 2025* (1). As part of the explanation for the name change, Jan Christian Vestre referenced Gro Harlem Brundtland and her well-known mantra, 'Everything is connected to everything' (2).

However, not everything is connected to everything in the health service. Responsibilities and levels are distinct. Local authorities are responsible for primary health and care services, while the regional health authorities are responsible for the public hospitals. The four regional health authorities operate at the same level but are individually accountable and receive separate clinical commissioning documents from the Ministry of Health and Care Services (3).

The commissions are distributed and formulated in almost the same way, despite regional differences such as population and geography. However, the regional disparities become evident when it comes to funding. For instance, nearly NOK 350 million has been allocated to recruitment and coordination in Northern Norway Regional Health Authority, compared to NOK 24 million for the other three regions combined (3).

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Without proper connectivity, throwing more money at services will not necessarily lead to improvements. Separate, poorly coordinated services add to patients' burden. On top of being ill, they are bounced around the system like a ping-pong ball. The statutory right to health care has not prevented patients from slipping through the gaps between areas of responsibility.

Jan Christian Vestre, Minister of Health and Care Services, delivered this year's 'hospital speech' at Radiumhospitalet in Oslo on 15 January 2025, where he presented the government's ambitions for the health service and hospitals in the year ahead. Photo: Javad Parsa/NTB

Replacing the hospital speech with the healthcare speech could lead to speculation that Vestre aims to address the division of levels and silo mentality within the health service, given his role as the minister responsible for it all. And a comprehensive change in the division between primary care and the specialist health service has indeed been proposed by the Labour Party's Programme Committee (4), and will be voted on at the party's national convention in April.

In terms of Norway's neighbouring countries, both Finland and Denmark have implemented major healthcare reforms in the past two years, where local health and care responsibilities have been elevated to a regional level or integrated more closely with the levels above (5, 6). While both countries are now gaining valuable experience, neither the Ministry of Health and Care Services nor the Labour Party in Norway can afford to wait for evaluations. It would take too long and have limited transferability to the Norwegian context.

Since 2013, various healthcare ministers have presented ambitions and plans for hospitals in their hospital speech. The concept was introduced by Prime Minister Jonas Gahr Støre when he was the Minister of Health and Care Services. In their first and last hospital speeches – if we are to believe the polls

– both Støre and Vestre chose to highlight the extended hospital opening hours and increased task-sharing (1, 7). When the same talking points are repeated 12 years later, it raises the question, what is the point of annual speeches? We can understand why Vestre felt the need to introduce a new twist.

Name changes by a government minister are often a prelude to upcoming political moves. The shift to healthcare speech is in line with the removal of the word *hospital* from the title of the Ministry of Health and Care Services' overarching planning document over the past year (8). However, Vestre's predecessor, Ingvild Kjerkol, specified in the National Health and Coordination Plan 2024–27 that the term *hospital* should be reintroduced for our public hospitals (9). The renaming of regional health authorities as *health regions* could be interpreted as a signal that the health authority model was facing the chopping block. But no. According to Kjerkol, the name change – which has not yet been carried out in practice – was not intended to alter the organisational structure or established responsibilities; it was done 'because it's simpler' (9). Because it's about time, others might say.

A great deal should be better connected. However, while the Health Personnel Commission proposed exploring a more integrated healthcare structure, potentially consolidating everything into 'a centralised administration', the Støre government has stated that they will not pursue this (10). Instead, they aim to 'facilitate more integrated services [...] between primary care and hospitals' (8). In line with this, Vestre talked about *integrated services* and *cohesive patient pathways*, but there was no direct mention of a more integrated model for coordination between primary care and the specialist health service. Vestre also referred to the government's funding for coordination and said he is now asking 'local authorities and health authorities to reach out to each other' (1).

Vestre concluded his speech with a hypothetical example in which a newly qualified doctor finds it frustrating to have to choose between a hospital job with shifts and working in primary care. She wants to work in both places, depending on what fits her phase of life. The combined positions for healthcare personnel, as proposed in the Health Personnel Commission's 'house and holiday home' model, which allows for a main position and additional positions across service levels, would therefore be more suitable for her (10). It is still unclear how this would work, for example, in terms of the tripartite collaboration in labour relations or for doctors in speciality training and their supervisors.

> ***«Name changes by a government minister are often a prelude to upcoming political moves»***

Vestre no doubt wanted to make the healthcare speech more relevant to a wider audience. Particularly for general practitioners, who were mentioned repeatedly, despite their services not being outlined in any equivalent clinical commissioning document directly from the ministry. Was he, as deputy leader of the Labour Party, simply trying to rally more support ahead of their national convention, or is the goal to put his stamp on the next healthcare reform?

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