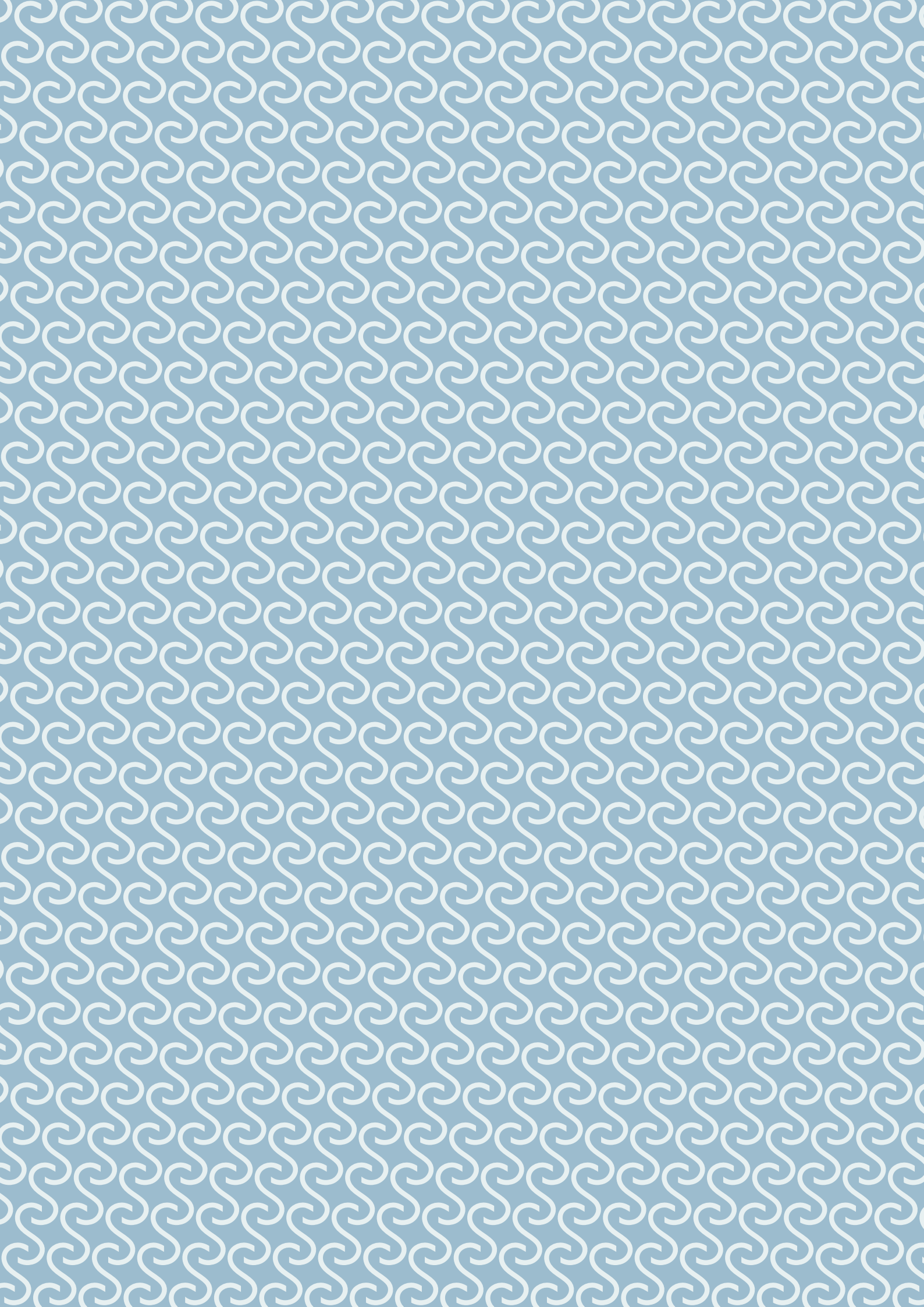


THE ROLE OF THE SWEDISH NATIONAL BOARD OF HEALTH AND WELFARE





THE NATIONAL BOARD OF HEALTH AND WELFARE IS WORKING TO ENSURE YOU HAVE ACCESS TO GOOD HEALTH AND SOCIAL CARE

Regardless of who you are and where in Sweden you live, you should have access to good health and social care on equal terms. This is an important premise of our work.

Our job is to produce and develop statistics, regulations and knowledge for the Government and for those working in health and medical care and social services. We approach representatives and officials in municipalities and county councils, as well as care providers and their personnel.

Our work ensures that everyone has access to a shared national knowledge base. This is an important foundation for good health and social care through-out Sweden.





Photo: Matton

OUR GOAL

– GOOD HEALTH AND SOCIAL CARE

We produce and develop statistics, regulations and knowledge in a number of different areas, such as oncology, patient safety and eHealth.

The Board also develops health and social care support for different groups in society, such as children, elderly

people and people with mental illnesses or disabilities. Based on the governing laws, we produce regulations (binding rules) and general advice (recommendations) on how to comply with the requirements of the regulations.

Another important task is to provide statistics on medicine, causes of death and financial support. In our evaluations, we monitor how health and social care functions where matters such as access to personnel, waiting times and accessibility are concerned.

Our goal is that everyone has access to good health and social care on equal terms). Good health and social care is defined as being:

Knowledge-based

Health and social care should be based on the best available knowledge and founded on scientific methods and proven experience.

Safe

Health and social care should be safe. Preventative measures should be designed to avert the risk of injury. Health and social care activities should also be accompanied by legal rights.

Patient and user oriented

Health and social care should be provided with respect given to the specific needs, expectations and integrity of the individual. The individual should be allowed to actively participate.

Efficient

Health and social care should make the best use of available resources in order to attain set goals.

Equal

Health and social care should be provided and distributed with equal terms for all.

Accessible

Health and social care should be accessible and provided within a reason-able timeframe. No one should have to wait too long for the health or social care that they need.



KNOWLEDGE FOR GUIDANCE AND DEVELOPMENT

The National Board of Health and Welfare plays a broad role in national knowledge-development. We have many tools at our disposal, from regulations and guidelines to follow-ups and statistics in addition to an integrated health and social care perspective.

RULES AND REGULATIONS

The rules and regulations drawn up by the National Board of Health and Welfare are based on legislation and the best knowledge available. Regulations are binding rules. General guidelines include recommendations regarding how laws and ordinances can and should be implemented. They are designed to help management and personnel enhance quality and safety in health and social care.

From July 2015 seven authorities in the area of health care, social care, pharmaceuticals and public health provides their regulations and general advice in common Statutes, HSLF-LS. The new Statute book also includes former government regulations, such as SOSFS.

GUIDELINES AND RECOMMENDATIONS

The National Board of Health and Welfare creates guidelines and recommendations that are based on the best knowledge available – the Board's national guidelines are one example. They are a support tool for decision-

makers and provide recommendations about treatments and methods that health and social care institutions should be investing resources in.

The Board draws up national guidelines in areas affecting large numbers of people and in which substantial resources are required – for example when there are large regional differences in the implementation of recommended treatments and methods. Today there are guidelines within some 15 areas including cancer, diabetes, dental care and schizophrenia.

The Board evaluates how well the recommendations in the national guidelines are followed. These evaluations include proposals for improvement. We also publish guidance documents and recommendations for other areas, such as end-of-life care and the national values for care of the elderly.

The Board has also produced a decision-support system for medical insurance in cooperation with the Swedish Social Insurance Agency (*Försäkringskassan*). Doctors can use this system as a guide when prescribing sick leave.

INDICATORS AND GOALS

Indicators are a tool that allows us to measure and compare trends in health and social care results. These indicators are used in the national health and social care evaluations by the National Board of Health and Welfare and also

serve as a follow-up tool at regional and local level.

The indicators can be converted into goals, providing health and social care practitioners with clear and measurable quality goals to aim for.

NATIONAL INFORMATION STRUCTURE AND JARGON IN E-HEALTH

To allow an equitable, fair and needs-based health care, it is necessary that the information is structured, unambiguous and coded. The National Board of Health and Welfare develops, coordinates and manages the national information infrastructure and the national terminology. Together they constitute the areas of intervention in the national e-health strategy. The overall objective is an efficient and structured documentation. The exchange must work within and across organizational boundaries, health and social care.





Photo: F. Hjalim

STATISTICS AND EVALUATION

THE BASIS OF NEW KNOWLEDGE

The National Board of Health and Welfare is the public authority responsible for producing statistics within health and medical care and the social services. We compile and analyse statistics and other data regarding the quality and effectiveness of health and social care.

FOLLOWS UP AND EVALUATES

Follow-ups and evaluations constitute the very core of the National Board of Health and Welfare's development work within health and social care. We measure the effects of our own work as well as those of other national initiatives. Through these evaluations, the Board can also determine the status of health and social care from a national perspective.

The National Board of Health and Welfare also follows up and evaluates how laws are implemented and the effects that political decisions have on the population. We evaluate how well health and social care practitioners follow our national guidelines, the impact of national reforms, the availability of personnel in health care and accessibility for people with disabilities.

OPEN COMPARISONS – A DEVELOPMENT SUPPORT TOOL

Open comparisons are one way in which the National Board of Health and Welfare follows up and compares the quality and efficiency of different

health and social care practitioners. Open comparisons increase transparency and insight into public health and social care. They are used in analyses, follow-ups and evaluations, and to chart trends in cancer and cardiac health care or elderly care.

"Open comparisons have contributed to a large number of improvement projects being started. They also increase transparency into the quality of health and social care."

ADMINISTRATES AND DEVELOPS NATIONAL REGISTERS

To be able to follow up trends in health and social care the National Board of Health and Welfare administrates and develops a number of health data and social service registers. We are also responsible for the Organ and Tissue Donation Register and the Cause of Death Register.

These registers are a key starting point for the statistics, follow-ups and evaluations of the National Board of Health and Welfare. They are also the development basis for our knowledge-based support and knowledge policy and guidance work. The registers also provide source data for research and statistics.

NATIONAL HEALTH CARE REGISTERS

Health data registers

- Swedish Cancer Register
- Municipal Health and Medical Care for the Elderly and the Disabled
- Medicinal Drugs Register
- Medical Birth Register
- National Patient Register
- Dental Health Register

Social services registries

- Social Assistance
- Interventions according to the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS)
- Interventions for children and adolescents
- Social service interventions for the elderly and the disabled
- Compulsory care of adult substance abusers

Registers of medical care institutions and personnel

- Register of licensed health and medical care personnel (HOSP)

OTHER TASKS

As a national knowledge authority in health and social care, the National Board of Health and Welfare has a number of other tasks.

AUTHORISATION AND LICENCES TO PRACTICE

The National Board of Health and Welfare appraises and issues licences to practice for health and medical care personnel in order to ensure that the right personnel are authorised to work in health and medical care.

The Board also issues certificates of specialisation for doctors of medicine and dentists and oversees the register of licensed health and medical care personnel (*HOSP*).

GOVERNMENT GRANTS

The National Board of Health and Welfare distributes government grants to municipalities, county councils, county administration boards and other organisations with a view to increasing the quality of health and social care.

The types of government grants are: organisation grant, operating grant and stimulus grant. The Board allocates around SEK 1 billion in government grants each year and follows up how the grants are distributed and used.

MEDICAL RESPONSIBILITY BOARD (HSAN)

The National Board of Health and Welfare is also responsible for cases

brought before the Medical Responsibility Board (HSAN), which examines authorization issues regarding licenced health and medical care staff. HSAN can revoke licences and limit the right to prescribe medicine.

PATIENT SAFETY

The National Board of Health and Welfare is working for everyone to have access to a good and safe health care. Patient safety permeates the entire agency's work. The overall goal is that no patient should be subjected to health care associated harm.

Our patient safety work is based on five target areas:

- Development of an excellent safety culture
- Patient involvement and engagement in care and treatment
- Reduced number of frequent and serious harm and adverse event
- Competence and best practice
- Increased knowledge of effective measures

EMERGENCY PREPAREDNESS

The National Board of Health and Welfare strengthens and coordinates the county councils' and municipalities' emergency preparedness within health and medical care when facing serious crisis. In this way the Board supports society's collective emergency preparedness in these areas when serious crisis occur.

LICENSES TO PRACTICE

The National Board of Health and Welfare issues licenses to practice for the following occupational groups:

Audiologist	Occupational therapist
Biomedical scientist	Optician
Chiropractor	Orthopaedic engineer
Dental hygienist	Pharmacist
Dental practitioner	Physiotherapist
Dietitian	Prescriptionist
Doctor of medicine	Psychologist
Medical physicist	Psychotherapist
Midwife	Radiographer
Naprapath	Speech therapist
Nurse responsible for general care	

21 occupational groups

DECISION-MAKING AND ADVISORY BODIES OF THE NATIONAL BOARD OF HEALTH AND WELFARE

Government-appointed bodies

The Committee for Knowledgebased Guidance

The Director-General of the National Board of Health and Welfare chairs the Committee for knowledge-based guidance - a collaboration with eight other authorities*. The Committee collaborates on strategic issues in order to ensure that knowledge-based guidance meets the needs of the principals and professionals responsible for implementation. Knowledge that contributes to the quality of care in order to benefit patients and users. The Board also chairs a group with representatives from municipalities and county councils. The group is tasked with keeping the Committee for knowledge-based guidance informed of the needs in the field of health and social care from a local and regional perspective.

The Board for National Specialised Medical Care

The board is tasked with determining which forms of highly specialised care are best conducted on the basis of the specific skills and resources required. The board includes representatives from county councils, the Swedish Research Council, the Swedish Council on Health Technology Assessment and the Administrative Court of Appeal in Stockholm.

Legal Advisory Board

The board makes decisions and prepares opinions mainly in matters regarding the health of people on an individual basis. This includes providing consent in certain cases of sterilisation and late abortions, affirmation of a change in gender identity and the evaluation of forensic psychiatric reports.

National Board for Specialised Medical Training

The board provides support for the National Board of Health and Welfare in issues regarding specialised medical training for physicians. This includes helping health care providers achieve a high level of quality in specialised medical training, and monitoring and evaluating the quality of the training.

Council for Organ and Tissue Donation

The Council for Organ and Tissue Donation is part of the National Board of Health and Welfare. The council contributes to the donation promotion work by raising awareness and helping to increase the number of donors.

* Swedish eHealth Agency, Public Health Agency of Sweden, Swedish Research Council for Health, Working Life and Welfare (FORTE), Health and Social Care Inspectorate (IVO), Medical Products Agency, Swedish Agency for Participation, Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU) and Dental and Pharmaceutical Benefits Agency (TLV).

Advisory bodies appointed by the National Board of Health and Welfare

Ethics Council

The council handles ethical issues in health and medical care, social services and infectious disease control. The council also has a committee on social service issues linked to it, whose task is to address matters related to the social services that arise within the profession.

Council for Disability Affairs

The council handles general matters and issues of principle that are of importance to the disabled and their relatives.

Council for Elderly Affairs

The council is the forum which the National Board of Health and Welfare uses to maintain contact and cooperate with pensioners' organisations. The council's task is to ensure that issues regarding the elderly are accommodated in the Board's various activities, and to identify areas where the Board should intervene and implement measures. It also provides guidelines on important issues regarding elderly people.

eHealth Council

The council is tasked with providing guidance about the common information structure and facilitating its use in health and social care.

Council for Substance Abuse and Addiction Issues

The council is a discussion and guidance forum that prepares the Board for national decisions on substance abuse and addiction matters. It is made up of representatives from individual organisations and representatives from the National Board of Health and Welfare.



Photo: Rikard Westman/elvisphoto.com

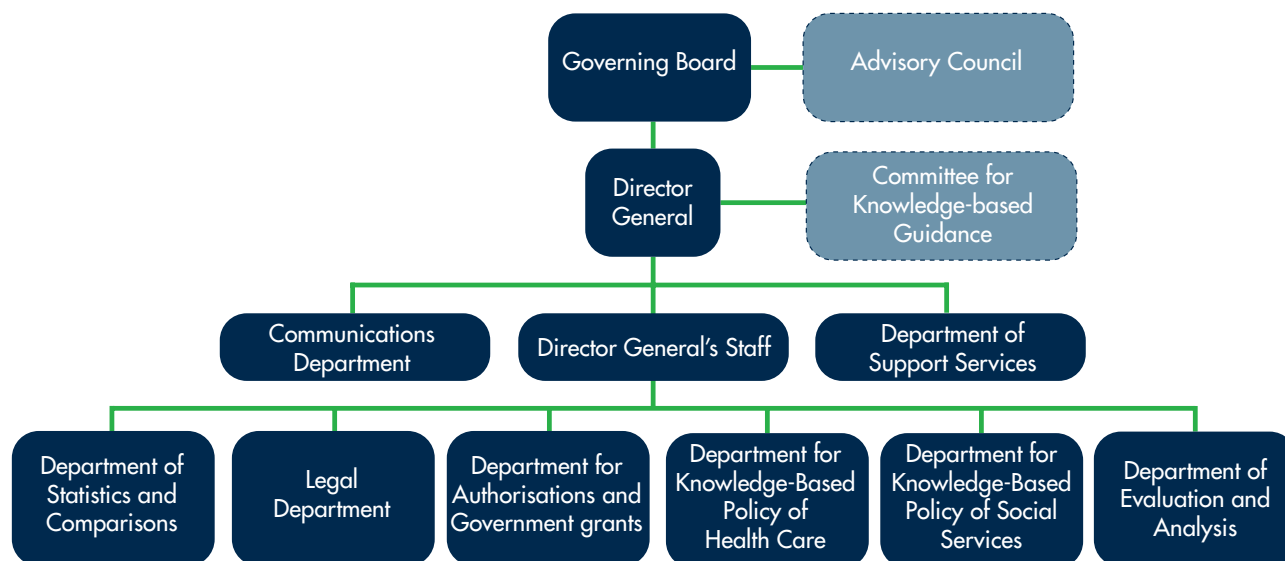
ORGANISATION

The National Board of Health and Welfare is run by a Governing Board which is appointed by the government. The Governing Board is the authority's highest decision-making body and has the ultimate responsibility for all decisions. The Director General of The National Board of Health and Welfare leads the organization and is respon-

sible for operating activities in accordance with the Governing Board's directives.

The organisation grounds include the National Board of Health and Welfare's instructions and the yearly appropriation directions from the Swedish government and government commissions.

The Board has some 650 employees and is based in Stockholm. When necessary, the National Board of Health and Welfare consults the services of scientific advisory boards. Scientific advisory boards are made up of the leading authorities in the different scientific fields.



The National Board of Health and Welfare has six departments with specific areas of work: Statistics and Comparisons, Legal issues, Authorisations and Government grants, Knowledge-Based Policy of Health Care, Knowledge-Based Policy of Social Services and Evaluation and Analysis. The Board also has three departments with supportive functions: Director General's Staff, the Communications Department and the Department of Support Services.

THE HISTORY OF THE NATIONAL BOARD OF HEALTH AND WELFARE – 350 YEARS IN THE PUBLIC SERVICE

The National Board of Health and Welfare was founded in 1968, but its roots go back 350 years. In 1663 a group of four Stockholm physicians founded the *Collegium Medicum*, a society whose purpose was to supervise medical practices and help eliminate quackery, which was widespread at the time. In those days there were two kinds of medical doctor: physicians who practised internal medicine and surgeons whose area of expertise was external disorders. The surgeon had a lower

professional status than the physician. The roots of the surgical profession lay in the Barber's Guild, which was inceptioned in 1571 and changed its name to *Societas Chirurgica* (Surgical Society) in 1685. In 1717 the society was renamed the Royal Surgical Society and was incorporated into *Collegium Medicum* in 1797.

In 1813 the board was renamed the Royal Health Board, and was replaced by the Royal Medical Board in 1878 which was tasked with supervising the

country's general health and medical care practices. Several decades later, in 1912, the Royal Board of Social Affairs was inceptioned and was made responsible for "worker issues" including worker safety, poor relief, temperance care and maladjusted children.

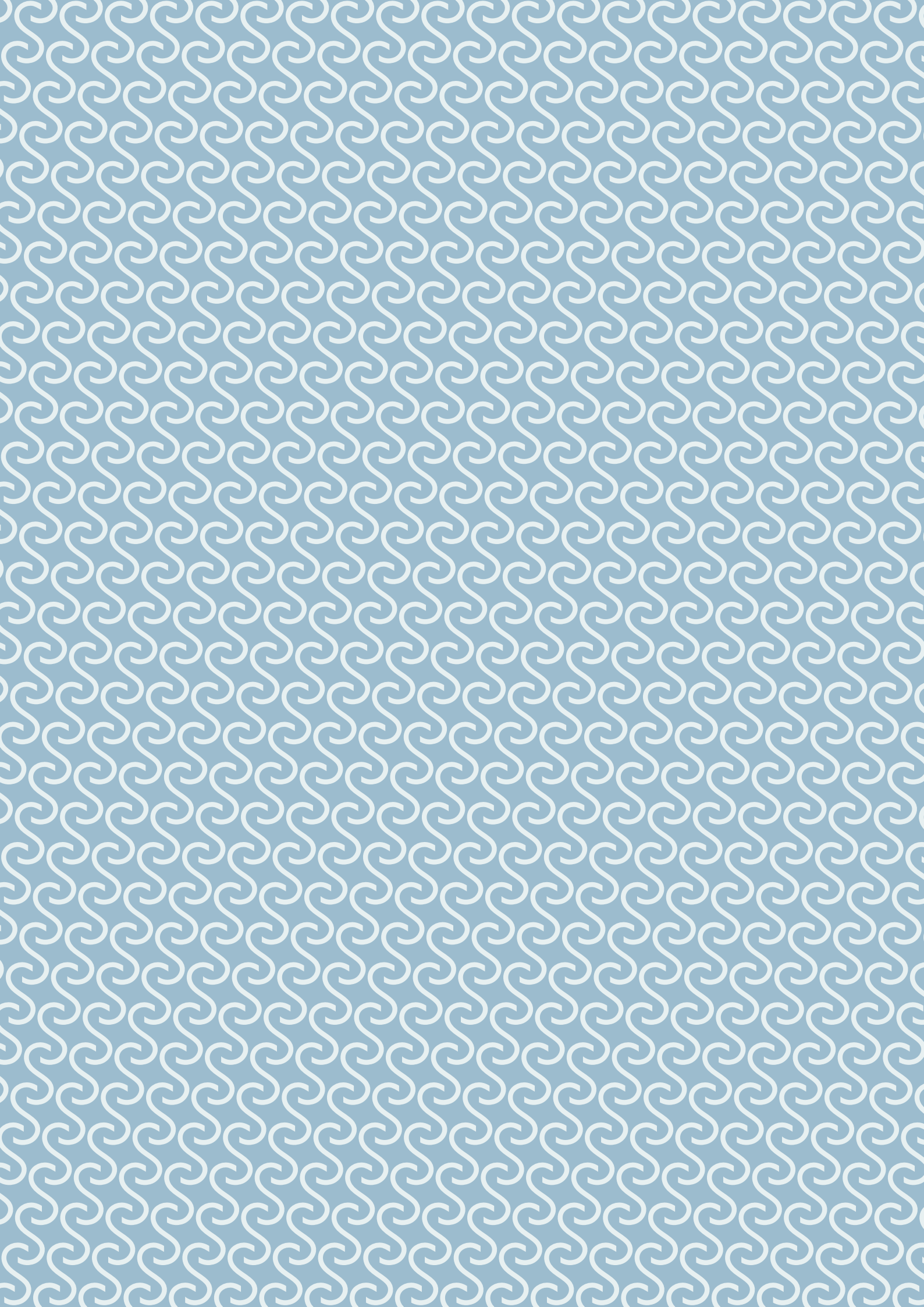
Today's National Board of Health and Welfare was formed when the Royal Medical Board merged with the Royal Board of Social Affairs in 1968, and the Board's first director general was Bror Rexed. Recent years have seen a number of reforms that have affected the National Board of Health and Welfare's responsibilities. The most recent reform saw the Board's national supervisory responsibility for health and social care being transferred to a newly created authority on 1 June 2013. The task of the National Board of Health and Welfare has thus been refined, and today we focus on national policy and the development of knowledge in health and social care.

1 July, 2015, the National Board of Health and Welfare was assigned to lead the Committee for knowledge-based guidance – a collaboration with eight other authorities which is intended to drive the development in the area of health and social care (see page 11).



On 16 May 1663 Queen Hedvig Eleonora signed the letter of privilege for *Collegium Medicum*.

Photo: Emre Olgun/National Archives



CONTACT US

Socialstyrelsen – The National Board of Health and Welfare

Postal address: SE-106 30 Stockholm

Telephone: +46 75 247 30 00 (weekdays 08:00–17:00)

socialstyrelsen@socialstyrelsen.se

Visiting address:

Rålambsvägen 3

Gjörwellsgatan 30 (Department of Regulations and Authorisations)

