

Statistics on the Health and Medical Services of Municipalities 2021

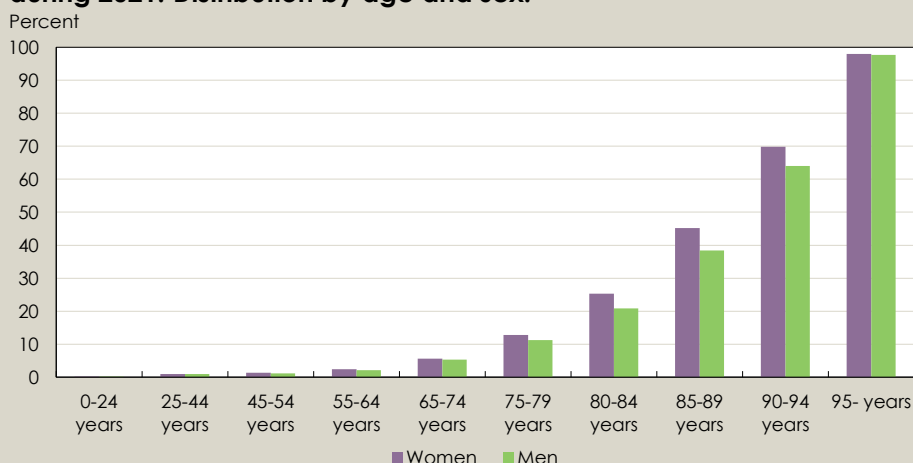
In 2021, over 388,000 patients received care from Municipal health and medical services. Of these, over 318,000 persons were 65 years and older. Eight out of ten in LSS housing receive municipal health and medical care.

Elderly women are the largest group

Just over 388,000 patients received care from Municipal health and medical services in 2021. Of these, over 318,000 patients were 65 years and older. Women aged 65 years and older make up for half of the people with municipal health care. The second largest group is men aged 65 years and older, who make up for 32 percent. The gender distribution is uneven in the age group 65 years and older, 61 percent are women and 39 percent are men. While it is even in the age group younger than 65 years where 51 percent are women and 49 percent men.

The difference in municipal health care between men and women aged 65 and older has mainly two explanations. Firstly, there are more women than men in this age group. Secondly, women receive more municipal health care than men, see Figure 1. This applies to all age groups over 65 years, except for the very oldest. In the age group 95 years and older, almost everyone receives municipal health care and there are no gender differences.

Figure 1. Proportion of the population with at least one care action during 2021. Distribution by age and sex.



Source: National Register of Interventions in Municipal Health Care, The National Board of Health and Welfare

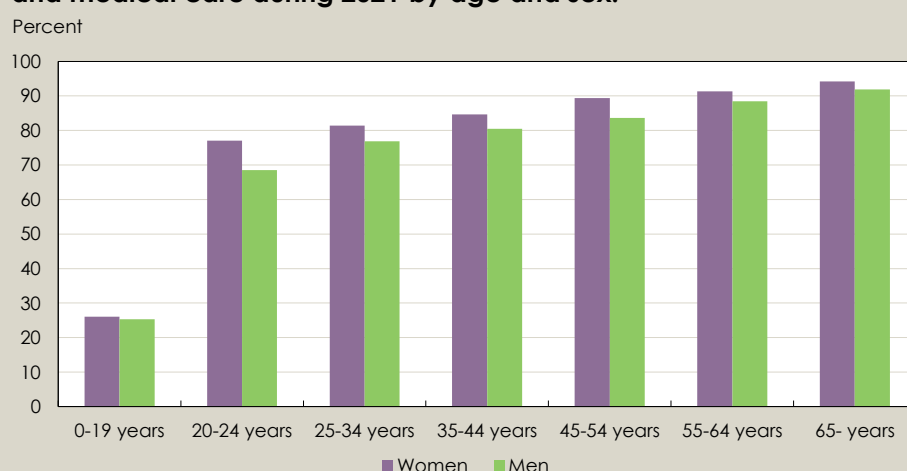
Missing data

A new regulation came into practice in 2019, which means that the National Register of Interventions in Municipal Health Care has been supplemented with information on patient-related procedures (KVÅ) performed by licensed healthcare professionals (excluding physicians) with the municipality as care provider. For some of the municipalities this has resulted in technical problems, which means that they have not been able to submit information regarding procedures. The missing data is so extensive that it is not possible to publish these statistics. However, the information is used in this fact sheet to provide examples of procedures in LSS housing and special housing. Information about those who receive municipal health care has also been affected by technical problems but not to the same extent, which makes the publication of these statistics possible.

Eight out of ten in LSS housing receive municipal health and medical care

The municipalities are responsible for health and medical care in homes with special services (LSS housing) which are regulated in the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS). On October 1st 2021, 28,500 persons lived in LSS housing. Just over 82 percent (23,300 persons) received interventions in municipal health care sometime in 2021. The proportion receiving municipal health care increases with age and for all age groups except for the youngest, the proportion is higher among women than among men, see Figure 2.

Figure 2. Proportion living in special housing (LSS) with municipal health and medical care during 2021 by age and sex.



Source: National Register of Interventions in Municipal Health Care and National Register of Care and Social Services for the Elderly and Persons with Impairments. The National Board of Health and Welfare

Common patient-related procedures for people living in LSS housing in 2021 were vaccinations, conferences about and with patients, sampling, procedures related to medicines, assessment of skin and pain, mobility training and also information and counselling by telephone with representatives of patients. The additional code related to covid-19 was also common. The code is used in addition to other procedures to clarify that the procedures are related to covid-19. Common procedures that the code was used in conjunction with were vaccination, patient conferences and sampling.

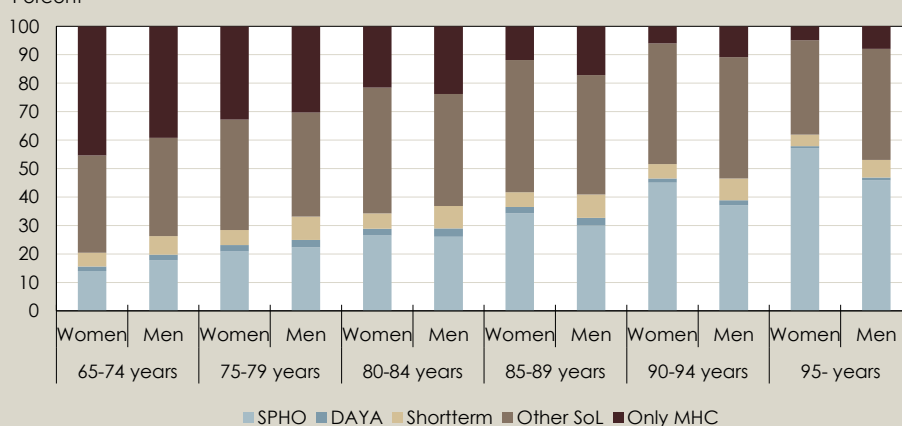
Assistive technology is also an important part of the municipal health care at LSS housing. Residents receive help with assessment, counselling, prescribing, testing, training and evaluation of assistive technology.

Social Services increases with age

A large proportion of those who have Municipal health and medical services also have services from the Social Services such as special housing, daily activities, short-term place, home help services, security alarm, food distribution, companion service, daytime activities, contact person or family, living support, relief service in the home and other services. The proportion who have services from the Social Service increases with age, see Figure 3. The persons are divided into five groups; special housing (SPHO), daily activities (DAYA), short-term place (Shortterm), other social services (other SoL) and only municipal health and medical care (only MHC). The two most common social services in the group other SoL are home help services and security alarm. A person can be the subject of several social services during a month and a year. The proportion who have assistance under the Social Services Act (SoL) increases with increasing age. The increase is largely due to the fact that the proportion living in special housing increases with age.

Figure 3. Proportion with municipal health and medical care that had some kind of services from the Social Service Act during 2021 by age, sex and type of social service

Percent



Source: National Register of Interventions in Municipal Health Care and National Register of Care and the Register of Municipal Support and Service for Persons with Certain Functional Impairments, The National Board of Health and Welfare

Common patient-related procedures for people living in special housing in 2021 were sampling, vaccinations, procedures related to medicines, conferences about and with patients, wound care, external exchange of information, assessment of pain and skin, procedures related to assistive technology, assessment of changing and maintaining a posture, assessment of walking, training of walking and prevention of fall.

Municipal health and medical care

Municipal health care refers to care and treatment, which through the municipality's responsibility, is provided in special forms of housing, day-to-day activities and home care in ordinary housing. Responsibility for home care in ordinary housing and in so-called aid-assessed security housing requires that the municipality has agreed with the regions to take over such responsibility (accordance with the Health and Medical Service Act - Hälso- och sjukvårdslagen (2017:30) in Swedish). At the time of this publication, only the municipalities in Stockholm County (except for the municipality Norrtälje) do not have that responsibility.

The most common licensed healthcare professionals in municipal health care are nurses, occupational therapists and physiotherapists. Health and medical care by physicians are not included in the municipalities' responsibility. It is the regions responsibility to allocate medical resources in the form of physicians that are needed for patients to be offered good health care. Medical interventions performed by physicians are therefore not reported to the National Register of Interventions in Municipal Health Care.

More information

You can find more tables, graphs and information here (select *Tillhörande document och bilagor*):

www.socialstyrelsen.se/statistik-och-data/statistik/statistikamnen/insatser-i-kommunal-halso-och-sjukvard/

(in Swedish, but with English list of terms).

Contact information

Questions regarding the statistics

Kristina Klerdal

Phone: 075-247 30 00

sostat@socialstyrelsen.se

Questions regarding the subject

Anna Netterheim

Phone: 075-247 30 00

anna.netterheim@socialstyrelsen.se