



**PAN EUROPEAN BAROMETER
ON THE PRINCIPAL HEALTH DEBATES
2009 RESULTS AND CHANGES OBSERVED SINCE 2006**

- Summary note -



In October 2006, **the Europ Assistance Group, in partnership with the Cercle Santé Société**, launched an annual pan-European survey aimed at measuring and tracking the state of public opinion regarding the major areas of health debate.

The following aspects are taken into account:

- The state of the health system, its general organisation, its intrinsic qualities and the possible threats for the future felt by people.
- The mobility of citizens and their choices between local care and specialised care further away.
- Social demands in terms of health.
- How new information technology is perceived in relation to the traditional way of caring for people.
- People's practices and expectations in terms of prevention, essentially regarding emerging illnesses.
- The way in which what is known as the fifth risk is perceived, namely caring for dependent elderly people.
- An additional theme was added to the survey in 2009. This concerns the change in health systems which are moving from being artisanal to having more industrial methods of organisation and distribution.

This barometer is the result of a telephone survey conducted by CSA market research institute.

It was conducted on a sample of 2,400 Europeans aged over 18 with 400 people per country recruited using a quota method based on age, gender, socio-professional category and region:

- The third wave was run in June-July 2009 in Germany, France, Great Britain, Italy, Poland and Sweden.
- The first and second waves were conducted in October 2006 and October 2007 with 400 citizens per country in Germany, France, Great Britain, Italy and Sweden.

I - Health in Europe: assessment of the health system and fears for the future

This third survey has been conducted at a time when, in most of the studied countries, important changes have been made to ensure the longevity of their health systems.

Its main learning points show that citizens in all countries appear to have a good understanding of the pros and cons of their respective health systems. Apart from, perhaps, Poland, which is experiencing a lot of difficulties.

To the question asked of: "**does the organisation of the health system in your country** appear today, to be excellent, very good, good, average or poor?"

Opinions appear to be relatively stable in France and in Great Britain, which remain on top in 2009 with 61% and 60% of their citizens judging the organisation of their systems to be good, very good or even excellent.

- in **France**, in June 2009, excellent and very good ratings remained stable versus those of 2006 and 2007, at a time when preparations are underway for voting on the HST Bill (Hospital, Health, Territories) which intends to reform hospitals and relates to patients and the new regional distribution of medical professionals.
- in 2007, **Great Britain** appeared to reap the rewards of its 2006 reforms of the health system with very positive opinions. In 2009, it appears to have been undermined by the financial crisis that the West experienced at the end of 2008 and it fell back to its level of positive opinions of 2006.

Germany declined slightly, with a level of "excellent and very good" opinions holding firm at 9% at a time when a new reform relating to the financing of its healthcare system is underway.

Italy is also holding at 9% in the absence of any major reform underway.

In 2009, it is **Sweden** that has the biggest change with a clear drop in "excellent or very good" opinions which have fallen from 24% in 2006 to 10% in 2009. This fall is seen at a time when the Swedish system is returning to the basics of its original regional care structure.

Poland, which was included in the survey for the first time in 2009, is clearly at the bottom with a record rate of poor opinions (48% of Poles believe the organisation of their health system to be poor): an opinion that reflects the weakness of the Polish system and its difficulties in changing from a Soviet system to a more liberal one.



Regarding citizens' opinions about the quality of first-line care given in consultations:

The striking fact in the third survey is the **increasingly negative opinion in France and Italy** concerning the quality of consultations. "Excellent or very good" opinions fell respectively from 40% in 2006 to 27% in 2009 for France, and from 25% in 2006 to 11% in 2009 for Italy.

Great Britain, with a slight improvement from 2006 to 2009 clearly remains in the lead with, in 2009, 46% of opinions being excellent or very good.

Followed in second place, by **Sweden**, which climbed slightly from 21% of opinions being "excellent or very good" in 2006 to 28% in 2009.

Then by **France** which, with 27% of opinions being "excellent or very good" still retains a good position, slightly ahead of Germany which remained stable at 23% of opinions being excellent or very good.

Poland and Italy are very close to each other in terms of the poor opinions that they have of their doctors. The fall in "excellent or very good" opinions between 2006 and 2009 from 25% to 11% places Italy, in 2009, at the same level as Poland, with a particularly low rate of excellent or very good opinion, which is confirmed by an "average or poor" rate of 44% in Italy and 47% in Poland.

Since 2006, changes in satisfaction towards hospital care are less marked than those concerning consultations.

However, between 2006 and 2009 there has been:

- a **positive progression in Italy and Great Britain** with respectively + 7 points in Great Britain and + 5 points in Italy on the percentage of interviewees expressing "excellent or very good" opinions.
- a **decline in Sweden** of 7 points **and in France** of 3 points for this same percentage,
- **stability of opinions in Germany** between 2006 and 2009.

Sweden and France were clearly in the lead with respectively 75% and 74% of "excellent, very good or good" opinions.

Great Britain is rather well placed, which is all the more remarkable as the crisis in 2008 had very real results on the allocation of resources for running hospitals.

On this point, **Poland** is still very behind with 63% of opinions being "average or poor".



In this context of relative satisfaction, Europeans' fears about the future of their healthcare systems are real and lasting.

Alongside these relatively positive (apart from in Poland) assessments regarding the organisation of health systems and the quality of care, there is also acute awareness of the threats towards health systems, whether they are systemic or medical in nature.

The perception of threats is strongest in Poland and Great Britain. That is not surprising for the Poles, who already have a poor opinion of their health system and the quality of care provided.

But more intriguing is the contrast seen in Great Britain between a high level of satisfaction for the current system and very high levels of concern about the threats towards the organisation and quality of healthcare.

France, followed by Germany then Sweden has the lowest levels of concern.

Striking fact for 2009: the threat of inequality of access to care that was introduced to the survey in 2009 comes in second place in Poland, Germany, Sweden and France.

The most important of the other major concerns is the lack of public funding which calls into question the shortage of doctors and waiting times.

Fear of medical errors and risks of nosocomial infections also represent a major concern, as well as the risk of epidemics, apart from in France, where confidence in medicine prevails.

Great Britain and Italy are the most concerned about waiting times. And Poland too.

In summary:

In general terms, the opinion of the citizens concerned about their health systems has not changed a great deal in four years, despite:

- slight erosion in confidence in France and in Sweden in terms of confidence in their healthcare system.
- slight optimism in Italy.
- more instability in Great Britain. (probably due to the hopes placed in the reform of 2006 followed by the crisis of 2008, whose impact on the British social protection system seems to have been more significant than in other countries).
- Germany seems to have got through its programme of reforms without any particular difficulties.
- Poland, which was included in 2009, still has a lot of work to do and it will be some time yet before we can see any progress from the reforms that are underway.

II – Health and mobility in access to care

The medical environment and the quality of local care is an essential criteria for the choice of a new place to live in the countries in question and which concerns around 80% of citizens in all countries. Sweden is the exception with 61%.

Over the course of the years, all countries have become **increasingly sensitive to this criterion**. From 2006 to 2009, the percentage of citizens placing great importance on the existence of a dense medical environment with easy access from their future place of residence progressed by:

- 10 points in Germany,
- 5 points in Sweden and Great Britain
- and 3 points in France.

The importance given to local health conditions in the choice of holiday destination also progressed, with a gain of 7 points in Germany, 6 in Italy, 5 in Great Britain in the percentage of residents placing great importance on this criterion between 2006 and 2009.

However, where they have to choose, residents will, for a surgical intervention, prefer quality criteria against ones concerning proximity.

- This choice is particularly marked In Germany, Italy, Poland and Sweden, with respectively 70%, 64%, 61% and 60% declaring use of a specialist surgeon in a distant town rather than a general surgeon closer to home.
- And less marked in France or Great Britain, where health systems are organised nationally and the quality of care is deemed to be satisfactory.

This trend has been growing constantly since 2006:

- with strong growth in Sweden in favour of a specialist surgeon which has moved from 49% in 2006 to 60% in 2009.
- and a clear decline for the choice of a local surgeon which fell in France from 54% in 2006 to 48% in 2009.

In all the countries in question, this preference for specialisation over proximity is particularly due to the young, who are either wealthy or living in cities (with a clear gap of 10 points above national averages). This gap is an indicator that suggests that this trend will grow stronger over the coming years.

Concerning international mobility to receive medical treatment:

Residents of Poland, Sweden and Italy are more **prepared to travel abroad to benefit from better medical techniques**. (With respectively 83%, 68% and 59% of residents prepared to travel abroad to get access to a medical technique that appears better and which is not available in their country).

Residents in Germany, France and Great Britain are less prepared to travel abroad. (With respectively only 41%, 43% and 47% prepared to travel).

Between 2006 and 2009, there was a sharp fall in intentions of travelling abroad with a drop of 16 points in Italy and Great Britain, of 15 points in Germany and 11 points in France.



Only Sweden stayed at the same level in 2009 compared to 2006. For Great Britain, where the difference against 2007 is even more marked, one theory may be a greater impact of the crisis combined with a weaker Pound.

Thus, mobility is greatly determined by the quality of the healthcare offer in the place of residence – and as far as choosing a holiday destination. This search for excellence is a reason for internal movement in most of the countries. There is a strong orientation towards "leading" surgeons in countries where healthcare is structured regionally. The attractiveness of specialised centres plays an increasingly important role – especially in Sweden which seems to have to face up to disparities in regional quality.

Lastly, all countries, apart from Great Britain to a lesser degree, approve of accepting paying patients in their hospitals. (From 92% of favourable opinions in Germany to 63% in Great Britain)

This openness has been steadily increasing since 2006 and is strongest in Germany, France and Sweden with increases in favourable opinions progressing from 67% in 2006 to 92% in 2009 in Germany, from 70% to 88% in France and from 53% to 82% in Sweden.



III – Health and social demands

The survey shows great awareness about and high expectations of equality of access to care. An extremely important concern for between 85% and 95% of the citizens of each country surveyed.

Germany and Poland are very critical of this aspect, with 72% and 78% believing that the current health system does not guarantee equality of access to medical care for all of the country's citizens.

The other countries have a more pessimistic average: 60% of citizens in France, 53% in Italy and 48% in Sweden also believe that their current systems do not guarantee equality of access to all medical care.

It is in Great Britain, with 53% of favourable opinions, where the most people feel that access to care is equitable.

These opinions remained relatively stable between October 2007 and June 2009.

The crisis is reinforcing inequalities:

It is above all else, in all the studied countries, people belonging to the least advantaged socio-professional categories that have been – or feel they are – forced to put off healthcare because of the consequences of the financial crisis or the current economic situation:

- The Italians and Poles are most affected with 13% of people having forsaken care. More than 23% of Italians think they will have to do so and 20% of Poles.
- The Swedish and the English are less personally affected with respectively 6% and 10% of people having forsaken care and 6% and 7% who may have to do so. It should be noted that this involves two countries in which social protection has been founded on the principle of the Welfare State.
- The German and the French are in an intermediate position.

In terms of general opinions regarding the funding of improvements in the quality of care, there are deviations between the Beveridge system and the Bismarck system; which have remained stable since 2006.

- A preference for compulsory deductions in Great Britain (42%) and in Sweden (56%).
- A preference for optional insurance or health insurance in Germany (47%) and France (46%).
- In Poland, opinions resemble those of Germany and France, with 51% in favour of optional insurance or medical insurance.



Since 2006, the preference for an insurance system has increased versus the idea of a medical top-up payment, and is gaining ground in most countries. Even if in 2009, a minority accepts paying a supplement if that is necessary for obtaining better quality of care: in France (21%), Germany (17%), Poland (17%) and Great Britain (15%), which appears to constitute a break with the principle of solidarity at the heart of health and welfare protection systems largely present in Western Europe.



IV – Health and new information and communication technologies

Use of the Internet to obtain or share information about health subjects is becoming increasingly common.

Consulting information on the Internet is mainly increasing, including in France which, like Italy, was some way behind Sweden, Poland and Germany.

Thus in France, between 2006 and 2009, the rate of regular users increased from 7% to 9% and that of occasional users from 24% to 29% during the course of the previous three years.

This increase is also continuing in Sweden, where, in 2009, researching health information on the Internet achieved the highest level of the countries studied, close to Poland, with 17% regular users and 41% occasional users.

Great Britain and Germany have been stable since 2006 with 12% regular users.

Generally speaking, it is generalist health sites that are consulted the most often (Doctissimo in France, Saluteitalia in Italy or Vårdguiden and FASS in Sweden) whereas in Germany, there is more of a preference for the Insurance companies' websites and in England for Government websites).

If health information research on the Internet is increasing, it remains an addition to the face-to-face medical consultation where the doctor/patient relationship is preferred, as is confirmed by the strong opposition to the development of medical consultations by Internet, which is hardening to as much as 82% of unfavourable opinions in France in 2009, 66% in Germany and 65% in Great Britain. The only exceptions are Sweden, where favourable opinions have progressed from 59% in 2006 to 69% in 2009 and Poland where 58% of opinions are already favourable.

New investigation in 2009: Note hospitals by Internet which obtains a clear majority of favourable opinions in all the countries in question. In terms of scores for doctors by Internet, opinions are more negative but still receive 40% positive opinions from the population surveyed.

Thus, for all that concerns new technologies for patients, their use appears to be for additional information, but in no way replaces, at this stage, the trusting doctor-patient relationship, which is particularly strong in France, Germany, and even Great Britain.



V – Health and prevention

The **risk of a flu pandemic does not** appear to unduly alarm the populations questioned, with, it is true, the slight exception of the Poles, and to a lesser degree, the Italians, who think they are less well equipped than the other countries in the event of a swine flu epidemic.

With respectively 73% of Germans who believe they are well equipped to deal with a swine flu pandemic, 69% of French, 58% of British, 56% of Swedes and 55% of Italians and only 42% of Poles.

The threats of emerging sicknesses, such as swine flu, are known of and do not appear to undermine the confidence of people in their health systems; other than the Italians, where more respondents than in other countries expressed a major fear of epidemics.

In terms of **preventative behaviours**: detection, health or dental check-ups, Germany remained clearly on top in 2009:

- where, for detection of serious illnesses such as cancer and AIDS, 69% of people had been checked out in the previous five years, whereas the rate was only around 40% in the other countries studied.
- as is the case for use of regular health check-ups (82%). Health check-ups are also popular in Great Britain (74%), Sweden (74%) and Poland (75%).

France and Italy perform badly for this set of collective measures, even when it concerns private initiatives.

Out of all of these countries, it is Poland and Italy who are most interested in a **life-long health monitoring programme** (respectively 73% and 65% of the countries' residents) followed by the majority of French (53%), Swedes (51%) and British (50%) or only 45% of Germans who are, nonetheless, well covered. In fact, few people are prepared to pay for their own health monitoring programmes; a trend which has strengthened between 2006 and 2009.

Persons surveyed consider that the State should be the contributing "payer" (84% in Poland, 80% in France, 81% in Italy or 73% in Great Britain) with the notable exception of Germany (51%) where 23% opted for funding by the health insurance system, or Sweden (68%) where 23% believed it could be the employer's responsibility.

The prevention areas that are most often tackled with businesses mainly concern back problems, stress and detection of serious illnesses.

VI – Ageing and dependency

Since 2006, the quality of care for the elderly has been considered as preoccupying, and especially so in France and Poland. With respectively in 2009: 49% of "average" opinions and 17% of "poor" opinions in France and 51% of "average" opinions and 34% of "poor" opinions in Poland.

This situation worsened between 2006 and 2009 in all countries except Italy, which held steady with a 59% majority of unfavourable opinions: 28% of "average" opinions and 31% of "poor" opinions.

In nearly all countries, the planned solutions to deal with the problems posed by increasing life expectancy and the increasing number of elderly and dependent people concern **homecare** (80% in France, 76% in Germany and in Great Britain) with the exception of Sweden which has a slight preference for retirement homes (44%), but less so compared to previous years.

Generally speaking, public aid for homecare is still regarded as clearly insufficient, with the exception of Italy and Sweden. Without achieving majority status however, with only 43% of Italians and 44% of Swedes believing that aid is sufficient.

This preoccupation appears to manifest itself in the populations' demands for more information on the subject dealing with both:

- State financial aid given to families to help them keep elderly and dependent people at home
- Businesses and organisations offering home help
- Or new remote surveillance and robotic technologies helping people to stay at home

For all of the countries concerned, funding of the cost of services and support for the elderly remains a combination of public funding and personal contributions. For a large part (more than 50% of opinions expressed), all countries opt for a public/private combination of funding. This trend is unchanged since the creation of this survey. For personal contribution, a majority is in favour of cover coming from compulsory funding.



VIII - Focus on CHAM (Convention on Health Analysis and Management): from cottage industry to industrial

In order to support changes in health systems, in the 2009 barometer, the use of methods utilised by other economic sectors in the industry and services was tested on the public opinion of the countries surveyed.

We have seen that populations clearly trust care establishments that are built and managed by traditional players in the health sector: doctors and the State. Groups: charitable bodies or patient associations have more trust than private or medical insurers, and especially the manufacturers: pharmaceutical laboratories or large industrial companies.

So, in answer to the question: Do you personally trust care establishments built and managed by:

- Doctors: 86% of the French, 85% of the British, 81% of the Germans or Swedes answer yes. In the majority, but not unanimously: the Italians and Poles answer yes 67% and 65% respectively.
- The State: 92% of the Swedes and 81% of the French trust the State; and 68% of the Italians, 64% of the British, 62% of the Germans and the Poles,
- It should be noted that in Germany, with 66%, the medical insurance insurers are 4 points ahead of the State.
- And that the large industrial groups are in the lead in Sweden (38%) and in Poland (32%) a long way ahead of France (22%) or Germany (20%).

Moreover, industrial management methods in the private sector generate a lot of reservations. Indeed, they appear to be a threat to the correct development of the cost of services and of equality of access to care, as well as everything that relates to the quality of care as such: the availability of doctors, the ability to listen to the patients, the safety of interventions. And even waiting times...

A clear rejection of the methods of the private sector for taking control of the organisation and management of health structures and establishments.

Of all the countries asked, Poland, which has the poorest opinion of its doctors and hospitals, is the least reticent.

Subjecting health establishments to the same profitability targets as other businesses: a clear split between the countries in question with, on the one hand, particularly pronounced opposition in France and in Sweden which are against by 73% and 66% respectively.

Whereas 71% of Poles, followed by 58% of Italians, 56% of British then 53% of Germans are in favour of this requirement.



To conclude:

This barometer demonstrates a strong and sustainable attachment of European citizens to their health systems and to doctors.

It highlights strong opposition to anything that threatens principles of equality or solidarity for access to quality care for all.

Faced with a clear awareness of the threats weighing on the future of systems both in terms of quality and resources, the principle of reform is accepted.

Room for manoeuvre is limited: citizens, in all of the countries studied, consider the health offer as a collective right to which the principles of organisation and profitability coming from the private sector do not appear to be suited.

In this sense, public funding is preferred to paying for care by other players who are more profit-focussed.

However, ways of thinking are progressively changing.

Better accepted are:

- Mobility to get access to more specialised care.
- Increasing funding to deal with new needs: technical support centres, preventative programmes, keeping dependent elderly people at home
- The concept of mixed contribution integrating medical insurers, private insurers and personal contributions, even though State funding remains the primary reflex,
- The role of the Internet in facilitating direct access for patients and dialogue about health information.



Appendices:

the choice of the six countries in question is based on a desire to include each country's historical and cultural diversity in the survey. The differences between their health systems can explain the divergent or even oppositional ways of thinking in Europe. Indeed, these countries can notably be distinguished in terms of...

... social security history

Although there have been social security systems in Sweden and the United Kingdom since the start of the last century, France, Italy and Germany saw their social security systems born after the Second World War.

... the way of funding health expenditure

The Swedes and the British can be distinguished from the other European countries, insofar as their health expenditure is basically funded at a national level and by a State budget (Beveridge system).

However, in France, Italy and Germany, health expenditure is, for a very large part, funded by an insurance system (Bismarck system) through social security contributions deducted from work product plus CSG (social security deduction), a tax share on extended revenues, on the one hand and subscription to optional top-up insurance, on the other hand.

The Polish system, which they inherited in 1990 from the Soviet era, is failing, despite several changes that have been made, concerning notably, primary care. A new compulsory general insurance system came into being in 1999, but until now, it has only touched isolated regional projects.

...access to doctors in their practice or in hospitals

All Europeans in the countries in question have the opportunity to see a G.P. in their surgery, but the choice of doctor varies country by country: a head tax in England rooted in habits versus the implementation of the referring doctor in France, or the maintenance of free access in Germany. In Poland, they are trying to set up a network of family doctors.

...the role of the State in health and the measures taken to ensure the longevity of their systems

In France, Germany and the United Kingdom, the health system is organised centrally.

On the other hand, in Italy and Sweden, the health system is decentralised. The State defines the legal framework, checks the level of quality and the equitable distribution of care and defines public health objectives. The regions fund and organise the provision of care. This method of regional organisation has encouraged the emergence of centres of excellence in some regions; which has caused Italians and Swedes to travel to get better care than that which is available in their own regions. In Poland, it is centralised State management that is being questioned.

Further information from: helene.chevalier@csa.eu