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If you intend to write for your organization's or your own website, please make sure to observe the Chatham House Rule (information on which is in your Welcome Pack).

We'll be updating the website with daily meeting summaries and interviews with Sciana member, through the meeting and afterwards:

www.ScianaNetwork.org

You can also join in on Twitter with the hashtag [#sciana](https://twitter.com/sciana) and find all your fellow members and their organizations on Twitter via the list twitter.com/sciananetwork/lists/sciana2017

Throughout the meeting we will be taking photos. These will be available on the Sciana Network Facebook page:

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Three countries, three systems, many lessons to learn

Sciana brings together health leaders from three different countries: Germany, Switzerland and the UK. Each country has well-developed and deeply entrenched health care systems, each with their own strengths and weaknesses, successes and failures.

On the second day of the inaugural Sciana meeting, members opened their discussions by sharing insights from their own countries' health care systems, considering how the system was established, its current state, and expected future trajectory and reforms.

Members were surprised by some of their peers' comments. An exasperated Swiss remark that their country has too much money (a fact that hinders significant reforms

of the health care system as many Swiss assume they can simply pay for a better service if they require it) received astonished laughs from their British counterparts, whose publicly-funded National Health Service (an institution "so ingrained in the national psyche" that some refer to it as the country's religion) is facing funding and staffing crises.

German admissions that their country does not have electronic patient records, significantly hindering information sharing between its decentralised and somewhat disconnected systems of in-patient, out-patient and at-home care, drew raised eyebrows for a country often lauded for its efficiency. An electronic records system was supposed to be implemented by 2006, "but it's 2017, *continues overleaf*



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and here we are,” remarked one German member, grimly.

For the Swiss, the high level of politicisation of the UK system was unfamiliar and unwelcome (indeed the future of the NHS is a key issue in the upcoming general election in June). The Swiss prefer a more democratic system (with citizens voting in referenda on various measures) that is also also grassroots-led and decentralised. “We have a lot of innovation on a small scale, at hospital level,” explained one Swiss member but attempts to scale up or centralise these reforms have mostly failed.

But despite these distinct differences, the three countries also face many of the same challenges within their health

care systems. All are facing the same macro challenges such as ageing populations and shifting demographics. Switzerland, Germany and the UK all rely heavily on foreign workers in their health care systems. This is an acute issue for the UK at the moment following the Brexit referendum, and while the Swiss system lures German health care professionals with its higher salaries, Germany in turn is reliant on Italian and Eastern European labor to fill in the gap. All the countries’ health systems are not only well-developed but also deeply entrenched, making wholesale reform difficult, regardless of the country’s political or public appetite for such reform. And each country team talked about the difficulties of integrating services vertically between sectors, such as acute,

primary and social care systems, and sharing best practices horizontally across different cantons, Länder or devolved nations.

Through the Sciana network, it is hoped that these dedicated health leaders will uncover best practices in other countries that they can the adapt to their home contexts.

Such solutions do not need to be complex. After unpacking the high-level differences and similarities of their systems, the Sciana members shared detailed case studies, ranging from “hackathons” in Germany to “vanguard” clinical leaders programs in England. Many of these initiatives have not sought widespread reform from the offset, but instead seek to trial ideas before expanding. As one member pointed out, “We’re not trying to build a 747 here, we’re building a paper aeroplane to prove the idea can fly.”

While much of the day’s conversation focussed on the health care systems of each of the three countries, it was also highlighted that general health and wellbeing needs to be promoted, not just access to quality health care when a person is sick. With governments so focussed on economic growth as a measure of a country’s success, one member urged his peers that as members of the health sector, they should advocate for a measure beyond GDP and consumption, and instead focus on human happiness and progress.

inter view



Ina Kopp – “We need to start caring for our societies at an early stage”

Nicole Bogart

The German, Swiss and British health care systems are very different, each tackling distinct difficulties regarding reform, funding, and political trials. But despite these differences, they still face many of the same broad challenges; from ageing populations and depleted workforces, to the ever-increasing costs of health care.

Ina Kopp, Director of the German Association of the Scientific Medical Societies' Institute for Medical Knowledge-Management, believes these three nations also share difficulties regarding social care and the promotion of wellbeing in societies.

“We need to go for prevention – we need to start caring for our societies at an early stage,” says Kopp.

Sciana members echoed this concern, one describing the German

system as a “sick care” system instead of a health care system, noting most fail to see a doctor until they are already ill.

But this promotion of wellbeing is a societal responsibility, one that must begin outside of the health care system, in schools and workplaces to encourage healthy living, says Kopp.

“Prevention must take place where the people are. Where the people work and where the people live,” she notes.

“What might be different in Germany is that we have 80 million people to care for, and last year we had one million refugees we [now] need to integrate, not only in the health care system, but really in our society.”

Yet it is these shared challenges Kopp believes will empower Sciana,

the health leaders network, to become a platform to facilitate ideas, allowing members to share unique outlooks on problem solving.

“We can share some experience from pilot projects,” she says. “I’ve heard so many other approaches to the same problem that I really expect we can learn from each other.”

Kopp describes the inaugural Sciana meeting as an exciting opportunity to network with health care professionals from other countries, noting discussion between members blossomed within minutes of arriving in Salzburg.

“I do hope the next days will really bring us some opportunities to not only develop new ideas, but also write them down and work on some recommendations,” she says.



What would be the most impactful or greatly needed health care reform in your country?

Edwin Cruz

“One of the biggest challenges are demographic changes [...] somehow the current system is probably not able to fulfill the future demands of older and changing demographic and distribution of people... We need to change the skill mix of health professionals to take care of the many older people who have several chronic diseases.”

Hans Gut

President, Careum Foundation

“The UK is known for very rapid reforms and we have a surfeit of reforms at the moment, but I think one of the biggest reforms would be to flood the system with a lot more information about how it is doing. Information that is available to practitioners, information available to the patients and public groups.”

Jennifer Dixon

Chief Executive, Health Foundation

“The trend towards self-care, the trend towards more participation of

patients when it comes to decision making processes. Less hospital care and more ambulatory care, I think these are developments that we need to monitor and implement.”

Ina Kopp

Director of the German Association of the Scientific Medical Societies' Institute for Medical Knowledge-Management, Philipps-University, Germany

“I think it is the ability to do... three things: empower people using services, bring joy to people who are working in those services, and deliberately encourage innovation. That will be the secret to improving wellness.”

Paul Bate

Director of NHS Services, Babylon

“Our key is more to get into the competition of [Switzerland's] 26 healthcare system and find a way to learn from the others. We need a system of best practice in

Switzerland and we have cantons [Swiss states] doing things well and we have other cantons doing things a little bit less well so we have to learn from the best.”

Felix Schneuwly

Head of Public Affairs, comparis.ch AG, Switzerland

“The integration of the different care sectors. In Germany, out-patient care, hospital care, long-term care – they are all very separate, meaning we have different reimbursement systems, different planning, different regulations, which then has the effect that for the patient, there is no collaboration between the different providers. There is very little communication making it very hard for patients to get through the system and get the right treatment.”

Susanne Ozegowski

Managing Director, German Managed Care Association, Germany