



ÁLLAMI
SZÁMVEVŐSZÉK

SUMMARY
of the Audit on the Operation of
and Financial Framework for General Medical Practice Services
(1126)

Objectives and scope of the audit

Funding the general medical activity is a considerable item in the budget, amounting to HUF 69.8 billion in 2010. The number of vacant practices is 171, which means that nearly 220 thousand Hungarian citizens live in a settlement where there is no permanent general medical practitioner. The average age of general practitioners is high and the replacement of doctors proves to be difficult in more and more settlements. The territorial disparities are enormous and the emigration of doctors is typical.

Having recognised the budgetary and social significance of general medical activity, the State Audit Office of Hungary (SAO) decided to carry out the audit on the operation of and financial framework for general medical practice services. The SAO carried out a performance audit, in the course of which it requested information from 475 local governments and nearly 6000 general medical practitioners. The auditors carried out on-site audits at 25 local governments. The audit covered the period between 2005 and 2010.

The audit objective was to evaluate the legal-regulatory, organisational, personal and financial conditions, the participation of local governments, the quality of services, the judgement of services supplied on the basis of needs, as well as territorial disparities.

Main findings

The operation of the general medical system is characterised by a service of a stagnating quality and deteriorating conditions. The financing difficulties, the ageing human capacities and the increasing number of vacant practices envisage the sustainability risk of achieved results, instead of the convergence to EU average.

1. Although the amount spent on **financing general medical practice services** from the Health Insurance Fund between 2005 and 2010 increased in nominal terms, it meant a reduction of 8.3% in real terms,

which showed a negative trend in resource allocation in the audited period. Funding did not reflect the quality of task performance. The signs of change are reflected by the fact that the system set up to encourage the efficient work was introduced in October 2010 and it is expected to be further developed.

2. Despite the fact that the strengthening of primary healthcare was emphasised, the manager of the sector did not elaborate a long- and medium-term **development plan** serving the reform of general medical practice services in the audited period.
3. The **operation right of practices** ('practice right') is a property right contained in a licence authorising to carry out independent medical activities, the sale and purchase of which is limited for the time being. The problems with the interpretation of the effective legal regulation also contribute to the low mobility, which has an effect on the problems of the retirement of doctors.
4. The **deteriorating situation of human resources** envisages the unviability of the health care system. The average age of general practitioners is high and is continuously increasing. The situation is worsened by the increasing number of doctors intending to work abroad. Between 2005 and 2010, 240 general practitioners requested an official certificate for the foreign accreditation of their qualification. The lack of human resources increases the workload of doctors providing services. According to the questionnaire based survey carried out by SAO, a significant part of doctors work more than allowed by the worktime directive of EU and than their worktime specified in their contract with the National Health Insurance Fund.
5. The majority of general practitioners did not meet their obligation to separate the revenues received from social security financing and the expenditures on services, and **subsidies were not utilised** for the financed activity in several cases. As a consequence, HUF 24.1 million and HUF 24.4 million were withdrawn in 2009 and the first half of 2010, respectively.
6. The **morbidity and mortality rates** show significant differences depending on the connection of the settlement to the general medical practice service. In settlements with a low population and supplied mostly by mixed practices, the morbidity and mortality rates are worse than those in cities. Healthcare opportunities are harmed also when there is no general medical practice in the settlement. The financing system does not

encourage prevention. The situation is particularly bad in the case of mixed practices, where for example the rate of vaccinated people is lower than in separate practices.

7. The **professional control** of general practitioners should be carried out by the professional supervisory system under the National Methodological Centre for Professional Supervision, but due to lack of resources, the organisation could not fulfil its task.
8. The **'gatekeeper' function**¹ of general practitioners weakened by the fact that specialists make general practitioners order certain healthcare services. However, the 'gatekeeper' function considered strong in international comparison was ensured also this way. According to the answers given to the questionnaire of the SAO, more than half of the general practitioners would like to extend their own competencies.

Recommendations

To the Minister of National Resources

To provide for the elaboration of a professional programme in order to specify the professional and development directions of general medical practice services, as well as to modify and re-regulate the right to operate.

To take measures for the elaboration of an action plan to ensure human resources needs and to control the observance of the working time limit.

To provide for substantial incentives for the quality work, based on an indicator system, as well as for the acknowledgement of further qualifications in terms of financing.

To initiate that the National Health Insurance Fund carry out financial audit in order to ensure the adequate and efficient utilisation of subsidies granted for general medical service providers.

To arrange for medical inspections.

¹ Under the 'gatekeeper' function of general practitioners, international literature mean the task of filtering the demand for healthcare services in the multi-level and specialised healthcare system, orienting and following the patient.