

NATIONAL MULTIDISCIPLINARY VISION FOR PRIMARY CARE 2030 IN THE NETHERLANDS, AND THE ROLE OF THE PHARMACIST

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INTRODUCTION

As a society, we face the major challenge of keeping primary care accessible to people who need it and connecting it well to the social domain. We all have to work towards this.

AIM

To ensure that by 2030, primary care will be accessible to all citizens who need care, and contributes to equal opportunities for good health for everyone, a shared interdisciplinary national multidisciplinary vision on primary care, including the pharmacy, is necessary.

METHOD

All healthcare providers in primary care, including the Royal Dutch Pharmacists Association (KNMP), patients associations, health insurers, social domain, and the government jointly developed a vision for primary care in 2030. This includes the goals and a concrete plan and partnership to achieve them together.

RESULTS

Six main goals were formulated:

- 1 Reduce unwanted pressure on primary care
- 2 Good preparation for and guidance to primary care
- 3 Appropriate primary care, focused on health and quality of life, digitally supported when appropriate
- 4 To make better use of the capacity within primary care; rearrangement of tasks where necessary
- 5 Close cooperation within the neighborhood between professionals, so that health problems can be proactively addressed
- 6 Accountability of primary care, cooperation at regional level to resolve bottlenecks throughout the chain; 24/7 primary care infrastructure available for crisis situations

National

- Mutual trust and reduction of regulatory burden and administration
- Developing national quality frameworks and cooperative agreements for distribution tasks within primary care
- Appropriate funding, contracting and accountability
- Development of additional legislation/regulations where necessary
- National monitoring of progress

Regional

- Better organization of healthcare and better cooperation in the region through a primary care setting in every region.

Local

- A permanent core of primary care providers, including the pharmacist, takes care of this coherent, continuous and person-centered care.

CONCLUSION

The Royal Dutch Pharmacists Association (KNMP) has contributed to a national multidisciplinary vision on primary care. For this, local cooperation is key. The community pharmacist is one of the four key players in local primary care partnerships, together with the general practitioner, community nurse and the social domain. Conditions like organisation and infrastructure being arranged in regional partnerships that include regional pharmacists associations. And all is supported by nationally collaboration, such as policies, legislation and funding.

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