

Oslo Merger is Followed by More Cuts

PETTER GJERSVIK

Department of Dermatology, University of Oslo, Rikshospitalet, N-0027 Oslo, Norway.

E-mail: petter.gjersvik@rikshospitalet.no

Petter Gjersvik from the Department of Dermatology at University of Oslo gives you an update on the Oslo merger that he reported on in the former issue of Forum for Nordic Dermato-Venereology (No. 2, 2008).



The new department of dermatology at Rikshospitalet, Oslo will soon be forced to reduce the number of consultations, beds, doctors and nurses. The number of beds will be the lowest per number of inhabitants in the Nordic countries. With a few exceptions, only dermatologists and hospital doctors will be allowed to refer patients with skin diseases.

The two academic departments of dermatology at Rikshospitalet and Ullevål University Hospital in Oslo have merged recently, as reported in the May issue of Forum for Nordic Dermato-Venereology (1). In that process, the total number of beds was reduced from 28 to 22, and subsequently to 17, but the number of out-patient consultations was not changed.

During the first half of 2008 it was discovered that the estimated future reimbursements (i.e. income) of the new department was too high. This was partly due to a simple miscalculation and partly due to differences in registration practices between the two former departments. This added up to a total of 10 million Norwegian kroner per year. This gap must be closed. The hospital management has decided that this must be done by making drastic reductions in numbers of staff and in the clinical activities of the new department.

The number of beds will be reduced to 14 on weekdays and 7 on weekends, although there will be six additional "day-beds" at Villa Derma, which is located a few minutes walk from the main hospital building. These are very small numbers of beds, considering that Rikshospitalet is the only hospital with in-patient dermatological care services in south-eastern Norway, which has approximately 2.6 million inhabitants. According to Dr Joar Austad, deputy chairman of the department, the numbers will be the lowest among all dermatology departments in the Nordic countries (2). In-patients will have to be discharged earlier than previously, on average after only 4–5 days. This will be a great disadvantage to many patients with generalized skin diseases and complicated conditions. Although some patients will be transferred to a patient hotel close to the hospital, more patients will have to travel between

hospital and home in order to obtain the proper treatment and necessary medical attention.

The number of out-patient consultations will be reduced from approximately 22,000 to around 14,000 or 16,000–17,000 per year. In the few last years, about half of all referrals have been made by a specialist, mostly dermatologists in private practice and hospital doctors, and the other half by general practitioners. In the future, only a specialist in dermatology or a hospital doctor will be allowed to refer patients with a skin disease, although exceptions will be made for selected patients groups, i.e. children and patients with skin cancer. General practitioners will have to refer their skin patients to dermatologists in private practice, adding to the already long waiting lists there.

The number of doctors at the department will be reduced by seven, of which four have already been accomplished, and the number of nurses by approximately ten, and probably more (2). Resident doctors will serve for a longer time at the Olafia Clinic for sexually transmitted diseases in downtown Oslo than they did previously.

The cuts are deep and the consequences will be serious. Rikshospitalet will have to enforce stricter selection of patients. Dermatologists in private practice and general practitioners will have to change their clinical practice, including their referral practice.

Are there any advantages to the cuts? They are difficult to see. Rikshospitalet will become a third-level referral centre with potential for improved teaching and research activities. There will be more emphasis on expert advice, day treatments and patient empowerment; however, for many patients things will probably get worse.

References

1. Gjersvik P. Dermatological merger in Oslo. Nordic Forum Dermato-Venereol 2008; 13 (2): 37.
2. Hanger MR. Hudløs nedskjæring på Riksen. Dagens Medisin April 17th, 2008 (in Norwegian).