Danish Healthcare Reform 2024 – in brief

- Central initiatives and timelines

The Ministry of Interior and Health of Denmark – May 2025

Reform – process and timeline

The Health Care Structural Commission is established

March 2023

The Health Care Structural Commission turns in report

June 2024

The government presents its proposal for health care reform

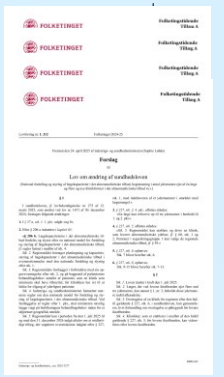
September 2024

Parliamentary political agreement on reform

November 2024

Law-making and local elections

2025



Key reform elements

1. New health structure

2. Reform of the general practice

3. Organisational integration of psychiatry and somatics

4. New organisation of digitalisation

5. Treatment closer to home

6. Improved patient pathways for people with chronic conditions

The reform...

… establishes the framework for a high-quality healthcare system across all parts of the country – regardless of whether citizens need care or treatment for physical or mental illness.

… provides the healthcare system with a new structure featuring 17 new health councils where regions and municipalities, through close and binding collaboration, will help build a stronger, citizen-focused healthcare system.

… ensures that decisions regarding the operation, planning, and development of the healthcare system are made as close to citizens as possible so that services are professionally and economically meaningful and aligned with local needs and preferences.

… increases the annual operating budget gradually over the coming years, reaching an increase of DKK 6.4 billion by 2030.

… gives the healthcare system a historically large investment boost in local welfare services, rising to DKK 4.4 billion by 2030.

… strengthens citizens' access to a general practitioners, with the goal of having at least 5,000 GPs in the primary care system by 2035.

… introduces a new, centrally guided resource allocation system to ensure that general practitioners (GPs) are distributed more evenly, directing more doctors to areas where citizens' needs are greatest.

… strengthens patients' freedom of choice and introduces more patient rights and improved patient pathways for people with chronic illness, ensuring that people with chronic illnesses receive a coordinated package of services tailored to the individual.

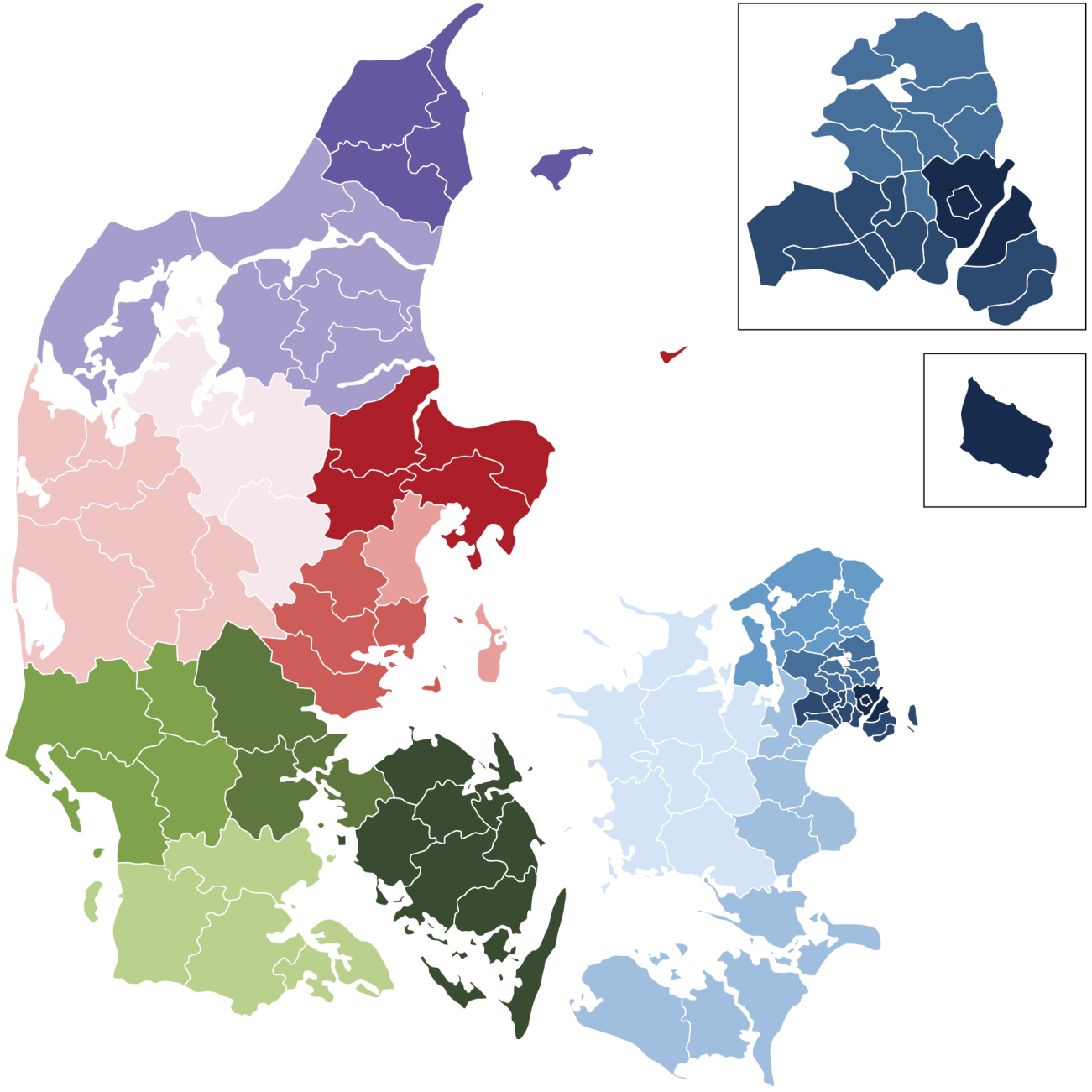
… invests DKK 27.5 billion in modern hospitals, equipment, and healthcare services close to citizens.

… promotes greater cohesion in healthcare services through national coordination of digital services and the expansion of innovative solutions, supporting better distribution of doctors and healthcare professionals across the country. Municipalities and regions are responsible for this implementation.

… introduces a new Public Health Act, thereby strengthening the foundation for preventive healthcare efforts across Denmark.

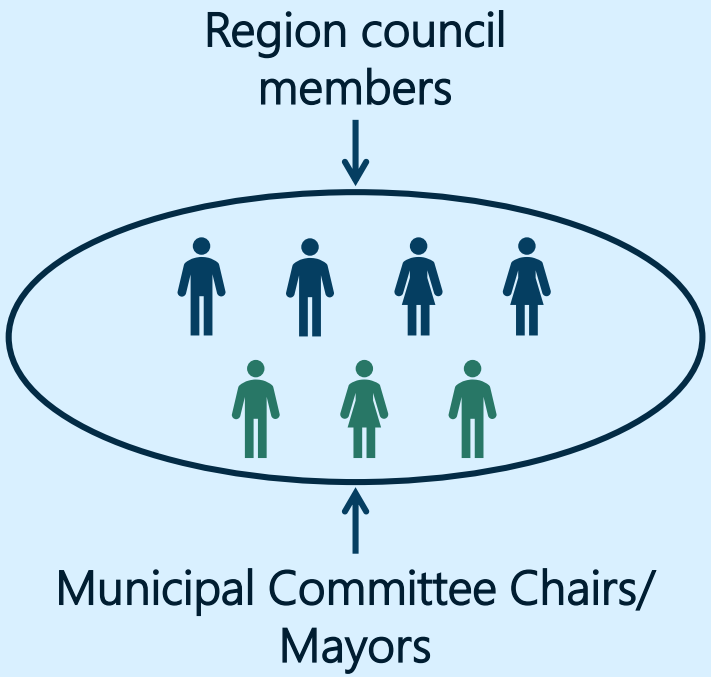
1. New health struture

- **Merging two regions to one region** to ensure a better distribution of resources and solve the challenges in the weakest region
- **17 new health councils** to expand local healthcare initiatives and create cohesion in local healthcare services
    - The connecting link between the regional and local level



1. New health structure - composition and Responsibilities of the Healthcare Councils

Composition



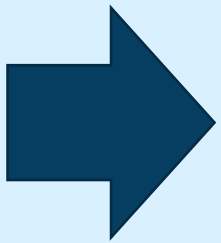
Responsibilities

- **Budget responsibility** for the overall healthcare economy within geographical areas, including hospitals – including allocating financial resources for new and expanded local health services
- **Developing a local healthcare plan**
- **Turning hospitals outwards** to improve local integration and cooperation
- **Local planning** of general medical services and the primary care sector
- **New regional responsibilities,** including acute nursing, health and care facilities, home treatment, patient-centred preventive care, etc.
- **Agreements with municipalities,** including on recruitment and ensuring cohesive care pathways

1. New health structure – transfer of responsibilities from municipalities to regions

Tasks transferred from municipalities to regions

- Acute nursing
- Patient-oriented preventive care
- Acute care beds and the majority of temporary municipal care beds
- Specialised rehabilitation and parts of the physical rehabilitation sector



New opportunities for transition and task management in the regions

- Home-based treatment (acute nursing)
- Expanded capacity in new health and care facilities
- Initiatives targeting chronic conditions

2. Reform of the General Practice

- Economic support for areas with shortage of medical doctors from 2025
- National management on the distribution of doctor capacities and requirements to the general practices
- Stronger regional competence to lead development, follow up on requirements and use different clinical forms
- New structure for fees and agreements
- Restriction on the amount of performance numbers and prior approval of buyers

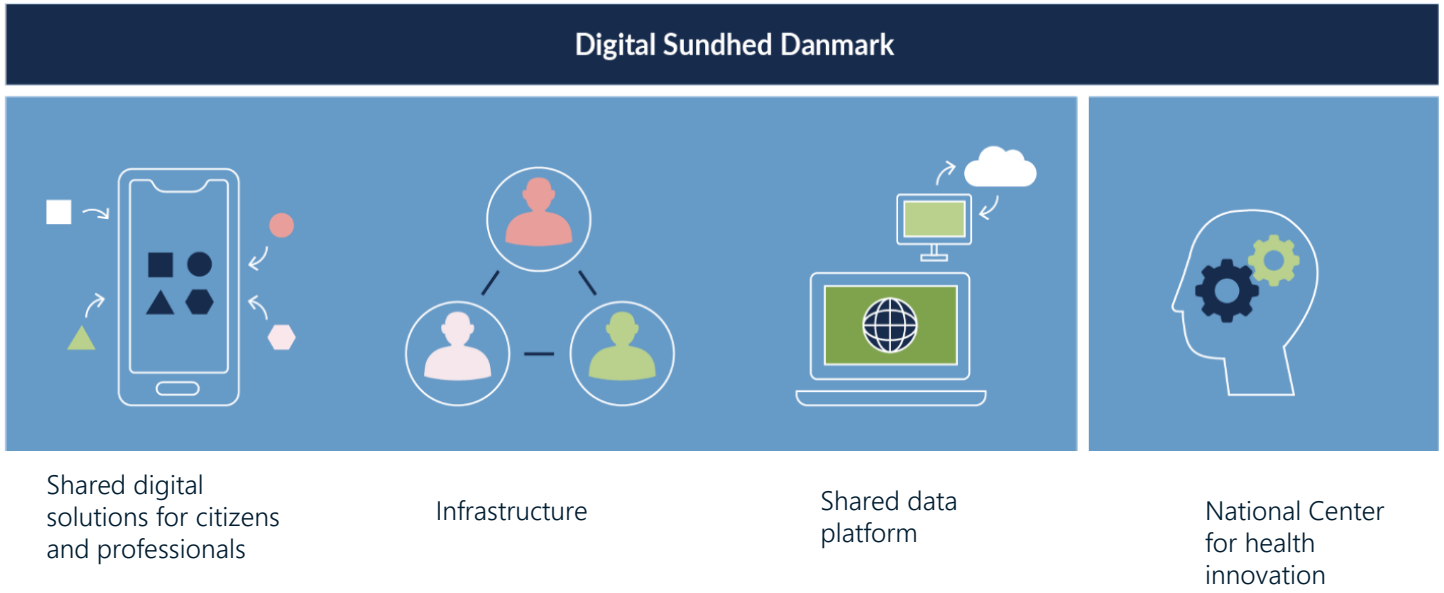
A minimum of 5.000 medical doctors in the general practice in 2035

3. Integration of Psychiatry and Somatic Care

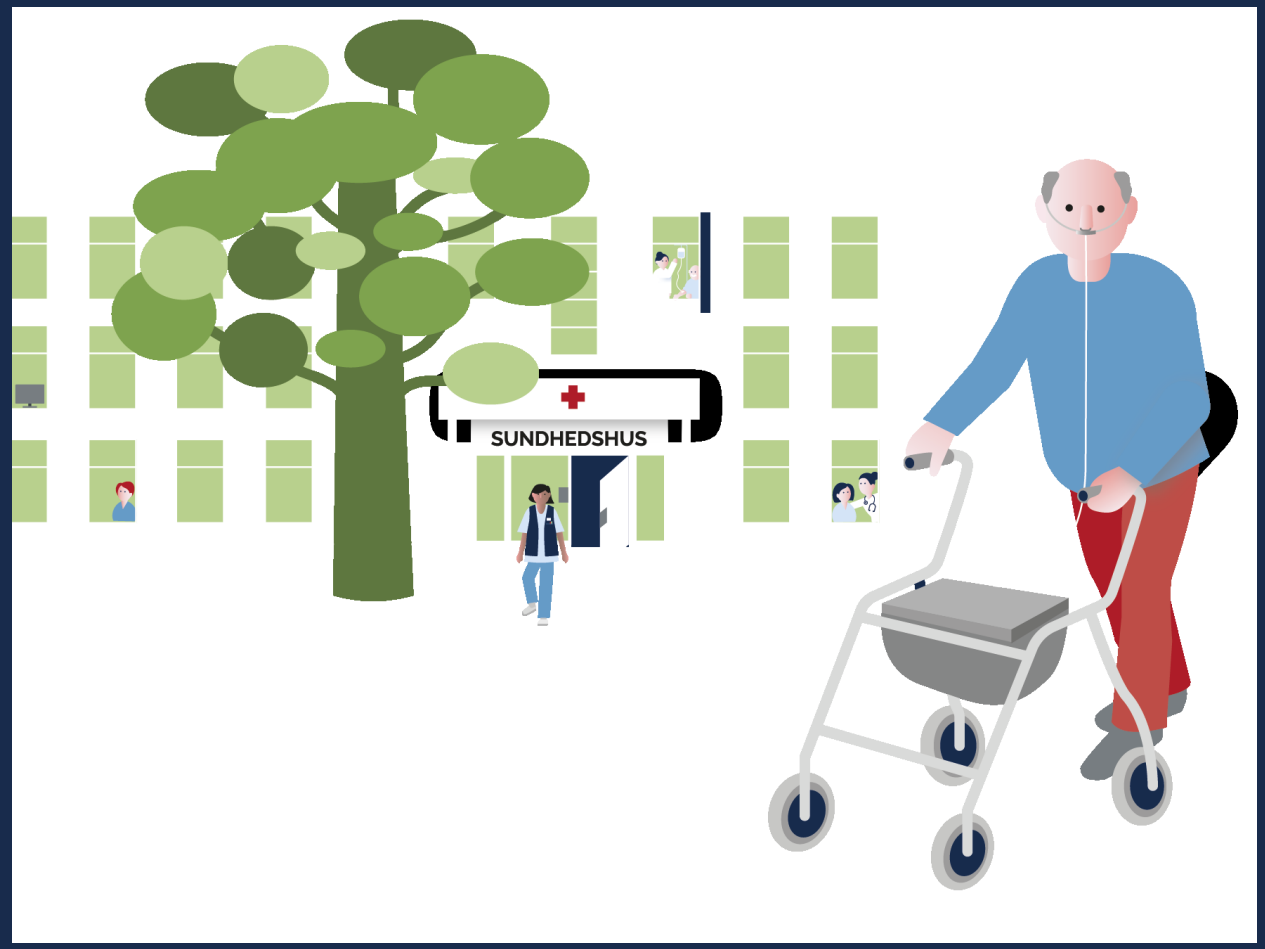
- Improved and more coordinated treatment across psychiatric and somatic healthcare services
- Organisational integration of psychiatric and somatic care
- Management in psychiatric and somatic care should increasingly be jointly organised
- The concrete organisation and implementation will be planned in alignment with the 10-year plan for psychiatry
- Psychiatric servies must be characterised by consistency and high quality nationwide
- The new regional healthcare councils will be responsible for coordinating treatment services for both physical and mental health within their respective areas

4. Stronger state governance and coordination in the areas of data and digital health

- Ensuring shared digital solutions for citizens and healthcare professionals
- Better infrastructure
- Shared data platform
- National Center for health innovation



5. Treatment closer to home



- Targeted funding to expand local healthcare services
- Home treatment teams with healthcare staff visiting citizens in their own homes
- Improved physical infrastructure for local health initiatives
- Health and care beds free of charge
- Hospitals retain treatment responsibility for the first 96 hours after discharge

6. Patient pathways and patient rights for people with chronic conditions

Enhanced Patient Rights

- Right to fast treatment by a practicing specialist
- Freedom of choice of new regional health and care beds
- Right to access digital health services
- Greater freedom of choice and coherence between nursing and overall care

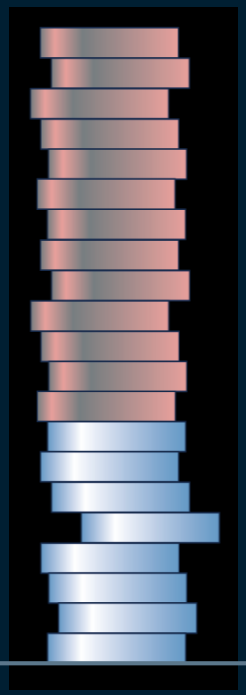
Patient Pathways for people with chronic conditions

- A systematic and coordinated treatment framework – based on individual needs
- Own GP as care coordinator
- Includes the right to:
    - A personalised treatment plan
    - Deadlines for starting up the treatment in patient-oriented preventive services
- Schedule for implementation: COPD and chronic lower back pain (2027), type 2 diabetes (2028), Cardiovascular diseases (2029), and complex multimorbidity (2031)

Investments

DKK 3.6 billion
from new prioritisation of healthcare

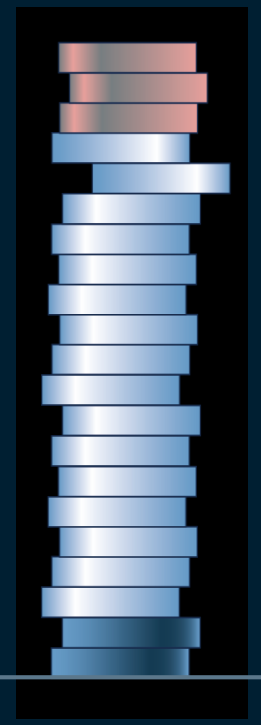
DKK 2.7 billion
from demographic adjustments



DKK 2.0 billion
annually allocated to patient pathways for people with chronic conditions, new patient rights, and treatment closer to citizens

DKK 4.4 billion
anually allocated to local healthcare initiatives via regional healthcare councils

DKK 6.4 billion annually for healthcare *(2030 level)*



DKK 3.5 billion
for physical infrastructure to support local health initiatives

DKK 22 billion
for modern hospitals and medical equipment

DKK 2.0 billion
for innovative solutions

DKK 27.5 billion over the next 10 years for improved physical and technological healthcare infrastructure

note: DKK 0.2 billion of the new funding is financed through task reallocation.