ineffectiveness of the existing control mechanisms of health insurance funds who incur the costs.4

We strongly believe that the above problems could be addressed by ensuring adequate political will and social consensus. The integration of all primary-care providers, the establishment of the multi-disciplinary primary-care team, and the enactment of the family doctor institution are necessary to obtain comprehensive, continuous, and efficient health care. The introduction and implementation of diagnostic and treatment guidelines in daily clinical practice could result in a better quality of care and a rationalisation of health-care expenditure. The induced demand for medical services seems an intractable problem, but might be controlled by a reduction in the production of new physicians.

Greece is struggling to manage its fiscal problems, overcome recession, and maintain a social welfare state. To achieve these goals and get out of the crisis, it is time for Greece to capitalise on moral, economic, political, and scientific support from international bodies and advanced nations by making drastic organisational reforms in all aspects of the public sector, including health care.

We declare that we have no conflicts of interest.

*Nikolaos Oikonomou, Yannis Tountas

Centre for Health Services Research, Medical School, University of Athens, 115 27 Athens, Greece


When will the sun shine on Cyprus’s National Health Service?

It has been 9 years since an official parliamentary law was passed in Cyprus to implement a primary-care-driven health-care coverage system for the entire population. Since then, the Health Insurance Organisation has been set up as the single payer, which, in collaboration with McKinsey consultants, has brought forth a detailed design for the long-awaited Cyprus National Health Service (NHS). However, despite the project reaching its final stages, a cloud of doubt remains over whether the government will take the plunge and implement what it has so carefully planned.

Little has changed since a World Report in The Lancet stated in 2005 that “there has not been sufficient pressure on the government to adopt a universal health plan”.1 Cypriot health care is still divided, with 50% of the population using public health-care services and 50% private health care. Primary care is underdeveloped, with general practitioners (GPs) comprising only 9.8% of all physicians, and with a decreasing trend.2 This proportion compares with an average of 25–5% for the European Union and about 50% for the UK. Patients have often not heard of a “GP”, and certainly not registered with one. Thus, there is commonly no continuity or co-ordination of care. Quality-improvement strategies are lacking.3 The isolation between private and public health care leads to duplication of tests, and of resource use.4 Specifically, the public-sector cost is growing at a double-digit rate, thereby reaching a level in the near future at which the government budget will not be able to sustain it.

Furthermore, direct access to specialists often leads to the patient not having a unified health record; additionally, holistic preventive care often slips through the net. By contrast with other EU countries, Cypriots pay 52% of health-care cost out-of-pocket (43% of the population pay for private prescriptions).

The new NHS proposed for Cyprus aims at equity in finance, universal coverage, shifting of service provision from secondary to primary care, efficiency, high quality standards, and containment of cost through a global budget. Every person will be registered with a personal primary-care physician of their choice. The free choice of specialist physician (public or private) after referral as well as hospital (public or private) will also lie with the patient.

We urge the government to take concrete steps towards implementing the health-care reform—ie, finalise the NHS information technology system and GPs’ training tender—thus moving Cyprus’s health care forward while helping to control health expenditure growth.

We declare that we have no conflicts of interest.

*George Samoutis,
Constantinos Paschalides
gorge.samoutis@ouc.ac.cy

Messinis 3, 2301 Nicosia, Cyprus (GS), and Tiptree Medical Centre, Tiptree, UK (CP)


