

The European study of referrals from primary to secondary care

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Stellingen bij Fleming DM. The European Study of Referrals from Primary to Secondary Care

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I

The extent of national variability in general practitioner referral rates is similar in all countries. Thus, the reasons for the variability are independent of the national healthcare structure.

II

Item of service payments for general practitioners stimulate an excessive demand but little benefit for patient care.

III

Variability in general practitioner referral rates is not explained by differences in the extent to which the general practitioners are influenced by the patient when making a decision to refer.

IV

The wait for a specialist appointment in the United Kingdom is incompatible with the concept of a caring health service.

V

Optimal healthcare delivery is associated with:-

- i) Controlled physician density
- ii) Capitation payment system for general practitioners
- iii) Restricted access to secondary care via general practice
- iv) Fee for service payment structure for specialists

VI

Variability in referral rates is not explained by case-mix.

VII

Arrangements for setting budgets for general practitioner fund holders stifles innovation in primary care.

VIII

Weekly variations in the numbers of deaths (all causes) in the UK, in both summer and winter, are strongly associated with variations in the incidence of acute respiratory illness in the elderly.

IX

The road to quality of care ends with standards but does not start with them.

X

Penicillin is safer than paracetamol.

XI

Cooperation in Europe was restricted by a political journey from Maastricht to Birmingham but is enhanced by a medical journey from Birmingham to Maastricht.