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Health sector needs more medium-term and long-term planning

The Malta College of Family Doctors (MCFD) is a Voluntary Organisation (VO/0973) that strives to improve the academic and clinical performance of family doctors (known as “it-tobba tal-familja” or “general practitioners”) and the standards of primary health care in our country.

The Association of Private Family Doctors (APFD) is a Voluntary Organisation (VO/1803) that strives to improve family medicine and primary health care in our country on behalf of the private family doctors (known as “it-tobba tal-familja” or “general practitioners”) and their patients.

The MCFD and the APFD are satisfied that a number of initiatives launched in the past months are aimed at reforming structurally the health sector. This has been long overdue. That the healthcare system is currently bogged by yesterday’s problems is witness to the strategies of previous administrations, where short-term solutions were prioritised over medium-term and long-term solutions, and where interventions were prioritised over disease prevention and health promotion.

A strong investment in primary care, with targeted decreases in the number of people with obesity, lack of exercise, uncontrolled hypertension, uncontrolled cholesterol level, smoking and alcohol addiction and uncontrolled diabetes, will lead to less heart attacks, strokes and amputations in future years. This will save expensive interventions in the future and improve the economy’s workforce. Likewise, a strong investment in caring for common mental health issues like anxiety and depression, decreasing substance abuse, improving sexual health, and dealing with contraception and family planning will improve the quality of life of many.

The investment in the digital interfaces needed to put all patient information from different medical sections available online needs to be sustained, such that when all medical sections are integrated the quality of care provided can improve even more. At the same time the two

Voluntary Organisations note the hassle for practitioners when using different portals for different services and encourage decision makers to invest in the integration of all pertinent medical services on one portal. Additionally, they are dismayed that to date referral to the public Primary Health Care Department services are still paper-based, meaning that patients and/or their relatives or carers have to take time off their schedules to set appointments.

The investment done to create a route for all family doctors to be able to apply for some entitlement medication (Schedule V) is giving dividends, as patients need to travel less because some bureaucratic triangulations have been eliminated. The two Voluntary Organisations ask for this process to be expanded to more entitlement medication to get even more benefit. Of note is that Mental Health is the only medical sector which does not allow its entitlement medication to be applied for by family doctors. Government needs to walk the talk on mental health.

The MCFD and the APFD call for a next useful step to improve the quality of care in primary health care by making more radiology and pathology tests available to all family doctors, in both the public and private sector. This would on one hand improve the patient experience of the health service as they would decrease the number of stops needed and days taken off work to access health services, and on the other hand shift expenses from the relatively more expensive secondary hospital care services to the relatively less expensive primary care services.

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