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**Primary Care in Luxembourg:  
A Consensus-Based Definition**

Executive summary

2025



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National health observatory, 2025

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# Executive summary

Primary care is a fundamental pillar of any effective healthcare system. It plays a crucial role in health promotion, disease prevention, early disease detection, continuity of care, referral to specialists, and post-hospitalisation follow-up. The scientific literature consistently demonstrates that strong primary care systems enhance both the performance and equity of healthcare systems by ensuring the provision of accessible, affordable, and well-coordinated services.

This report puts forward a functional definition of primary care in Luxembourg, developed based on international definitions and through a consensus driven methodological approach. In the absence of a formal legal definition, the main objective of this report is to delineate the scope of primary care in Luxembourg, thereby enabling the subsequent assessment and quantification of the resources allocated to this sector. To this end, four sub-objectives were established:

1. To define primary care within the Luxembourgish context,
2. To identify the services encompassed within primary care,
3. To identify the infrastructures through which primary care is delivered,
4. To identify the healthcare workforce (HWF) involved in the provision of primary care.

A consensus-based methodology was adopted, involving key stakeholders across multiple sectors of the healthcare system, including: i) research and education; ii) professional representative bodies of HWFs; iii) patients' representatives; iv) public health and health policy institutions; v) health insurance and social security institutions.

This approach enabled the development of a functional definition of primary care and the systematic identification of services, infrastructures and HWFs to be included within primary care.

## Functional definition of primary care in Luxembourg — as derived from a consensus-based approach:

Primary care may be defined by its four characteristics, first contact, comprehensiveness, continuity and coordination of person-centered health services. Primary care lies at the core and foundation of all integrated, frontline health services.

More specifically, primary care is characterised by these four attributes:

1. **First contact:** first contact refers to primary care as the first point of contact for the large majority of disease prevention activities as well as for acute and chronic health problems.
2. **Comprehensiveness:** comprehensiveness can be referred to as the scope, breadth, and depth of primary care, including the competence to address health issues throughout the life course. Comprehensive primary care can respond to the majority of an individual's health care needs, either through direct provision of care (for the vast majority of problems) or through referral to other levels of care or services.
3. **Continuity:** continuity of care results from the delivery of seamless coherent person-focused care over time across different care encounters and transitions of care.
4. **Care coordination:** care coordination refers to the responsibility to coordinate service delivery across the whole spectrum of health and social care services, including mental health services, long-term and social care, through integrated, functional and mutually supportive arrangements (including referral systems) for transitions and information-sharing along evidence-based care pathways.

## The services, infrastructures and HWFs to be included in primary care:

The **services** encompassed within primary care are health-promotion services, preventive care, diagnostic services, curative care, as well as palliative care.

The **infrastructures** through which primary care is delivered include medical practices, HWFs practices, assistance and care networks, emergency services, out-of-hours medical centres (e.g. *Maison médicale de garde*), community pharmacies, school health services and services dedicated to child and adolescent health, as well as occupational health services.

The **healthcare workforce (HWF)** involved in the provision of primary care include general practitioners, paediatricians, gynaecologists-obstetricians, ophthalmologists, psychiatrists, child psychiatrists, psychotherapists, emergency physicians, occupational physicians, dentists, nurses, midwives, pharmacists, dietitians, physiotherapists, speech and language therapists, osteopaths, psychomotor therapists, social-family assistants, social workers, orthoptists, opticians, and ambulance paramedics.

## Discussion and implications

This report proposes a functional definition of primary care in Luxembourg, developed in a context where no legal definition currently exists. This functional definition is based on a collective understanding rather than a formal legal framework. It provides a basis for harmonising practices, structuring care around a common foundation, and guiding health policies towards shared objectives. This consensus also supports ongoing reflections regarding the potential future legal formalisation of primary care.

From a practical perspective, this definition applies to various medical and healthcare professions, depending on their place of practice and the nature of the services delivered. For example, in Luxembourg, a curative service performed in a physician's practice by a general practitioner or a paediatrician is considered primary care, whereas the same service provided in a specialised hospital unit is not.

By clearly identifying the professionals involved and the share of their activity devoted to primary care, it becomes possible to assess the allocation of resources to primary care and to map its provisions. This includes identifying existing structures and providers, thereby facilitating the detection of under-served areas and supporting policies aimed at ensuring equitable access to care.

Beyond immediate implications, this definition also offers medium-term perspectives. In particular, it enables the systematic evaluation of primary care performance through the measurement of effectiveness, quality and access of services across the four core attributes (first contact, comprehensiveness, continuity, and coordination). Such evaluation supports the continuous improvement of the healthcare system by identifying strengths, weaknesses, and areas for development, and lays the foundation for a more strategic and sustainable management of the health system.

## Limitations

Measuring the share of activity that healthcare professionals devote to primary care presents several challenges. First, for the healthcare professionals concerned, the exhaustive identification of classification codes for acts and services that are specific to primary care is a complex and time-consuming task, further complicated by the evolving nature of the nomenclature. Second, the absence of documented reasons for these services does not allow for confirmation that the act performed falls within the scope of primary care. Finally, as the location of service provision is not recorded in the billing statements submitted to the CNS, attributing services to the primary care sector may prove impossible for professionals whose activities are distributed across multiple sites, some of which do not correspond to infrastructures identified as being included within primary care. Nonetheless, the application of a functional definition of primary care makes it possible to estimate—based on currently available data—

the number of healthcare professionals involved in primary care, as well as the share of their activity devoted to it.

## Conclusion

Despite these limitations, the adoption of a structured framework aligned with international standards—such as those outlined in the World Health Organization’s reference document *“Implementing the Primary Health Care Approach: A Primer”*—enables the generation of data that are comparable at the international level. This facilitates the exchange of best practices, strengthens cross-country cooperation, and supports the continuous adaptation of the Luxembourgish healthcare system in response to global developments.

In conclusion, this functional definition, developed through a consensus-based approach, constitutes a key strategic tool to structure, steer and sustainably improve primary care in Luxembourg. It strengthens the shared understanding of primary care, promotes a coherent and targeted approach to its delivery, supports resource planning, and paves the way for rigorous and ongoing evaluation of the performance of frontline healthcare services.

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