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RECOVERING THE PORTUGUESE NATIONAL HEALTH SERVICE AND THE HEALTH OF THE PORTUGUESE POPULATION

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Abstract: The Portuguese National Health Service (PNHS) was created in 1979 and is financed by the state, in order to provide access to quality, universal and generally free healthcare. The SNS is made up of a network of public hospitals, health centers and other health units that from January 2024 onward will be reconfigured into Local Health Units. Clinical governance is an indispensable practice to achieve the highest standards of excellence in the healthcare provided and to generate value, reducing waste and increasing the quality of processes. It is urgent to use the PNHS scarce resources appropriately and maximize the value of human capital, in order to guarantee access to users of the best possible healthcare, integrating emerging changes.
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INTRODUCTION

In a sector where competitiveness is growing, and managers' demands increase daily, it is vital to eliminate waste to guarantee the efficiency of the National Health Service, promoting an offer of excellent care and satisfaction not only from the user's perspective, but also for professionals. It is urgent that there is adequate remuneration so that human resources can carry out their mission with stability and productively. Management models that are better suited to this environment are therefore needed, capable of introducing investment and ensuring sustainability. The Organization for Economic Cooperation and Development (OECD) advises Portugal to increase investment and remuneration in the PNHS, recommending investing in the network of primary care providers as this is a growing priority (this premise cannot be forgotten when the model is generalized: Local Health Units at national level must remain present, at the risk of becoming a hospital-centric model). This institution recommends increasing spending in investment and salaries in the health sector (OECD, 2023). The Recovery and Resilience Plan (PRR) is undoubtedly an opportunity to correct underfunding in infrastructure and equipment, but it will not be a systemic solution. Public sector professionals are subject to long working hours, with low salaries and it is becoming increasingly difficult to attract and retain medical personnel. In the 2023 OECD report, has also mentioned that it is necessary to "*produce multi-annual budgets for the PNHS, balancing medium-term health priorities with the available budgetary space. The country must have integrated care between hospitals and the primary care network, and everyone must have a family doctor*" (OECD, 2023).

To this end, the OECD maintains that Portugal must tighten the direction of budgetary policy, including increasingly awarding budgetary support to the most vulnerable families. Throughout this article, a SWOT analysis of the PNHS will be carried out at the current time, highlighting evidence-based concepts that can allow for a shift in paradigm to take place, leading to gains for all stakeholder groups.

DEVELOPMENT

To understand what we want to achieve and how we want it *"Recovering the* PNHS *and the Health of the Portuguese"*, it is essential to know the current situation. To that end, a SWOT analysis of the current situation of the SNS/health of the Portuguese will be presented:

WEAKNESSES

- **Decrease in screenings** – Screenings suffered a significant decrease during the pandemic years and have not yet recovered;
- **Low investment in preventive care** with possible serious consequences in the main causes of morbidity and mortality, in the medium/long term;
- **Inadequate Management of Chronic diseases**, with reduced access to healthcare and difficulty in accessing healthcare. The proportion of *out-of-pocket* health spending, on the other hand, has increased by more than five percentage points since 2010 (OECD, 2021), making up a total of more than 30% of health system financing, almost double the European Union (EU) average, leaving aside the most vulnerable who cannot afford the private sector;
- **Excess mortality** – In 2022, 124,624 people died in Portugal. The National Institute of Health Dr. Ricardo Jorge (INSA) detects 6,135 excess deaths (INSA, 2023);
- **Low salaries** for health professionals.
- **Long working hours** for health professionals, posing a risk to user safety and leading to great dissatisfaction on the part of professionals;
- **Professional burnout** – Absenteeism, silent quitting, and hopelessness.
- **Very rigid work environments** – Little flexibility in working hours, exhausting health professionals with bureaucratic tasks (preparing reports, action plans, contracts) resulting in reduced service users' access to care (Alexandre, 2023);
- **Multiple online platforms with doubling/tripling of records** – These caused massive complaints from all professionals/from different areas, since there is no communication between the various platforms.

STRENGTHS

- **Human capital** – Portugal is one of the countries that trains the most healthcare professionals: doctors, nurses, among other professionals. These professionals make a huge financial and personal investment, to acquire clinical and technical skill;
- **Teleconsultation** – The opportunity to use funds from the Recovery and Resilience Plan (PRR) to provide the PNHS with equipment suitable for the practice of teleconsultation, whenever appropriate. Including aspects related to the remuneration of healthcare professionals in the use of digital tools. Currently, telemedicine appears as a dimension associated with the sphere of activity of groups of health centers, proposed by ACSS in the operationalization of contractualization in Primary Health Care (Spring Report, 2022);
- **Swift adaptation of the computer system –** with SCLINICO being available for the entire NHS with the possibility of the Electronic Health Record being made available soon to the PNHS;
- **Development of non-face-to-face contacts** and increasing ease of access in specific aspects (e.g., email exam requests, prescriptions via emails, messages, electronic prescription);
- **Meeting platforms, as a strategy for meeting/training professionals** (maximizing time and saving costs), as well as for online training of a large number of professionals in a short period (maximizing resources).

CHALLENGES/THREATS

- **Centralized information.**
- **Accessible to care to all citizens;** a specific challenge in integrating migrants/ ethnic minorities
- In the creation of Local Health Units, it is possible to efficiently **integrate the continuity of care**, with the users' journey as the core of care and not the functional units;
- Obtain **performance bonuses** to increase levels of professional satisfaction, either by rewarding those who produce more and better or by penalizing those who do not produce or produce less (Alexandre, 2023).

OPPORTUNITIES

- **Electronic Medical Records** (a decision must be made by the user as to who can access their medical records in order to guarantee data privacy without limiting access to professionals and guarantee continuity of care; in the case of the Advance Directive must be marked as soon as the professional opens SCLINICO, symbol to be agreed upon, who must consult the information to proceed accordingly.
- **Automated Screaming Programs** – Dental checks (portal where guardians access the issuance of mobile phone voucher by simply entering the child/ young person's user number, with the user number associated with the guardian's cell phone), screenings, etc., and voucher can be issued for the person who reaches age X, Y or Z, and who reaches the cell phone associated with the user number with the explicit indication of the exam to be carried out.

Example:

> *"Congratulations because you turned 50. You must schedule your colonoscopy as soon as possible and be able to choose the entity that carries out the exam with an agreement with the SNS, receiving the respective credential in the cell phone message".*

If the person does not take the exam within a pre-determined time, the system sends a reminder to the Family Health Team to summon the user. This can be done automatically via shared services from the Ministry of Health (colorectal cancer screening, cytology, etc.); If the person takes the exam, a reminder appears in SCLINICO to the family health team that they have already completed it and the result (when unchanged) for interoperability is attached to SCLINICO; when inflammation or other change with automatic indication that the user must be called for consultation for referral (different colors depending on the degree of urgency);

- **Expansion of the dental voucher** – Considering the rise in inflation and the increase in the population living below the poverty line, it makes sense to extend the dental voucher program, not only to those who receive the elderly solidarity supplement but to the entire population with financial difficulties. If the PRR does not include payment for human resources but there are already dentists who contract with the State for this program, why not guarantee that all vulnerable people have access? A check could also be created for mental health, which is another priority area in health, aimed at people with financial difficulties.
- **Artificial intelligence,** minimizing the recording time that could be carried out in the medium term in an automated way, through voice, or consented image collection; significant advances in auxiliary means of diagnosis in the medium term that will allow much faster diagnoses.
- **Recovery and resilience plan** and funds for the restoration of buildings and the

acquisition of equipment.

- **National reserve of material and equipment** and other technical assistance, through a platform updated in real time.
- **Municipalization –** Opportunity in vehicle management, aiming to reduce transport costs; equipment maintenance and calibration plans, emergency plans with necessary updates; between others.
- **Centralize the contracting process under managers** and allow health professionals to work in their area of competence (reducing the time they currently spend with bureaucratic processes that are not within their area of competence);
- **Leadership model that promotes proximity, empathy, and empowerment –** If there is no involvement there is no commitment or results. Learning must be meaningful, just like leadership.
- **Flexible Working hours** – Workers who feel that they are respected and that they are able to reconcile family life and work , usually increase their levels of productivity;
- **Existence of health care assistants and other support workers** who will be able to accompany people with a high level of dependence at home, working shifts to ensure response (we save between 150 and 250 euros on daily hospital stays, given that 40% of hospital admissions are currently social; and between 90 and 120 euros per day in Continuous Care Inpatient Units), creating jobs and keeping people where they feel comfortable, in their homes. This area could be handed over to the social sector, saving the state from other human resources costs;
- **Health and Senior Citizens Tourism** – The opportunity to maximize existing human resources by obtaining funds to pay for those who cannot pay for private healthcare (the most vulnerable). If we have many Higher Nursing Schools in Portugal and produce highly qualified human resources, why don't we invest in establishing these resources in Portuguese territory? Why is there not a clear focus on Health Tourism, from the perspective of profits (foreign users would pay the value of their country's health costs and would not benefit from the universal and free SNS) to allow the Portuguese state to support the most vulnerable who do not have way to pay for private insurance?

  Also at the household level, there could be a serious investment in Senior Tourism for foreigners and other interested parties, with the profits making it possible to invest in social security places for those who cannot pay.

After this analysis, the contracting of healthcare *"is a tool that defines the relationship model between the state and healthcare providers: a contractual basis in which the desired health outcomes are explained for the available funding levels, within a framework of separation of roles and definition of responsibilities and assuming the existence of reliable information and autonomy in resource management"* (Alexandre, 2023).

It is urgent to move from a financing model (poorly) adjusted to installed capacity to a model resulting from identified and unmet health needs. This implies deep structural reforms in the system, such as closures of services, and independence from corporate interests (Alexandre, 2023). It is also essential to clarify the role of each of the entities that intervene: social and private sector in the system. However, it is also essential not to forget that Health must be perceived under the concept of *"One Health"*, that is, in an integrated way. If there is no holistic, transdisciplinary, multisectoral and collaborative concern, it will not be feasible to improve the population's health status. The "*One Health*" approach recognizes the

relationship between people, animals, plants and the environment that welcomes them with the aim of obtaining more and better results in the area of health (ICBAS, 2023).

CONCLUSION

If contracting occurs vertically in the new Local Health Units and we take advantage of the positive points and opportunities, it should be possible to solve many of the current problems evident in the SWOT analysis that was carried out in this article, referring to the PNHS three simple measures would also significantly change the healthcare landscape in Portugal, namely:

1) increase the response to acute illness;
2) improve chronic disease surveillance.
3) increase screenings.

Therefore, it is time to contract what is really impactful and abandon the current model practiced in Health Center Groups, which is a real waste of time with zero results in sight.

It is also necessary to take advantage of the opportunity to increase the weight of own revenues, through the correct identification of third-party payers, expansion of the service portfolio, profitability of installed capacity, expansion of the market, such as health tourism, previously mentioned.

When the Basic Health Law was discussed, the core question was: *"How must the PNHS be organized in a way that favors a model in which local actors must participate, no longer as spectators, but as decision-makers?"*

This model is called Local Health Systems, the holistic alternative to the biomedical model. Bringing together health centers, hospitals, long-term care, schools, local authorities and social security, in the same local health plan and with the same coordination team, requires breaking with tradition and routine and starting to operate in a peer-to-peer collaborative system, in which everyone uses their resources to promote the good of everyone, of the community (Justo, 2023). The same author also adds that the "*alternative is between an PNHS to help with illness or an PNHS oriented towards the determinants of health*".

Regardless of the reconfiguration that we will witness in the near future, political changes, the economic crisis or the new world order that is approaching, there is something that is undeniable: Community Care Units have a determining role in accessing and improving health and quality of life of the population.

These are the functional units that can allow greater integration of care, due to their proximity to the community and because they are a link between local authorities and Local Health Units, being able to establish indisputable bridges with in-hospital palliative teams, outpatient consultations and outpatient surgery.

They can also play a very important role in the monitoring and surveillance of people with pathologies such as dementia and oncological disease, in the continuity of users who follow the Integrated Continuous Care Team, which can now be reinforced with professionals from the hospital home service (it is possible to have a unique team with elements from these two teams, truly multidisciplinary, that provides a more effective response than what is currently happening where teams feel isolated and without resources). It is essential to mobilize specialist nurses, highly motivated to boost community intervention, who are underutilized in hospitals, to Community Care Units where they can lead change in the area of prevention, promotion and rehabilitation. These are excellent professionals working in essential areas such as health literacy and training for decision-making.

It is urgent to replicate good practices (evidence-based programs and not separate

actions) at a preventive level and in health promotion, in educational establishments from pre-school to university education, but also in workplaces, promoting the skills necessary for informed and responsible decision making.

Investing in Community Care Units (which are mostly made up of nurses from various areas of specialty) means saving costs, avoiding waste and ensuring high levels of satisfaction for users, families and the community.

If political decision-makers know how to apply PRR funds in accordance with the outlined objectives, and without ever forgetting the integrated vision, nurses will be an investment in the health sector.

Only integrating contracting and governance with education, employment, social security and local authorities; would be possible to make the PNHS more sustainable, effective, and with high levels of satisfaction for users and professionals.

Health is also money! Because a healthier society is a society that produces more, uses less curative health services and invests more in prevention and promotion, rewarding good performance.

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