



PORTUGAL

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	<u>Mid-year population</u>	10,514,844	10,457,295	10,402,343
A2	<u>Area (square km)</u>	92,210	92,220	92,220
A3	<u>Average population density per square km</u>	114	113	113
A4	<u>Live births per 1,000 population</u>	8.5	8.0	7.9
A5	<u>Crude death rate per 1,000 population</u>	10.3	10.2	n.a.
A6	<u>Estimated life expectancy</u>	80.3	80.6	80.9
A6a	<u>Estimated life expectancy, female</u>	83.1	83.5	83.7
A6b	<u>Estimated life expectancy, males</u>	77.2	77.5	77.9
A7	<u>Gross domestic product (GDP) US\$ per capita</u>	20,577.0	21,619.0	22,124.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population			
				The Portuguese National Health Service is universal and covers all the residents in the country, comprehensive and almost free of charge at the point of use. It does not cover dental care, which is mainly based on private providers and funded by families.
B2	Gate keeping system			
				The first point of contact within the NHS is the GP in a primary care unit (patient must register with a GP in a primary care unit in the residential or work place area). The main goal of the Government is to guarantee the Universal coverage of all users by GPs, and despite some progresses this goal is yet to be achieved. Nevertheless, it must be noted that the creation of Family Health Units (Unidades de Saúde Familiar) composed by self-organized and multiprofessional teams contracting basic packages of services and receiving performance based incentives represented a significant achievement in the primary health care provision.
B3	<u>Total health expenditure, PPP\$ per capita, WHO estimates</u>	2,624.0	2,634.0	2,690.0
B4	Public sector health expenditure as % of total health expenditure	64.0	65.2	64.8
B5	<u>Total health expenditure as % of GDP, WHO estimates</u>	9.7	9.6	9.5
B5a	<u>Public-sector expenditure on health as % of GDP, WHO estimates</u>	6.2	6.2	6.2
B5b	<u>Private-sector expenditure on health as % of GDP, WHO estimates</u>	3.5	3.3	3.3
B6	<u>Expenditure on inpatient care, PPP\$ per capita</u>	524.0	535.0	519.0
B7	Public inpatient expenditure as % of total inpatient expenditure	n.a.	n.a.	n.a.
B8	<u>Total inpatient expenditure as % of total health expenditure</u>	19.4	19.3	19.8
B9	Public funding	65.60%	66.90%	66.20%

HOSPITAL GOVERNANCE		2012	2013	2014
C1	Administration and management			
				All hospitals within the National Health Service are under the jurisdiction of the Ministry of Health. Private sector hospitals, both not-for-profit and for-profit, have their own management arrangements. In public enterprise sector, the NHS network encompasses eight Local Health Units (resulting from an effective integration of the hospital and the primary health care centres in a unique provider), twenty Hospital Centres (which can aggregate two or more hospitals), seven Hospitals, one psychiatric hospital and three Oncology Institutes. The public administrative sector comprises two Physical Medicine and Rehabilitation Centres one hospital, one Hospital Center, one psychiatric hospital and one Institute of Ophthalmology. Three hospitals are managed by the Misericórdias (charity organization). To improve the NHS capacity and value for money the government associated private entities to the sphere of public responsibility to build, maintain and operate health facilities under the Public-Private Partnerships (PPP). Since 2007 the Ministry of Health has celebrated four contracts with PPP (MS, Portal SNS, 2018).
C2	Surveillance authority			
				The Portuguese Healthcare Regulation Authority (ERS) is responsible for regulating the activity of all healthcare providers. It ensures the compliance with legal requirements for healthcare services and establishments and the protection of the rights of users. It also assures the lawfulness and transparency in the economic relations between providers, funders and users and the fair competition in healthcare markets. The Directorate-General of Health (DGS) ensures the epidemiologic surveillance of the Health determinants and of communicable and non-communicable diseases. The General Inspectorate of Health Activities (IGAS) is responsible for ensuring the law enforcement and high technical levels of performance in all areas of the provision of health care. Two other institutions ensure the surveillance on specific areas: the INFARMED - National Authority of Medicines and Health Products and the INSA - National Health Institute that deals with epidemiological surveillance of communicable and non-communicable diseases.

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers			
D2	Modes of payment			
D3	Use of DRGs			
D4	Hospital investments			

The Ministry of Health is the main funder of public hospitals. Hospital budgets are defined and allocated by the Ministry of Health through the ACS (Central Administration of the Health System). At present, public hospitals are allocated global budgets based on programme contracting which are negotiated and signed by the Ministry of Health and the hospital. This activity-based resource allocation model involves a systematic DRG grouping and the computation of hospital case-mix adjusted budgets. The payment model used in the Local Health Units is based on capitation, through a risk adjusted budget (the population characteristics, the health needs and health care provision).

DRGs are used since 2003 to determine both the global budget for the NHS hospitals and the inpatient funding. Portugal adopted the grouper used in the US. The grouper in use is the All Patient DRG, version 21 (AP-DRG), which applies to hospital admissions and outpatient episodes.

The Ministry of Health (MoH) finances the hospital's investments, sometimes with the help of the European Union through the European Regional Development Fund (ERDF). Lately, these investments helped to support the remodelling and expansion of 40 hospital infrastructures, equipment acquisition, technological modernisation. The MoH also approved a 35 million euros incentive programme aiming to promote the integration of care and to value the users' pathways in the National Health Service. It encourages the presentation of joint initiatives for the organizational change contributing to better access levels, quality and efficiency in the NHS (in areas as screening and early detection programmes for the early or the reduction of hospital admissions, consultations and avoidable emergency episodes), placing the citizens and their families at the centre of all the professionals' and services interventions.

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
E1	Public/private ownership			
E1a	% of hospitals private for profit		49.3% (INE, 2017)	
E1b	% of hospitals private not for profit	n.a.	n.a.	n.a.
E2	Categories			
E3	Total number of hospitals	226	229	226
E4	Hospitals per 100,000	2.2	2.2	2.2
E5	Total number of hospital beds	35,815	35,478	34,522
E5a	Number of public inpatient hospital beds	25,787	25,012	24,200
	Public inpatient hospital beds as % of all hospital beds	72	70.5	70.1
E5b	Number of private inpatient hospital beds	10,029	10,474	10,316
	Private inpatient hospital beds as % of all beds	28.0	29.5	29.9
E6	Hospital beds per 100,000	341.0	339.0	332.0
E7	Number of all hospital discharges	1,152,269	1,137,408	1,128,172
E8	Inpatient care discharges per 100	11.0	10.9	10.8
E9	Average length of stay, all hospitals	9.0	8.9	8.9

All hospitals belonging to the National Health Service are under the jurisdiction of the Ministry of Health. The majority of those hospitals are equivalent to the status of a public-interest company, by which the government maintains ultimate ownership with some autonomy to the hospital management. Private sector hospitals, both for profit and not-for-profit, have their own management arrangements.

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ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	Number of acute (short-stay) hospitals	170	168	169
F2	Acute (short-stay) hospitals per 100,000	1.6	1.6	1.6
F3	Number of acute care hospital beds	35,125	34,679	33,821
F3a	Acute care hospital beds as % of all hospital beds	98.1	97.7	98.0
F4	Acute care hospital beds per 100,000	334	332	325
F5	Number of acute care hospital discharges	1,138,324	1,123,218	1,114,332
F6	Acute care hospital discharges per 100	10.8	10.7	10.7
F7	Average length of stay, acute care hospitals only	7.5	7.2	7.2
F8	Bed occupancy rate (%), acute care hospitals only	77.0	75.0	76.0

HEALTHCARE WORKFORCE		2012	2013	2014
G1	Number of general practitioners	5,684	5,943	6,136
G1a	General practitioners per 100,000	54.0	57.0	59.0
G1b	Population per one GP	1,849.9	1,759.6	1,695.3
G2	Number of physicians	43,123	44,555	46,036
G2a	Physicians per 100,000	410.0	426.0	443.0
G3	% of physicians working in hospitals	49.7	49.2	47.6
G4	Number of nurses	65,404	65,809	66,340
G4a	Nurses per 100,000	622.0	629.0	638.0
G5	% of nurses working in hospitals	58.8	59.3	n.a.
G6	Number of nurses per physician	1.5	1.5	1.4

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2018