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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
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ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

NATIONAL REPORT OF GREECE TO THE AEMH PLENARY MEETING *PANHELLENIC MEDICAL ASSOCIATION*

OSLO, 9 - 11/5/2019

NATIONAL REPORT

The decrease in health expenditure, which remains low compared to the average spending of EU countries this year, has an impact on the funding of public and private healthcare units.

In particular, the budget of the Ministry of Health for 2019 is € 3,139 billion, from € 2,987 billion in 2018.

The pharmaceutical expense is estimated at € 2,783 billion, but due to claw-back and rebate this amount is limited to € 2.2 billion. Pharmaceutical expenditure for Hospitals amounts to € 966 million.

PUBLIC HEALTHCARE SECTOR

As mentioned, public expenditure - investments for Health sector in Greece remain at significantly lower levels compared to the European average, ranging from 7% to 7.2% of the GDP of the European countries.

For the year 2019, according to the Greek Minister of Health, public spending is expected to increase by €128.5 million (€92.5 million will be allocated to the restricted budgets of National Organisation for the Provision of Healthcare Services - EOPYY) and €36 million will be additionally allocated in order to address the operational needs of the National Healthcare System excluding expenditure for pharmaceuticals). These amounts are obviously insufficient to meet the needs of a public healthcare system.

According to Eurostat data, Greece is at the 27th rank among 28 countries in terms of public investment in Health, based on 5.2% of its GNP.

OECD studies also predict a further cut on public social spending in Greece in terms of GDP percentage in the coming years compared to other European countries. Specifically, in 2020, total social spending in Greece is predicted to fall from 25.4% (2018) to 22%, while for the other European countries an increase of 25.2% is expected. By 2060, spending on health in Greece will possibly reach 20.6% of GDP, while the EU

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average is set to reach 27%. We all wish that these forecasts for Greece will not be confirmed.

The situation of Greek state hospitals of the National Health System (NHS), which all provide outpatient consultations, operating on a rotational basis, still remains critical and is far from the point of an adequately staffed National Health System. Between 2015 and 2018, 1648 physicians and 4070 nurses and paramedical auxiliaries were recruited to our hospitals, while 2980 doctors with fixed-term employment contracts (2 year employment contracts) are geared towards the system needs.

These recruits have certainly boosted Greek hospitals, but they are still not enough. Statutory vacancies in public hospitals reach 6500. In this figure, we also have to calculate continuous retirements due to age. The result gives us a picture of an aging public health system. As an out-come, doctors employed in the state health system are forced to work in debilitating hours exceeding the working hours defined by EU Working Time Directive and unable to make use of their leave, thus increasing the likelihood of a medical error in their performance.

At this point we have to mention the great problem of the new doctors' – trainees' shortage in Greek hospitals. It is estimated that in recent years of the economic crisis in Greece, 18.000 new colleagues have left the country seeking for work in other European countries. The lack of trainee specialists in hospitals obviously causes problems in the proper functioning of NHS hospitals.

The way public health works in Greece, poses safe hospitalisation at risk and recent data, as presented in a Lancet Infectious Disease article show increase in hospital acquired infections observed in our country.

In the Intensive Care Units of the NHS, 150 beds fully equipped, remain closed due to lack of staff (the recruitment of 600 nurses and 100 physicians is required).

The situation is similar in the National Centre for Emergency Care (EKAV), which is responsible for transportation to healthcare units. The EKAV ambulance fleet is marginally sufficient for the needs of the prefecture of Attica.

An alarming phenomenon has also been the recent increase in violence against doctors and nurses in the field of public health by patients and their associates. Violence can be both verbal and physical, and it affects the personal and scientific dignity of health care workers.

Finally, a serious problem for the Public Health System in Greece is the lack of an organised and structured Primary Health Care System. This is a burden on Secondary Health and Hospitals, since they are called upon to provide services that Primary Healthcare Professionals could and should provide. There are currently 110 National

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Health Units out of the 239 that have originally planned, while 1200 doctors approximately are employed in the Primary Healthcare System, while at least 3000 doctors are needed.

Christos Georgiou
Surgeon, Registrar A' NHS
PhMA delegate to the AEMH

PRIVATE HEALTHCARE SECTOR

As this year's health insurance spending is still limited, below the European average, and as claw back and rebate policies continue, private hospitals suffer from severe cash-flow difficulties, which are passed on to suppliers and to health service providers (doctors). The increase in private hospital contracts with insurance companies, with significant discounts, has reduced the total income of doctors in private clinics even further.

Since the number of doctors contracted with the NHS remains insufficient, the patient charge for laboratory tests and pharmaceuticals increases, and so is the distress and financial burden for the patients.

The budget for medical tests has been continuously cut down, while patient financial contributions, both in medicines and diagnostics are significantly rising; from 10% in 2008 reached 28% in 2015, where still remain nowadays. The number of OTC (over the counter medicines - not compensated by the National Organisation for Healthcare Provision) has increased significantly from 800 to 1300 medicines and therefore patients lead themselves to self-medication. Claw back and rebate dramatically reduce the income of physicians and undercosting in diagnostics, hematological, biochemical and in imaging tests, speed up the closure of more and more medical laboratories ran by doctors.

40% of primary healthcare units of the single insurance agency organisation in the country have been closed down and the remaining function under capacity, either due to understaffing or to lack of consumables.

Laboratory tests are conducted with 15% of patient financial contribution. It is estimated that less than 5% of referrals performed at the contracting Laboratories with Social Security Fund.

Hospitalisation in private hospitals is a solution for patients that are able to afford it. 30% of hospital admissions in Greece are in private hospitals.

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As last year, there are still delays in state reimbursements to private hospitals, and consequently private hospitals delay in paying salaries to their employed doctors, who are required to pay income tax not yet received, which leads them to financial suffocation.

An important issue is that currently in Greece the provision for the establishment of private day care units is limited to the following 4 specialties: Ophthalmology, Plastic Surgery, ENT and Dermatology.

In addition, there is a strict limitation of the approved medical acts that can be delivered relatively to those that can actually be delivered.

In conclusion, we can say that the private healthcare sector, both in primary and secondary healthcare, is in a critical situation.

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