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Analytical support on
social protection reforms and
their socio-economic impact

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Pensions, health care and long-term care

Portugal

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Disclaimer: This report reflects the views of it author and these are not necessarily those of either the European Commission or the Member States.

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Table of Contents

1 Executive Summary

The Portuguese pension system was significantly reformed in 2007, with the goal of providing adequate and sustainable retirement income for all within one unified public social security system. After 2011, the pension system evolved under the direct impact of the economic and financial crisis that led to the near collapse of Portuguese public finances and to the subsequent European bailout in May 2011. The ensuing Economic and Financial Assistance Programme was designed to take into account the financial conditionality's austerity measures aimed at curbing unsustainable public expenditure (in effect until mid 2014). The impact of austerity measures on the pension system, which accounts for a large fraction of public expenditure, will be meaningful and lasting. While reforms implemented over the past two decades have contributed to long-term sustainability, the amount of pension benefit payments makes the system excessively costly under the current circumstances. Accordingly and as announced by the Government the reform should be based on two main elements: (i) an effective increase by one-year in the statutory retirement age to 66 years (implemented by linking eligibility and benefit to the revised demographic sustainability factor); (ii) aligning the rules and benefits of the public sector pension funds, CGA, to the general pension regime by changing one of the replacement rate parameters from about 90 to about 80 percent for all applicable beneficiaries.

Regarding the health system, important policy measures and regulations to enhance access to health care have been implemented after 2007 with an impact on the quality of health services. Reforming primary care was targeted as a first priority. The financial sustainability of the National Health Service (SNS) has not been dealt with in spite of the concerns raised by EU institutions over the age-related nature of health expenditure and its impact on public finance sustainability. Only after 2011 and within the framework of the Economic and Financial Assistance Programme, specific policies to deal with spending were devised and implemented. Users' fees for medical consultations have been increased in 2012. Savings in the area of pharmaceuticals are programmed to reduce public spending on medicines. A large part of this expenditure runs through hospitals' prescriptions to ambulatory patients, so achieving cuts in this segment of expenditure has been prioritized. Primary care services are to be reinforced to further reduce unnecessary visits to hospital specialists and emergencies. Regarding hospitals, measures have been taken aimed at achieving a reduction in the operational costs of hospitals.

Long-term care has been fostered by the setup of the national network for "integrated continuous care" (RNCCI - "Rede Nacional de Cuidados Continuados Integrados") providing both long-term health care and social assistance to dependent persons made vulnerable by age and/or disease. RNCCI is an achievement within the Portuguese welfare state, despite its youth and slow development, and even if it does not cover for the moment most of the population in need of long-term care. The financial sustainability of RNCCI is an open issue, as the mix of public and private funding will suffer inevitably from present cuts in social expenditure.

2 Pensions

2.1 System description

2.1.1 Major reforms that shaped the current system

The Portuguese pension system was significantly reformed in 2007, with the goal of providing adequate and sustainable retirement income for all within one unified public social security (SS) system. The SS contributory statutory regime already in place and covering the majority of the population will be extended to the whole population after the phasing out of the existing special schemes that were closed after 2007. Within the reform, important parametric adjustments were enacted: a sustainability factor was incorporated in the formula to calculate the pension benefit; new indexation rules to moderate periodic adjustments of pensions were devised; criteria for means-testing for non-contributory benefits were revised along with a new non-contributory allowance for the elderly enacted at the same time (the Solidarity Supplement for the Elderly).

After 2011, the pension system evolved under the direct impact of the economic and financial crisis that led to the near collapse of Portuguese public finances and to the subsequent European bailout in May 2011. The ensuing programme of financial assistance was designed to take into account the financial conditionality's austerity measures aimed at curbing unsustainable public expenditure (in effect until mid 2014). The impact of austerity measures on the pension system, which accounts for a large fraction of public expenditure, will be meaningful and lasting.

2.1.2 System characteristics

The Portuguese pension system comprehends three pillars mainly organized by the state while the private sector plays a marginal and shrinking role.

The first pillar is mandatory and based on the public SS pension system, which has two branches: the contributory general statutory regime and the non-contributory special regime. In 2012, there were 2,503 million contributory pensioners and 477.500 non-contributory pensioners[1], adding up to 2,980 million SS pensioners.

The contributory general statutory regime is a mandatory earnings-related unfunded scheme whose pension benefits are presently calculated combining different legal formulas in force throughout the life cycle of beneficiaries (for the duration of the transition started in 2000 that will go on for some years). The non-contributory regime provides benefits that depend on means testing for the aged population at risk of poverty that is not eligible for statutory benefits due to the lack of contributory records.

For the second pillar, there are few private funded schemes in place, at the employers' discretion.

A third pillar comprises the financial applications of households' savings in funded individual retirement plans that were stimulated by tax exemptions until 2010. A public non-mandatory SS complementary funded scheme ("Certificados de Reforma") has been set in place in 2008.

[1] Only 104.5 thousand of these do rightly pertain to the non-contributory regime; all the others are beneficiaries of closed former special non-contributory or scarcely contributory regimes dating from the 1970's that receive similar benefits.

There are residual first pillar public and private mandatory schemes that are now closed. The most important of these is the special unfunded scheme for public employees appointed before 2005 (CGA – "Caixa Geral de Aposentações"). It is closed since 2007 and phasing out (600,000 pensioners in 2012). The eligibility rules and the calculating formulas for benefits under the CGA scheme underwent a convergence process with the SS pension's scheme that was completed in 2012. There remains an occupational mandatory funded private schemes in place for telecommunications and part of the financial sector (covering the employees of most banks) as a first pillar scheme. They are closed to new entrants since 2010, and are also being phased out (less than 100,000 pensioners in 2012).

The SS statutory pensions are financed on a pay-as-you-go basis by social contributions, complemented by a small fraction of the Value Added Tax ("social" VAT), both earmarked revenues for the contributory system. The global contribution rate is 34.75% of gross earnings (11% to be paid by the worker and 23.75% by the employer), where 26.94 percentage points are earmarked for pensions. For the self employed the global rate of contribution is 29.5% of gross revenue. A share of the SS contributions is annually transferred to the Social Security Trust Fund (FEFSS) that will act should SS treasury be under stress. Non-contributory pension benefits are fully financed by state transfers.

As shown in Table 1, total public pensions (from the SS regimes and the CGA closed scheme) account for more than half of total social protection expenditure in recent years. The expenditure decreased after 2010 as a consequence of the cuts in nominal benefits enacted within the financial conditionality's austerity measures.

Table 1: Social Protection and Total Pensions Expenditure in Portugal: 2009-2012

Year	Public Social Protection Expenditure (% GDP)	Pensions Expenditure (% GDP)
2012	n.a.	13.6
2011	n.a.	13.8
2010	27.0	14.1
2009	25.3	13.5

Source: Eurostat (ESSPROS); INE (the Portuguese Statistics National Office).

In 2012, the 2,980,000 SS pensioners accounted for 83% of all public pensioners in Portugal; 84% of the SS pensioners pertain to the contributory regime. The SS expenditure accounts for only 64.7% of the total expenditure of all public schemes pensions due to differences in average pension, which is higher under the CGA closed scheme (see Table 2).

First pillar old-age pensions

The statutory retirement age is 65 years for both men and women, even if life expectancy at 65 has been growing fast reaching 18.8 years (20.3 por women and 16.9 for men) in 2011.[2] There is the special pathway to retirement at the age of 62 for long-term unemployed older workers if unemployment occurs after the completion of 57 years. Workers having completed 30 years of insurance at the age of 55 can retire after that subject to a 6% penalty per anticipated year of retirement (the so-called flexible retirement) but this possibility is suspended for the duration of the financial conditionality. The average effective retirement age was 62.6 years for both sexes in 2010.

To be entitled to the SS statutory old-age pension a qualifying period of 15 years of insurance is required. Minimum benefits for pensions are defined by law accordingly to the length of

[2] Source: INE (the Portuguese Statistics National Office).

contributory records, and the difference between the actual statutory pension and the minimums will be financed by state transfers without any means-testing.

When contributory records to fulfil qualifying periods are missing, the elderly may be entitled to the old age "social" pension paid within the non-contributory regime under strict means-testing criteria. An additional means-tested non-contributory old age benefit has been implemented after 2007, to fight poverty amongst the elderly: the Solidarity Supplement for the Elderly.

Benefit calculation

The SS statutory old-age pension is calculated using a defined benefit formula that relies on a grid of decreasing accrual rates (varying between 2.3 and 2.0%) to be applied to specified increasing fractions of the yearly average pensionable earnings times the number of years with contributory record, subject to a maximum of 40 years.

To account for the increase of life expectation, the statutory pension is adjusted by the "sustainability factor" (introduced in 2008). Such discount factor is calculated by dividing the average life expectancy at 65 in the year 2006 by the average life expectancy at 65 in the year of retirement of the beneficiary. The application of the sustainability factor means a growing cut of the statutory benefit for successive new retirees, so that the benefit became hybrid as risk is shared by the scheme's operator and the beneficiary. For 2013 the sustainability factor is set at 0.9522.

In 2012, the total old-age public pension's expenditure amounted to 13.2% of GDP, where contributory pensions (from both the SS statutory regime and the CGA closed scheme) accounted for 11.5% of GDP and the non-contributory pensions added a further 1.7% of GDP to aggregate expenditure.

Average old-age pension

Table 2 shows that the SS annual average old-age pension is quite low[3] (in remarkable contrast with the CGA average pension) and close to the legal minimum benefit of EUR 3,556.0 (annual) / 296.3 (monthly), for beneficiaries with very short contributory records.

Table 2: Annual average old-age contributory (SS and CGA) pension in 2012

Old-age Pensions	Annual amount (EUR)	Monthly amount (EUR)
SS contributory average benefit	4819.3	401.6
CGA average benefit	15444.4	1287.0

Source: SS statistics for 2012 (http:// seg-social.pt, retrieved on 10.10.12); and CGA annual report for 2012.

Disability pensions

The disability pension is a two-fold benefit scheme differentiating between absolute and relative permanent disability, providing gradually higher income replacement for pensioners with total incapacity to work (the transition period will end in 2012, when the minimum value will equal the old-age minimum for a contribution record of 40 years). When the pensioner completes the age of 65 his pension will be converted into old-age pension but the sustainability factor will not apply in this case. Disability benefits and wages are now almost fully compatible (previous legislation limited this possibility by placing a cap on complementary wages equal to the pension entitlements). Spending on the SS disability pensions accounted for 0.8 % of GDP in 2012.

[3] Short contributory records (or none) for the older pensioners explain such low average benefits, as a consequence of the relative youth of universal coverage (achieved only in the early 1980's).

Survivor's pensions
In the event of death, spouses, children and those ascendants living at the expense of the beneficiary are entitled to the survivor's pension whose benefit is determined as a percentage of the old-age pension of the deceased. The survivors pension benefits vary between 70% (spouse) and 30% (descendant or ascendant) of the old-age (or disability) pension of the deceased. Spending as a percentage of GDP reached 1.7 % (1.2% for SS survivor pensions only) in 2012.

Indexation
Pensions in payment are progressively indexed to the inflation rate and to a special index, the IAS (index for social allowances), and the annual adjustment is higher if GDP growth is also higher, exceeding the inflation for the majority of pensioners and with larger increases on lower pensions. After 2011 the indexation mechanism has been kept in suspension to comply with austerity measures, and only very low pensions have been positively adjusted for inflation.

Taxation
Pensioners are taxed under the same rules as the working population. For 2012, annual pension income up to EUR 6,000 is not included in the tax base (such threshold is lowered progressively for higher pension income).

2.1.3 Details on recent reforms

Within the framework of the Economic and Financial Assistance Programme 2011-14, the reassessment of the 2007 reform of pensions has been launched and new parametric adjustments following the austerity package have been and/or are to be implemented.

Continuing budgetary imbalances have forced the Government to take further austerity measures in 2012 and 2013 with an impact on the pension system. Under the State Budget Law for 2012, the 13th and 14th monthly allowances for pensioners ("Holidays" and "Christmas" subsidies, of the same amount as the monthly pension benefit) were suppressed wholly or partially for most pensioners. Such measure was expected to remain in force at least until mid 2014, and after that only partial payment of such allowances would be under consideration. However, the Constitutionnal Court was called to intervene in order to evaluate the constitutionnal grounds of such measure. It ruled that such measure was not acceptable in constitutional terms, although it delayed the effects of its ruling until 2013. The Budget Law for 2013 enacted a similar although mitigated measure for pensioners - the supression of 90% of the Christmas subsidy for pensions over EUR 600 per month. The Constitutionnal Court stepped in once more to review such measure and it ruled in April 2013 its unconstitutionnality and this time with immediate effect. The ruling opened a political crisis as the Government had no contingency plan to gather alternative tax revenue and/or to cut spending in 2013, even if other cuts on pensions over EUR 1350 per month, ranging between 3.5 and 16% of the benefit, were sanctioned by the Court as passable extraordinary measures to deal with the present crisis. After this ruling, the Portuguese Government had to renew its commitment to the adjustment programme, including its fiscal targets and timeline. This was accompanied by the EC's statement that "any departure from the programme's objectives, or their re-negotiation, would in fact neutralise the efforts already made and achieved by the Portuguese citizens, namely the growing investor confidence in Portugal, and prolong the difficulties from the adjustment".[4]

[4] Statement by the European Commission on Portugal - MEMO/13/307 - 07/04/2013

Early in 2013, the IMF had released an important report on the reform: *Portugal. Rethinking the state-selected expenditure reform options*, January 2013. It contains a set of proposals on pension reform building upon fiscal sustainability, increasing equity (within the workforce and pensioners and across generations), minimizing the incentives for informality and inactivity, and for protecting the most vulnerable.

In this context new measures concerning pensions have been under consideration throughout 2013:

- The accelerated convergence of CGA and SS schemes;
- The increase of the early retirement age after 2014, after the partial suspension enacted for the period 2012-14;
- The increase of the age of retirement to 66 or 67 years;
- Permanent cuts of nominal benefits for actual and future pensioners on the grounds of intergenerational and intragenerational equity.

The Economic and Financial Assistance Programme specified from the beginning the suspension of pension indexation and the freezing of pensions (except for the lowest benefits) in 2012 and after, and nominal cuts through progressive income taxation on pension benefits above EUR 1500 per month, with immediate effect in 2011 and after. These measures have been implemented as scheduled. It remains to be seen whether they will become permanent considering that drivers of over-spending have not been neutralised by any reform of the state and taxation is admittedly excessive for an economy to recover and grow.

The proposed budget for 2014 presently under discussion in Parliament includes measures of fiscal consolidation designed under the influence of IMF's report that will redesign important features of the pension system of the CGA closed scheme:

- Change in the formula to calculate pensions for future CGA retirees that will deepen the convergence with the rules of the SS contributory regime;
- Recalculation of the benefits paid to actual CGA pensioners in order to reduce by 10% the benefit for pensions over EUR 750 (for old-age pensions) and EUR 450 (for survivor's pension) per month.

A measure that will have a major effect for the future is the redesign of the sustainability factor that will follow the approval of the law of Budget for 2014:

- The year of reference for life expectancy at 65 will be 2000 instead of 2006;
- Statutory age of retirement will be indexed to the sustainability factor so that in 2014 the normal age of retirement that is required for entitlement to full benefit after completing 65 years of age and 40 years of contributory records will be 66 and will evolve afterwards in line with life expectancy at 65.

The constitutional grounds for the announced measures will be under close watch and the Constitutionnal Court will certainly be called upon to rule on the constitutionality of the change of rules regarding actual CGA retirees and other measures on pensions.

The reduction of the social contribution rate paid by employers to boost competiveness and employment (announced by the Government in 2011) has been abandoned for the time being because of difficulties to compensate for the loss of revenue.

2.2 Assessment of strengths and weaknesses

2.2.1 Adequacy[5]

In 2012, the risk of poverty or social exclusion (EU2020) rate for people 65+ was 22.1% (23.5% for total population), dropping from previous levels (26.1% in 2010 and 24.5% in 2011). The at-risk-of-poverty rate for people 65+ declined from 21.0% in 2010 to 20.0% in 2011 and 17.4% in 2012.[6] While poverty rates until 2009 had fallen significantly due to the improvement of minimum old-age pension and to the introduction of the Solidarity Supplement for the Elderly, the more recent decrease despite cuts in pension benefits might also be attributed to an overall decrease in the average income.

The severe material deprivation of people aged 65+ indicator has increased slightly to 8.4% in 2012 (7.7% in 2011) and converged to the (increasing) European average.

Regarding long-term adequacy, NRR is expected to fall sharply over the long-run due to sustainability factor and also due to indexation. According to projections of the pensions adequacy report, for the base case of a worker retiring at 65 after 40 years of career at the average wage, NRR would fall 23.3% between 2010 and 2050, whereas GRR declines 19.1% over the same period.[7] The larger drop of NRR means that the gap between GRR and NRR is decreasing as pension benefits and wages converge on taxation rules. Higher incomes will suffer larger decreases: 44.4% (NRR) and 37.8% (GRR) in 40 years than lower incomes (-18.5%. drop in NRR and -18.2% drop in GRR). New rules under the Law on State Budget 2014 that has been proposed in Parliament will further impact on replacement rates enlarging the projected drops.

2.2.2 Sustainability

After the 2007 reform, SS budget deficits for the statutory pensions and other benefits have been expected to happen only after 2035.

The main threat to sustainability comes from ageing demography. Portugal has an extremely low fertility rate that dropped from 1.55 to 1.28 between 2000 and 2012. At the same time, there is a rising life expectancy. Longevity has increased and life expectancy at birth is estimated at 76.7 for men and 82.6 for women for 2010-12. Migrations have produced surpluses for most of the century, but the situation reversed in 2011.[8] The population is now aging fast and slowly shrinking.

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5 The projections for future adequacy are taken from the *Pension Adequacy in the European Union 2010-2050. Report prepared jointly by the Directorate-General for Employment, Social Affairs and Inclusion of the European Commission and the Social Protection Committee*, May 2012.

6 Ilc_peps01 and Ilc_li02, accessed on November, 15th 2013.

7 See for more details on variant cases Pensions Adequacy Report (2012), counry fiche Portugal.

8 Source: PORDATA - the authoritative free online database made available by NGO-Francisco Manuel dos Santos at http://www.pordata.pt/Portugal/. The figures are PORDATA calculation on official data from INE – the National Statistics Office and were retrieved on 11 September 2013.

Table 3 – Projection of the main variables of SS contributory statutory regime (2013-1060)

Variables	2013	2014	2015	2020	2030	2040	2060
Social contributions*	7.9	8.0	8.1	8.1	8.1	8.1	8.1
Pensions*	7.0	6.9	7.1	7.7	8.6	8.8	8.8
Surplus(+) /deficit(-)	+	+	+	-	-	-	-
FEFSS assets**	-	127.3	148.6	108.6	22.6	0.0	0.0

*In percentage of the GDP (note: social contrbutions are not wholly ear-marketed for pensions, as they must finance other risks (unemployment, sickness, etc.)
** In percentage of pension spending.
Source: Accompanying report of the proposal of law of State Budget 2014 (http://www.dgo.pt/politicaorcamental/OrcamentodeEstado/2014/Proposta%20do%20Or%C3%A7amento/Documentos%20do%20OE/Rel-2014.pdf; retrieved on 16 October 2013).

The current sustainability of the pension system is affected by the very high unemployment rate (projected to reach 17.4% in December 2013) thus increasing benefits paid to unemployed workers and at the same time, resulting in lower social contribution revenue.

In the long run, social contributions are projected to stabilize at 8.1% of the GDP. Even if theoretically social contributions are meant to finance all the social risks, the expected revenue will be insufficient to finance pensions alone after 2020. The FEFSS trust fund will delay SS statutory regime's default but it will eventually drain after 2030 – Table 3.

2.2.3 Private pensions

Occupational schemes covered 3.7% of the labour force in 2008, and their liabilities with future pensions are covered by independently run pension funds.[9] While the pension funds in Portugal experienced a negative rate of investment returns in 2011 of -7.9%, the net investment return in 2012 stood positive at 5.8%.[10]

These schemes account not only for complementary retirement benefits for employees provided by the employers ("second pillar" schemes), but also for the mandatory earnings related protection ("first pillar" scheme) of workers in the banking sector and telecommunications which have remained outside the social security contributory regime until recently. Now they are closed groups that will become extinct in the future. An outstanding vulnerability in the mandatory occupational schemes has been the prevalence of defined-benefit pension plans. Major changes took place in 2011 regarding these schemes. The banking industry reached an agreement with the Government and the Trade Unions to unify contributory records and benefits for new retirees. From now on, around 40,000 active employees of the banking industry will be covered in old age both by SS and the pensions funds in place, where the latter will cover past entitlements and the difference between the SS contributory pension (determined by the statutory formula on social contributions to come) and the expected defined benefit of pension plans according to earlier rules (close to 100% of last wage), thus acting as a standard defined benefit complementary retirement scheme from now on.

After the agreement, the integration of pension funds in the state treasury was accomplished in December 2011, following the lead of telecommunications pension fund that had already been transferred the year before to be managed by Government until the extinction of the

[9] Source: The Social Protection Committee's Report on Privately Managed Funded Pension Provision and their Contribution to Adequate and Sustainable Pensions, 2008.
[10] See http://www.oecd.org/daf/fin/private-pensions/PensionMarketsInFocus2013.pdf

scheme. The pre-funding of these schemes is now extinct as funding assets transferred from the banks to the state were spent on immediate expenditure in arrears for the health sector.

As a consequence of these changes, the assets managed by pension funds have shrunken from EUR 17,855 millions, in September 2011 to EUR 14,013 millions in June 2013. Of these assets, 91% belong to the closed funds of banks. Apart from these occupational schemes, there are other private defined contribution pension plans of more limited scope (also decreasing during last year to a meagre EUR 350.3 millions of assets in June 2013 mainly because of the suspension of previous tax incentives), which are subscribed to by individuals in order to save for retirement.[11]

On the whole, second and third pillar private pensions lost ground and became less relevant to compensate for the drop of SS replacement rates.

2.2.4 Summary

The current adequacy indicators, measuring the ability to prevent poverty, the degree to which income before retirement is replaced and the comparison to the average incomes of people below pensionable age, present mixed signs concerning the improvements that had been achieved. Regarding long-term adequacy, gross and net replacement rates are expected to fall sharply over the long-run. Higher incomes will suffer larger decreases than lower incomes.

The main threat to sustainability comes from ageing demography. Portugal has an extremely low fertility rate. At the same time, there is a rising life expectancy. Longevity has increased and migrations have produced surpluses for most of the century, but the situation reversed in 2011. The population is now aging fast and slowly dropping. Demography coupled with the expected economic stagnation (or very slow growth) will imply in the long run that social contributions may stabilize at 8.1% of the GDP and the expected revenue will be insufficient to finance pensions alone after 2020. The FEFSS trust fund will delay SS statutory regime's default but it eventually drain after 2030.

Meanwhile, second and third pillar private pensions became irrelevant to compensate for the drop of public pensions replacement rates.

2.3 Reform debates

An increasing democratization of the discussion of economic, politic and social issues has been going on in recent years as the austerity package that followed the bail-out brought these subjects to the attention of many previously oblivious and indifferent to the debate.

Two important documents were delivered by international organizations this year: IMF, *Portugal. Rethinking the State - Selected expenditure reform options*, January 2013 and OECD, *Portugal: Reforming the State to Promote Growth*, May 2013. These documents are the main available technical basis for the present discussions in Parliament and the media and the explicit inspiration for reforms expected to be undertaken.

IMF discusses three possible lines of action in its report. The first is to continue with incremental adjustments (i.e. cuts) to pension payments with a view to delivering short-term savings. The second is to curtail benefits for future pensioners by shortening the transition

[11] Source: APFIPP (PortugueseAssociation of Investment and Pensions Funds) - http://www.apfipp.pt//index2.aspx?MenuCode=FP&ItemCode=FP_AG&name=Estatísticas (retrieved on 12 October 2013).

period of the reform, and tightening some of the pension eligibility rules, particularly for those who would receive pensions from the CGA. The third option is a more radical reform, including to existing pension rights, in order to address inequities and improve incentives.

OECD underlines that efficiency of social spending needs to be increased so that poverty prevention schemes can continue to be sheltered from fiscal adjustment, and in order to address the medium-term pressures associated with population ageing: "Population ageing in Portugal will be a key driver of future increases in social expenditure. While more could be done to further increase health spending efficiency, policies aiming at making pensions even more sustainable are also essential."

The report of the The Economic Adjustment Programme for Portugal: Seventh Review – Winter 2012/2013 stated the final agreement over the centrality of a comprehensive pension reform that will also be a significant source of savings. It will be based on equity principles with preservation of minimum socially-acceptable income levels taking into consideration the need to reduce the current differences between the civil servants' regime and the general social security regime, aiming at enhancing the fairness of the overall pension system. While reforms implemented over the past two decades have contributed to long-term sustainability, the amount of pension benefit payments for which the government is currently liable makes the system excessively costly under the current circumstances reassessing the need to take into account demographic developments. Accordingly, the reform should be based on two main elements: (i) an effective increase by one-year in the statutory retirement age to 66 years (implemented by adjusting the demographic sustainability factor); (ii) aligning the rules and benefits of the public sector pension funds, CGA, to the general pension regime by changing one of the replacement rate parameters from about 90 to about 80 percent for all applicable beneficiaries (both structural benchmarks). In addition and if strictly necessary, a third measure to be considered is a sustainability contribution on pensions that effectively lowers pension replacement rates to more affordable levels.

The increasing number of users of internet and blogs, the recent launch of new nationwide broadcasting news channels, the introduction of alluring and somewhat ground-breaking new means of debate through internet have contributed as genuine think tanks. Three institutions and initiatives outstand in this discussion: the Foundation Francisco Manuel dos Santos (FFMS)[12], the conferences[13] from the weekly newspaper "Expresso" named Expresso XL (celebrating its 40th anniversary) and the recently launched Institute of Public Policy Thomas Jefferson – Correia da Serra (IPP TJ-CS)[14].

One of the first online debate launched by FFMS was on the issue of "The social insertion income (RSI) contributes to a sustainable reduction of social inequality?"[15] involved guest appearances of specialists followed by the online discussion over social themes. In respect to IPP TJ-CS, a 2 day conference in the beginning of September 2013 discussed the subject of "The New Social Contract: Reform of the State and the EU", tackling important issues of

[12] The "debate" and "studies" topics are particularly interesting to follow in http://www.ffms.pt/debates/13 and http://www.ffms.pt/Estudos/2. There is an English version available in http://www.ffms.pt/en.

[13] In http://expresso.sapo.pt/gen.pl?sid=ex.sections/25653.

[14] Upholding the mission to promote economic, social and cultural development in Portugal through sound democratic and administrative institutions and wise policy making, this is private, non profit, non partisan association registered under Portuguese Law and located in Lisbon, being hosted by ISEG-Technical University of Lisbon. In http://www.ipp-jcs.org/en/welcome/.

[15] In http://www.ffms.pt/debate/190/o-rendimento-social-de-insercao-contribui-para-uma-reducao-sustentavel-da-desigualdade-social.

distributive justice that arise from fiscal consolidation programmes in many countries.[16] The cycle of conferences that Expresso, one of the leading media in Portugal, has organized across the country in an innovative road show approach, landed in Coimbra in February to address the issue of Health and Social Security entitled "Can State continue to treat us?".[17]

At the political level, the debates focus on the nominal cuts of pension benefits. For some insight on the political debate during the past year, a selection of the mainstream claims that have been voiced in Parliament by the Government and the parties with legislative representation[18] were selected. The following highlight the harshness of the present debate:

- "I just want to say that the Government has followed a line since the beginning, which is to safeguard the Portuguese with lower incomes. We did it in the calculation of pensions: this year, about 88% of retirees and pensioners, almost 90% are therefore safe from any reduction in their pensions and retirement and we will update the minimum and rural pensions, that's almost 1 million Portuguese who saw their pensions frozen by the government before us. It was this year that we could update them." *Pedro Passos Coelho, Prime-Minister, October 6, 2012*
- "If the country followed the proposals of PCP and Left Bloc what would happen? Firstly, only in the social area, we wouldn't have saved about 500 million euros with the suspension of early retirements, which would have aggravated the deficit over 0.3%. Second, we would not have made the changes against fraud in social benefits, including the so-called minimum income, and with it would not have saved about 200 million euros, ie, we would have aggravated the deficit by another 0.1%. Thirdly, we would not have to save about 400 million euros by distinguishing the value of the lowest pensions – which this Government upgraded, contrasting the previous one - facing other reforms that the Memorandum halted, ie, we would have aggravated the deficit in an additional 0.2%. Fourth, under the suggestion of PCP and Left Block, despite the obligations of the Memorandum stating otherwise, we would have continued to pay all benefits in exactly the same way, which would worsen the deficit by around 1200 million, ie more about 0.7% deficit." *Pedro Mota Soares, Minister of Solidarity and Social Security , October 6, 2012*
- "The PSD / CDS Government is presenting a proposal for a new cut in social benefits: 6% on unemployment fund, 6% on social insertion income (RSI), 2.6% on solidarity supplement for the elderly (CSI). Although this government just four months ago announced a fresh cut, has the nerve to come and ask for more sacrifices to the unemployed and those living below the poverty line?! It should be remembered, that this monstrosity means that about 150000 unemployed, receiving below the minimum value, will go on to have incomes below the poverty line." *Rita Rato, Comunist Party , October 26, 2012*
- "So the question that we have to impose is: to whom is this state budget, the second of your responsibility, demanding more sacrifices? And the answer is: the workers and pensioners. Pensioners to whom you persevere with a cut of one of their subsidies, pensioners to whom you now impose an extraordinary contribution of solidarity in

[16] More on this seminar in http://www.ipp-jcs.org/en/event/ipp-conference-the-new-social-contract-reform-of-the-state-in-eu-countries/.

[17] Media coverage of the event in http://sicnoticias.sapo.pt/pais/2013/02/05/conferencia-expresso-sobre-saude-e-seguranca-social-1-parte.

[18] The website of House holds the transcripts of the oficial debate from Parliament in http://debates.parlamento.pt. Through advance search we scrutinized speeches on Pension, Health care and Long-term care, from October 2012 up to July, 30th 2013. Parliament seized activity from August, 1st to September, 15th.

pensions above 1,350 € and not over 1,500 €, as was envisaged in the Memorandum." *Sónia Fertuzinhos, Socialist Party, November 23, 2012*

- "If the social policies of the IMF report were implemented, Portugal would be in 2015 a much poorer country, where poverty would be a state and not a temporary situation. Pensions can not be seen as an expenditure like any other, its not the same as cutbacks on printer cartridges. Our poverty rate is at 18%, and if we supress the effect of all support from social security, the rate would rise to 41%... Today Portugal is a Country of pensioners who have to decide between lunch and medicine, between the heating and water consumption, between being in day care or having to seek their descendants' household. *Mariana Aiveca, Left Bloc, January 31, 2013*
- "It's public, because I announced that we have a problem of sustainability of the pension system. So we need to make several corrections – not one, but several – in our pension system. But there are several measures for the pension system: one is this possibility of a contribution to social security – it is not for the public deficit but for social security and therefore for the social security deficit – which can be supported by pensioners. This scope of contribution will be as small as we can achieve effective gains in other fields of social security so that we can, in general, ensure sustainability of public finances which do not endanger the fulfillment of social benefits." *Pedro Passos Coelho, Prime-Minister, May 11, 2013*
- "You [*Mr. Prime Minister*] were very evasive in your statement a week ago when speeking about the convergence of public and private pension systems. On our bench [*the Socialist Party*], we have been in favor of the convergence between pension systems. Its ongoing in our Country since 2005 and it was subject to social dialogue. But what you have to explain is how do you intend to perform this convergence and reduce spending in 700 million euros next year. Mr. Prime Minister, where and how did you estimate 700 million in cuts planned for 2014, with a simultaneous convergence of the systems between private and public pensions?" *António José Seguro, Secretary-General of the Socialist Party, May 11, 2013*

3 Health care

3.1 System description

3.1.1 Major reforms that shaped the current system

Important policy measures and regulations to enhance access to health care have been implemented after 2007 with an impact on the quality of health services. Reforming primary care was targeted as a first priority.

The financial sustainability of the SNS was also officially addressed in 2007[19], following the concerns raised by EU institutions over the age-related nature of health expenditure and its impact on public finance sustainability, but most of the recommendations made at the time were not followed. Only after 2011 and within the framework of the Economic and Financial Assistance Programme, specific policies to deal with spending were devised and implemented, aiming at:

- Higher control over medical prescription to favour generics
- Removal of barriers to generics prescription and the reduction of their prices
- Stronger control over pharmaceutical consumption in hospitals
- New pricing rules for pharmaceuticals
- Higher control over medical prescription for the use of diagnostic and therapeutic ancillary means
- The implementation of a plan for cost reduction aiming to achieve a decrease of hospital operational costs.

As a measure to help achieve efficiency and effectiveness improvements in hospital services, the Memorandum of Understanding (MoU) on Specific Economic Policy Conditionality agreed with the EU and the IMF required Portugal to set up a system for comparing hospital performance (benchmarking) on the basis of a comprehensive set of indicators and to produce regular annual reports.

On the completion of the 7th review of the corresponding adjustment programme, the Government renwed its commitment to achieve savings in the national health service (at least EUR 180 million for 2014) by further rationalisation of available resources and pharmaceuticals' policy.

3.1.2 System characteristics

The Portuguese health system is a nationwide network of public and private health care providers, where the public sector plays the central role through the National Health Service (SNS) primary care health centres, specialised units and hospitals.

SNS provides universal health care at almost no cost to the user. It is heavily financed by tax revenue, and users only pay part of the cost of the prescribed pharmaceuticals and the "moderating" fees, whenever they have access to medical consultations and care. Health

[19] Ministério da Saúde, Relatório Final da Comissão para a Sustentabilidade do Financiamento do Serviço Nacional de Saúde, 2007.

insurance and special health subsystems provide complementary care to specific groups of the population.[20]

Total current health care expenditure has been decreasing after 2010 driven by receding public expenditure, which accounts for more than 65% of spending as shown in Table 4.

Table 4: Health care current expenditure (2009-2012)

Expenditure (% GDP)	2009	2010	2011	2012
Total	10.2	10.2	9.7	9.5
Public expend.	6.9	6.8	6.3	5.9
Private expend.	3.3	3.3	3.3	3.5

Source: INE – *Satellite Accounts for Health 2010-2012*, June 2013.

Besides SNS-run units and hospitals, health care is also delivered by profit and non-profit privately-run admission units, medical consultation rooms, diagnosis and therapeutic centres, a network of ambulances and a network of pharmacies, all of which play a complementary role that should not be underestimated, providing higher quality care to subscribers of voluntary health subsystems and insurance schemes. SNS also subcontracts to provide specific care to SNS users by means of the private sector, whenever unable to deliver it by own means.

State employees' special mandatory scheme (ADSE) is the largest of the existing subsystems (covering almost 10% of the population) and was reformed in 2010. It is co-financed by the public employer and the beneficiary. After the reform, it operates now on a voluntary subscription basis so that SNS will become the default health care provider for state employees and ADSE will act as a complementary scheme to reimburse users' out-of-pocket health expenditures.

SNS local health centres and hospitals are managed with considerable autonomy within regional health administrations (ARS) and through a network of contracts that detail the services to be provided and the corresponding payments from budget transfers.

Primary care

After 2009, health care centres were re-grouped in local organisations labelled "ACES" with a new structure based on functional units that provide family health care (USF), community health care (UCC), personalised health care (UCSP), and public health coverage (USP). ACES will enjoy considerable managerial autonomy.

Implementing USF structures in primary health care has been crucial to improve access. These units were first launched in 2006 and consist of small local autonomous multi-disciplinary teams to provide a basic portfolio of personalised health care services within each ACES area. They are selected after public calls for tender, and they operate under contract with each corresponding ARS, relying on financial incentives to increase productivity.

The number of SNS users attended by primary care health centres increased by 4.6% - Table 5. Nevertheless the number of consultations dropped by almost the same percentage, sending

[20] Regarding health care, the population can choose or use both SNS services and other publicly or privately provided services, either as direct beneficiaries of SNS entitled by taxpaying or as subscribers to special mandatory or voluntary schemes, such as the civil servants and other state employees' health subsystems, health insurance and other private occupational subsystems, financed by employers and user's contributions. Health services provided by the private sector (profit and non-profit) are mainly demanded by subscribers to these specific schemes. In 2009, out-of-pocket expenditure of households amounts to 77% of total private health spending, and only 23% are financed by insurance and private subsystems (source: INE).

mixed signs on access evolution. Previously the achieved access improvement was based on the increasing role of primary care first consultations, thus relieving hospital emergencies of excessive and unjustifiable demand.

Table 5: Medical consultations at SNS primary care services (2011-12)

Medical consultations	2011	2012	Change (%)
Number of consultations	30,623,795	29,176,913	-4.7%
Number of patients	6,730,587	7,042,564	4.6%

Source: SNS, *Annual report on access to health care* for 2012, released on June 2013

Hospitals

Hospitals are a key pillar of SNS operating within a referral network system where general hospitals serve the local area and are also part of a network for patients to be referred to, according to existing specialities. Hospitals provide specialised consultations, surgeries and acute care treatments that are not available in primary care units, both to inpatients and outpatients.

The number of acute care hospital beds in Portugal is 3.4 per 1,000 inhabitants (2011), below the OECD average, and has been falling gradually over time, as average length of stays in hospitals decrease and surgical procedures performed on ambulatory basis increase.[21]

Hospital consultations grew fast for most of the decade. By 2012 they reached the total of 11.2 million, an increase by 5% since 2010 (in spite of rising moderating fees). Waiting lists for consultations in hospitals have increased in recent years, and in 2007 a programme to reduce lists for hospital first consultations was devised "Consultas a tempo e horas" ("on time" consultations) based on electronic appointment. As a consequence, first consultations are now the main driver of growth, increasing by 68% after 2010 thus confirming that referral to hospital consultations by primary health centres is gradually replacing the traditional (and undesirable) main gateway to health care through hospital emergency (which provided direct access to follow-up consultations, side-stepping the wait for first hospital consultations).[22]

Surgeries have also been affected by unsatisfied demand, and a special initiative (SIGIC) to reduce waiting lists for surgery was launched in 2005 with effective results. By 2010, an important decrease in SIGIC waiting lists had been achieved but there was a reversal in 2011 due to budget constraints that seem overcome in 2012, as shown in Table 6. Private hospitals play a role as SNS out-contracts its unmet surgery demand.

Table 6: SIGIC's surgical waiting lists (2009-2012)

Indicators	2009	2010	2011	2012
No. of patients in wait	164,751	162,211	180,356	166,798
Median time waiting (months)	3.4	3.1	3.0	3.0
Number of performed surgeries	475,293	482,928	503,919	534,415
Number of surgeries out-contracted by SNS	23,919	25,274	24,654	26,261

Source: Health Ministry-ACSS, Annual Reporto n Access to Healthcare in the SNS ("Relatório Annual sobre o Acesso a Cuidados de Saúde no SNS"), 2012, June 201 .

[21] OECD Health Data 2013.

[22] Health Ministry-ACSS, Annual Reporto on Access to Healthcare in the SNS ("Relatório Annual sobre o Acesso a Cuidados de Saúde no SNS"), 2012, June 2013 – http://www.portaldasaude.pt/portal/conteudos/a+saude+em+portugal/publicacoes/ (retrieved on 13 October 2013)

In the meantime, new hospitals are to be built and managed under Public-Private Partnerships (PPP's) contracts. Four are already in operation (the new Hospitals of Cascais, Braga, Loures and Vila Franca de Xira) and 3 more are under tender (even if new contracts are now in doubt due to austerity constraints).

3.2 Details on recent reforms

Under the provisions of the Economic and Financial Assistance Programme, very detailed targets and measures for the health care system are to be achieved in the period 2011-13.

The Government is bound to achieve extra savings worth EUR 550 million in health expenditure for the period 2011-2013, through such measures as the increase of SNS users' fees, a substantial revision of existing exemption categories, stricter means-testing, automatic indexation to inflation and a two thirds overall cut of tax allowances for health care. Some of these have been already implemented aiming at better social targeting. The State Budget for 2014 aims to achieve further savings of EUR 259.3 millions.

Users' fees for medical consultations have been increased in 2012 and vary from EUR 5 (normal family doctor consultation) to EUR 17.5 (hospital emergency care). Targeted users, such as those suffering material deprivation, pregnant women, children under 12, users with high disability, and people having received organ transplants are exempted from paying user fees. Specific care to patients is also exempted in family planning consultations, neurologic degenerative diseases consultations, chronic pain relief, chemotherapy, mental health, diabetes, HIV/AIDS and vaccines, among others.

Additional savings in the area of pharmaceuticals are programmed to reduce public spending on medicines by 1% of GDP by the end of 2013 (in line with EU average). The consumption of pharmaceuticals is a relevant driver for expenditure growth as it accounts for 21.8% of total health spending, well above the OECD average of 17.1%. It is mainly financed (72.8%) by public sources (OECD Health Data 2011). A large part of this expenditure runs through hospitals' prescriptions to ambulatory patients, so achieving cuts in this segment of expenditure has been prioritized.

Primary care services are to be reinforced to further reduce unnecessary visits to hospital specialists and emergencies and to improve care coordination by increasing the number of USF units contracting with regional ARS. The use of a mix of salary- and performance-related payments making sure that the new system leads to reduction in costs and more effective provision is under implementation and so is the setting-up of a mechanism to guarantee the presence of family doctors in needed areas thus achieving a more even distribution of family doctors across the country.

Regarding hospitals, additional measures have been taken aiming at achieving further reduction in the operational costs of hospitals, including the reduction in management staff, as a result of concentration and rationalisation of public hospitals and health centres.

3.3 Assessment of strengths and weaknesses

According to *OECD Health Data 2013*, Portugal had 4.0 physicians per 1000 population in 2011, more than the OECD average of 3.2. Although the number of nurses per capita in Portugal has more than doubled over the past two decades, rising from 2.8 nurses per 1000 population in 1990 to 6.1 in 2011, Portugal still lags behind the OECD average of 8.7 nurses per 1000 population.

The number of hospital beds in Portugal was 3.4 per 1000 population in 2011, below the OECD average of 4.8 beds. In line with many OECD countries, the number of hospital beds

per capita in Portugal has fallen gradually over time, coinciding with a reduction of average length of stays in hospitals and an increase in the number of day surgery.

During the past decade, there has been rapid growth in the availability of diagnostic technologies such as computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in most OECD countries. In 2008 (latest year available), Portugal had 9.2 MRIs per million population, less than the OECD average of 12.7. However, the number of CT scanners in Portugal, stands at 27.4 per million population.

3.3.1 Coverage and access to services

In 2008, the World Health Organization classified Portugal among the top five countries in terms of having made progress in reducing child mortality rates. This reflects the significant progress in a range of health status indicators, all of which have shown large improvements over the last 30 years.

3.3.2 Quality and performance indicators

The National System of Health Quality Assessment ("Sistema Nacional de Avaliação em Saúde" – SINAS) is being developped. The SINAS framework for assessing global quality considers several distinct dimensions of quality. The results of the assessments produced within SINAS are presented in the form of ratings of the assessed providers. The SINAS module applied to hospitals (SINAS@Hospitais) assesses hospitals in five quality dimensions: Clinical Excellence, Patient Safety, Adequacy and Comfort of Facilities, Patient Satisfaction, and Patient Focus. At the present time, SINAS@Hospitais involves 73 hospitals.

3.3.3 Sustainability

In the aftermath of the 2008 financial crisis, it was acknowledged that the health system had become unsustainable and in need of reform even if public health care expenditures were similar to OECD averages. Projected cost growth driven by technological change, an ageing population, and a stagnant number of younger contributors compose high upward pressure on health care spending. In the absence of reform public health spending is projected to increase 2.5–4.6 percentage points of GDP during 2010-2030.[23]

3.3.4 Summary

Portugal's population health status indicators are not very different from other advanced economies. This is a major achievement due to the effective universal coverage of the population by SNS and other health providers systems, and has raised public expectations of access to high-quality care services. Nevertheless, the health care system remains fragmented, with three main overlapping systems. Portugal's public health care system is heavily regulated, with very limited patient choice among providers.

In the aftermath of the 2008 financial crisis, it was acknowledged that the health system had become unsustainable and in need of reform even if public health care expenditures were similar to OECD averages.

[23] Source: IMF, Portugal. Rethinking the state-selected expenditure reform options, January 2013.

3.4 Reform debates

The 2013 IMF report constitutes the most updated available technical basis for reform debates and has highlighted the main areas for further health reforming presently under discussion:

- Reducing the over-reliance on medical doctors relative to nurses.
- Limiting the routine use of overtime, particularly for doctors, that currently boosts remuneration (overtime compensation has been used overtly to boost salaries, especially for doctors).
- Reducing the reliance on expensive hospital care facilities for cases that could behandled by tertiary care facilities. (There is evidence that expensive hospital beds are routinely used for long-term stays of geriatric patients who could instead be handled by more cost-effective tertiary-care facilities)
- Reducing the reliance on expensive emergency care for non-emergency situations (emergency care is frequently used for non-emergency situations).
- Addressing inefficiencies that result from the fragmentation of the public health care system (through the various health subsystems for civil servants - ADSE, the armed forces, the police, specific state enterprises, and several other groups).

Two initiatives fostered by the Foundation Francisco Manuel dos Santos are worth mentioning at this point. In March 2013, they organized an online debate under the theme "How to Treat Health of the Portuguese? – The importance of the National Health System (SNS)"[24] that had some impact on public opinion. With the participation of 4 keynote speakers, the debate assumed that the SNS has flaws, and that the economic crisis and the current programme of economic and financial adjustments only prompts more urgent counteractive measures. A second project endorsed by FFMS is a study on the "Costs and prices of health: a comparison in prices and costs of treatments, medications and medical procedures in Europe" still in progress[25]

The debates in Parliament highlight the issues from a partisan perspective, and the following are some of the more noteworthy arguments elaborated on health system reforms:

- "The government has taken very concrete steps, with results already in effect: reduced by 6% the price of many medicines; negotiated with the pharmaceutical industry, achieving a 12% reduction in the price of hospital drugs; became mandatory the prescription by International Non-proprietary Name, INN (DCI); the share of generics has increased and is now at about 25% and is expected to reach 30% by the end of the year; increased the number of exempt from user fees, with 5.3 million exempted by June 2012, representing an increase of 775 000 users in relation to December 2011; initiated a reorganization of hospital network through an integrated and more rational vision of the healthcare system which would permit greater territorial equity and a more efficient management of human resources, including the concentration of services, boosted by higher demand in the qualification of management and accountability of the teams in all fields, by the performance achieved; the network of palliative care will advance… The Government promoted the development of clinical guidelines using quality criteria, measurable and comparable to known standards and accepted by the international and national scientific community, based on principles of cost-effectiveness; strengthened cooperation with criminal police for the purpose of working together and actively in combating crimes that harm the National Health

[24] In http://www.ffms.pt/debate/489/como-tratar-a-saude-dos-portugueses.
[25] In http://www.ffms.pt/estudo/12/custos-e-precos-da-saude.

Service (SNS); began a combat against fraud involving medicine with the creation of a multidisciplinary group where several entities are represented; created the National Clinical Trials Platform (PNEC), which is an instrumental step in improving the ability to conduct clinical trials, thereby promoting clinical research in Portugal." *João Serpa Oliva, Democratic and Social Center / People's Party on October 18, 2012*

- "Today, it is well-known that our leading ministry is the "mega-ministry of debt". Every year we spend more in interest over this debt than we spend on health, on education and social security. Every year we spend on interests with our national debt nearly 8000 million. Eight billion that are not spent in the education of our children, in hospitals or the unemployed." *Álvaro Santos Pereira, Minister of Economy and Employment on October 19, 2012*
- "The year 2012 showed a very strong positive discrimination on health, with the largest amount ever transferred from the state budget to healthcare. Although the medium-term sustainability of the National Health Service (SNS) is not yet assured, the policies that have been adopted have improved significantly the financial balance without affecting the quality and safety of health services. In 2012, the SNS shall tackle debt to suppliers close to 2000 million. Late payments will be lowered, creating the conditions for a healthier balance in the future for the organizations of SNS. As a starting point for strong imbalance of operating costs in relation to income, hospitals have made progress in rationalizing its resources. The SNS has accompanied the consolidation effort that the country has to fulfil. Between 2010 and 2013, while it has the highest budget allocation, annual expenditure was reduced… In truth, the transfer from the state budget remains in 2013, the same percentage as the previous year, representing a health spending of 5.1% of GDP… In 2013, will be fully implemented, and for the first time, the system of annual performance evaluation of medical careers. In 2013, all new doctors will be hired for 40 hours weekly work. This will ensure additional ER hours in regular timetables, from 12 to 18 hours." *Paulo Macedo, Minister of Health on November 2, 2012*
- "This Budget accentuates the attack on the social functions of the state. In health, the cut will be 660 million euro. In education, it will be 1125 million. On social benefits, the Government will slash 1040 million in unemployment, sickness and even funeral subsidies. Not even the guarantee fund for food pensions to minors escape the voracity of this government when it comes to harm the more underprivileged." *António Filipe, Comunist Party on November 28, 2012*
- "The Deputy [*PSD's Luís Menezes*] is also aware of the data on budget execution and debt and realizes that we have the highest debt ever, over 120% of GDP and knows that four fifths of the fiscal consolidation were consumed by revenue shortfalls… And what you [Government] are doing is using the financial markets and the IMF as arguments of blackmail against the welfare state… In Portugal, education spending represents 3.8% in GDP – the OECD average is 6.2%! We spend much less on education! Health expenditure increased less than the OECD average, three times less than in Germany. And you come to Parliament to tell us that these results mean that the problem is the welfare state!" *Catarina Martins, Left Bloc on January 24, 2013*
- "Honourable Ministers of Solidarity and Social Security, and Health, during the first 10 months of 2012, there were nearly 2 million fewer visits in the National Health Service (SNS) than in the previous year. This has to do with the condition of impoverishment of the Portuguese, with difficult access. You will probably tell us

that there are now more free users than before. Of course there are, because there are many more Portuguese unemployed and many more Portuguese in poverty. Hence this only results from the deterioration of the social situation of the country." *Manuel Pizarro, Socialist Party on January 31, 2013*

- "In 2012, the Government has affected the health budget with more then 9500 million – again, more than 9500 million! The highest in the history of the National Health Service (SNS), of which a large part to debt settlement assumed in the past, and also another part to settle debts this year. It is true that the protection of health is a right for everyone, but we are required to ask how to consider further funding of health without increasing taxes?... The sustainability of the SNS is, for this government, a key challenge… We want, in fact a SNS with more hope of life, we want a SNS with social concerns, but financially sustainable." *Paulo Macedo, Minister of Health on January 31, 2013*

4 Long-term care

4.1 System description

4.1.1 Major reforms that shaped the current system

After 2007, long-term care has been fostered by the setup of the national network for "integrated continuous care" (RNCCI - "Rede Nacional de Cuidados Continuados Integrados") providing both long-term health care and social assistance to dependent persons made vulnerable by age and/or disease. This initiative is under the joint coordination of the Ministries of Health and of Social Solidarity.

RNCCI is an achievement within the Portuguese welfare state, despite its youth and slow development. It fosters formal care through the convergence of the state social and health departments, the social economy and the private sector on unified objectives and methods to guarantee high quality practices, within highly successful partnerships. At the same time, it upgrades long-standing practices by the informal sector through training and information.

4.1.2 System characteristics

RNCCI was launched in 2007 to provide both post-acute health care and social assistance for dependent persons made vulnerable by age and/or disease whenever referred by hospitals and health primary care units. This initiative is under the joint coordination of the Ministries of Health and of Social Solidarity[26].

RNCCI offers a continuum of formal care based on diversified coordinated interventions taking place in its different types of units, thus providing: convalescence care; post-acute rehabilitation services; medium and long-term care; home care; palliative care.

[26] Source for data on RNCCI: *ACSS- RNCCI monitoring Report for 2012 (http://www.acss.min-saude.pt/; retrieved 13 September 2013).*

Table 7: Portfolio of institutional continuous care services (2008-12)

Typology of institutional care services	No. places 31-12-2008	No. places 31-12-2010	No. places 31-12-2012
Convalescence	530	682	867
Medium term care	922	1,497	1,820
Long-term care	1,325	2,286	3,031
Palliative care	93	160	193
Total	2,870	4,625	5,911

Source: ACSS- RNCCI monitoring Report for 2012 (http://www.acss.min-saude.pt/; retrieved 13 September 2013).

The network operates with purchaser/provider split and the portfolio of institutional care services within RNCCI according to different typologies is presented in Table 7, where long and medium term care prevail by large.

Within RNCCI, institutional care services are provided by non-profit organisations (64% of the supply of beds), by private health and residential care facilities, by SNS public hospitals and by other health care units as shown by Table 8. All must act within common technical standards and their services are subsidised by the state.

Table 8: Providers of institutional continuous care through RNCCI (2012)

Providers	No. of institutions	No. Beds
National Health Service (SNS)	29	480
Charities	189	4042
Private sector	49	1389
Total	267	5,911

Source: Ministry of Health/UMCCI.

In hospitals specialised teams (EGA) prepare patient discharge by referral to other settings. Mixed teams (ECCI) provide local primary health care and social support to patients not requiring a stay in institutions, and are coordinated by "community care" units (UCC) within the ACES local health organisation. Continuous care at home is provided by ECCI.

Referral routes are centrally defined, aiming to enable interdisciplinary teams to operate consistently at regional and local level to refer patients in accordance with local capacities of the network and with personal and therapeutic profiles.

RNCCI has the responsibility to monitor both health care and organisational quality provided by all units within the network. Standards and measures of quality have been defined, and are audited on a regular basis, in addition to the assessment and review of user satisfaction and user claims. All network units and teams are subject to periodic evaluation by regional coordination teams. A comprehensive training plan was implemented to coach more than 3,000 professionals.

Informal care providers (mainly carers within families) are also supported through training and technical guidance, as part of the objective to enhance independent living of the elderly.

4.1.3 Details on recent reforms in the past 2-3 years

The 2007 reform developed slowly the RNCCI network. By the end of 2012, the number of places (beds) in RNCCI units amounted to 5,911. Home care delivered by RNCCI carers totalled 9,088 places. The total referred users since 2006 and up to December 2011 were 95,762, where 82,747 were assisted in-house at RNCCI admission units.

In 2010, in the formal health and social assistance sector there were 82,983 health professionals and 113,045 qualified workers of social assistance accounting for 7.2% of the total working population in the formal sector and a ratio of 42.5 and 57.9 per 1,000 persons aged 65 or older. Only a small fraction of these were specialized in long-term care (Source: GEP/MSSS - Quadros de Pessoal, 2010[27]).

In 2011, there were 4 long-term care workers in institutions per 1,000 persons aged 65 or older, compared to an OECD average of 3.2 (Source: *OECD Health Data 2012*.).

4.2 Assessment of strengths and weaknesses

4.2.1 Coverage and access to services

The population potentially in need of long-term care roughly amounted to 20% of total population in 2005-06, according to the National Health Survey, as shown in Table 9.

Table 9: Population stating full disability and full incapacity for autonomous daily living activities (2005-06)

Population	No. of persons	% of total population
With full disability	279,595	2.81
With full incapacity for autonomous daily living activities	1,797,666	18.05

Source: National Health Survey, 2005-06.

RNCCI does not cover for the moment most of the population in need of long-term care. For many the sole available care still is the informal care delivered by families and neighbors at home or the care within non-specialized residential institutions for the elderly[28]. As a consequence, SNS – the National Health Service hospitals have been frequently over-occupied by post-acute users that could be clinically discharged but are in need of long-term care.

4.2.2 Quality and performance indicators

Since 2007, RNCCI manages information collected through an integrated evaluation tool, collecting data on need (Katz evaluation, ADL, age), psychosocial well-being (emotional complaints) and social indicators (social status and habits). A system to monitor the RNCCI institutions - GestCare CCI – was set-up operating a digital platform to manage and evaluate on-line the processes and outcomes of long-term care. The inputs to GestCare CCI comprehend human resources, ratios of performance and audited qualifications of providers. Indicators that have been previously elaborated measure the outputs (discharges and the autonomy of patients). Needs assessment is carried out by a multidisciplinary team for bio-psychosocial evaluation of users in need of post-acute and long-term care. It focuses on functional and cognitive capacities, such as need for help with daily living activities or medical need. The results of needs assessment are registered on the GestCare CCI platform, allowing the continuous monitoring of the results of assessment. This also allows benchmarking of results at a national, regional, local, and unit level.

[27] http://www.gep.msss.gov.pt/estatistica/gerais/qp2010pub.pdf/; retrieved 15 September 2013.

[28] The non-specialized residential institutions deliver two types of social support to the dependent citizen: (1) Integrated Home Support (ADI – "Apoio Domiciliário Integrado"); (2) Integrated Support Units (UAI – "Unidades de Apoio Integrado"). After 2010, the number of institutions supplying ADI support and/or operating UAI has decreased as formal long-term within RNCCI spread.

4.2.3 Sustainability

The financial sustainability of RNCCI is still an open issue, as the mix of public and private funding will suffer inevitably from MOU agreed cuts in social expenditure. The projected growth of expenditure will double the present level of spending by 2060, from 0.3 to 0.6% of GDP[29], meaning it will remain marginal in the context of social spending and concerns about its sustainability will stay limited.

4.2.4 Summary

RNCCI does not cover for the moment most of the population in need of long-term care. For many the sole available care still is the informal care delivered by families and neighbors at home or the care within non-specialized residential institutions for the elderly. Since 2007, RNCCI manages information collected through an integrated evaluation tool, collecting data on need, psychosocial wellbeing and social indicators. The financial sustainability of RNCCI is still an open issue, as the mix of public and private funding will suffer inevitably from MOU agreed cuts in social expenditure.

4.3 Reform debates

The trend on the development of the long-term care network (RNCCI) suffered from MoU cutbacks either by suppression or delay of previous findings, so that increasing public awareness of long-term care for the elderly is not met by RNCCI increase at the same rate.

One specific initiative worth mentioning was a conference integrated on the Expresso XL roadshow that took place in Braga, which holds the title of one of the youngest cities in Europe. Under the theme "The future is getting increasingly older" [30] the main goal was to address "the biggest paradox of contemporary and Western societies. The elderly are becoming more numerous, live longer and have expectedly better quality of life, however their potential of knowledge and experience is not only being unproductive but even frequently underestimated".

Also the Foundation Francisco Manuel dos Santos (FFMS) published the findings of the study "The aging processes – The issue of time use and social networks for people over 50 years". It analyzes the results of an unprecedented survey on the activities, and the personal and social networks of the senior population (50 + years), as well as its health and wellness assessed following international recommendations for active aging[31].

The debates in Parliament the last year on the subject of long-term care show the limited variety of the issues typically addressed both by government and Members of Parliament.

- "The gradual transfer of some healthcare services currently provided in hospitals for facilities of proximity aimes on prevention and will be continued in 2013. The use and development of existing resources, with the strengthening of integrated long-term care, will enable scheduled stages to a nationwide network of palliative care." *Minister of Health (Paulo Macedo) on November 2, 2012*
- "The Minister, better than anyone, knows the difficulties that National Health Service (SNS) faces today. In truth, the long-term care and the palliative care networks are suspended… In fact, if with the previous government that change, that reform on

[29] Source: Commission services, EPC, The 2012 Ageing Report.
[30] In http://expresso.sapo.pt/gen.pl?p=stories&op=view&fokey=ex.stories/830863.
[31] In http://www.ffms.pt/estudo/21/os-processos-de-envelhecimento.

primary health care travelled at snail's pace, with this Government it walks even slower." *Left Bloc (João Semedo) on November 2, 2012*

- "It was with some frustration we did not hear from the Honourable Deputy an announcement of any action of Government in this area. Noticeably, it is not communicated if it will be this year that Government will authorize the opening of about 1000 vacancies that are ready in the National Integrated Long-term Care (RNCCI), emanating many of them, as we know, from the initiative of mercies and the social sector." *Socialist Party (Maria Antónia Almeida Santos) on January 10, 2013*
- "It has already been focused the demographic changes that should be pondered. If today we have 17% of elderly, it is expected that by 2050, this age group represents 31% of the Portuguese population… Therefore, we welcome the Government's commitment in this matter to affect 133 million for these responses, ensuring almost 7000 places in the long-term care network and announcing over 1170 new spaces for 2013." *Democratic and Social Center / People's Party (Isabel Galriça Neto) on February 9, 2013*
- "The venture on long-term care should be a fundamental vector of any humanized, modern, rational and a quality health policy… A good long-term care network besides this humanized aspect and focused on health gains for the patient also has an important part in terms of asset management of state resources. As an example, I recall that the burden for the state budget of convalescent units stands on 105 € a day, on 87 € a day in units of mid duration and rehabilitation and on 60 € a day in long-term and maintenance units. This comparison of prices is naturally very favourable bearing in mind the average cost of 400 € a day of a hospital bed. The commitment on long-term care is, in short, good for the patient and more efficient for the state in terms of resource management." *Social Democratic Party (Nuno Reis) on February 9, 2013*
- "It can not be ignored when, furthermore, the research and data, particularly at national level, for example, in the Algarve, in 2009, showed that palliative-care patients supported in their own homes with quality, costed State half than those which being followed in a hospital environment – that is, the difference is between the cost per patient of € 6,469 and the expenditure from the same patient in the community of € 3,155." *Democratic and Social Center / People's Party (Isabel Galriça Neto)*
- "This week we learned that from the 1169 opened, olny 77 beds are for long-term care units that are in fact already available! Everything is adjourned! Seniors who stay home because they cannot afford the prices of public transport, which rose without any kind of social concern; elderly that cannot afford to buy the medicines they need because the government withdrew their incomes; seniors who have to move from their home to the houses of their children and do not go to the health centers because they can not afford the so-called moderator users' fee or the transport itself." *Socialist Party (Miguel Laranjeiro) on June 6, 2013*

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IMF (2013), Portugal. Rethinking the State - Selected expenditure reform options, January 2013

OECD (2013), Portugal: Reforming the State to Promote Growth, May 2013

MINISTRY OF HEALTH, Relatório Final da Comissão para a Sustentabilidade do Financiamento do Serviço Nacional de Saúde, 2007.

MINISTRY OF HEALTH (2013)- Acss, Annual Reporto on Access to Healthcare in the SNS ("Relatório Annual sobre o Acesso a Cuidados de Saúde no SNS"), 2012, June 2013 – http://www.portaldasaude.pt/portal/conteudos/a+saude+em+portugal/publicacoes/ (retrieved on 13 October 2013)

Annex – Key publications

[Pensions]
Coordination: VARELA, Raquel, with contributions from several authors, "Quem Paga o Estado Social em Portugal?", ISBN: 9789722525138, 2012, Publisher: Bertrand Editora, http://www.bertrand.pt/ficha/quem-paga-o-estado-social-em-portugal-?id=14172359

*"*Who Pays the Welfare State in Portugal?*"*

The various articles of the authors of this book document the journey that followed the consolidation of welfare state and the importance of contributions of citizens for decades indicating that social solidarity is imperative. Also noteworthy are the constant threats to the consolidation of the neoliberal policies of the welfare state mainly from the 80's worldwide, and deepened further from the current crisis that erupted in 2008. A study that attempts to analyze some of the major misconceptions associated with economistic analysis supporting the end of the welfare state so often evoked as if they were an invincible force of nature – the welfare state would end in sight not being financially sustainable, for causing monstrous budget deficits, economic stagnation, growth of public debt, etc.

[Pensions]
SILVA, Filipe Carreira da, "O Futuro do Estado Social", ISBN: 9789898424754, 2013, Publisher: Fundação Francisco Manuel dos Santos (Colection "Ensaios da Fundação", n.º 32), http://www.ffms.pt/ensaio/460/o-futuro-do-estado-social

"The Future of the Welfare State"

What is the Welfare State? What are the social rights? What is the relationship between the welfare state and democracy? What are the main challenges facing the welfare state faces under the current financial austerity and economic crisis? This book provides a brief and simple introduction to this topic, suggesting at the same time, three future scenarios: the end of the welfare state, everything will stay the same, and its reconfiguration. Three scenarios that could serve as a basis for public discussion about the future of the welfare state in our country.

[Pensions]
GARCIA, Maria Teresa Medeiros, "A Poupança e os Sistemas de Pensões", ISBN: 9789724050423, 2013, Publisher: Edições Almedina (Colection "Económicas", n.º 22), http://www.almedina.net/catalog/ebook_info.php?ebooks_id=97897240518576

"The Savings and Pension Schemes"

With this work the author intends to review the theory of the cycle of life and the contributions for the design of pension systems and the achievement of economic policy. The first part of the text is devoted to the Life Cycle Theory and the second part is intended to make an approach to the so-called voluntary savings, but also, and in contrast, on pension systems where savings is mandatory, also called institutional savings. We are facing an economic analysis of saving and its importance in the design or reform of pension systems.

[Pensions]
Coordination: VARELA, Raquel, with contributions from several authors, "A Segurança Social é Sustentável", ISBN: 9789722526814, 2013, Publisher: Bertrand Editora, http://www.bertrand.pt/ficha/a-seguranca-social-e-sustentavel?id=15020378

*"*Social Security is Sustainable – Labor, State and Social Security in Portugal*"*

Coordinated by Raquel Varela, the authors of this volume try to fulfill three main tasks. First, show us the many varieties of insecurity, impoverishment and social exclusion that currently threaten to devastate the Portuguese society. Second, completely refute the many myths propagated by the political and academic establishment. And thirdly, discuss the difficulties and the need for a massive resistance.

[Pensions]
CASTRO, Gabriela Lopes de; MARIA, José R.; FÉLIX, Ricardo Mourinho; BRAZ, Cláudia, "Ageing and fiscal sustainability in a small euro area economy", Working Papers 04|2013, March 2013, Banco de Portugal, http://www.bportugal.pt/pt-PT/BdP%20Publicaes%20de%20Investigao/wp201304.pdf

*"*Ageing and fiscal sustainability in a small euro area economy*"*

Population ageing is a key trend in Western economies. The impact of this trend will be widespread, affecting investment and saving decisions over the next decades, and represents a major challenge to policymakers. Debt sustainability issues in euro area economies may (re)emerge, particularly given the pay-as-you-go nature of most public pension systems. In a decentralised fiscal policy framework, ageing and the respective policy response might intensify the latent macroeconomic imbalances that underlie the ongoing sovereign debt crisis. In this paper, we include a stylised pension system in an open economy New-Keynesian general equilibrium model with non-Ricardian agents. The model is used to assess the macroeconomic impacts of ageing in a small euro area economy. The results suggest that the impact can be significant, depending on the magnitude and pace of the ageing dynamics, the existing rules for social benefits and the policy response. It can be inferred from the results that supranational policy coordination at euro area level is crucial to foster economic and financial stability.

[Pensions]
BRAVO, Jorge; ALHO, Juha; PALMER, Edward, "Nonfinancial Defined Contribution Pension Schemes in a Changing Pension World: Vol.2, Gender, Politics, and Financial Stability", bookPart (ISBN: 978-0-8213-9478-6), Fall 2012, CEFAGE - Publicações - Capítulos de Livros, http://dspace.uevora.pt/rdpc/handle/10174/7249

*"*Nonfinancial Defined Contribution Pension Schemes in a Changing Pension World*"*

This chapter investigates the efficacy of current state-of-the-art life expectancy modeling in projecting life expectancy at "the" pension age—that is, the age at which a life annuity must be granted according to current practice in NDC (and FDC) schemes. We provide an overview of current modeling philosophy and of the genre of projection models inspired by the work of Ronald Lee and Lawrence Carter (1992). We demonstrate that models of this type, which essentially distribute an aggregate trend among the birth cohorts covered, will systematically underestimate life expectancy in an environment characterized by declining rates of mortality—which is a rather typical scenario. This has certainly happened in Japan, but also in countries such as Finland, Norway, and Sweden. The authors provide suggestions

for better modeling under these circumstances but acknowledge that, regardless of the proficiency in modeling, systematic errors may continue to be part of the landscape for many decades. The authors ask whether it is possible to devise annuity models that fairly distribute the residual risk between the insured and the insurer. Simple variable annuity models, in which the annuity is reestimated at yearly and five-year intervals on the basis of continuously revised life expectancy estimates, are examined for the Scandinavian countries. The variable annuity reduces the risk for the insurer—other cohorts in a mutual insurance setting, or the government (taxpayers)—but at the relative expense of older members of the birth cohort. This is clearly not a fair outcome and suggests that we need to learn more about other models of distributing the systematic error in estimating longevity and that a more palatable safeguard is to transfer the systematic estimation error to the government (taxpayers) through an NDC bond.

[Health care]
SILVA, Mercedes Gomes da, "Gestão da Qualidade em Cuidados de Saúde", ISBN: 9789729413889, 2013, Publisher: Monitor (Colection "Investimentos e Organização"), http://www.monitor.pt/?pt=bookdetail&i=84

"Quality Management in Health Care"

This work, supported in various reference texts, plans with different approaches and different cover various aspects of Quality Management in Health Units The first text "The Essentials for Quality in Health Care," the National Committee for Quality Assurance (NCQA), was designed to provide policy makers and stakeholders in health services a clear understanding of the issues, initiatives and organizations that are actively trying to improve the quality of health services. The second paper, "Strategies for Quality in Health", the European Observatory on Health Systems and Policies, emerged from research undertaken by the project Europe for Patients. This text is intended to provide political actors of the European Union a better understanding and clarity to make better policy decisions - which ultimately will bring benefits to all Europeans. It outlined an overview of quality assurance in health standing which affects the quality on health. The third text, "Quality Management in Health" Brent James - The Hospital Research and Educational Trust, provides the framework to support these hospitals in order to communicate, monitor and continuously improve all aspects of health care. In this plan, consider two vectors of development: a model of continuous quality improvement and a model of quality assurance. The fourth text, "Quality Improvement in Health Care" prepared by Carla Gonçalves Pereira, the SINASE, aims to establish a methodology for improving health care. In a first step, it established a synthesis of the main references of Hospital Accreditation and Certification. The following is an inventory of instruments of quality management in health, and finally presented a proposal for a methodology for quality improvement in a health facility.

[Health care]
Coordination: FERNANDES, Adalberto Campos, with contributions from several authors, "Reflexões e Contributos para a Reforma do Sistema de Saúde em Portugal", ISBN: 9789898554093, 2013, Publisher: Diário de Bordo (Colection "Saúde e Sociedade"), http://www.wook.pt/ficha/reflexoes-e-contributos-para-a-reforma-do-sistema-de-saude/a/id/14769768

"Reflections and Contributions to Reform the Health System in Portugal"

In times of financial and economic crisis it is apparently more acute to understand how countries can resist the erosion of the fundamental pillars that they have made in recent decades, over the foundation of social protection mechanisms.

Health systems are subjected, as ever, to a constant review aimed at ensuring its vitality ensuring at the same time, the principles of access and equity without compromising the levels of public expenditure. It is in this context that the question arises: is it possible to ensure innovation and sustainability in health without compromising quality and citizens' rights to different health care? Or are we in fact facing an impossible equation?

[Health care]
Coordination: FERNANDES, Adalberto Campos, with contributions from several authors, "Racionamento Versus Racionalização em Saúde", ISBN: 9789898554109, 2013, Publisher: Diário de Bordo (Colection "Saúde e Sociedade"), http://www.wook.pt/ficha/racionamento-versus-racionalizacao-em-saude/a/id/15067719

"Rationalization Versus Rationing Health"

The moral and ethical dilemma is deeply linked to the quality of the choices, its nature and features. The nature of the choices should not contradict the ethical dimension underlying the right to health, not utilitarian, and based on equal and maximum dignity. Active management of the relation between cost and quality of health care and the associated conditions of access must therefore take into account the health system, the rights of citizens and the necessary economic and financial sustainability of the health system.

[Health care]
Coordination: FERNANDES, Adalberto Campos, with contributions from several authors, "A qualidade em Saúde face aos novos desafios do Sistema de Saúde", ISBN: 9789898554017, 2012, Publisher: Diário de Bordo (Colection "Saúde e Sociedade", n.º 6), http://www.saudeesociedade.com/livraria/ficha.php?sku=cad06

"Quality in Healthcare facing the new challenges of the Health System"

The quality of health is a powerful tool to make better, more efficient, and above all, safer. The reform of the health system, in a restrictive context, like the one we live requires initiative and entrepreneurship for sustainable and lasting transformation. Never before have we felt so strong predisposition to accept change both at the organizational level and at the level of functional models and management. We therefore have a unique opportunity to incorporate the new healthcare practices supported on the evidence and assessing reinforcing the idea that it is always possible to improve the quality of care, despite the limited resources available at each moment.

[Health care]
BARROS, Pedro Pita, "Pela Sua Saúde", ISBN: 9789898424785, 2013, Publisher: Fundação Francisco Manuel dos Santos (Colection "Ensaios da Fundação", n.º 33), http://www.ffms.pt/ensaio/461/pela-sua-saude

"For Your Health"

What health system do we want? What place for the National Health Service (SNS)? What does it mean to have a SNS? What principles can we use to organize and improve it?

From a reading of the current situation, and the elements that characterize the health sector, this book discusses some current myths.

[Health care]
Coordination: CARVALHO, Maria Irene de, with contributions from several authors, "Serviço Social na Saúde", ISBN: 9789896930226, 2012, Publisher: Pactor, http://www.pactor.pt/index_livro16.html

"Social Service in Health"

The relationship of social work to the area of Health is not new, it is part of the identity of the social worker's profession. Currently, the social service works develop activities in the health system, particularly in health care, in family health units, hospitals in general and / or specialized in integrated continuous care and palliative care, mental health and community, and in health promotion with specific groups.

In the context of economic and financial crisis, the subsequent retraction of investment and even cutting Health benefits, challenges the Social Services to have a more active role in promoting access to answers and the effectiveness of integrated responses of the National Health Service (SNS). This work aims to present national and international trends of Social Service in Health, turning to professionals and students of social work and also with other training professionals working in health.

[Health care]
CARVALHO, Mário Jorge, "Gestão em Saúde em Portugal – Uma década perdida", ISBN: 9789727886661, 2013, Publisher: Vida Económica, http://livraria.vidaeconomica.pt/product.php?id_product=796

"Health Management in Portugal – A lost decade"

This book focuses primarily on the shortcomings in the decision and the inefficiencies of structural management of health facilities.

[Health care]
ARNAUT, António, "O Étimo Perdido – O SNS, o Estado Social e outras intervenções", ISBN: 9789723221015, September 2012, Publisher: Coimbra Editora, http://www.wook.pt/ficha/o-etimo-perdido/a/id/14319633

"The Etymology Lost - The NHS, the welfare state and other interventions"

Never the poor were wretchedly poor, nor the rich so rich shamelessly. Never workers were treated so badly, nor denigrated as unemployed. We live in a situation of absolute social precariousness, both civic and labor. There is no modesty or shame, even a glimmer of solidarity on the part of those who have an obligation to govern justly and provide the most needy. They want to dismantle the welfare state, destroy the National Health Service and erase the fundamental rights. It is the politicians who have serious vested interests and resist the seductions of vainglory, especially the left, but also to those who survive the democratic parties of the right. To break down the wall that hides the sun and let it shine again the keyword that opens the doors of the future and fruitful fundamental rights and the Constitution i.e. Solidarity.

[Health care]
BOQUINHAS, José Miguel, "Políticas e Sistemas de Saúde", ISBN: 9789724049298, 2012, Publisher: Edições Almedina (Colection "Fora de Coleção"), http://www.almedina.net/catalog/product_info.php?products_id=20313

"Policies and Health Systems"

This book is intended to be a basis of study for all who care for Policies and Health Systems, and in particular, students and professionals in the fields of management and health administration to whom it is specially dedicated. This book is not intended to be exhaustive about such a complex subject, but only give readers a tool that allows them to start up in studies of politics and organization of health systems, developing in particular the Portuguese case. Main subjects addressed were Politics of health Models of organization of health systems in Europe and the World. The Portuguese case in particular. The various components of the health system. The National Health Service and sub-systems. The private health insurance. The private health sector.

[Health care]
FERNANDES, João Varandas, BARROS, Pedro Pita, "Um Ano Depois da Troika na Política de Saúde", ISBN: 9789897160837, 2012, Publisher: Principia, http://www.wook.pt/ficha/um-ano-depois-da-troika-na-politica-de-saude/a/id/14121141

"One Year After the Troika in Health Policy"

Given the current economic crisis and the intervention of the International Monetary Fund, European Central Bank and the European Commission (the Troika), we need a paradigm shift in health, should it be a simple obedience to the agreements celebrated with the Troika a year ago, or neither one nor the other option? The truth is that the measures proposed by the Troika and accepted by the Portuguese have aspects too dangerous as the size and weight that can have consequences in health institutions. Its primary goal is to ensure the economic and financial sustainability of the health system, improve the performance of their mission and increase accuracy in the management of health facilities. But these decisions are always ignoring the fundamental values of humanism, individual rights and the public duty of fairness, hence we will be at the risk imminent tendency to destroy the National Health Service (SNS), disturbing the daily mission.

[Health care]
BARROS, Pedro Pita, "Economia da Saúde – Conceitos e Comportamentos", ISBN: 9789724037271, 2013 (Reprint of 2nd Edition 2009), Publisher: Edições Almedina (Colection "Olhares sobre a Saúde"), http://www.almedina.net/catalog/product_info.php?products_id=2568

"Economics of Health – Concepts and Behavior"

The Economics of Health is the application of economic analysis to the health sector. This implies knowing the key concepts, the different actors and their motivations, explain and predict their behavior, how they intersect and interact. The Health Economics often uses mathematical models to organize and systematize the analysis. Despite this feature, the main concepts are presented without reading the more technical parts. The most fundamental aspects are easily seized at an intuitive level, without do without the stringency inherent in a text book. The themes and examples used are reflective of my preferences and research. Therefore, this is not an encyclopedic work. It's an invitation to get into the mindset of the

economist, used in order to understand and act on the health sector. If, in the end, this book will lead to look differently how the health sector, will have fulfilled its purpose. The second edition updates the statistical information as well as introduces two new chapters on the economics of the drug industry and on primary health care.

[Health care]
Coordination: CARMO, Isabel do, with contributions from several authors, "Serviço Nacional de Saúde em Portugal – As ameaças, a crise e os desafios do futuro", ISBN: 9789724048222, 2012, Publisher: Edições Almedina (Colection "Fora de Coleção"), http://www.almedina.net/catalog/product_info.php?products_id=19110

"National Health Service in Portugal – Threats, crisis and future challenges"

The European financial crisis has generated an economic and social crisis which, contrary to the current neoliberal advocates, should reinforce the need for public health services, education and social security, on the basis of universality and not on the basis of welfare for the poorest . Solidarity is established through taxes on income and not through alms. The right to health care is not a "perk" as it is said by commentators that dominate the media space. There is a gift of those who have power. It is a way of tackling inequalities through a redistribution mechanism from a progressive taxation. The National Health Service (NHS) was one of the greatest achievements in Portugal after April 25. The results in terms of public health are there to prove it. This service is now in danger. The set of articles included in this book seek to list the achievements of the NHS, discuss threats to its operation, but also critical point solutions.

[Health care]
SILVA, Célia Maria Jordão Simões, "Espiritualidade e religiosidade das pessoas idosas: consequências para a saúde e bem-estar", Doctoral Theses, October 2012, Veritati – Repositório Institucional da Universidade Católica Portuguesa, http://hdl.handle.net/10400.14/10886

"Spirituality and religiousness of the elderly: consequences for health and well-being"

Scientific literature has shown that spirituality and religiousness in the elderly is beneficial to health and well-being, that is, to the quality of life. Based on that statement, the author chose to study the question of spirituality, religiousness of the elderly: consequences for health and well-being under the discipline of Nursing. The aims of the study were to (i) study the relationship between spirituality/religiousness of the elderly in health and well-being, (ii) identify the possible predictive value of variables such as spirituality, religiousness and socio-demography (age, gender, civil status, academic qualifications, residence) in health and well-being, and (iii) support the intervention of nursing in the spiritual and religious care to the elderly. The global analysis of findings allows us to conclude that spirituality/religiousness is a relevant predicting variable in the life, health and well-being of the elderly.

[Health care]
BREKKE, Kurt R.; SICILIANI, Luigi; STRAUME, Odd Rune, "Hospital mergers : a spatial competition approach", workingPaper, April 2013, NIPE – Documentos de Trabalho, http://repositorium.sdum.uminho.pt/handle/1822/23752

"Hospital mergers : a spatial competition approach"

Using a spatial competition framework with three *ex ante* identical hospitals, the authors study the effects of a hospital merger on quality, price and welfare. The merging hospitals always reduce quality, but the non-merging hospital respond by reducing quality if prices are fixed and increasing quality if not. The merging hospitals increase prices if demand responsiveness to quality is sufficiently low, whereas the non-merging hospital always increases its price. If prices are endogenous, a merger leads to higher average prices and quality in the market. A merger is harmful for total patient utility but can improve social welfare under price competition.

[Health care]
LOPES, Maria Antónia; BRAGA, Isabel Drumond, "The Portuguese Social Care System in the Modern Age: An Originality Case in Catholic Europe?", FLUC Secção de História - Artigos em Livros de Actas, 2013, Firenze University Press, https://estudogeral.sib.uc.pt/jspui/handle/10316/24035

"The Portuguese Social Care System in the Modern Age: An Originality Case in Catholic Europe?"

Until recently it has been stated, without support of research, that the Church secured the social care system in Portugal in the Modern Age. Three reasons can explain this mistake: because in the Middle Ages the Church's charitable activity was the most visible and structured one, even, in fact, we do not know what was his real accomplishment; because it was so in many Catholic countries in the Ancien Régime; finally, because it is common to think that Misericórdias or Santas Casas or Santas Casas de Misericórdia (literally Holy Houses of Mercy) were ecclesiastical institutions. The predisposition of Misericórdias to ensure most types of assistance is well established: running almost all the hospitals, ensuring food assistance, medical, legal and spiritual support to prisoners; granting dowries to poor orphans; supporting ashamed poor; subsidizing transportation for poor people, distributing alms, burying the poor for free, praying for their souls; etc. Only foundlings and captives escaped to Misericórdias's monopoly.

[Health care]
POÇAS, Ana Isabel da Silva Alves, "The interrelations between health, human capital and economic growth: empirical evidence from the OECD countries and Portugal", doctoralThesis, Febuary 2013, FEUC – Teses de Doutoramento, https://estudogeral.sib.uc.pt/handle/10316/23323

"The interrelations between health, human capital and economic growth : empirical evidence from the OECD countries and Portugal"

The main scope of this study is to analyze the role of health on economic growth assuming that health status is a component of human capital, therefore interacting with both, human capital qualifications and economic performance. Health as an integrated part of human capital has assumed an increasing importance in the growth literature over the past decades, being now widely recognized that health, like education, is also an essential factor of labour productivity and, consequently, of economic growth. Despite important achievements made on health status allowing people to live better and for a longer period of time, there are still several issues to analyze in what concerns the economic performance of the developed countries. In fact, these countries face important challenges related to the ageing of the population, the increasing incidence of chronic diseases and an increasing financial pressure on their health and social security systems. In this context, the main objective of this

dissertation is to provide empirical evidence that shows the impact of health status on economic growth and highlight the complex interrelations between health, education and income through a cumulative causation mechanism able to generate a virtuous circle of economic growth with expanding tendencies. In order to capture the feedback effects between health, education and income, appropriate econometric specifications and estimation techniques are used based initially on panel data analysis. In a latter phase, a simultaneous equation model is built in order to capture the cumulative causation tendencies between the core variables of the model.

In general, this dissertation corroborates with the thesis that health improvements have significant benefits on economic growth and therefore it should be considered as an important component of human capital along with education. Investing in individuals' education and health is important not only for an increasing wellbeing but also for a sustainable economic growth. Empirical evidence of this positive impact as well as on the linkages between health, education and economic growth are important guidelines for policy decision makers.

[Health care]
MENDES, Felismina; MANTOVANI, Maria de Fátima; GEMITO, Maria Laurência e LOPES, Manuel José, "A satisfação dos utentes com os cuidados de saúde primários", article, January 2013, CICTS - Publicações – Artigos em Revistas Internacionais Com Arbitragem Científica, http://dspace.uevora.pt/rdpc/handle/10174/8542

"User satisfaction with primary health care"

Context – User satisfaction with health institutions is a priority because their needs and expectations are constantly changing. Therefore, institutions must adopt forms of organization and entrepreneurial management adapted to these needs. Objectives – To assess the global level of user satisfaction with organizational factors and the services provided at Health Care Centers and Family Health Units. Method - Descriptive study whose target population was users of 16 Health Care Centers. A random sample of 2665 users answered a questionnaire containing satisfaction indicators concerning the infrastructure and services provided. Satisfaction was defined in terms of those who reported being "satisfied" or "very satisfied", and the respective frequencies were then calculated. Results - Satisfaction levels regarding infrastructure, practice, access to professionals and consultations were higher than 50% in the 16 facilities. The lowest level of satisfaction was related to the play area for children. Conclusions – The levels of satisfaction appear consensual and quite high, which could indicate either a gratitude effect or a low level of expectation.

[Health care]
LOUREIRO, Isabel; MIRANDA, Natércia; PEREIRA MIGUEL, José Manuel, "Promoção da saúde e desenvolvimento local em Portugal: refletir para agir", article, June 2013, FM-IMP-Artigos em Revistas Nacionais, http://repositorio.ul.pt/handle/10451/9162

"Health promotion and local development in Portugal: reflect to act"

Health, a fundamental human right, is critical to human development. Traditionally it has been regarded as being mainly the responsibility of ministries of health. A better understanding of health determinants has showed that policies and actions of other social sectors are among the factors that most influence population's health. The movement of healthy cities is based in the concepts of co-production and responsibility for health. The municipalities integrating the Portuguese Network of Healthy Cities are committed to

intentional planning to promote health, based in policies addressed to physical and cultural environment and to the educational process of communities, promoting participation, empowerment and equity. To promote the recognition of health impact of political decisions taken at different sectors and different levels – national, local – as well as health as a support for resilience against adversity, the project Capacity Building in Health Promotion [Projeto de Capacitação em Promoção da Saúde] – PROCAPS was decided by the National Institute of Health Dr. Ricardo Jorge, in collaboration with the Escola Nacional de Saúde Pública from the New University of Lisbon. This project started by studying the actual perception of the political members of municipalities about their role in health promotion and stimulating their responsibility in promoting the health of the populations. In this paper some results of the study and related actions taken are presented. Local policies and actions are proposed as well as processes of action-research and community based participatory research.

[Health care]
SOUZA, Marize Barros de; ROCHA, Paulo de Medeiros; SÁ, Armando Brito de; UCHOA, Severina Alice da Costa, "Trabalho em equipe na atenção primária: a experiência de Portugal", article, 2013, FM-IMP-Artigos em Revistas Internacionais, http://repositorio.ul.pt/handle/10451/8327

"Teamwork in primary care: the experience of Portugal"

Objective. To analyze the work of health care teams delivering primary care in Portugal. Methods. The authors performed an evaluative research project, with a qualitative case study design. Data were obtained through semi-structured interviews, direct observation, and analysis of documents. The authors interviewed managers, workers, and users in 11 family health units (USF) in Portugal, for a total of 71 participants. Content analysis was used to assess the interviews. Results. Teams included a physician, a nurse, and an administrative employee. Each team was in charge of 1 250 to 2 060 users. A striking characteristic of the Portuguese experience was the voluntary and autonomous setup of teams at the USF, based on personal affinity. The services provided at the USF included a basic "service package" as well as activities of surveillance, health promotion, disease prevention, care of acute disease, clinical follow-up of patients with chronic or multiple diseases, home care, and networking with other services (hospital care). Difficulties in providing home care were reported. Electronic systems were widely available. According to interviewees, the changes resulting from the implementation of USF included improved user access to services, higher quality of care, and goal-oriented teamwork,guided by an action plan. Conclusions. Even without a coordinating role in the health care network, the delivery of primary health care through teams was positively evaluated in Portugal as promoting increased access, continuity, and humanization of health services.

[Health care]
RAMOS, António; RÚBIO, Catarina; RODRIGUES, Diogo; NUNES, Gonçalo; BETTENCOURT, Joana; ÂNGELO, Samuel; COELHO, Sónia; MARIA, Vasco, "Impacte do aumento das taxas moderadoras na procura dos cuidados de saúde primários na USF do Parque", article, March 2013, FM-IMP-Artigos em Revistas Nacionais, http://repositorio.ul.pt/handle/10451/8841

"The impact of the increase in user fees on the demand for primary health care in the Parque Family Health Unit"

Objectives: To assess the impact of the increase in user fees on the demand for primary health care in the Parque Family Health Unit, to compare consultation rates in the Parque FHU between January 1and May 31, 2011, and the same period in 2012, and to identify factors associated with patient demand for care in this unit. Design: Retrospective longitudinal, observational and analytical. Setting: Parque Family Health Unit, North Lisbon Health Centres Group (ACES Lisboa Norte) Population: Patients of the Parque Family Health Unit. Methods: A convenience sample of patients was selected from the health records of the Family Health Unit. The Student's t-test, Anova, Pearson correlation and Spearman correlation were used with statistical significance set at the 5% level. Results:We analyzed the records of 338 patients. The majority were female (n = 241; 71,3%), with a mean age of 57 years (standard deviation = 18,92). There was an increase in the consultation rate from 2011 to 2012. The mean number of visits was 0.87 (IC95% 0.623-1.129, $p < 0.01$). Older patients, patients with more illnesses, and those taking daily medication had higher visiting rates ($p < 0.05$). There were fewer visits made by patients with a higher monthly income ($p < 0.05$). A positive correlation between the number of illnesses and the number of medical visits was observed in patients exempt from user fees. Conclusions: In 2012 the number of visits to the Health Unit increased. Advanced age, a larger number of illnesses and daily medication use were associated with a greater number of visits. Higher economic status was associated with lower visiting rates in both study periods. The increase in user fees did not have a negative impact on patient demand for primary health care in the Parque Family Health Unit.

[Health care]
CHIN, Ângela; ALVES, Mariana; MARTINS, Nuno; PEDRO, Cátia; FERREIRA, Ana; BARBEIRO, Carolina; MOTA, Mafalda; BRITO DE SÁ, Armando, "Influência dos factores financeiros no cumprimento da medicação", article, October 2012, FM-IMP-Artigos em Revistas Nacionais, http://repositorio.ul.pt/handle/10451/7680

"Influence of finantial factors on adherence to medication"

Background: Financial factors are known to influence adherence to medication. Objectives: To study adherence to medication, the different forms of cost-related non-adherence and the degree of reporting that information to the doctor, as well as to study measures to facilitate adherence. Type of study: Cross-sectional study Setting: Loures Family Health Unit Population: Patients over 17 years of age in April 2011, registered with a family physician in the Loures Family Health Unit. Methods: A convenience sample of 227 patients received the study questionnaire. It evaluated forms of non-adherence due to financial reasons in the past four months including increasing the time between doses, taking smaller doses, postponing the purchase of medication, and not purchasing medication. It also assessed if the patient had reported cost-related non-adherence to the doctor, non-adherence for other reasons, requests for less expensive drugs, requests for financial support for medication and delaying other purchases to buy medication. Results: Of the 227 people studied, 79% reported medication non-adherence. Of these, 51% were for financial reasons (31% exclusively). Cost-related non-adherence was expressed by 84% of patients by postponing the purchase of medication, in 46% by not purchasing medication, in 44% by increasing the time between doses and in 38% by taking smaller doses. Among those patients with cost-related non-adherence, only 30% reported it to their doctors. Regarding measures to facilitate medication adherence, 52% of patients said they have asked for less expensive drugs, 41% did not buy other things to purchase medication, and 12% asked for economic support to purchase medication. Conclusions: Cost-related non-adherence was reported by a high percentage of individuals in this sample. Most patients did not report this to their doctors.

[Health care]
RAIMUNDO, José Carlos Alves, "Segmentação da rede convencionada", Master Thesis, August 2012, DG - Dissertações de Mestrado / Master Thesis; BISEG - Dissertações de Mestrado / Master Thesis, https://www.repository.utl.pt/handle/10400.5/4961

"Segmentation of Conveyed Network"

The disparity in the conduct of the Network Providers on various indicators relating to medical services provided to the Multicare[32] customers, hinders a better efficiency in all the process of costs motorization of the Gabinete de Actuariado e Control (GAC). This report is based in the segmentation of the Multicare's providers network in homogeneous groups of providers, under of the Internment's coverage, aligning to the primary objectives of the area of statistical studies of the GAC. For this, it was used a statistical technique named by Cluster Analysis and it allowed conclude about the behavior of the classified groups. It was collected 23 720 authorizations for medical services provided to insured coverage with MC or hybrid plans, that report for a set of 49 providers. The variables used are the result of the information regarding the medical acts provided for each of the selected providers. Regarding the Cluster Analysis it was used two different methods. The first one hierarchical to define the optimal number of clusters to retain, and then one non-hierarchical in order to optimize the solution obtained by the previously method. Results show that there are three homogeneous groups of providers, in which of the 49 providers, 36 were allocated in the same cluster by both methods. The cluster 1 has a high rate of surgeries and median values in the remaining variables. The cluster 2 shows a high rate of surgeries inversely to the number of customers, to the amount of permits in all macro-codes and to the average costs (per client, of acts not packaged, surgeries and all macro-codes). Finally, the cluster 3 include the Hospital Units of great relevance to the RC of Multicare, in general characterized by low rate of surgeries, high numbers of authorizations and average costs also high.

[Long-term care]
Coordination: POCINHO, Ricardo; SANTOS, Eduardo; FERREIRA, Joaquim A.; GASPAR, João Pedro; RAMALHO, Anabela Panão; SOEIRO, Dina; SILVA, Sofia, with the contribution of numerous authors, "Envelhecer em Tempos de Crise: Respostas Sociais", ISBN: 9789897300172, 2012, Publisher: LivPsic, http://www.livpsic.com/v4/detalhe01.php?id=5026&classificar=s

"Aging in Times of Crisis: Social Responses"

If there is a drama which the Portuguese society of today should be concerned about, in addition to the rise in unemployment and the crisis that presently affects our country, it is disturbing low birth rates and increased life expectancy.

Portugal is an aging country with an aging population and increasing social responses increasingly less humanized and financial support nonexistent. The various approaches that address this issue shall oblige institutions, local authorities, government and citizens to more interaction and different in their various spheres of intervention, looking for ways to mitigate the damage caused by the indifference of a society becoming more selfish and individualistic, but where the elderly have their own place, with a cultural heritage that the training in the future should not waste, but appreciate and cherish.

[32] The leading em Health care insuran related to the foremost financial institution, Caixa Geral dos Depósitos which is public and responds direcly to terms dictated by the public administration.

[Long-term care]
ROSA, Maria João Valente, "O Envelhecimento da Sociedade Portuguesa", ISBN: 9789898424471, 2012, Publisher: Fundação Francisco Manuel dos Santos (Colection "Ensaios da Fundação", n.º 26), http://www.ffms.pt/ensaio/309/o-envelhecimento-da-sociedade-portuguesa

"The aging of the Portuguese Society"

We all age, so the aging individual (each of us) is part of our daily lives. However, recently we started to be faced with another aging, a collective: the aging of the general population. The population is aging because Humanity has grown in technical and scientific knowledge and the conditions of living improved. But despite population aging can be seen as a success story, it is often perceived as a real threat to the future of society in which we live. This essay begins by talking about the reasons that led to the demographic situation in which we find ourselves. Argued then that affliction with the aging of the population is much explained by another aging deeper: the inability of society to adapt its structures to the social and mental development of the facts. Proposes, finally, a course of alternative social organization attuned to the realities sociodemographic ongoing.

[Long-term care]
GUEDES, Joana, "Viver Num Lar de Idosos", ISBN: 9789898218575, 2013, Publisher: Coisas de Ler (Colection "Olhar"), http://www.coisasdeler.pt/index.php?controller=product&id_product=209

"Living In a Nursing Home"

In this research, we seek to answer a central question: to what extent the nursing home, with its rules and standards of operation, the relational climate that promotes and produces the spaces and the opportunities it offers and provides activities that contributes to the preservation and strengthening the identity of the elderly or, conversely contributes to the annihilation and mortification?

[Long-term care]
CABRITA, Maria; JOSÉ, Helena, "O idoso na equipe de cuidados continuados integrados: programa de enfermagem para prevenção de quedas", Papers in international journals with Peer-review, January 2013, Veritati – Repositório Institucional da Universidade Católica Portuguesa, http://hdl.handle.net/10400.14/10135

"The elderly person in the equipe de cuidados continuados integrados: nursing program for prevention of falls"

The objective of this paper is to prevent falls in the elderly integrated in the so-called "Equipe de Cuidados Continuados Integrados (ECCI)". Method: a descriptive and cross-sectional study, with a quantitative approach, performed in the Community of Albufeira - Portugal. The sample was comprised of 53 people, aged 65 years old or over. We used the measurement scale as a tool for collecting data. The study was conducted according to the Declaration of Helsinki that determines the key standards for ethics in international research. Results: the results points that 86.8% of the sample shows a risk of falling. Of these, 49.1% have a low risk profile and 37.7% have high risk. Only 13.2% were sorted without the presence of risk. Conclusion: the results show that the ECCI elderly are subject to certain factors that literature characterizes as representative risks of falls, which can be minimized or eliminated through

the implementation of preventive measures of risk management and promotion of safety of elderly person in the community.

[Long-term care]
COSTA, Isabel Maria Dionísio, "Adaptação e validação para português do questionário Nursing Home Survey on Patient Safety Culture (NHSPSC)", masterThesis, March 2013, FEUC – Teses de Mestrado, https://estudogeral.sib.uc.pt/handle/10316/23250

"Adaptation and validation to portuguese of the questionnaire Nursing home survey on patient safety culture (NHSPSC)"

Patient safety is an integral parameter of quality of care. Due to the strategic function that it takes, it is unquestionable the growing concern of many health organizations in the use of instruments to assess safety climate. It was found that in Portugal this evaluation has been performed on Hospital Institutions, but it isn't known its approach in Continuing Care Units. Thus, the aim of this work is to make the transcultural adaptation of the questionnaire Nursing Home Patient Safety Survey (NHSPS) for the Portuguese population, creating the Portuguese version of NHSPS, to determine their psychometric characteristics and the Security levels in these Units. The questionnaire consists of forty two (42) items, grouped into twelve dimensions that assess. The instrument was validated in a sample of 219 professionals from five (5) Continuous Care Units of the West Region of Portugal. Its application occurred from July to September of 2012. Mostly, the sample is female (83,6%) and belongs to the age group under 30 years (35,6%). To validate the questionnaire it was requested authorization to authors of the original instrument as well as the directions in which the data were collected. Content validity was ensured by making a comprehension test. Reliability was ensured by determining the internal consistency, tested using Cronbach's Alpha where it has been obtained a total of 0,951 and the determination of Pearson correlation in test-retest with 0,799. Construct validity was made by principal components factor analysis with orthogonal rotation with Varimax method. The level of safety culture evaluated in our sample, presents average Scores in several dimensions. We can conclude that NHSPS-PT questionnaire is considered reliable and valid, however, it should be applied to a larger sample to confirm its validity for Portugal.

[Long-term care]
RIBEIRO, Andreia Sofia Santos, "Controlo de sintomas em cuidados paliativos num serviço de medicina interna", masterThesis, 2012, FM – Dissertações de Mestrado, http://repositorio.ul.pt/handle/10451/8755

"Symptom control in palliative care in an internal medicine service"

The interest in quality of life and in relief of patient suffering with advanced chronic disease has lead to the development of the specialized field of care and knowledge known as palliative care. In Portugal, there is a lack of these specialized centers, and numerous patients with palliative care needs are found in the Internal Medicine departments. However, these departments have not kept up with the great change that has occurred in society over the last years: death has become an event after a long period of chronic disease, where we observe a prolonged functional decline of the individual. The control of symptoms constitutes one of the main concerns in palliative care, as it improves the patient's quality of life and dignifies her/him as a human being. However, its impact on patients admitted to the Internal medicine wards is unknown. In the present study, a sample of 64 patients admitted to the Medicine III ward of the São Francisco Xavier Hospital was selected, with multiple disorders and

associated co-morbidities and with criteria for palliative care. The control of symptoms was assessed on the 5th day after admittance, using the Edmonton Symptom Assessment Scale (ESAS), self-reporting system. The medical and nursing records were analyzed to confirm the identification of related symptoms. We conclude that the most intense and less controlled symptom were, in decreasing order: depression, feeling of ill-being, appetite, and fatigue. The lack of evaluation of these symptoms in the medical and nursing records was striking, and reveals a lack of attention given to the treatment and management of these symptoms. We consider that the training in palliative care and the implementation of symptom assessment scales are an urgent measure needed.

[Long-term care]
MONTEIRO, Olga Maria da Costa, "Eficiência dos cuidados continuados integrados: hospitais do serviço nacional de saúde ou rede nacional de cuidados integrados", masterThesis, April 2013, BISCSP – Teses de mestrado, https://www.repository.utl.pt/handle/10400.5/5870

"Efficiency of integrated care continuum: Hospitals of national health service or national network of integrated care continuum"

In this study the author intends to demonstrate that the older the population is getting, and the mortality rate is longer, their has been an increase of situations of dependence either as physical, bodily and social needs. Generally a person with large problems, or very serious illness, created by and operation or with disabilities/deficiencies, requires special assistance because they cannot take care of themselves.

The RNCCI has answered will reply to the needs of these citizens with more efficiency. We intent also, demonstrate that the assistance to these patients require when they leave the Hospital, in order to continue the treatment, my be performed in to this Units.

The author intends to compare the costs between the patients to these units, and the expenses at the Hospital. To demonstrate the methodology she has made a research, with several documents. The results, show that the cost of one patient/day in an hospital, calculated with the DRGs system, as an incensement, that if they would transferred to RNCCI.

Finally, the author will shows that the implementation and expansion of RNCCI, will reduce largely the budget from ministry of health, and wil also give better assistance and quality of life to the patients and to his special needs.

[Long-term care]
CASAGRANDE, Márcia Fernandes, "A importância da perspectiva dos idosos para o envelhecimento ativo: implicações para as políticas sociais", masterThesis, 2013, GAI – Dissertações de Mestrado; BUM – Dissertações de Mestrado, http://repositorium.sdum.uminho.pt/handle/1822/25297

"The importance of the perspective of the elderly for active aging: implications for social policies"

The steady and accentuated growth in ageing population, which is occurring in several countries in the world, principally in the European Union, has provoked interest among researchers seeking to find a better interpretation of this phenomenon. Along with this modification in world demographics, there have been behavioural alterations in society which have economic, cultural and social aspects. In an attempt to deal better with this new scenario, the term "active ageing", a policy response which aims to meet the real needs of the elderly in

an efficient way has been coined. Thus the intention is, through better strategic planning, to optimise available resources and avoid wasting public funds. The main objective of this research is to ascertain the meaning of the term active ageing through the perspective of the elderly, as well as to identify which areas are the most relevant in this process. The present study, aimed at people over the age of 55, used a combination of qualitative and quantitative methods, including an exploratory phase. A specific means was used, based on valid and reliable scales, as well as items drawn up by the author. In addition, open questions were included in the questionnaire as part of a descriptive and transversal study. The results of this research aim to corroborate in an attempt to provide data which reflect the real needs of society, with the aim of implementing measures, which are coherent and adequate for the target public, in this case, the elderly. The author highlights the domains of participation, emotional health and social support as the principal determiners of the construct. Moreover, we ascertain that the perception of quality of life and satisfaction with general health are proportional in parallel with active ageing. Finally the author verifies that socio-demographic data does not have a significant influence on active ageing, except for the level of education, which was relevant among the 160 members of this sample.

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