TRIBUNAL DE CONTAS

Executive Summary

COVID-19 Impact on the activity of the Portuguese NHS and on access to healthcare

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In May 2020, the Portuguese Court of Auditors adjusted the priorities of the Action Plan for 2020, to include various actions to assess the impact of the COVID-19 pandemic. These included an audit to examine the actions taken by the Ministry of Health on managing the pandemic. This document reports preliminary results of that audit, focusing on the impacts of the pandemic crisis on the activity of the National Health Service (NHS) and on citizens' access to health care.

The need to respond to the COVID-19 pandemic led most countries and health care providers to adopt measures that limited non-urgent elective care. In Portugal, the Minister of Health determined the suspension of non-urgent elective activity on March 15.

The activity of the NHS providers in the months from March to May 2020 was thus lower than that of the same period of 2019. Elective surgical activity (-58%, 93,300 surgeries) emergency hospital admission (-44%, 683,389 visits) and first outpatient medical consultations (-40%, 364,535 consultations) were the most affected activities.

The use of teleconsultation was relevant to contain the reduction of face-to-face medical consultations in primary health care (non-face-to-face or unspecific consultations increased 83%, and became 65% of the total consultations). Conversely, in hospital care teleconsultation remained residual.

The number of new patients referred from a primary care unit to a fist specialist outpatient consultation, and the number of patients referred to surgery were substantially reduced. Until May 2020, compared with same period of 2019, only 67% of requests for outpatient consultation and 42% of surgery referrals were made.

Even so, the median waiting time for patients on waiting lists worsened between the end of 2019 and may of 2020. The median waiting time for patients on the outpatient consultation waiting list rose from 100 to 171 days, and approximately 69% of those registered on in May 2020 were over the maximum guaranteed waiting times. In those enrolled for surgery, median waiting times rose from 106 to 147 days, and about 43% of those enrolled in May 2020 had already exceeded the maximum guaranteed waiting time.

Compliance with maximum waiting times was down when analyzing surgeries performed in May, but not far from the levels recorded in previous years. Compliance even improved in the most urgent surgeries (priorities 3 and 4, oncological and non-oncological disease), reflecting the focus on these patients, compared to the less urgent.

Non-urgent elective activity in the NHS was resumed from May 2, following Order No. 5314/2020 of the Minister of Health.

This Order sets measures that potentially promote a more effective and efficient allocation of resources, but there are risks regarding its implementation.

The results of the resumption of activity were not uniform. In June 2020, outpatient consultations and elective surgeries recovered from previous months in some hospital units, but in most units, production remained lower than in 2019.

Activity not carried out due to the COVID-19 pandemic will have to take place in the context of additional care in clinical practice, with the risk that the NHS capacity will not be sufficient to cope with the increase in demand without increasing waiting times.

This may justify the creation of specific extraordinary incentives in the NHS financing system, in addition to the existing mechanisms or their reinforcement, as already occurred with the increase in monetary compensation for additional production in the NHS.

After the general confinement resulting from the state of emergency, it may be opportune to identify best practices reorganizing services in the NHS, as well to review and adjust contingency plans, in order to identify and evaluate the trade-off in resource allocation between the treatment of COVID-19 patients, and the diagnosis and treatment of other diseases, even if non-urgent.

The challenge on the appropriate allocation of resources and on the regulation of service levels remains in the present and in the near future, considering the need to recover the elective activity not carried out and the response of the NHS to a second period of higher incidence of the pandemic.