



New Statute of the NHS and related regulation

Decree-Law No. 52/2022 was published on August 4th, 2022, approving the new Statute of the National Health Service (NHS), which was recently regulated by Decree-Law Nr. 61/2022, of 23 September ("DL 61/2022").

*The NHS is now defined as “the organised and articulated set of **public establishments and services**, led by the Ministry of Health, which carries out the State’s responsibility for health protection and which provides: a. Health care (...) and b. Health services (...).”*

*Establishments and services providing healthcare or health services in the **private and social sector** may become part of the NHS by entering into a contract and within the limits of the contracted activity, as set out in the Health Basis Law.*

In the new NHS statute, the care provided are structured into three distinct levels, i.e., primary health care, hospital care and integrated continuous care, with an emphasis on home care, which should take place whenever possible.

The main change to this Statute consists of the creation of a central Executive Board of the NHS(EB-NHS, I. P.)which is responsible, without prejudice to the autonomy of health units, for coordinating the healthcare response, ensuring network functioning, monitoring performance and response, and promoting citizen participation in the functioning of the NHS.

Additionally, the Executive Board takes on competencies previously assigned to other institutions, in particular, the management of access to health care, of the National Network of Integrated Continued Care and the National Network of Palliative Care, and it is also responsible for proposing the appointment of members of the management bodies of the health units.

The Executive Board is composed by five bodies, namely, the executive director, the management board, the strategic council, the managers' assembly and the statutory auditor.

The new NHS Statute also brought important changes regarding the management of human resources, with the regulation of the full-time dedication regime, which is, as a rule, voluntary, being, however, compulsorily applicable to doctors appointed under the regime of service commission to exercise functions of service direction or departmental functions in the NHS. According to this regime, medical work under the full-time dedication regime is incompatible with the exercise of functions of technical direction, coordination and leadership in private and social sector institutions, excluding medical practices.

The decree-law also covers an exceptional regime for the hiring of healthcare professionals by the highest management body of establishments and services of the NHS, and an exceptional regime for additional work in more than one establishment or service. Both solutions, which are of exceptional application, aim to cope with insufficiency situations duly justified of healthcare professionals in NHS establishments and services that may compromise the provision of care in the establishments concerned.

The New Statute reiterates the priority given to the public management of health units, establishing cooperation models with the private and social sector, in a subsidiary logic, when the SNS does not have the capacity to provide care on time.

The new Statute provides a transfer of competences from the Regional Health Administrations (RHA) to the Executive Board of NHS as regards health care provision. The attributions of the RHA will now focus on the regional planning of resources.

Finally, it should be noted that a wider range of preferential cooperation areas was established with social support entities and social security services, in programmes and actions involving the social protection of populations at risk or in need, based on an action programme defined by the sectorial departments.

The preferential areas of cooperation will thus cover integrated continuous care, support to informal carer, social emergency support to people and families in social vulnerability, provision of care to children in poverty, prevention, care and rehabilitation of work-related diseases.

The Statute also revises the regime of the Health Centre Clusters and the Statutes of Hospitals, Hospital Centres, Oncology Institutes and Local Health Units (ULS).

We are of course at your disposal should you require any further clarifications.

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