

The White Summit

The White (health) Summit was organised by the Minister of Health soon after taking power by the new government as a response to the widespread unrest among health care employees. There has been a significant brain drain of doctors and nurses to Britain and Ireland and ancillary staff have also found employment opportunities abroad. This means that there is an increasing burden on the remaining staff, whose remuneration continues to be unsatisfactory despite a number of increases over the last two years. The nurses' strike in the summer of 2007 contributed to the downfall of the former government. Additionally, new EU standards concerning doctors working hours has resulted in closure of wards and departments in a number of hospitals because of insufficient coverage by doctors.

Participants included public officials, politicians, academic and professional societies, trades unions and patients. In March 2008 participants of the summit developed a number of recommendations.

White Summit recommendations

I Principles

1. patient centeredness, patient perception of health security as a priority and objective
2. health care reform as a leading direction of national social policy
3. equality of access to publicly funded services
4. transparency with identical procedures for the public and private sectors
5. a strong foundation for health financing as a prerequisite for access and quality of services and appropriate remuneration and conditions
6. precise determination of the scope of services guaranteed through universal health insurance and development of organisation and management based upon sound economic principles

II Four areas of immediate concern

1. Status of health care facilities

The dominant view was that health care institutions must be restructured into enterprises since the current model is no longer appropriate, but this must be balanced with their public mission. However, the continuing indebtedness of facilities requires resolution. Public and private facilities should be treated on an equal footing, irrespective of their ownership status. Tendering and contracts should be replaced by patient choice with funds following the patient.

2. Financing and insurance

A small co-payment for services should be introduced to rationalise utilisation and to cover board and lodging expenses. Concurrently social security provision must be made for those for whom such co-payment would constitute a barrier to access. Facilities should have the right to „sell” any remaining capacity providing that this does not infringe any statutory insurance rights. This necessitates the rapid definition of the basket of standard guaranteed services, including conditions and waiting lists and taking into account the medical, social and financial realities. The basket should

be ready by the end of June 2008. An information system must provide for transparent registration of services while maintaining data privacy. Private health insurance can take the form of both supplementary and alternative insurance and the objective is to establish a system of competition among different payers while maintaining social solidarity. Farmers, who have so far had their insurance contribution paid from their special social security fund at levels far below those paid by other citizens, should contribute on the same basis, while the state budget should pay the contributions solely of those who are unable to pay for themselves.

3. Patients rights

There must be institutionalisation of patients' rights with either a dedicated ombudsmen or through the strengthening of the Citizens Rights Ombudsman in this regard and regular monitoring of standards. These rights must be expressed in clear and unambiguous legislation. In particular information must be made accessible on entitlements, services and providers. The progress in medical science and increasing social awareness necessitate public debates concerning guarantees of patient rights.

4. Health care employees

Remuneration must continue to increase and payments to providers must reflect the real cost of procedures and of salaries and this should be ensured through legislation effective over a two year period. The issue overtime and of the EU directive limiting health professionals working hours must be appropriately regulated.

III Increased public expenditure on health

The solutions proposed are insufficient in themselves without an increase in expenditure on health. There should be a stepwise increase in the health insurance contribution, which would be balanced entirely by reduction of income tax.

References

Biały Szczyt (The White Summit) Ministry of Health www.mz.gov.pl 2008