

Executive Summary

The Portuguese Health Regulatory Authority (ERS) has been monitoring the areas of long-term care and palliative care in the National Health Service (SNS), within its duties and competences.

The rising average life expectancy and high prevalence of chronic and disabling diseases make palliative care a growing priority in health systems. In Portugal, despite the creation of the National Network for Palliative Care (RNCP), which separates it from the National Network for Long-term Care (RNCCI), significant challenges persist in accessing this care area.

The Strategic Plan for the Development of Palliative Care (PEDCP) 2023-2024 reinforced the urgent need to empower all the professionals engaged in healthcare provision to people experiencing fragility, advanced and progressive disease. This plan acknowledges that significant shortcomings persist in both training and the coordination and integration of care, highlighting that the current capacity of the RNCP remains insufficient to meet the present and future needs of an aging population with a growing burden of chronic disease.

It is in this context that a close monitoring by ERS is warranted. In this sense, the present study seeks to characterise the RNCP – including its structures and teams at different levels of healthcare – and the access to palliative care in the SNS, assessing both the available supply as well as its adequacy to potential and effective demand. This study was based on information for the year 2024 made available by the Executive Board of the SNS (DE-SNS), the 39 Local Health Units (ULS), the three Portuguese Oncology Institutes (IPO), the Dr. José de Almeida Hospital (managed in a public-private partnership), the Portuguese Medical Professional Association (OM) and by the Portuguese Nurses Professional Association (OE).

It was possible to conclude, based on the information made available by the Professionals Associations and the analyses carried out, that in mainland Portugal, regarding human resources in 2024, there were ratios of 2.5 nurses and 1.5 doctors with specialised training in palliative care per 100,000 inhabitants.

There were 21 identified hospital palliative care admission units (UCP-Hospitales), the majority incorporated in ULS or IPO. In addition to these, there were 13 UCP-RNCCI¹ contracted with the social and private sector, one fewer than the two previous years.

The analysis of access to palliative care in the SNS, based on the number of available beds, highlights a structural deficit between the estimated needs of the population and the existing response capacity.

In 2024, the national ratio of UCP beds per 1,000,000 inhabitants was 42.1, below the recommended thresholds of the European Association for Palliative Care (EAPC).

Relevant territorial asymmetries persist, with the NUTS II North concentrating 28.5% of beds, the highest percentage, but presenting an adjusted-for-need ratio lower than the national average, while the NUTS II Algarve registering simultaneously the lowest percentage and lowest ratio of beds.

Regarding geographical accessibility, 71.5% of the resident population in mainland Portugal had a UCP within a distance not exceeding 30 minutes. This percentage increases to 92.2% when considering a travel time of 60 minutes.

When analysing the percentage of users per referencing status, it is observed that, in 2024, 53.0% of users referred to UCP-RNCCI died before the admission, a higher amount compared to 2023 (47.5%) and 2022 (48.0%). Conversely, the percentage of admitted patients decreased to 33.0% in 2024, down by 4.4 percentage points compared with 2023 and by 3.6 percentage points compared to 2022, with a median waiting time for admission of 16 days in the last year. Of the admitted users, 88.4% were hospitalised in UCP-RNCCI, while the remaining were admitted in RNCCI units.

All the ULS had Intra-Hospital Support Teams in Palliative Care (EIHSCP) directed to adult patients, with paediatric response also ensured in 15 ULS and in two IPO through Intra-Hospital Support Teams in Paediatric Palliative Care (EIHSCP-P).

¹ These units, although formally belonging to RNCP, retain in its designation the reference to RNCCI.

The rate of compliance with the training requirements recommended by the National Commission of Palliative Care (CNCP) in the PEDCP was high in EIHSCPs among doctors and nurses without coordination functions (88.9% and 90.2%, respectively), however significantly lower among professionals with positions of responsibility (69.6% in coordinating doctors and 65.0% chief nurses). In paediatric, these rates were even lower, with 30.0% of coordinating doctors and 33.3% of chief nurses complying with the minimum requirements. In general, the training compliance is higher among professionals without coordination functions and lower among coordinators, especially in paediatric teams.

Concerning EIHSCPs activity, it was concentrated mainly in NUTS II North, with 44% of palliative care consultations, followed by the Centre region with 22.3%, and Greater Lisbon with 17.7%, with a median waiting time of 12 days in mainland Portugal.

Within the scope of Community Support Teams in Palliative Care (ECSCP), 25 entities had at least one team, with five ULS having more than one. These presented training compliance rates of 40% for the responsible nurse and 68.2% for the coordinating doctor, whereas the remaining doctors and nurses registered 87.6% and 68.6% respectively.

In conclusion, the results demonstrate that, regardless the existence of a formally structured network, constraints remain in the access to this care area, which are associated with insufficiency and territorial inequality in distribution of units and beds, to the admission waiting times in UCP-RNCCI and the limitations in teams training compared to the recommendations of the PEDCP.

ERS will continue to monitor this care area, considering the results of this study, with the aim of extension of the analyses carried out.