



Conselho das
**Finanças
Públicas**

**NHS
PERFORMANCE
IN 2024
EXECUTIVE
SUMMARY**

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EXECUTIVE SUMMARY

Care Activity

In 2024, the number of users registered with the National Health Service (NHS) recorded its first decrease since 2016, totalling around 10.5 million users, 73% of whom were registered with Family Health Units. This reduction of 71,000 users compared to 2023 may be linked to the modernisation of information systems and the update of the National User Registry, which enabled the correction of duplicate entries and the removal of outdated records. For the first time in six years, the number of users without a family doctor also decreased, standing at 1.5 million (14.5% of those registered), 202,000 fewer than the previous year. Despite this improvement, the figure remains high compared to five years ago, particularly in the Lisbon and Tagus Valley region, which accounts for more than two-thirds of these users.

In terms of care activity, 2024 saw an increase in medical appointments in primary healthcare, especially face-to-face consultations, as well as in nursing and other health professional appointments. Hospital activity also grew, with a 5.6% rise in consultations and a 9.1% increase in surgical procedures. However, constraints persist in emergency and inpatient services, with response times below desirable levels and hospital occupancy rates exceeding 100% in several units.

The National Network for Integrated Continuous Care strengthened its capacity in 2024, with a 7% increase in the total number of services. The network now includes 10,190 inpatient beds and 6,712 home care places within Integrated Continuous Care Teams. Despite a slight reduction in the number of referred users, the number of users assisted increased and the overall waiting list decreased, particularly in inpatient units, reflecting improvements in the network's efficiency and responsiveness. However, regional disparities remain, with the Lisbon and Tagus Valley region showing the lowest coverage.

Budget Execution

According to the provisional consolidated account prepared by ACSS, in 2024 the NHS recorded a deficit of 1,377.6 million euros (million €), a deterioration of 741 million € compared to 2023. This development was mainly driven by a significant increase in expenditure (+1,298 million € compared to 2023), which outpaced by far, revenue growth (€557 million €).

Total NHS revenue reached 14,175 million € in 2024, an increase of 557 million € compared to 2023 (+4.1%). Current revenue accounted for 99.1% of total revenue, amounting to 14,046 million € (+4.3%), while capital revenue stood at 129 million €, representing only 0.9% of the total (-11.4% compared to the previous year). Structurally, current transfers and subsidies (funds from the State Budget) continued to dominate, representing 95.0% of total NHS revenue (13,473 million €). Given the limited diversification of revenue sources, exacerbated by the declining importance of user fees, there is a clear need to strengthen alternative revenue streams, particularly by improving billing processes for services provided to insurance companies and third countries, concerning care provided to foreign citizens and Portuguese nationals involved in accidents where insurers are liable.

In 2024, NHS expenditure totalled 15,553 million €, an increase of 1,297.8 million € compared to 2023 (9.1%). This rise was mainly due to the growth in current expenditure, which increased by 1,302.4 million € *vis-à-vis* the previous year. Notably, personnel expenses rose by 12.1% (+704 million €), and inventory purchases increased by 10.9% (+302 million €). External supplies and services (FSE) grew by 4.3% (+221 million €). On the other hand, capital expenditure decreased by 1.1% compared to 2023, continuing to represent a small share of total expenditure (2.4%). Despite its small share, it is worth noting that between 2015 and 2024, capital expenditure rose from 149 million € to 375 million € (within total expenditure of 9 billion € and 15.5 billion €, respectively). According to the 2024 General State Account, the planned payments under the investment plan financed by the Recovery and Resilience Plan (RRP), particularly in primary healthcare and the National Network for Integrated Continuous Care, were not carried out.

Debt and Average Payment Times

In 2024, NHS debt to external suppliers increased by 237 million € compared to the previous year, totalling 1.4 billion €. In contrast, overdue payments fell by 78 million € compared to 2023, standing at 12 million €, mainly reflecting capital allocations to the Public Business Entities for the settlement of liabilities (975.6 million €). Nevertheless, the significant capital injection, mostly aimed at covering accumulated losses, proved insufficient for a structural and sustained reduction of NHS debt. The average payment time decreased in 2024, although only 38.5% of NHS entities met the legal obligation to pay within 60 days.

Risks and Uncertainties

The NHS faces structural challenges that affect its performance and sustainability, both in terms of care provision and budgeting. On the care side, despite progress in 2024, particularly in surgical activity and maternal health under the Emergency and Transformation Plan

in Health, difficulties in access and quality of care persist. The first monitoring report identified disparities in the implementation of measures, particularly in primary care and mental health, with delays and the need for closer monitoring in some areas. The high proportion of users without a family doctor and the significant out-of-pocket expenses borne by households (which accounted for 30% of health expenditure in Portugal, double the OECD average) continue to limit equity in access to the system. From a budgetary perspective, the heavy reliance on the State Budget and the continuous growth in health expenditure, particularly personnel costs, pose significant challenges. This increase in personnel costs stems from multi-year agreements to enhance the salaries of health professionals such as nurses and doctors, the ongoing need to recruit new health professionals, potential new salary enhancement agreements for other health careers, and the impact of implementing incentive and remuneration schemes for professionals in model B Family Health Units.