Conselho das Finanças Públicas

NHS PERFORMANCE IN 2025 EXECUTIVE SUMMARY

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EXECUTIVE SUMMARY

Care activity

In 2025, the number of patients registered with the National Health Service (NHS) rose again, reaching around 10.7 million. The trend towards strengthening Family Health Centres continued, with these centres now covering 75% of those registered. Conversely, and following the improvement observed in 2024, the number of patients without a family doctor also rose again, reaching 1.56 million, concentrated mainly in the Lisbon and Tagus Valley region. This development comes against a backdrop of an ageing workforce of medical professionals specialising in General and Family Medicine, which could exacerbate difficulties in accessing primary care and increase pressure on hospital and emergency services.

Medical activity in primary healthcare declined slightly in 2025, following the increase recorded in 2024, reflecting above all the decrease in the number of face-to-face consultations, whilst remote consultations continued to grow. By contrast, consultations with nurses and other healthcare professionals increased, highlighting a greater diversification in the care profile of primary care. In hospital settings, the growth trend in healthcare activity that began in 2021 continued. The number of hospital medical consultations rose by 2.3% compared with 2024, whilst the total number of surgical procedures increased by 1.6%, driven mainly by the expansion of scheduled outpatient surgery.

The National Network for Integrated Long-Term Care continued to expand its capacity in 2025, albeit at a more moderate pace than in the previous year, reaching 17,181 cases (16,902 cases in 2024). Growth was concentrated mainly in the Integrated Long-Term Care Teams, both in terms of installed capacity and the number of service users referred and cared for. Nevertheless, the increase in demand continued to outstrip the expansion in supply, resulting in a further worsening of waiting lists, particularly in inpatient units.

Budget execution

According to the provisional consolidated accounts drawn up by the Central Administration of the Health System (ACSS), the NHS recorded a deficit of 1,035 million € in 2025, representing an improvement of 534 million € compared with the previous year. This development reflected a rise in revenue to 15 926 M€ (+1548 M€ compared with 2024), which exceeded the increase in expenditure, which totalled 16 962 M€ (+1014 M€).

Current revenue accounted for 98.7% of total revenue, reaching 15,725 million € (+10.3%), whilst capital revenue stood at 201 million €, corresponding to 1.3% of the total (+62.2% compared with the previous year). In terms of structure, current transfers and subsidies from the State Budget (SB) continued to dominate, accounting for around 93.9% of the NHS's total revenue.

Among the main components of expenditure, and compared with the previous year, the following stand out: staff costs, which rose by 7.5% (+502 million €); external supplies and services (FSE), which grew by 6.2% (+333 million €); and purchases of stock, which rose by 4.9% (+158 million €). Conversely, capital expenditure fell by 7.8% (37 million €), continuing to account for a small proportion of total NHS expenditure (2.6%). Nevertheless, there was an improvement in the implementation rate for this component, which rose from 59.6% in 2024 to 76.5% in 2025, reflecting greater progress in the implementation of investments funded by the RRP.

The NHS continued to benefit from extraordinary capital injections allocated by the State, mainly intended to settle debts owed to suppliers. In 2025, these transfers amounted to 1.3 billion €, bringing the cumulative total since 2016 to around 7.9 billion €. The frequency and scale of these injections suggest that significant financial pressures on the system persist.

Debt and average payment times

In 2025, the NHS's debt to external suppliers stood at 1,500 M€, 148 M€ more than in the previous year. Overdue payments also worsened compared with 2024, rising by 48 M€ to stand at 60 M€. Despite the capital injections provided by the State to NHS entities, which totalled 1,299 M€ in 2025 and were intended to cover accumulated losses, these proved insufficient to ensure a structural and sustained reduction in the system's level of indebtedness. At the same time, there was an increase in the average payment period, with only 23.4% of NHS bodies meeting the statutory 60-day payment deadline to suppliers.

Risks and uncertainties

The NHS continues to face structural challenges that constrain its performance and sustainability, both in terms of healthcare provision and finance.

Although the Emergency and Transformation Plan for Health has made significant progress, the most visible results have been concentrated in short-term operational measures. y reforms of a more structural nature have progressed more slowly, with persistent problems in access to care remaining, as demonstrated by the 1.56 million patients without an assigned family doctor and the still incomplete implementation of various measures envisaged in the

areas of mental health and community and family health. Improving the responsiveness of the NHS remains dependent on the implementation of structural reforms that strengthen access to care, coordination between levels of care and the efficient use of available resources, particularly through health promotion measures.

From a fiscal perspective, the heavy reliance on transfers from the State Budget and the structural growth in health expenditure continue to pose significant challenges to the financial sustainability of the NHS. In particular, expenditure on staff and hospital medicines remains among the main factors putting pressure on public health expenditure. In the case of staff costs, this trend reflects not only the continuation of measures to enhance the career prospects of healthcare professionals and the multi-year agreements already concluded, but also the persistent need to strengthen the NHS's care capacity, including through the recruitment of new professionals and the expansion of Model B Family Health Units (USF). At the same time, delays in the implementation of certain investments funded by the RRP continue to pose risks to the realisation of the expected gains in terms of the modernisation and efficiency of the health system.