



# Regional and national experiences and perspectives: The case of Greece

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# Current situation - PHC in Greece

## OECD 2020:

- First place in doctors, 6.1 doctors per 1000 inhabitants with a European average of 3.8
- Last position in nursing staff, 3.4 nurses per 1000 inhabitants with a European average of 8.2
- Largest hospital expenditure of all EU countries
- Largest pharmaceutical expenditure as a percentage of GDP of all EU countries





# Current situation - PHC in Greece

- Lowest out-of-hospital health expenditure, in primary health care structures with almost non-existent prevention services
- Greek citizens occupy the first place in private health expenditures and overpaid
- Largest proportion of dentists - population in all of Europe (1.2 per 1000 inhabitants)
- The ratio of nursing staff per doctor is 1.5 with a European average of 2.7.





# Current situation - PHC in Greece

## **Greek Statistical Authority (ELSTAT) in 2019**

- Nursing staff in all the primary health care structures (PHC) of the NHS: 4150
- Approximately 12% of nursing staff working in the Greek understaffed NHS.
- No significant fluctuations have been observed between 2015 and 2019





# Current situation - PHC in Greece

## It appears that:

- Greece have more doctors than can afford
- No specific role to the few nurses operating in NHS
- NHS that looks like a huge hospital
- NHS consumes mainly drugs.





# Current situation - PHC in Greece

- Increased life expectancy while
- Fertility decline.
- Aging of the population
- Change in the care attitude of the elderly
- Need for reshaping of the community services prevention of re-hospitalized,
- Networking and functional interface of health services.
- Investing in community-based nursing staff as a key priority





# Current situation - PHC in Greece

- Frequent primary or secondary legislative production related to the PHC
- Distorted development of the PHY and the NHS
- Fragmentary and ineffective management of chronic diseases
- Overpayments and waste of resources
- Lack of prevention and health promotion
- Lack of family nurse





# Current situation: need for Change

- 2018-2019, have been established almost 120 new community-based primary health units, known as TOMYs (National Primary Healthcare Network).
- These units are key elements of Greece's newly implemented primary health care (PHC) system
- However, the role of the Family and Community Nurse does not yet exist.







# Current situation: need for Change

## The role of the Nurse in PHC needs:

- To be restructured and defined as a whole under a wider philosophical thinking and vision for PHC in Greece.
- Especially nowadays that we are under the influence of the recent economic and social crisis and under the weight of the covid-19 pandemic.





# Proposal for the role of Nurse in PHC

## Proposal of ENE-Hellenic Regulatory Body of Nurses in 2017

### “Establishment of the Family and Community Nurse”

- As a public or private servant in relevant PHC structures
- Or autonomously, as a liberal professional





# Defining Family and Community Nurse

## Actions to be set

- Ministerial decisions or other legislative regulations,
- Establishment of the nursing specialty of community nurse (**set in 2020** under lobbying pressure of ENE).
- Elaboration of research and development programs (**set by Enhance project**).
- Highlighting and filling gaps in knowledge and information (**set by Enhance project**).
- Meeting educational needs in knowledge, practices, skills and abilities in the context of the new role of nurses and their collaboration with other health professionals (**set by Enhance project**).





# Defining Family and Community Nurse

## Remaining activities

- Introduction of the Enhance project to the Authority Responsible for the curricula for the Specialty of the Community Nurse
- Sufficient staffing of PHC structures by setting of staffing indicators
- Establishment of the Family and Community Nurse as an essential part of the Family Care Team
- Definition of terms and conditions for practicing nursing as a liberal profession.





# Benefits of setting the FCN

- Creating new jobs and avoiding brain drain.
- Reduce costs for hospital care through
  - Strengthening of PHC by nurses - consequent reduction of hospital admissions,
  - Reducing the number of hospital days from the development of home care.
- Reduce costs for the provision of PHC services by increasing competition and the provision of specialized and cheaper health services by nurses.
- Increasing the quality of health services provided by nurses through the regulation by ENE in accordance with international standards
- The above practices will lead to increased accessibility of vulnerable groups and coverage of rural and remote areas, strengthening equality between citizens in the provision of health services





**THANK YOU**  
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