

SIGNATORIES :

Thierry Philip (CN suppléant)

Alain Froment (SF fédé 94)

Ricardo (pseudo senior federal official 75)

Towards a new health policy

Transforming the healthcare system so that it better meets everyone's needs: A strong ambition, realistic objectives, implemented through the mobilization of all stakeholders in each territory.

Lessons from the crisis

Our country was not prepared for this pandemic, and in addition the crisis was managed in a too centralized, opaque manner, without a precise, shared, mobilizing strategy, without anticipation at all stages. This type of management undermined the confidence of our citizens and weakened the support needed to effectively combat COVID, particularly among young people. The exceptional commitment of the healthcare workers supported by local players has certainly helped to limit the consequences of the pandemic, but the high level of excess mortality compared with directly comparable countries must raise questions about our healthcare system.

Indeed, the crisis has revealed the structural weaknesses of our healthcare system and first of all the weakness of prevention, the too limited association of city professionals due to the compartmentalization between the city, the hospital and the medico-social services, resulting in hospitalizations that are too frequent, too long, too urgent, aggravating the hospital crisis by overloading it. But more fundamentally, the crisis has revealed the absence of a collective framework in each territory that would have enabled the coordinated mobilization of elected officials, professionals, health care institutions and ARS Assurance Maladie institutions to develop appropriate responses.

Basically, the crisis has confirmed the difficulty of the health system to take into account the needs of the population at a time when these needs are changing significantly. Many of our fellow citizens suffer from pathologies that sometimes lead to a loss of autonomy, or to death when they could be prevented and better treated thanks to a different way of functioning of the healthcare system. The tremendous daily progress in medicine creates both an opportunity for better health but also a risk of deepening inequalities, because the current system does not ensure equal access to diagnostic and therapeutic innovation.

The government's response appears to be completely out of step with the requirements of a solidarity-based health system. We welcome the decisions to increase the salaries of healthcare workers, but we have to admit that these decisions are not part of a medium-term vision that would allow us to continue with the revalorizations but also to promote major changes so that the public hospital can better respond to the needs in each territory and become an attractive working environment again.

Socialists, we must now bring about a profound transformation of our health care system. This is the condition for maintaining our solidarity-based health system and for our fellow citizens, who are increasingly involved in their health, to benefit fully from medical progress.

As part of our responsibilities in national and regional European institutions, we want to take resolute action on healthcare environments, give full effectiveness to prevention and health promotion initiatives and improve access to local healthcare through three levers: a regional approach, a renewed pact with professionals and strong support for the transformation of the public hospital.

Set ambitious prevention and health promotion objectives

In spite of the commitment of the many actors in the field, our country continues to lag behind its neighbors in terms of prevention and health promotion. It is urgent to give a new impetus:

- improving air quality
- tobacco control
- immunization policies
- the organization of systematic screening and awareness campaigns on food risks.
- the generalization of adapted physical activity for patients with chronic diseases and healthy prescription sports
- an active fight against all forms of addiction, for example by organizing strong protection for young people against advertising for alcoholic beverages and by developing low-risk drinking rooms.
- strengthening the water quality public service to make drinking water a good strategic,

All of these issues will require a public debate, the definition of demanding objectives within the framework of a multi-year strategy, their inclusion in the Social Security Financing Act and their translation into operational objectives by mobilizing the players in each catchment area.

We must guarantee access to quality health care in proximity and the effective implementation of prevention and promotion actions in the field.

We must fight against geographical or security medical deserts. Actions have been undertaken in recent years through the creation of hundreds of nursing homes, the implementation of cooperative formulas outside the walls, primary care teams (ESP) and at the territorial level thanks to the development of professional communities of health territories (CPTS). This movement remains unequal according to the territories and it must be supported more.

- the presence of undergraduate and graduate students in internships in all territories must be organized throughout their training
- More support is needed for the creation of nursing homes in rural areas but also in urbanized areas.

-Access to local specialties must be organized, starting with the visual sector.

Physicians should be encouraged to move into under-resourced jurisdictions, not only financially but, for example, by providing additional quarters for retirement, or by allowing mixed practice in a hospital ;

- it is necessary to rebuild occupational and school medicine by revaluing these professions in the framework of

a strengthened partnership with the city professionals who act in group practice

-the development of digital technologies and their uses must be stepped up.

Many actors proposed the implementation of more binding measures. To clarify the debate, it is proposed to experiment in certain territories with new regulation devices, for example, limiting installation in over-endowed territories.

But it is also necessary to provide more support for changes in practices by better organizing access to non-programmed care through cooperation between GHT and CPTS and by developing prevention and health promotion actions and improving team-based management of chronic diseases through the development of CPTS and PHC.

We will implement a special effort in the area of mental health

Mental health is the most common chronic condition affecting the largest number of people. The current situation is unsatisfactory in spite of the very numerous initiatives of professionals, often developed within the framework of partnerships organized at the territorial level. More action is needed at the territorial level, for example, appointing a coordinating doctor for MSPs (territorial mental health projects) in each territory (approximately 1 million inhabitants), with a budget and tasked with working on improving care pathways, improving funding conditions and enhancing activities, for example, creating a fee for complex consultations for general practitioners receiving patients with a psychological illness and reimburse the consultations of psychologists applying psychotherapies validated according to the recommendations by pathology and finally create over 5 years 20,000 places of accommodation in medical-social establishments for psychological disabilities, in order to avoid long and unsuitable stays in hospital services.

We will implement an ambitious policy to support people's autonomy

The observations on the shortcomings of the current systems and the recommendations for overcoming them are the subject of a broad consensus that was expressed at the time of publication of the Libaut report; but the government limited itself to a first wage effort within the framework of the Ségur; for the rest, it has postponed the debate to the examination of a bill until 2021. However, strong action is needed in at least four areas:

-as previously indicated, prevention and improvement of pathways to develop articulated care with city professionals and AHH etc. -as previously indicated.

-Support (and maintenance) at home as often as possible by providing assistance to caregivers.

-The improvement of the quality of care in EPHAD through the strengthening of human resources, the evolution of these structures as a platform for services for people at home (EPHAD at home) and the diversification of housing conditions to promote adapted collective housing.

There will be no transformation of the health system in the sense mentioned above without the development of a partnership involving all the actors in the field. We will set up a territorial organization of healthcare to meet the needs of each population catchment area.

The State must retain the capacity to steer and lead the implementation of health policy. However, it is clear that the conditions for the partnership between the State and local authorities must be tightened up and made more formal. The aim is to develop the implementation of territorial health contracts involving all the players in the field of health policies at all levels, regions, departments, communities of communes, etc., in order to ensure that all the actors are involved in the implementation of the policy.

Above all, the crisis has confirmed the extraordinary ability of professionals in the field, supported by the ARS and the Assurance Maladie, to work together to build these adapted responses to help the organization of healthcare in a living area evolve.

To amplify this movement, we propose the establishment in each living territory of a territorial health council bringing together users, health professionals, social professionals and directors of health and medico-social establishments and elected officials under the coordination of the ARS. This council would intervene in particular on the shared medical projects of the GHTs and the organization of the sectors and the implementation of missions of general interest and on the CPOMs passed with the CPTSs and those that should be passed under the aegis of the CPTS with the MSPs and the ESPs. It could contribute to the management of action budgets at the territorial level.

We will enter into a founding pact with healthcare professionals

Many professionals feel frustrated not to be able to apply their skills in good conditions. Professionals must be more involved in the governance of hospital structures and be placed in a position to act effectively on the health of the territory's inhabitants. It would therefore seem desirable to give city professionals a responsibility for the population by having the means to do so managed in partnership with local stakeholders.

This means continuing to develop the training of healthcare professionals in line with what has been undertaken since 2016, for example through the development of new advanced practice nursing professions. It also means overhauling the remuneration systems in cities and hospitals, which is necessary so that remuneration takes into account the reality of working hours and specific constraints in a uniform manner, regardless of the conditions of practice, and that for hospital practitioners, it diversifies career paths.

We will provide more support to the public hospital service so that it can better respond to needs and offer an attractive working environment for its employees.

The public hospital is in deep crisis and the government's response to the Ségur is clearly insufficient.

To overcome this situation, which threatens the foundations of our healthcare system, we must both reposition the hospital in the regions and restore the attractiveness of its professions.

Better organize care by redefining the place of each of its components in terms of proximity of technique or recourse and in this framework redeploy its activities so that the hospital better meets the needs. Integration must be strengthened within the GHTs and complementarity with private hospitalization, whether Espic or private for-profit hospitals. Strong priority must be given to strengthening local hospital services and organizing the geriatric sector in conjunction with the CPTSs in the framework of a stronger partnership with city medicine. The positioning of the CHU in its territory must evolve to make it a true network leader within the framework of contracts signed with the university to involve all establishments more closely in training and develop research in all components.

Restoring the hospital's true attractiveness and, first and foremost, enabling it to quickly recruit the necessary staff, but also to limit departures to other sectors of activity; this will require continuing salary increases, first and foremost for those who are under severe constraints related to the permanence and continuity of care, but it also requires

- offer a better working environment, in particular by pursuing appropriate investments and a genuine social policy through housing and daycare places

- To offer professional development commensurate with the skills acquired, opening up prospects in clinical practice (e.g. by increasing the number of APIs) and in the field of management.

- improve management capabilities at all levels and in all parts of the organization
the hospital

- Review governance in depth to, as mentioned above, give more room to the representation of professionals and also to facilitate the consideration of partnerships with local authorities and the city.

- Continue to diversify financing methods by limiting the share of the T2A by improving the level of coverage of missions of general interest by developing methods of financing care pathways under the aegis of local professional structures.