

Preface

The Italian Public Health system is going through a particular moment in which, on the one hand, it is promoting a strong innovative drive, both in terms of organization, the reform of territorial care, and process, the promotion of digital health on the impulse of the National Recovery and Resilience Plan (NRRP). On the other hand, it is experiencing one of the worst periods in terms of economic resources and accessibility of the National Health Service (NHS).

The Territorial Care reform, which will be largely funded by the NRRP, is potentially a step forward for Public Health, as it aims to implement a virtuous and complex system of health care, characterized by the involvement of the assisted person, the community stakeholders and the various actors involved in the different care settings, with the aim of taking responsibility for the individual and the community in which they live.

Digital health is an opportunity not to be missed; the sector needs to catch up with technological innovation to ensure increasingly effective care, efficiency gains and improved accessibility. The process is complex because it requires a strong injection of resources; the funding provided by the NRRP will not be able to sustain the maintenance of the technology park and the necessary infrastructure in the medium to long term. On the other hand, digitalization will allow the circulation of information and the remote care of patients, with obvious advantages in terms of quality, timeliness and accessibility of care.

The critical factors are related to resource constraints, which have worsened over the years and are beginning to indicate a decline in the NHS's capacity to provide care.

Current public health expenditure in 2023 is €131 billion, the same amount as in 2022, against an increase in GDP of 6.2%, as if to say that the distribution of national wealth does not privilege Public Health. The figure is even more alarming if we look at the change in real terms, i.e. net of price rises; in fact, spending at constant prices will fall by 2.9% in 2023 compared with the previous year.

Regions are struggling to maintain a balanced budget and the deficit is once again on the rise at €1.4 billion, reaching the levels observed during periods of large deficits.

Personnel resources have remained substantially unchanged since 2000, the average variations observed over a twenty-year period do not reach 1%, but the alarming fact concerns the high proportion of medical and nursing staff with an advanced age: among nurses 40.5% are between 50 and 59 years old, in the same age range 26.6% among doctors. Even higher is the share of the 'elderly' among General Practitioners: as many as 81.3% are over 55 years of age.

The lack of resources is reflected in the accessibility and quality of care, with data on waiting times for urgent hip surgery, coronary angioplasty and coronary artery bypass surgery (those to be performed within 30 days) showing a worsening in 2022 compared to the previous year.

Inter-regional mobility remains high and is increasing, again showing an imbalance between the Centre-North and the South.

The Report is structured as follows:

- **112 Core indicators**, describing the essential aspects of the health of Italians and the health services of all the regions of our country, also with the help of graphs, tables and cartograms;
- **15 Boxes**, focusing on innovative experiences experimented in some individual realities;
- **2 Insights**, in which certain priority problems are analyzed to propose possible solutions and which are published at www.osservatoriosullasalute.it.
- **242 Authors**, Public Health experts, clinicians, demographers, epidemiologists, mathematicians, statisticians and economists;
- **248 Tables**, downloadable in excel format at www.osservatoriosullasalute.it.

Recommendations

In short, the Osservasalute Report photographs the NHS from different angles, with little progress and many critical points.

The increase in the number of older people will inevitably increase the pressure on health structures, and there has been no significant progress in terms of lifestyle and prevention. Equity and quality of care are the usual critical points of the system, the North-South divide is still evident, and the timeliness of care is not improving.

Despite these criticisms, a comparison with other European countries shows better performance in terms of the effectiveness of care, as shown by the ranking of avoidable mortality, in which our country is in third place.

The challenge that awaits us in the future is not to waste all the good that has been done by the public health system, by seizing the opportunities offered by the funding provided by the NRRP to reorganize territorial care and introduce digitalization in the health sector. This could be the last chance to revitalize our NHS.

In general, the approach proposed to decision-makers is to view health as wellbeing rather than the absence of disease, and to invest in prevention and health promotion as well as in treatment and rehabilitation. Finally, it calls for a strong commitment to tackling inequalities in access to care, while ensuring the quality and timeliness of care.

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