

## Volume 11, Issue 1 / 2009 - Editorial

### French Healthcare System Undergoes a Transformation

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As with our European neighbours, the French health system has been facing serious challenges for several years. Naturally, these have taken a variety of forms, but they all have the same origins: the increasing scarcity of medical human resources, a very high increase in health expenditure coupled with large budgetary constraints, and the difficulty of reconciling the necessary proximity of health establishments with the demands for care safety, which requires a concentration of care teams and technical support centres.

Since being elected as President of France, Nicolas Sarkozy has expressed his will to propose a reorganisation of the French health system. Thus, as the result of extensive dialogue, the HPST bill (Hospital - Patient - Health - Territory) was presented to hospitals.

Inspired by conclusive experiments carried out across Europe in recent years, this bill will be examined throughout the course of the first half of 2009 by the Parliament of France and should introduce some major changes:

In the first instance, the bill aims to redefine the notion of public services in hospitals by specifying that all health establishments, be they public or private, can assure these operations. The government's goal is to make everyone bear the responsibility and limitations of these public service operations, and thus to grant the system better efficiency.

The other main motivation is in introducing the idea of a "health territory" and in creating territorial hospital communities, a formal structure for cooperation between public establishments within the same territory. While retaining their legal autonomy, several establishments in the same zone will thereby be incited to define a joint strategy, share their human resources, concentrate their technical support centres in the same place and so on.

Alongside this increased territorialisation, regional health agencies (ARS) will be set up as of January 2010. Given tasks and powers greater than those of the current Agences Régionales de l'Hospitalisation, the regional health agencies will be required to define and implement a regional health policy, be it hospital policy, public health policy, outpatient care, or medico-social policy. Announced several years ago, these new agencies should allow the hospital and non-hospital sector to better complement one another.

Finally, the new law should generate innovations in the internal management of health establishments: the in-depth development of decisionmaking bodies within hospitals, reinforcement of the powers of the managers of the establishments, a strengthening of the role of medical activity clusters and their competences, as well as the creation of new types of work contracts aimed at improving hospital careers, notably by making it possible to link remuneration to the individual performance of actors in the health system.

In this climate of profound change, it is more crucial than ever that every hospital decision-maker is inspired by the measures taken in other states to face similar problems. This is why, in 2009, the EAHM intends to invest a great deal of energy into this mission to bring actors in the field of European hospitals together; it is only in doing so that we can work, step by step, towards a Europe of robust and coherent health services. Wishing you all a superb 2009!

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President of the EAHM

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