

SWOT Analysis

NDP Portugal



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National Program for Diabetes



National Plan for Diabetes Prevention and Control
2012-2016

Strengths (1)

- National Program for Diabetes became one of the nine Health Priority Programs since 2012;
- Since 2012 specific budget for diabetes;
- All of the nine Priority Health Programs are integrated in the General Directorate of Health allowing cross-cut interventions between them;
- Annual report on Diabetes since 2009.

Strengths (2)

- NHS that provides universal health care;
- Implementation of Integrated Care Units in Primary and Secondary Health Care Centres in 2013;
- Organizational and Strategic Continuity.

Weaknesses

- Lack of human resources in the National Program;
- Poor coordination between local, regional and central authorities within the Ministry of Health;
- Complex administrative rules on management procedures

Opportunities

- A National Health Plan recently extended to 2020 allowing strategic continuity for the National Priority Health Programs for 4 more years;
- Resolution in Portuguese Parliament, published in July 2015, signed by all the political parties considering diabetes and the NDP as one of the health priorities in Portugal;
- APDP the oldest Diabetes association in the world as a partner.

Threats (1)

- Social and Economic Crisis;
- Lack of physicians in general, but GP's in particular;
- Lack of nurses in Primary Care;
- Barriers to implement an Integrated Care model in hospitals;

Threats (2)

- No specific budget allocated to education in the health institutions (hospitals and primary care units)

Successful strategies

Implemented and Under Implementation

Successful strategies (1)

- Implementation of the Diabetes Coordination Units in Primary and Secondary Health Care Centers with representatives from both to promote integrated care through interdisciplinary teams.
- ✓ 54 Units created in 2014 (100%);
- ✓ 75% with an Action Plan 2015 received by NPD;
- ✓ The Action Plans include goals to be monitored in 2016 by the NPD;
- ✓ National Diabetes Coordination Units Meeting – annual

Successful strategies (2)

- Project ABC Diabetes (under implementation) – a project that focus on education programs on diabetes control for new diagnosed people performed by nurses in primary health care units;
- Project GOSTO (under implementation) – education program for people at risk (evaluated by the FinDRisk Questionnaire);

Successful strategies (3)

- Green Pathway for Diabetic Foot (under implementation; pilot already implemented) – the primary health care units evaluate the risk and if necessary makes a direct referral to a specialized and dedicated team in the local hospital for treatment.

Intra hospital referral can also happen if the patient enters the hospital by the emergency service.

Prevent amputations in particular major amputations

Lessons Learned

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- Having national registries and data to allow periodic monitoring that allow us to identify critical areas;
- Education programs in diabetes control for people with diabetes and for prevention of diabetes in people at risk;
- Promoting Screening for diabetes complications (Retinopathy, Foot and Kidney) that improve outcomes, prevent disabilities and diminishes costs (both social and financial);
- Promote integrated care using multidisciplinary teams both in Primary Care Units and hospitals.



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