

SOCIAL WELFARE: ENSURING THE FUTURE OF HEALTH INSURANCE

Social welfare embodies the solidarity pact between citizens. Ensuring the sustainability of a system which is essentially based on solidarity means it has to remain solvent. Thus, the issue of sustainable financing is being raised more than ever.

To the structural deficit, which is the result of the gap between the growth in costs and the reduction in income, can be added a temporary deficit linked to the crisis. Today, hypotheses about income, with uncertainty as to the level of growth in particular, combine with those about expenses. While the rhythm and scope of these changes are difficult to measure, the maintenance of our social welfare model appears to be increasingly threatened. The deficit of the general social security account was 23.9 billion Euros in 2010. The ESEC reaffirms that social welfare is a necessary investment for our community. The quality of care systems, the creation of jobs in the health sector, the support offered to families, is essential for the strategic and economic development of a region. The universal nature of cover, and ensuring the solvency of demand, the income levels of pensioners, the quality of care of persons who have lost their autonomy, are key to social cohesion. In their own way, each of the branches of social security participates in these objectives.

A new discussion about pensions is scheduled for 2013, and follows the adoption of the law of 9 November 2010. The objective of the last reform is to reach a balance by 2018. The ESEC considers that dialogue and consultations about pensions should continue in order to work on lasting proposals. Under current conditions, the family branch should progressively return to balance. Also, the ESEC wanted to highlight the main challenges our social welfare system faces, following the example of health insurance. In fact, the questions asked are often of the same type: how to guarantee access to rights, how to move on from an often overly partitioned management of risks and adapt a more cross-sector approach better meeting the needs of individuals? While the opinion highlights these convergences, it seeks to show that today it is in the health field that access by all of quality welfare cover is of most concern, and proposes the outlining of paths to consolidating our social pact. This is an essential issue - nothing will be possible without key players acting ethically and without the trust of all citizens, particularly young people, in the durability of the system. Otherwise, if citizens feel they are contributing to a system they will not benefit from, the entire social welfare edifice will be weakened.

Net general social security
account charges
(€ 316 billion consolidated charges)

Sickness

€154.71 billion (49 %) ;

Old age

€102.38 billion (32 %) ;

Family

€52.90 billion (16 %) ;

Workplace accidents (AT-MT)

€ 11.24 billion (3 %)



Bernard Capdeville

Profession: Dispensing chemist

Advisor to the Liberal Professions Group (appointed by the UNAPL (Union Nationale des Professions Libérales – National Union of Liberal Professions))

Secretary of the ESEC Executive Board

Member of the section for: Social Affairs and Health
Economie and Finance

Section contact: ass@lecese.fr - Phone: 00-33-1.44.43.62.62 - www.lecese.fr

Rapporteur contact: Bernard Capdeville - bernard.capdeville@lecese.fr

THE PROPOSALS OF THE ESEC

The opinion of the ESEC reaffirms the principle of public health insurance.

➤ Responding to the evolution of social risks

- adapting social welfare to the specific needs of a young public facing job uncertainty greater than their elders;
- intervening from the outside, via coordinated prevention policies;
- co-ordinating sanitary and social interventions to provide real support for life paths.

➤ Guaranteeing access by all to care

The ESEC recommends encouraging doctors to work in areas with poor medical coverage, by:

- disseminating the contrat d'engagement de service public (Public Service Contract) (CESP);
- encouraging the grouping of health professionals;
- limitant le bénéfice de certains avantages sociaux aux seuls professionnels respectant les orientations du schéma régional d'organisation des soins.

To limit the share borne by patients, the ESEC also recommends that more general interest assignments should be covered, and excess fees be controlled by providing patients with prior information, and regulation of sector 2.

A universal system
is a guarantee of an
equitable and efficient system

➤ Optimising the efficiency of care plans

1. Improving the quality of care through the training of professionals

- improving general medicine through the development of internships in the outpatient sector;
- sharing the initial and ongoing training of healthcare professionals;
- quickly putting into place mandatory continuing professional development (CPD).

2. Optimising care paths and limiting the use of emergency referrals, through better coordination between outpatient doctors and the hospital

- the setting aside of time slots for direct access to GPs;
- the development of alternatives to hospitalisation;
- the creation of out-of-hours GP services;
- the organisation of hospital discharges.

3. Encouraging the personalised monitoring of patients

- the delegation of acts and cooperation between healthcare professionals;
- the fight against drug-related illness.

➤ Coordinating care between health insurance and supplementary insurance

Les complémentaires peuvent jouer un rôle à condition :

- de promouvoir l'accès de tous à une complémentaire santé ;
- de renforcer dans les contrats responsables les garanties d'égalité, de solidarité et de qualité.

➤ Garantir un financement pérenne et soutenable de la santé

Without the large scale reform of mandatory payments linked to the improvement of the health system, it appears difficult to find a dynamic and lasting approach. Also, the ESEC has examined several lines of finance which should be looked at in greater depth:

- the evolution of the CSG rate;
- the establishment of social VAT;
- the re-examination of social security payment exemptions and reliefs;
- the creation of an international financial transaction tax to contribute to the financing of social welfare;
- better use of the added value produced by businesses;
- the use of environmental taxes.