CHRONICLE OF THREE YEARS OFSTRUGGLE OF THE SOCIALIST DEPUTIES

PLAN D'URGENCE POUR L'HÔPITAL ET L'AUTONOMIE

PAR BORIS VALLAUD, LE 22.10.2019

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PLAN D'URGENCE POUR L'HÔPITAL ET L'AUTONOMIE

22 OCTOBRE 2019

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PLAN D'URGENCE POUR L'HÔPITAL ET L'AUTONOMIE

Over the past 20 years, considerable efforts have been made to

Since 2002, the efforts required of the public hospital, its agents and the French people themselves have been considerable.

From 2012 to 2017, the annual social security deficit fell from more than twenty billion euros to less than two billion euros. It should have been in surplus this year and out of debt in five years' time. So it is no longer a question of absorbing a deficit but of investing in our hospitals and in the care of dependency because **our health services are burning and the government is looking the other way!**

Today a breaking point has been reached. The social movement in the emergency rooms and the growing discomfort of hospital and nursing staff are alerting us to the deterioration of working conditions and **patient care.**

Responding to the crisis is the purpose of this **Emergency** Plan for the **Public Hospital and Autonomy. It is** about immediate measures to loosen the constraint weighing on the public hospital because the health professionals ensure it with seriousness: "**safety is no longer assured".**

Tomorrow: for a general assembly of the hospital

This emergency plan is the first act, prior to the general hospital states that we, along with others, are calling for. **The public hospital is our heritage and our common good.** Today it is its global functioning that must be questioned in order to bring lasting solutions to the crisis it is going through. We hope that these general assemblies will bring together in a pluralist way the trade unions, the nursing staff, the members of parliament and the users around the minister in charge of health.

Starting today: investing to get the hospital back on its feet and support loss of autonomy

Without waiting, this plan proposes the conditions to restore investment capacity, increasing the hospital budget and dependency and taking into account the qualité´ of life at work. More than ever, it is the carers and non-carers in hospitals and nursing homes who ensure that each of us are healthy and have equal dignity in the face of illness and aging. **This plan, which is fully financed, ensures that the Social Security accounts will be in balance by 2020 without any increase in contributions.**

Sommaire

INVESTIR MASSIVEMENT DANS L'HÔPITAL PUBLIC

Because of hospital debt: a considerable investment backlog which disrupts their operation

The accumulated debt of hospitals, which has tripled since the early 2000s, has become unsustainable, as the Court of Auditors indicates in its annual report of February 2018, placing our country in a curious paradox.

We invested heavily to renew our hospital equipment at a time when interest rates were high (the "Hospital 2007" and then "Hospital 2012" plans were financed essentially by borrowing) and we are in the process of massively disinvesting at a time when public authority interest rates are now negative. The investment backlog is now considerable, even though hospitals have never needed to evolve so much to adapt to rapid technical progress. This delay hampers the smooth running of public hospitals and places the bulk of the burden on caregivers at the risk of a deterioration in the quality of care and the quality of staff's working life.

Examples of hospital dysfunction: an undignified situation!

There is no shortage of examples to illustrate a situation that has become unworthy. There are still many hospital services in France in which the waiting room is shared between prisoners and ordinary patients due to lack of means, as at the **Jean Verdier hospital in Bondy**. At the **Bichat hospital,** it has become common for professionals to take the stairs in a 12-story tower, as the elevators are so dysfunctional. The alternative remains to be found in this hospital, which the AP-HP does not deny that it is amianté.

At Caen University Hospital, the construction site for the new hospital was launched without taking into account the costs (€120M excluding VAT) of demolishing the existing building. It will probably be the same for

the Bichat hospital or the nearby Beaujon hospital... The rehabilitation of the Mondor hospital tower remains at an impasse, as well as the humanization of all the geriatric beds of the AP-HP (Saint Perrine, Broca, Clémenceau, Bretonneau...), the renovation of the operating theaters of the **Kremlin Bicêtre** or the **Paul Brousse hospital**, and the emergency rooms of the **Saint Louis** or **Louis Mourier** hospitals.

In **Mont-de-Marsan**, the necessary investments now involve patient safety, since they include rebuilding outdated operating rooms. Of the 130 million euros of work required, only half is currently scheduled.

Necessary major projects that delay an overall modernization

Investment needs are estimated at 5 billion euros. This is the assessment on which everyone agrees and which the Macron candidate had included in his program. However, investments in the hospital have never been so low. The necessary major projects for university hospitals (Ile de Nantes, Caen University Hospital, North Campus, Nancy University Hospital, etc.) consume the bulk of the national investment support envelope made available by the Fonds de modernisation des établissements de santé publics et privés (FMESP).

The **sums promised in 2018 in the Major Investment Plan (€3 billion over 5 years) have evaporated** like a smokescreen and the government is not reporting on the achievement of its objectives. Hospitals, for their part, are caught between paying off their debts and increasing their deficits, and are postponing their work or renewing only what already exists. **Hospital debt has become colossal (€30 billion).** It remains 70% bank debt and prisoner of old loans, and hardly benefits from the breath of fresh air that the fall in bond rates should bring.

The only way out of this situation proposed by the government is based on **"productivity gains"**, which are never made easier, if not even made explicit, and **put the establishments before a permanent "double constraint": to do more with less and to transform themselves without means.** Psychology has shown that the double constraint (*double bind*) is the very root of the problem.

loss of meaning and disengagement. It can even reach out to professionals in particularly meaningful professions.

This is why we are proposing a stimulus plan for the public hospital, which should make it possible to lift this impasse as a matter of urgency, by massively boosting hospital investment.

Proposition 1. Réduire les taux d'emprunt des hôpitaux

The State will borrow directly on the bond market (therefore at negative rates) to finance all hospital investment projects supported by the Interministerial Committee for Performance and the Modernization of Healthcare Supply, following the example of the current APHP, this solution will enable institutions to borrow at negative rates.

Proposition 2. Désendetter les hôpitaux

We also propose **that 10 billion of public hospital debt be transferred to the Caisse d'Amortissement de la Dette Sociale (CADES) and included in its 2027 repayment plan.** This plan will enable the situation of the most troubled hospitals to be restored to a sustainable footing, at a time when falling bond yields should lead to a massive revival of public investment.

The Caisse des Dépôts et Consignations, in conjunction with the regional health agencies, will be able to steer this buyback plan, with priority being given to clearing the debt of the most troubled institutions, but also to withdraw from structured loans.

Proposition 3. Augmenter de 1,5 milliard d'euros par an pendant trois ans l'investissement dans les hôpitaux

6 billion, corresponding to the expenditure recorded at the launch of the 2007 hospital plan.

We call for its distribution to be based on a transparent and concerted multi-year investment program and for Parliament to be informed directly, on the basis of a budget yellow.

AUGMENTER LE BUDGET DE L'HÔPITAL : POUR DES SOINS DE QUALITÉ

A correction of the deficit at the price of pressure on "productivity": the hospital is overheated

Since 2008, as a result of the economic crisis, the **public hospital, hospital staff and social security contributors have made considerable efforts to contribute to the recovery of the company's financial statements.** The deficit has been considerably reduced (between 2012 and 2017, the annual social security deficit fell from €20 billion to less than €2 billion) and the social security debt is on the verge of being repaid (in 2024). Since 2010, the National Health Insurance Spending Target (ONDAM) has been met every year at the cost of considerable productivity efforts.

Indeed, **public hospitals are providing more and more care, the population is growing and aging, and medical advances are making it possible to treat new pathologies. Demand is not decreasing, it is increasing, and** the care provided is therefore constantly on the rise **despite an ONDAM that is now totally disconnected from needs.** This scissor effect forces institutions to increase their deficit or to operate in a structural overheated way. The explosion of temporary hospital work is the best illustration of this permanent imbalance.

An objective of ONDAM 2019 (level of health insurance expenditure) irresponsible

The explosion of the hospital deficit mainly concerns public service players, while the situation of private clinics remained in surplus over the period. The effort required of public service health establishments is unsustainable. **Setting the ONDAM at 2.1% when the** spontaneous rate of growth in spending has averaged 3.5% over the last three years and when hospitals are going to have to finance the arrival on the market of innovative drugs (CAR T and anti-PD1 in particular), **marks a form of "soft" budgeting.**

of blindness. Asking the hospital to save more than 800 million euros seems like a provocation. And this despite the government's claim to provide specific resources to finance the emergency room refounding pact announced in September 2019.

The argument that hospital activity, which was growing by about 2 to 2.5% per year in early 2010, slowed in 2017 and 2018 (0.9 and 0.8%), justifying a decrease in the ONDAM, cannot hold up. Indeed, there is no guarantee that this slowdown will be lasting, and even if it is, this does not detract from its highly restrictive nature. With an increase in activity of 1%, an ONDAM at 2.1% only allows unit prices to increase in line with inflation, which means that salaries or staff numbers will have to be reduced. **A 2.1% ONDAM means continuing to increase labor productivity in hospitals, i.e. the workload per caregiver, and the relative impoverishment of staff compared to other employees in this country,** which is already reflected in their flight to the liberal sector or even to other professions (a state-registered nurse is trained in three years and only works in hospitals for an average of five years).

These two phenomena (pressure to increase productivity through forced walking and impoverishment) ultimately threaten the quality of care. Similarly, despite the minister's statements claiming to address the problems of public hospital compensation, the ONDAM **proposed by the government leaves no serious room for maneuver. The government made the choice in the PLFSS 2020 not to make health benefit from the gains of growth (in value).**

In concrete terms, the 2.1% growth rate of the ONDAM proposed by the government is lower than the 2.3% growth rate in GDP value (1.3% real growth and 1% inflation). This means that hospital spending will reduce the share of hospital spending in the wealth produced! In this respect, the current macro-economic situation is different from what it was in previous years with sluggish growth and zero inflation.

A slowdown in hospital activity is a sign of the public hospital crisis

The relative slowdown in the growth of hospital activity cannot at this stage be attributed to the shift to ambulatory care (which is essentially limited due to the reduced availability of doctors in the city, particularly general practitioners). **Rather, this slowdown is a sign of the crisis in public hospitals, which all staff throughout France are witnessing.** Poor reception conditions, particularly in the emergency room, and insufficient staff are causing a slowdown in the use of public hospitals, which corresponds to the **beginning of rationing of care. The** staff themselves, faced with the public hospital's inability to provide certain types of care, are sometimes led to refer so-called "clinically treatable" (sic) pathologies to the private sector. **As a sign of this crisis, the volume of activity in 2017/ 2018 will grow much faster in private clinics (2.4% and 1.7%) than in the public sector (0.4% and 0.5%),** whereas previously activity in public hospitals grew faster than in clinics.

Wage moderation, the strong increase in the labor productivity of health care personnel, the delay in investment in health care facilities and their financial deterioration make it impossible to continue along the trends proposed by the government. The efforts made have borne fruit, we can go no further.

Proposition 4. Augmenter le budget des hôpitaux de 830 millions d'euros dès cette année avec un ONDAM à 3,1%

In its social security financing plan for 2020, the government proposes a hospital ONDAM of only 2.1%. However, public hospitals are providing more and more care, the population is growing and aging, and medical advances are making it possible to treat new pathologies.

This represents an ever-increasing expense for the hospital. This is why **we propose a hospital ONDAM at 3.1%.** This represents a contribution of 830 million euros from 2020.

The revival of the ONDAM, like the restoration of investment capacities, should ensure that the burden of the efforts does not once again fall on the personnel, which is what the ONDAM is doing.envisages the government in the appendices of the PLFSS 2020, indicating that the control of the deficits of public health establishments will be "*conditioned on their ability to contain the average annual rate of increase in the wage bill at +1.59%, a level slightly higher than the increase observed over the last four years (+1.50%, including +1% in 2018).* ».

Proposition 5. Augmenter la rémunération des personnels soignants et non-soignants

830 million thanks to the increase in the ONDAM should make it possible to initiate **consultation with the social partners, and in conjunction with the collectives formed, on the hospital's remuneration policy and to decide without delay on categorical measures.**

Caregivers are currently asking for a monthly increase of €300. This is a legitimate request in view of the wage moderation imposed for several years and the working conditions. It is an achievable objective within the framework of a multi-year catch-up plan. It is an imperative objective in order to restore the attractiveness of these professions, which we all eminently need.

With an ONDAM at 3.1%, **the growth in the wage bill for public hospitals could double over the next three years to more than 3% (compared to 1.59% in the 2019 budget circular). This would represent a catching up of the past two years** (the trend growth of the wage bill was 2.1% since 2013) and **additional support of €720M from 2020.**

In particular, this **effort on remuneration should be directed towards** state-registered **nurses,** who are among the lowest paid in the OECD countries.

Proposition 6. Financer les urgences sur la base d'indicateurs de précarité des territoires et du manque de médecins

For a new pricing system for emergencies based on a population allocation weighted by social criteria, we propose to allocate 600 million Euros. This allocation would also take into account the lack of city doctors on duty in the hospital basin, which in some departments results in a real overload of emergency rooms.

Emergency departments must be staffed based on demographic and social considerations. Indeed, it has long been established that precariousness is the cause of additional costs. To date, the financing of the care of precariousness has found its translation in two devices, a MIG (Mission d'intérêt général) precariousness and the PASS (Permanences d'accès aux soins de santé). Thus, the rate of patients receiving CMU, CMU-C, ACS and AME per establishment is used to allocate MIGAC (Mission d'intérêt général et d'aide à la contractualisation) but this method has its limitations, in particular because these social benefits can be difficult to obtain and are sometimes unknown to users, leading to under-reporting. It is therefore necessary to develop a new index to assess hospital needs related to precariousness. **We suggest that the "generic indicator of precariousness" that exists in emergency departments be harmonized and taken into account.**

In this way, each establishment would have a "precariousness" coefficient applied to all or part of the activity, depending on its "social" profile. This will make it possible to cope with the additional costs generated by precariousness. **This is particularly necessary in departments such as Seine-Saint-Denis or French Guyana, which are** more exposed to social difficulties and, moreover, tragic medical deserts when it comes to town medicine.

Proposition 7. Permettre au Parlement de débattre des objectifs de santé publique et pas seulement des objectifs budgétaires

Finally, we demand a **reform of the procedures for examining social security financing laws to allow parliamentarians a real discussion on the functioning of our healthcare system** by significantly enriching the information provided to Parliament.

The ONDAM, in itself, and in light of the crisis, appears insufficient and unsuitable to allow the national representation to vote in a perfectly informed manner. **It is essentially a budget steering tool when it should also be a tool of public policy in health.** It is unacceptable that no data should be available to enable parliamentarians to answer essential questions: with the proposed ONDAM, will the French benefit from more or less care? Will the workload of healthcare professionals be increased or, on the contrary, reduced? Will the level of remuneration of healthcare professionals be improved and in what proportions? Will the level of investment in hospital equipment be sufficient to meet the objectives assigned to caregivers?

The Social Security Financing Bill should allow parliamentarians to pronounce on social objectives, but this is only marginally the case, and ONDAM is not an opportunity to debate, in a sufficiently informed manner, the state of our healthcare system.

It is on the basis of this reformed objective that we propose to envisage the evolution of the ONDAM for the years to come.

AGIR POUR LE BIEN-ÊTRE À L'HÔPITAL

A staff under pressure

As part of the reorganization of the healthcare offer, personnel expenses represent 85% of the budget of public healthcare institutions. **Staff numbers, in this case, have increased much less rapidly than the production of care, contributing to an increase in the load per agent.** In ten years, the number of staff has increased by just over 2% while, at the same time, the care provided has increased by almost 15%. To be clear, **health workers have borne the brunt of the effort without any support** either in recognizing their productivity gains or in transforming care processes.

While there is good reason to always be concerned about the effectiveness and efficiency of public spending, to question organizations, costs and professional practices and to develop the supply of care, it is imperative to **assess the budgetary efforts required in relation to the quality of the public service provided, and the conditions in which patients are cared for and caregivers work.** The social movements that have been at work in the hospital for several months now, in the emergency room as well as in many other departments, clearly indicate that this balance is on the verge of being **broken, even if it has not already been broken in many departments.**

A Social Security Financing Bill out of touch with reality

From this point of view, the social security financing bill marks a form of stubbornness and a cruel disconnection with the lived **reality of** those who provide health care to the population on a daily basis. The efforts made over the past 10 years by the public hospital, by health care personnel and *ultimately by the* social security contributors have led to a turnaround in the accounts as well as considerable productivity gains. **We have reached the end of what can be achieved in terms of effort and productivity.** The ambulatory turnaround, such as the reform of pricing (experimental at this stage), the implementation of groupings, etc., have all contributed to the improvement of the health system.

The main objectives of the project are to improve the quality of the services provided by the local hospitals (GHT), quality management (which is hampered by the weakness of the available indicators), or the reduction of irrelevant procedures (no reliable data are available on this issue), all of which are necessary if they are to produce their effects quickly. **As it stands, one can no longer do better with less.** Further efficient productivity gains (resulting from better work organization or rationalization of services or structures) now appear to be compromised.

Proposition 8. Evaluer annuellement les conditions de travail dans les établissements hospitaliers

We are proposing a national assessment of the quality of work life in the hospital, which will be made public and posted in all departments.

The strike in the emergency room and the unanimous and concordant testimony of all the healthcare personnel revealed seriously deteriorated working conditions, the suffering of the healthcare personnel, worrying situations of overwork and the development of significant psycho-social risks. The health of caregivers and the quality of care provided to patients are intrinsically linked.

In both the United States and the United Kingdom (since 2003), there are regular surveys on the quality of work life in hospitals that have no equivalent in France, even though there are internationally recognized standards, such as the Masslach Index. Those countries conducting these surveys have largely objectified the symptoms of psycho-social risks, revealing that the over-prevalence of *burnout* among healthcare professionals is a worldwide phenomenon. In France, nothing is happening, not even a study to measure the reality of the phenomenon and its determinants.

We propose that, on the basis of this survey, the government shed light on the parliamentary **debates on the** ONDAM **by providing an annual report appended to the PLFSS on working conditions in public hospitals.** This report should include, in particular, information that will make it possible to

assess changes in labour productivity and the results of a sample collection of caregivers' work experience. This collection would be organized in forms defined by order of the Minister of Health and would concern all establishments whose workforce exceeds a threshold set by decree.

Proposition 9. Mettre fin à la réduction du personnel dans les hôpitaux

We call on the government to urgently end its uniform and indiscriminate policy of declaring a ratio of 1 caregiver and 1 state registered nurse for every 15 beds. This ratio is aberrant and destructive.

The reduction in length of stay over the last twenty years has been the result of advances in surgical and diagnostic techniques, in imaging and biology. Extrapolating this is a serious mistake if one does not take into account the evolution of patients. Teams are required to manage increasingly complex patients, whose care load is growing rapidly and whose social situation is often inextricable. Turning healthcare professionals into "*dead-end managers*", whose activity is strictly regulated by the ministerial doctrine of supervision rates per bed (1 caregiver per 15 beds), profoundly offends their values and the very meaning of their profession.

The dogma of the ratio does not correspond to the practical reality of many establishments and (badly) hides (badly), thanks to restructuring, the considerable savings in personnel required from certain establishments.

For example, the construction of the Grand Paris Nord Hospital has resulted in the elimination of 800 FTEs (full-time equivalent), while the Nantes Hospital has eliminated 1,200 FTEs. We ask that, in the framework of management dialogues with the Regional Health Agencies, the assessment of the management ratios be left to the discretion of the Directors and the medical committees of the establishment. In the immediate future, we propose to apply a simple rule: "zero **elimination of bedside posts".**

As part of the management dialogue with hospital establishments, regional health agencies must be able to ask the question, site by site, about the adequacy of the number of beds in certain departments, particularly downstream of emergency departments, and to determine the recruitment policy necessary for the smooth running of the various departments. We do not want this to be determined in a global manner and without taking into account the health, social and architectural environment of the establishments. Uniformity may lead to inappropriate responses.

AGIR SANS ATTENDRE POUR LA DÉPENDANCE

France is lagging behind on "old age" policies to catch up

The Libault report presented in February 2019 pointed out that France had fallen behind neighbouring countries in programming a longevity policy. It asserted that we can no longer wait to develop ambitious public policies relating to "old age".

Also, Dominique Libault pleads for the **recognition of loss of autonomy as a risk in its own right that must be covered by social security.**

As such, Socialist parliamentarians wish to put proposals on the table, precisely because it is no longer possible to wait we have retained four key measures from the Libault report. These are not intended to be exhaustive, but they do provide a first response to the urgency of dependence.

Rather than waiting until the end of 2024 and the extinction of CADES to find financial leeway to finance dependency (thanks to the CRDS, CSG and FRR), **we propose to start financing dependency now by amortizing CADES less quickly than planned** and therefore making lower-than-expected debt repayments.

Proposition 10. Revaloriser les métiers de l'aide à domicile

We offer **financial support of 550 million euros annually for home help and support services, in** order to improve the service provided to the elderly and to raise the salaries of professionals.

Proposition 11. Augmenter de 25% le nombre de personnels dans les EHPAD

We are proposing a **25% increase in the number of** elderly people in **HITH by 2024 compared to 2015, i.e. 80,000 additional positions for** elderly people, for an additional annual expenditure of 1.2 billion euros.

Proposition 12. 3 milliards d'euros sur 10 ans pour rénover les EHPAD

We are proposing **a 10-year, 3 billion euro renovation plan.**
for EHPADs and autonomous residences. **300 million euros annually.**

Proposition 13. Assurer une meilleure coordination entre les soins à domicile et les EHPAD

Finally, we propose to **improve the quality of support and to begin restructuring the offer, by devoting 300 million euros per year to this, towards a stronger integration between home and establishment, for Ehpad more open to their territory.**

In total, the annual amount of the MPs' autonomy plan
socialists would be 2.35 billion euros.

The socialist parliamentarians also propose to **transform the tax reduction for dependency and accommodation costs for dependent persons accommodated in specialized institutions into a tax credit.** Indeed, for the dependent elderly people concerned, the remaining expenses represent 1,850 euros per month. This is untenable!

To finance this measure, which represents a cost of 677 million euros, the Socialists have proposed in the Finance Bill for 2020 to **restrict the benefit of the tax credit for employing an employee at home, for dependency expenses only, to the most advantaged households** (reference tax income greater than 42,000 euros), with the remainder to be paid by these people being of a limited amount (approximately 60 euros). 710 million is generated by this pledge.

UN FINANCEMENT ASSURÉ

Given the effectiveness of the CADES mechanism, the possibility of freeing up new room for manoeuvre

The CADES (Caisse d'Amortissement de la Dette Sociale) mechanism has proven its effectiveness. Regular inflows from the CRDS, a share of CSG and a disbursement of the FRR will make it possible, all other things being equal, to pay down the social debt in 2024. Beyond that, the annual revenue freed up will be in the order of 24 billion euros per year. Given the urgency to provide the hospital with answers to the crisis it is going through, and the need to respond now to the challenges of dependency.

Proposition 14. Reporter de deux ans le remboursement de la dette sociale

We are proposing to extend the term of repayment of this debt by two years, by postponing the extinction of CADES from the end of 2024 to 2027.

Proposition 15. L'État doit compenser les exonérations de cotisations sociales qu'il a décidées

In accordance with the Veil Law, we support the principle of compensation by the State for losses to the Social Security budget caused by social **security** contribution exemption policies.

Moreover, as the deputies of the Social Affairs Commission voted on October 15 against the government's opinion, it is not a question of blaming the measures taken following the "yellow jackets" on the social security system, as the government wishes to do.

There is no new deficit, no new "welfare hole". French men and women are well aware that if they have to face new expenses while having a loan, they can reschedule it. This is what we propose to do.

- THE FINANCING OF THIS PLAN WILL PROVIDE **€5.6 BILLION IN CASH AND CASH EQUIVALENTS BY 2020.**

- THE FINANCING OF THIS PLAN, WITH THE POSTPONEMENT OF THE CADASTRAL SETTLEMENT BY TWO YEARS, OPENS UP FUTURE PROSPECTS BY FREEING UP NEARLY **48 BILLION EUROS FROM 2020 TO 2027.**

- **THE** FINANCING OF THIS PLAN COVERS ALL OF THE MEASURES PRESENTED IN THE AMOUNT OF **€3.13 BILLION FOR THE HOSPITAL AND €2.35 BILLION FOR DEPENDENCY CARE FOR 2020.**

- THE FINANCING OF THIS PLAN WILL ENSURE THAT THE SOCIAL SECURITY ACCOUNTS ARE BALANCED BY 2020.

"Focus on CADES and Social Debt

The extinction of the social security debt, in light of the scenarios provided by CADES, effective January 1, 2025, would simply be postponed to January 1, 2027. This would result in the debt being paid off over seven years rather than five. Financially, the mechanism consists of reducing the levy, which was expected to average 17.862 billion euros per year, given the projected change in the amounts intended to clear the debt recorded in CADES' accounts, to 12.8 billion euros, a decrease of 5.1 billion euros per year. CADES' resources are notably based on a 0.6 point fraction of CSG for "activity" CSG, "replacement" CSG and "capital" CSG, and, as provided for in the PLFSS 2020, a 0.22 point fraction of CSG for "games" CSG. The proposal we are making results in a reduction of these resources by 0.53 point of CSG on the CSG "activity", of which 0.07 point would now be allocated to CADES.

The Caisse Nationale de l'Assurance Maladie (CNAM) and the Caisse Nationale de Solidarité pour l'Autonomie (CNSA) could therefore benefit from an increase of 0.26 and 0.27 points respectively in CSG "activity", allocated to additional resources for the hospital sector and the financing of new expenses related to dependency. 2.6 billion each from January 1, 2020.

We are therefore recovering an additional €5.2 billion, in 2020, to finance the hospital and the dependency. In addition, because CADES' revenues are dynamic, so is our financing plan. Thus, between 2020 and 2027, the "hospital & dependency" plan we are proposing will increase from €5.2 billion in the first year to €8.96 billion in the last year.

PLAN D'URGENCE POUR L'HÔPITAL ET L'AUTONOMIE

22 OCTOBRE 2019

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PLAN D'URGENCE POUR L'HÔPITAL ET L'AUTONOMIE

Over the past 20 years, considerable efforts have been made to

Since 2002, the **efforts required of the public hospital, its agents and the French people** themselves have been considerable.

From 2012 to 2017, the annual social security deficit fell from more than twenty billion euros **to** less than two billion euros. It should have been in surplus this year and out of debt in five years' time. **So it is no longer a question of absorbing a deficit but of investing in our hospitals and in the care of dependency because our health services are burning and the government is looking the other way!**

Today a breaking point has been reached. **The social movement in the emergency rooms, the growing discomfort of hospital staff and the EHPADs alert us to the deterioration of working conditions and the care of** patients.

Responding to the crisis is the purpose of this Emergency Plan for the Public Hospital and Autonomy. These are immediate measures to loosen the constraint weighing on the public hospital because the professionals at santé´ are taking it seriously: "security is no longer assured".

Tomorrow: for a general assembly of the hospital

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Starting today: investing to get the hospital back on its feet and support loss of autonomy

Without delay, **this plan proposes the conditions to restore investment capacity, increasing the hospital and dependency budget and taking into account the quality of life at work.** More than ever, it is the carers and non-caregivers in hospitals and nursing homes who ensure that each and every one of us is healthy and equal dignité´ in the face of illness and aging.

This plan, which is fully funded, ensures that the company's accounts are balanced.

Social security as of 2020 without raising taxes.

Socialist and related parliamentarians

Investir massivement dans l'hôpital public

Proposition 1 : Réduire les taux d'emprunt des hôpitaux

We propose that the State borrow directly on the markets to finance all hospital investment projects, following the example of the current situation in Paris hospitals (APHP). This solution will enable healthcare institutions to take advantage of negative rates.

Proposition 2 : Désendetter les hôpitaux

We also propose that the Caisse d'Amortissement de la Dette Sociale (CADES) take over $10 billion of public hospital debt in order to durably clean up the situation of institutions in difficulty, at a time when falling bond rates should lead to a massive boost in public investment.

Proposition 3 : Augmenter de 1,5 milliard € par an l'investissement dans les hôpitaux

Investment in the hospital has never been so low. The necessary major projects of the University Hospital Centers (Hôpital Nord, Nantes...) consume most of the budget. The hospital centers, as for them, postpone their works or renew only the existing one.

We propose to make an additional 1.5 billion euros per year for three years to support hospital investments, with the objective of generating an annual investment envelope of 6 billion euros, corresponding to the level of investment in 2007.

Augmenter le budget de l'hôpital pour des soins de qualité

Proposition 4 : Augmenter le budget des hôpitaux de 830 millions d'euros dès cette année avec un ONDAM à 3,1%

The National Health Insurance Expenditure Target (ONDAM) is intended to control health insurance expenditure. This is the target for expenditure not to be exceeded in the areas of city care, hospitalization and medico-social care.

In its social security financing plan for 2020 (PLFSS 2020), the government proposes a hospital ONDAM of only 2.1%. Yet public hospitals are providing more and more care, the population is growing and aging, and medical advances are making it possible to treat new pathologies.

This represents an ever-increasing expense for the hospital. This is why **we are proposing a 3.1% hospital ONDAM to improve the conditions of patient reception and the working conditions of the nursing staff. This** represents a contribution of 830 million euros from 2020.

Proposition 5 : Augmenter la rémunération des personnels soignants et non-soignants

With an ONDAM at 3.1%, the growth in the payroll of public hospitals could double over the next three years.

Caregivers are asking for a monthly increase of 300 euros**. This is a legitimate request in view of the wage moderation imposed for several years and the working conditions.** This objective, which can be achieved as part of a multi-year catch-up plan, is **imperative to restore the attractiveness of these professions, which we all need.**

Proposition 6 : Financer les urgences sur la base d'indicateurs de précarité des territoires et du manque de médecins

Today, emergency services are funded on the basis of demographic indicators. The more an emergency service covers a large population, the more resources it receives from Social Security. **Nevertheless, the precariousness of the territories is at the origin of additional costs for emergency services:** intervention of social workers, problems of understanding, payment difficulties, lack of accommodation solutions at the hospital discharge...

We propose that emergency services should also be funded on the basis of indicators of precariousness. We are devoting 600 million euros to this. This is particularly necessary in departments such as Seine-Saint-Denis and French Guyana, which are more exposed to social difficulties and, moreover, tragic medical deserts when it comes to city medicine.

Proposition 7 : Permettre au Parlement de débattre des objectifs de santé publique et pas seulement des objectifs budgétaires

The PLFSS must allow parliamentarians to vote on social objectives, which is only marginally the case and the ONDAM vote is not an opportunity to debate, in a sufficiently informed manner, the state of our healthcare system. **We demand a reform of the FHP review procedures to allow parliamentarians a real discussion on the functioning of our health care system.**

Proposition 8 : Evaluer annuellement les conditions de travail dans les établissements hospitaliers

The strike in the emergency rooms and hospitals revealed seriously deteriorated working conditions and worrying situations of overwork with the development of significant psycho-social risks. **The health of caregivers and the quality of care provided to patients are intrinsically linked.**

In the United States and the United Kingdom, there are regular surveys on the quality of work life in hospitals, which have no equivalent in France. We propose that the government **submit an annual report evaluating working conditions in hospitals at the time of the parliamentary review of the FHP.**

Proposition 9 : Mettre fin à la réduction du personnel dans les hôpitaux

Today, hospitals are subject to a ratio of one nurse and one orderly for every 15 patients. This ratio is aberrant and destructive, and has very concrete adverse consequences on the quality of patient care and the working conditions of hospital staff. Turning healthcare professionals into "dead-end managers," whose activity is strictly **controlled by this ratio profoundly offends their values and the very meaning of their profession.**

We propose to remove this rule in order to take into account the health and human realities in each establishment in the framework of management dialogues with the Regional Health Agencies. For **the time being, we propose to apply a simple rule: "zero elimination of bedside visits".**

Proposition 10 : Revaloriser les métiers de l'aide à domicile

Home support services are essential to guarantee the autonomy of the elderly and their maintenance at home. In 2020, 100,000 home support worker positions will be vacant while only 25,000 professionals are trained each year, as Dominique Libault's report points out.

We need to upgrade these professions. **We are therefore offering financial support of 550 million euros annually for home help and support services, in** order to improve the service provided to the elderly and to upgrade the salaries of professionals.

Proposition 11 : Augmenter de 25% le nombre de personnels dans les EHPAD

Nursing homes for dependent elderly people (EHPAD) are currently experiencing the same difficulties as hospitals: poor reception conditions for patients and poor working conditions for staff.

We need to increase the number of staff. **We are therefore proposing a 25% increase in the number of HITD staff by 2024 compared with 2015, i.e. 80,000 additional positions for the** elderly, at an additional annual cost of 1.2 billion euros.

Proposition 12 : 3 milliards d'euros sur 10 ans pour rénover les EHPAD

Today, our elderly people are not welcomed in dignified conditions despite the daily involvement of the staff of the EHPAD. Infrastructures are aging and require modernization and adaptation to new pathologies.

We are proposing a renovation plan of 3 billion euros over 10 years for the EHPADs and autonomous residences. That's 300 million euros annually.

Proposition 13 : Assurer une meilleure coordination entre les soins à domicile et les EHPAD

Today, **home** care **services and institutions for dependent elderly people operate in "silos", which generates significant costs for** the community in terms of care and follow-up. Many institutionalized elderly people go directly to the emergency room when they could be cared for in the HITH by home helpers.

We therefore propose to improve the quality of support in EHPAD and to diversify the services offered by home help by devoting 300 million euros per year for a stronger integration between home and establishment. **We also propose to transform the tax reduction for dependency and accommodation costs for people in nursing homes into a tax credit** so that the poorest people can benefit from it and thus reduce their dependency.

Financement du plan d'urgence pour l'hôpital et l'autonomie

Proposition 14 : Reporter de deux ans le remboursement de la dette sociale

Today, the Social Security reimburses a debt that is hosted by the Caisse d'amortissement de la dette sociale (CADES). Every year, it allocates a portion of employee contributions and taxes to CADES, which will help to eliminate the so-called "social security hole" by 2024.

We propose to **postpone the repayment of this debt by two years: from January 1, 2025 to January 1, 2027 in order to stagger the social debt to provide** financial leeway. There is no new deficit, no new hole in the social security system. **It is a simple debt rescheduling.**

5.6 billion in 2020 to finance the hospital and dependency. In addition, because CADES' revenues are dynamic, so is our financing plan. The financing of this plan, with the postponement of CADES' clearance of accounts by two years, **opens up future prospects by freeing up nearly €48 billion from 2020 to 2027.**

Proposition 15 : L'Etat doit compenser les exonérations de cotisations qu'il a décidées

In accordance with the Veil Law, **we support the principle of compensation by the State for the losses caused to the Social Security budget by the policies of exemption from social security contributions.**

Ce plan assure l'équilibre des comptes de la Sécurité sociale dès 2020

PLAN D'URGENCE POUR L'HÔPITAL ET L'AUTONOMIE

22 OCTOBRE 2019

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