# **Review of ‘Nurses’ practices in the context of primary health care in Portugal.’**

This review comments on Dalla Nora et al (2018) paper ‘Nurses’ practices in the context of primary health care in Portugal’, a literature review conducted in 2015 of the nursing activity that currently operates in the primary healthcare (PH) system in Portugal. The authors analysed eleven studies published between 2007-2013. Their analysis identified four key aspects of PH nursing in Portugal: technical procedures; health promotion; independent actions and management and training practices. The authors believed the healthcare model in Portugal was in transition, although reasons for this were not clearly identified.

 To understand the article, the healthcare system in Portugal needs description. The Portuguese national health service (NHS) is similar to the British model, with healthcare being free at the point of delivery. The Ministry of Health is responsible for developing Portuguese health policy, with the Healthcare Regulatory Authority (HRA 2018) responsible for regulating the activity of all healthcare. Portuguese PH is given via a mix of public and private health service providers, with patients having access to the NHS via their family doctors (GPs) and PH nurses for health surveillance and promotion, disease preventions diagnosis and treatment, and social and medical rehabilitation

 Since 2008, healthcare has been delivered by public health units such as family health units (FHU), community care units, and personalised healthcare units. FHU give GPs and nurses greater flexibility and better integrated inter-professional working, and are recognised to give superior care to other PH units (Organisation for Economic Co-operation and Development (OECD)2015). All these units utilise various levels of multidisciplinary teamwork and inter-cooperative and complementary networks; administrative autonomy; and clinical governance systems (Redondo & Santana 2011). They have organisational (but not financial) autonomy, and vertical integration of healthcare allows local health units to integrate with hospitals and PH units in the same organization (European Observatory on Health Systems and Policies 2017).

 Like many countries, Portugal faces challenges such as population aging and inequalities in health (Directorate-General of Health 2016) which in turn is affected by a shortage of GPs that is expected to worsen due to GP retirement (World Health Organisation 2017). Twenty-three countries in the European Union have licenced advanced nurse practitioners, who undertake work previously done by GPs (Pulcini et al. 2010). However, Portugal is unlikely to follow this model in the near future, as even the right for nurses to prescribe is ‘hotly debated’ (Buchan et al. 2013).

 The OECD (2015) stated that the transformation of the Portuguese model in PH is required to improve quality and Dalla Nora et al assert that the ‘nursing profession would be challenged to make effective use of its own competences to contribute to a better performance of the NHS.’ Nurses in Portugal need consider how PH models in other countries effectively address the social, political, epidemiological and technological aspects of healthcare. Portuguese nurses can harness their commitment to quality by grasping the opportunity to be involved in shaping changes, and ensure dynamic PH models are utilised to improve the health of the nation and the quality of care.

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