

Appendix to the Announcement of the Governor of the Opole Province of 31
December 2021

PROVINCIAL TRANSFORMATION PLAN

OF THE OPOLE PROVINCE

for 2022-2026

Opole

2021

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List of abbreviations

LGU – Local Government Units

MOOP – Marshal Office of the Opole Province

OB NHF – Opole Branch of the National Health Fund

PSES – Provincial Sanitary and Epidemiological Station

MH – Minister of Health

PHC – primary health care

OSC – outpatient specialist care

NCC – Nursing and Care Centre

DALY – disability-adjusted life years; an indicator used to determine the health state of a population

OPO – Opole Province Office

1. Introduction

The goal of the Provincial Transformation Plan is to implement changes in essential areas of the health care system, consisting, for example, in meeting health care needs, ensuring equal access to different types of services provided on the territory of the Opole Province.

The Provincial Transformation Plan for the Opole Province for the period from 1 January 2022 to 31 December 2026 aims to support and secure actions intended to increase the resources of the health care system, including medical staff.

The recommendations and directions of development of individual areas of action indicated in the study represent the most critical health needs and challenges concerning the organisation of the health care system that require undertaking coordinated action at the level of the Opole Province.

Legal basis

Art. 95c sec. 1 of the Act of 27 August 2004 on health care services financed from public funds (Dz.U. /Journal of Laws/ of 2021, item 1285).

General information

Opole Province – one of 16 Polish provinces. It is located in the southern part of Poland, between the Lower Silesian and Silesian provinces. It borders the Czech Republic, as well as the Łódź and Greater Poland provinces.

According to data from Statistics Poland, as at 31 December 2020, the Opole Province was inhabited by 977 thousand people, i.e. 5.8 thousand fewer (a 0.6% decrease) than in the previous year and 40.5 thousand fewer (a 3.98% decrease) than in 2010. The province's population, similarly to the previous year, constituted 2.6% of the country's total population and ranked 16th among all provinces in this respect.

The average population density, i.e. the number of people per 1 km² in the province at the end of 2020 was 104 (122 in the country). The Opole Province was ranked 11th in terms of population density.

It is projected that Poland's population will drop to just under 34 million by 2050. The forecast for the Opole Province shows that by 2050, the total population will reach 744,575 (a 23.77% decrease) – in urban areas, it will fall to 359,949, while in rural areas to 384,362. Compared to 2020, the urban population in 2050 will diminish by as much as 30.67%, while the rural population by 16.01%.

The demographic process, which appears inevitable, is transforming the region's population into a community of elderly people, who are less economically active and burdened by diseases, with low shares not only of children and adolescents, but also of middle-age

individuals. The current demographic situation and its projected changes indicate a shift in the demand for medical services towards the needs of the elderly. It is anticipated that demand for services in the field of oncology, cardiology, geriatrics, neurology, urology and rehabilitation will increase. At the same time, the changing medical technologies contribute to the modification of the structure of these needs.

Demographic changes, in particular the ageing of the population, excess death rate of men and lack of generational replacement significantly affect the organisation and functioning of the health care system in the province.

Continuous monitoring of the health state of the population is crucial for assessing the effectiveness of the implementation of health policy and planning appropriate actions leading to maintaining and improving the health of the population. The health status of the population constitutes one of the key indicators based on which the organisation of health care, including the types, size and distribution of health care providers, should be planned.

Health problems of the population of the Opole Province

The main health problems occurring in the population of the Opole Province are similar to the health problems of the entire Polish population. In 2019, cardiovascular diseases accounted for 29.12% of the loss of DALYs among non-communicable diseases (where ischaemic heart disease represented 54.03% of all cardiovascular diseases), cancers accounted for 24.91% (where 24.6% of all cancers were malignant tumours of the trachea, bronchi and lungs).

The most common causes of death among residents of the Opole Province, similarly to those of the entire country's population, in 2020 were also cardiovascular diseases and cancers. In 2019, 49.28% of deaths caused by non-communicable diseases resulted from cardiovascular diseases (47.06% in the country). Deaths due to cancer accounted for 32.08% of deaths caused by non-communicable diseases in the province (32.88% in the country).

Diseases of affluence are becoming an increasing threat to modern society. A hectic and full of stressful stimuli lifestyle, poor nutrition, mental work, as well as climate change and the use of stimulants are the reasons responsible for ailments that often lead to a shortened life expectancy or significantly reduce its quality. They largely depend on lifestyle, and their prevalence is susceptible to modifications resulting from measures undertaken in the field of public health and should therefore define the main directions for planned changes. On the other hand, the chronic nature of these diseases calls for action to ensure the continuity and comprehensiveness of health care.

The health of older people requires special attention. The dynamics of demographic changes and the transformations taking place within the population over 65 years of age

reflected in the consequences associated with an ageing population.

Therefore, the causes of diseases of the elderly lie both in the passing years, as well as in general genetic and environmental conditions. The respiratory system is ageing – lung diseases occur, the ventilation mechanism becomes impaired and the vital capacity of the lungs decreases. The skeletal system becomes older and thus very vulnerable – osteoporosis is diagnosed and there is an increased risk of fractures. With age, the prevalence of hypertension, type 2 diabetes, coronary heart disease, heart failure, heart defects, cardiac arrhythmia and especially atrial fibrillation increases.

Longer life expectancy, an ageing population and improved treatment of acute myocardial infarction will result in a significant increase in the incidence of heart failure, which is the main cause of hospitalisation among people over 65 years of age.

The greatest risks associated with an older age include chronic obstructive pulmonary disease (COPD) and interstitial diseases, which in many patients lead to chronic respiratory failure and permanent disability.

In the elderly population, diabetes is primarily linked to the natural process of ageing and the changing biology of the organism (e.g. insulin resistance, which is a gradual and progressive decrease in the activity of insulin-producing cells).

Neurodegenerative diseases (such as Alzheimer's disease and vascular dementia), as well as cerebrovascular diseases (including strokes), which constitute the cause of motor and intellectual incapacity that necessitates the assistance of others and the organisation of institutional care, also pose a significant challenge for senior citizens.

Mental disorders are closely related to somatic diseases (due to the impact of stress on the psycho-physical condition of individuals) and can both precede them and appear as their consequence.

Children and adolescents are particularly at risk of developing mental health disorders. Approximately 50% of all mental health disorders, a significant share of which is associated with substance abuse, aggression, antisocial behaviour and reduced intellectual functioning leading to problems at school and, ultimately, reduced life opportunities, begin in adolescence.

Due to the specificity of determinants and the risk of developing mental disorders during various periods of a person's life, the Act on the protection of mental health identifies specific requirements concerning the protection of the mental health of children, adolescents and the elderly. In order to effectively support individuals affected by mental illness, it is necessary to carry out diverse activities tailored to individual needs and abilities.

According to data reported by the OB NHF, the most common causes of treatment in the Opole Province in 2020 were stress-related and somatoform neurotic disorders (F40-F48) and affective mood disorders (F30-F39).

The biggest health problems of persons receiving outpatient care are neurotic disorders associated with stress and somatoform disorders (F40-F48), accounting for 29% of treated patients, affective mood disorders (F30-F39) – 16.11% of treated patients, organic mental disorders (F00-F09) – 13.51% of treated patients and schizophrenia (F20) – 12.28% of treated patients.

The accelerated ageing of the population poses many challenges for health care providers, educators and physicians in terms of education, prevention and treatment of the elderly population of the Opole Province. Therefore, the intensifying demographic ageing process constitutes a significant problem for the health care sector.

Having taken into account the document defining the directions of development of the Republic of Poland, entitled the Strategy for Responsible Development for the Period up to 2020 (including the perspective up to 2030) and, inter alia, Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health System for 2021-2027 with an outlook to 2030, including the National Health Programme, as well as statistical data characterising the province, the Provincial Council for Health Needs has specified the development priorities of the Opole Province in the area of health in the following document.

Main areas of action

The key areas of action that call for challenging the organisation of the health care system in the Opole Province are, among other things:

- 1) **Health promotion and preventive healthcare** – focusing on risk factors – changes in nutrition, increasing the level of physical activity to improve quality of life;
- 2) **Primary Health Care** – strengthening the role of PHC, broadening the scope of diagnostics and examinations;
- 3) **Outpatient specialist care** – increasing access to outpatient specialist health care services;
- 4) **Hospital treatment** – optimising the use of the hospital beds, ensuring comprehensiveness of services for children and adolescents up to the age of 18;
- 5) **Psychiatric care and addiction treatment** – ensuring access to services under various forms of care, continuing development of psychiatric care for children and adolescents;
- 6) **Medical rehabilitation** – balancing regional disparities in access to early, comprehensive and modern rehabilitation care;
- 7) **Long-term care** – increasing the number of long-term inpatient care wards/facilities;

- 8) **Palliative and hospice care** – ensuring adequate access to palliative and hospice care services;
- 9) **Emergency Medical Services** – enhancing the efficiency of organisation of medical rescue teams in the Opole Province, improving the functioning of the SMR system, including emergency rooms;
- 10) **Medical staff** – increasing the number of specialists in particular fields through increasing the number of speciality places, improving working conditions and facilitating further development after graduation;
- 11) **Medical equipment** – replacing, supplementing and optimising the use of the current equipment in order to increase the quality of services provided.

2. Main areas of action

2.1. Risk factors and prevention

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
1. Promotion of the principles of a healthy lifestyle among the population.	Social campaigns designed to promote and implement the principles of good nutrition, in particular in schools and entities, leaflets, information materials, meetings with nutritionists.	Health-related behaviours can be divided into pro-health behaviours, i.e. ones that support health, such as physical activity, good nutrition, taking care of personal hygiene, attending preventive examinations, etc., and anti-health behaviours, i.e. ones that put health at risk – drinking alcohol, smoking cigarettes, using psychogenic drugs, casual sexual contact.	Increase in the awareness of residents with regard to methods of improving their lifestyles and eliminating risk factors that negatively affect health.	LGU PSES MOOP	2022-2025	Estimated cost of one programme – PLN 55,000.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. National Health Programme 2021–2025. 3. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030 4. National Oncology Strategy for 2020-2030 (MOOP)	Number of persons benefiting from the programme. Reduction in the share of lifestyle-related risk factors in the number of cases and deaths caused by diseases of affluence. Population health status indicators (e.g. total mortality, mortality attributable to behavioural risks).
2. Smoking prevention	Implementation of health programmes linked to the prevention of smoking-related diseases including COPD (primary stage).	The most damaging risk factors in men and women are associated with lifestyle, including smoking.	Ensuring access to comprehensive anti-smoking counselling. Improvement of people's awareness regarding the harmful effect of smoking and methods of prevention and treatment of tobacco dependence, including dissemination of knowledge about COPD, risk factors, as well as the health and social consequences of the disease.	LGU OB NHF	2022 - 2025	Estimated cost of the programme at the basic level – PLN 26,526.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. National Health Programme 2021–2025. 3. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 4. National Oncology Strategy for 2020-2030	Decrease in the number of smokers. Decrease in the mortality rate of the inhabitants of the province due to tumours of the respiratory system, including lung cancer. Number of prevention programmes. Number of people covered.

3. Screening for early detection of cancer in women.	Social campaigns aimed at increasing women's participation in screening – mammography and cytology (posters, advertisements, leaflets, educational materials).	Cervical cancer is currently the third most common cancer in women. Its peak incidence occurs in the sixth decade of life. Recent years have shown an increase in the number of cervical cancer cases in younger women (between 35 and 44 years of age). Breast cancer is the most common malignant tumour in women. It accounts for approximately 23% of all cases of malignant tumours in women and about 14% of deaths attributable to this disease.	Increase in the awareness of preventive health care and the number of preventive examinations.	OB NHF LGU MOOP	2022 - 2026	Estimated cost of one programme – PLN 47,000.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. National Health Programme 2021–2025. 3. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 4. National Oncology Strategy for 2020-2030	Number of women registering for screening. Breast and cervical malignant neoplasm incidence rate. Mortality rate due to breast and cervical malignant neoplasms.
4. Screening for early detection of cancer in men (for colorectal cancer).	Social campaigns aimed at increasing men's participation in screening and periodic examinations for colorectal cancer (posters, advertisements, leaflets, educational materials, organisation of occult blood tests).	Colorectal cancer is the second most common cancer in Poland.	Increase awareness of the importance of screening among men.	LGU MOOP OB NHF	2022 - 2026	Estimated cost of one programme – PLN 48,000.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. National Health Programme 2021–2025. 3. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 4. National Oncology Strategy for 2020-2030	Number of men registering for screening.
5. Prevention of cardiovascular diseases.	Education towards early detection of risk factors associated with cardiovascular diseases: hypertension, hyperlipidaemia, diabetes.	Atherosclerotic cardiovascular diseases are the most common cause of death and recurrent hospitalisations (ischemic heart disease, stroke, lower limb atherosclerosis).	Decrease in the incidence of cardiovascular diseases through risk reduction in primary prevention.	OB NHF LGU MOOP	2022 - 2025	Estimated cost of one programme – PLN 60,000.00 and above	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. National Health Programme 2021–2025. 3. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 4. National Oncology Strategy for 2020-2030	Reduction in the incidence of and mortality rate due to cardiovascular diseases.

2.2. Primary health care

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
<p>1. Increase in the frequency of diagnostic tests ordered by the PCP and the broadening of diagnostics at the level of primary care in the Opole Province.</p>	<p>Undertaking of measures aimed to increase the number of diagnostic tests carried out within the framework of PHC – activities dependent on the PHC reform.</p>	<p>Reallocation of the burden of performing diagnostic tests from hospitals to the PHC facilities and an increase in the role of GPs.</p>	<p>Increase awareness among physicians regarding the necessity to order diagnostic tests for the early detection of diseases.</p>	<p>OB NHF</p>	<p>2022-2026</p>	<p>The capitation rate determined in Regulation No. 160/2021/D SOZ depends on the number of patients registered – not less than 10% of the capitation rate. Population included in active lists – 829,927 persons; annual capitation rate – PLN 171.00; 10% of the capitation rate – PLN 17.1 per year per one person declared; in total – PLN 14,179,781.70.</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026</p>	<p>Number of diagnostic tests carried out within the PHC in relation to the number of conducted PHC consultations.</p> <p>Increase in the annual number of diagnostic imaging and non-imaging laboratory tests ordered.</p>

2.3. Outpatient specialist care

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
<p>Strengthening of outpatient specialist care in the Opole Province. Provision of equal access to services in the Opole Province.</p>	<p>Optimisation of access to contracted services at the district level, elimination of the so-called "white areas" in a given scope and region.</p>	<p>The total number of clinics in the province is 597. The rate of clinics per 10,000 residents, which was 6.08 on average, ranged from 9.06 in the city of Opole and the country district (228 clinics) to 3.77 in the Strzelce district (28 clinics).</p> <p>In 2019, the overall rate of consultations provided by clinics per 1,000 province population was 1,811.24.</p> <p>The access to consultations as measured by the above-mentioned rate varies in different districts – from 3,016.88 in the Opole district and the city of Opole to 1,228.05 in the Strzelce district.</p>	<p>Improvement of the accessibility of specialist services, reduction of waiting time for the provision of services.</p>	<p>LGU OB NHF entities performing medical activities, founding bodies of health care entities</p>	<p>2022-2025</p>	<p>Annual cost of improving access to first-time treatment consultations – PLN 10,000,000.00</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.</p>	<p>Waiting times for the provision of a service.</p> <p>Number of people waiting for the provision of services.</p> <p>Number of first-time consultations per 10,000 insured individuals compared to 2021.</p>
<p>Provision of better quality outpatient care, reduction in waiting time for treatment/procedure.</p>	<p>Contracting of services in the field of cardiology outpatient clinic in the city of Opole - 1, ophthalmology outpatient clinic in the Kluczbork district -1, gynaecology and obstetrics outpatient clinic in the Kluczbork district - 1.</p>	<p>The total number of clinics in the province is 597. The rate of clinics per 10,000 residents, which was 6.08 on average, ranged from 9.06 in the city of Opole and the country district (228 clinics) to 3.77 in the Strzelce district (28 clinics).</p> <p>In 2019, the overall rate of consultations provided by clinics per 1,000 province population was 1,811.24.</p> <p>The access to consultations as measured by the above-mentioned rate varies in different districts – from 3,016.88 in the Opole district and the city of Opole to 1,228.05 in the Strzelce district.</p>	<p>Improvement of the accessibility of services for first-time patients.</p>	<p>LGU OB NHF entities performing medical activities, founding bodies of health care entities</p>	<p>2022-2025</p>	<p>Annual cost of maintenance of a cardiology outpatient clinic – PLN 542,000.00, an ophthalmology outpatient clinic – PLN 95,000.00, a gynaecology and obstetrics outpatient clinic – PLN 96,000.00</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.</p>	<p>Waiting times for the provision of a service.</p> <p>Number of people waiting for the provision of services.</p>

2.4. Hospital treatment

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
1. Provision of comprehensive health care for children and adolescents up to the age of 18.	Consolidation of existing infrastructural resources in the field of paediatrics to create integrated paediatric care in the Opole Province (transfer of services provided in districts to a specialist centre). Attempt to provide multi-specialist and comprehensive care for patients up to the age of 18 in a single centre. City of Opole – establishment of a multi-specialist paediatrics centre with 40-50 beds. Transfer of paediatric services from districts with the lowest rates of occupancy of paediatric wards.	There is no integrated paediatric centre in the Opole Province. Medical services in the field of paediatrics are provided in a non-integrated manner by various entities, which, combined with inadequate diagnostic and service facilities, does not guarantee the comprehensiveness of the services provided, generating significant and unnecessary costs.	Establishment of a multi-specialist centre on the territory of the Opole Province, in the city of Opole. Improvement in the quality of provided services, concentration of services in a centre with appropriate facilities and experience.	OB NHF MOOP LGU founding bodies of health care entities, health care entities	2024-2028	Depending on the scale of undertaken actions, the cost is difficult to estimate at this stage.	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Number of people covered by care of a highly specialised paediatric centre. Occupancy rates in provincial paediatric wards compared to the previous year (a projected increase).
2. Ensuring access to elective surgical services in the field of vascular surgery in Nysa.	Establishment of a vascular surgery ward – 20 beds for elective cases – following the closure of the vascular surgery ward of the Polish-American Heart Clinics (Polsko-Amerykańskie Kliniki Serca) in Nysa in 2016.	Until 2016, there were two vascular surgery wards in the Opole Province. As a result of the contract termination, only one, located in the city of Opole, remained. The unburdening of the vascular surgery ward at the University Teaching Hospital, which is planned to be transformed into a second referral level ward. Level one vascular surgery procedures will be performed at the Nysa ward.	Increase in the accessibility of services at the first referral level.	OB NHF MOOP LGU founding bodies of health care entities	2022–2024	Annual cost of maintenance of a vascular surgery ward is PLN 6,000,000.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Occupancy rates in provincial vascular surgery wards compared to the previous year (a projected increase). Number of hospitalisations due to procedures in the newly opened ward.

2.5. Psychiatric care and addiction treatment

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
1. Increase in access to day psychiatric wards.	Development of forms of psychiatric day care for adults.	Data indicate that the accessibility of psychiatric and addiction treatment services for adults and the current infrastructure in some areas of the province is not sufficient to meet health-related needs.	Achievement of optimal access psychiatric care of various forms and models. Provision of patients with the possibility of using day care centres close to their place of residence by an even distribution of entities providing day ward services.	OB NHF MH	2022-2026	Annual funding allocation of an adult psychiatric day ward – PLN 240,960.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Number of established psychiatric day wards. Share of outpatient and day care services in relation to all services related to psychiatric care (excluding flat-rate tax services and addiction treatment) for adults. Increase in the number of people using services provided by specialist outpatient clinics and day wards by 25%, with a 10% decrease in hospitalisations.
2. Development of a community-based model of psychiatric care according to the reform.	Development of Centres for Mental Health.	Data indicate that the accessibility of psychiatric and addiction treatment services for adults and the current infrastructure in some areas of the province is not sufficient to meet health-related needs.	Increase in the number of entities providing coordinated psychiatric care.	OB NHF MH	2022-2026	At the moment, it is not possible to assess the costs due to the fact that services provided by Mental Health Centres of type "B" (without in-patient care) have not been estimated.	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Number of districts and municipalities covered by a given Mental Health Centre based on the assumptions of the environment and municipality model over the years. Number and length of hospitalisations

<p>3. Improvement of and increase in access to psychiatric services for children and adolescents provided in outpatient and day care settings to reduce the number of hospitalisations.</p>	<p>1. Increase in the number of outpatient clinics of the first referral level for children and adolescents – establishment of an outpatient clinic in every district (currently, there are 7 contracted outpatient clinics in each district and 5 outpatient clinics are planned to be established in the districts of Strzelce, Olesno, Brzesko, Prudnik and Głubczyce). 2. Provision of psychiatric care at the second referral level for children and adolescents – two centres of the second referral level in the province (one centre in the city of Opole, one in the Kędzierzyn-Koźle district). 3. Provision of psychiatric care at the third referral level for children and adolescents – one centre of the third referral level in the city of Opole</p>	<p>Mental disorders of the developmental period are an increasingly common phenomenon – the number of children and adolescents with mental health difficulties is growing.</p> <p>The right to the protection of mental health is guaranteed by a number of legal acts. A child has the right not only to develop, but also to protect his or her health, including mental health.</p>	<p>1. Increase in the number of entities providing outpatient clinic services at the first referral level.</p> <p>2. Provision of psychiatric care at the second referral level for children and adolescents up to the age of 18.</p> <p>3. Provision of psychiatric care at the third referral level for children and adolescents up to the age of 18.</p>	<p>OB NHF MH</p>	<p>2022-2026</p>	<p>1. Annual funding allocation of an outpatient clinic – PLN 553,476.60, five clinics – PN 2,767,383.00. 2. At the moment, it is not possible to assess the costs due to the fact that services at the second level have not been estimated. 3. At the moment, it is not possible to assess the costs due to the fact that services at the third level have not been estimated.</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.</p>	<p>Number of child and health care centres (of the second and third referral levels) for children and adolescents.</p> <p>Number of services provided to children and adolescents (including the number of community-based services and hospitalisations, as well as the length of the patient's stay in the ward).</p>
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2.6. Medical rehabilitation

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
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1. Improvement of access to inpatient rehabilitation services – neurological rehabilitation.	Establishment of a neurological rehabilitation ward - 20 beds within a former psychiatric ward (40 beds) in Opole.	Early neurological rehabilitation is almost a guarantee of improved functional performance. This forms a major component of the treatment of a wide variety of conditions. The primary indications for the use of neurological rehabilitation and exercise include: status post brain tumour surgery, Parkinson's disease, multiple sclerosis, status post stroke.	Increasing access to neurological rehabilitation services, especially early rehabilitation.	OB NHF	2022-2025	Annual funding allocation of a cardiology day ward – 20 beds represent a cost of – PLN 2,723,776.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Number of patients receiving neurological rehabilitation. Reduction in waiting times for neurological rehabilitation.
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<p>2. Improvement of the accessibility of rehabilitation services in day care settings, in particular for pulmonary, cardiac and visual rehabilitation.</p>	<p>Establishment of day wards of max. 10–15 beds in pulmonary rehabilitation – Prudnik district, visual rehabilitation – Opole city (no wards in the province) and increasing the number of cardiology day wards (Nysa and Kędzierzyn-Koźle districts).</p>	<p>Achievement of physical or mental fitness.</p>	<p>Improvement of the physical fitness, mental state, functional status and quality of life of individuals with respiratory and cardiovascular disorders.</p> <p>Acquisition of the skills to cope with various everyday situations using non-visual or residual vision methods.</p>	<p>OB NHF</p>	<p>2022–2024</p>	<p>Annual funding allocation for a cardiology day ward – PLN 204,314.00 pulmonology day ward – PLN 251,251.00 eye care day ward – PLN 214.529.70</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.</p>	<p>Number of patients receiving this form of rehabilitation.</p> <p>Waiting times for rehabilitation</p>
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2.7. Long-term care

<p>Recommendation</p>	<p>Actions that require coordination at the provincial level</p>	<p>Reason for action</p>	<p>Results expected from implementing the actions</p>	<p>Entity responsible for implementing the actions</p>	<p>Year(s) in which the action is planned to be implemented</p>	<p>Estimated costs of actions</p>	<p>Compliance of the action with strategic health sector documents</p>	<p>Implementation indicators for individual actions</p>
<p>1. Provision of more equal accessibility of long-term care services (nursing and care centres, treatment and care centres) in particular by ensuring that services are accessible in areas where disparities in access to these services persist.</p>	<p>1. Adaptation of the infrastructure of healthcare entities to meet the growing needs of the region's increasingly unfavourable demographic and epidemiological situation by modernising the existing long-term care beds or ensuring new ones. 2. Establishment of care wards / treatment and care centres – elimination of "blank spaces" in the districts of Strzelce and Kędzierzyn-Koźle.</p>	<p>In the Opole Province, there are 18 health care entities providing inpatient services (138 per 100,000 population, 3rd place in the country, +30% compared to the average for Poland). At the end of 2020, treatment and care centres had 859 beds (1.73 per 100,000 population, ranking first in the country +48% compared to the average for Poland). However, in recent years, waiting times for inpatient care have become increasingly long (more than six months). The situation is most difficult in the districts of Strzelce and Kędzierzyn-Koźle, where there are no providers of this type of services and which constitute the so-called "blank spaces" in the province.</p>	<p>Improvement of the accessibility of guaranteed long-term care services.</p>	<p>OB NHF LGU Health care entities</p>	<p>2022-2026</p>	<p>Annual funding allocation for 2 TCCs (treatment and care centres), with increasing the potential in other TCCs Total – 100 beds represent a cost of – PLN 4,216,388.00</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.</p>	<p>Number of new beds established in inpatient long-term care.</p> <p>Number of nursing and care services provided in long-term care in NCC and TCC per 10,000 persons insured over the age of 75 as compared to 2021.</p> <p>Number of patients receiving TCC care per 100,000 population as compared to 2021.</p>

2. Day care – long-term home-based care team services for mechanically ventilated patients.	1. Establishment of a long-term care team for patients mechanically ventilated at home.	In line with increasing needs in this respect, year-on-year oversupply and the need to take patients from the ICU into home care.	Improvement of the accessibility of guaranteed long-term care services.	OB NHF LGU Health care entities	2022-2026	Annual funding allocation of one long-term care team for home ventilation – represents a cost of – PLN 1,500,000.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	An increase in the number of patients receiving home care for invasive mechanical ventilation compared to 2021.
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2.8. Palliative and hospice care

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
1. Adaptation of the hospice palliative care infrastructure to meet the growing needs of the region's increasingly unfavourable demographic and epidemiological situation.	1. Establishment of a 10 (15) bed inpatient hospice in the Kluczbork district – new facility 2. Establishment of a 10 (12) bed inpatient hospice in Kędzierzyn-Koźle – facility entered in the Register of Entities Performing Medical Activities (RPWDL)	Within the Opole Province, there are 5 entities providing inpatient services (0.51 per 100,000 population, 6th place in the country, +2% compared to the average for Poland). At the end of 2020, palliative care wards and inpatient hospices offered 97.7 beds per 1 million inhabitants, the 10th highest figure in the country. Significant differences between districts due to the location of the centres and the contracting of this range of services to groups of districts.	Improvement of the accessibility of services Enabling patients to use centres close to their place of residence through an even distribution of entities providing inpatient hospice services.	OB NHF LGU Health care entities	2022	Annual funding allocation for 2 inpatient hospices – 20/27 beds represents a cost of – PLN 3,126,034.00 Cost of the hospice infrastructure in the district of Kluczbork – PLN 3,800,000.00 cost of equipment – PLN 1,000,000.00	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Increase in the number of people receiving palliative and hospice care per 100,000 population. Number of realised patient days in palliative and hospice care compared to 2021. Average waiting time for services. Number of complaints regarding the accessibility of inpatient hospice care services.

<p>2. Improvement of the accessibility of services for home-based hospices in the areas where disparities in access to these services persist.</p>	<p>Establishment of 2 home-based hospices providing care for up to 30 patients in the Kędzierzyn-Koźle and Namysłów districts.</p>	<p>The number of patients receiving home-based palliative and hospice care per 100,000 population is good in comparison to the rest of Poland (206.18 patients per 100,000 population (2nd place in the country, +32% compared to the average for Poland – 156.2), the scale of demand for the above services continues to increase.</p> <p>Disparities in the distribution of potential across districts are the cause of accessibility problems for home-based palliative care for the local population, where, due to the nature of the services, the centres should be close to the place of residence. The Namysłów and K-Koźle district region is below the average expenditure per province.</p>	<p>Improvement of the accessibility of services</p> <p>Enabling patients to use centres close to their place of residence through an even distribution of entities providing inpatient hospice services.</p>	<p>OB NHF LGU Health care entities</p>	<p>2022-2026</p>	<p>Annual funding allocation for 2 home-based hospices – 60 patients – PLN 1,708,4880.00</p>	<p>1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.</p>	<p>Increase in the number of people receiving home-based palliative care per 100,000 population.</p> <p>Number of realised patient days in home-based palliative and hospice care.</p> <p>Average waiting time for services.</p> <p>Number of complaints regarding the accessibility of inpatient hospice care services.</p>
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2.9. Emergency Medical Services

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
<p>1. Ensuring better communication between hospital wards and other health care entities regarding the transfer of patients from hospital emergency departments to the receiving ward.</p>	<p>Expansion and improvement of the "on-line bed" application (an application implemented by Opole Province Governor dedicated to health care entities from the Opole Province, which contains information on free beds in individual hospital wards).</p>	<p>Increased waiting time for transfer of patients from the ED to the receiving ward due to lack of up-to-date information on unoccupied beds in hospital wards and the need to search for them.</p>	<p>Reduction in the length of stay in the ED for a patient requiring further treatment in a hospital ward.</p>	<p>Opole Province Governor</p>	<p>2022-2023</p>	<p>No cost (task can be carried out as part of OPO activities)</p>	<p>Maps of Health Needs for 1 January 2022 to 31 December 2026</p>	<p>Implementation of the updated version of the application</p>

2.10. Medical staff

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
1. Ensuring the accessibility of highly qualified medical staff.	1. Opening of speciality training locations for medical and medical-dental disciplines, that is: 1. endocrinology 2. geriatrics 3. psychiatry 4. family medicine 5. otorhinolaryngology 6. dental surgery	According to the Map of Health Needs for 1 January 2022 to 31 December 2026 in 2019, the number of medical practitioners in the province per 100,000 population was 261 (national average: 342) and it is one of the lower indicators in relation to other provinces.	Meeting the demand for specialist medical practitioners, ensuring generational interchangeability of medical staff and improving accessibility in the provision of health care services in specific areas.	MH, LGU MOOP	2022 - 2026	Within the financial resources of the health care entity or the financial resources allocated by the Minister of Health for residencies	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030. 3. National Health Programme 2021–2025.	Number of medical and dental practitioners in a particular field of medicine per 100,000 population by province.
2. Increasing the number of candidates accepted for studies in nursing and obstetrics.	Increasing the number of candidates accepted for studies in nursing and obstetrics at: - University of Opole - State Medical School of Higher Vocational Education in Opole - State School of Higher Vocational Education in Nysa	In the next 10 years it is estimated that there will be a decline in the number of professionally active nurses and midwives, which is why there is a need to increase the number of candidates accepted to the universities in the Opole Province, which will contribute to an increase in the number of nursing and midwifery staff.	Reducing the worsening shortage of nurses and midwives in health care entities (MOOP)	MH, medical universities	2022 - 2026	Within the financial resources of the university.	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030.	Number of students in obstetrics and nursing.
3. Increasing the promotion of speciality training among physiotherapy students.	Increasing promotion among physiotherapy students by providing - awards for the best graduates; - additional courses and training	Due to the large number of physiotherapy graduates (without speciality training) and the shortage of physiotherapists with a speciality in a specific field of medicine, there is a need to increase the number of specialists.	Improvement of the accessibility and range of physiotherapy services.	MH, medical universities	2022 - 2026	Depending on the type and scale of actions undertaken. Within the financial resources of the university.	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030.	Ratio of students in training to physiotherapists with a speciality.

2.11. Medical equipment

Recommendation	Actions that require coordination at the provincial level	Reason for action	Results expected from implementing the actions	Entity responsible for implementing the actions	Year(s) in which the action is planned to be implemented	Estimated costs of actions	Compliance of the action with strategic health sector documents	Implementation indicators for individual actions
1. Purchase of new angiography units.	Replacement of angiography units with high priority for replacement. According to forecasts for 2021, the demand for angiography equipment is 9 units, including: in the city of Opole (5 units), in the districts of Kluczbork, Nysa, Krapkowice and Kędzierzyn-Koźle – 1 unit each.	Replacement of angiography units will improve access to the procedure, 27.3% of the angiography units available in the Opole Province have a high priority for replacement.	Improvement of the accessibility of radiological examinations for the circulatory system.	Founding bodies of health care entities, health care entities	2022-2026	Within the financial resources of the health care entity	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030.	Increase in angiography equipment.
2. Ensuring effective operation of the PET scanner.	Increasing access to PET scanning services through increased co-financing.	PET examination allows the detection of malignant lesions, which contributes to immediate hospitalisation and increases the chances of recovery.	Increasing the number of conducted procedures.	Founding bodies of health care entities, health care entities	2022-2026	Within the financial resources of the health care entity.	1. Map of Health Needs for 1 January 2022 to 31 December 2026 2. Zdrowa Przyszłość (Healthy Future). Strategy Framework for the Development of the Health Care System for 2021–2027, with an outlook to 2030.	Increase in the number of PET scans performed.

3. Monitoring of the Transformation Plan

Of vital importance from the point of view of the efficiency and streamlining of the actions taken in the health sector are elements such as monitoring, midterm evaluation and the final report, which will allow future assessment of the extent to which the objectives and results envisaged in the National Transformation Plan have been achieved.

The Province Governor shall prepare a report on the implementation of the PTP each year **by 30 April**, including an indication of the **values of the indicators** achieved in the year under review. The information on the achievement of the indicators shall be published by the Governor in the Public Information Bulletin on the website of the entity and communicated to the minister responsible for health care policy.

As part of the midterm evaluation, the Governor, by 30 June of the third calendar year after the entry into force of the PTP (i.e. 30 June 2024), shall produce a midterm report on its implementation. The said report shall be published by the Governor in the Public Information Bulletin on the website of the entity and communicated to the minister responsible for health care policy.

The next reporting stage following the five-year NTP period, the Governor shall produce a final report on the entire NTP period **by 30 June of the year following the year in which the NTP period ended**. The report shall be published by the Governor in the Public Information Bulletin on the website of the entity and communicated to the minister responsible for health care policy.

The midterm report as well as the final report shall include:

- 1) a description of the actions initiated or implemented during the period in question,
- 2) a description of how the recommended action directions outlined in the MHN will be implemented,
- 3) an indication of the sources and amounts of funding for the actions carried out or undertaken during the period concerned,
- 4) indicator implementation ratio,
- 5) new priority health needs and challenges for the organisation of the health care system,
- 6) conclusions resulting from the implementation of the NTP,
- 7) proposals for updating actions.

4. Update of the Transformation Plan

Conclusions from midterm reporting will be used to update the actions included in the PTP as a result of achieving the assumed values of the indicators before the end of the 3-year period (i.e. in 2024) or as a result of identifying new priority health needs and challenges of the organisation of the health care system requiring action coordinated at the provincial level, or if there is a need to align the PTP with the NTP after its update.

The procedure for drafting and adopting PTP updates is analogous to the procedure for adopting the original PTP. The PTP update, if any, shall be effective from 01 January 2025 to 31 December 2026.