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How The UK's PPPs Disaster works in Turkey : Our short national experience

Practices of British National Health System (NHS), about to crash, carried out by the cooperation of public and private sectors was imported into and adopted to our country by the ministry of health, which were named under “city hospitals”. So far at this point, this system does not decrease the cost burdens suffered by the public at all but increases such costs in return. The budget allocated by the public sector to health is being transferred by virtue of this system to private enterprises. Health budget provided at the first stage has been already sacrificed, and these resources are being transferred to following stages. Since new types of hospitals are built far away from urban settlements and existing hospitals are being shut down one after another, people’s access physically to public hospitals, to health services is being hindered. People are driven to closest private hospitals. Except for these, the working conditions of doctors and health employees these hospitals are becoming tougher. Turning health services into an automatized mechanical process which is indexed to performance makes even the burden heavier. In summary, the system, which was implemented in United Kingdom and countries under its influence, and which has failed as pointed out by the doctors in these countries, has also spoiled Turkey and is turning into an incurable complicated disease that is rapidly progressing by demonstrating a dramatic picture.

As this practice will lead to growing troubles for us in near future, in the agenda of FEMS member countries, we have decided to draw the attention of our colleagues attending this meeting to this system.

A model for cooperation of public and private sectors in Turkey

The notion of cooperation of public and private sectors, namely “City Hospitals” as pronounced recently has been initiated by a legislation enacted in the year 2005, amending the scope of health services. “Administration for Cooperation of Public & Private Sectors” was officially first established under the ministry in the year 2017. The initial steps of the construction process of the first ever city hospital was taken for Kayseri City Hospital in the year 2009. A number of laws and decrees had to be enacted coming to the year 2017, in order to legalize this model has been despite to all of its unlawfulness, since it exposes several negative impacts on and conflicts with existing laws. Under the frame of this policy, Ministry of Health has planned 29 city hospitals in total across Turkey and signed agreements for 18 hospitals among such. So, a model that is entirely against the public domain has been launched, with conflicts including but not limited to costs, efficacy, patient satisfaction and employee rights.

Characteristics of city hospitals

Land needs for hospitals are met from treasury, the projects are by the ministry of health, whereas construction, maintenance, repair works of buildings are carried by private sector companies, to which tenders are awarded. Security, cleaning etc. and

medical services such as imaging, laboratory and similar are rendered by companies, to which tenders are awarded.

Agreements provide guarantees for a 70% bed occupancy rate for medical hospitals and for an 80% bed occupancy rate for psychiatry hospitals. Maintenance and repair fees are to be paid to such companies for 25 years. Any kinds of commercial area income to be generated from hospitals are also left to the hands of private companies. Any information about such new types of private business concerns are restricted by the reasoning of confidential business information.

Under conditions where health problems of the people are resolved by 80% at first stage, this project is being put into practice only to address 20% of health problems, whereas every year 3 billion Turkish Liras of rents are paid to 14 hospitals, in addition to the annual budget of 111 billion, and in return less budget resources are allocated to preventive health services.

Existing hospitals in cities on the other hand are being shut down, opened to occupation beyond health function and handed over to private capital. City hospitals are located physically far away from areas of settlement and have difficult access for people, besides with regard to architectural design they span over large spaces in terms of surface area, resembling supermarket types of developments, like a health shopping center for example. The legal ground for this project has been set up in order to eliminate any holdback, by amending labor laws and environmental laws.

Human resources for these hospitals is supplied by doctors, nurses and health personnel already in service, employed at existing state hospitals and at first stage. For this reason, practice experience of such employees is both not qualified and not sufficient either. In addition to their intensive working hours, doctors have also to struggle with forced bureaucratic duties beyond their jobs, since the number of doctors, assistant personnel and secretary personnel is not sufficient. Doctors have to work under inappropriate social conditions. Somehow resting rooms have failed to be included in architectural projects at all and communication among doctors has become more difficult, since clinics are located away from each other.

In conclusion, at this point we can say that Cooperation of Public And Private Sectors in health domain is not a suitable financing method and by this means public resources are handed over to the hands of global capital, the government must abandon this corrupted project immediately and city hospitals have to be returned back to public, e.g. ministry of health.

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