Hungary

Long-term Care

18 May 2011

Key Facts

- Approximately 16.5% of the Hungarian population is aged over 65 (OECD average 15%) with 3.9% of the population over 80 (OECD average 4%).
- Hungary spent 0.6% of its GDP on long-term care in 2007, of which 0.3% was for health-related LTC, and 0.3% for social services of LTC (OECD Health Data 2010).
- In 2008 approximately 7-8% of Hungarian population over the age of 65 received at least one type of basic social services; and 2.91% of people above 65 were recipients of LTC in institutions.
- In 2008, there were 49.5 permanent places in special "homes" per 1000 population over the age of 65 (77 400 persons). (OECD Health Data, 2010)". The capacity for temporary accommodation was 12 400 persons.
- In 2008 there were 16.2 LTC hospital beds per 1000 population over the age of 65 (26 760 beds).
- In 2008, there were 10 928 formal LTC home workers (0.7% of the population aged 65 and over); and 23 251 formal LTC workers in institutions (1.4% of the population aged 65 and over) (OECD Health Data 2010)

Background

In Hungary, long-term care (LTC) patients can receive services from the health and the social care system, which have different structures and funding. In 2008, according to the State Audit Office of Hungary, the health care system operates under the National Health Insurance, while the social care system is managed at a local level. The cooperation is poor between them, but cross financing is often observed. The central government is responsible for the health care legislation, as well as the financing for LTC. The local governments assume primary responsibly for organising and delivering social care, which includes home care and nursing care, under the framework set out by the central government. Social care is supervised by the Public Administration Offices (PAOs) within the Ministry of Local Governments (MoLG). In 2002, there were suggestions for a public LTC insurance system and recent political debates surround the establishment of uniform regulations for LTC services.

Benefits and Eligibility Criteria

The health care system provides a primary medical assistance based on GP praxis, operates a domestic medical nursing service for limited number of visits, and provides continuous outpatient special care for different type of chronically ill patients. An increasing part of hospital facilities is devoted to the care for chronically ill patients. Hungary provides permanent accommodation for beneficiaries in "homes for aged", "homes for disabled persons", "homes for psychiatric patients", and "homes for addicts". Also, in 2008 there were 15 470 rehabilitation beds (9.36 per 1000 persons aged over 65), 2 410 nursing beds (1.5 per 1000 persons aged over 65) and 128 hospice beds (0.0077 per 1000 persons aged over 65). Their occupation rates are about 80-85%, and the average length of stay is about 60 days.

Under the compulsory health insurance system in Hungary, the elderly have been entitled to almost free healthcare, according to their needs. Eligibility for social care is based on a needs' assessment, which according to the Social Care Act of 1993, is determined by local governments and carried out by the institutions.

Social care services include home care, day care and residential care. Institutional care is only provided to individuals who require more than 4 hours of help per day. Individuals in need of 2 to 4 hours of care receive home care services, while those who require less than 2 hours of care per day receive no public assistance. Benefits are set at a national level but are often supplemented by additional benefits provided by local authorities. Adjustment of benefit levels for inflation is at the discretion of local authorities.

Funding and Coverage

In relation to health care, full coverage is ensured. The public services are primarily financed by the National Health Insurance Fund, and from contributions and tax based revenues. Drugs and medical aids are accessible typically with a co-payment. Facilities providing chronic care usually require a flat rate contribution from the patients.

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Social care is funded by a combination of central government, local government and out-of-pocket contributions. User charges for institutional care can be fully paid by the user or a third person, if the total fee cannot be paid in full. The charge amounts to a maximum of 80% of an individual's monthly income or 60% for provisional residential care. User charges for social care vary between local authorities. In 2008, local government contributions represented 46% of all public LTC expenditure but no estimates are available regarding the share of out-of-pocket contributions.

Delivery

Nursing Homes

While the majority of nursing care organisations and institutions belong to the private sector and are managed independently, their services are partially funded by the compulsory health insurance. In 2007, 2.4% of the elderly aged 60 and over received institutional care while another 2.1% received professional home care. Between 2007 and 2011, the Health Insurance Supervisory Authority (HISA) monitored the quality of care provision; this task is partly delegated to the NHIFA, partly to the National Public Health and Medical Officer's Service.

Home Care

On the other hand, homecare is designed, organised and delivered by local authorities. Each of the 3 200 local authorities must make investment decisions, determine user fees, and ensure that home care is readily available. In rural areas, social assistance will often involve general practitioners and primary care nurses paying visits to the elderly. In local authorities is responsible with over 10 000 residents, there are social service centres, dedicated to social care provision. As of 2000, 50 per 1000 people above the age of 60 were delivered meals, 20 received home help and 20 attended day care centres or intitutions for the elderly.

Workforce

According to the Hungarian Yearbook of Welfare Statistics more than 90% of personnel of residential facilities are qualified, the majority of which only have a basic level of education (Johansson and Moss 2004). Approximately 35% of social workers have home help qualifications.

Caregivers

There are no specific training programmes for informal LTC workers. Different LTC positions correspond to different training and education criteria. Carers who are deterred from the usual workforce because of caring responsibilities are provided pension rights and credits as well as a nursing fee.

References

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