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“WE MUST STOP POLARISING DEBATE ABOUT PUBLIC AND PRIVATE HEALTHCARE”



The health crisis has shown the need to increase public-private co-operation in this country in order to face the colossal challenges of the pandemic. Digitalisation of health services, efficient management of resources to prevent further outbreaks and the quest for a vaccine are just some of the issues which are yet to be overcome, ones which will require effort by society as a whole. We discussed this with Iñaki Ereño, CEO of [Sanitas and Bupa](#) for Europe and Latin America and Group CEO Designate of Bupa.

Coronavirus has shown that health services are ill-prepared to manage pandemics. What changes need to be made so that we do not see this situation again?

There are two types of measures which need to be considered: some which should be taken immediately and others which should be taken in the medium term.

Looking at the first, the most critical immediate issue has to do with availability of healthcare resources, measured in terms of hospital beds, or ones in the ICU. The pandemic has made it clear that the number of beds available to the population, public and private combined, is insufficient. The number must be increased if we are to be prepared for another outbreak.

The next measure has to do with personal protective equipment for healthcare workers and the population. It has been demonstrated that it is seriously lacking: we should have suppliers with enough equipment to last three or four months, with a clear route for sourcing it.

These are immediate measures which should be taken. In the medium term, we must consider patients with pre-existing pathologies, who have felt very isolated. They have been told to “stay at home, and ONLY come to hospital if you present these symptoms, we need hospital beds for other patients”. Speeding up digital solutions so that citizens can still access medical care would help to resolve this issue.

Another concern is mental health, something which Spain should take very seriously as it looks to the future: right now, there are a lot of mentally ill people who are not receiving the care they deserve. In addition, it is important to be able to offer home hospitalisation. These are complex measures which have to do with digitalisation, issues which tend to be delayed and put on the back burner, but they are extremely necessary: things cannot stay as they are.

Sanitas has treated 6,000 elderly people – 75% of them with mental health issues – in its 47 care homes. How did they cope with such a difficult situation?

The most difficult thing to do was just that, because traditionally, the centres are places for care rather than cure. We were asked to cure our residents, to replace healthcare services and we have done our level best to do this. We believe that we had a strength in that our care homes, part of a healthcare group, are better medically equipped than the average care home.

As the CEO of Sanitas, what key lessons have you learnt from the crisis?

The world has moved at an exponential rate and everything that we thought was going to happen in five years is already here. Moreover, the crisis shows in black and white terms the inefficiencies which we all have and which we must resolve if we are to plan for unexpected situations.

It has also brought to the fore how important it is to take sustainability seriously, as no-one is in any doubt as to the strong relationship which exists between climate change and health. It is now more necessary than ever for companies to think hard and seriously about what they are going to do to resolve humanity's issues. Obviously companies have to make money, but consumers are going to look at these companies from a sustainability point of view: people are going to ask what your company is doing to find solutions to these issues, and if you don't have a convincing answer, they won't be interested in you.

The digitalisation of health services has also been hastened by COVID-19. What is patient care going to be like in future?

Even before the pandemic, some of us supported healthcare digitalisation with real energy. I don't think there is anyone now who doesn't acknowledge, accept and support it. To promote patient care, we firstly need a digital medical triage system which gives people a diagnosis. Furthermore, doctors must be contactable by patients through an app on their mobile.

And finally, something fundamental is that if someone needs permanent care – under normal conditions they were not treated or had to travel to a hospital – now they can be seen at home. All this will come, but we need real co-operation between public and private healthcare.

How can we increase this synergy?

We must prioritise creating an electronic platform for patient history which may be used in both public and private healthcare. This would be a key step which would prevent us from having to repeat tests, one which would enable us to share patient data – data which is definitely about them and no-one else – something which would result in enormous savings on costs.



During the pandemic, you have put your hospitals and their resources to serving the public and confronting the virus. How have relations with government departments been?

In general, they have been very good, because we have co-ordinated our efforts in terms of hospital bed and admission management. We received two calls per day in which they asked

us how things were going, what space we had and, with that information, they could send patients to us. Purchase of personal protective equipment is something which has not worked as well but we have tried and continue to do so.

With the information which you hold as a large company in the healthcare sector, when do you think we will have a vaccine?

We trust that there will be a vaccine and it will be for as generalised use as possible, as soon as possible, but we must learn to live with COVID-19, just as we have done with many other viruses. Public and private healthcare must take a series of measures, such as preparing additional beds or buying more equipment. That, we have already done. Of course, quite apart from that, people must continue to do their bit, by wearing masks and abiding by current rules.

The flu season will soon be upon us, something which is a big driver of occupancy in Spain's hospital beds in autumn. We are hoping that public healthcare will lead a vaccination campaign more extensively than in other years because it will reduce admissions and free up more beds so that they are there if necessary. These are important measures which can be taken without the need to wait for a vaccine, one which cannot come sooner: although if this is the case, we must not forget that we can live perfectly well with the virus if we do things properly.

Do you think that health services are prepared for another outbreak?

No, they are not. What is happening now with new contagion [the interview was conducted in late July] was predictable and manageable. We are still talking about outbreaks but the discussion should have been focussed on learning, solutions and the pursuit of prevention plans a long time ago. The task of a great many government officials is to do this, and if we fail again it is because they have not done their work.

As a businessman, what measures do you think you need to take to deal with the crisis?

From a healthcare point of view, we must focus on four fundamental messages. The first is to see how government authorities and ultimately, the media, communicate: we must not fall into demagoguery, but base ourselves on data.

Secondly, it is important to talk about what resources we need should there be another pandemic tomorrow, so we need a list of lessons learnt and an action plan if there is not one already.

The third message is holding more open, shared medical discussions to bring all hospitals and the whole of the public system into line in terms of healthcare priorities. Finally, we must address absurd discussions about public and private healthcare: during the pandemic we attended to 20% of those infected, and as is clear, they have been treated just as well as everyone else. We must talk of good and of bad healthcare: both exist, in the public and the private sector alike.