Spain Health Care System

A GENERAL ASSESSMENT OF THE NATIONAL / REGIONAL / LOCAL HEALTH SYSTEMS FROM AN ADMINISTRATIVE STANDPOINT

A1 Administrative organization of the country on three levels: national, regional, local

Spain is constitutional monarchy with a bicameral parliament (Senate and Congress of Deputies). The area of the country is 504782 sq. km and a population of 44592772 inhabitants in 2008. The main religion (94%) is Roman Catholic. The country covers approximately 82% of the Iberian peninsula of south-western Europe. The climate is temperate with wet winters and dry summers. The weather is less extreme in the north-west.

Spain is organized from the administrative point of view in 18 communities / regions:

Below there is a table with the Spanish regions, their surface and population.

Community/Region	Surface	Population (2000)
Andalusia	87268 sq. km	7340100 inhab.
Aragon	47669 sq. km	1189900 inhab.
Asturias	10565 sq. km	1076600 inhab.
Baleares	5014 sq. km	845600 inhab.
Basque Country	7261 sq. km	2098600 inhab.
Canary Islands	7273 sq. km	1716300 inhab.
Cantabria	5289 sq. km	531200 inhab.
Castilla – La Mancha	79226 sq. km	1734300 inhab.
Castilla y Leon	94147 sq. km	2479100 inhab.
Catalonia	31970 sq. km	6262000 inhab.
Ceuta and Melilla	32 sq. km	141500 inhab.
Extremadura	41602 sq. km	1069400 inhab.
Galicia	29434 sq. km	2731900 inhab.
La Rioja	5034 sq. km	264200 inhab.
Madrid	7995 sq. km	5205400 inhab.
Murcia	11317 sq. km	1149300 inhab.
Navarra	10421 sq. km	543800 inhab.
Valencia	23305 sq. km	4120700 inhab.

Source: www.populstat.info/Europe

Below there is a map of Spain (Canary islands, Ceuta and Melilla are missing from this map

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Source: www.idealspain.com

Furthermore, the community/regions are divided in provinces. Catalonia has four provinces: Barcelona, Gerona, Lerida and Tarragona.

The provinces are further divided in municipalities. Below there is a table with provinces of Catalonia and their population:

Province	Population	No. of municipalities
Barcelona	5330000 inhab.	311
Gerona	731864 inhab.	221
Lerida	414015 inhab.	231
Tarragona	888895 inhab.	183

Source: Wikipedia

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"Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)"

Below there is a map of Catalonia with the 4 provinces

Source: www.digital.maps
The administrative division of Spain stems from its history, its geography. An important factor is also the language (ethnicity).

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A2 Organization and functioning of the health system

The Spanish National Health System has three levels: national, regional and local (health areas and zones)

The general principles of the National Health System are:
- universal coverage with free access to health care for almost all inhabitants;
- public financing, mainly through general taxation;
- integration of different health service networks under the National Health System structure;
- political devolution to the autonomous communities and region-based organization of health services into health areas and basic health zones;

We find at the national level the Ministry of Health and Consumer Affairs which is responsible for coordination of the system, health legislation (defines the benefit package), international health, pharmaceutical policy, setting basic salary rates). Various agencies (health technology assessment, quality assurance, pharmaceutical and health products, food safety, transplant) belong to this Ministry. Other functions are the control and inspection of the system. Other national level stakeholders are the Ministry of Education in charge with medical education, the Ministry of Economy and Finance and Ministry of Labor and Social Affairs which collect taxes and administrate the Health Cohesion Fund. Money collected in this fund is then distributed to communities / regions. The Ministry of Defense, the Ministry of Justice and the Ministry of Public Administration run their own funds for the health services of their employees. The Ministry of Interior is in charge with health care in prisons.

The regional health authorities are defined by law as community councils for management, consultation and monitoring. Public health policies are the attribute of the Department of Health and Consumer Affairs at regional level (Autonomous Community Government). This regional "Ministry of Health" has contractual relationships with all providers in the region. It also has the responsibility of social care services as well as for epidemiological surveillance and other public health services. The Catalan Regional Government and the Barcelona City Council created a consortium that allows joint management and operation of the city health care network. This was later transformed into a public corporation.

Within regions there are the health areas responsible for the management of public healthcare providers. Each health area has 200000 to 250000 inhabitants. Within the health areas there are the health zones organized around a primary care practice group. Health promotion is integrated in the workload of primary care practitioners. Home care services are managed at this level.

Because the Spanish system is essentially a Beveridge type system, the insurance companies play a limited role. They are either public funds for civil servants or voluntary health insurance schemes.

The main regulative framework consists of the General Health Care Act of 1986, the Cohesion and Quality Act of 2003 (benefits package), and the Annual Budgetary Act of 1999 (tax deductions for companies purchasing occupational health insurance for their employees), the 63/1995 Royal Decree on benefits package.

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The main control and regulatory institutions are the General Department of Cohesion of NHS and High Inspection of the Ministry of Health and Consumer Affairs at national level and the Department of Health and Consumer Affairs of the region.

Occupational health services used to be managed either through the social security mutual funds, or through the National Health System; since 1996 these services have progressively been contracted out to private insurance companies which were given a mandate regarding sick leave.

The provision of primary care is done by general practitioners organized in practice groups. There is a health center for each health zone (defined on a radius of 30 minutes traveling time) and caring for 5000 to 25000 inhabitants. There are 2498 health zones in Spain. Primary care practitioners play a gatekeeper role. Specialized ambulatory care is done usually in polyclinics and the inpatient in hospitals which are public companies, non-profit foundations, administrative concessions, and sometimes are grouped in Health Consortia. There are also private clinics and hospitals. Pharmacies are private and provide pharmaceuticals in ambulatory.

Since 1997, in Spain have been introduced reforms in hospital organization; public hospitals are registered as nonprofit foundations and are self governing units

There are two types of managerial models in place:

- The **integrated model,** which retains financing, regulation, resource generation and service production under the same structures.
- The **contractual management model** which uses health needs assessments and sometimes allocates resources to service providers in one single package, like based on a capitation formula.

Catalonia assigns resources along direct management lines through the Regional Institute of Health, for example, combined with indirect management (contracts with institutions that are not directly part of the public system which they relate through agreements).

The consumer relationship with the system is based usually on domicile/address, but public servants, military and the justice system are affiliated to their own health funds.

All citizens are covered by the NHS even immigrants.

The benefits package is defined by the 63/1995 Royal Decree and consists of primary care, specialized care, emergency care, sanitary transport, nutrition care, social care, pharmaceuticals in ambulatory (with 40% co-payment , except for chronic care when the co-payment is only 10%), complementary benefits (prostheses). Regions might augment this mandatory package and most do.

Medical data is captured when services are delivered and every region has its bylaws for collecting data. Data is used for research, the main user being the Carlos III Health Institute in Madrid. This institute coordinates also the Cooperative Research Thematic Networks (RTICs), formed by public organizations or private sector institutions. The aim of RTICs is to transfer the knowledge gained through research into medical practice.

Regions develop health plans meant to tackle various health care issues.

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A3 Financing of the health system

The Spanish National Health System is a tax based system. The budgets of health departments of the regions come partly from taxes and excises paid locally and partly from the national budget (the Sufficiency Fund) by direct allocation based on population with age and insularity adjustments. Public servants and employees of defense, justice, public administration ministries have their own health funds. Money for these funds is allocated from national budget (70%) and personal contribution (30%). There are other specialized funds: Temporary Disability Fund, Health Cohesion Fund, the Interterritorial Compensation Fund. There are co-payments for drugs and there are voluntary health insurance schemes (supplementary not substitutive).

Regional health budgets are approved by regional parliaments and money are allocated to providers by simply funds transfer (historic basis) but also through health programs.

GPs receive salaries plus 15% for capitation. Other specialists working in ambulatories or hospitals are paid by salary. Salaries are set by the Ministry of Health and Consumer Affairs at national level, but might be augmented by regional authorities. Hospitals are paid through block contracts with quality indicators. In 1991 was introduced the *weighted health care unit*, a measure for hospital activity that allows better financing and comparison between hospitals. In Catalonia a case-based payment for hospitals was introduced.

Private clinics operate on a fee-for-service basis.

A4 Health care providers

A list with health care providers and health institutions at regional level would be useful.

A5

Indicators for Spain (2006);

- The life expectancy was 80.44 years
- The general mortality was 8.93 / 1000
- The infant mortality was 3.78 / 1000
- The main 3 causes of mortality by cause of death in 2008 were: malignant neoplasms, diseases of circulatory system and respiratory diseases
- The working population was 48 %
- The unemployed 9.2 % of the workforce
- The coverage with doctors was 376 / 100000 inhabitants
- The coverage with nurses was 741 / 100000 inhabitants
- The hospital beds were 336 / 100000 inhabitants

Source: WHO HFADB

- What were in the last 10 years three main public health issues that were tackled / solved?
- What are three main public health issues now?

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Indicators for Catalonia

A list with the following indicators for the three levels (country, region, municipality) would be useful:

- General Population
- Life expectancy
- General mortality
- Infant mortality
- Mortality by cause of death? (main 3 causes)
- The working population
- The unemployed
- How coverage with doctors
- The coverage with nurses
- How many hospital beds

- What were in the last 10 years three main public health issues that were tackled / solved?
- What are three main public health issues now?

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