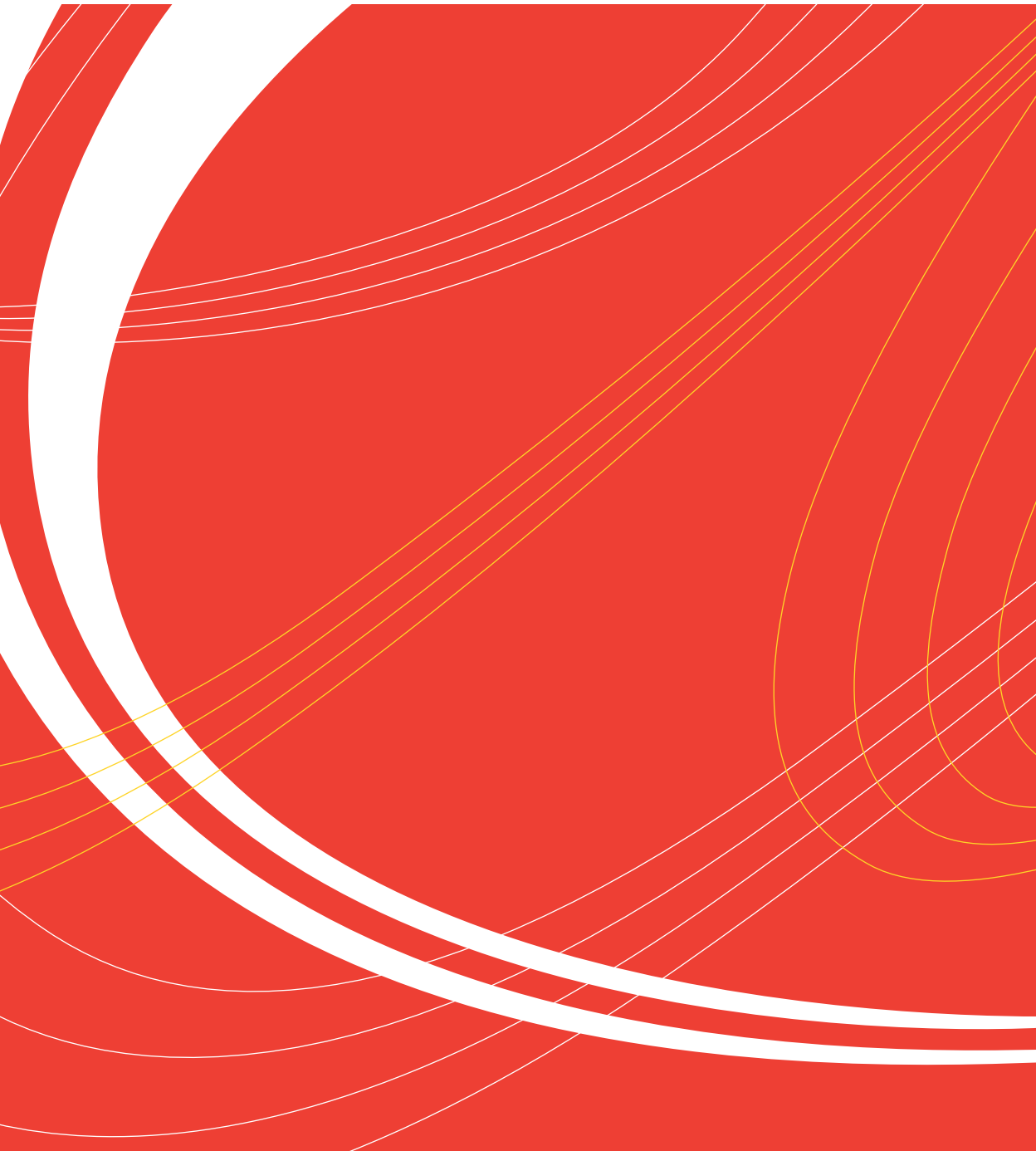


NATIONAL HEALTH SYSTEM
SPAIN 2010



NATIONAL
HEALTH
SYSTEM
SPAIN
2010



**Spanish Presidency of
the European Union**



2010.es

National Health System of Spain, 2010

Health Information Institute

Director: Mercedes Alfaro Latorre.

Publication Manager: Santiago Esteban Gonzalo.

Data compiling, data processing and coordination:

Rebeca Isabel Gómez. Pablo Calvete Pérez. David Guevara García.

Technical support: Elena Campos Carrizo. Oscar Sánchez Prieto. Antonio José Jiménez Fernández. Mario González Sánchez. Lorena Simón Méndez. Israel John Thuissard Vasallo. Iciar Abad Acebedo. Gonzalo Marco Cuenca. Belén Martínez Pablo.

List, in alphabetical order, of the persons responsible for the information systems used in this edition: Carmen Alonso Villar. Mercedes Álvarez Bartolomé. Víctor Barranco Ortega. Miguel de Bustos Guadaño. Celia Cairo Carou. Javier Etreros Huerta. Ana Isabel Fernández Quintana. María Angeles Gogorcena Aoiz. Juan Luís Gutiérrez Fisac. María de los Santos Ichaso Hernández-Rubio. Pilar Jiménez Rosado. Rosa Mataix González. Felix Miguel García. María Isabel Moreno Portela. Enrique Regidor Poyatos. María del Carmen Rodríguez Blas. José Sarabia Álvarez-Ude. Mónica Suárez Cardona.

Acknowledgements:

We would like to thank every unit in the Ministry of Health and Social Policy for the cooperation provided to the Health Information Institute and, especially to:

- General Directorate for Professional Regulation, National Health System Cohesion and High-Level Inspection, General Subdirectorate for Economic Analysis and Cohesion Fund.
- General Directorate for Pharmacy and Medical Products.
- General Directorate for Public Health and Foreign Health Affairs.
- National Transplants Organization.
- Spanish Agency for Medicines and Medical Products.
- Government Delegation for the National Plan on Drugs.

We also express our gratitude to the Carlos III Health Institute, Ministry of Science and Innovation, for the collaboration provided.

© Ministry of Health and Social Policy

The full or partial reproduction of this material is authorised for non-commercial use, provided that reference is made to this document.

Suggested reference

National Health System of Spain, 2010 [Internet monograph]. Madrid: Ministry of Health and Social Policy, Health Information Institute. Available at: <http://www.msps.es/en/organizacion/sns/libroSNS.htm>

Edita: Ministerio de Sanidad y Política Social. Centro de Publicaciones

NIPO en papel: 840-10-003-2 / NIPO en línea: 840-10-005-3

Depósito Legal: M-4107-2010

Diseño: Javier García-Burguera Herrero

Imprime: Solana e Hijos, Solana e Hijos Artes Gráficas, S.A.

contents

00. Presentation	05
01. Introduction	07
02. Health Protection in Spain	08
03. Covered Population	14
04. Funding	16
05. Organization	17
06. Coverage	19
07. Resources and Activity	25
08. Healthcare Expenditure	30
09. Satisfaction with the Healthcare System	31
10. Relevant Health data in Spain	32
Appendixes	
A. Information Sources	39
B. The Ministry of Health and Social Policy	42
C. Directory: Ministry of Health and Social Policy and autonomous regions	45
D. Main data and figures on Spanish health	47

Presentation

The Spanish National Health System is today, in 2010, the result of the work of several generations of Spanish citizens, originating from the right to health protection and health care for all citizens, as laid down in the Spanish Constitution.

Health care has been, and remains, one of the main cornerstones of the Welfare State in Spain, along with education, pensions and social protection services. Its features of public financing, universal and free access, together with the quality and safety of its services, have contributed enormous benefits to society as a whole.

First, we can identify health care as one of the major policy instruments for income redistribution among the Spanish citizens: individuals pay contributions according to their economic capacity and receive all kinds of health services, simply, in accordance with their health needs.

Secondly, it has allowed a gradual improvement in all health indicators, providing a higher quality of life to citizens, placing Spain among the countries with higher life expectancy.

All of this makes health care an extremely valuable component of social cohesion, since a healthy population is a prerequisite for economic growth and prosperity.

The decentralised management of the Spanish National Health System has brought civil service nearer to citizens, guaranteeing equity, quality and participation. But its vocation for coordination among the different autonomous regions also enables exchange of experiences, which enhances results and guarantees decisions affecting patients.

It is hardly surprising, then, that the health system remains the most valued public service by Spanish citizens, whose satisfaction and well-being must be the sole objective of our public policies.

Our work now is to continue to improve conditions under which services are delivered, to promptly incorporate constant advances in medical science into clinical practice, and to promote technological innovation in order to improve our efficiency in the management of resources.

It is a task which requires, as always, everyone's effort and the same public service conviction that has brought us this far.

Trinidad JIMÉNEZ GARCÍA-HERRERA
Minister of Health and Social Policy.

Introduction

This information brochure gives an overview of the basic characteristics of Spanish public health and describes the main features of the National Health System.

The text is supplemented by data and figures which provide a picture of the situation of the sector and illustrate its current configuration.

The document opens with a chapter setting out the distribution of responsibilities in the health area amongst the different levels of government, and particularly between Central Government and the autonomous regions, and continues to review aspects of the National Health System referring to the population covered, funding, organisation of healthcare resources and benefits included in the public funding.

The chapter on relevant health data in Spain can be used as a quick reference of the most significant figures on Spaniards' health status and on the Spanish National Health System.

The appendixes to the document include the information sources used, a brief description of the powers and responsibilities of the Ministry of Health and Social Policy completed with a directory of the main units of the department and from health ministries, or equivalent institutions, in the autonomous regions and cities with autonomy statutes. This section also includes a review of the main data and figures on health in Spain.

The statistical information has been compiled and, to a large extent, produced by the Health Information Institute, dependent on the National Health System Quality Agency in the Ministry of Health and Social Policy

> www.msps.es

Health Protection in Spain

Article 43 of the Spanish Constitution of 1978 establishes the right to health protection and healthcare for all citizens. The substantive principles and criteria enabling the exercise of this right are materialised as follows:

- Public funding, universal coverage and free healthcare services at the time of use.
- Defined rights and duties for citizens and public authorities.
- Political decentralisation of healthcare devolved to the autonomous regions.
- Provision of comprehensive healthcare, striving to attain high levels of quality duly evaluated and controlled.
- Integration of different public structures and health services under the National Health System.

The **National Health System** - NHS - is comprised by both the Central Government Administration and the autonomous regions public healthcare managements working in coordination to cover all the healthcare duties and benefits for which public authorities are legally responsible.

Responsibilities for public authorities on health

NHS INTER-TERRITORIAL BOARD	
CENTRAL GOVERNMENT	<ul style="list-style-type: none"> • HEALTH BASIC PRINCIPLES AND COORDINATION • FOREIGN HEALTH AFFAIRS • PHARMACEUTICAL POLICY • MANAGEMENT OF INGESA
AUTONOMOUS REGIONS	<ul style="list-style-type: none"> • HEALTH PLANNING • PUBLIC HEALTH • HEALTHCARE SERVICES MANAGEMENT
LOCAL COUNCILS	<ul style="list-style-type: none"> • HEALTH AND HYGIENE • COOPERATION IN THE MANAGEMENT OF PUBLIC SERVICES

Source: Distribution of responsibilities according to the Spanish Constitution of 1978, Act 14/1986, April 25th 1986, the General Health Act, and Act 16/2003, May 28th 2003, on the Cohesion and Quality of the National Health System.

Central Government responsibilities on health:

- Health basic principles and general coordination.
- Foreign health affairs and international relations and agreements.
- Legislation on pharmaceutical products.

The **basic principles and general coordination** refer to the establishment of standards determining the minimum conditions and requirements, in pursuit of a basic equality of conditions in the operation of the public healthcare services. This includes the provision of the means and systems of inter-relationship capable of ensuring reciprocal information, technical standardisation in specific aspects and joint action by the central and regional health authorities in the exercise of their respective responsibilities.

The **foreign health** activities are concerned with the surveillance and control of possible risks for health derived from the import, export or transit of goods and from international passenger traffic. Through its international relations and health agreements, Spain cooperates with other countries and international organisations in the following aspects:

- Epidemiological control.
- Fight against communicable diseases.
- Conservation of a healthy environment.
- Drawing-up, conclusion and implementation of international regulations.
- Biomedical research and any action the parties consider as beneficial for health.

Regarding **pharmaceutical products**, the powers and responsibilities of the Central Government are as follows:

- Legislation on pharmaceutical products.
- Evaluation, authorisation and registration of medicines for human and veterinary use and medical products.
- Decision on public funding and pricing of medicines and health products.
- Guarantee deposit of narcotic substances in accordance with international treaties.
- Importation of urgent foreign medicines unauthorized in Spain.
- To maintain a strategic official deposit of pharmaceuticals and medical products for emergencies and disasters.
- Acquisition and distribution of pharmaceuticals and medical products for international cooperation programmes.

The substantive principles and criteria for promoting the rational use of medicines are contained in Act 29/2006, 26 July 2006, on guarantees and rational use of pharmaceuticals and medical products, in order to ensure the quality of coverage throughout the National Health System in a decentralised framework, in such a way as to achieve the key objective of guaranteeing that all citizens continue to have access to the medicines they need at all times and in any location, under effective and safe conditions.

This Act regulates drugs for human consumption and medical products, its clinical research, their evaluation, authorisation, registration, manufacture, preparation, quality control, storage, distribution, circulation, traceability, marketing, information and advertising, importation and exportation, prescription and dispensing, the monitoring of the benefit-risk ratio, as well as the regulation of their rational use and the procedure for public funding, where appropriate. The regulation also extends to the excipients and materials used for their manufacture, preparation and packaging. It also establishes the criteria and general requirements applicable to veterinary drugs and, particularly, to special ones, such as magistral preparations, and those relating to industrially prepared medicines.

Irrespective of the powers held by the autonomous regions and, where appropriate, in coordination with them, the central government also undertakes actions in the following areas:

- Health control of the environment and foods, services and products direct or indirectly related to human use and consumption.
- Regulation, authorisation and registration or standardisation of drugs for human consumption and veterinary use and, with respect to the former, to exercise the responsibilities of inspection and quality control.
- Determination, on a general basis, of the minimum conditions and technical requirements for the approval and standardisation of facilities and equipment in centres and services.
- Promotion of quality in the National Health System.
- Specialist health care training in specifically certified teaching centres and units. Establishment of the Information System for the National Health System.

Responsibilities of the autonomous regions:

Under constitutional provisions and their respective autonomy statutes, the autonomous regions have taken up responsibilities with respect to healthcare.

Each autonomous region has its own Health Service, which is the administrative and management body responsible for all the health centres, services and facilities in its region, provincial administrations, town councils and any other intra-community administration.

Central Government retains healthcare management in the cities with autonomy statutes - Ceuta and Melilla- through the National Health Management Institute -INGESA-.

The taking-up of responsibilities in the field of health by the autonomous regions brings the management of healthcare closer to citizens and guarantees:



EQUITY

ACCESS TO THE BENEFITS AND THE RIGHT TO HEALTH PROTECTION UNDER CONDITIONS OF EFFECTIVE EQUALITY THROUGHOUT THE COUNTRY AND FREE MOVEMENT OF ALL CITIZENS.

QUALITY

IN THE EVALUATION OF THE BENEFIT DELIVERED BY CLINICAL ACTIONS, INCORPORATING ONLY THOSE WHICH CONTRIBUTE ADDED VALUE TO THE IMPROVEMENT OF HEALTH, IMPLICATING THE HEALTH-CARE SYSTEM.

PARTICIPATION

OF CITIZENS BOTH IN RESPECT FOR THE AUTONOMY OF THEIR INDIVIDUAL DECISIONS AS WELL AS IN THE CONSIDERATION OF THEIR EXPECTATIONS AS USERS OF THE HEALTHCARE SYSTEM.

The Inter-territorial Board of the National Health System (CISNS, from its Spanish abbreviation).

The Inter-territorial Board of the National Health System is the body responsible for the coordination, cooperation and liaison among the central and autonomous region public health administrations.

The Minister for Health and Social Policy acts as Chairman of the Inter-territorial Board. Deputy Chairman is held by one of the directors of the Health Departments of the autonomous regions, elected by and among the Department directors comprising the Board.

The CISNS operates through its Plenary Meeting, an Executive Committee, technical committees and working groups.

The Plenary Meeting

The Plenary Meeting is held at least four times each year and is the highest-level body within the structure of the Board, as its members hold the most senior offices of responsibility for health in our country.

The decisions of the CISNS materialise through the recommendations which are approved by consensus.

The technical committees and working groups organise themselves in response to the tasks assigned to them and hold regular or ad hoc meetings, depending on the nature of their work.

The Executive Committee

The Executive Committee, a second-level body, is comprised by the General Secretary for Health, as Chairman, one representative of each autonomous region with the rank of a Deputy Head of Department or equivalent and one representative of the Ministry of Health and Social Policy, who acts as secretary. The Deputy Chairman is appointed by the representatives of the Autonomous Communities.

The Executive Committee provides support in the preparation of the Inter-territorial Board meetings and performs whatever duties as the Board may delegate to it.

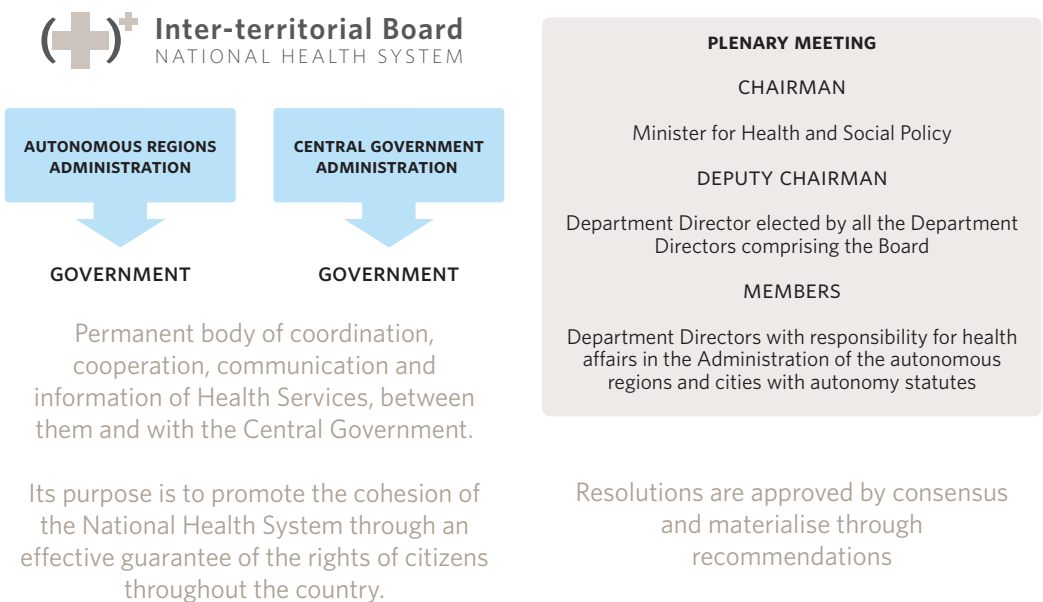
The Consultative Committee

This Consultative Committee answers to the Inter-territorial Board and renders social participation in the National Health System effective on an ongoing basis, as the Committee is the vehicle enabling the institutional participation of trade unions and employers' organisations in the National Health System.

The Committee is comprised by the following members:

- Six representatives of the Central Government.
- Six representatives of the autonomous regions.
- Four representatives of local government.
- Eight representatives of the employers' organisations.
- Eight representatives of the most representative trade union organisations nationwide.

The specific duties of the Committee are to inform, give advice and make proposals on matters of particular interest for the operation of the National Health System.



Population Covered by the National Health System

Access to public health services is obtained through the Individual Healthcare Card issued by each Health Service. This is the document which identifies every citizen as a healthcare user throughout the National Health System.

The rights to health protection and public healthcare are held by:

- All Spanish citizens and foreign nationals in the country, under the terms contained in article 1.2 of Organic Law 4/2000, January 11th 2000, on the rights and freedoms of foreign nationals in Spain and their social integration.
- The citizens of European Union Member States, who enjoy the rights emanating from European Union law and from the treaties and agreements signed by Spain applicable to them.
- Non-European Union citizens, whose rights are recognised by law, treaties and signed agreements.

The Spanish population official figures, as registered on January 1st 2008 census (Royal Decree 2124/2008, December 26th 2008) totals: 46,157,822 inhabitants, of which, 5,268,762 (11.4% of the total) are not Spanish citizens.

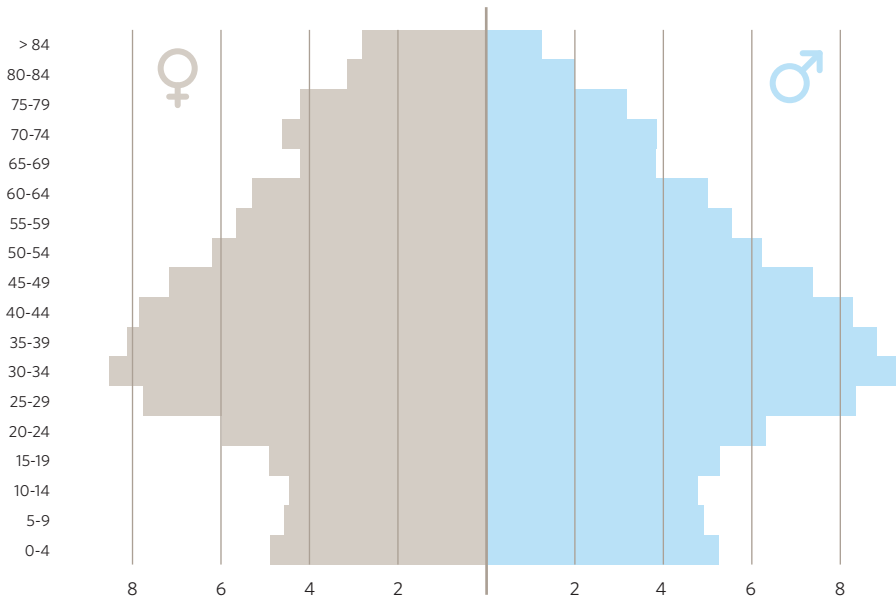
The pyramid reveals a demographic structure characteristic of a significant ageing of the population, with 16.5% aged 65 or older.

According to a preview report on the Municipal Census, the figure for the total number of residents in Spain at January 1st 2009 totalled 46.6 million inhabitants. Of whom, 41.1 million are Spanish citizens and 5.6 million are foreign nationals.

European population is over 497 million inhabitants; 2.3% are foreign nationals originating from other member states and almost 4% are non-European Union nationals.

Spain ranks third amongst the countries with the largest number of non-European Union nationals.

Spanish Population Pyramid [%]



Source: National Statistics Institute (INE). Official Population Figures, 2008.

Funding of the National Health System

Healthcare is one of the main instruments of the Spanish redistributive income tax system, aimed to redistribute income amongst Spanish citizens: all citizens contribute according to their wealth level and receive healthcare services according to their own health needs.

Healthcare for ordinary illnesses and non-occupational accidents in Spain is a non-contributory benefit funded through taxes and included in the general funding of each autonomous region.

For 2009, the budget forecast of the autonomous regions totals 58,960.3 million euros, which translates into 1,320 euros per covered person.

Initial health budgets for the same year, allocated by the rest of the participants in the National Health System, in millions of euros, are: Central Government 4,685.7, Social Security 1,824.40 and civil servants mutual funds 2,060.5. The provision made by the local councils totals 1,068.9 million euros.

Organization of the National Health System

The NHS health care delivery system is structured into two health care levels in which there is an inverse relationship between accessibility and technological complexity.

Primary Health Care makes basic health care services available within a 15-minute radius from any place of residence. The main facilities are the **Health care centres**, staffed by multidisciplinary teams comprising general practitioners, paediatricians, nurses and administrative staff, and, in some cases, social workers, midwives and physiotherapists.

Since primary health care services are located within the community, they also deal with health promotion and disease prevention.

The principles of maximum accessibility and equity mean that primary health care also provides home care whenever this is necessary.

Specialist Care is provided in **Specialist care centres and hospitals** in the form of outpatient and inpatient care. Patients having received specialist care and treatment are expected to be referred back to their primary health care doctor, who, based on the patient's full medical history, including the medical notes issued by the specialist, assumes responsibility for any necessary follow-up treatment and care. This ensures the provision of continuous care under equitable conditions, irrespective of the patient's place of residence and individual circumstances, with care provided even in the patient's home if necessary.

Health care services are distributed following a region-based organisation of health areas and basic health zones. Each autonomous region defines its own health areas according to various demographic and geographic criteria, but above all aiming to guarantee service proximity to users.

Each health area comprises several basic health zones that constitute the territorial framework for primary health care delivery, and where primary health care centres are based. Each health area is assigned a general hospital where patients are referred to for specialist care. In some regional health care services there are intermediate organisational structures between the health area and the basic health zones.

	Primary Care	Specialist Care
Feature	Accessibility	Technical Complexity
Activities	Health promotion and disease prevention, and sufficient technical resources to properly deal with common health problems	More complex and costly diagnostic and treatment resources that have to be concentrated to be efficient
Access	Spontaneous	By referral from primary health care professionals
Facilities	Health care centres and local clinics	Specialist care centres and hospitals
Place of health care provision	In a health care centre and at patient's home	Outpatient and inpatient

Coverage Provided by the National Health System

The services offered by the National Health System to citizens include preventive, diagnostic, therapeutic, rehabilitation and health promotion and maintenance activities. The basic services portfolio is established in Act 16/2003, 28 May 2003, on the cohesion and quality of the National Health System and in Royal Decree 1030/2006, 15 September 2006, which establishes the common services portfolio of the National Health System and the procedure for its update.

Basic Common Services Portfolio available to every user in the National Health System.

Public health

Initiatives organised by the public administrations in order to preserve, protect and promote the health of the population.

Its work focuses on both the design and implementation of health policies and on the maintenance of the population's health.

Public health includes various types of activities, namely: epidemiological information and surveillance, health protection (design and implementation of health policies and exercise of health authority), health promotion and disease prevention, environmental health protection and promotion, occupational health promotion and protection, and food safety promotion.

Primary Care

This health care level covers most activities regarding health promotion, health education, disease prevention, healthcare, health maintenance and recovery, rehabilitation and social work.

Health care is delivered either on demand, as part of scheduled programmes or in emergencies, at primary health care centres, rural clinics or in the patients' homes. This includes the indication or prescription and performance of diagnostic and therapeutic procedures, where appropriate.

Medical and nursing care – including home visits if necessary – is provided round the clock, for urgent health problems.

Primary care includes all activities in the field of health prevention, promotion and education, family and community care.

Health protection information and surveillance activities are carried out on this level, and physical rehabilitation services are offered.

Moreover, a number of specific activities are carried out, most of which are focussed on specific population or at-risk groups:

- **Adolescent care**
Counselling on healthy habits (including the damaging effects of tobacco, alcohol and substance abuse), eating habits and body image, and on making healthy sexual decision.
- **Woman care**
family counselling, pregnancy and puerperal care, early diagnosis of breast and gynaecological cancer, and diagnosis and treatment of menopause-related problems.
- **Child care**
Early detection of health problems, assessment of nutritional status, prevention of sudden unexpected infant death, general advice on child development, health education and child accident prevention, and guidance for the prevention and detection of sleep and sphincter disorders.
- **Care of adults, risk groups and chronic patients**
Evaluation of health status and risk factors; counselling on healthy lifestyles; detection of health problems; and education, attention and care of patients with various concurrent diseases and illnesses and receiving treatment with multiple medications.
- **Care of the elderly**
Health promotion and prevention, detection and care of elderly people with health risks, and home care for homebound people.
- **Care and detection of gender-based violence and physical abuse**
Especially when the victim is a minor or an elderly or disabled person.
- **Dental health**
care, diagnostic and therapeutic activities, health promotion, health and preventive education. Treatment of acute dental processes, preventive exploration in pregnant women, prevention and care measures for the child population.
- **Palliative care for the terminally ill**
comprehensive, individual and continuing care provided at home or at a health care centre.
- **Mental health care**
Promotion and prevention of mental health problems, detection and treatment of mental health problems in coordination with the specialist care level.

Specialist Care

In addition to health promotion, health education and disease prevention activities that, due to their nature, are best carried out at this level, specialist care also involves care, diagnostic, therapeutic and rehabilitation activities and follow-up care. Specialist care ensures ongoing comprehensive health care beyond the scope of primary care in coordination with the latter.

Specialist care is provided in the form of outpatient or inpatient care or in day hospitals, depending on the patient's condition and particular needs. Hospital-based emergency care (available twenty-four hours a day for patients with acute medical conditions requiring urgent hospital care) is provided to patients referred by their primary care or specialist care doctor, or to patients who have suffered an accident or has presented with a sudden life-threatening condition requiring treatment available only in a hospital setting.

Specialist care includes: specialised care in outpatient clinics, medical and surgical day hospitals, hospitalisation on an inpatient basis, support to primary care in cases of early hospital discharge and home care, palliative care for terminal patients, mental health care and rehabilitation for patients with functional deficiencies.

It also includes intensive care, anaesthesia and resuscitation, haemotherapy, rehabilitation, nutrition and diet, pregnancy follow-up, family planning and assisted human reproduction.

In addition, specialist care is also responsible for the indication and implementation of diagnostic and therapeutic procedures, including:

- Prenatal diagnosis in at-risk groups
- Diagnosis through imaging
- Interventional radiology
- Haemodynamics
- Nuclear Medicine
- Neurophysiology
- Endoscopy
- Diagnostic laboratory tests
- Biopsies and spinal taps
- Radiation therapy
- Radiation surgery
- Renal lithotripsy
- Dialysis

- Respiratory therapy techniques
- Human organ, tissue and cell transplants.

Emergency care

Emergency care is available for patients requiring urgent medical attention. It is delivered 24 hours a day at health centres or in other settings, such as the patient's home, in situ, etc.

It may be provided at primary or specialist health care centres, or specific emergency services.

Pharmaceutical services

Pharmaceutical services cover medicines and health products as well actions aiming to ensure that patients receive medicines as required, at the correct dosage, during the right amount of time and at the lowest possible cost for them and for the community, thus promoting the rational use of medicines.

For hospitalised patients the pharmaceutical prescription includes those products needed by each patient on the basis of the portfolio of common services.

For outpatients, these services cover all prescription medicines approved and registered by the Spanish Agency for Medicines and Health Products, magistral formulas and official preparations produced at local pharmacies following the National Formulary guidelines, and allergy and bacterial vaccines. These services do not cover cosmetic and dietary products, mineral water, elixirs, toothpaste and other health products, over-the-counter medicines, homeopathic remedies, or any item or accessory advertised targeting the general population.

Unlike other services, which are provided free of charge, pharmaceutical, orthopaedic and prosthetic services are co-financed by users. The contribution to the funding of pharmaceutical expenditure is as follows:

- **Hospital pharmacy:** Medicines dispensed in hospitals are not subject to co-payment.
- **Medical prescriptions:** The medicines financed with Social Security funds or government funds earmarked for health, within the National Health System, when prescribed and dispensed to non-hospitalised patients, are subject to the following co-payment:

	Population covered by Social Security	Population covered by public mutual funds
Pensioners and their beneficiaries	0%	30%
Non-pensioners and their beneficiaries	40%	30%
	Specific groups in either scheme	
Toxic Syndrome patients	0%	
AIDS patients / Chronic patients	10% - 2.64€ maximum	

Source: Ministry of Health and Social Policy. General Directorate for Pharmacy and Medical Products.

Orthopaedic and prosthetic benefit

This benefit extends to the elements required to improve patients' quality of life and autonomy. It includes medical devices, whether implants or not, that totally or partially replace a body structure, or that modify, correct or facilitate its function. This benefit is regulated by a specific catalogue.

Dietary products

These include therapeutic dietary products prescribed to people with certain congenital metabolic disorders, and products for enteral feeding at home for patients whose clinical condition makes it impossible for them to ingest ordinary food.

Health care transportation

This includes the transportation of patients for health care purposes when their condition does not enable them to use ordinary means of transportation, in cases of emergencies or when the patient is physically incapacitated.

Information and medical documentation services

The National Health System also provides a number of services associated with the health care process, including:

- Information for patients and their families or relatives on their rights and obligations, especially relative to the granting of informed consent.
- Administrative procedures necessary for the provision of continued health care.
- Information for patients on any health care procedures they will undergo.
- Issue of medical certificates justifying absences and other reports or clinical documents for the assessment of incapacity or other purposes.
- Hospital discharge reports and outpatient visit reports.
- Issue, at the request of users, of a copy of their clinical record or of specific information contained therein, while observing the health centre's obligations regarding the safekeeping of personal data and records.
- Birth and death certificates or any other document or certificate for the Registry Office.

Health care services paid for by third parties

In all applicable situations, public health services will receive from third-party payers full payment for health care or services provided directly to patients covered by them. This includes costs and expenses incurred for health care transportation, emergency care, specialist care, primary care, pharmaceutical services, orthopaedic and prosthetic services, rehabilitation and services requiring the use of dietary products.

Supplementary services provided by the autonomous regions

Within the scope of their authority, autonomous regions may establish their respective portfolios of services, which must necessarily include all the basic services that all National Health System users must be guaranteed.

Autonomous regions may include other techniques, technologies or procedures not stipulated in the common portfolio. None of these supplementary services are financed by the National Health System; therefore, they must provide the additional necessary resources.

Portfolio of services offered by mutual societies

The civil servants' mutual societies must guarantee the content of the portfolio of the National Health System's common services and may also approve their own respective portfolios of services.

Resources and Activity of the National Health System

Health care centres

The National Health System has 2,914 health centres and 10,202 local clinics where professionals from the zone's health care centre go in order to bring basic services closer to the population.

Hospitals

There are 804 hospitals operating in Spain. The National Health System has 315 hospitals, equipped with 105,505 beds, and 4 Ministry of Defence's hospitals contributing with 995 beds. There are also 20 hospital facilities owned by the occupational accident and work-related illnesses mutual societies, with 1,468 beds.

The remainder, 465 hospitals, are privately run and have 53,013 beds. According to the kind of care provided, from the total of 160,981 beds installed in Spain's hospitals, 131,445 are located in 589 hospitals concerned with acute care, 72.9% of which are managed by the National Health System. 37.2% of the 16,111 beds available in psychiatric care hospitals and 35.1% of the 13,365 beds for geriatric and long-term care are managed by the National Health System.

Hospital-based high technology

If we exclude the dialysis equipment, computerized axial tomography -CAT- is the most widespread high technology in hospitals and dependent facilities, with a total of 677 units and a ratio of 14.8 per million inhabitants. Magnetic resonance follows with 438 units and a ratio of 9.6 per million inhabitants.

The number of mammography units dependent on hospitals totals 492. Mammography helps to diagnose the most common cancer in women, breast cancer; early diagnosis facilitates intervention and increases survival.

Registered healthcare staff

There are in Spain more than half a million graduated professionals who are enrolled in a professional society related to healthcare activity. The largest group is comprised by nursing professionals, numbering 250,139, followed by physicians, with 213,977, representing, 55 and 47 registered professionals per 10,000 inhabitants, respectively.

Nursing, with 83.3%, is where the highest overall percentage of women predominance is found, followed by pharmacists with 70.3% of the total 61,975 registered. Dentists and veterinarians, with 25,697 and 28,188 registered

professionals, respectively, have lower percentages of women, that is, 43.3% in the case of the former and 40.4% for the latter.

Although overall figure of medical professionals is still favourable to men, figures for the younger age levels clearly show more women in the professions, so the trend will reverse in coming years.

Health care centres staff

Public primary care health centres employ 34,126 physicians (27,911 family doctors and 6,215 paediatricians), 27,433 nurses and 21,606 non-healthcare staff. The ratio of physicians on the first level of care per 10,000 inhabitants (calculated according to population data provided by the National Statistics Institute) is 7.5.

Nursing, with women accounting for nearly 8 out of 10 workers, comprise the group with the largest female component, followed by the non-healthcare staff with 75%. Among Family and Community Medicine specialists, the percentage of women is 47% and 64% in Paediatrics.

Hospital staff

69,742 physicians provide their services in National Health System hospitals and Specialist Care Centres. 27.7% of whom work in Internal medicine and medical specialties, 22.8% in the central services (clinical tests, microbiology, diagnostic radiology..) and 18.1% in surgery and surgical specialties. The ratio of medical staff working in public hospitals and Specialist Care Centres is 15.5 per 10,000 inhabitants. In public hospitals work 116.058 nurses, ratio of 25.9 per 10,000 inhabitants.

There are 16,555 physicians (ratio of 3.7 per 10,000 inhabitants) in hospitals acquiring postgraduate training. More than 98% of these physicians are being trained in hospitals belonging to the National Health System.

Activity in Health care centres

The National Health System attends to more than 273 million medical consultations per year in Primary Care, a volume of activity that reaches over 300 million if we consider emergency care outside normal working hours and more than 406 million if we include nursing activities.

The yearly medical visit's general attendance rate per inhabitant in the first level of care is 6.0 (6.1 for Family Medicine and 5.5 for Paediatrics), 2.9 for nursing and 0.7 for emergency care outside of normal working hours.

Vaccination coverage in children

Systematic vaccination coverage provided to the population under 1 year of age is 96.4% for poliomyelitis, 96.4% for DTP, 96.3% both for hepatitis B as well as for haemophilus Influenzae type b. Meningitis C has a 96.8 percentage of vaccination. Children between one and two years of age have a vaccination rate of 97.2% for the MMR vaccine (measles/rubella/parotitis).

Vaccination coverage for seasonal influenza in people over 65

Seasonal influenza vaccination coverage for people over 65 has remained stable in the last ten years with a rate over 60%. During the 2007-2008 influenza season, 4.7 million people were vaccinated, representing 62.3% coverage.

Activity in hospitals

More than 5.2 million hospital discharges are registered every year. Of which, 4 million (78.3%) are funded by the National Health System.

Similarly, each year, there are 77.1 million consultations with the various medical specialists (87.3% funded by the National Health System), 26.3 million emergency cases are treated (77.1% with public funding) and 4.4 million surgical operations are performed, more than 1 million of which involve major ambulatory surgery. There were 491,042 births in hospitals, 124,561 of which were by caesarean section.

Reasons for hospitalisation

In the case of almost 14% of the total discharges, the most frequent reason for admission to National Health System hospitals stems from childbirth, puerperium and complications of pregnancy. This reason accounts for 25.7% of women's total discharges.

By sex, circulatory system diseases, with 16.8% in male and 11.3% in female patients, rank next among the most frequent reasons for hospital discharge.

In the case of women, digestive and respiratory system diseases follow, with percentages of 8.8% and 9.6%, respectively. Tumours account for 8.1%.

With respect to men, circulatory system diseases are followed by those of the respiratory system, with 15.5%, and diseases of the digestive system, with 14.3%. Tumours account for 10.5%.

Pregnancy Voluntary Termination - PVT -

In recent years, there has been a steady increase in the number of cases of voluntary termination of pregnancy in accordance with the three legal situations: danger to the mother's health, foetal risk and rape, with a rate of 11.8 PVTs per 1,000 women between 15 and 45 years of age in 2008. In absolute figures this means 115,812 abortions were performed.

The age group with the highest prevalence is comprised by women between 20 and 24. A total of 475 cases were recorded in women under 15.

Transplants

The transplantation of organs is now a common technique in medicine, placing those who perform transplants in the technological vanguard. Scientific advances are making it possible for a larger number of diseases to be treated by means of transplants. In Spain, there is a continuous and stable transplant activity.

The limiting factor with respect to the transplant activity is the number of donors and generated organs.

In 2008 there were 1,577 organ donors in Spain. This donation activity allowed the performance of a total of 3,947 solid organs transplants: 2,229 kidney transplants, 1,108 liver transplants, 292 heart transplants, 194 lung transplants, 110 pancreas transplants and 14 intestinal transplants.

Spain, with a donation rate of 34.2 per million inhabitants, strengthens its world leadership and doubles the rate of 16.8 per million inhabitants registered in the European Union.

Other figures also stand out, such as living donor transplants with 156 kidney transplants, accounting for 7% of the total kidney donors.

Medicines Consumption

According to the data collected from the National Health System's prescription invoicing reports, which reflect the packages dispensed in chemists' shops charged to the National Health System, the most consumed medicines over the last few years, in terms of quantity, belong to the group of the anti-hypertensive drugs, exceeding 230 DDD per 1,000 inhabitants/day, followed

by the hypolipidaemic and the anti-ulcer drugs with 87.4 and 80.6 DDD per 1,000 inhabitants/day, respectively, showing an upward trend in both cases in recent years.

Insulin and oral anti-diabetic drugs are the fourth most consumed group with 55.7 DDD per 1,000 inhabitants/day.

The consumption of antibiotics is 19.1 DDD per 1,000 inhabitants/day. In order to promote the prudent use of antibiotics with the aim of preserving their effectiveness and preventing the appearance of bacterial resistance, the Ministry of Health and Social Policy has organised campaigns focussing on physicians as well as patients in order to reduce consumption.

Healthcare Expenditure

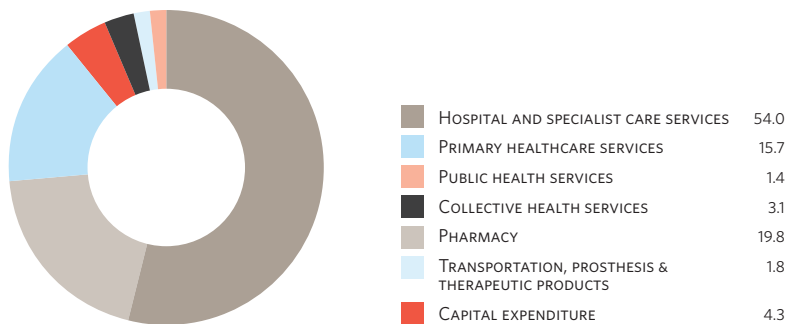
Data for Spain place public healthcare expenditure, including long-term care expenditure, at 63,768 million euros, which represents 71.8% of the country's total healthcare expenditure, which amounts to 88,828 million euros.

As a percentage of GDP, the total healthcare expenditure in Spain is 8.5%. Public healthcare expenditure accounts for 6.1% of GDP and represents an expense per inhabitant of 1,421€.

From a functional dimension of the public expenditure on healthcare, hospital and specialist services, with 54.0%, are those that represent a higher percentage of it, followed by the pharmaceutical benefit, 19.8%, and the primary care services with 15.7%. The public health services, with 1.4% of the expenditure, evidence an apparently small relative incidence, as a consequence -in addition to the method of defining and classifying this activity in the accounting systems- of the fact that the activities of public health, prevention and promotion are carried out basically through the Primary Care network and are not accounted for specifically.

As for the financial-budgetary classification, without including the expenditure on long-term care, the remuneration of personnel is the item with the greatest weight in public healthcare expenditure, with 43.4%. The activity arranged with the private sector represents 11.3% of this figure.

Public healthcare expenditure: composition according to operational classification (percentage of total). Spain 2007.



Source: Ministry of Health and Social Policy, General Directorate for Professional Regulation, National Health System Cohesion and High-Level Inspection. Public Healthcare Expenditure Statistics. Advance of figures for 2002-2007.

Satisfaction with the Healthcare System

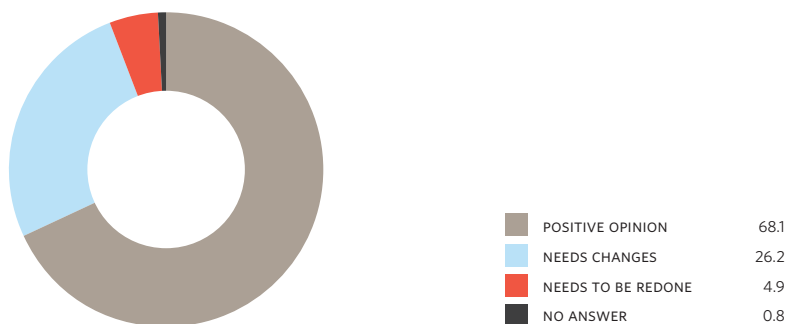
Legitimacy of any services organisation -and the National Health System is such an organisation- rests on satisfaction elements; so the information on the view users have on the health system is key.

In the early nineties, on the initiative of the then Ministry of Health and Consumer Affairs, and in cooperation with the Sociological Research Centre-CIS, opinion studies were begun in Spain focussing on the perspective of citizens. In 1995, these studies gave rise to what is now known as the Health Barometer.

68.1% of citizens feel that the National Health System is operating well, only 4.9% think that it should be completely redone and 26.2% feel that, nevertheless, significant changes need to be introduced in order to improve it.

Concerning the evolution of the various services provided by the National Health System, the most frequent opinion among citizens is that both Primary Care as well as Hospitalisation have improved.

Satisfaction with the healthcare system, distribution according to percentage of opinion. Spain 2008.



Source: Ministry of Health and Social Policy, Health Information Institute and Sociological Research Centre - CIS. Health Barometer, 2008.

Relevant Health Data in Spain

Mortality

Life expectancy

Life expectancy is a classic approach for gaining a knowledge on the health status of a population. This is a hypothetical measurement, and its calculation is based on the current mortality pattern which, logically, is subject to change over time.

For the whole population, Spain has a life expectancy at birth of 81.1 years, a figure higher than the average of 79.0 for the EU-27.

By gender, life expectancy at birth for Spanish men and women is 77.8 and 84.3 years of age, respectively, showing that the difference between the sexes is always favourable to women, with differences of just over than 7 years. For inhabitants of the EU-27 these figures are 82.0 in the case of European women and 75.8 for men.

Life expectancy at 65 years of age reveals the same trend and is also higher in Spain (20.0 years) than in the EU-27 (18.8 years). By gender, Spanish women at age 65 have a life expectancy of 21.9 years in comparison to the 20.4 of women in the EU-27, and 17.8 for Spanish men in comparison to 16.8 for EU-27 men.

Mortality by principal causes of death

The gross mortality rate is situated in Spain in nearly 859 deaths per every 100,000 inhabitants which, in absolute terms, mean a number of 385,361 deaths in 2007.

Data per cause reveal an epidemiological profile prevalent in Spain for some time, which is similar to countries in its same socioeconomic environment: cardiovascular diseases, stroke and cancer as leading causes of death.

Mortality rate on account of cardiovascular diseases, leading cause of death in Spain, represents 32.2% of the total.

Within the group of cardiovascular diseases, ischemic heart diseases rank as the primary cause of mortality in men (with 21,248 deaths), while stroke are the principal cause among women (18,964 deaths).

Tumours represent the second most frequent cause of death and are responsible for practically 26% of the total (99,994 deaths from malignant neoplasm).

In women, breast cancer continues to be the most significant cause with 5,983 deaths, while in men bronchial and lung cancer, with 17,194 deaths, is the primary cause followed by colon and rectal cancer, with 7,835 deaths. Prostate cancer is responsible for 5,584 deaths.

The third group among the most frequent causes of death per year is comprised by respiratory system diseases, registering 44,029 deaths.

Morbidity

Self-assessment of health status

The self-assessment of health status is a subjective measurement which reflects the perception individuals have of their own health, both from a physical as well as from a psychological or sociocultural point of view, and is a good predictor of life expectancy, mortality level, risk of suffering chronic diseases and the use of healthcare services.

75.2% of men and 65.0% of women evaluate their health as good or very good. By gender, women make a poorer assessment of their health than men, with clearly lower percentages.

Non-communicable diseases

The main health problems and the most prevalent diseases have progressively changed in the developed countries. With the reduction in the infectious diseases, non-communicable diseases and chronic diseases have replaced the former as the principal causes of morbidity and mortality, in addition to being responsible, to a large extent, for activity limitations in the elderly.

According to data from the most recent National Health Survey, the prevalence of people with diabetes mellitus is higher in men, estimated at 6.2% in comparison to 5.9% of women.

Diseases preventable by immunisation

The application of vaccines in preventing of communicable diseases is one of the major successes in the history of public health.

As in the rest of the countries in our region, the systematic vaccination of children has contributed to a large extent to the reduction in the morbidity/mortality of vaccine preventable diseases.

Vaccine coverage is high in Spain. In 2008 the incidence of preventable communicable diseases, such as measles and rubella, with 308 and 63 cases respectively, presents rates of 0.7 and 0.1 cases per 100,000 inhabitants, rates which are significantly lower than those registered in the EU overall.

In 2006 - 2007, there was an increase in the incidence of mumps, as in many surrounding countries, with rates of 17.4 and 23.4 per 100,000 inhabitants stemming from an epidemic wave occurring subsequent to the introduction of the vaccination. During 2008 there was a clear drop in the incidence of this disease with around 8.6 cases reported per 100,000 inhabitants.

No cases of diphtheria have been detected since 1986. The incidence of tetanus has remained stable over the last few years with rates of 0.03 reported cases per 100,000 inhabitants, and pertussis has undergone a slight increase in recent years, moving up from 1.3 cases per 100,000 inhabitants to 1.5.

Acquired immunodeficiency syndrome (AIDS)

According to reports received by December 31st 2008 in the AIDS Cases National Register, it is estimated that, after correcting for delayed reporting, 1,283 cases of AIDS were diagnosed in Spain during 2008. 77.4% of the AIDS diagnoses referred to men, and the average age at the time of diagnosis was 41. The proportion of paediatric cases (children under 13) was 0.5%.

From the beginning of the epidemic in Spain, a total of 77,231 AIDS cases have been reported. After peaking in the mid nineties, the number of AIDS cases reported has undergone a progressive decline, to the extent that notifications in 2008 signify a drop of 80% with respect to those reported in 1996, the year prior to the widespread use of the highly active antiretroviral treatments.

Life styles

Smoking

Smoking ranks as one of the main causes of avoidable premature mortality. In Spain 21.5% of women over 16 years of age admit that they smoke on

a daily basis in comparison to 31.5% of men. 13.2% of people claiming to be former smokers are women, compared to 28.1% who are men.

By age groups, the percentage of men who smoke on a daily basis is higher in the middle age levels than in the younger groups. For women, the youngest group (from 16 to 24) ranks higher than men, with a percentage of 28.8 in comparison to 25.0.

Drinking

The consumption of alcoholic beverages is an enormous public health problem in most developed countries, both on account of the continuing increase in consumption as well as the harmful effects it produces.

Population aged 16 and over, who reported having consumed alcohol within the last twelve months, represents 68.6% of the total. Men who report they have consumed alcohol represent 80.2%, in comparison to 57.5% of women. A generalised increase in consumption has been observed in recent years.

31.4% reported that they did not consume alcohol during that period of time.

By age groups, the percentage of men who say they have consumed alcohol during the last 12 months is higher in middle-aged than in the younger groups. With respect to women, the youngest group exceeds all of the groups.

Admissions to treatment for psychoactive substances use

Drug dependence on illegal drugs encompasses a set of social and health characteristics warranting its consideration as a priority health problem. Due to the difficulties involved in the estimation of prevalence in Spain, there are surveillance programmes designed to identify consumption trends with respect to times and locations, based on the use of indirect indicators collected as part of a reporting system.

In 2005, 50,630 admissions to treatment for abuse or dependence on psychoactive substances (excluding alcohol and tobacco) were reported. The overall number of admissions to treatment in Spain has remained relatively stable over the last few years. In 2005, the overall admissions rate in Spain totalled 117.2 cases per 100,000 inhabitants.

One out of six admissions for treatment involved women (15.4%) and approximately half (50.9%) were patients admitted for the first time in their lives.

Overweight and obesity

Smoking and drinking, next to overweight and obesity, are risk factors for a large number of diseases and health problems: high blood pressure, hypercholesterolemia, adult diabetes, coronary diseases, certain types of cancer and many other chronic diseases.

Among the population aged 18 and over, 15.4% present obesity and 37.1% are overweight. In child population, from 2 to 17 years of age, obesity stands at 9.4%, and overweight 19.2%.

Physical activity

An appropriate level of physical activity is recognized to be a beneficial habit to health. A number of epidemiological studies have consistently shown the relationship between physical activity and the reduction of coronary risk, some others have also been associated with physical inactivity including, as particularly significant, diabetes mellitus, hypertension and osteoporosis.

The percentage of the population aged 16 and over lacking physical activity has decreased considerably, both in men and women, reaching 33.3% and 39.4% respectively.

Moreover, 60% of the population feels they do not perform as much physical activity as it is considered to be desirable.

Spanish Presidency of the European Union

EU

2010.es



MINISTERIO
DE SANIDAD
Y POLÍTICA SOCIAL

www.msps.es