

Annual Report on the National Health System of Spain 2013

Health status, health care system and
citizen opinions

Summary

English traslation

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Summary

■ Health status and lifestyle habits

- As of 1 July 2013 Spain had 46.6 million inhabitants, a birth rate of 9.1 births per 1,000 inhabitants and a mean maternal age of almost 32 years. The death rate was 8.6 per 1,000 inhabitants. Life expectancy at birth was 82.3 years (79.3 years for men and 85.2 years for women). Healthy life years at birth was 66.5 (67.0 for men and 65.9 for women), having risen 3.5 years since 2007.
- Seventy-five and three tenths percent (75.3%) of the population perceived its health to be good or very good. Moving down the social scale, it can be observed that people have a less positive assessment of their health, and the slope is steeper in women. The most frequent chronic health problems are pain in the lumbar spine, high blood pressure, osteoarthritis, arthritis or rheumatism, high cholesterol and pain in the cervical spine. Some of these problems are on the rise: in the last 2 decades the prevalence of high blood pressure rose from 11.2% to 18.5% of the adult population, the prevalence of diabetes rose from 4.1% to 7% of the adult population and that of high cholesterol rose from 8.2% to 16.4%. For children, the most prevalent chronic conditions are allergy (10.0%) and asthma (5.2%).
- There were 5.0 reported cases of pertussis for every 100,000 inhabitants, 30.0 cases of parotitis, 0.3 cases of measles and 0.01 case of rubella. All of these transmissible diseases are included in the vaccination calendar and have exhibited a downward trend since the 1990s, although the parotitis has appeared in epidemic waves. Hepatitis A, with 1.3 cases per 100,000 inhabitants, has fallen significantly in the last five years. In the case of hepatitis B, the decline was from 1.9 to 1.5 and prevalence remained steady in other types of viral hepatitis, with 1.6 cases per 100,000 inhabitants. Since 2005 an upward trend has been observed in the estimated incidence per 100,000 inhabitants of gonococcal infection (7.1) and syphilis (8.0). The number of new HIV infections has been stable for some years, while AIDS cases are declining.
- The most frequent causes of hospitalisation in women were childbirth, puerperium and complications during pregnancy (20.8% of the total). These causes were followed, in order of frequency, by circulatory system diseases, digestive system diseases, respiratory system diseases and tumours. In men the most frequent causes of hospitalisation were circulatory system diseases (17% of the total) followed by respiratory system diseases, digestive system diseases and tumours.
- The leading causes of mortality were ischaemic heart diseases in men and cerebrovascular diseases in women, although the number of deaths by these causes fell with respect to the preceding year. With regard to tumours, the type responsible for the highest mortality were bronchial/lung cancer and colon cancer. The cancer that caused the most deaths among men was bronchial/lung cancer, while among women it was breast cancer. The adjusted suicide rate was 6.4 out of every 100,000 persons, with a slight increase over preceding years and

returning to values similar to those of 2008. Infant mortality in the first year of life was 2.7 deaths per 1,000 live births, for the first time less than 3 per 1000.

- As for tobacco use, 24% of the population aged 15 and older smoked on a daily basis, 3.1% described themselves as occasional smokers and 19.6% said they were ex-smokers. The percentage of male smokers has an inverse relationship with the level of education. Among students (14 to 18 years of age) there now seems to be a slowdown in the downward trend of tobacco use that began in 2006; 91.4% of this group is aware that tobacco is a health risk.
 - With respect to alcohol, 65.6% of the population aged 15 and older had consumed alcohol at some time in the past year (77.5% men and 54.3% women). 4.5% had drunk heavily within the past month. The percentage of men is greater than that of women in all age groups, except the youngest. 74% of students (14-18 years of age) had consumed alcohol within the past month and 3 out of 10 had drunk to intoxication during the same period.
 - The mean age at which the use of other psychoactive drugs begins is between 13 and 16 and their consumption by students increases with age. Cannabis is the most frequently consumed illegal drug (26.6% in the past 12 months and 16.1% in the past 30 days) and it is associated with poor performance at school. Polyconsumption was observed in 35% of students.
 - With regard to body weight, 53.7% of the population aged 18 and over showed obesity or overweight. The percentage is 27.8% in the case of children aged 2 to 17. Among adults, the frequency of obesity increases as the level of education decreases: it affects 26.7% of the population that has completed primary school or less, compared to 9.8% of the population with a university education.
 - With regard to sexual activity, 34.6% of adolescents (15-18 years of age) had already had sexual intercourse and of this group, 12% had not used protection.
 - The trend towards higher numbers of low birth weight babies seems to be slowing: 8.2% of newborns weighed less than 2,500 grams at birth in 2013.
 - The number of victims of traffic accidents was 371 victims per 100,000 inhabitants and 1,412 victims per 1,000 accidents. Accidents at the workplace presented a downward trend, with the rate falling by 59% between 2000 and 2012.
- Care resources
- The SNS has 3,004 Primary Care Centres and 10,112 Local Primary Care Centres. There is an average of 3.4 Local Primary Care Centres for each Primary Care Centre. The wide range of values (14.8 – 0.0) is a reflection of the fact that geographical dispersion varies greatly throughout Spain. The SNS also has a network of 453 hospitals, of which 325 are public. The hospitals of the SNS network offered 79.2% of the total number of hospital beds available. The total rate of available beds in Spain was 3.0 for every 1,000 inhabitants. In addition, the network of public hospitals has 16,413 day beds (35.0 for every 100,000 inhabitants); this resource is increasing to match the growth in outpatient care provided in the case of processes not requiring an overnight stay.

- The SNS care network had a total of 115,200 doctors and 165,000 nurses, the latter being the largest collective in the SNS, with a ratio of 1.4 nurses for every doctor. There were 34,800 doctors and 29,500 nurses working in primary care, but it is hospitals that employ the highest number of professionals: 76,700 doctors and 132,200 nurses. The emergency telephone lines 112 and 061 employ 3,600 doctors and 3,200 nurses. The density of professionals for every 1,000 inhabitants remains stable, at 0.8 doctors in primary care and 1.7 doctors in specialised care. In nursing, the figures are about 0.7 professionals in primary care and 2.8 in specialised care. In recent years, reductions in staff have been observed, the decreases being greater in nurses than in doctors.
 - Advanced technology medical equipment includes 534 CAT scanners (71.8% of the total for this type of equipment in Spain), with a rate of 11.5 per million population. There were 249 magnetic resonance imaging devices (53.4% of the total), with a rate of 6.3 devices per million population. The 179 radiotherapy devices (78.5% of the total) make for a rate of 3.9 per million population. The number of mammogram machines was 418 (65.8% of the total), which equals a rate of 9.0 per million population.
 - The SNS had 177 Reference Centres, Services and Units in 42 health care centres, to attend to certain pathologies and/or perform particularly complex procedures. The network of blood transfusion centres was comprised of 24 public Transfusion Centres that operated through 400 smaller Transfusion Services located throughout the hospital network. Also, 44 hospitals had authorised transplant programmes, with 187 coordination teams made up of 261 doctors and 163 nurses.
- Professional regulation
 - In 2013, the SNS fulfilled its duty to train specialists on a group of 30,135 post-graduates enrolled in one of the 2,800 accredited teaching units; of these units, 192 are multiprofessional teaching units where residents are trained in specialties that are accessed from different undergraduate degrees. The number of training slots available in the 2013/14 application period, which depends on specialist needs in the SNS and also on budgetary possibilities, was a total of 7,784. This is 0.8% fewer than the preceding application period.
 - A total of 559 health profession qualifications from other European Union countries were recognised, while in the case of qualifications from non-European countries, the number was 226.
 - Activity, quality and accessibility of the health care services
 - Primary care professionals attended 375 million consultations in 2013. The frequentation was 5 visits per person/per year in the case of medical consultations, while in the case of nursing consultations it was 3 visits per person/per year. Of this activity, 97% took place in a health care centre. Four out of ten users were given an appointment with the general practitioner on the very same day they requested the appointment; those who were not given a same-day appointment had to wait an average of 3.5 days to see the doctor. Care delivered at patients' homes represented 1.3% of all family medicine activity while in the

case of nursing, 7.4% of the activity took place at patients' homes. Most recipients of this type of care were over the age of 65.

- Vaccination coverage in children is greater than 95% for the series recommended in Spain and the percentage of children aged 1 - 2 who also received booster doses was over 92%. The rate of vaccination against measles-mumps-rubella (MMR) in children aged 1 - 2 was over 95%, with over 90% also receiving the recommended boosters. As for the seasonal flu vaccine, 56% of adults aged 65 and older were vaccinated, indicating a downward trend in recent years.
- Urgent primary care was provided in 1,942 points of care, with a volume of 25.5 million consultations attended and an average frequentation of 0.6 visits per person/per year. The urgent care and emergency coordination centres 112/061 received 6.3 million urgent health care demands from citizens, while hospital emergency services attended 20.5 million urgent care cases.
- Hospitals dependent on the SNS attended 4 million admissions and 77.6 million medical consultations. A total of 3.5 million surgical interventions took place. Over one million of them were performed as major outpatient surgery. In addition, over 332 thousand childbirths were attended, with 22.1% being Caesarean deliveries. The total percentage of Caesareans in the sector as a whole (both public and private) was 25.4%.
- The average length of hospital stays was 8 days, showing a downward trend, and the rotation index was 36.4. Acute-care hospitals presented an average stay of 6.9 days, with a rotation index of 42.7. The average pre-op stay was 1.6 days, although in the case of scheduled surgery it was less than one day (0.8 days).
- Regarding surgical activity, 42% of the 3.5 million interventions performed in hospitals required overnight stays. Ambulatory procedures, for certain pathologies, are progressively substituting those requiring overnight stays: in 2013, of all the cataract operations, 97.8% were performed in ambulatory mode, as were the 51.8% of inguinal hernia cases and 31.1% of tonsillectomy cases.
- The pathologies for which overnight stays are considered potentially avoidable represented 6.4% of the total number of discharges in SNS acute-care hospitals. The incidence of hip fracture in patients who were hospitalised was 0.06 fractures per 100 discharges and the incidence of in-hospital mortality following acute myocardial infarction was 7.3 deaths per 100 diagnoses of acute myocardial infarction. Both are moving in a downward direction.
- The rate of patients waiting for an initial consultation with a specialist was 39.0 per 1,000 inhabitants, with an average wait time of 67 days, 8 days more than in December of the preceding year. The rate of patients on the surgery waiting list was 12.3 patients for every 1,000 inhabitants. The average wait time was 98 days and for 14.0% of the patients, it was over 6 months.
- The rate of organ donors per 1,000,000 inhabitants was 35, which means, in absolute values, more than 1,600 donors. The average age of the donors was 59 years, following the upward trend observed in recent years. Kidney transplants were the most frequent (2,552) followed by liver transplants (1,093). About 3,000 Hematopoietic Stem Cell Transplants (HSCT) are performed every year. As for

blood transfusion, the transfusion network registered 1.7 million voluntary and non-remunerated blood donations, which is a donation index of 36.6 per 1,000 inhabitants. In the past three decades the donation index per 1,000 inhabitants has increased by 16.6 points.

■ Pharmacy

- As of 31 December 2013, the number of presentations of medicines that were publicly financed was 19,367. During the year, 2,344 new presentations were included, and 30 new active ingredients were incorporated for the first time. Of the total number of presentations, 81.1% are generic medicines.
- The SNS pharmaceutical expenditure generated by the cost of the medical prescriptions was the lowest of the last 10 years, 9,183 million Euros, which means a savings of 588 million Euros with respect to 2012. The number of prescriptions invoiced to the SNS in 2013 was 5.94% lower than in 2012 and the mean expenditure per prescription was 10.7 Euros, the lowest in the past 15 years.
- The use of generic medicines in 2013 represented 46.5% of the total number of medicine packages invoiced and 21% of the total retail value.
- Antiulcerant medicines were the most consumed medicine in terms of the number of packs dispensed through SNS prescriptions, with a defined daily dose per inhabitant of 117.3. Omeprazol, the preferred pharmaceutical in the antiulcerant group, was the most consumed active ingredient in number of packs dispensed through SNS prescriptions, 54.3 million (6.4% of the total) with a daily treatment cost of 0.1 Euros. Medicines for asthma and COPD (adrenergic agents combined with corticosteroids or other agents) were the subgroup with the highest retail value, 508.9 million Euros.
- In hospitals, 15 pharmacological subgroups generated 60.8% of the total expenditure on pharmaceuticals. Tumour necrosis factor-alpha inhibitor has the most economic weight, accounting for 5.1% of hospital pharmacy expenditure.
- As for other health products, urinary incontinence pads were the most consumed in terms of packs (6.8 million) and in terms of retail value (264.6 million Euros).

■ Health expenditure

- According to the latest data for 2012, the total expenditure of Spain's health care system was 95,670 million Euros, which represents 9.3% of the GDP. Of this share, 6.7% was funded with public resources and 2.6% came from private resources.
- The health expenditure of the various levels of public administration was 68,607 million Euros, 71.7% of the total health expenditure. The private sector contributed the remaining 28.3%. Regional governments, which funded 91.7% of the expenditure, were the agents bearing the greatest burden in the public funding of health care.
- The expenditure in curative and rehabilitative care services was 55,565 million Euros; these services thus absorbed over half of the total health expenditure.

- Looking at expenditure by the different health care providers, the expenditure of hospitals, which was 40,464 million Euros, accounts for the highest percentage of the total health care expenditure. General hospitals generated 92.9% of the hospital expenditure.
- In relation to the population, the total health expenditure over the past five years went from 2,103 Euros per inhabitant in 2008 to 2,024 Euros per inhabitant in 2012, which is an average annual decrease of 1.0%.
- SNS Strategies
 - The strategies in effect in 2013, in all of the autonomous communities, focused on cancer, ischaemic cardiopathy, diabetes, mental health, palliative care, stroke, COPD, rare diseases, chronicity, rheumatic and musculoskeletal diseases and patient safety.
 - In relation to chronicity, in the year 2013 the CISNS adopted the Strategy for Prevention and Health Promotion in the SNS. Work also began on the creation of a Strategy on Neurodegenerative Diseases.
 - To promote best practices in the SNS, the regional health authorities were asked to inform the SNS about the best practices carried out this year in their autonomous community, specifically in the area of health care actions aimed at combating gender violence and in relation to the Strategy on Rare Diseases, coinciding with the designation of 2013 as the Spanish Year of Rare Diseases.
- e-Health
 - The Individual Health Card, the Electronic Health Records System and the Electronic Prescribing System are three ICT-driven projects that serve to link all the agents involved in the public health care system.
 - The Individual Health Card is the key that provides access to a person's clinical and administrative data in his or her contacts with the SNS. Access to SNS services requires positive identification of users. This identification is made possible by each person's health card. Health cards are managed in a SNS database that supplies information to and from all the autonomous communities. The database assigns each person a personal code that is unique and lasts the person's lifetime. This code is what identifies each person for all SNS services. This means that the person's clinical and administrative data can be accessed when necessary, always under strict conditions of security and confidentiality.
 - The interoperable Electronic Health Records System allows SNS health professionals to access a patient's relevant clinical information when he or she needs health care while in a different autonomous community. At the end of the year 2013, the clinical information of 18,540,815 persons was accessible both to them and to professionals. All types of access, by patients and professionals, require a secure digital identification system. Patients can see when their data has been accessed.
 - Sixty-six percent of the prescriptions were dispensed electronically, which represents an increase of 38.6 percentage points in the three year period 2011-2013. The Electronic Prescribing System was fully implemented in five

autonomous communities; it was in an advanced stage of implementation in nine and in pilot phase in two. In one autonomous community plans in this respect had not yet begun. With a view to facilitating electronic dispensation of medicines in any pharmacy in the country, regardless of the regional Health Service in which the prescription was made, the Ministry of Health, Social Services and Equality launched a project to achieve e-prescribing interoperability throughout the SNS.

■ Citizen opinions and perception

- A total of 65.9% of citizens expressed a favourable opinion of Spain's health care system, believing it either "works quite well" or "works well but needs some changes."
- The degree of satisfaction with the functioning of the public health care system in Spain was determined to be 6.4 points out of 10 and, as has been the case in past years, most citizens preferred public services over private ones.
- As regards participation, 62.9% felt they had been able to participate sufficiently in decision-making about their health in their visits with the general practitioner; 54.2% had been able to participate sufficiently in their visits with specialists and 54.4% had been able to participate sufficiently during hospitalisation.
- As regards the new system for cost-sharing in pharmaceutical benefits, which was introduced in 2012, most citizens (83.4%) very much agreed or substantially agreed that the new system of pharmaceutical benefits should have more income brackets in order to better match the required co-payment with the patient's income level. In this respect, 81.8% of citizens believed that the prescription co-payment system should be identical in all autonomous communities.

