

# Annual Report on the National Health System of Spain 2015

## Summary

## English translation

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## Introduction

This SUMMARY contains the most relevant information regarding health and the health system in Spain as it appears in the 2015 Annual Report on the National Health System of Spain. This reduced version of the original Report is intended to facilitate its use and contribute to the dissemination of the information contained therein. The section of the Report dedicated to international comparisons has been omitted from this Summary because that topic is covered in a separate document.

The data appearing in the Report are generally the figures that became available prior to October of 2015, when the preparation of the document began, and they come from the official statistics included in the National Statistics Plan (PEN) and other information systems used in the health care sector. All of the sources can be accessed from the SNS Statistics Portal of the website of the Ministry of Health, Social Services and Equality: <http://www.msssi.gob.es/>.

We would like to express our gratitude to the members of the Ministry of Health, Social Services and Equality work teams in charge of statistics and information systems for their collaboration in the creation of the 2015 Annual Report on the National Health System of Spain.

# ANNUAL REPORT ON THE NATIONAL HEALTH SYSTEM OF SPAIN 2015

## Summary

### DEMOGRAPHICS AND HEALTH STATUS

#### Population and basic demographic indicators

- As of 1 January 2015 Spain had 46.4 million inhabitants, a birth rate of 9.2 births per 1,000 inhabitants and a mean maternal age of 31.8 years. The dependency ratio was 52.1%, which represents an increase of 3.2 points over the last 15 years.
- Life expectancy at birth is 83.1 years, 80.1 years for men and 86.0 years for women. Since 2001 life expectancy has increased by 3.4 years. Life expectancy at age 65 is 21.4 years, 19.2 years in the case of men and 23.4 in the case of women. Spanish women aged 65 can thus expect to live 4.2 years longer than Spanish men of the same age.

#### Mortality

- The crude death rate is 837.9 deaths per 100,000 inhabitants. Since 2001 the risk of death in Spain has fallen by 24.5%. Most deaths are due to natural causes. The leading causes of death are circulatory system illnesses (which represent 30.1% of the total number of deaths) and tumours (which represent 28.4%).
- Among the cardiovascular diseases, the predominant cause of death is ischaemic heart disease, which causes 8.6% of the total number of deaths in Spain, although the risk of death from this cause has fallen by 39.5% since the beginning of the 21<sup>st</sup> century. Within the same group, cerebrovascular diseases cause 7% of the total number of deaths. The risk of death from this cause has decreased 48.7% since the beginning of this century.
- Lung cancer is responsible for 5.6% of all deaths, the percentage being appreciably higher in men (8.8%) than in women (2.2%). Among the former, the risk of death from this cause has decreased 17.1% since 2001, while among the latter it has increased 75.4%. However, malignant breast tumours are still the most frequent neoplasia in women, causing 3.4% of all the deaths in women. Since the beginning of the present century, a woman's risk of dying from breast cancer has fallen 18.4%.
- Liver cirrhosis is responsible for 1.1% of the total number of deaths, 1.6% in men and 0.6% in women.
- As regards deaths from external causes, in recent years a reduction has been observed in the number and relative importance of traffic accidents, which are currently the cause of 13% of the total number of deaths due to external causes. The risk of dying from this cause has fallen 73% since 2001. Suicide now occupies the top position in this group: it represents about one quarter of the deaths by external causes and 1% of the total of deaths recorded.

## Perceived health status

- 75.3% of Spain's inhabitants perceive their health to be good or very good. The most frequent chronic health problems are pain in the lumbar spine, high blood pressure, osteoarthritis, arthritis or rheumatism, high cholesterol and cervical pain. Some of these problems exhibit an upward trend over time: in the last 2 decades the prevalence of high blood pressure has risen from 11.2% to 18.5% of the adult population, the prevalence of diabetes has risen from 4.1% to 7% and that of high cholesterol has risen from 8.2% to 16.4%. For children, the most prevalent chronic conditions are allergy (10.0%) and asthma (5.2%).

## Recorded morbidity

- Rubella, measles and parotitis, which are included in the standard vaccination calendar, have been decreasing since the 1990s, although parotitis exhibits epidemic waves, the last of which occurred in 2014, when the rate was 7.1 declared cases per 100,000 inhabitants. That same year in Spain there were 0.3 cases of measles and 0.03 cases of rubella for every 100,000 inhabitants. Pertussis continues to show a cyclical epidemic pattern and since 2010 there has been a progressive increase in the incidence of hospitalisation and mortality from this disease. In 2014 the number of declared cases of pertussis for every 100,000 inhabitants is 7.2.
- In Spain, in 2014, a total of 5,018 cases of tuberculosis were notified, which corresponds to an incidence rate of 10.8 cases per 100,000 inhabitants, 10.0% less than in 2013. The incidence of tuberculosis in Spain continues to fall, mainly due to the considerable decrease that has been observed recently in the respiratory forms, which have decreased from a rate of 14.2 per 100,000 inhabitants in 2007 to a rate of 8.5 in 2014.
- The number of new HIV infections has remained stable in recent years, while the number of AIDS cases is declining.
- Hepatitis A has decreased significantly in the last five years, falling from 6.0 cases per 100,000 inhabitants in 2009 to 1.4 cases per 100,000 inhabitants in 2014; also decreasing, but not as drastically, are the cases of hepatitis B and other forms of viral hepatitis, which present an incidence of 1.7 and 1.5 cases per 100,000 inhabitants respectively.
- As for hepatitis C, it is estimated that 1.7% of the adult population has antibodies to hepatitis C. Hepatitis C poses a significant health problem in this country and for this reason the Interterritorial Council of the SNS (CISNS) unanimously resolved to develop and implement a Strategic Plan for dealing with hepatitis C in the SNS, for the three-year period 2015-2017.

## Mother and child health

- The infant mortality rate is 2.7 deaths of infants under age one per 1,000 live births. This is the first time the rate falls below 3. The upward trend in the number of newborns with low birth weight has slowed in recent years; currently 8.1% of newborns weigh less than 2,500 grams at birth. The number of elective terminations of pregnancy (108,690), with a rate of 11.7 per 1,000 women between the ages of 15 and 44, has decreased, confirming the downward trend that began 3 years ago.

## Morbidity treated at the primary care level

- The children under the age of 15 treated in primary care settings present an average of 4 health problems over the period of a year. This average increases with age, reaching almost 7 health problems in persons aged 65 and over. The most frequent health problems treated in primary care vary depending on age and sex.
- Among children aged 15 and under, the main reasons for consultation are problems with the respiratory system, followed by problems of a general and unspecific nature, problems with skin and skin appendages, with the digestive system and with the auditory system.
- In the group aged 15 and over the most frequent reasons for consultation are problems with the locomotor apparatus, especially in women, and problems with the respiratory system.
- In persons aged over 64 the main reasons for consultation, in this order, are circulatory, locomotor, endocrine, metabolism and nutrition problems.

## Morbidity treated at the specialised care level

- The most frequent causes of hospitalisation in women are childbirth, puerperium and complications during pregnancy (20.6% of the total number of admissions). These causes are 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 are circulatory system diseases, with 16.2% of the total, followed by digestive system diseases, respiratory system diseases and tumours.

## Public Health Emergency of International Concern: the Ebola virus disease

- On 8 August 2014 the World Health Organization (WHO) declared that the outbreak of Ebola in West Africa constituted a Public Health Emergency of International Concern. From the start of the epidemic, three cases of Ebola virus disease were treated in Spain. The first 2 cases were a doctor and a nurse who had been working in the area affected by the epidemic and had been repatriated to receive medical care. Both of these patients died. The third patient was the first and only case in Spain of secondary transmission and the person affected was a health care worker who had attended the second of the repatriated cases. She was discharged as cured in November.
- In December of 2014 Spain was declared to be free of the Ebola virus disease. To make maximum use of the experience of the clinical teams responsible for the treatment of Ebola and to reduce the number of professionals exposed to it, the CISNS designated 24 hospitals, located in all of the autonomous communities, for the treatment of suspected cases (level one) and 7 hospitals for the treatment of confirmed cases. There is also an isolation unit at the Hospital Central de la Defensa Gómez Ulla.

## LIFESTYLE HABITS

### Tobacco use

- Twenty-four percent of the population aged 15 and over smoke on a daily basis, 3.1% describe themselves as occasional smokers and 19.6% say they are ex-smokers. By sex, the percentage of daily smokers is 27.9% in men and 20.2% in women. By socio-economic level, smoking in men clearly slopes upward from the more advantaged classes to the less advantaged classes. In women, smoking is similar in the intermediate socio-economic levels and somewhat lower in the highest and lowest socio-economic levels.
- The probability of being a daily smoker is greater among the unemployed than among persons who have a job. By professional sectors, the highest numbers of daily smokers are found in construction, the hotel and restaurant industry, and in agriculture / fishing / livestock / extraction. The number of passive smokers has decreased considerably in all sectors, particularly in the hotel and restaurant industry.

## Alcohol use

- Among the population aged 15 and over, 65.6% has consumed alcohol some time in the past year, with differences by sex; in men the percentage is 77.5% and in women it is 54.3%.
- In the population aged over 15 years of age, 1.7% state that they drink above the risk threshold on a regular basis and 4.5% state that they have engaged in heavy episodic drinking within the past month.

## Physical activity

- With regard to leisure time, 44.4% of the population aged 15 and over describe themselves as sedentary in their free time. This habit is more prevalent among women than among men. In the population aged 5 to 14 years of age, 12.1% do not engage in any physical activity during their free time, with the percentage of sedentarism in girls being twice that of boys.
- As for physical activity at the workplace, men tend to perform activities that require great physical effort more frequently than women do and they also perform tasks that require walking, carrying weight and moving objects from place to place. In women there is a predominance of work that is done standing most of the day but does not involve moving objects or great physical effort.

## Obesity and overweight

- With regard to body weight, 53.7% of the population aged 18 and over are obese 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, as compared to 9.8% of the population with a university education. A majority of the employed population (64.0%) state that no activities promoting a healthy diet take place where they work.

# CARE RESOURCES: PHYSICAL EQUIPMENT AND WORKFORCE

## Primary Care Centres and hospitals

- The SNS has 3,023 Primary Care Centres and 10,081 Local Primary Care Centres. The mean ratio of 3.3 Local Primary Care Centres to each Primary Care Centre is derived from a wide range of values (14.8 – 0.0), a reflection of the geographic dispersion of the population in Spain. Although geographic variability is high, for every 100,000 SNS users there are, on average, 28.2 primary care health centres.
- The SNS also has a network of 453 hospitals, of which 325 are public. The hospitals of the SNS network offer 79.2 % of the total number of hospital beds available. The total rate of available beds in Spain is 3.0 for every 1,000 inhabitants.
- The network of public hospitals has 16,419 day beds (35.2 for every 100,000 inhabitants); this resource is increasing progressively, in consonance with the rise in outpatient care provided in cases involving processes that do not require an overnight stay.

## High technology

- Advanced technology medical equipment in the SNS includes 534 CAT scanners (71.8% of the total for this type of equipment in Spain), with a rate of 11.5 scanners per million population. The SNS also has 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) represent a rate of 3.9 devices per million population. The number of mammogram machines is 418 (65.8% of the total), which equals a rate of 9.0 per million population.

## Reference Centres, Services and Units

- The SNS has 186 Reference Centres, Services and Units in 45 different health care facilities, to provide care to patients with certain pathologies and/or to perform especially complex procedures.

## Network of transplant teams

- Forty-four hospitals have authorized organ transplant programmes. Participating in such programmes are 189 co-ordination teams comprising 267 doctors and 172 nurses.

## Blood transfusion centres

- The blood transfusion network consists of 23 public Transfusion Centres that organise transfusion therapy through 400 smaller Transfusion Services located within the network of public and private hospitals.

## Dispensing pharmacies

- A network of 21,832 dispensing pharmacies collaborates in the provision of SNS pharmaceutical benefits, thanks to agreements made between regional Health Care Administrations and the Professional Organisations of Pharmacists.

## Medical and nursing professionals

- The SNS care network has a total of 112,346 doctors and 164,385 nurses, the latter being the most numerous group, with a ratio of 1.5 nursing professionals for every doctor. The primary care level employs 34,900 doctors and 29,642 nurses. Hospitals employ a higher number of professionals: 77,446 doctors and 134,743 nurses.
- The density of professionals per 1,000 inhabitants remains stable, with 0.8 doctors in primary care and 1.7 doctors in specialised care.
- As regards nursing, the values are almost 0.6 professionals per 1,000 inhabitants in primary care and 2.9 per 1,000 inhabitants in specialised care.

# ACTIVITY, QUALITY AND ACCESSIBILITY OF HEALTH CARE SERVICES

## Primary care

- At the primary care level, SNS professionals handled 371 million medical and nursing consultations. Frequentation in the case of medical consultations is 5.2 visits per person/per year and in the case of nursing consultations it is 2.9 visits per person/per year. By sex, frequentation, in both medical and nursing consultations, is higher in women than in men, with the difference being more patent in medical consultations. With almost 14 million house calls/per year, care delivered in the homes of patients represents 1.7% of all general practice activity, while in the case of nursing 7.9% of all activity took place at patients' homes. Most recipients of this type of care are over the age of 65.
- Slightly under 4 out of 10 users are given an appointment with the general practitioner on the very same day they ask for it: slightly over six of every 10 users must wait an average of 3.6 days to see the doctor. To make an appointment with the doctor 46.7% of users choose the Internet service. Users give this service a score of 8.6 points out of 10.
- As regards vaccination coverage in Spain, over 96.6% of children receive the recommended vaccinations and the percentage of children aged 1-2 who also receive the booster doses is over 95.0%. Vaccination against measles-mumps-rubella (MMR) in children aged 1-2 is over 95%, with more than 90% also receiving the recommended boosters. As for the seasonal flu vaccine, 56.2% of adults aged 65 and over receive the vaccination. A downward trend has appeared in recent years in this group.

- In relation to population screening, in which both primary care and specialised care participate, more than 3 out of 4 women have had early detection tests for breast cancer performed within the recommended period. In addition, 78.8% of women aged 25 to 64 have had a Pap smear within the past 5 years, while 71.1% have had one in the past 3 years. Finally, 6.8% of the population aged 50-69 have had a faecal occult blood test performed in the past two years.

## Specialised care

- Hospitals dependent on the SNS registered over 4 million admissions and handled 78.9 million medical consultations. The average length of hospital stays is 7.8 days and falling, with a rotation index of 36.9. The average pre-op stay is 1.6 days and in the case of programmed surgical interventions it is less than one day (0.8 days).
- A total of 3.5 million surgical interventions are performed, of which over one million are done as major outpatient surgery. In addition, over 332 thousand births are attended, with 22.1% of them being Caesarean deliveries. The total percentage of Caesareans in the sector as a whole (both public and private) is 25.4%.
- Ambulatory procedures for treating certain pathologies are progressively replacing those that require hospitalisation. Of all cataract operations, 97.8% are performed in ambulatory mode, as are 51.8% of inguinal hernia cases and 31.1% of tonsillectomy cases.
- Among hospitalised patients, the incidence of hip fracture during the stay is 0.06 fractures per 100 discharges and the number is falling.
- In-hospital mortality following acute myocardial infarction is 7.3 deaths per 100 diagnoses of acute myocardial infarction, showing a downward trend.
- Of all hospital discharges, 6.5% are caused by situations that potentially need not motivate hospital admission, provided there is adequate outpatient monitoring.
- The average wait time for patients waiting for their first consultation at the specialised care level is 65 days, 2 days less than the previous year, while the wait for patients on the surgical waiting list is 87 days, 11 days less than the preceding year. For 9.3% of the patients the wait is longer than 6 months. The percentage of citizens who think that in the last year the waiting list problem has worsened or remained the same is 76.9%.

## Urgent care visits

- Urgent care activity represents a total of 47.2 million consultations per year in the SNS.
- The SNS responds to the population's urgent care needs through three organizational spheres: the primary care level; the urgent care services at hospitals; and the co-ordination activity performed by the urgent care and emergency services in response to demands received mainly through the telephone hotlines 112/061.
- The urgent care delivered at the primary care level takes place, on the one hand, in the 3,023 Primary Care Centres and 10,081 Local Primary Care Centres and it is delivered by the professionals of the primary care teams that normally provide their services there, during their usual working hours, in combination with their regular activity. In addition, this kind of care is provided, as a non-habitual activity, in 1,983 urgent care centres that are not located in hospitals.
- In the primary care sphere (at a health centre or at the patient's home) a volume of 26.5 million urgent care cases are handled, the average frequentation being 0.6 per person/per year.
- In the urgent care services at SNS hospitals, in turn, 20.7 million urgent care cases are handled each year. Of them 12.3% require hospital admission.
- The annual demand for urgent health care made to the telephone hotlines 112/061 amounts to 6.7 million calls per year.

## Organ donation and transplants

- The rate of organ donors per million inhabitants is 36, which means, in absolute values, 1,682 donors. The average age is 59.6 years, following the upward trend visible in recent years. By sex, of every 10 donors, 6 are men and 4 are women.
- Kidney transplants are the most frequent (2,678), followed by liver transplants (1,068).
- About 3,000 Hematopoietic Stem Cell Transplants (HSCT) are performed every year. The Spanish Register of Bone Marrow Donors has a total of 165,000 donors.

## Transfusion network

- The blood transfusion network registered 1.6 million voluntary and non-remunerated blood donations, which is a donation index of 36.2 per 1,000 inhabitants. In the past three decades the donation index per 1,000 inhabitants has increased by 16.2 points.

## PROFESSIONAL REGULATION AND ONGOING TRAINING

- In 2014, the SNS had 29,546 residents receiving post-graduate training at one of the 3,242 accredited teaching units within the SNS. The number of training slots available in the 2014/15 application period was 7,527, which represents 3.3% fewer than in the preceding application period.
- Specialised health care training has undergone a major reform, as provided by Royal Decree 639/2014, of 25 July. By virtue of this Decree, common training pathways have been incorporated, Specific Skill Areas have been developed, new health science specialties have been created and previous ones have been modified and the rules of the tests that must be taken to gain access to specialised training have been established. The Decree also reflects the agreements made regarding the criteria applicable to the remuneration and the administrative situation of health personnel receiving further training in the new areas of specialised care training.
- Likewise, Royal Decree 640/2014, of 25 July, regulates the State Register of Health Care Professionals, defining its structure and content and also specifying which entities must provide the different types of data comprising the Register.
- The National Study on Aggressions against Health Professionals was the first official document to discuss this type of aggression and it revealed that from 2008 to 2012, over 30,000 professionals were victims of some type of aggression, whether verbal or physical. The aggressions took place in both primary care health centres and in hospitals, with 51% of the cases taking place in the former. The majority (72%) of the victims were women. The SNS Interterritorial Council has resolved to work towards the recognition of the personnel working at institutions linked or attached to the SNS as figures of public authority.
- In 2014 a total of 49,207 ongoing training activities accredited by the Ministry of Health, Social Services and Equality took place within the SNS.

## PHARMACEUTICAL BENEFITS

### Medicines and health products in the pharmaceutical benefits package of the SNS

- As of 31 December 2014 the number of presentations of medicines included in the SNS pharmaceutical benefits package is 18,782. Over the course of the year, 1,342 new presentations were included and 40 new active ingredients were incorporated for the first time. Of the total number of presentations, 72.8% are generic medicines. In addition, 4,801 health products are financed by the SNS.

## Pharmaceutical benefits provided through SNS medical prescription

- In 2014 the pharmaceutical expenditure generated by the cost of SNS medical prescriptions amounts to 9,360 million Euros. Between the implementation of the measures of Royal Decree-Law 16/2012 and December 31, 2014, a total of 4,316.2 million Euros were saved in pharmaceutical expenditure generated by SNS medical prescriptions.
- The average expenditure per prescription in 2014 is 10.80 euros. Although this represents a slight increase over 2013, it continues to be among the lowest in the last ten years.
- The expenditure per inhabitant per year is 200.1 Euros 2.7% more than in 2013; even so, it is the second lowest since 2002. The public pharmaceutical expenditure per inhabitant fell 25.2% from 2009 to 2014.
- The number of prescriptions consumed per inhabitant is 18.6, which is 2.2% more than in 2013. Between 2011 and 2014 the consumption of prescriptions per inhabitant fell by 9.7%.
- In 2014 generic medicines accounted for 48.4% of the total number of medicine packages invoiced to the SNS and 22.2% of their total retail value.
- Anti-ulcerants are the subgroup with the highest consumption in terms of the number of packages dispensed through SNS medical prescriptions. Omeprazole, the preferred pharmaceutical in the group of anti-ulcerants, is the most-used active ingredient (6.2% of the total number of medicine packages used) and it has a daily cost of treatment of 0.1 Euros. The medicines for asthma and COPD (adrenergic agents combined with corticosteroids or other agents) are the subgroup generating the highest costs for public sector health care, with SNS prescriptions having a retail value of 518.9 million Euros.
- As for health products, urinary incontinence pads were the most consumed in terms of packages (7.1 million) and also in terms of retail value (274.6 million Euros).

## Pharmaceutical benefits provided in hospitals

- In the public hospital network, the 15 pharmacological subgroups with the highest consumption generated 60.3% of the total expenditure on pharmaceuticals in 2014. Tumour necrosis factor-alpha inhibitors accounted for 12.3% of hospital pharmacy expenditure. Of the total hospital pharmacy expenditure, 8.5% was generated by orphan medicinal products.

## HEALTH EXPENDITURE

- According to the latest data available, corresponding to 2013, the total expenditure of Spain's health care system was 93,048 million Euros, which represents 8.87% of the GDP (of this share, 6.34% is public expenditure and 2.53% is private expenditure). The per capita expenditure is 1,974 Euros per inhabitant.
- The health expenditure of the various levels of public administration came to a total of 66,521 million Euros, which is 71.5% of the total health expenditure. The remaining 28.5% corresponds to private expenditure. The governments of the autonomous communities, with a participation of 91.5%, are the agents bearing the greatest burden in the public funding of health care.
- Expenditure in curative and rehabilitative care services reached 52,799 million Euros. As regards the type of health care provider, it is the expenditure of hospitals, which totals 37,973 million Euros, that accounts for the highest percentage of the total health care expenditure.

## e-HEALTH

- The Individual Health Card, the Electronic Health Records System and the Electronic Prescribing System are three key instruments that serve to link all the agents involved in the SNS, and they are based primarily on Information and Communication Technologies (ICT).
- The Individual Health Card system and its Common Database constitute the standard method for identifying SNS users and allow the clinical and administrative data of each

person to be accessed. Every person covered by the SNS is assigned a personal identification code that is unique to that person and lasts his or her entire lifetime.

- Clinical Health Records are generally in electronic format and can be used throughout the Health Service of each autonomous community. An interoperability system for Electronic Health Records is being put in place to allow patients and authorised health personnel anywhere in the country to access relevant clinical information generated at any Health Service in the SNS. The system now includes the clinical information of 25,465,428 individuals, which means it covers 55.2% of the population having an Individual Health Card.
- The implementation of electronic prescribing in the autonomous communities is practically complete at the primary care level and it is approaching complete implementation in specialised care as well. The project undertaken to make the electronic prescribing system interoperable throughout the SNS will enable medicines to be dispensed anywhere in Spain, regardless of the autonomous community in which the prescription was made.

## CITIZEN OPINIONS AND PERCEPTIONS

- A total of 62.7% of citizens express a favourable opinion of Spain's health care system, believing it either "works quite well" or "works well but *some changes* are needed".
- The score reflecting the population's satisfaction with how the public health care system in Spain works is 6.3 points out of 10. Primary Care continues to be the most highly regarded care level, with a score of 7.4 points out of 10.
- As regards the participation of patients in their health care, 73.9% feel they have been able to participate sufficiently in decision-making about their health in their visits with the general practitioner; 64.9% have been able to participate sufficiently in their visits with specialists and 56.4% have been able to participate sufficiently during hospitalisation.
- The majority think that the public health care system provides the same care services to all people regardless of their sex (89.2%), age (70.4%), socio-economic level (69.3%) or nationality (59.8%). However, 42.3% believe that differences do exist when it comes to having or not having legal residence in Spain, and 42.0% think that there are differences depending on whether the patient lives in an urban or a rural area.
- As regards the new system for cost-sharing in pharmaceutical benefits, which was introduced in 2012, 65.8% of citizens think that there should be additional income brackets so as to ensure a better match between the required co-payment and the patient's income level, while 60.8% believe that the new system helps prevent the accumulation of medicines.

