Executive Summary

Analysis of the current situation of Primary Care in Spain

April 2023

RFS REFORM/SC2021/058

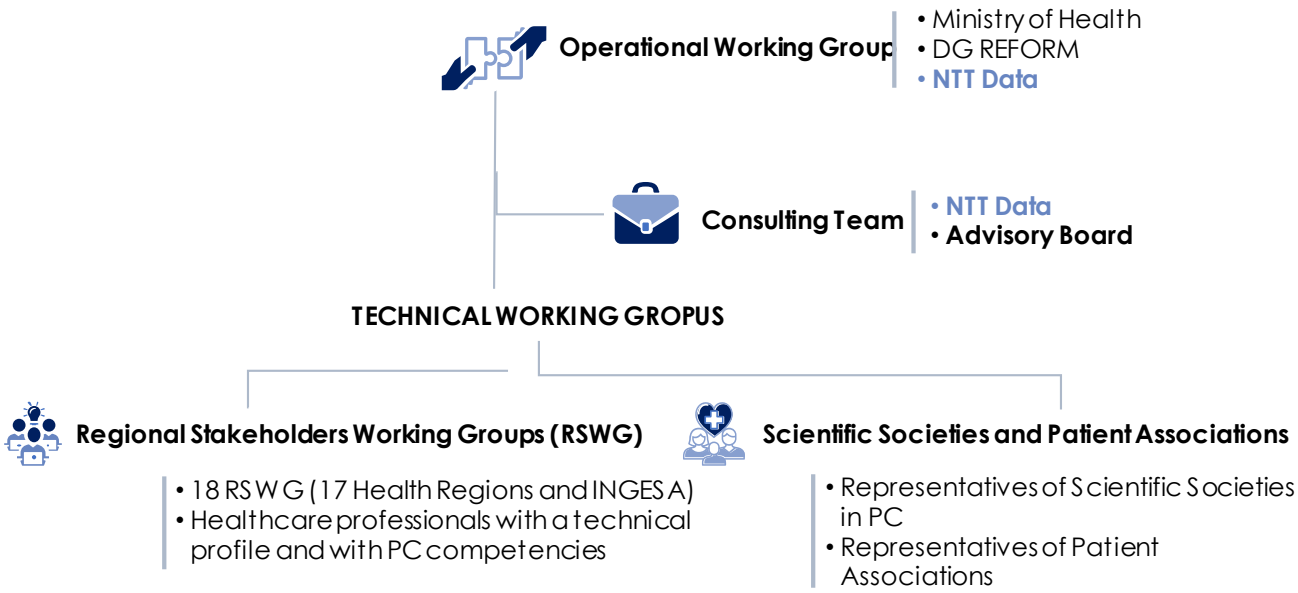
AARC - Consortium

The project is funded by the European Union via the Technical Support Instrument and implemented by NTT Data, in cooperation with the European Commission's Directorate General for Structural Reform Support (DG REFORM).

Working Groups

Different working groups participated in the elaboration of this report, including fieldwork, data collection, drafting and reviewing the document. All Health Regions were technically represented in the Regional Stakeholders Working Groups (RSWG).

Illustration 1: Working Groups involved in project Phase 2



- **Operational Working Group (OWG):** Responsible for the operational and strategic monitoring of the project, as well as for reviewing and validating the project deliverables.
- **Advisory Board (AB)**: Responsible for advising the NTT Data team.
- **Regional Stakeholders Working Groups (RSWG)**: Responsible for providing their opinion and knowledge as well as complementary information on the current situation of PC in their Health region. The RSWG also proposed and validated aspects to be addressed in the online surveys to be conducted amongst healthcare professionals with competencies in PC.
- **Scientific Societies and Patient Associations:** Responsible for providing their opinion, expert view and complementary information on the current situation of PC.

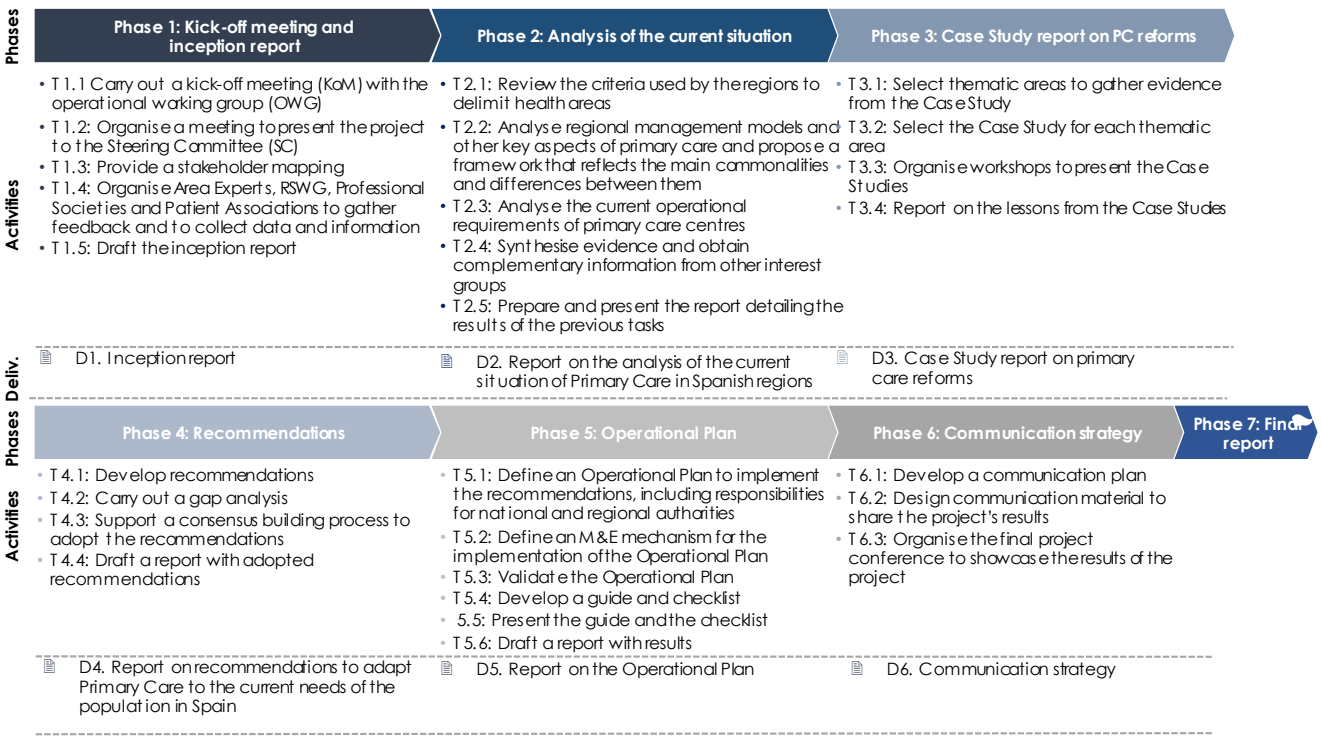
Introduction and objectives

This document is part of Phase 2 of the project "**Adaptation of Primary Care (PC) to the current needs of the Spanish population**", financed by the European Union through the Technical Support Instrument and implemented by NTT Data, in collaboration with the European Commission's Directorate General for Structural Reform Support (DG Reform).

The main objective of the project is to develop a set of Recommendations on criteria, governance models and requirements to promote equity in access to high-quality Primary Care services. The expected result is to provide tools that allow the National Health System to adapt PC services to the specific needs of different contexts, such as urban areas, areas with hard-to-fill positions, care for chronically ill patients, etc.

The project consists of 7 phases and this document is the Executive Summary of the Report with the results of the deliverable (D2) of Phase 2 "Analysis of the Current Situation of PC in Spain".

Illustration 2: Project phases, activities and deliverables



Phase 2 Objectives

The objectives of Phase 2 are:

- To provide the Ministry of Health with a comprehensive analysis of the current PC organisation in all Health Regions, including the strengths and weaknesses of the different models.
- To carry out an analysis of the criteria used by the Health Regions to define the boundaries of the geographical areas for service provision as well as the PC regional management models, infrastructure and equipment.
- To assess the extent to which the 1986 General Health Law ("*Ley General de Sanidad 1986*") and the provisions of Royal Decree (RD) 137/1984 and RD 1575/1993 influence the criteria adopted by the Health Regions and affect the healthcare system´s capacity to ensure access to services.
- To assess differences and challenges to PC organisation in urban and rural areas and for specific populations, such as the elderly.

The projectfocuses on 5 areas of analysis:

1. **Planning:** Criteria for defining healthcare areas and basic health zones for healthcare provision; National and regional policies and regulations; Differences between urban and rural areas.
2. **Management and Organisation:** Management models; Differences between rural and urban areas; Coordination models between levels of healthcare; Coordination models between health and social care providers.
3. **Human Resources:** Human resources policies; Cooperation models between professionals; Composition of Primary Care teams; Staffing ratios.
4. **Financing:** Share of the regional health budget devoted to Primary Care; Financing needs.
5. **Infrastructure and Equipment:** Availability of medical equipment; ICT technologies; Quality of infrastructures (consultation rooms, etc.); Maintenance, renovation or building plans for Primary Care centers.

Methodology

1

Desk research

The aim of the desk research was to obtain quantitative and qualitative information on the 5 areas of analysis in order to discover the current situation of Primary Care provision in Spain.

The desk research was carried out in two stages: (1) literature research; (2) data collection and synthesis.

Data sources and documents developed during the desk research

Sources searched	Type of documents developed
Regional and national health laws and regulations	Database containing the quantitative information gathered
Publically available databases	Technical data sheets on Health Regions
Information provided by RSWG	

2

Semi-structured interviews with the RSWG

The main objective of the semi-structured interviews was to obtain complementary information to the desk research, thereby broadening knowledge while obtaining the opinion of the RSWG about the current situation of PC in Spain. Their views on the current situation of PC within their Health Regions were also collected. Additionally, respondents validated and proposed issues to be appraised in the online surveys to be conducted amongst healthcare professionals with PC management competencies.

3

Online survey (I) amongst healthcare professionals with PC management competencies

An online survey (survey I) was conducted amongst healthcare professionals with PC management responsibilities within the Health Regions.

The aim of the online survey was to complement the information obtained from the semi-structured interviews with the RSWG to delve into aspects related with usual practice, organisation and currently available resources. It was also possible to learn about the challenges and opportunities that PC faces. The questions of the online survey were grouped according to the 5 areas of analysis of the project. Responses were aggregated and completely anonymised so they could not be traced back to the individual respondent.

4

Online survey (II) amongst healthcare professionals from the main PC Scientific Societies and amongst members of the most representative Patient Associations

The aim of this online survey was to discover the perception of PC Scientific Societies and of Patient Associations on the current status of Primary Care. As in online survey I, questions were grouped according to the 5 areas of analysis of the project, and responses were aggregated and completely anonymised so they could not be traced back to the individual respondent.

Results

1. Planning

The 1986 General Health Law ("*Ley General de Sanidad 1986*") establishes the essential criteria that define the healthcare system and basic health zones and include geographic, socioeconomic, demographic, labour, epidemiological, cultural, climatological factors as well as the type and amount of communication channels and resources, and the healthcare facilities available. RD 137/1984, of 11th January 1984, establishes that the criteria for delimiting the Health Zones are demographic, geographical and social together with the size of the population to be cared for within each zone (between 5,000 and 25,000 inhabitants whether in rural or urban areas).

The members of the interviewed RSWG highlighted the strengths of the criteria of current laws and regulations. Major strengths include adequate design to fulfill their purpose; the accessibility and equity in access they allow; their transparency for both professionals and citizens; the territorial delimitation and the proximity to the target population that the criteria guarantee.

Participants of some Health Regions felt that the criteria of current legislations and regulations should be reviewed. There are some Health Regions that already apply other criteria not included in current regulations, such as criteria related to the areas with hard-to-fill positions, seasonal (summer) patients' commute and interprovincial collaborations to allocate resources for adequate healthcare provision. As a result, some regions are currently reviewing the criteria and defining the healthcare map while one of them is already working on its modification.

According to the interviews conducted with RSWG members, population ageing and dispersion, the increase of the incidence of chronic diseases and of mental health-related problems, the shortage of professionals, the technological gap and the lack of coordination between the different levels of care are challenges faced by the Health Regions. RSWG members believe that it is **necessary to incorporate more dynamic criteria than those currently in place.**

Challenges faced by the Health Regions, according to the RSWG

Population ageing | **Distribution of the population** | **Chronic diseases** | **Mental health** | **Shortage of professionals** | **Technology gap** | **Coordination between levels of care**

Additionally, healthcare professionals with management competencies in PC taking part in the online surveys, the members of the Scientific Societies and of Patient Associations agreed with the RSWG participants on the fact that the **existing criteria are not suitable to respond to the current needs of the Spanish population.**

Some Health Regions stated that it is necessary to consider the dispersion of the population, areas with hard-to-fill positions, and to give more importance to the social determinants of health and to health inequalities.

2. Management and Organisation

Completed in 2002, the decentralisation of healthcare provision has allowed and fostered the development of new models for the Management and Organisation of Healthcare Centres and Services in the Health Regions within a common general framework.

Most Health Regions follow a **direct public health management model**, apart from Catalonia (and, to a lesser extent, the Region of Valencia "Comunidad Valenciana"), where services are provided by both Public Administration and private providers). According to the participants from the Health Regions, the strengths of the direct public health management model are **accessibility, equal access to healthcare services and health promotion.** An aspect to be improved includes the **rigidity and slowness** of administrative processes. The main advantage of the mixed management model lies in the diversity.

From an organizational point of view, there are **3 management models**:

1

Single management model in which Primary Care is managed by a single body and independent from Hospital Care (as in *Cantabria* and *Madrid)*.

2

Shared management model (also called Integrated Care Management) in which Primary Care and Hospital Care are managed by the same body, This model exists in *Andalucía, Aragón, Principado de Asturias, Comunidad Valenciana, Extremadura, Galicia, Región de Murcia, País Vasco* and *La Rioja*.

3

Mixed management model in which two types of management models coexist in the Health Regions but models vary depending on the Health Area (rest of Health Regions).

Strengths and areas of improvement in PC management models according to RSWG participants

Technical representatives of the Health Regional stated that **single management model** allows for a better response to the needs of the healthcare professionals and for better budget management compared to other models. However, health budget distribution is often imbalanced, with the largest share most frequently allocated to Hospital Care.

Likewise, technical representatives of the Health Regions stated as a strengths of the **shared management model** the functional integration of all public healthcare resources that enables the provision of joined solutions, continuity of care and improved efficiency. Regarding the areas of improvement, in this model, the position of Primary Care is reduced in importance and less visible than Hospital Care. Additionally, financing is of greater importance in Hospital Care than in Primary Care.

Challenges in the management and organization of PC over the next 2 to 5 years

Most healthcare **professionals with management competencies in PC** from rural areas identified most challenging to manage the available resources to guarantee equal access to PC services. On the opposite, healthcare **professionals with management competencies in PC** from urban areas gave the highest importance to professional recruitment and retention and to having greater self-management capacity and autonomy.

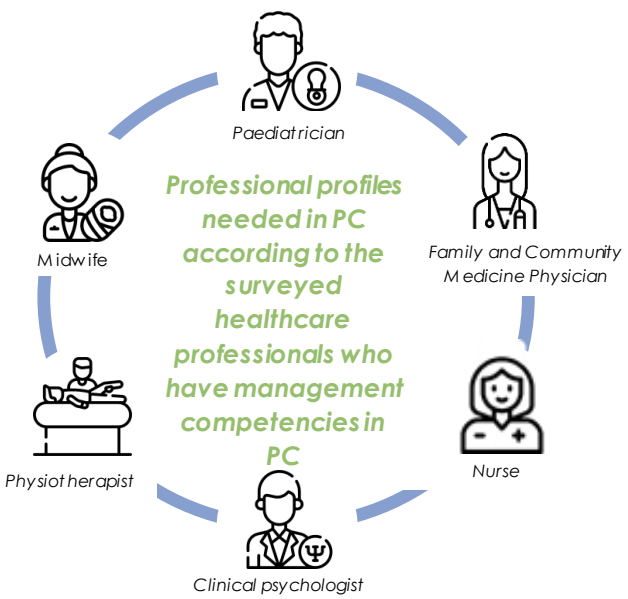
The members of the **Scientific Societies** surveyed considered most challenging to provide PC with greater decision-making capacity and to improve coordination between Primary Care and Hospital Care - a challenge also highlighted by the **Patient Associations**.

Regarding the **organisation of PC and social care**, the participants from the Health Regions highlighted the need for continuing to work on on improving coordination and on strengthening plans and initiatives fostered by the COVID-19 pandemic.

3. Human Resources

There is a structural problem at a Human Resources level which needs to be corrected in order to respond to emerging health care challenges. The 2022-2023 Primary and Community Care Action Plan approved by the NHS Interterritorial Council established as objective number 2 to "Increase the number of professionals, guarantee their availability and improve working conditions so as to enable accessibility, longitudinal care, stability, attract talent and consequently reduce temporary work". This objective has 11 actions directly related to Human Resources.

Health Regions, Scientific Societies and Patient Associations considered that a higher number of professionals is necessary to provide PC. As a result, **plans and initiatives focused on improving contract conditions and on providing professional incentives have been developed.**



In addition to Family and Community Medicine, Paediatrics and Nursing professionals, more than 40% of the healthcare professionals with management competencies in PC interviewed believed that other profiles, such as Clinical Psychologists, Physiotherapists and Midwives are needed to provide the services included in the National Healthcare Basket of Services (48%, 47% and 46%, respectively).

In rural areas, the most demanded profiles are also Family Physicians and Nurses. In urban areas, respondents agreed that there is a lack of Family Physicians. Physiotherapists are the second most demanded profiles, followed by Clinical Psychologists and Paediatricians.

75% of the surveyed healthcare professionals who have management competencies in PC **were of the opinion that there are obstacles for recruiting, attracting and retaining PC professionals.**

Some of the main obstacles mentioned were lack of professionals willing to work in PC and unsatisfactory working conditions. In the coming years, a high number of PC professionals will retire, and it is considered necessary to increase the number of **training positions for physicians** in the specialty of Family and Community Medicine. It is also considered important to promote the role of Family and Community Nursing. This is a challenge that participants from the Health Regions and from the Scientific Societies similarly emphasized.

It is of **utmost importance to cover job vacancies in rural areas and in underserved areas with hard-to-fill positions**. According to the interviews carried out, these areas are not very attractive for new recruits and some Health Regions are implementing specific human resources policies such as guaranteeing that young professionals have access and participate in the selection processes to cover permanent contract positions in rural areas, making working hours more flexible to facilitate work-life balance or providing greater economic incentives.

4. Financing

Public healthcare expenditure is 7.5% of the GDP in Spain (2020), with a regional variation that ranges between 6.2% and 9.7% depending on the territories. The national average percentage spent on PC as a proportion of total healthcare expenditure is 14.3%. There are regions with differences of up to 7 points between the maximum and minimum values (17.5% compared to 10.7%).

PC budgets can be estimated for the provision of PC only or can be integrated into the budgets for other levels of healthcare provision. Two types of budget coexist in the different Health Regions:

1. **PC budgets integrated with other levels of healthcare**
2. **Independent PC budgets**

There is a general agreement among the interviewed healthcare professionals who have management competencies in PC (72%), Scientific Societies (96%) and Patient Associations on the **insufficient allocation of PC budgets** to offer good quality service, accessibility, equity and sustainability.

Almost all participants of the Health Regions stated that they have set objectives for increasing (or at least maintaining) the annual funding allocated to PC; this is considered a necessary action to position PC as the backbone of the healthcare system.

The criteria for determining the budget for PC are:

(1) historical expenditure;

(2) needs and priorities defined by the competent budgeting bodies.

It is important to highlight that this criteria differentiation is not exclusive. Both groups of criteria can be applied to establish the budgets for each Health Region.

According to the opinion of the surveyed healthcare professionals who have management competencies in PC, the Scientific Societies and the Patient Associations, **the priorities for financing PC over the next 2 to 5 years are:**

- Human Resources
- Acquisition and/or renewal of medical equipment
- Investment in ICT/digitalisation
- Creation and/or adaptation of physical spaces

In addition, the representatives of Patient Associations indicated that a **healthcare approach to chronicity, chronic disease care and new models for healthcare delivery** should be financing priorities.

5. Infrastructure and Equipment

National regulations set the general basis for authorising the implementation of healthcare centres and services (RD 1277/2003 of 10th October 2003). Likewise, regional regulations set the technical requirements that all Primary Care centres must accomplish locally.

Two thirds of the participants from the Health Regions stated that **maintenance plans** to preserve the infrastructure of local centres and clinics are in place. These maintenance plans are **updated with a variable frequency** (either annual, multi-annual, or not established) depending on the Health Region considered.

In general, the participants from the Health Regions considered that the internal infrastructures in PC centres allow the delivery of PC services contemplated in the National Healthcare Basket of Services. However, representatives from most of the territories (14 out of 18) considered that **adaptations are necessary** to meet present and future challenges. Some of these adaptations are already anticipated in the new basket of services to be implemented.

Equipment needs are established according to:

(1) requests from centres to replace equipment obsolescence;

(2) territorial strategies to respond to changes in the Healthcare Basket of Services set by the Health Region.

The main criteria applied for equipment renewal are 4:

1. age
2. equipment damage or loss
3. obsolescence
4. decisions to include new features and functionalitites

Both healthcare professionals who have management competencies in PC and the representatives of Scientific Societies agreed on the **overall poor condition of the infrastructure of Primary Care centres.**

Most territories (16 out of 18) have an **established equipment renewal plan**, with the frequency of renewal varying according to the territory.

Not all the Health Regions report having **maintenance plans for Primary Care equipment** (approximately half); however, most territories (17 out of 18) do have an inventory of equipment.

Regarding **the technological equipment of PC centres**, RSWG participants reported that it is in good condition. The technological equipment has been recently renewed, or renewal has been planned or annual replacements due to declared obsolescence take place regularly.

However, there is disparity of opinions: 56% of healthcare professionals who have management competencies in PC and 72% of the members of the PC Scientific Societies believe that **the technological equipment of PC centres** is not in a good condition. This view is in line with the opinion of the Patient Associations' representatives.

The development and implementation of **PC information systems**, understood as the integration of the electronic health records amongst levels of care varies depending on the territory:

(1) A single Electronic Health Record shared among the different levels of healthcare.

(2) An Electronic Health Records restricted to PC.

With the exception of Ceuta and Melilla, all the territories reported having a **digital portal** dedicated to patients.

All Health Regions' participants felt that the available equipment and the Healthcare Basket of Services are coherent. The few exceptions reflect the need for some further adaptations in the future.

According to the opinion of the surveyed professionals, **the resources on infrastructure and equipment that will be needed over the next 2 to 5 years** are (ordered from the most to the least important) (1) creation and/or adaptation of physical spaces (51%); (2) investment in ICT resources for the PC centres (41%); (3) acquisition and/or renewal of medical equipment (41%); (4) investment in ICT resources for the national healthcare system (26%).

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