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Spanish Hospitals: Problems and Future Prospects

I. General Socio-Demographic Data

Spain is a country situated in the South-West of Europe. Its surface area is 504,750 km2 and the population density is 77 inhabitants to a square kilometre. The population numbers 38,473,418; the active population is 14,841,600; the activity rate is 49.2%; the unemployment rate is 15.7% and the G.D.P. per head is 10,400 dollars.

In 1987 the birth rate was 10.84 per 1,000 and the death rate 7.97. That is, there is still a slight, constant growth of the population. In the population pyramid a trend towards a definite ageing can be already noted. 13.2% of the population are older than 65, and for the year 2001 it is estimated that about 15% of the population will be over 65 years old.

II. General Description of the Health System

The General Health Act of 1986 marks the starting point for the radical changes that the Spanish Health System has undergone. The general features as they are defined in the Act are:

- Health conceived as a whole (the idea of an integrated health system)
- Universal cover of public health care
- The Autonomous Communities to create their own health services
- Community participation
- Users' rights and duties
- Public financing and a non-monopolistic provision of health services
- Co-ordination and, when necessary, integration of all public health networks into one system (National Health System)
- Two-level care organisation: primary care and specialized

The kinds of services offered by the Public Health System are the following:

- Health education
- Prevention (preventative medicine)
- Health care:
  - Primary care
  - Specialist care (hospitals, specialist consultancies)
  - Pharmacy (60% of the cost of medicines in outside hospital care is paid for by the consumers)
  - Dental care not covered (except for extractions)
  - Prosthesis

The services are regulated in the following manner:

- Free choice of general practitioner within the health area
- Access to specialist care; governed, except in case of emergency, by the general practitioners in the area, who send the patients to the hospital designated for each health area

As to the health system coverage, 98% of the population are at present covered by public health.

As regards health costs, public expenditure on health in Spain corresponds to 5.02% of the G.D.P.; total health expenditure is 6.34% of the G.D.P. In the period 1984 to 1990 health expenditure in Spain has increased its percentage share of the G.D.P..

Concerning the health professions in Spain, compared with European standards, there is a very high ration of doctors, a very low one of dentists, an average one for pharmacists and a low one for nurses.

The death rate and life expectancy at birth and the causes of death show that the level of health in Spain is comparable to that of other developed countries.

III. The Hospital System

The number of hospitals and hospital beds in Spain in 1987 is shown in Figure 1. They are classified as follows: general hospitals, short-stay specialist hospitals (basically surgery centres) and long-stay specialist hospitals (including psychiatric hospitals). The above hospitals and beds are categorized according to their status as public or private in Figure 2. It can be observed that, although there exist more private than public hospitals, 69% of hospital beds are public.

The ratio of all hospital beds and the different kinds of hospitals per 1,000 inhabitants is shown in Table 1. The ratio of hospital beds is lower than that of the community countries and of the countries of the O.E.C.D..

Admissions (per annum per 1,000 inhabitants) for all hospitals as well as for the different kinds of hospitals are set out in Table 2. These admission figures are below those of all the other community countries.

The average-length stay, the most common reasons for discharge according to diagnosis, staff, bed and cost per stay ratios in the different kinds of Spanish hospitals are represented in Tables 3, 4, 5 and 6.

IV. Problems and Prospects

The problems can be classified in two large groups:

- General nature
- Specific problems.

Each one of these sections can be divided in turn into several sub-sections.

General nature

1. Absence of a special organization

   A technical management unit to deal specifically with hospitals does not exist at central administration level. Hospital management in the communities with health transfers may be a matter for autonomous administration but this does not remove the necessity for an organization at central government level.

   This technical management unit is in being in other countries and its absence in Spain may render difficult a close following the hospital problems and the urge to their reform, starting from some general criteria.

2. Lack of criteria for economic management

   The lack of developed criteria in economic management in the Spanish hospital sector has been repeatedly made evident.

   The public hospital system (the most important part of the hospital sector) lags behind in developing means that could increase efficiency and strengthen new management techniques.

3. Development of the concept of public hospital service

   In Spain the concept of an integrated public hospital service is undeveloped. This applies equally to the public hospital sector and the private hospitals, which agree to take part in this public service under a set of conditions. This situation exists, despite the General Health Act which would allow for the strengthening of this concept (Arts. 90 and 91).

   This issue is very important, since Spain is the community country with the least beds per 1,000 inhabitants and a low hospital admission, which is likely to grow, and, therefore, the use of all resources in the public service is an especially critical matter.

4. Lack of specific associations

   Hospital federations carry great weight in some European countries (particularly in Germany, Holland, Belgium, France and Switzerland).

   In Spain the most relevant fact is perhaps that the majority of public beds, which in themselves are 69% of the whole number of hospital beds, do not belong to any hospital federation.

   It could be interesting to strengthen this type of association in Spain under certain circumstances and fixed requirements.

Particular problems

1. Infrastructure

- The number of hospital beds for the acutely ill (low, compared with the European average) and their distribution makes the continued creation of beds in Spain necessary.

  Apart from the number of beds, the public sector is aware that the hospital network needs reform, which is already being introduced.

- Medical equipment. Generally, the matter of medical equipment is not one where great disparities exist with other European countries. A great effort was made recently in the public sector to introduce new technologies (CAT, angiography, NMR, radiotherapy, Lithotripsy, etc.).

- Data processing equipment. Owing to past experience of extreme centralisation in management, the Spanish public hospital system has customarily lacked adequate data processing equipment. In the Insalud area the answer was to computerize all its hospitals by the system called "Plan DIAS".

  Computerization and especially the development of a reliable data processing system continues to be an unsolved question in Spanish hospitals.

- Long-stay beds. In Spain the network of long-stay hospitals is about the ratio of 0.1 beds per 1,000 inhabitants and is unanimously held to be insufficient.

  Efforts directed to strengthen this network are unsure, unrelated and even lacking a general plan (with reference to class of service, kind of patient, financing, etc.).

2. Management system

- Budget and economic information. The budget in the social security public hospitals has lost its power as a tool of management due to its initial inadequacy and the differences with the final settlement (about 20% discrepancy). With regard to economic information, it is difficult to carry out reliable, comparative efficiency studies in Spanish hospitals, owing to the lack of a set of general rules for analytical accounting in hospitals.

- Organisational structure. In Spain there is no common general norm for all hospitals. There is the Royal Decree 521/87, at present being revised, in the INSALUD Area and the hospitals it manages.

3. Staff

- Staff policy (statute). Staff of social security public hospitals are subject to various statutes (according to their status) which, in practice, absorb them as civil servants.

In general, this system is considered to be very rigid, not well suited to such a dynamic service sector as health.

- Management staff. In Spain there is no specific certificate for hospital management, the requirements being to hold a university degree and to sit for a public examination. The solution to this problem is being studied by the National College of Health.

  Consequently, there is the current serious problem in Spain of finding trained staff, experienced in hospital management.

- Shortage of certain medical specialists. The following situations co-exist in Spain: a high ratio of doctors (36 per 10,000 inhabitants); a high ratio of medical specialization (>50%); and many unemployed doctors. Yet, despite the above, there is a well-known shortage of certain kinds of specialists (anaesthesists, psychiatrists, etc.).

- The framework of medical specialisations. The usual way of access to medical specialization in Spain is through the residence system.

  The present system overdivides the specializations. Because of this, work is being done to revise the current Royal Decree on medical specializations in order to introduce the idea of merging the initial training period of several postgraduates disciplines.

- Shortage of nurses. The existing ratio in Spain of 39.6 nurses per 10,000 inhabitants is low compared with other community countries.

  Hospitals have great difficulty in finding nurses, especially in the summer.

4. Working system

- Work timetable of 8 - 3. In Spain the majority of public hospitals have a working timetable from 8 to 3. This is a somewhat unusual timetable among the European hospital systems, where the timetables are usually from 8 to 17 or from 9 to 18.

- Duties and duty reliefs. The duty system in Spanish hospitals with a large number of staff doctors on duty and the organization of the system of reliefs the following day is one of the examples of the deficiencies of the system.

  It is leading to a complete discontinuity in medical work, which prevents patients identifying with one particular doctor, and to a break-up of the team structure.

- Waiting lists. The problem of waiting lists for hospitals is of a serious nature. Although there is the emergency system and prior rights for certain diseases, the waiting times for hospitalization or out-patient consultations continue to present a grave problem.

- High percentage of emergency admissions. The fact that a high percentage of Spanish hospital admissions pass through casualty (about 60 to 70%) is probably linked to the difficulties in eliminating the waiting lists.

5. General features

- Accreditation system. A general accreditation system is absent at national level. However, an accreditation system has been in practice on Catalonia since 1981. The creation of a hospital accreditation system, understood as a fixing of basic qualifications, is needed as a guarantee for the citizen.

- Relations with the university. Because of a series of circumstances, there is no real tradition of university hospitals in Spain.

  From 1986 the Royal Decree 1558/86 linked posts were created. That is, university teachers who hold concurrently a hospital post or otherwise hospital doctors who have a teaching post a the university.

- Psychiatric reform. The basis of psychiatric reform in Spain is formed by the recommendations of the Ministerial Commission for Psychiatric Reform, published in 1985.

  The basic points of these recommendations are:

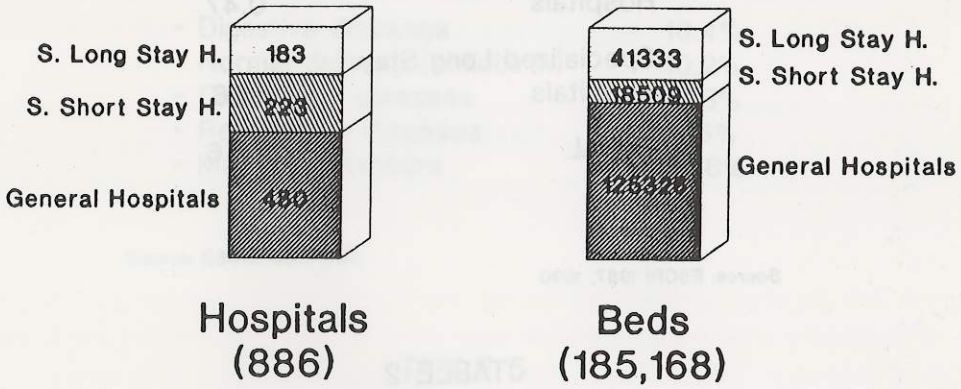
  - Decentralization (mental health centres)
  - Creation of psychiatric units in general hospitals
  - Replacement of the large, old psychiatric hospitals (via social support programmes, therapeutic centres, etc.)

  Since this reform is based on mere recommendations and because psychiatric care is in the hands of the autonomous communities, the reform has been carried out very unevenly by the different communities.

V. Final Comment

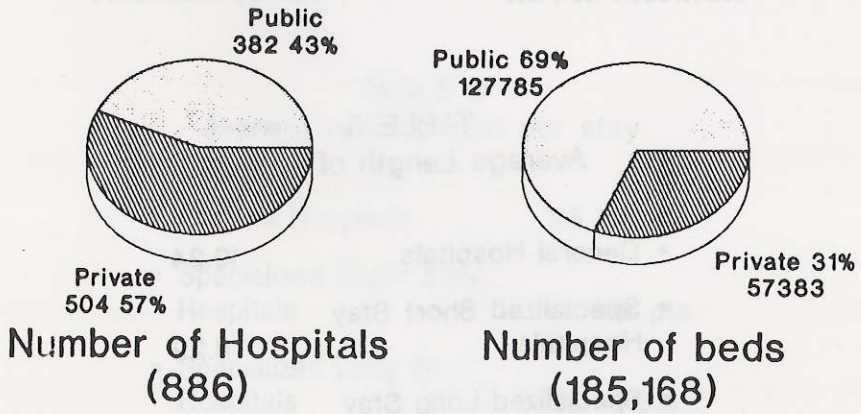
The Spanish hospital system is very dynamic and in the coming years has to face a series of important challenges. To say the least, the following one: To ensure efficiency in public hospitals; to involve private hospitals more actively in the public service; to define the role and strengthen the network of long-stay hospitals; technological reform of the sector; to improve the budgeting and economic information system; to overcome the rigid staff policy system; to reduce waiting lists; to achieve a greater integration with the university system; to make progress in psychiatric reform and to establish an organisational structure both more ordered and with greater participation.

FIGURE 1
Number of Hospitals and Beds



Source: ESCRI 1987, 1990

FIGURE 2
Hospitals and beds (private vs. public)



Source: ESCRI 1987, 1990

TABLE 1
Number of beds/1,000 inhabitants

• General Hospitals	3.22
• Specialized Short Stay Hospitals	0.47
• Specialized Long Stay Hospitals	1.06
• TOTAL	4.76

Source: ESCRI 1987, 1990

TABLE 2
Admissions/1,000 inhabitants

• General Hospitals	80.73
• Specialized Short Stay Hospitals	11.20
• Specialized Long Stay Hospitals	0.97
• TOTAL	93.83

Source: ESCRI 1987, 1990

TABLE 3
Average Length of Stay

• General Hospitals	10.24
• Specialized Short Stay Hospitals	8.29
• Specialized Long Stay Hospitals	162.96
• TOTAL	13.09

Source: ESCRI 1987, 1990

TABLE 4
Main causes discharge according diagnosis

Discharges year 1987: 3,583,637

Most frequent causes:

- Digestive diseases	10.4%
- Normal delivery (childbirth)	10.2%
- Circulatory diseases	7.8%
- Respiratory diseases	7.6%
- Malignant tumours	4.6%

Source: ESCRI 1987, 1990

TABLE 5
Personnel

		Ratio Staff/bed
General Hospitals	254,075	2.17
Specialized Short Stay Hospitals	27,258	1.66
Specialized Long Stay Hospitals	23,279	0.62
TOTAL	304,612	1.78

Source: ESCRI 1987, 1990

TABLE 6
Average running cost per stay

• General Hospitals	25,719 pta
• Specialized Short Stay Hospitals	18,769 pta
• Specialized Long Stay Hospitals	4,937 pta
• TOTAL	19,969 pta

Source: ESCRI 1987, 1990