Annual report on the National Health System of Spain 2022

Executive Summary



Edita:

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ANNUAL REPORT ON THE NATIONAL HEALTH SYSTEM OF SPAIN, 2022

EXECUTIVE SUMMARY



Population

HEALTH STATUS







Mortality

SOCIAL DETERMINANTS OF HEALTH



Socio-economic determinants

Lifestyle



HEALTH SYSTEM



Healthcare



Accesibility



<u>Patients'</u> experience



Pharmaceutical benefits



Physical resources



Human Resources



Expenditure



Digital Health





POPULATION FIGURES

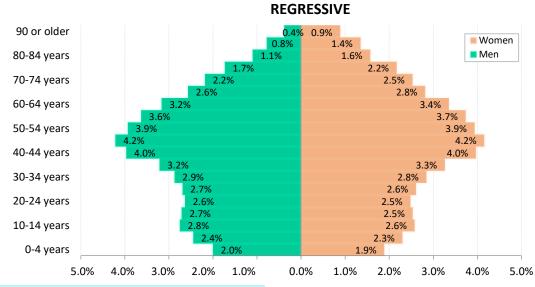
47.4 **47.4** 24 47.5 Million inhabitants 46.8 46.5 1.3% 47,432,893 people 23 Spain is the 5th country With highest 45 population of EU-27 22 44 2012 2017 2022

Men

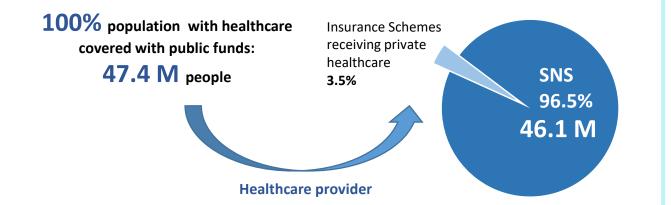
The population pyramid is clearly

Women

•••• Both sexes



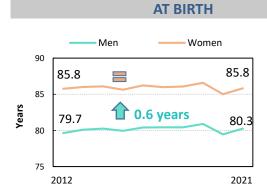
POPULATION COVERED BY THE SNS





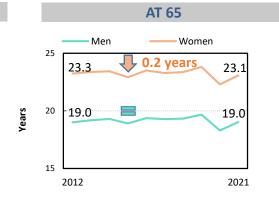


LIFE EXPECTANCY



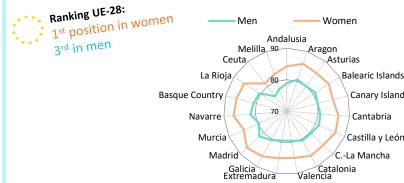
Life expectancy at birth:

WOMEN'S: 85.8 years and MEN'S: 80.3 years



Life expectancy at 65:

WOMEN: 23.1 years and MEN: 19.0 years



Galicia Extremadura

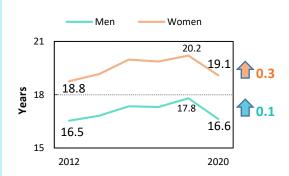


At birth, WOMEN 'S life expectancy is 5.5 years longer than MEN'S

QUALITY OF LIFE

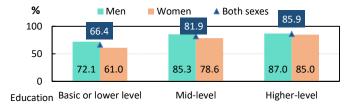
Canary Islands

Cantabria Castilla y León



Since 2012 HEALTHY LIFE YEARS at 65 increased 0.5 percentage points for men and **0.3** for women.





A POSITIVE PERCEPTION OF HEALTH in people aged 15 or older is 75.5%, clearly lower among people with basic or lower-level education, especially women.

The average score for health-related QUALITY OF LIFE IN CHILDREN is 87.4 points in children aged between 8 and 14 years









MORBIDITY

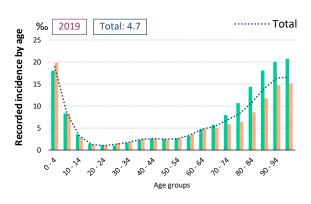


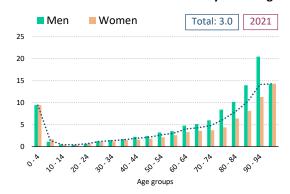
RESPIRATORY DISEASES

Pneumonia (doesn't include COVID-19 pneumonia)

3 cases of pneumonia per 1,000 inhabitants yearly

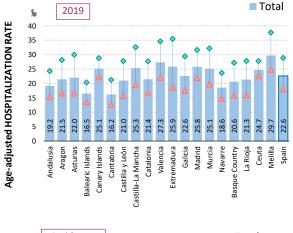
More than 1% in those over 80 years of age

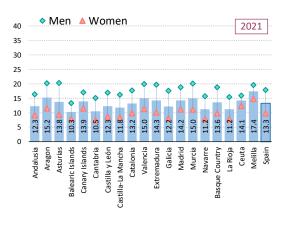




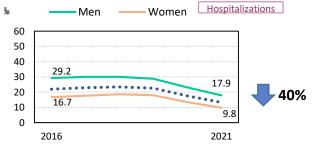
11th lowest of EU

Age-adjusted hospitalization rate: 13.3 hospitalizations per 10,000 inhabitants









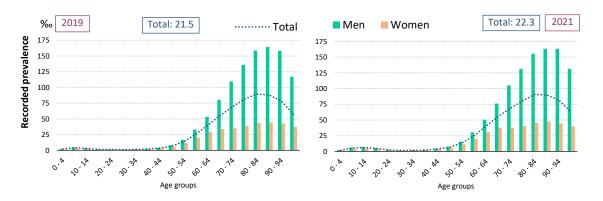


RESPIRATORY DISEASES

Chronic Obstructive Pulmonary Disease

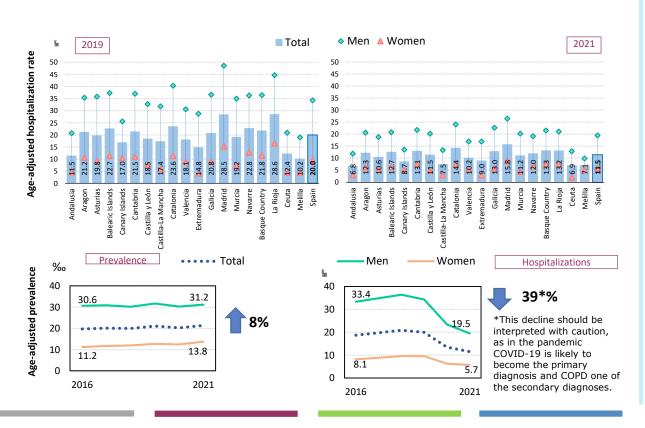
2.2% population suffer COPD

More than 10% in men aged 70 or older



3th highest in the EU

Age-ajusted Hospitalization rate: 11.5 hospitalizations por 10,000 inhabitants, 42.5% less than in 2019







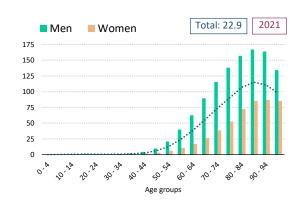


Ischaemic heart disease

2.3% of population suffer from ischaemic heart disease: MEN: 3% and WOMEN 1%

More than 10% in men aged 70 or older

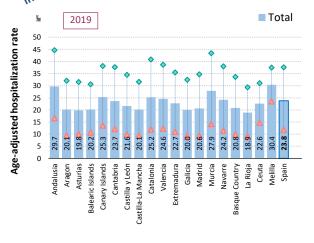


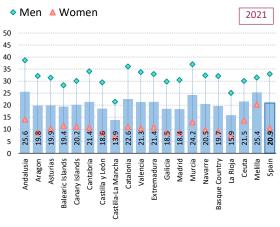


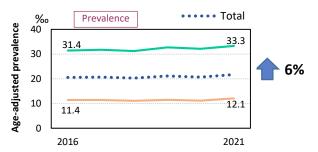
3rd lowest in the EU for acute myocardial infarction

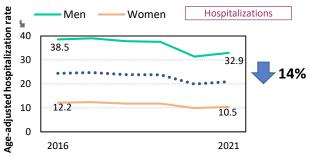
Aged-adjusted hospitalization rate: 20.9 hospitalizations per 10,000 inhabitants,

12.2% lower than in 2019









2021



CARDIOVASCULAR DISEASES

0

2016



0

2016

2021

2021

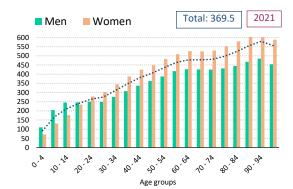


MENTAL DISORDERS

Mental disorders

37% of the population have some type of mental disorder, rising to 50% in the 75 and older age group

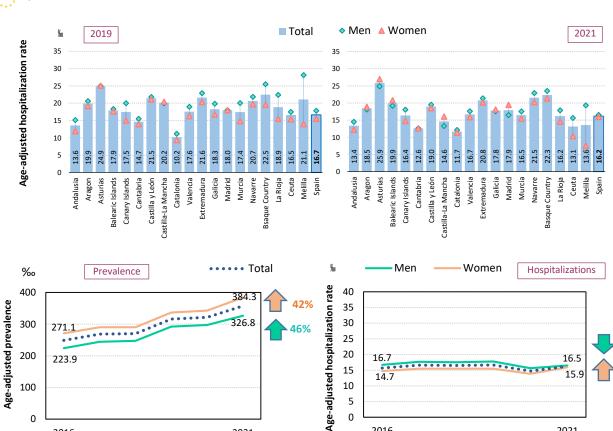




5th lowest in the EU

2016

Aged-adjusted hospitalization rate: 16 hospitalizations per 10,000 inhabitants



2016

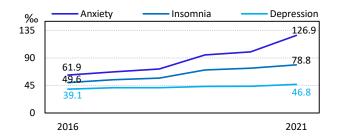
2021



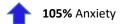
MENTAL DISORDERS

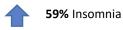
Most common mental disorders

General population



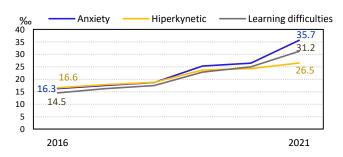
Growing trend: 2016-21:





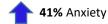
20% Depression

Youths under 25



Growing trend: 2016-21

Increasing between 2019- 2021:



36% Learning difficulties

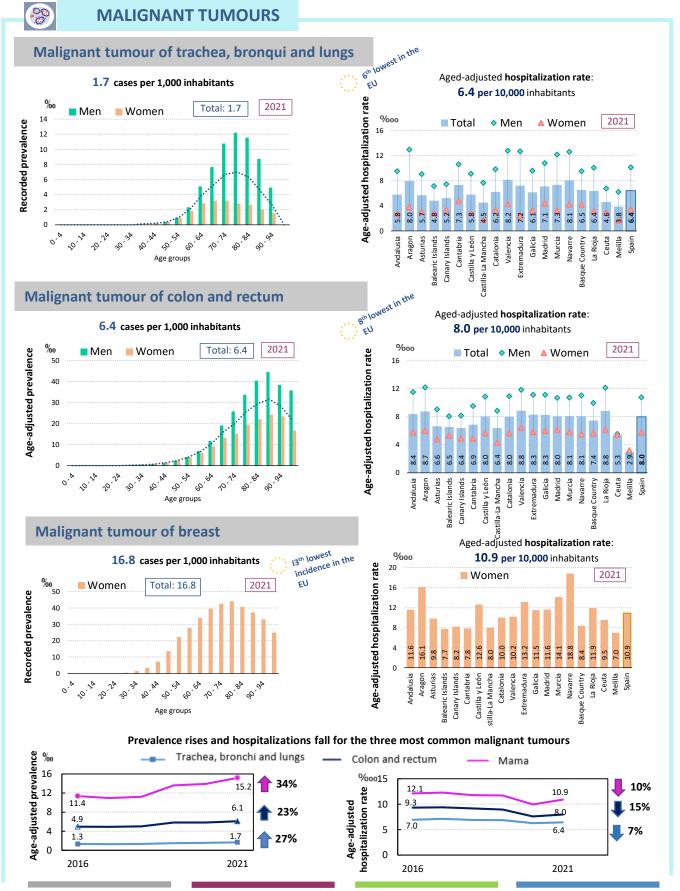


Anxiety disorders

13% de la population suffers from an anxiety disorder: MEN: 9% and WOMEN 17%









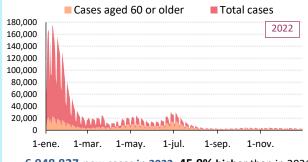
Back to index



COVID-19

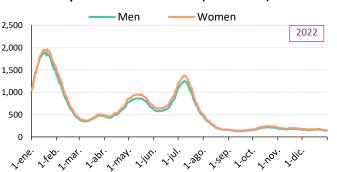
Pandemic evolution indicators

Daily confirmed/ notified cases



6,948,827 new cases in 2022, 45.9% higher than in 2021

14-day cumulative incidence (60 or older)



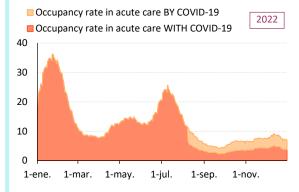
Severity evolution indicators

Lower severity in 2022 than in 2021:

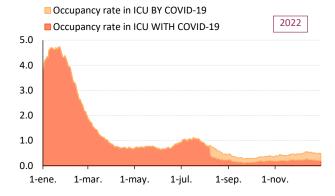
53% Acute admissions

77% ICU admissions

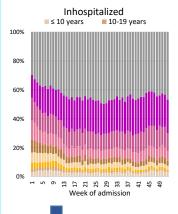
Hospital occupancy rate acute beds per 100,000 inhabitants

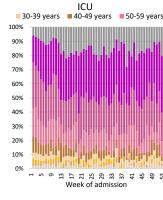


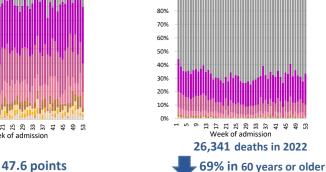
Occupancy rate in ICU per 100,000 inhabitants



Deaths







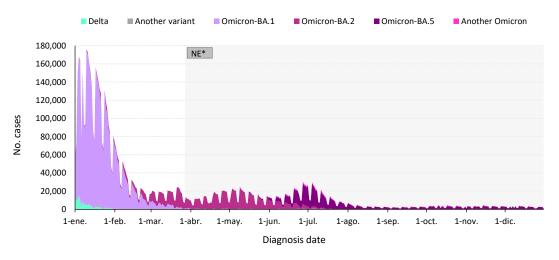
90%





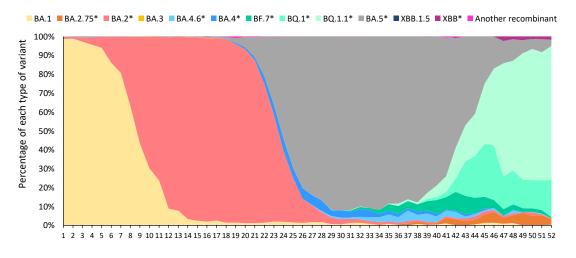
Epidemiological situation of the SARS-COVID variants

Epidemiological curve according to SARS-CoV-2 variants



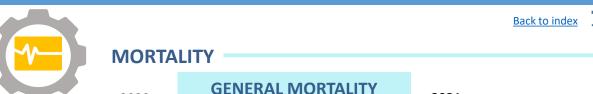
The dominant variant in 2022 was Omicron.

Omicron's lineages evolution





In 2022 the seventh wave of the pandemic occurred later in Spain than in other European countries.



493,776 DEATHS:

249,664 in MEN and 244,112 in WOMEN.

2020

GROSS MORTALITY RATE

1,042.7 DEATHS per 100,000 inhabitants: 1,075.7 in MEN and 1,010.9 in WOMEN.

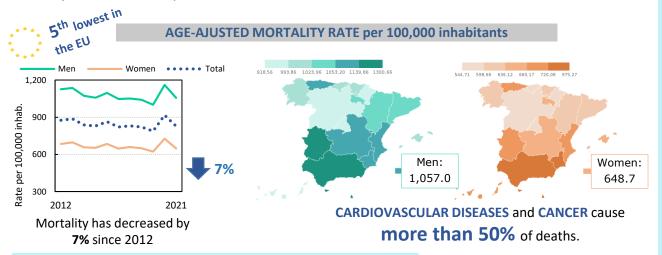
450,744 DEATHS:

2021

231,410 in MEN and 219,334 in WOMEN.

GROSS MORTALITY RATE

953.2 DEATHS per 100,000 inhabitants: 997.8 in MEN and 908.6 in WOMEN.



MORTALITY DUE TO RESPIRATORY DISEASES

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

11.295 DEATHS:

8,100 in MEN and 3,195 in WOMEN

GROSS MORTALITY RATE

24.1 DEATHS per 100,000 inhabitants

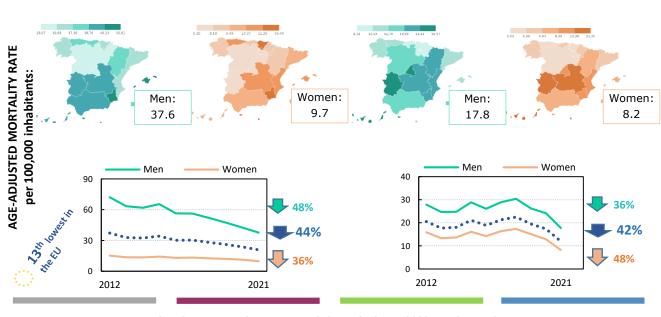
PNEUMONIA AND INFLUENZA

6.823 DEATHS:

3,845 in MEN and 2,978 in WOMEN

GROSS MORTALITY RATE

14.5 DEATHS per 100,000 inhabitants







MORTALITY DUE TO CARDIOVASCULAR DISEASE

ISCHAEMIC HEART DISEASE

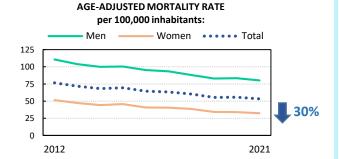
28,852 DEATHS:

17,747 in MEN and 11,105 in WOMEN

GROSS MORTALITY RATE

61.3 DEATHS per 100,000 inhabitants:

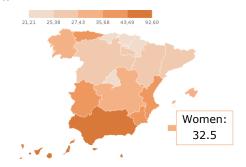
76.5 in MEN and **46.0** in WOMEN



** ** Ath lowest in the EU

AGE-ADJUSTED MORTALITY RATE per 100,000 inhabitants:





AGE-ADJUSTED MORTALITY RATE per 100,000 inhabitants:

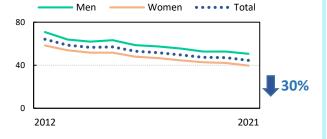
CEREBROVASCULAR DISEASE

24,858 DEATHS:

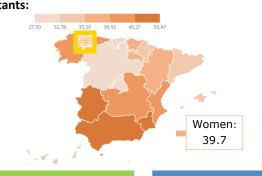
11,004 in MEN and 13,854 in WOMEN

GROSS MORTALITY RATE

52.4 DEATHS per 100,000 inhabitants: 47.4 in MEN and 57.4 in WOMEN



AGE-ADJUSTED MORTALITY RATE per 100,000 inhabitants: Men: 50.7





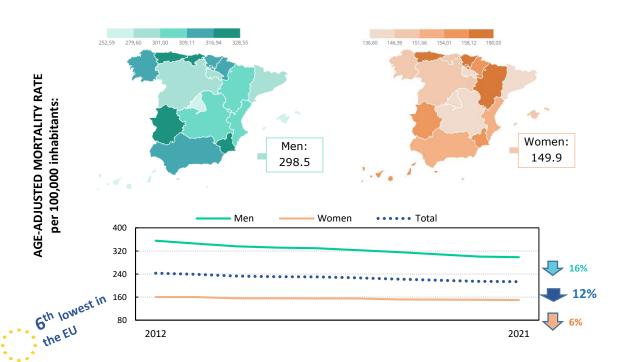
MORTALITY DUE TO MALIGNANT TUMOURS

2021

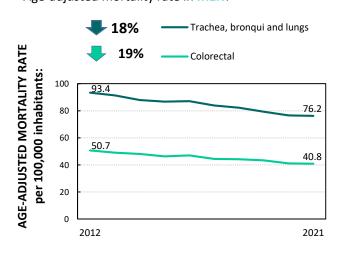
109,378 DEATHS: 65,558 in MEN and 43,820 in WOMEN,

GROSS MORTALITY RATE

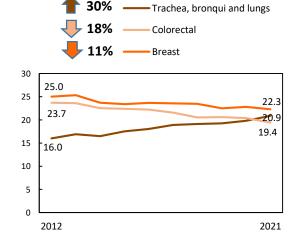
232.1 DEATHS per 100,000 inhabitants: 282.7 in MEN and 181.5 in WOMEN.



Age-adjusted mortality rate in MEN:



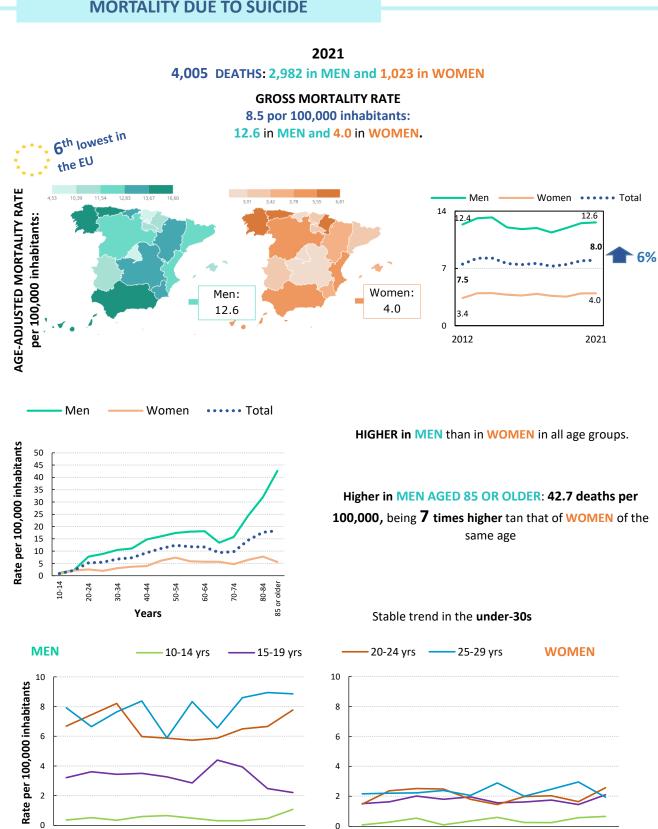
Age-adjusted mortality rate in WOMEN:



2021



MORTALITY DUE TO SUICIDE



2012

2021

2012





MORTALITY DUE TO COVID-19

2020

74,839 DEATHS:

38,917 in MEN and 35,922 in WOMEN

GROSS MORTALITY RATE

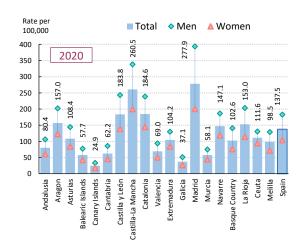
158.0 per 100,000 inhabitants.

Age-adjusted mortality:

137.5 deaths per 100,000 inhabitants:

183.2 in MEN and 104.2 in WOMEN

AGE-ADJUSTED MORTALITY RATE per 100,000 inhabitants:



2021

40,039 DEATHS:

22,758 in MEN and 17,281 in WOMEN,

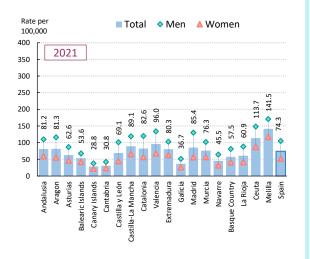
GROSS MORTALITY RATE

84.6 per 100,000 inhabitants.

Age-adjusted mortality:

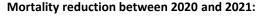
74.3 deaths per 100,000 inhabitants:

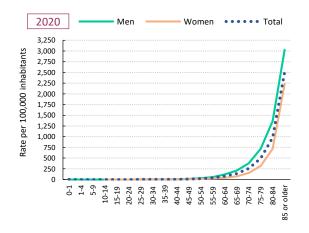
104.8 in MEN and 51.8 in WOMEN

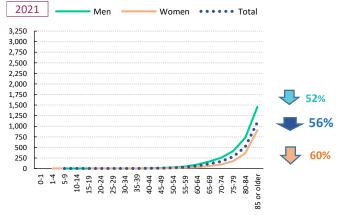


Gross Mortality rate due to COVID-19 per 100,000 inhabitants, by age group:

85 or older:











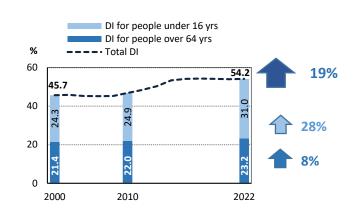


SOCIO-ECONOMIC DETERMINANTS

DEPENDENCY RATIO

The Dependency Index (DI) in Spain is **54.2%**, with a rising trend among older people (**31.0%**) and a stable trend for the young (**23.2%**).

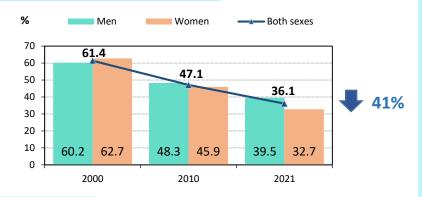




PERCENTAGE OF 25-64 YEAR-OLDS WHO HAVE NOT ATTAINED UPPER SECONDARY EDUCATION

In the past 18 years, the percentage of people with basic or lower-level education has decreased in all Autonomous Communities and Autonomous Cities.

Ath **highest** in the EU

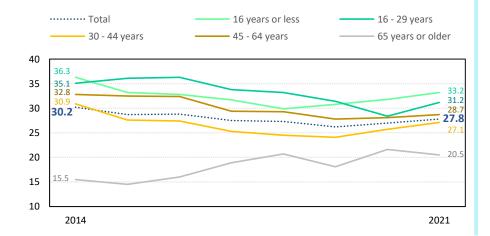


POVERTY RISK (AROPE)

The at-risk-of-poverty or social exclusion rate for 2021

is **27.8%**

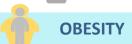
Above the European average







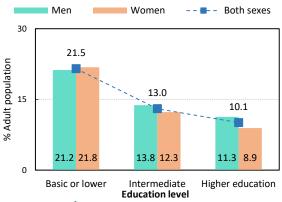


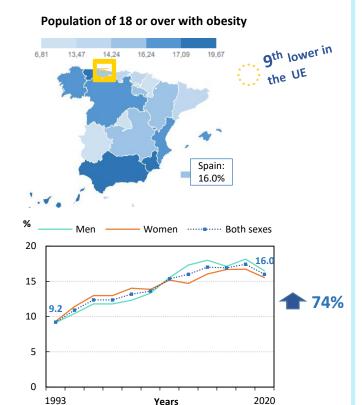


2 out of every 10 adults are obese



The lower the level of education, the higher the prevalence of obesity.





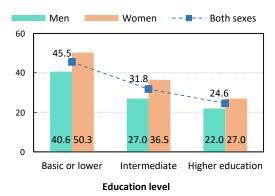


PHYSICAL ACTIVITY

4 out of every 10 adults declares to be sedentary in their leisure time.

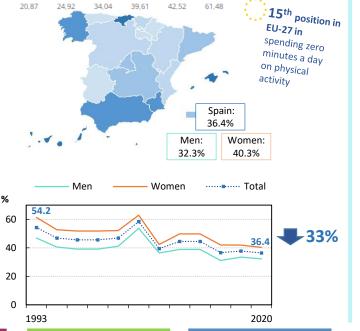


Sedentary lifestyles are more prevalent among people with lower levels of education.

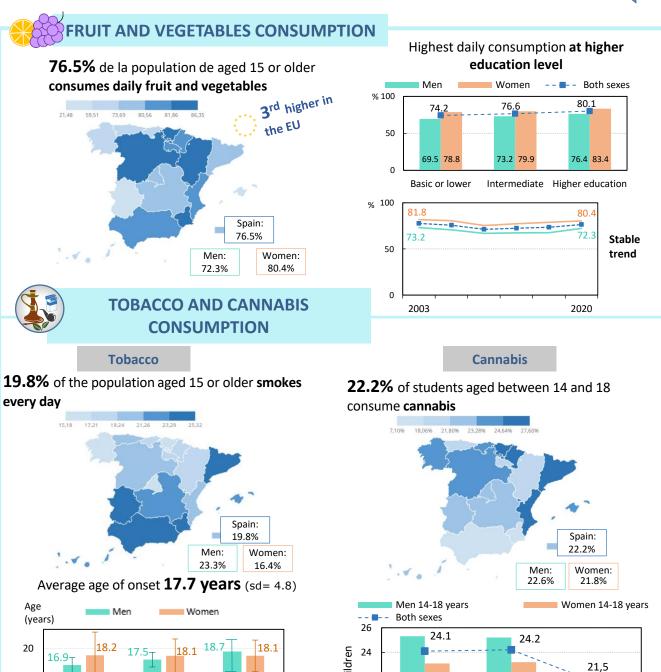


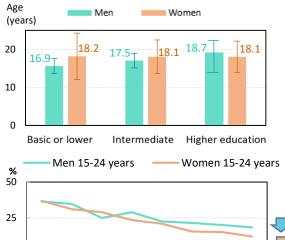
Population of 15 or over que declares to be sedentary in their leisure time

Years



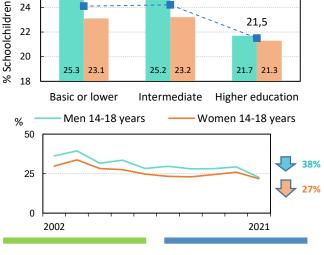






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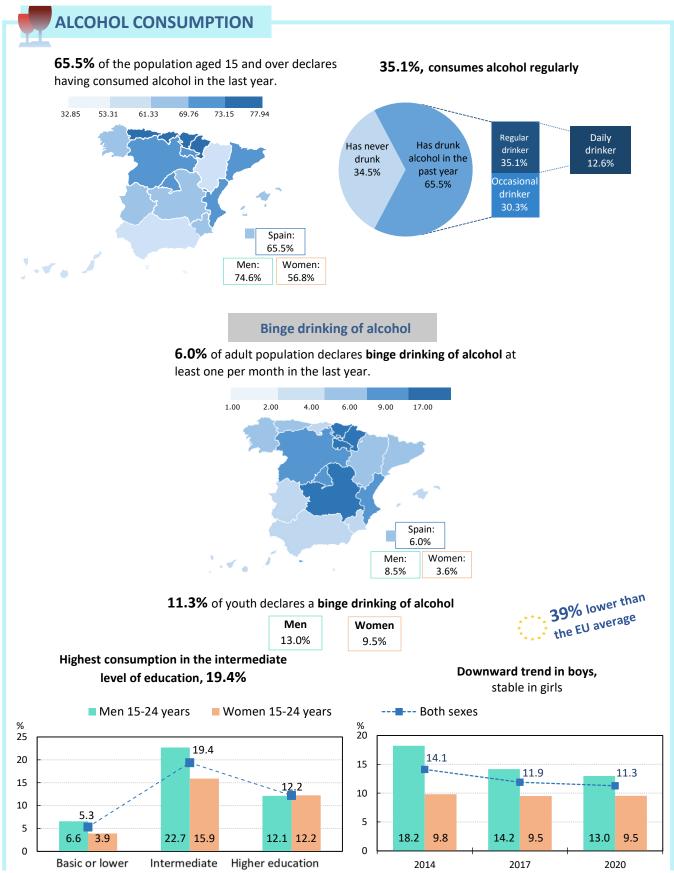
2001



2020

50%











HEALTHCARE

PREVENTION

Vaccination



Population under 4 years of age

Primary vaccination COVERAGE against:

Poliomyelitis	
DTaP	
Hib	97%
Hepatitis B	
Pneumococcal	
disease	

69.5%

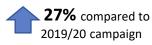
:	5 th highest in
	the EU
96%	the Lo
93%	
	96%

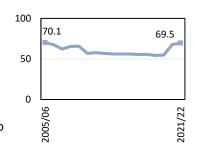


5th highest in the EU

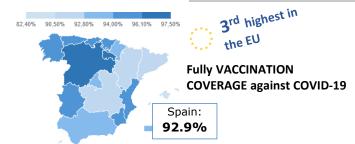
against INFLUENZA:

2021/2022 campaign





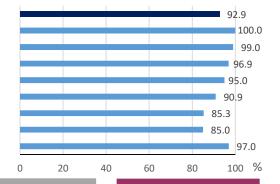
COVID Vaccination



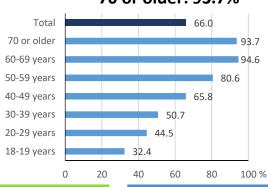
COVERAGE of population vaccinated against COVID-19 with 1st booster dose:



70 or older: 93.7%



80 or older: 100%





PREVENTION

Cancer screening



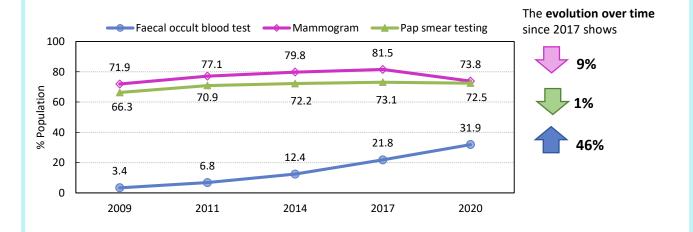
7 out of every **10 women** have undergone **breast cancer detection tests** within the recommended periods.



7 out of every **10 women** between 25 and 65 years have had a pap smear test in the past 3 months.



3 out of every **10 people** have undergone **early colorectal cancer detection tests** within the recommended period.





Mammogram

9th position in EU-27 ranking Pap smear testing

17th position in EU-27 ranking

Faecal occult blood test

15th position in EU-27 ranking





PRIMARY CARE

DOCTORS in **SNS PRIMARY HEALTHCARE** have

262 M consultations:

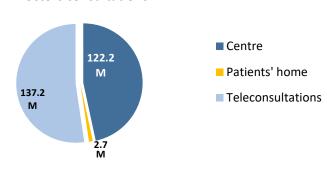
99.0% of them at HEALTHCARE CENTRES:
46.6% CENTRE and 52.4% TELECONSULTATIONS
1.0% of them at PATIENTS' HOME.

NURSES in **SNS PRIMARY HEALTHCARE** have

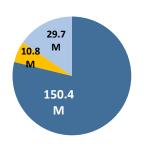
191 M consultations:

94.4% of them at HEALTHCARE CENTRES:78.8% CENTRE and 15.6% TELECONSULTATIONS5.6% of them at PATIENTS' HOME.

Doctors consultations



Nursery consultations

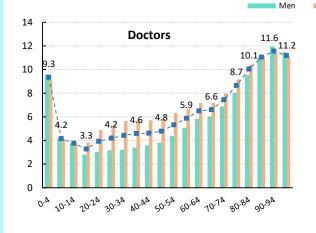


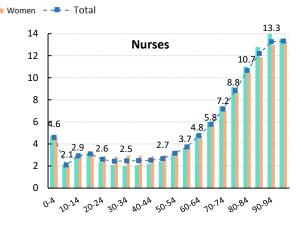
Average frequency:

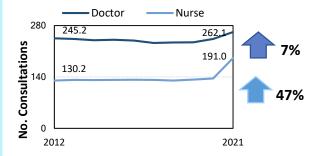
5.6 visits per person and year.

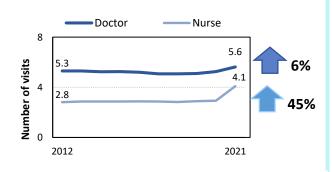
Average frequency:

4.1 visits per person and year.













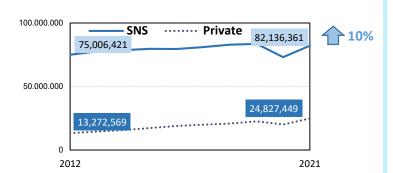
HOSPITAL CARE

Hospital Care Consultations

In SNS HOSPITAL CARE

82.1 M CONSULTATIONS.

Nearly **77%** of specialized care consultations at acute care hospitals take place in the **SNS**.



SPECIALISTS consultations at SNS HOSPITALS amount to 1.7 consultations/hab.

Hospital Admissions

In SNS HOSPITALS there are 3.8 M ADMISSIONS per year:

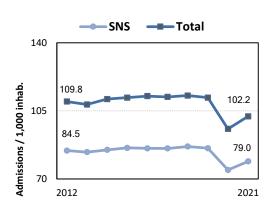
3.7 M in ACUTE CARE HOSPITALS, representing **75.8%** of the Spanish hospital sector.

87,810 in LONG-TERM CARE HOSPITALS, representing 87.4% of the Spanish hospital sector.

79.0 ADMISSIONS

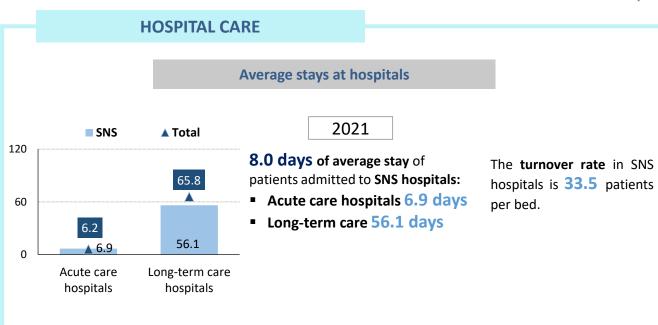
per 1,000 inhabitants and year, in **SNS ACUTE CARE HOSPITALS**

Hospital discharges per 1,000 inhabitants in Spain are about 1.6 times lower than the EU-28 average, while processes attended in day hospital are about 1.2 times higher.

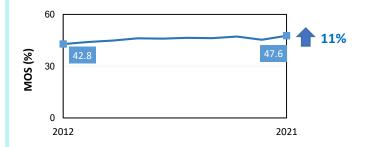


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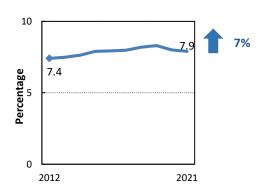
Outpatient surgery in the National Health System



Major outpatient surgery

47.6% in SNS hospitales

Overall percentage of readmissions in acute care hospitals of the National Health System



The overall percentage of **readmissions in SNS** acute care hospitals during the 30 days after discharge is **7.9%**, with a slightly upward trend until 2019 (8.3%) and then reverse.

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URGENT CARE

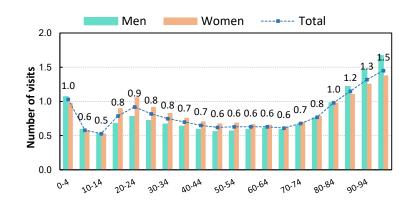
Primary Care

29.7 M urgent consultations in PRIMARY CARE:

DOCTORS: 21.7M NURSES: 9.6M

The data on urgent primary care consultations reflect SIGNIFICANT DIFFERENCES BY SEX which ARE INVERTED over the individual's lifespan.

Urgent consultations 0.64 consultations per inhabitant and year:



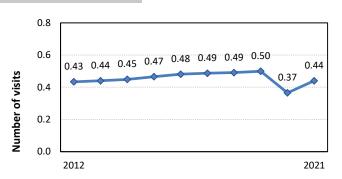
Hospital Care

20.9 M urgent consultations in SNS ACUTE CARE HOSPITALS.

SNS HOSPITAL urgent consultations:

0.44 consultations per inhabitant and year.

Urgent hospital consultations remains stable since 2012 except for the fall in the year 2020 of the pandemic.

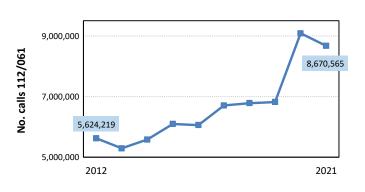


112/061 Urgent and Emergency Care Service

8.7 M phone calls to 112/061:

185.8 per 1,000 inhabitants

Irregular evolution, but with a clear **rise in numbers**.



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MORBIDITY



CARE FOR RESPIRATORY DISEASES

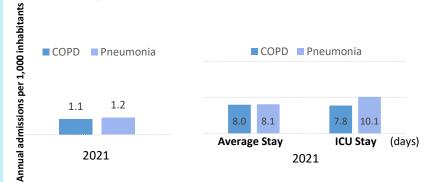
2020

12.6 visits per year for people with respiratory disease at PRIMARY CARE centres, nearly 20% more than the general population.

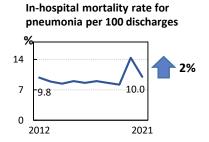
2021

14.4 visits per year for people with respiratory disease at PRIMARY CARE centres, nearly 30% more than the general population.

441,924 annual ADMISSIONS



290,059 annual ADMISSIONS





CARE FOR CARDIOVASCULAR DISEASE

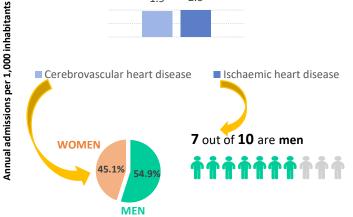
25.3 visits per year for people with cardiovascular disease at PRIMARY CARE centres, nearly **30% more** than the general population.

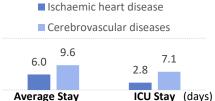
491,122 annual ADMISSIONS

Cardiovascular diseases are the **most frequent cause** of hospitalization, accounting for **14%** of admissions to the SNS, highlighting:

1:9

2.0





In-hospital mortality rate per 100 discharges: Cerebrovascular disease **Heart attack** Ischaemic Hemorrhagic 32.1 11.4 26.1 9.1 12 7 8.1 5.9 5.0 2012 2021 2021 Women Total Men





CARE FOR MENTAL DISORDERS

Consultations and hospitalizations

15.1 visits to PRIMARY CARE centres per year per person with mental illness, about 40% more than the general population.

5,654,449 annual psychiatry consultations,

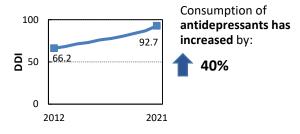
around the 95% in public centres.

1.6 hospitalizations por 1,000 inhabitants.

Drug consumption

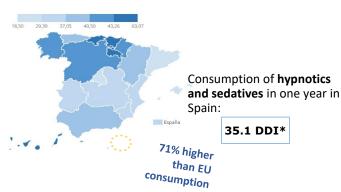
CONSUMPTION OF ANTIDEPRESSANTS

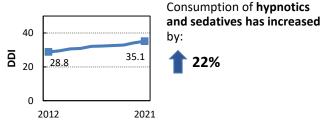
Consumption of antidepressants in one year in Spain: 92.7 DDI*



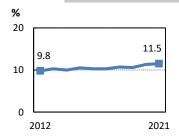
*DDI = Defined daily doses per 1,000 inhabitants per day

CONSUMPTION OF HYPNOTICS AND SEDATIVES





Emergency psychiatric readmissions



Emergency psychiatric readmissions have remained stable at approximately 10%, with a slight increase in the last 2 years.





TREATMENT FOR MALIGNANT TUMOURS

Primary care consultations and hospitalizations

21.5 visits to PRIMARY CARE centres per year per person with malignant tumours, twice as hight as in general population.

6.1 hospitalizations per 1,000 inhabitants.

Breast-conserving surgery for breast cancer

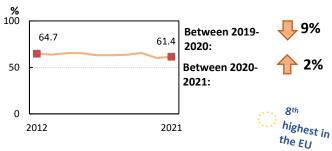


Nearly **6** out of **10 breast cancer surgeries** are carried out with **a conservative approach**.

The percentage of breast-conserving surgery for breast cancer is **61.4%**.



Conservative breast cancer surgery shows fluctuations in the trend, reaching the highest value, 65.5%, in 2019:





CARE FOR COVID-19

2020

18.4 visits to PRIMARY CARE centres per year per person with COVID-19, twice as hight as in general population.

4.4 hospitalizations por 1,000 inhabitants:

11 days of average stay
16 days of average stay in ICU

2021

14.5 visits to PRIMARY CARE centres per year per person with COVID-19, around 30% higher than general population.

4.5 hospitalizations por 1,000 inhabitants:

11 days of average stay
20 days of average stay in ICU



Nearly 6 out of 10 hospitalized people are men

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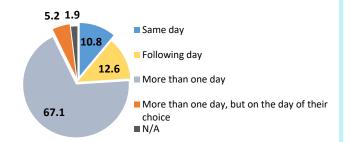
ACCESIBILITY



WAITING TIMES IN PRIMARY CARE

10.8% of the people surveyed were attended to on the **same day** that they asked for the appointment, **12.6%** the **following day** and **67.1%** had to wait more than one day.

Average waiting time is 8.8 days.



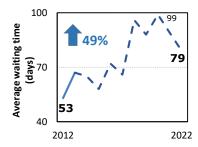
WAITING TIMES IN SPECIALIZED CARE

CONSULTATIONS

NON-URGENT SURGERY

The average waiting time for a first consultation in specialized

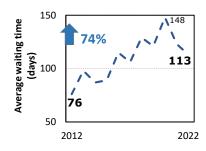
care is 79 days



Waiting times for specialized care CONTINUE TO DECLINE since 2020.

The average waiting time for nonurgent surgery is

113 days



The percentage of patients who have been WAITING MORE THAN 6
MONTHS is 17.6%

SPECIALITIES WITH THE LONGEST WAITING TIMES

NEUROLOGY: 97 days; 3.4 patients/1,000 inhab. **DERMATOLOGY:** 84 days; 7.9 patients/1,000 inhab. **DIGESTIVE:** 55 days; 2.6 patients/1,000 inhab.

Longest WAITING TIMES:

PLASTIC SURGERY : 226 days; 0.5 patients/1,000 inhab. **NEUROSURGERY :** 193 days; 0.3 patients/1,000 inhab.

TRAUMATOLOGY (134 days)

Highest no. of PATIENTS on waiting lists:

4.1 patients/1,000 inhab.

EXECUTIVE









ASSESSMENT OF THE PUBLIC HEALTHCARE SYSTEM

57.1% of the population state that it works well or very well

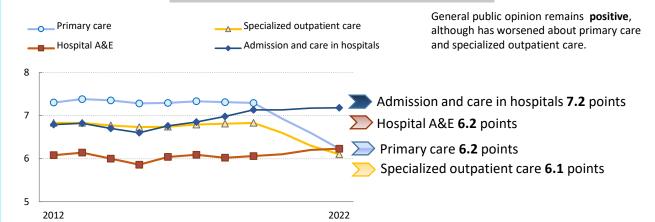
Satisfaction with the public healthcare system

Satisfaction with the public healthcare system is

6.3 points

(very dissatisfied) 1 (very satisfied)

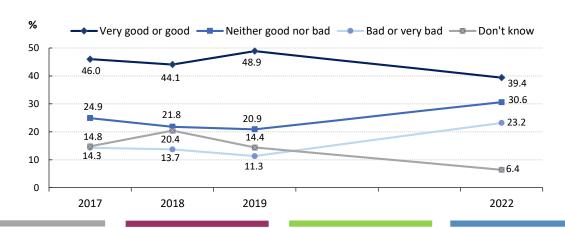
Assessment of healthcare levels





COORDINATION BETWEEN HEALTHCARE LEVELS

The perception of good coordination between healthcare level is slightly below 40%



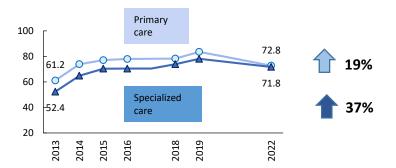






PARTICIPATION IN DECISION-MAKING REGARDING THEIR HEALTHCARE

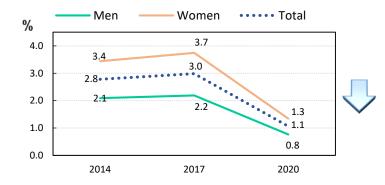
72.8% state that they participate in decision-making regarding their health condition and treatment in primary care, and 71.8% in specialized care





STATED LACK OF ACCESS TO PRESCRIPTION DRUGS FOR ECONOMIC REASONS

62%

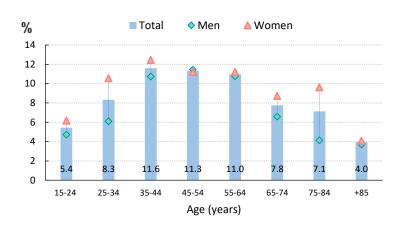


1.1% state that they have problems accessing prescription drugs for economic reasons





STATED LACK OF ACCESS TO DENTAL CARE FOR ECONOMIC REASONS



9.3% state that they have problems accessing dental care for economic reasons:

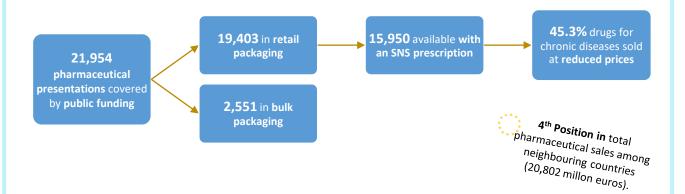
MEN: 8.4% WOMEN 10.0%

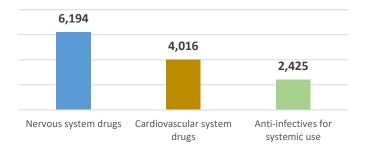
HIGHER inaccesibility in people aged between 35 and 64 years





PHARMACEUTICAL BENEFITS

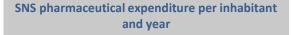




Main presentations covered by public funding (number)

CONSUMPTION THROUGH SNS MEDICAL PRESCRIPTIONS AT PHARMACIES

Pharmaceutical expenditure through the invoicing of SNS drug prescriptions





2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

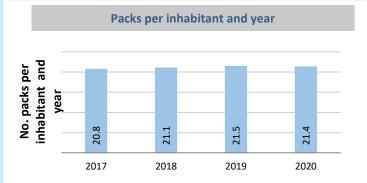
In 2020, the pharmaceutical expenditure charged to public funds totalled 11,525 millon euros, up to 2.5% compared with 2019, although between 2010 and 2020 it has decreased by 9.3%.



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 The expenditure per inhabitant and year in 2020 amounted to 242.9 euros, up to 4.2% compared with 2019. Since 2013 the expenditure per inhabitant has been increasing, although the figure for 2020 remains below 2010 and 2011 values

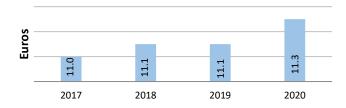
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The consumption of medicinal packages per inhabitant in **2020** was **21.4**, 0.5% less than in 2019, although it has grown by 2.9% between 2010 and 2020.

Average expenditure per medicinal package dispensed



The average expenditure per medicinal package in 2020 was 11.3 euros, up by 0.2 euros compared with 2019.

Principal active ingredients consumed

By invoiced pack 11.2% 9.1% 14.1% 7.7% Analgesics (N02) Psycholeptics (N05) Drugs used in diabetes (A10) Drugs used in obstructive airway conditions (R03)

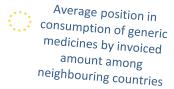
Consumption of generic drugs

Per medicinal package Per amount of medicinal product dispensed



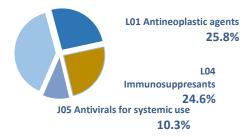


22.3%



HOSPITAL PHARMACEUTICAL SERVICE

Principal therapeutic sub-groups consumed at manufacturers' prices



The **three subgroups** represent the **60.7%** of consumption in public hospitals of SNS.

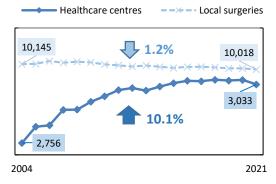
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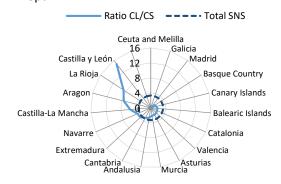


PRIMARY CARE



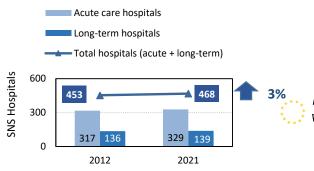
Since 2004 the number of **HEALTHCARE CENTRES** has been increasing to amount to **3,033** in 2021, and has been above 3,000 since 2009

The average number of local surgeries per healthcare centre is 3.3, with considerable variability between territories, which reflects the variable geographical dispersion of the population in Spain.

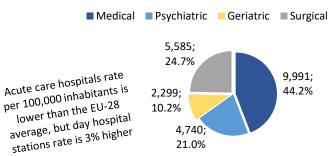


SPECIALIZED CARE

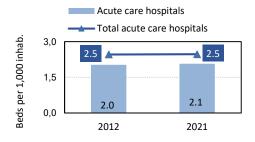
The **SNS** has **468 HOSPITALS**: 329 ACUTE CARE HOSPITALS and 139 LONG-TERM CARE HOSPITALS.



The **SNS** has **19,700** day hospital stations, representing **87.1%** of the total in the health system, and an **increase** of **21.8%** since 2012.



The **SNS** has **114,195** beds



The network of SNS hospitals has **281 RADIOTHERAPY MACHINES**, representing **82.9%** of the 339 equipos available in the Spanish health system.

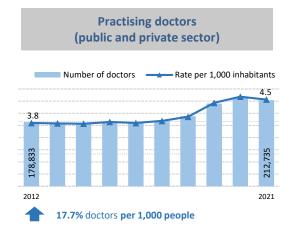
In 2022 the SNS has **296** specialist centres, services and units.

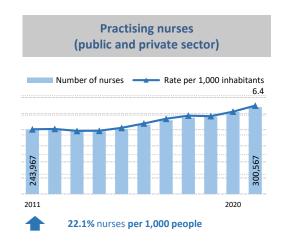






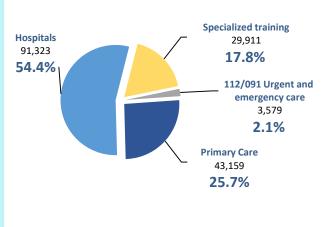
HUMAN RESOURCES

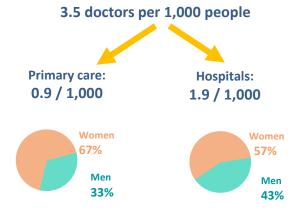




SNS DOCTORS

54.4% of SNS doctors work in hospitals, and 25.7% in primary care.







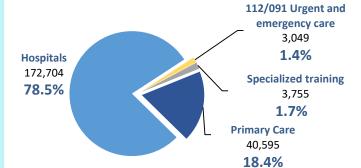


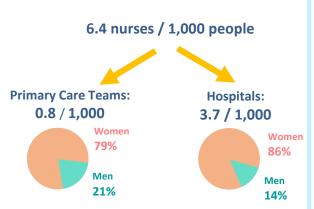
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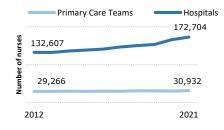


SNS NURSES

77.9% of SNS works at hospital, and 19.5% in primary care.



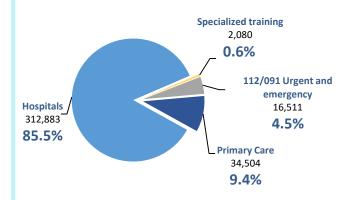




30.2% (from **2.9 to 3.7** nurses **per 1,000 people**)



OTHER SNS PROFESSIONALS



The SNS has an additional 365,978 profesionals^(*), in addition to doctors and nurses, and **85.5%** of these **work in hospitals** and el **9.4% in primary care**.

7.7 other professionals per 1,000 people

(*) Includes health and non-health professionals.

SPECIALIZED HEALTHCARE TRAINING

The **number of places for** Specialized Healthcare Training in the 2021/2022 call for applications **has increased by 3.8%** compared with the previous call.





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The healthcare expenditure of the public administrations accounts for **73.5%** of total healthcare expenditure.

Public healthcare

HEALTHCARE EXPENDITURE

€90,317 millions

73.5%

92.2% corresponds to the
Autonomous Communities, which
dedicate 63.6% to hospital and
specialized services, 13.9% to
primary care and 15% to
pharmacy



Private healthcare expenditure

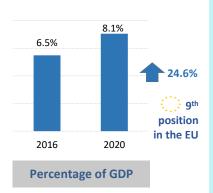
€32,535 millions

26.5%

72.5% of the private healthcare expenditure is borne through direct payments by households (co-payment for prescriptions and over-the-counter medicines, prostheses, orthoses and other medical products, outpatient care with a high weighting of dental care)

PUBLIC HEALTHCARE EXPENDITURE





During the 2016-2020 period, public healthcare expenditure increased by 25% and public healthcare expenditure per inhabitant, by 22.6%. Public healthcare expenditure as a percentage of GPD rose a 24.6%.

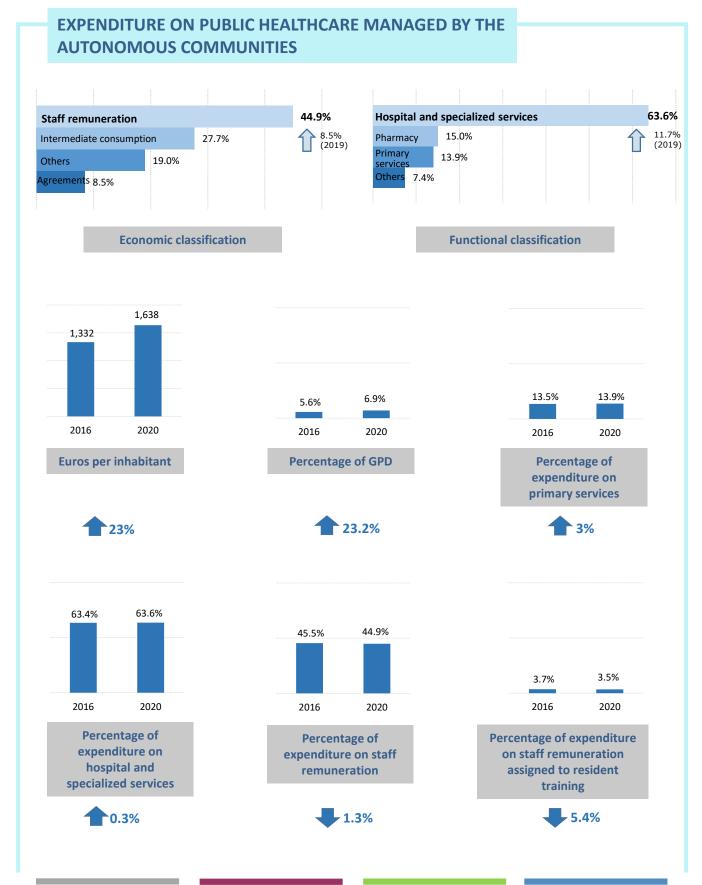


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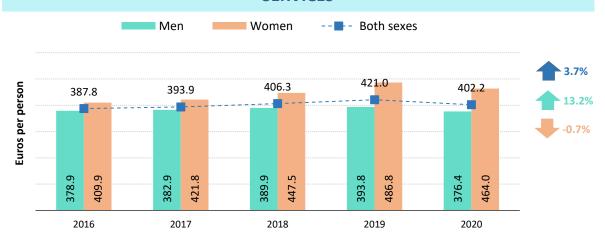




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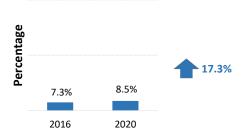


AVERAGE ANNUAL EXPENSE PER PERSON ON HEALTHCARE GOODS AND SERVICES



By sex, **out-of-pocket expenditure** (co-payment for prescriptions and over-the-counter medicines, prostheses, orthoses and other medical products, outpatient care with a high weighting of dental care) has been higher for women throughout the five-year period, with the average expenditure being **16.0% greater for women than for men**.

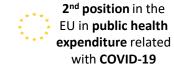
POPULATION WITH HIGH HEALTH EXPENSES PER HOUSEHOLD (>10%)



The expenditure per household on health in Spain is a 6.3% higher than the average expenditure of the EU.

PUBLIC HEALTH EXPENDITURE RELATED WITH COVID-19

Million euros			
	2020		
COVID-19 related treatment costs (including COVID- 19 related costs for testing and contact tracing)	7,371		
SARS-CoV-2 related costs for vaccination*	5		
COVID-19 related costs for medical goods	10		
Other COVID-19 related healthcare costs	545		
COVID-19 related investment costs	982		
Public health expenditure related to COVID-19	8,914		



^{*}The vaccination campaign against COVID-19 began in Spain on December 27, 2020.





SNS DIGITAL HEALTH STRATEGY, 2021-2026

The SNS Digital health strategy approved by the Interterritorial Council of the SNS is the common framework for the development of digital health transformation initiatives in the public sector, by the competent administrations in health matters and public bodies linked to the field of innovation and research in health.

3 LINES OF ACTION

1 Development of digital health services

2 National and european interoperability of health

Boosting data analytics (primary and secondary uses)

Implementation linked to the funds
associated with the "Recovery
assistance for cohesion and the
and the "Recovery and Resilience
Facility".

Reference framework for other EU programmes : Horizon Europe, Digital Europe and Europe4Health.

OBJETIVES



People and Health

Empowering and involving people in their healthcare and disease control



Value processes

Maximising the value of processes for better performance and efficiency of the public health system.



Innovation and 5P medicine

Adapting the progress of the health system to the demands of today's society



Interoperable and quality information

Data Space for the generation of scientific knowledge and for the evaluation of the services.

SNS INTEROPERABILITY SERVICES

Health card database These lines of work of the SNS are based on Access to the Access to the the evolution of each of these systems in each Digital Health Digital Health autonomous community. Record for Record for health citizens professionals Interoperable **Electronic** Prescription In 2021, Digital Health Record and Electronic Prescription services started interoperating with European countries.

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SNS HEALTH CARD DATABASE

HEALTH CARD

- Official document for the identification of each citizen in access to the benefits and use of SNS services.
- Issued by the regional health administrations and INGESA to residents in their territorial area who are entitled to public health care.

HEALTH CARD DATABASE

- Database of each
 Autonomous Community
 with the registers of
 protected citizens in their
 area.
- Highly strategic information system in the assurance, planning, management and evaluation of health services.

SNS Personal Identification Code (CIP-SNS)

- Key for linking the different regional personal identification codes (CIPA-AUT) to articulate interoperability and information exchange between Autonomous Regions.
- Responsibility of the Ministry of Health.

SNS Protected Population Database (BDPP-SNS)

- It collects basic information on the population protected by the SNS: history of insurance situations and of the person's affiliation to the different Health Administrations.
- It incorporates information on the social security system and the mutualism.

47,181,639 registered users in BDPP-SNS on 1st July 2022.

53,436 registered users in Title **58** Temporary Protection in BDPP-SNS on 1st July **2022**, for assistance to people displaced by the war in Ukraine.

SNS DIGITAL HEALTH RECORD (HCDSNS)

It guarantees citizens and healthcare professionals access to the most relevant clinical documentation for the healthcare of each patient when travelling throughout the national territory.

2022

91% SNS covered population with references in HCDSNS (42.4 million people)

2,952.948 citizen consultations 5,080.621 profesionals consultations

	Type of Reports	Professional profile	Citizen profile
	SCH: Medical Summary Report	36,995	191,689
*	PCCR: Primary Care Clinical Report	1,559	31,675
**	ERR: Emergency Room Report	3,640	30,265
•	HDR: Hospital Discharge Report	1,691	11,213
Q.	OCCR: Outpatient Clinic Clinical Report	2,700	39,082
<u> </u>	LTRR: Laboratory Test Result Report	562	43,152
	MIR: Medical Imaging Report	411	14,221
	NCR: Nursing Care Report	61	2,040
Ψ_	ODTRR: Other Diagnosis Test Result Report	97	1,731
	Total reports consulted in 2022	72,094	369,111
	Cumulative data on consultations and reports accessed (December 2018-December 2022)	18,811,283	24,275,353

System active since 2018 in all autonomous communities, both for issuing and receiving clinical reports. Access through the website enabled by the Health Service where the Individual Health Card is active, by means of Digital Certificate, electronic ID or Cl@ve.

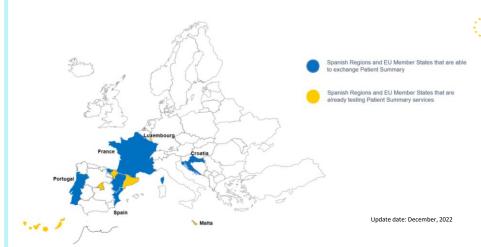
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SNS DIGITAL HEALTH RECORD (HCDSNS)

Autonomous Communities that can communicate Patient Summary reports, and EU

Member States with which it is possible to operate



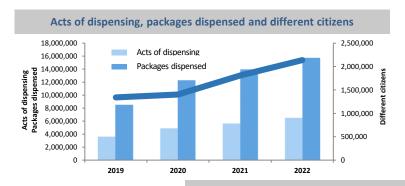
European cross-border healthcare services "My Health@ EU"

Through the HCDSNS system, healthcare professionals in Croatia, France and Portugal can now consult the Patient Summary (PS) of Spanish citizens from the Autonomous Communities of Valencia, Basque Country and Aragon.

In addition, healthcare professionals in these autonomous communities will be able to access the Patient Summary of Croatian and Portuguese citizens visiting their healthcare centres.

SNS ELECTRONIC PRESCRIPTION (RESNS)

RESNS service allows medication prescribed in another autonomous community to be **dispensed** electronically from any pharmacy office. It is only necessary to present the **Health Card**.

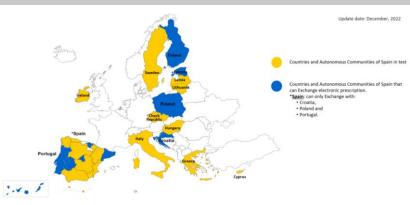


In 2022, 15,666,969 packages have been dispensed to 2,137,728 different citizens, in 6,510,302 acts of dispensing.

4.63% of the population entitled to physical resources has taken medicines in an autonomous community other than their community of origin.

Autonomous Communities and EU Member States with which e-prescriptions can be exchanged

Canary Islands, Catalonia, Extremadura, Madrid and Basque Country, can exchange prescriptions with Portugal Croatia and Poland



The Annual report on the National Health System of Spain 2022 continues the series of reports begun in 2003 and offers synthetic and summarised information on the state of the National Health System and its evolution over time. Following the editorial line initiated in previous years, this new edition has a more graphic format to make the reading more agile and attractive.

Remarks: SNS = National Health System of Spain

