

# SPAIN

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## HEALTHCARE AND HOSPITAL EXPENDITURE

HEALTHCARE SYSTEM EXPENDITURE	2001	2006	Difference
1. Total health expenditure, PPP\$ per capita	1.636,00	2.466,00	+50,73%
2. Total inpatient expenditure, PPP\$ per capita	453,00	671,00	+48,12%
3. Total inpatient expenditure as % of total health expenditure	27,70%	27,20%	-0,50

What main factors have determined the rising of health expenditure in your country in the last 5/10 years?

- ▶ Increase supply of services.
- ▶ Increase number of human resources (physicians and nurses) and increasing wages.
- ▶ Increase demand of ambulatory services (day surgery, day hospital, consultations) and tests (imaging, laboratory).
- ▶ Increase use of medicines.
- ▶ Ageing of the population.

What does explain the stability of the level of inpatient care expenditure in the last 5/10 years? Do you feel further evolution?

- ▶ The inpatient care expenditure has increased by 48%, the average of the increase of the total health expenditure. Its share on the total health expenditure is stabilized because specialist's consultations, laboratory and imaging tests, day surgery, etc are considered "inpatient expenditure".

What impact is the current crisis having and what impact is it likely to have in the future on healthcare level of expenditure?

- ▶ The current crisis will have a relevant impact on the public health care budgets. Public health care budgets (Health Services of the Autonomous Communities) for 2010 are – in general- restrictive compared to those of the year 2009. On the other hand, there are slight increases in costs.

## HOSPITAL PROVISION

HOSPITAL PROVISION	2001	2006	Difference
4. Total number of hospital beds per 100.000 population	360,57	337,03	-6,53%
5. Acute care hospital beds per 100.000 population	290,25	270,97	-6,64%

Could you explain the trends affecting hospital care and, in particular, acute care, such as shift to primary/home care, increase in hospice care, improved treatment times, etc...?

- ▶ There has been a slight decrease of the average length of stay in acute hospitals, and also a relevant increase in the number of day surgery cases and day hospital sessions.

ACUTE CARE HOSPITAL INDICATORS	2001	2006	Difference
6. Acute care admissions/discharges per 100 population	11,77%	11,69%	-0,08
7. Average length of stay for acute care hospitals (bed-days)	6,95	6,60	-0,35

Please, comment the figures about the rate of hospital admissions and the average length of stay for acute care hospitals. What do these figures highlight about hospital healthcare in your country?

- ▶ Acute care admissions/discharges rate is stabilized in spite of the ageing of the population. This fact can be explained by the increase of ambulatory procedures.

#### HEALTHCARE WORKFORCE

HEALTHCARE PROFESSIONALS	2001	2006	Difference
8. Physicians per 100.000 population	307,53	368,61	+19,86%
9. % of physicians working in hospitals	47,5%	45,1%	-2,40%
10. Nurses per 100.000 population	663,56	743,68	+12,07%
11. Rate of nurses per doctors	2,16	2,02	-0,14

Do you consider the ratios of doctors and nurses to population in your country sufficient? Please, mention any local/national initiatives and policy shifts that will affect this.

- ▶ Spain is one of the old European Member States (UE 15) with higher rate of doctors and lower rate of nurses per population. However a report<sup>1</sup> sponsored by the Ministry of Health and Social Policy and published in 2009 concludes that at the present moment there is a slight shortage of doctors (from 2 to 5%) but this shortage might become serious in 20 years time if measures at different levels are not undertaken.

Do you consider the ratios of doctors working in hospitals in your country sufficient?

- ▶ The report mentioned in the previous question doesn't distinguish between specialists working in hospitals from those working in ambulatory settings. Probably the shortage of nurses in hospitals will be more relevant.

<sup>1</sup> González López-Valcárcel B., Barber P. Oferta y Necesidad de médicos especialistas en España (2008-2025) 2009.