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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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REPORT OF THE SPANISH DELEGATION

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INTRODUCTION

The situation of the Spanish hospitals since the change of government after the last general elections in November 2011, and also of all high officials of the Ministry of Health, Social Services and Equality which took place last January, has not improved the working environment and the functioning of hospitals.

Quite on the contrary, this has resulted in a situation of uncertainty and disappointment, taking into account all the legislative changes that have taken place during this period of time, the worsening of the economic crisis, and the announcement of the outsourcing of management in some public hospitals. All this has provoked the firm rejection of workers and patients.

We have been forced to change the speech on the future of the welfare state, about which we have been speaking for more than three decades, to only be able to ensure the financial sustainability of the health system in the short and long term.

We are certainly immersed in a crisis that places governments, administrations, companies and all types of managers face to face with challenges that we had never imagined and the need to reply with an urgency for which we were not prepared. However, the diagnosis of the situation we are facing cannot be simplified by putting all the blame on the financial crisis. This has undoubtedly been the trigger of the situation, but it is also true that the situation has revealed great amounts of inefficiency, abuse and political opportunism which have greatly contributed to place us in the situation we are now immersed.

Situation that we must consider as an opportunity to rebuild the present health care system and to surge from this crisis with a better and stronger organization; with levels of quality, efficiency and productivity that will permit its sustainability; and to provide higher performance and satisfaction to society.

1. - LEGISLATION

Since the Assembly held in Varna, I would like to briefly refer to the following health legislation:

Royal Decree-Law 16/2012, of April 20th, with urgent measures to ensure the sustainability of the National Health System (NHS) and to improve the quality and safety of its services.

A few months after the change of government, in April 2012, the government published a Royal Decree Law to ensure the sustainability of the National Health System and improve the quality of their services. The purpose of this Decree is to regulate the new status of the insured patients, to classify the service portfolio, to create a fund to guarantee salaries and to revise the model of patient´s contribution in pharmaceutical services.

Regarding human resources, it creates specific medical training areas, also known as super-specialization, and the registration of professionals controlled both by the administration and the professional associations.

17 different subjects are reviewed (transplants, foreign users, staff, health centers, European Economic Area, pharmaceutical products, etc.), repealing or amending previous laws. The Decree has raised a strong rejection from different groups in one or the other points, as well as a constitutional motion.

Royal Decree-Law 20/2012, of July 13, of measures to guarantee fiscal stability and to promote competitiveness.

In 2012 workers in the public sector have seen a reduction in their salaries, thus not receiving the December bonus or the specific compliment bonus.

Likewise, days of leave for personal affairs have been reduced from six to three days. Public employees also had specific days off, awarded to them as a bonus for working for the institution for more than 18 years. These days have been also suppressed.

Resolution of December 28th 2012 by the Ministry of Public Administration, which regulates the working days and hours of the workers serving the central government and its agencies.

Working hours in the public sector have been settled in thirty-seven hours of effective work per week, being the average calculated annually.

The application of this measure in all health services in the different autonomous communities has produced rejection and protests led by unions and medical associations who have appealed against, especially the way of applying the increase in working hours, different in the seventeen autonomous communities and, moreover, applied in a different way in every service of the same hospital.

Mainly due to the use of the hours summed up to the previous working day as "on duty" hours detracted from the salary, instead of being used as standard working hours to extend medical office hours, diagnostic tests or surgery.

Law 27/2011, of August 1st, on updating, improving and modernizing of the Social Security System.

This law, that entered into force on January 1st, 2013, fixed the retirement age in 67 (today 65 years), increasing it gradually over a period of 15 years. However, in most of the autonomous communities different management plans for human resources have been applied to force retirement at age 65 to all health personnel, especially medical doctors.

This situation, which is causing many appeals from unions, medical associations and scientific societies, has caused deep annoyance in the medical community, believing that they have been neglected at the end of their careers. In addition to this measure, taking into account that the current replacement rate is 10%, the loss of doctors in hospitals will lead them to a precarious situation, that will certainly have an immediate impact on health care and waiting lists.

Royal Decree-Law 5/2013, of March 15th, on measures to promote the continuity of work life of elder workers and promote active aging.

Although it seems contradictory, the recent publication of this decree punishes the amount corresponding to the retirement pension if you hold another post, what is usually known in Spain as private practice. This regulation also affects other professional groups, and although there are various interpretations, working beyond the retirement age will reduce the amount of the pension by 50%.

However this decree also refers to "taking advantage of the knowledge and experience of these workers", a situation difficult to understand when in most hospitals they are forced to retire at age 65.

To conclude this section on legislation, we highlight the establishment of private prescription and unified dispensing orders for all the national territory, (Royal Decree 1718/2010). This has led to the creation of a logistics platform with headquarters in the General Medical Council (CGCOM) to provide and validate these dispensing orders to all medical practitioners.

I also wish to highlight the fact that the press release after the Council of Ministers on Friday April 26th mentioned the adoption, in the first semester of this year, of the Draft Law on Associations and Professional Services, which mentions the compulsory licensing of health professionals in both private and the public practice, whenever there is direct contact with the user (patient).

2. – THE HOSPITAL HEALTH MODEL

There is a divorce between the organization of the current welfare model and the health challenges of the 21st century. The crisis derived from the health growth model in recent years, when health expenditure has exceeded the growth of our economy, in addition to the present financial crisis, had forced us to remake the model and, at the same time, adjust the expenditure to the available resources.

The debate on innovation in management, or the contribution of new information technologies and the use of social networks in health, has been replaced by the search for formulas to resolve debt, advance in making the health system governable and that reductions in health expenditure, if necessary, be made with correct criteria.

All this without forgetting that, on the one hand, we have to get patients not only demanding but also responsible and, on the other, we have to guarantee their access to innovation and, above all, to person-centered medicine.

The current system of hospital care is focused almost exclusively on direct care in the hospital, but it is gradually evolving towards being nearer to patients, even entering their homes. Hospitals must cope with the changing needs of patients and new forms of work, working where the patients are rather than patients coming to the hospital.

Thus, we are moving in a hospital where ambulatory surgery and home hospitalization combine with transplants as routine activity and high complex surgery, all of this in a country where the rate of hospital discharges is the lowest of its surrounding neighbors (10246 per 100000 inhabit.), and where preventive epidemiological aspects, pain management and palliative care are becoming increasingly important.

Evidence-based medicine when it comes to making decisions, the growing importance of bioethics, the increasing role of justice in medical practice and the lack of resources has forced its rational use as well as the involvement of physicians in health management in hospitals that are becoming less hierarchical and more transverse, without lifetime posts.

But it is also true that, regardless of the health care model, doctors, much to their regret, play a technical role in health institutions so that to meet the demands of an overprotected population, that generates a complacency medicine and, at the same time, produces defensive medicine that aims to avoid demands and clashes with the patient.

Professional competence and honesty with the patient, as well as the rational and effective management of resources are an unavoidable responsibility of the medical profession.

3. - ECONOMIC CRISIS

A document has been recently presented that encompasses the government's economic policy included in the National Plan of Reforms and which shall be forwarded to the European Commission. It incorporates the initiatives considered necessary to overcome recession. These are grouped in eight sections, among them one of health care measures, included under the section "Guarantees of the services and public benefits".

As for these actions aimed at improving the health care system, and according to the schedule settled by the government, it is planned to complete the definition of the new portfolio of services at the last quarter of this year, following criteria of quality, efficacy and efficiency; as well as the development and establishment of the digital medical record throughout all the National Health System, as well as electronic prescriptions.

Likewise, there are plans to develop a model of geriatric care, integrating services and ensuring continuity of care, offering comprehensive care and permanently coordinating systematic health and social services.

For the second quarter of the year, in line with other EU countries, the aim is to implement the new Reference Prices Order, and start on the new containers of medicines adapted to the duration of the treatment. And the broadening of the Centralized Purchase Platform, so as to jointly acquire not only vaccines, but also medicinal products and the most usual medicines.

But the biggest concern is that, a reduction in health care spending is planned in the updated 2012-2015 Stability Program, being set in - 1.4 points of the GDP, so between 2012 and 2015 this will be lowered from 6.5 to 5.1.

It is a critical financial situation to ensure the sustainability of the NHS in adverse economic scenery, in order to achieve rebalancing the new NHS budget.

The expected Health Care State Pact is paralyzed, and the adverse political climate against all types of agreements as well, as the different points of view on health matters of the two major political parties, makes their understanding difficult.

On the other hand, several autonomous communities cannot manage with their regular budget to pay for general needs (pharmacy and staff), and demand institutional and political leadership of the Ministry of Health to manage the economic crisis and undertake the necessary reforms to prevent the obvious risk of financial strangulation of the NHS, while others raise their voices demanding the centralization of health care competences.