

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX **EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS** EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE **EUROPESE VERENIGING VAN STAFARTSEN** DEN EUROPÆISKE OVERLÆGEFORENING ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI **DEN EUROPEISKE OVERLEGEFORENING** ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES **EUROPEISKA ÖVERLÄKARFÖRENINGEN** EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV **EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV** EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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REPORT OF THE SPANISH DELEGATION 68th PLENARY ASSEMBLY OF THE AEMH Vienna 8-10 May 2015 Dr Font Celaya, Javier

The situation of Spanish Hospitals since the chance of Government occurred in the Spanish State after the last elections it has been marked by extreme austerity management, which it has a negative impact on the work environment and the functioning of hospitals.

The announcement of the outsourcing of the management of some public hospitals was met with a significant rejection by workers and users, to the point that the Government decided to halt the privatization of the management and ceased the then Minister of Health of that Autonomous Community.

Also, the Minister of Health was forced to resign to become involved in the lucrative offences supposedly committed by her husband when he held political office. These facts, it is important to remember, as the politicization of health remains one of its main problems of the Spanish Health.

Regardless of politicians, doctors working in the NHS, want to ensure the sustainability of the Health System in the medium and long term, regardless of the cuts we have suffered in staffs, wage freeze, cancellation of all allowances, mandatory at age 65 retirements, decreased free disposal days, increased hours of the working days and increasing the number of contracts part-time.

We continue midst of a crisis that has placed Governments, Administrations, companies and managers all facing challenges that we hadn't imagined, and although the have uncovered large pockets of inefficiency, as well as abuses and political opportunism that contributed much to bring to the situation in which we are still, so far we haven't taken this teaching to emerge from this crisis with a better and stronger organization, and levels of quality, efficiency and productivity that allows us to sustainability, and to offer higher performance and satisfaction to society.

With the arrival of the new Minister, it has been reconsidered health care for illegal immigrants, which had been reduced since the publication of Decree-Law 16/2012, to emergencies and assistance to minors and pregnant women, back to quality to primary care in the NHS, unclear so far how to proceed if you need specialized assistance, additional tests or any kind of surgery. Neither has it provided any additional funding to cover the 900.000 people estimated to have been excluded. It was also announced by the Minister, the elimination of pharmaceutical co-payment dispensed in the hospital for outpatient use.

The launch of the private prescription is maintained without any control or monitoring by the Ministry or the Health Departments of the Autonomous Communities. The General Director of the Medical Association has repeatedly denounced fraud law enforcement, and the impossibility of tracing the drug, colliding head-on with the pharmaceutical industry that has, it seems, no interest in this implementation.

Also, it has approved the plan of the new retroviral treatment for Hepatitis C, estimated at 52.000 patients and in the amount of 727 million euros. Antiviral next generation may be prescribed to patients with fibrosis in grade 2, 3 and 4.

Regarding the health care model, the debate about innovation in management, the contribution of new information technologies and the use of social networks in health, has been changed by the search for ways to resolve the short-term debt and reduce budget.

The current Health Care System Hospital Care focuses almost exclusively on direct care at the hospital; home hospitalization, day hospital and day surgery, pain management and palliative care, which although they have experienced a boom, have not yet been sufficiently developed in these years to be able to speak of a change in the traditional hospital model.

The Health Minister has recently committed to regulate clinical management by Royal Decree, within the contents that concern us and that were reflected in the agreements of 2013 and aimed at trying to improve the health response we give to citizens Spaniards at a time of crisis like the one we suffered. Essential step to change and adapt to the current situation, a new hospital model.

But the biggest concern is that in the updated stability program for the Kingdom of Spain, 2014-2017, in which, in the structure of expenditure by function are targets a decline in health spending 0.9 points of GDP in that period, from 6.2 to 5.3

It is a critical financial situation to ensure sustainability NHS in an economic scenario and adverse tax to achieve new balance in the budget of the NHS.

The expected state Health Pact is paralyzed and pre-election political climate does not favor in any agreement, as well as political fragmentation we are witnessing lately, nor provide any understanding.