Primary health care information systems: Do they improve daily practice?

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OUTLINE

1. A brief history of The Spanish National Healthcare System 1978- 2012.

2. Regional model: structure, delivery profile, financing

3. **SWOT** analysis to search improvements for the future**:**

4. Quality Plan for the Spanish NHS

5. Spanish Regional Experiences

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SPAIN (1)

- 01.2009 → 46.6 million inhabitants.
  - 41.1 million Spanish citizens
  - 5.6 million are foreign nationals.
- Fertility rate 1.4 (2007)
- Average life expectancy F= 82.2; M= 77.8
- Mortality: cardiovascular, cancer, respiratory

SPAIN (2)

- Materno-child indicators very good
- Life style risk factors:
  - smoking ↓
  - Risk alcohol consumption 7% ♂ ; 3% ♀
  - Obesity in adult population 15,6% (2 x 1987)

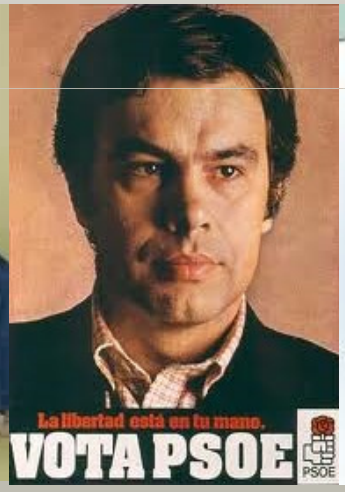
A BRIEF HISTORY OF SPANISH NATIONAL HEALTHCARE SYSTEM

Until 1978:

- ✓Social security system for workers
- ✓Military healthcare system
- ✓Civil servants healthcare system
- ✓Municipalities healthcare system
- ✓Charity care
- ✓Religious orders

SEVENTIES:
FROM DICTATORSHIP TO DEMOCRACY

- 1976: Parliamentary monarchy
- 1978: SPANISH NATIONAL CONSTITUTION
- To implement the rights and freedom
- Economic improvement
- To join EU



SEVENTIES: THE CHALLENGE OF A UNIFIED COUNTRY WITH SEVENTEEN REGIONS + 2 CITIES WITH DIFFERENT IDENTITIES

- ✓4 official languages + 10 dialects
- ✓ Many regional identities, some historically defined, some administrative designed.
- ✓ Very rich regions and very poor regions
- ✓ Differences in population ratio
- ✓A dynamic balance to guarantee a unified country, respectfull to regions.
- ✓To promote regions development with national harmony.
- ✓Continuous improvement strategy.

SEVENTIES:
CONCERNING HEALTH PROVISION

ALMA ATA CONFERENCE: FROM HOSPITAL CARE TO PRIMARY CARE:

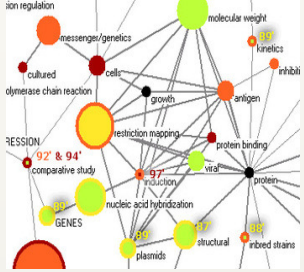
Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

FROM HOSPITAL BASED CARE TO PRIMARY BASED CARE THROUGH A NHS MODEL:

DEMOCRACY:

- ADMINISTRATIVE ORGANIZATION :
  - 50 PROVINCES
  - 17 AUTONOMOUS COMUNITIES OR REGIONS
  - 2 AUTONOMOUS CITIES
- National and regional‘ parlaments elected by direct vote.
- Regional governments in each region.
- Regional governments will receive management competences on public health, education, healthcare services management and other services along the time (justice, prisons, roads, trains...).
- MISION of this complex organization:
  - To guarantee population identity within their regions and to improve economy, welfare and social cohesion.
  - ***Identity is a value to improve health as well (in the region and as a whole country).***

Provinces and regions



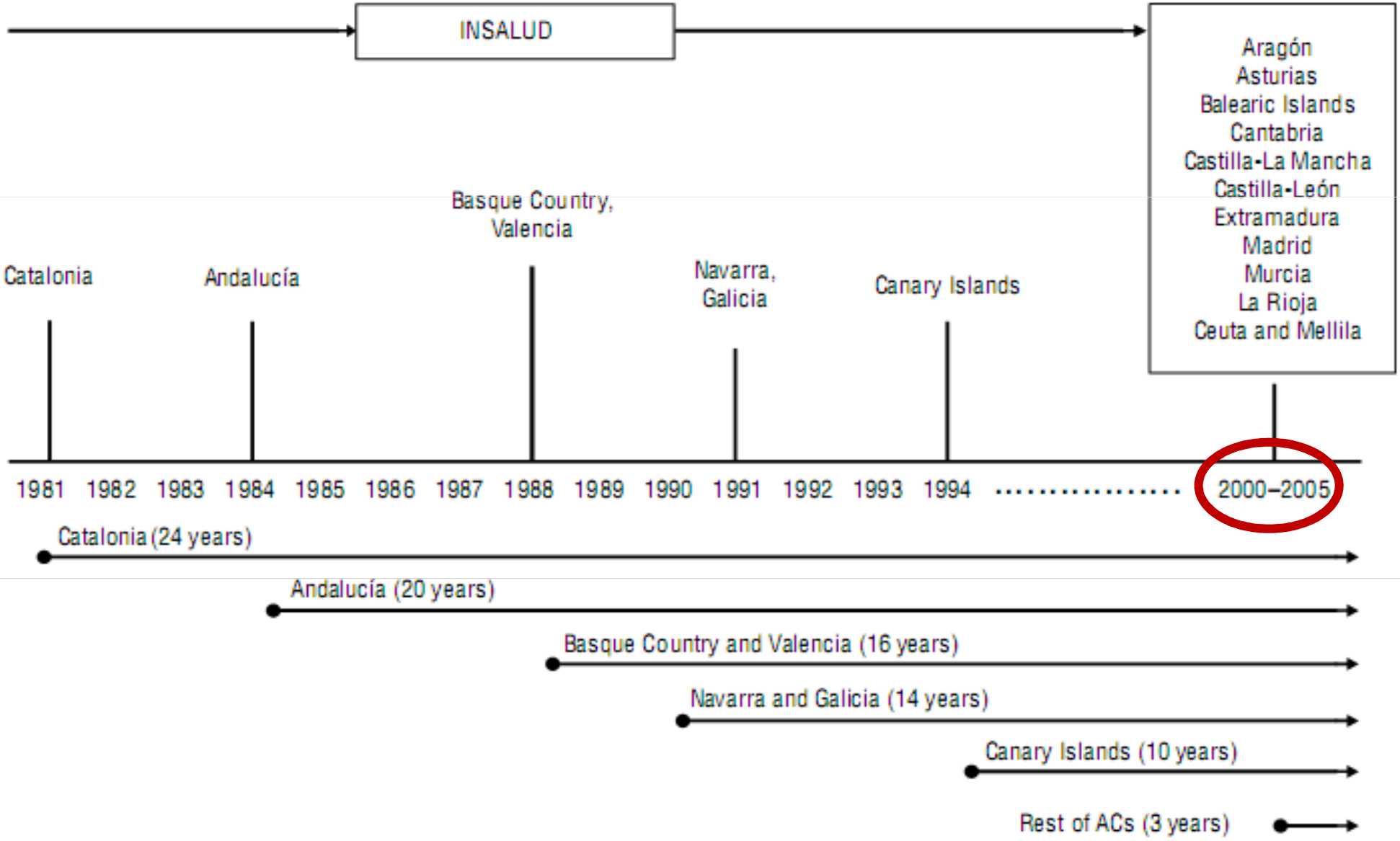
Complexity:

- ✓*It has a cost*
- ✓*All administrations are involved: education, health, justice...*
- ✓*Crisis due to important regional deficits on global budgets.*
- ✓*National Government is governing regional debts.*

Fig. 2.2

Chronology of devolution of health competences to ACs

HEALTH



80s→00s

- **80s**: increase coverage and restrained access to heath services. Social security system → NHS universally coverage and funded by taxation
- **90s**: cost containment and management innovation
- **00s**: cohesion and coordination after competences decentralisation (2002).

Autonomous community	Royal Decree constituting the Autonomic Health Service[12]	Identification of the Autonomic Health Service	Population served[13]
Catalonia	1517/1981, 8 July	Servei Català de Salut (CatSalut)	7,467,423
Andalusia	400/1984, 22 February	Servicio Andaluz de Salud (SAS)	8,285,692
Basque Country	1536/1987, 6 November	Osakidetza	2,155,546
Valencian Community	1612/1987, 27 November	Agència Valenciana de Salut	5,094,675
Galicia	1679/1990, 28 December	Servizo Galego de Saúde (SERGAS)	2,794,796
Navarre	1680/1990, 28 December	Servicio Navarro de Salud-Osasunbidea	629,569
Canary Islands	446/1994, 11 March	Servicio Canario de la Salud (SCS)	2,075,968
Asturias	1471/2001, 27 December	Serviciu de Salú del Principáu d'Asturies (SESPA)	1,085,289
Cantabria	1471/2001, 27 December	Servicio Cántabro de Salud (SCS)	582,138
La Rioja	1473/2001, 27 December	Servicio Riojano de Salud	321,702
Region of Murcia	1474/2001, 27 December	Servicio Murciano de Salud (SMS)	436,870
Aragon	1475/2001, 27 December	Servicio Aragonés de Salud (SALUD)	1,326,918
Castile-La Mancha	1476/2001, 27 December	Servicio de Salud de Castilla-La Mancha (SESCAM)	2,081,313
Extremadura	1477/2001, 27 December	Servicio Extremeño de Salud (SES)	1,102,410
Balearic Islands	1478/2001, 27 December	Servicio de Salud de las Islas Baleares (IB-SALUD)	1,071,221
Community of Madrid	1479/2001, 27 December	Servicio Madrileño de Salud (SERMAS)	6,271,638
Castile Leon	1480/2001, 27 December	Sanidad Castilla y León (SACYL)	2,553,301

Health Personal Card of each region

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NATIONAL LEGAL FRAMEWORK (1):

General Health Act 14/1986 FROM SS TO NHS (1)

- **Public funding**, with **universal coverage-wise** (including irregular immigrants) and predominantly operates within the public sector
- Provision is **free of charge** at any point of delivery (primary or secondary level)
- **Devolution of health affairs** to the Regions along the time (finished in 2002)

NATIONAL LEGAL FRAMEWORK (1):

General Health Act 14/1986 FROM SS TO NHS (2)

- Provision of **holistic health care**, aiming to achieve high quality, with proper evaluation and control
- Inclusion of the different public health structures and services from regions in a **National Health System (NHS)**

NATIONAL LEGAL FRAMEWORK (2):

- The **Law on Cohesion and Quality in NHS, 2003**:
  - Sets out **coordination** among regional services through the Inter territorial board.
  - Sets out **quality improvement** strategies
  - Sets out a **national health information system**
- Global framework for human resources in NHS, 2003.

NATIONAL LEGAL FRAMEWORK (3):

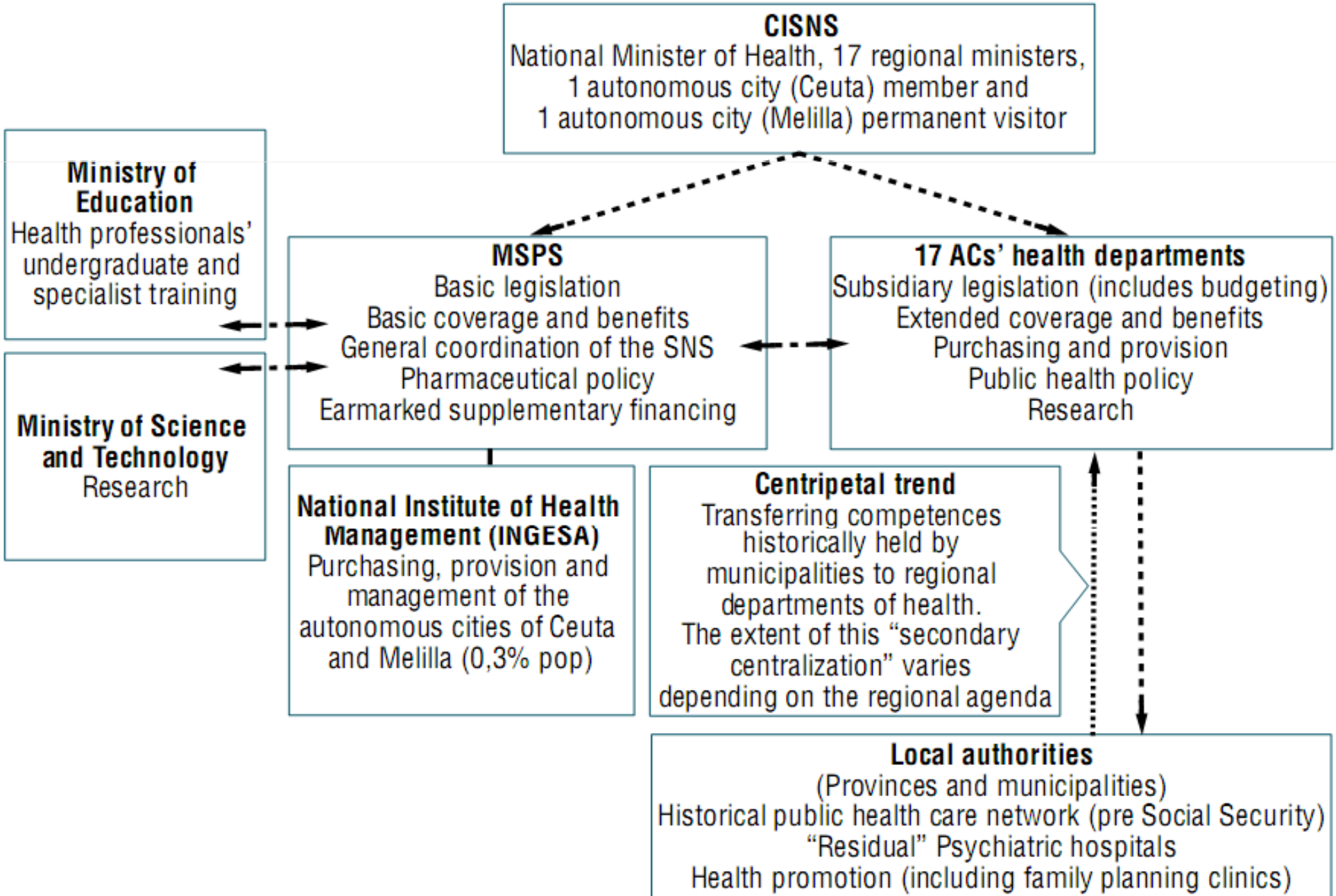
- The laws enacted by the autonomous communities in the exercise of the powers laid down in their respective statutes of autonomy:
  - **Waiting time warranty act** on diagnostic and ambulatory visits and surgery procedures with some differences on time: 6 months, 3 months, 80 days... Depending on the regions and service.
  - **Financing of some medications**: smoking cessation drugs covered in Navarra
  - **Financing of some surgical procedures**: Sex reassignment surgery in Basque Country and Andalusia

NHS structure

- **Central government**
  - health basic principles and coordination
  - foreign health affairs
  - pharmaceutical policy
  - management of Ingesa (autonomous cities)
  - Health professions specialization programs
- **NHS inter-territorial board (CISNS)**
- **Autonomous regions**
  - health planning
  - public health
  - healthcare services management
- **Local councils**
  - health and hygiene
  - cooperation in the management of public services

Fig. 2.1

Statutory national health system



Spanish National Health System: Coordination
DECENTRALIZATION - COORDINATION

National Administration

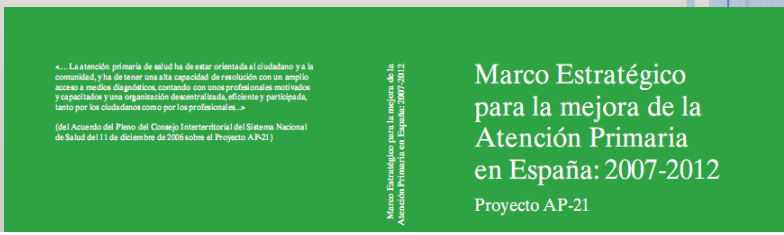
Regional Administration

Health Ministry

Health Councelor

Inter-Territorial Board

Commissions, Boards and Working Groups



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Government: quality in healthcare policies

REGIONAL MODEL:

- ✓STRUCTURE of NHS
- ✓FINANCING
- ✓HEALTH SERVICES DELIVERY MODEL
- ✓NEW OUTSOURCING MODELS

17+2 Regional Healthcare Services

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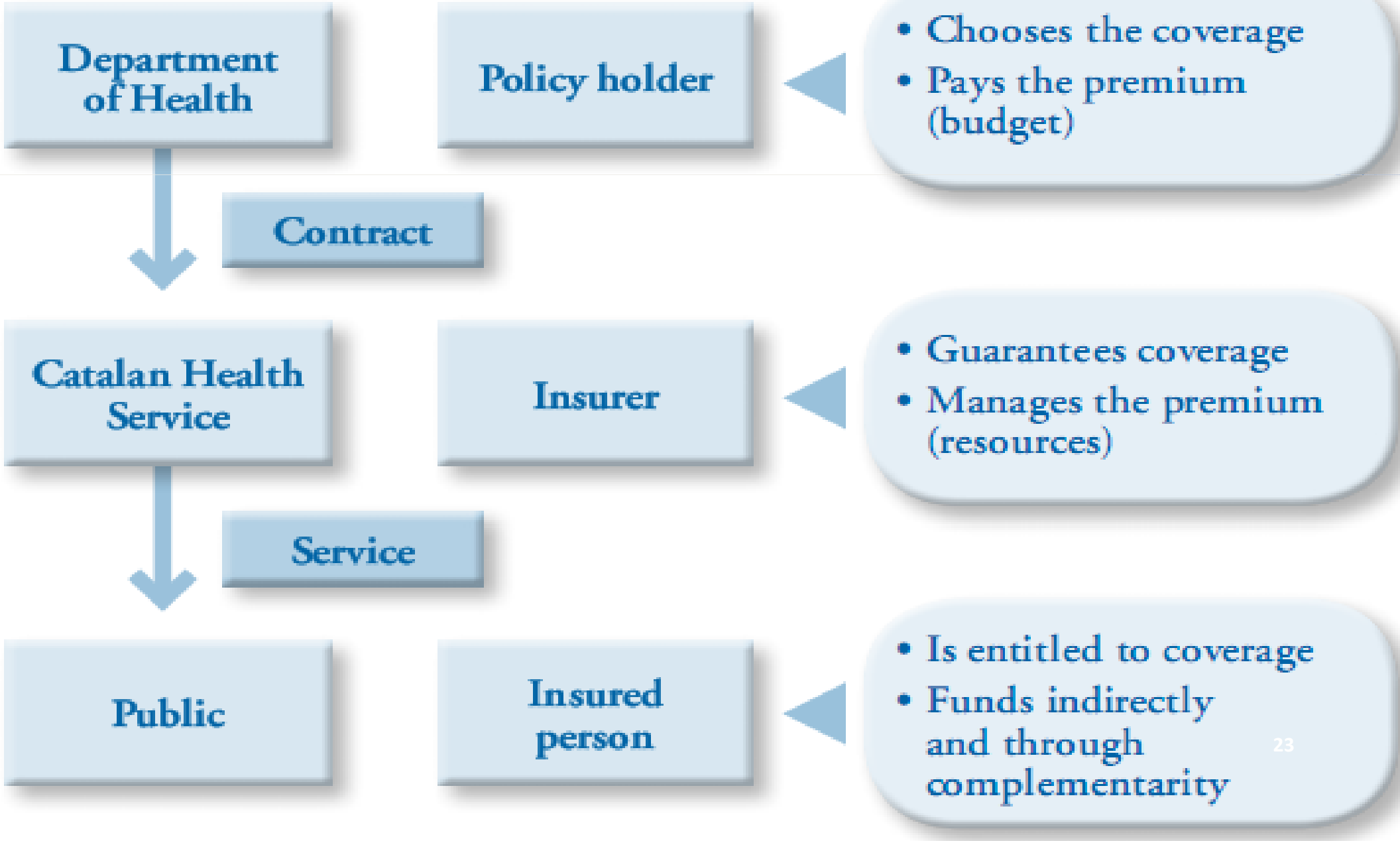
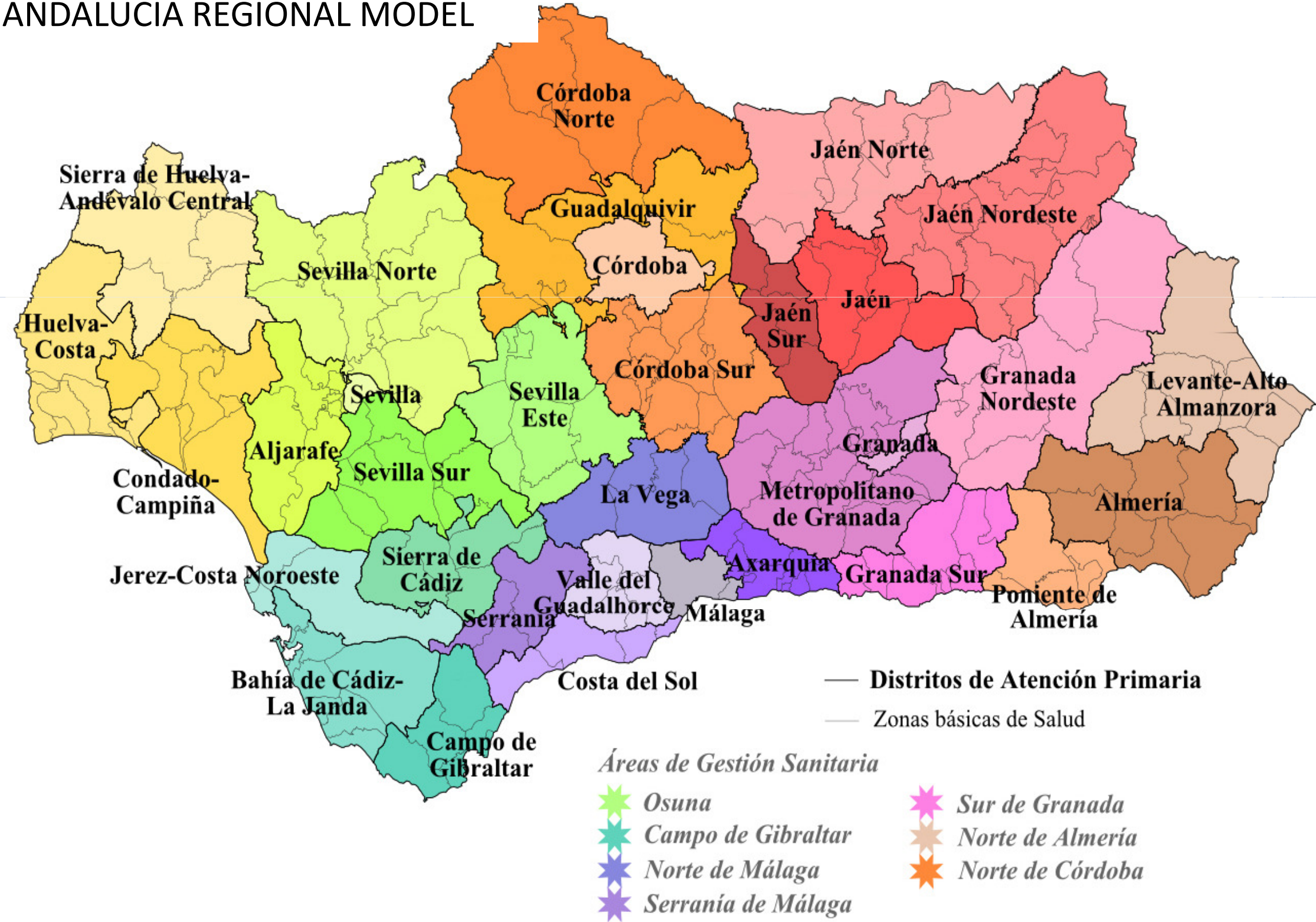
CatSalut as a public insurer



BASIC NATIONAL H SYSTEM TERRITORIAL STRUCTURE 1984: Real Decreto 137/1984,, sobre Estructuras Básicas de Salud.

- Health Areas (HA) (250,000-300,000 inhabts)
- Refers to an administrative district that brings together a functional and organizational group **of health centers** and **primary care professionals**.
- A HA is served by a single general hospital and its policlinic.
- A HA had its own primary care and its own secondary care director with management autonomy.
- Nowadays, most regions are introducing the concept of Integrated Management Area that means there is one management board and **unified budget** for primary care and hospital care in the area.

ANDALUCIA REGIONAL MODEL



BASIC NATIONAL HEALTH SYSTEM TERRITORIAL STRUCTURE 1984:

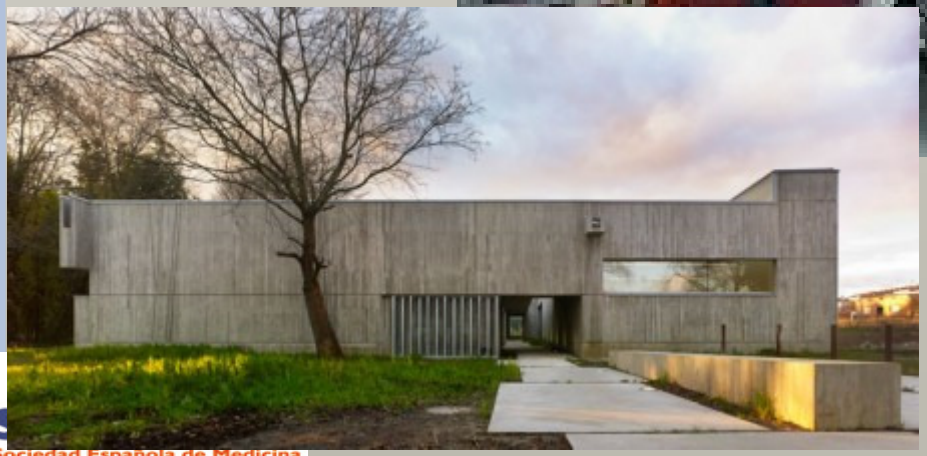
Royal Decree 137/1984, 11 january , Basic health estructures. Basic Health Zones (BHZ) – Zona basica de salud-

- Region → health areas (=sector=comarca) → Basic Health Zone (=district) : unit for a primary health care team: 5,000 - 20,000 inhabitants.
- A health center (centro de salud) is main physical and functional structure devoted to coordinated global, integral, permanent and continuing primary care, based in a **multidisciplinary team**:
  - health care professionals (family doctors, paediatricians, nurses)
  - and other professionals (midwives, social worker, physiotherapist, dentist, mental health, family planning...)
- In 2007 Spain had 2,913 health centers.

Madrid Regional Health Services: Health Areas

Basic Health Zones (BHZ)

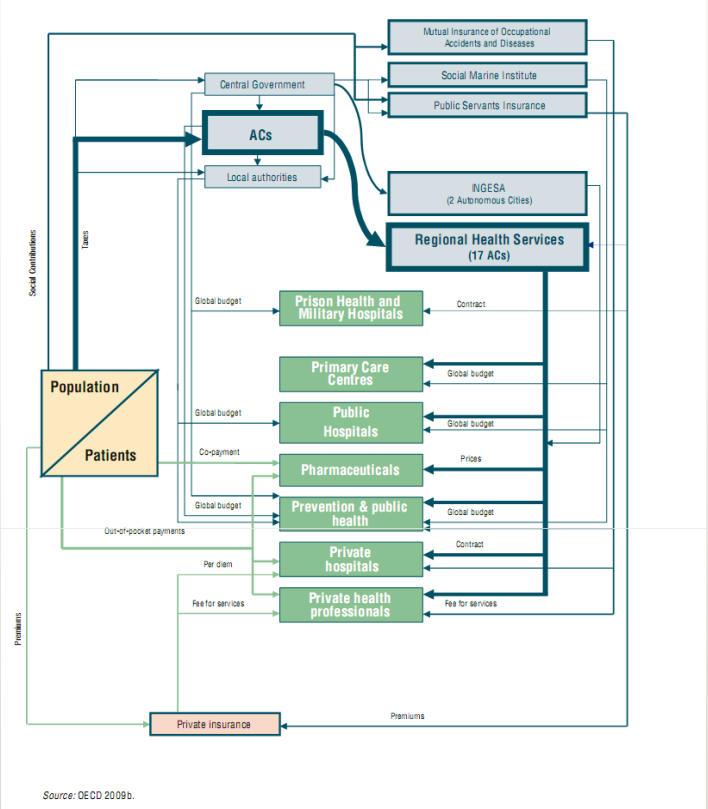
HEALTH CENTERS



CATALONIA MODEL

Geographic development | Organisational structure of CatSalut | Health care resources of the providers of the public health care system

FINANCING

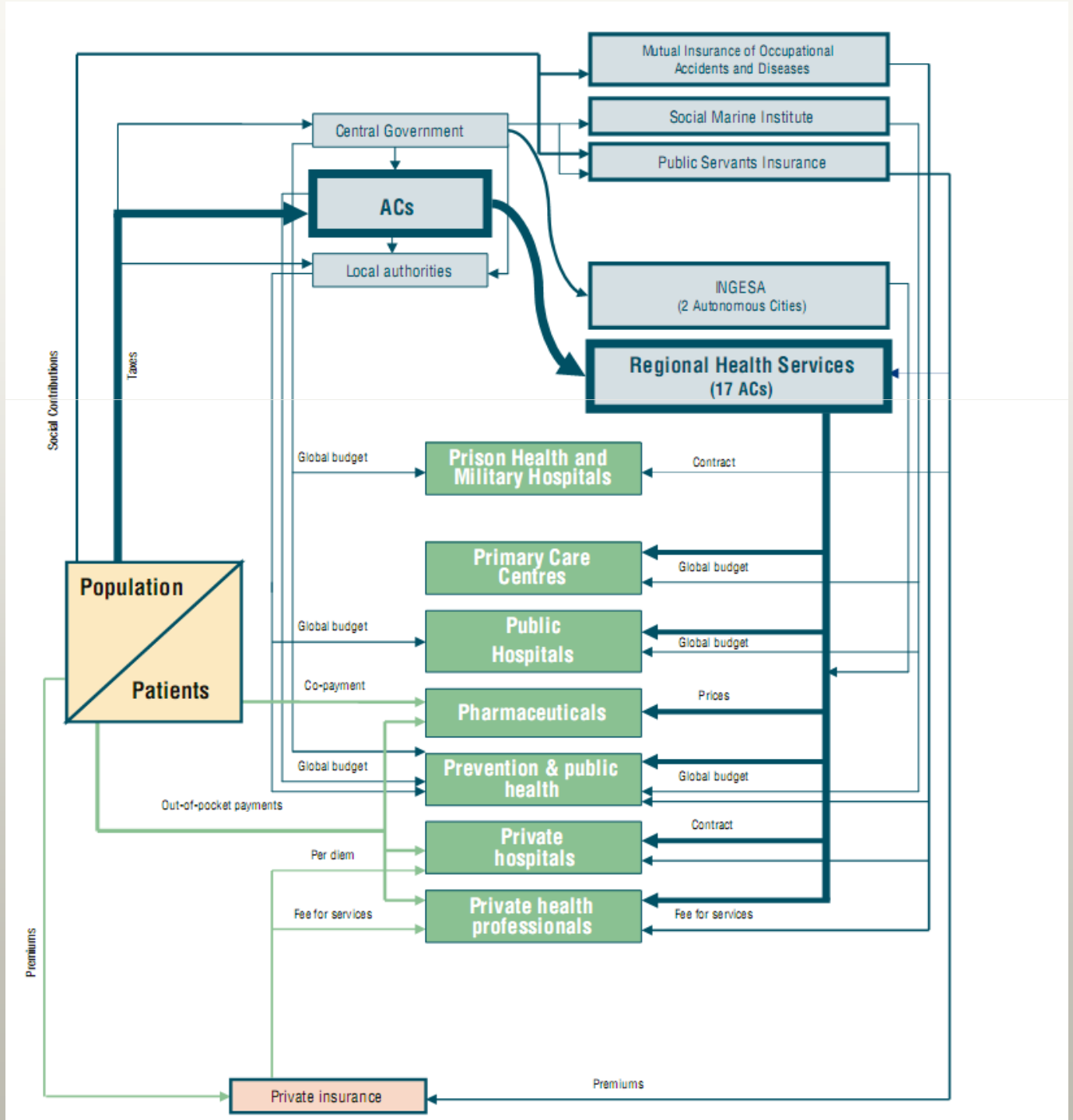


Source: OECD 2009b.

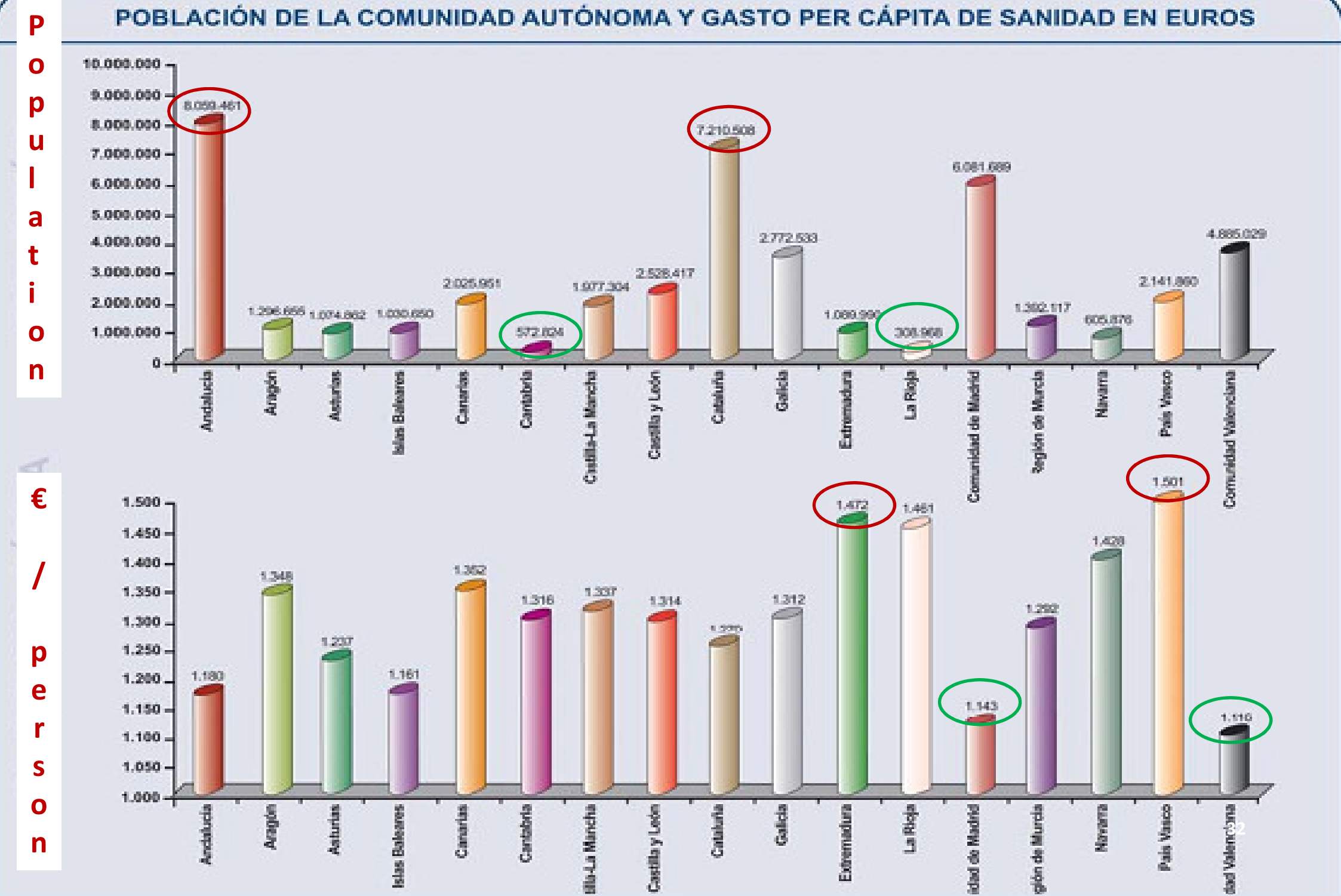
- ✓Financing is based on the <u>increase regional fiscal autonomy</u>.
- ✓**LOFCA** has raised the share of
  - ✓partly ceded major taxes to 50% (personal income, VAT)
  - ✓and of manufacture taxes up to 58% (hydrocarbons, alcohol, tobacco)

✓ <u>Regions</u> administer **89.81%** of public health resources. It accounts for **30%** of regional total budget.

✓<u>Allocation formula</u>: per capita criterion, population structure, dispersion, extension and insularity of the territory.



Source: OECD 2009b.



Euros per person by regions dedicated to health services

CCAA	Presupuesto sanitario per capita 2010	Presupuesto sanitario per capita 2011
Andalucía	1180,09	1.121,69
Aragón	1419,37	1.364,49
Asturias	1507,15	1.495,93
Baleares	1066,37	1.003,32
Canarias	1295,36	1.135,75
Cantabria	1347,47	1.232,16
Castilla y León	1360,62	1.348,92
Castilla la Mancha	1346,52	1.283,08
Cataluña	1298,84	1.292.45
Comunidad valenciana	1122,79	1.078,95
Extremadura	1509,72	1.390,56
Galicia	1333,39	1.266,13
Madrid	1108,14	1.103,16
Murcia	1334,25	1.346,9
Navarra	1543,12	1.528,59
País Vasco	1623,08	1.563,68
La Rioja	1443,94	1.347,11
Media CCAA	**1.343,95**	**1.288,58**

Fuente: Federación de Asociaciones para la Defensa de la Sanidad Pública

Spanish NHS Delivery profile (1)

- Every citizen should **register** in the nearest HC with its own Personal Health Card (TIS).
- HC **offers** family doctor and nurse visits, physiotherapy, midwife and social worker services.
- Family doctors can **refer** the patient to specialist and order complementary test to HA **hospital** (x-ray, endoscopy, ultrasound, lab tests), although tests samples are obtained in HC.

Spanish NHS Delivery profile (2)

- **Working hours**: 8.00 am - 03.00 pm. Some surgeries work from 2.00 pm – 9.00 pm.
- **Out of hours** in rural areas: 3.00 pm – 8.00 am.
- There is a NATIONAL COMMON BENEFITS PACKAGE

Spanish NHS Delivery profile (3)

- Out of pocket **payments**:
  - **40%** prescriptions for non retired population
  - **0%** prescriptions for retired population.
  - **10%** prescriptions for chronic illnesses.
- **GP/population ratio**: 1/1,500
- **90% of NHS GPs** are on its pay roll

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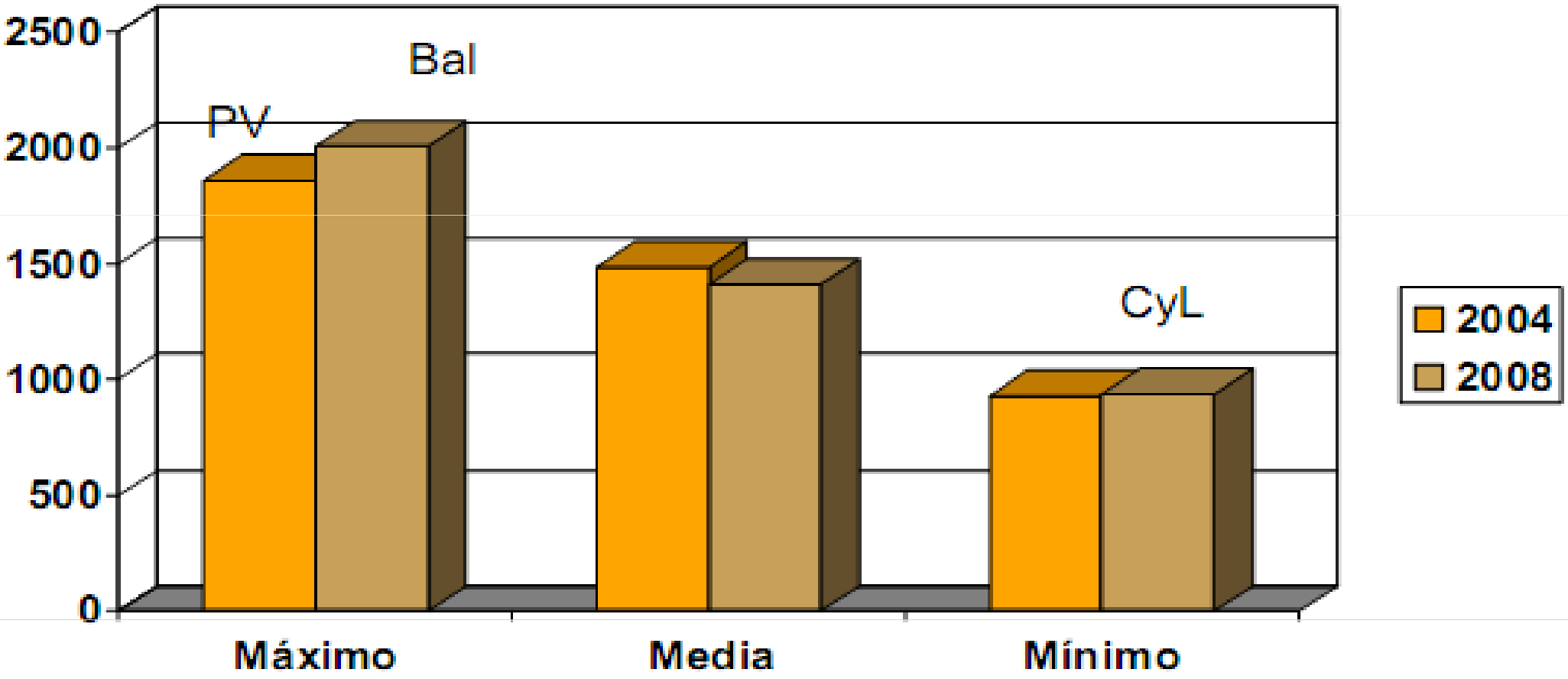
Spanish NHS Delivery profile (3)

- **> 90 % GP** use **ELECTRONIC MEDICAL RECORD** (each region has its own EMR: DIRAYA, OMI_AP, TURRIANO, ABUCASSIS, OSABIDE…)
- GP have a **gate-keeper** function in NHS

Patients per doctor in primary health centres



Habitantes / medico AP (Fuente MSPSI)

Media 2004: 1484

Media 2008: 1410

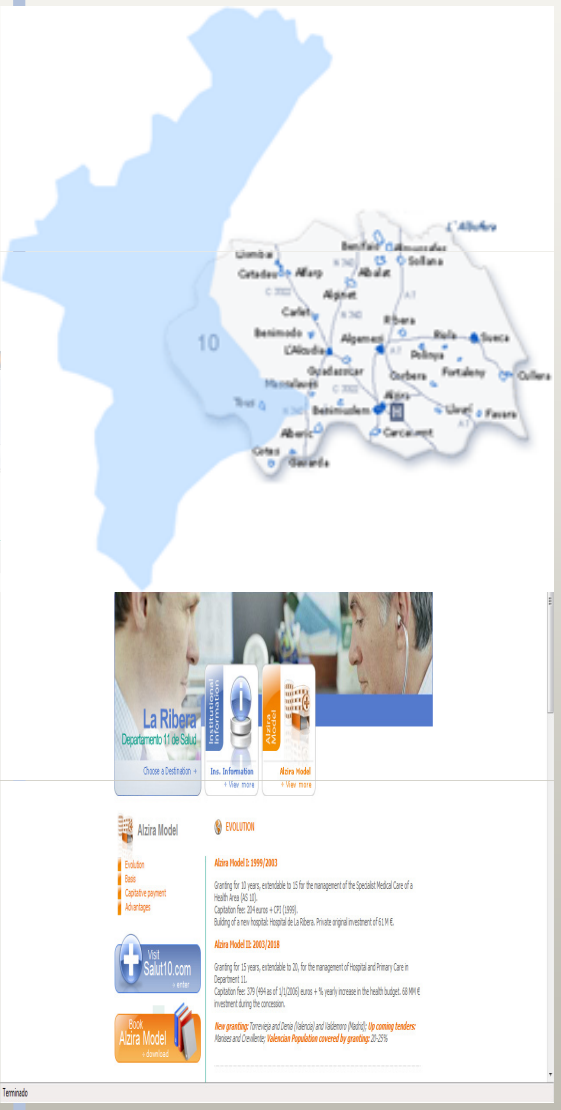
NHS Management (1)

- The management instrument generally used within the public services is the model of **contract-programmes**, or management contracts.
- Such a contract defines the
  - **quantitative and qualitative objectives**,
  - the **budget** and
  - the **assessment system**.
- The time period: **one year**.

NHS Management (2)

- The contracts are made among **different levels**:
  - Regional Ministries & Regional Health Services
  - Regional Health Services governing bodies & health areas
  - **Health areas & Health Centre**
  - **Each health centre or hospital service has its own detailed contract.**

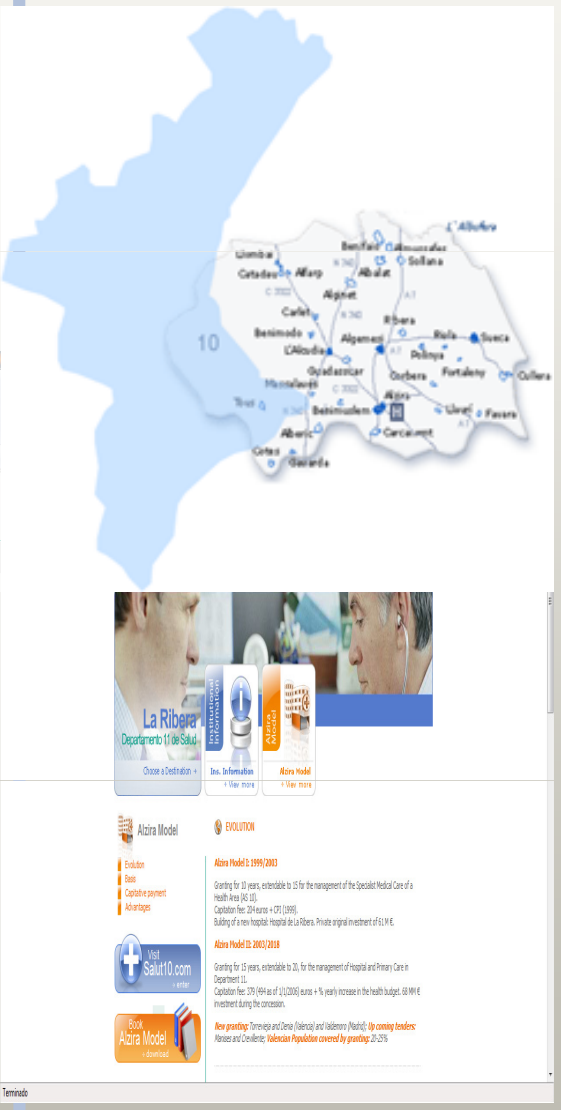
ALZIRA MODEL IN THE REGION OF VALENCIA (1)



The private public partnership framework is an attempt to break the cycle of **budget deficits** faced by most regional authorities.

The private contractor receives a **fixed annual sum per inhabitant for the fifteen-year duration of the contract**. The annual fee is **€494** for each of the 245,000 inhabitants of the health area.

ALZIRA MODEL IN THE REGION OF VALENCIA (2)

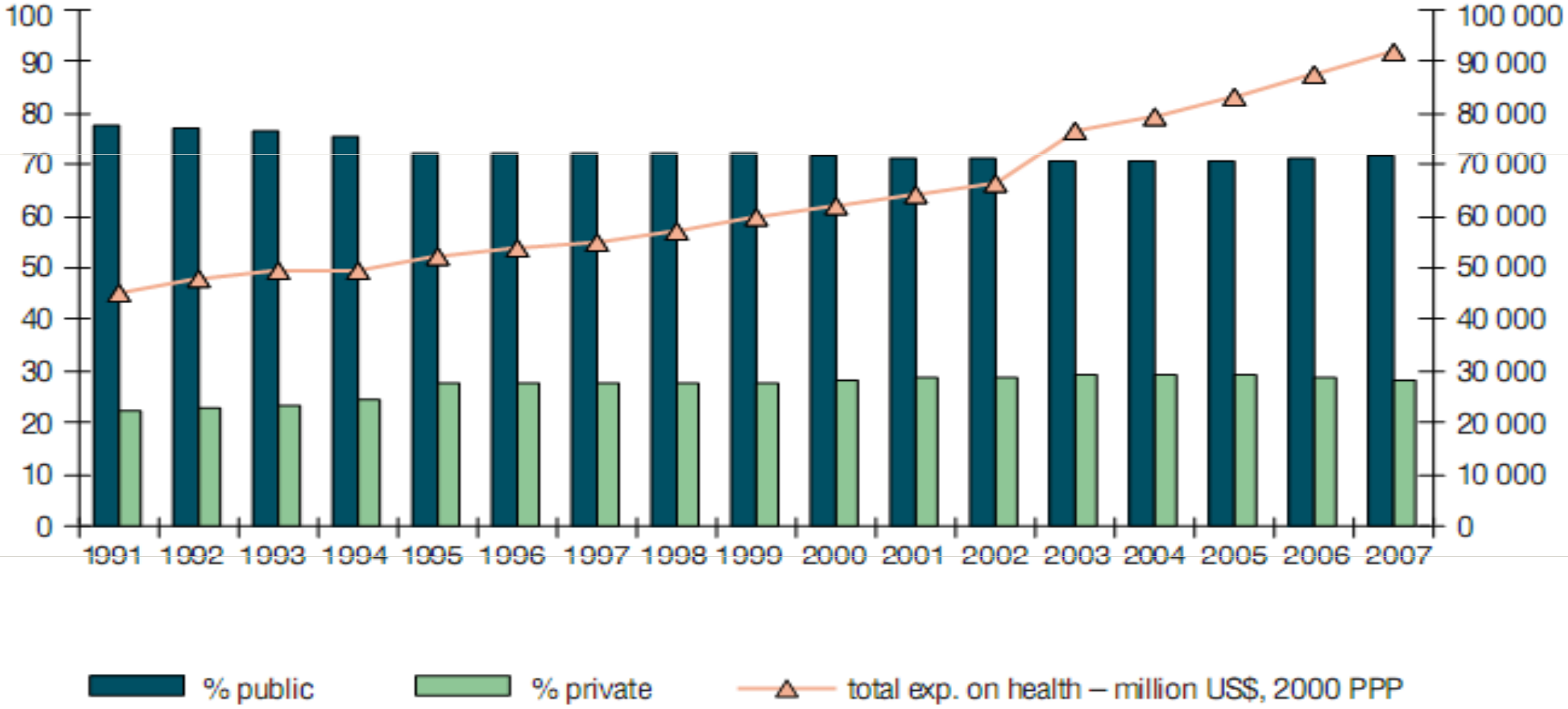


In return, the company runs the **full health area** (PC, SC) and must offer universal access to its wide range of services.

Chance to build public hospitals and primary care centers without increasing regional public debt.

Fig. 3.2

Health expenditure evolution and public/private relative mix of sources



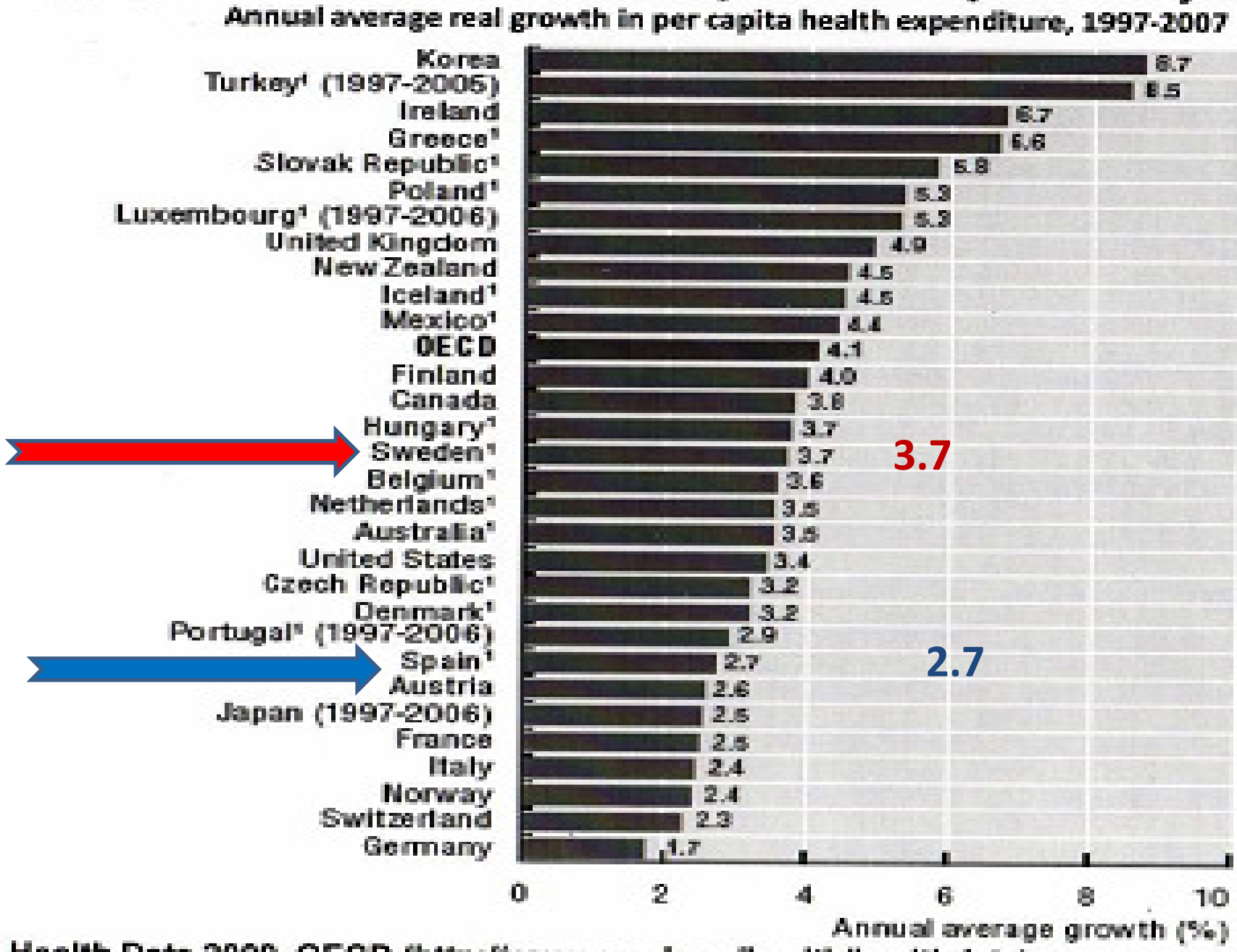
Source: OECD 2009b.

SWOT analysis of Spanish Regional Health Service

Strengths:

Citizens	Financing	Professionals
✓Universal coverage ✓Free of charge at the point of delivery ✓Good health outcomes ✓Regional competition to increase services ✓ Better geographical accesibility to medical offices.	✓General Taxation ✓Low cost healthcare services ✓Low cost in human resources ✓Each region can invest according to their own health plans: primary care focused or hospital care focused	✓ Great autonomy at work ✓Working in primary care teams or hospital services ✓Electronical Medical History in PCTs and hospitals ✓Vocation Training Scheme for every speciality ✓Civil servants

Across OECD countries, health expenditure has grown by slightly more than 4% annually over the past ten years



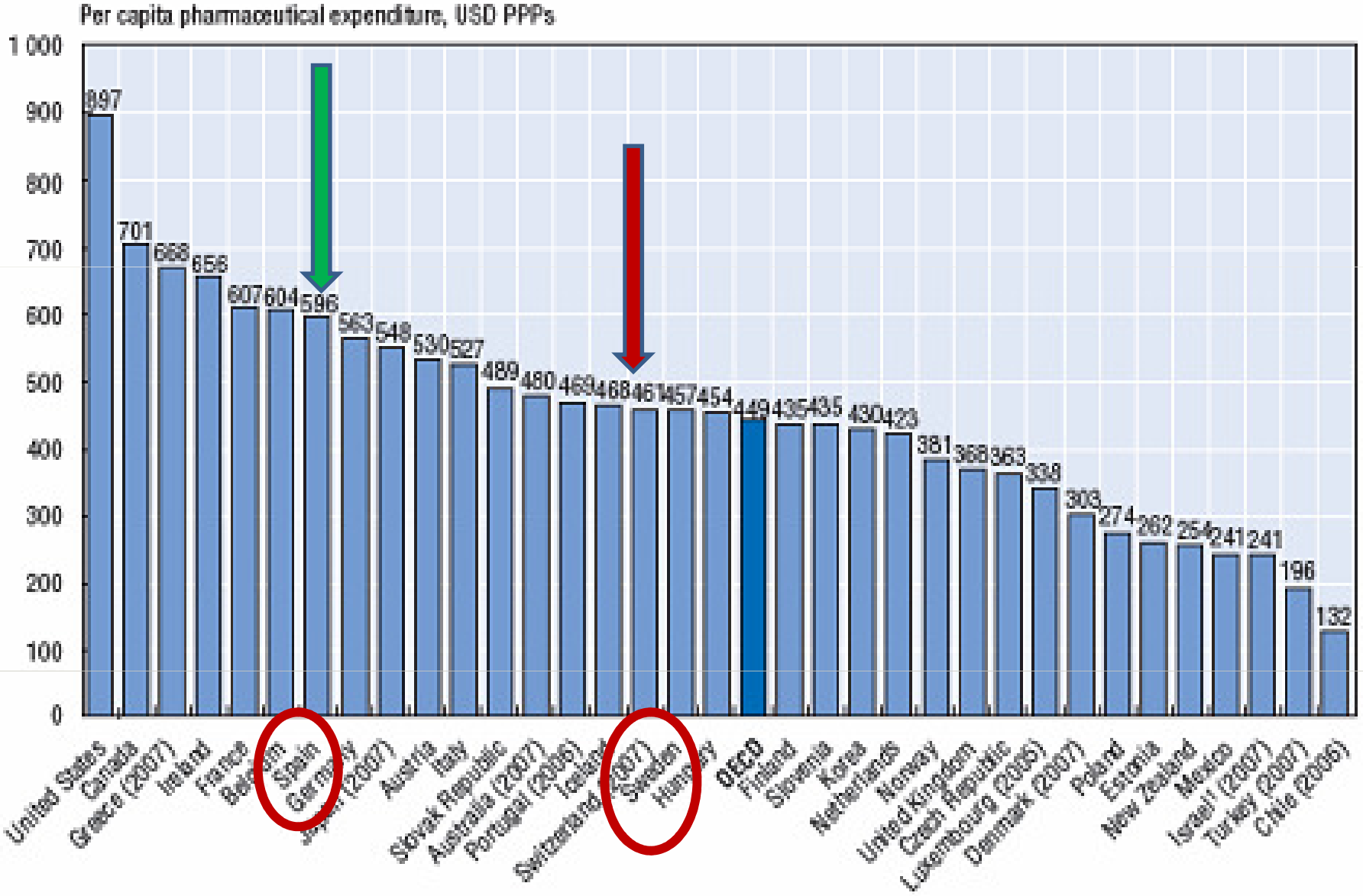
Source: OECD Health Data 2009, OECD (http://www.oecd.org/health/healthdata).

% of expenditure dedicated to primary care organization

Weaknesses:

Citizens	Financing	Professionals
✓Lack of consciousness of NHS costs ✓Overuse of services ✓Overconsumption of drugs (free or very cheap) ✓Lack of a common identification number or card along the country ✓Lack of health integrated history along the country	✓High transaction costs to sustain national and regional structures. ✓Lack of compensation to regions exposed to cross-border health care issues. ✓Lack efficiency concerning high specialization services in small regions (neurosurgery, transplantation programs, thoracic surgery...) ✓Non professionals managers (politicians)	✓Lack of organizational culture among health professionals. ✓Difficulties to implement clinical management formulas ✓ Difficulties to move into other regional services. ✓ Search for other sources of revenues: out of hours, on call at hospitals, waiting lists...

Figure 6.2. Per capita pharmaceutical spending 2008



JUNTA DE EXTREMADURA
Consejería de Sanidad y Consumo

Enfermedad Común o Accidente no Laboral

Servicio Extremeño de Salud

PRESCRIPCIÓN
(Consignar el producto. En caso de medicamento: DCI o marca, forma farmacéutica, vía administración, dosis por unidad, número unidades por envase).

DPS
Nº env.

Duración tratamiento

Posología:
_____ Unidades / toma
Cada _____ horas

PACIENTE (Nombre, apellidos, año de nacimiento, número de identificación).

MÉDICO
(Datos de identificación y firma)

Fecha
___ / ___ / ___

Advertencias al farmacéutico

Sustituyo por: _____
Justificar la causa:
☐ urgencia
☐ desabastecimiento
☐ sistema de precios de referencia
☐ otros (indicar) _____
Firma del farmacéutico

FARMACIA (Datos de identificación, fecha de dispensación y firma).

cupones precinto

•Esta receta caduca a los DIEZ DÍAS. No será válida con enmiendas o raspaduras.
•El beneficiario puede retirar en cualquier farmacia los medicamentos prescritos.

Cuerpo de la Receta

P.3/1

Receta Ordinaria / Pensionistas

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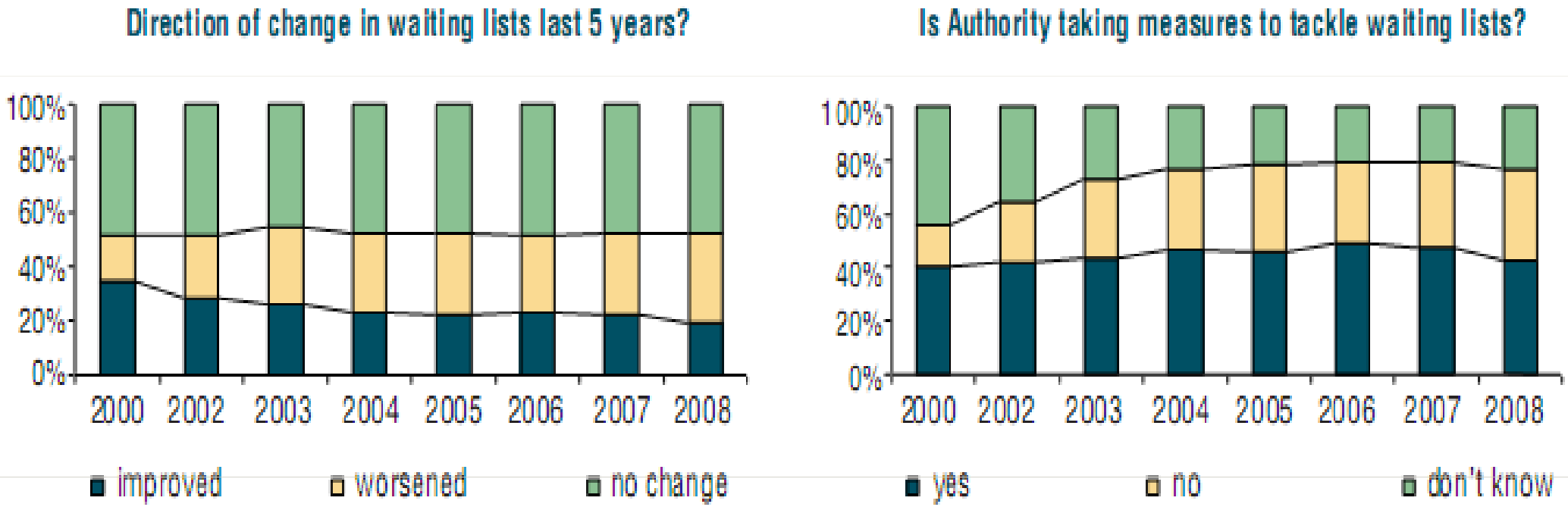
Opportunities:

Citizens	Financing	Professionals
✓Integration between Hospital and Primary Care, with no "disruptions" in the medical assistance. ✓Less reply-time from the System: ✓ Mean surgical waiting time ✓ Mean OP visit waiting time ✓National Information System	✓Synergies among regions concerning prescriptions and decreasing pharmaceutical budget. ✓Cohesion Fund to balace health expenses concerning cross-border issues.	✓Offer high specialized care for other regional services (transplants, neurosurgery,...). ✓Clinical governance /new management formulas ✓Professional promotion through professional merits

Fig. 2.5

Public perceptions of the evolution of waiting lists and the action taken, 2000–2008



Source: MSPS 2009a.

Threats:

Citizens	Financing	Professionals
✓Increase of direct co-payment. ✓Inequities among regions. ✓Reduction on portfolio /common basket services. ✓Economic crisis: non sustainability ✓Certain measures taken in economic crisis could still forever.	✓Regional services economical deficit ✓ Delayed payment to third entreprises. ✓Regional Political biased decisions instead of technical decisions. ✓ New Private Provision Services are more expensive than public model in the longterm	✓To reduce some speciality services, particularly in small regions and send patients to other regional services. ✓Increasing number of patients per FD ✓10% reduction on professionals salaries to get funds to cope with regional deficit.

Table 3.4a

Pharmaceutical public expenditure on prescriptions across ACs, 2002–2008 (million euros)

	2002	2003	2004	2005	2006	2007	2008
Andalucía	1 393.91	1 525.87	1 628.12	1 664.61	1 755.11	1 842.69	1 956.74
Aragón	257.94	283.75	306.01	322.16	345.04	363.76	391.96
Asturias	230.60	256.66	273.92	285.83	305.20	318.50	339.14
Balearic Islands	136.58	154.47	167.30	178.43	188.53	198.28	212.19
Basque Country	383.98	421.61	451.72	484.54	513.12	531.72	565.75
Canary Islands	100.24	111.34	120.43	126.89	135.43	144.11	154.08
Cantabria	373.60	427.66	450.14	475.59	509.43	540.93	586.66
Castilla-La Mancha	471.22	529.05	571.92	597.31	630.19	660.66	705.63
Castilla-León	1 332.46	1 484.13	1 564.13	1 623.35	1 702.69	1 747.53	1 843.77
Catalonia	322.44	367.99	407.01	434.27	465.25	489.43	533.30
Extremadura	596.99	656.23	697.26	737.81	788.07	817.31	871.54
Galicia	808.08	908.87	981.64	1 037.88	1 122.97	1 192.56	1 247.59
Madrid	243.53	276.37	307.56	331.96	361.56	385.94	416.19
Murcia	107.52	119.43	128.53	136.53	145.37	151.59	160.86
Navarra	986.10	1 105.16	1 201.05	1 274.31	1 367.85	1 453.53	1 554.74
La Rioja	53.02	59.37	64.16	68.79	73.64	77.73	84.58
Valencia	225.15	250.56	267.12	279.41	298.03	311.87	330.92
Spain	8 039.04	8 956.30	9 607.75	10 080.85	10 729.97	11 251.60	11 981.89



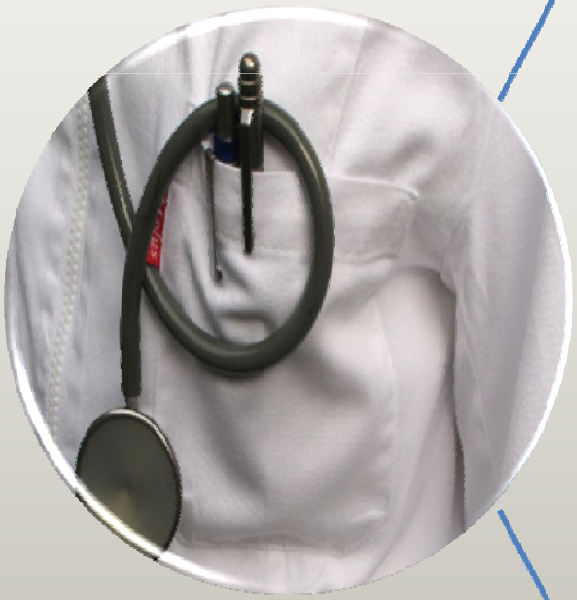

Table 3.2

ACs' expenditure per person protected and annual increase, 2007–2009

	2007 (€)	2008 (€)	2009[a] (€)	08/07 (%)	09/08 (%)
Andalucía	1 096.82	1 171.11	1 186.45	6.77	1.31
Aragón	1 252.41	1 324.19	1 418.95	5.73	7.16
Asturias	1 236.27	1 268.77	1 460.58	2.63	15.12
Balearic Islands	1 040.93	1 096.12	1 126.43	5.30	2.76
Basque Country	1 219.07	1 372.76	1 432.04	12.61	4.32
Canary Islands	1 338.39	1 479.88	1 617.42	10.57	9.29
Cantabria	1 203.05	1 334.84	1 397.97	10.95	4.73
Castilla-León	1 215.25	1 254.63	1 313.96	3.24	4.73
Castilla-La Mancha	1 105.75	1 177.64	1 249.27	6.50	6.08
Catalonia	1 197.97	1 279.00	1 314.36	6.76	2.76
Extremadura	1 326.28	1 443.95	1 560.82	8.87	8.09
Galicia	1 216.28	1 299.60	1 347.14	6.85	3.66
Madrid	1 084.18	1 134.55	1 148.84	4.65	1.26
Murcia	1 125.53	1 243.66	1 279.09	10.50	2.85
Navarra	1 287.73	1 360.67	1 397.38	5.66	2.70
La Rioja	1 032.99	1 076.68	1 094.82	4.23	1.68
Valencia	1 196.73	1 240.42	1 255.86	3.65	1.24
TOTAL all ACs	1 152.15	1 221.86	1 261.22	6.05	3.22
Standard deviation	92.35	113.80	147.05	–	–
Coefficient of variation	7.8%	9.00 %	11.1%	–	–

Source: MSPS 2009l.
Note: [a] Provisional data.

CHALLENGES FOR PRIMARY CARE



LESS BUROCRACY

- disease 's certifications for work
- Multiprescription bulletin
- Inspection surveillance of prescriptions

ACCESS TO A WIDE PORTFOLIO OF COMPLEMENTARY TESTS

- Gastroendoscopy
- CT Scan
- Densitometry

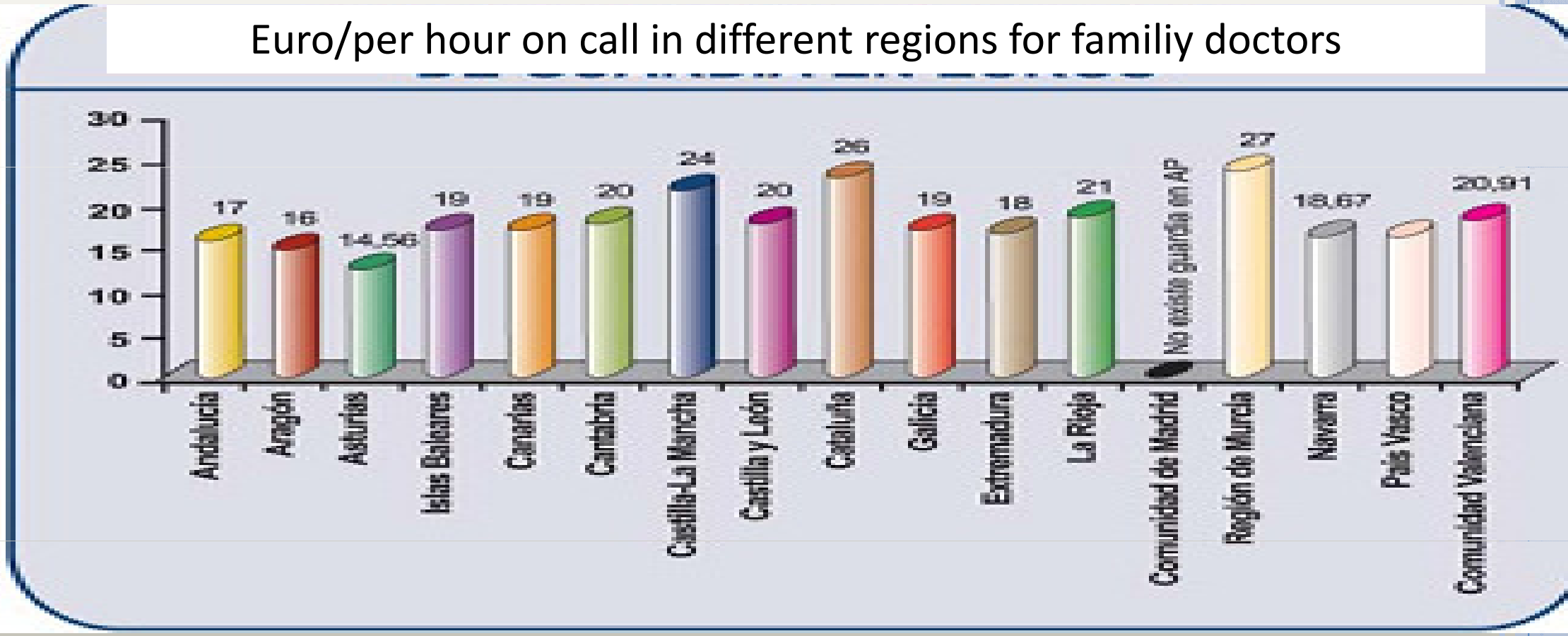
RESOURCES FOR PATIENTS

- Ten minutes per patient
- Chronic patients management
- Increasing euros/per hab

INCOMES

- Salary incentives
- Out of hours payment

Euro/per hour on call in different regions for familiy doctors



Family and Community Medicine Training Programme

Guide to Specialist Education

> National Commission for Family and Community Medicine

> Ministry of Health and Consumer Affairs

> Ministry of Education and Science

Quality Plan (1)

QUALITY PLAN FOR THE NATIONAL HEALTH SYSTEM OF SPAIN. 2006-2010.

Review of activities to date and summary of future actions.

(2009)

The passage in 2003 of Spanish Law **16/2003 on Cohesion and Quality in the National Health System** paved the way for the Quality Plans.

Version available in PDF

REPORT

QUALITY PLAN

FOR THE NATIONAL HEALTH SYSTEM OF SPAIN

Review of activities to date and summary of future actions

- The first **Quality Plan** was mentioned in the inaugural address given by the President of the Government 2004 and formed part of the accords of the II Conference of Presidents of the Autonomous Communities of Spain, September 2005 50 million € annually

- The **Quality Plan for the National Health System (NHS)** is designed to benefit citizens and promote **high quality H care** focused on patients and their needs.

- It supports HC personnel in the promotion of **clinical excellence** and in the adoption of **best practices** based on the **best scientific knowledge** available.

The **Quality Plan** covers **six** large action areas that are divided into

- 12 strategies
- 41 objectives and
- 189 action projects.

The areas and strategies are:

1. **Protection, health promotion and prevention**.
2. **Working towards equity.**
    1. Promoting health policies based on best practice
    2. Analysing health policies and proposing actions to reduce health inequities, with special emphasis on gender inequality.
3. **Support for human resource planning in the field of health**.

    Adapting the human resources of the NHS to the needs of the health services.

4. **Achieving clinical excellence**.
   1. Evaluating clinical and management technologies and procedures.
   2. Accrediting and auditing health care facilities and services.
   3. Improving patient safety in NHS health care facilities.
   4. Improving the care given to patients with certain pathologies.
   5. Improving clinical practice.
5. **Using Information Technology to improve care provided to citizens.**
   - Health Online.
6. **Increasing transparency** Designing a NHS Health Information System that is reliable, appropriate and accessible.

4.3 Improving patient safety in NHS health care facilities.

4.3 Improving patient safety in NHS health care facilities.

- **Patient safety** has been included in the QP for the NHS, as one of the priority strategies of the Ministry of H and Social Policy, since 2005.
- The key element of this strategy is ensuring the **collaboration of the AC** and the explicit support of **professionals and patients** (more than 140 scientific societies and 22 patient and consumer associations signed the principles of Patient Safety) and other involved organisations.

4.3 Improving patient safety in NHS health care facilities.

- Research has been carried out to discover the frequency of adverse events associated with H care, both at the hospital level, with the National Study on Adverse Events linked to Hospitalisation (ENEAS 2005), and at the primary care level, with the Study on Patient Safety in Primary Care (APEAS 2008).
- Long term and nursing home facilities adverse events study

4.3 Improving patient safety in NHS health care facilities.

- Of crucial importance is the **development of systems for the reporting of adverse incidents and events**, as such systems can turn mistakes into learning experiences.
- Three legal reports have been prepared in which national and international legislation is analysed and a series of proposals set forth, with the aim of modifying Spain's current legislation in order to allow for **a system of non-punitive reporting**.

4.3 Improving patient safety in NHS health care facilities.

- Through specific agreements with the AC, approximately **38 million €** have been allocated to funding the implementation of safe practices, including:
  - unequivocal identification of patients,
  - hand hygiene,
  - appropriate use of medicines,
  - prevention of Health Care Associated Infections (HCAI)
  - and the prevention of adverse events associated with surgical procedures, among others.

4.3 Improving patient safety in NHS health care facilities.

- Efforts underway since 2006 with patients and citizens have led to a **Citizen Network of Trainers in Patient Safety** and to a **virtual classroom** offering training and information resources.

4.3 Improving patient safety in NHS health care facilities.

- Work will continue in the **validation of the indicators proposed by the OECD** and in the identification of **key indicators** that allow for evaluation of the patient safety strategy at the NHS level.

4.4 Improving care given to patients with certain pathologies

2006-2008

Strategies have been prepared, and approved by the Interterritorial Council, on

- Cancer (29 March 2006),
- Ischaemic Heart Disease (28 June 2006)
- Diabetes (11 October 2006)
- Mental Health (11 December 2006)
- Palliative Care (14 March 2007)
- Stroke (26 December 2008).

Using information technology to improve care provides to citizens Heath on line

- One of the Quality Plan's main priorities is to promote the **use of Information Technology (IT)** within the NHS as a way to improve the care provided to citizens. To this effect, the Plan includes the functional and technological elements required for **interoperability** between the systems of each AC:

5. Using information technology to improve care provides to citizens Heath on line

1. A reliable system for user identification: the **NHS Health Card**.
2. The computerisation of the clinical records of each user or patient: **Electronic Medical Records**.

5. Using information technology to improve care provides to citizens Heath on line

3. An **electronic prescription system**, or e-prescribing
4. Mechanisms that improve the **accessibility** of the health services, such as **centralised appointment-making by phone** (**Teleappointments**), and methods for distance diagnosis and treatment, to reduce unnecessary visits to health care facilities (**Telemedicine**).

6. Increasing transparency

1. Designing a **NHS Health Information System** that is reliable, appropriate and accessible
2. Developed in **collaboration with the AC**.
3. Construction and approval by the Interterritorial Council of the **NHS Key Indicators**
4. **NHS Data Bank** available to the public.
5. **Statistics Portal**: interactive applications for queries regarding health and health determinants, hospitalisation and mortality, available to bodies and researchers.

6. Increasing transparency

- Forthcoming **dissemination** of the NHS Key Indicators and implementation of permanent update procedure.
- Consolidation and extension of the **NHS Data Bank**.
- **Continual improvement** of the content structure and dissemination of information
- Opening the Ministry of Health and Social Policy Statistics Portal to the public.
- Improving and integrating **health statistics**
- Numerous interventions designed to improve and offer greater coverage of subject areas.

6. Increasing transparency

- Clinical Primary Care Database under construction.
- Strengthening the extension of the MBDS to the ambulatory and private levels and
- Implementing and **improving the model of indicators and analysis of the MBDS-HD**.
- The National Register of Health Centres, Services and Facilities under construction.
- Need to improve the **Health Information System** on NHS Waiting Lists for specialist consultations and diagnostic tests.
- Strengthening relationships with DG SANCO, Eurostat, OECD and WHO.

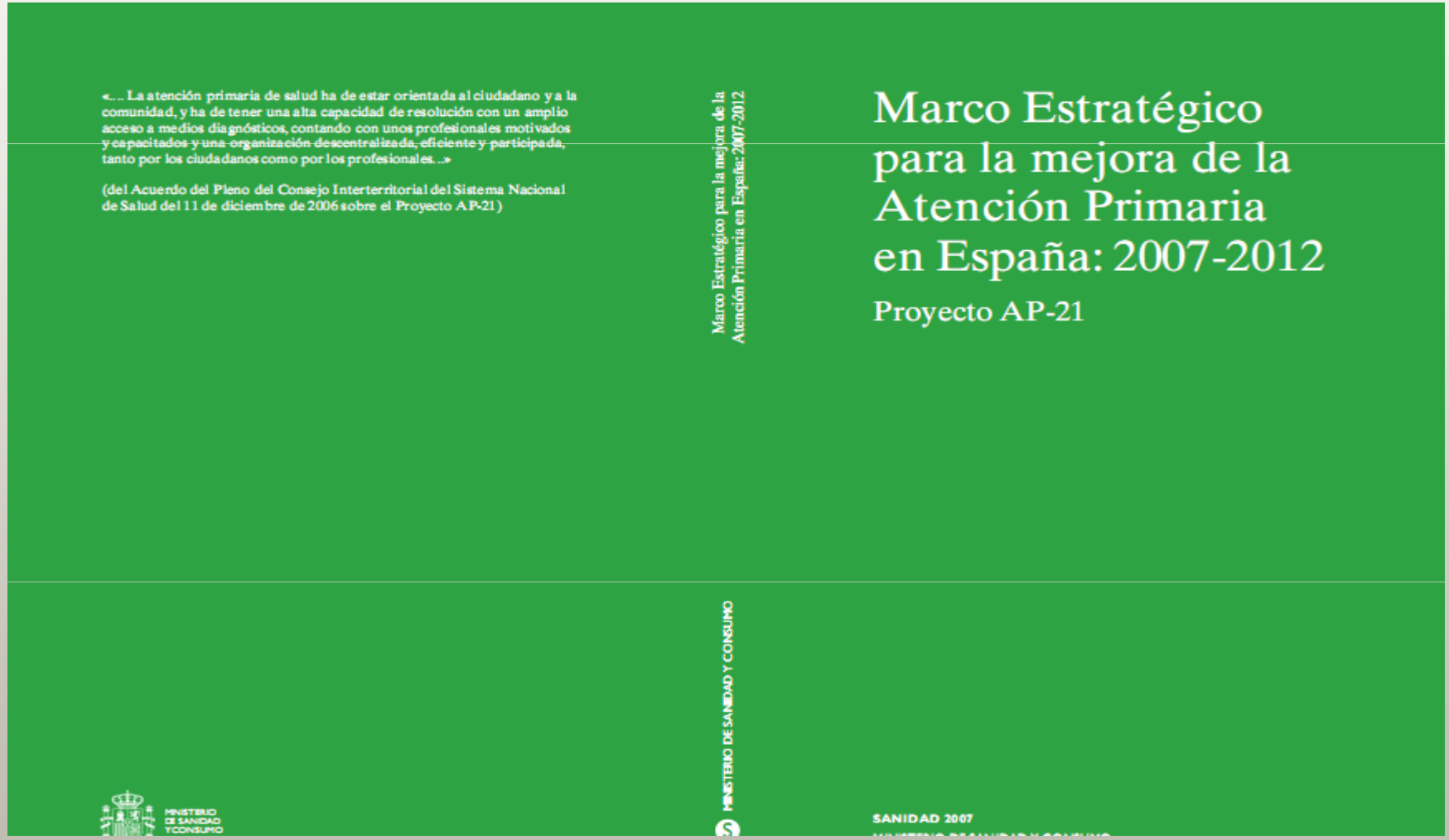
INDICADORES CLAVE del SISTEMA NACIONAL DE SALUD

Marzo 2008

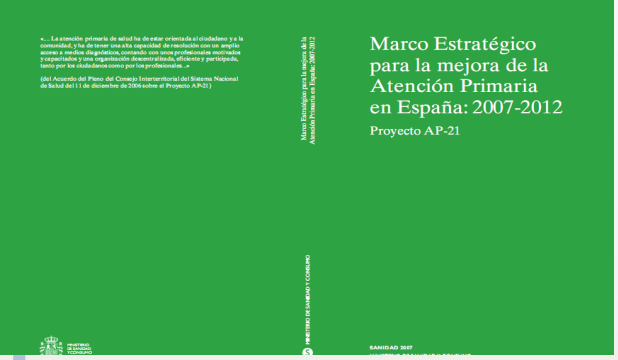
INCLASNS-BD
Versión 6.1

HFA-DB España
Data Presentation System
Instituto de Información Sanitaria

AP-21 Project. Primary care Strategic Plan for 21st century: 2007-2012



semFYC
Sociedad Española de Medicina de Familia y Comunitaria



AP-21 Project. Primary care Strategic Plan for 21st century: 2007-2012

- **5 proposals**
  1. Defining tasks and boundaries for primary care delivery profile
  2. Management and organizational strategies for primary care teams
  3. Improve clinical solving strategies in primary care and effectiveness
  4. Primary care performance's assessment
  5. Primary care health outcomes