Executive Summary

Operational Plan to implement the Recommendations to adapt Primary Care to the current needs of the population in Spain

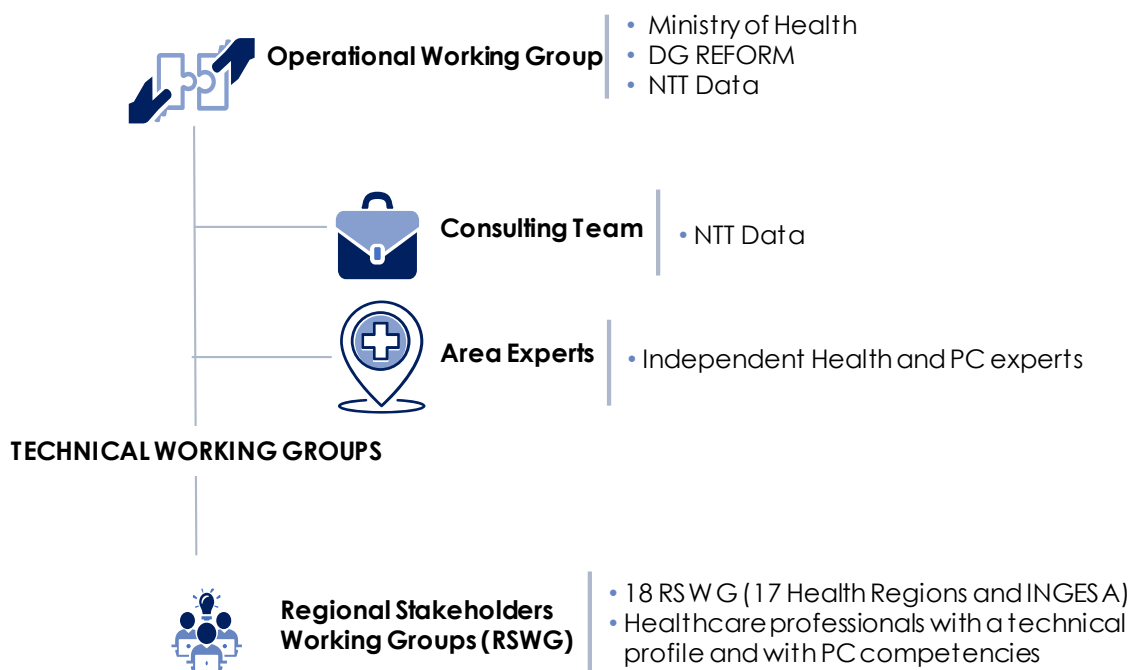**April 2023**

RFS REFORM/SC2021/058

AARC - Consortium

The project is funded by the European Union via the Technical Support Instrument and implemented by NTT Data, in cooperation with the European Commission's Directorate General for Structural Reform Support (DG REFORM).

Working Groups

Different working groups participated in the elaboration of this report, including fieldwork, data collection, drafting and reviewing the document. All Health Regions were technically represented in the Regional Stakeholders Working Groups (RSWG).

Illustration 1: Working Groups involved in project Phase 4

Operational Working Group
- Ministry of Health
- DG REFORM
- NTT Data

Consulting Team
- NTT Data

Area Experts
- Independent Health and PC experts

TECHNICAL WORKING GROUPS

Regional Stakeholders Working Groups (RSWG)
- 18 RSWG (17 Health Regions and INGESA)
- Healthcare professionals with a technical profile and with PC competencies

- **Operational Working Group (OWG):** responsible for the operational and strategic monitoring of the project, as well as for reviewing and validating the project deliverables.

- **Area Experts:** responsible for reviewing the first proposal for actions and KPIs and making changes and nuances to them. In addition, they participated in the working session to present the actions with the RSWG.

- **Regional Stakeholders Working Groups (RSWG)**: responsible for providing their opinion, knowledge and assessments to actions and KPIs, and for validating and proposing aspects to be included.

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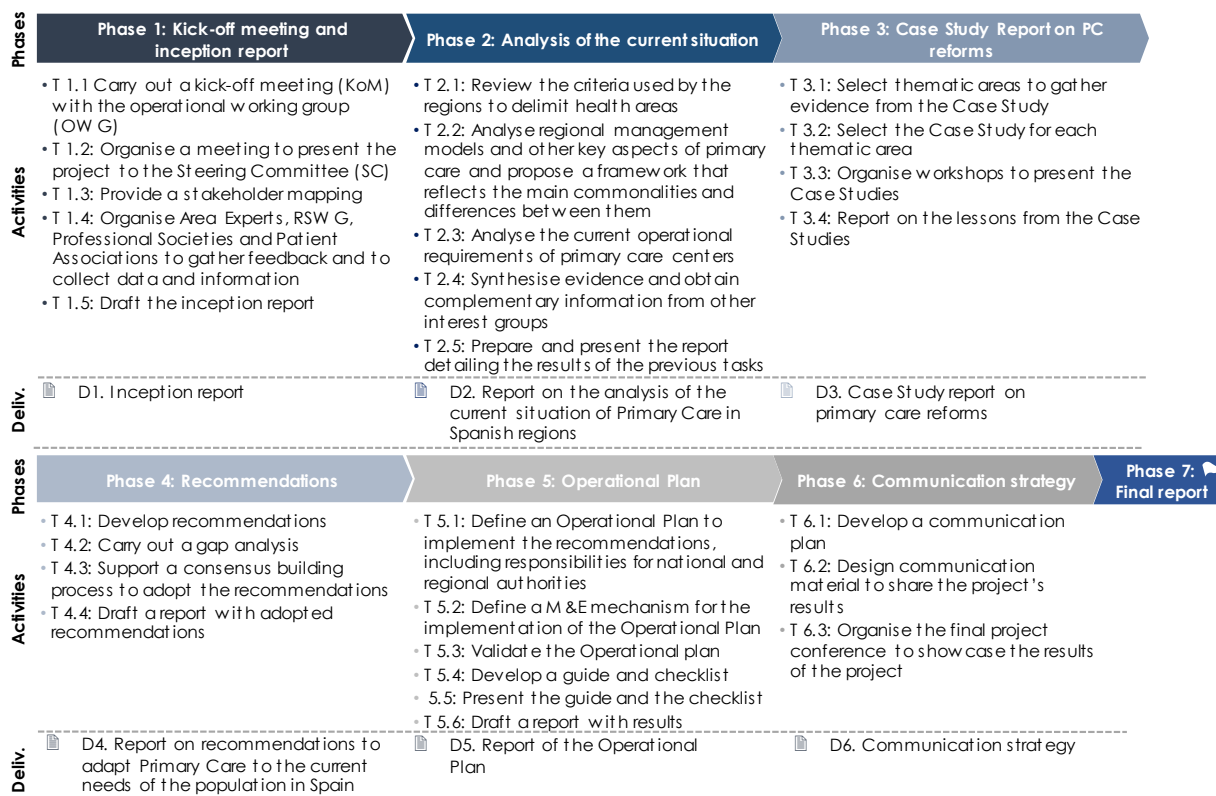Executive Summary

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Introduction and objectives

This document is part of Phase 5 of the project "**Adaptation of Primary Care (PC) to the current needs of the Spanish population**", financed by the European Union through the Technical Support Instrument and implemented by NTT Data, in collaboration with the European Commission's Directorate General for Structural Reform Support (DG Reform).

The main objective of the project is to develop a set of Recommendations on criteria, governance models and requirements to promote equity in access to high-quality Primary Care services. The expected result is to provide tools that allow the National Health System to adapt PC services to the specific needs of different contexts, such as urban areas, areas with hard-to-fill positions, care for chronically ill patients, etc.

The project consists of 7 phases and this document is the Executive Summary of the Report with the results of the deliverable (D5) of Phase 5 "Operational Plan to implement recommendations to adapt Primary Care to the current needs of the population in Spain".

Illustration 2: Project phases, activities and deliverables

Phases	Phase 1: Kick-off meeting and inception report	Phase 2: Analysis of the current situation	Phase 3: Case Study Report on PC reforms
Activities	• T 1.1 Carry out a kick-off meeting (KoM) with the operational working group (OWG) • T 1.2: Organise a meeting to present the project to the Steering Committee (SC) • T 1.3: Provide a stakeholder mapping • T 1.4: Organise Area Experts, RSWG, Professional Societies and Patient Associations to gather feedback and to collect data and information • T 1.5: Draft the inception report	• T 2.1: Review the criteria used by the regions to delimit health areas • T 2.2: Analyse regional management models and other key aspects of primary care and propose a framework that reflects the main commonalities and differences between them • T 2.3: Analyse the current operational requirements of primary care centers • T 2.4: Synthesise evidence and obtain complementary information from other interest groups • T 2.5: Prepare and present the report detailing the results of the previous tasks	• T 3.1: Select thematic areas to gather evidence from the Case Study • T 3.2: Select the Case Study for each thematic area • T 3.3: Organise workshops to present the Case Studies • T 3.4: Report on the lessons from the Case Studies
Deliv.	D1. Inception report	D2. Report on the analysis of the current situation of Primary Care in Spanish regions	D3. Case Study report on primary care reforms

Phases	Phase 4: Recommendations	Phase 5: Operational Plan	Phase 6: Communication strategy	Phase 7: Final report
Activities	• T 4.1: Develop recommendations • T 4.2: Carry out a gap analysis • T 4.3: Support a consensus building process to adopt the recommendations • T 4.4: Draft a report with adopted recommendations	• T 5.1: Define an Operational Plan to implement the recommendations, including responsibilities for national and regional authorities • T 5.2: Define a M&E mechanism for the implementation of the Operational Plan • T 5.3: Validate the Operational plan • T 5.4: Develop a guide and checklist • 5.5: Present the guide and the checklist • T 5.6: Draft a report with results	• T 6.1: Develop a communication plan • T 6.2: Design communication material to share the project's results • T 6.3: Organise the final project conference to showcase the results of the project	
Deliv.	D4. Report on recommendations to adapt Primary Care to the current needs of the population in Spain	D5. Report of the Operational Plan	D6. Communication strategy	

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Phase 5 Objectives

The objectives of phase 5 were:

- To define specific measures to be developed in the field of Primary Care to comply with the established recommendations by defining an Operational Plan, a mechanism for monitoring and evaluating its implementation, and a Guide with an overview of available funds to facilitate the development of the recommendations and the Operational Plan.

- To encourage participation and agreements amongst the RSWG and other stakeholders involved in the development of the Operational Plan.

- To allow the Health Regions to prioritise actions and to estimate the necessary resources.

The project focuses on 5 areas of analysis:

AREAS OF ANALYSIS

| Planning | Management and Organisation | Human Resources | Financing | Infrastructure and Equipment |

1. **Planning:** Criteria for defining healthcare areas and basic health zones for healthcare provision; National and regional policies and regulations; Differences between urban and rural areas.

2. **Management and Organisation:** Management models; Differences between rural and urban areas; Coordination models between levels of healthcare; Coordination models between health and social care providers.

3. **Human Resources:** Human resources policies; Cooperation models between professionals; Composition of Primary Care teams; Staffing ratios.

4. **Financing:** Share of the regional health budget devoted to Primary Care; Financing needs.

5. **Infrastructure and Equipment:** Availability of medical equipment; ICT technologies; Quality of infrastructures (consultation rooms, etc.); Maintenance, renovation or building plans for Primary Care centers.

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Methodology

1

Formulation of preliminary actions and indicators

- Elaboration by the project team of a proposal of specific actions to accomplish the recommendations and KPIs.
- Review by Area Experts of an electronic Word working document that contained the preliminary list of specific actions and KPIs proposed by the project team.
- Conducting a working session with Area Experts to review/comment on the preliminary actions and KPIs as well as on their contributions in the Word document.
- Reformulation by the project team of the preliminary actions and KPIs to incorporate the contributions of the Area Experts.
- Session with RSWG to present the refined list of actions and KPIs.

2

Consensus survey amongst RSWG applying the Delphi methodology

Two consecutive electronic questionnaires were sent to assess the level of agreement with each proposed action and the associated KPIs in a Likert-type scale (1 to 4).

3

A working session with the RSWG to discuss actions and indicators that did not reach consensus, and to prioritize the actions.

4

Validation by ministerial departments of the Spanish Ministry of Health with competencies in PC of the actions and indicators agreed by the RSWG (Operational Plan) to align them with all other projects on Primary and Community Care in development by the Ministry of Health.

All the actions of the Operational Plan were validated, some contents were reformulated according to the clarifications made.

5

Development of a Guide with an overview of available funds and a autoevaluation Checklist to facilitate the Health Regions the execution of the recommendations and the Operational Plan. **Two working session with the RSWG** to present and train them in the use of the Guideline and the Checklist

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4.3 Results

The specific actions for each Recommendation are listed below:

Recommendations	Actions
Transversal to the 5 areas	
1 — To strengthen innovation and strategic orientation to analyse, evaluate, and propose improvements in the Primary and Community Care model through the Executive Office for the Strategic Framework of Primary and Community Care (*Oficina Ejecutiva del Marco Estratégico de Atención Primaria y Comunitaria*).	**A 1.1** To develop the procedure for identifying and selecting innovative practices in Primary and Community Care in the National Health System. **A 1.2** To create a Communication Plan for the actions on the identification of innovative practices developed by the Executive Office of the Strategic Framework of Primary and Community Care. **A 1.3** To promote the development of innovative practices (at the regional and/or local level).
1. Planning	
2 — To enhance territorial planning with evidence-based data.	**A 2.1** To identify the relevant factors for territorial planning and the diverse sources of information on each Health Region's reality, as well as to define assessment and update models for continuous improvement.
3 — To systematise the process of updating healthcare management in order to adapt it to territorial and population variability as well as to changes that may arise from exceptional circumstances, such as health emergencies.	**A 3.1** To define the processes and mechanisms for monitoring, updating, assessing and improving the health map based on data-based evidence.
4 — To define the criteria for designating areas with hard-to-fill positions.	**A 4.1** To identify areas with hard-to-fill positions in each Health Region according to the minimum criteria defined by the Human Resources Commission of the National Health System and to determine if complementary criteria are needed to tackle regional realities, including, for instance, areas/positions that may have not been previously considered. **A 4.2** To conduct the necessary regulatory changes to adapt territorial planning to the updated maps to include undeserved areas with hard-to-fill positions. **A 4.3** To develop a specific territorial planning model to meet the needs of the least populated rural areas ("empty Spain").

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Recommendations	Actions	
2. Management and Organisation		
5 To define a model of health and social co-governance at the National Health System level, including socio-sanitary care plans at the regional level with a community-based, holistic approach.	**A 5.1** To define: 1) the profiles of people requiring integrated health and social care; 2) the lines of action, health and social care processes, and interventions; and 3) the resources needed to provide integrated health and social care, and to identify the available resources. **A 5.2** To identify the stakeholders as well as the objectives and the coordination mechanisms for a co-governance model integrating the provision of services and the resources of the health and social care systems. **A 5.3** To detail a roadmap for the implementation of the co-governance model that should flexibly adapt to the organisation of each health region. **A 5.4** To define a Minimum Data Set at the national level for joint health and social care management.	
6 To enhance collaboration between Primary and Community Care teams, social services, and local agents to implement community health programs.	**A 6.1** To identify and promote existing actions and processes conducted by health and social care professionals and other players working in the community. **A 6.2** To identify the community players involved at the basic health zone level and existing communication channels. **A 6.3** To establish communication channels and protocols for joint actions among relevant players involved in community care. **A 6.4**: To monitor and evaluate the community healthcare strategy. **A 6.5** To define a methodology to involve professional societies and community care associations in all phases of the development of the community's healthcare strategy..	
7 To get the community involved in decision-making bodies on healthcare policies.	**A 7.1** To identify existing participation mechanisms and communication channels among decision-making bodies and agents in the community and, if necessary, to create adequate channels. **A 7.2** To establish a specific regulatory framework at the regional level to integrate community participation in healthcare policy decision-making.	
8 To review and, if necessary, update the content and methodology of annual management plans that develop the clinical management competencies of professionals and autonomy of resource management.	**A 8.1** To define and agree on a common assessment model for annual management plans at the regional level. **A 8.2** To update the annual management plans based on the previously defined methodology.	

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Recommendations	Actions
3. Human Resources	
9 To develop planning and professional management strategies that meet the needs and demands of each basic health zone.	**A 9.1** To implement the model to calculate human resources needs in Primary Care based on the 2022-2023 Primary and Community Care Action Plan.
10 To establish a regional and national human resources supply strategy to ensure service provision in areas with hard-to-fill positions.	**A 10.1** To develop an agreed strategy for covering, implementing and assessing difficult-to-cover areas with hard-to-fill positions at the regional level.
11 To identify competencies and roles among different categories of Primary Care professionals.	**A 11.1** To adapt the regional reality to the competency map developed in the National Health System Human Resources Commission. **A 11.2** To develop a competency management model based on the defined map for healthcare and non-healthcare professionals, and on the continuous evaluation mechanisms.
12 To create (or reinforce) recruitment and retention plans for the Primary Care professionals.	**A 12.1** To agree on and include additional measures to those defined in the 2022-2023 Primary and Community Care Action Plan for attracting and retaining professionals. **A 12.2** To maintain the planned retention actions included in the 2022-2023 Primary and Community Care Action Plan. **A 12.3** To maintain the planned recruitment actions included in the 2022-2023 Primary and Community Care Action Plan.
13 To redefine professional development and career paths to adapt them to current needs.	**A 13.1** To define a professional career model common to the entire National Health System. **A 13.2** To adapt the common National Health System framework in terms of professional development to the real needs of Health Regions.
4. Financing	
14 To strengthen public spending on Primary Care in terms of the public health spending.	**A 14.1** To agree on a minimum criteria in the Interterritorial Council of the National Health System to make the Primary Care budget´s growth conditional to part of the nominal growth of total health spending. **A 14.2** To align Primary Care budgeting to all strategies in planning and managing as well as human resources, infrastructure, and equipment provision and organisation. **A 14.3** To include managerial contract analyses for the efficient allocation of available resources. **A 14.4** To promote the adoption of efficient healthcare interventions in Primary Care.

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Recommendations		Actions
5. Infrastructure and Equipment		
15	To share information between different care levels (Primary and Hospital Care) and among different regions to guarantee clinical information transfer within and outside territories.	**A 15.1** To expand and improve the integration and interoperability of digital health record services. **A 15.2** To advance the integration of essential data and its expansion, if necessary, within the entire National Healthcare System, preferably adopting clinical data sharing models with open standards. **A 15.3** To extend the participation of Primary Care Services throughout the national territory in the dissemination of European Union Patient Summary reports.
16	To design, adapt, and implement technological platforms run by Primary and Community Care services to provide health and social care to chronically ill patients and dependent inhabitants.	**A 16.1** To identify the necessary tools and technological platforms to support healthcare provision in coordination with social care services, including remote care to chronically ill patients and dependent individuals, described in the common basket of Primary Care services. **A 16.2** To develop roadmaps to complement health and social care for chronically ill patients, including the development, adaptation and/or acquisition of digital tools.
17.	To enhance the digital transformation of rural areas to strengthen healthcare coverage in areas with hard-to-fill positions.	**A 17.1** To develop, adapt and/or implement digital solutions that streamline and optimize health care, addressing inequities due to access and digital deficiencies. **A 17.2** To extend virtual referral Primary Care -Hospital Care (PC-HC) schemes with access to complementary labs and medical imagery as needed.
18.	To evaluate and review, if necessary, new forms and types of non-face-to-face care.	**A 18.1** To prioritise the evaluation of virtual (remote) healthcare by the Spanish Ministry of Health and the Health Regions. **A 18.2** To evaluate, at the regional level, the need to complement the virtual (remote) service types included in the updated Common basket of Primary Care Services.
19.	To prioritise the review and adaptation of available building infrastructure (healthcare centres, clinics).	**A 19.1** To establish regional investment plans with specific funding for the renovation of the infrastructure and the equipment included in the Primary Care basket of Services **A 19.2** To systematise the maintenance processes at Primary Care centres.

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