



Madrid, October 16, 2008. Ernest Lluch's Assembly Room of the Ministry of Health and Consumer Affairs.

**ROUND-TABLE 4: WHAT DO WE THINK OF THE NATIONAL HEALTH SYSTEM? The opinion of the citizens**

**COMMUNICATION 2: *The expectations and opinion of the users of the health care services in the autonomous field***

**SPEAKER: Fernando Revilla Ramos. Health Council. Castilla y León**

**SUMMARY**

---

The Health Council of the governing body of Castilla y León has developed an integral and continuous evaluation model on the satisfaction of the citizens of the Community respecting the different welfare services of the Health Regional System, which gathers the users of distinct levels of primary and specialised healthcare, as well as the coordination among those levels, the scheduled healthcare transport and sanitary emergencies through "112".

This also includes other kinds of studies about the receipt of health in the whole of the population, and studies of direct observation in waiting and attention times, and installations surveillance (Hospitals and Health Centres).

The defined investigation proposes independent assessment areas but with clearly identified points of connection, which lets the analysis of the healthcare system with a global point of view.

The designed model (in 2004) includes different types of studies:

1. Global population receipt (Population-centred Survey).

2. User's satisfaction in welfare services surveys:

- Primary Healthcare (Doctor's Surgery and Health Centres/Family Medicine and Paediatrics).
- Specialised Healthcare:
  - Out-Patient consultations.
  - Hospital Emergencies.
  - General Hospitalization.
  - Obstetrician Hospitalization.
  - Paediatric Hospitalization.
- Emergencies.
- Scheduled Healthcare Transport.
- Studies on the satisfaction of the specific services: planned home care and health centres with their own management system.

3. Measuring and care times:

- Waiting and care times on Primary Healthcare.
- Waiting and care times on Out-Patient Specialised Healthcare.
- Waiting times in Emergencies on Specialised Healthcare.

4. Direct observation in installations:

- Hospital Complexes.

– Health Centres.

The planned model allows the distribution of the results by provinces, areas and cores of towns and the procurement of indicators which measure, not only the approval of the citizens and users with the services they get, but the receipt of the quality of these offered services, and the significance which they give to different elements of the referred quality.

The analysis of the overall assessment of each service is completed with the getting of a single value, by means of the function of a statistical investigation, which determines the general agreement of the users.