

Annual report on the National Health System of Spain 2024

Executive Summary



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1. Highlights.



The population in Spain exceeds 48 million inhabitants in 2024 and all people residing in Spain have the right to health protection.

Health status



Life expectancy at birth was 83.8 years in 2024 and the third highest among EU countries.

Furthermore, people expect to live 79.4 years with good health.

74.0% of Spanish population perceives their health status as good or very good.

Live expectancy at birth



Spain:
83.8 years

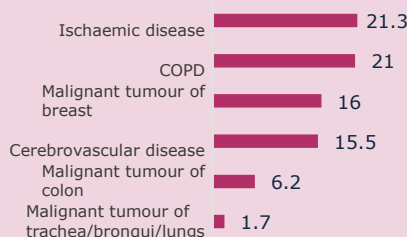


European average:
81.5 years

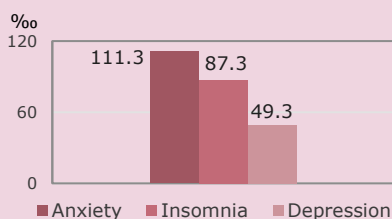


The leading causes of morbidity include cardiovascular diseases, malignant tumours, respiratory diseases and mental health disorders. 35.6% of the population suffer from some mental or behavioural disorder.

Recorded prevalence

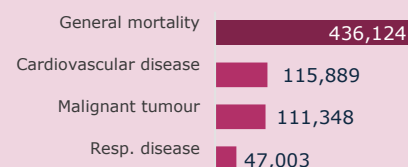


Mental health problems

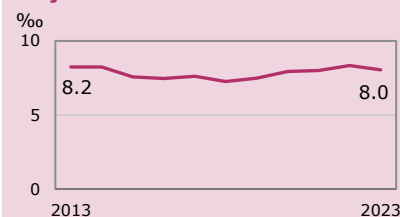


Cardiovascular diseases and cancer cause more than 50% of deaths, followed by respiratory diseases, which has increased a 22% compared to the previous year.

Deaths in absolute numbers for the main causes



Adjusted suicide rate



Social determinants of health



In Spain:

- One in two people is economically dependent. Since 2017, the dependency ratio for individuals under 16 has decreased, whereas the ratio for those aged 65 and over has increased.
- 3.5 out of every ten individuals report having no more than basic education.
- Near three out of ten people live at risk of poverty, with the highest rate among those under 16.



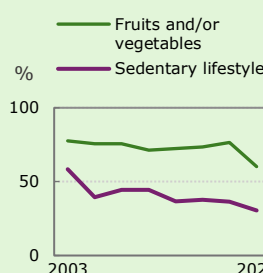
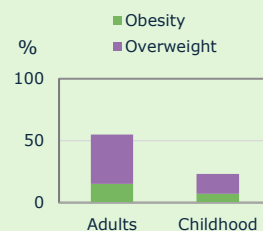
In general, the population's lifestyles have improved.

In 2023, childhood overweight and obesity declined, while more than half of the adult population (55%) had excess weight due to an increase in overweight prevalence.

Sedentary behaviour is decreasing among the adult population.

Daily consumption of fruits and vegetables drops, breaking the previously stable trend.

Habits related to tobacco and alcohol consumption improve, except for heavy alcohol consumption among young women.



Health system



Primary vaccination coverage exceeds 95% for all vaccines. Regarding screening programs, the trend is growing up for colorectal cancer, while a modest decline is observed in mammogram and pap smear tests.

Visits to primary care consultations continue to decline since the pandemic, whereas a slight increase is observed in hospital care over the same period.



In recent years, there has been an increase in waiting times for primary and hospital care; in contrast, waiting times for scheduled surgical interventions have remained relatively stable.

- Average waiting time in primary healthcare: **8.7 days**. 11.1% of people were attended on the same day.
- Scheduled surgical intervention: **126 days**
- First hospital care consultation: **105 days**



Analgesic drugs are the most widely consumed, while medicines used for the treatment of diabetes represent the highest expenditure in medical prescriptions. Pharmaceutical expenditure through prescriptions billed in pharmacies has risen by 4.9%.

Of the total prescriptions billed in pharmacies, generic drugs account for **47.4%** of consumption in packages and **24.5%** of the invoiced amount.

As of 31 December 2024, the number of presentations of medicines included in the public financing system is 22,557.



The SNS comprises 3,055 health centres and 10,003 local clinics. Variations in the number of primary care centres in each territory are subject to management criteria within each regional health service and to demographic factors.

The SNS network includes 469 hospitals out of the total 753 in Spain, maintaining an upward trend.

There are 117,233 available beds in the SNS, representing 84.1% of all hospital beds available in Spain.



The Ministry of Health maintains the central information exchange node that enables interoperability services for:

- **Health Card**
- **Digital Health Record**
- **Electronic Prescription**

Through this node, the SNS also exchanges Digital Health Record data and Electronic Prescriptions with other EU countries.

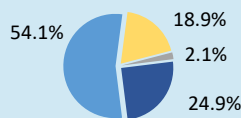


Provides access to the SNS Digital Health Record (55.5% of citizen consultations)

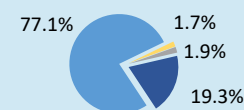


Within the SNS work:

- **786,747 professionals** (75.7% in hospitals)
- **176,918 physicians**



- **227,098 nurses**



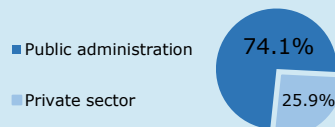
- Primary care
- Hospitals
- Specialised training
- Urgent and emergency care 112/061



Public health expenditure represents 74.1% of total health expenditure and accounts for 7.4% of GDP.

72.5% of private healthcare expenditure is funded through households' out-of-pocket payments (mainly pharmaceutical products, medical goods and outpatient dental care).

Total health expenditure by financing agent:



- Public administration
- Private sector



More than half of the Spanish population considers that the healthcare system works well or fairly well, with a satisfaction score of 6.3 out of 10.

The most highly rated services are 061/112 and hospitalization.

Dental care is the healthcare service with the highest level of inaccessibility due to economic reasons (9.0% of population).

Spain is the EU country with the second-lowest level of unmet needs for mental healthcare due to economic reasons.

2. Population

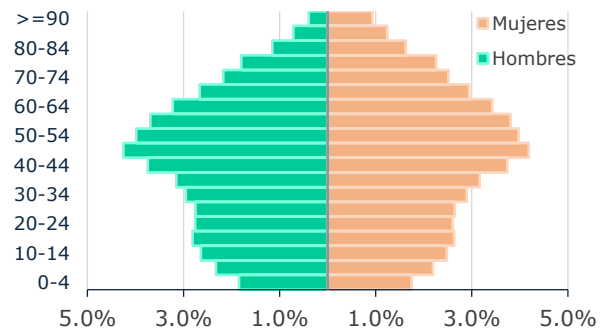
The population in Spain exceeds 48 million inhabitants, and all people residing in Spain are granted the right to health protection.

The Spanish population stands at 48,619,695 inhabitants. A total of 51.0% of the population is over 45 years of age, and one in five people is 65 or older.

In 2024, the population has grown by 1.1% compared to 2023, maintaining the upward trend that had been interrupted between 2020 and 2022.

Of the population whose healthcare is publicly funded, 96.7% are covered by the SNS, while 3.3% receive care through private entities contracted by civil servant mutual societies.

Graph 2-1 Population pyramid, by sex. Spain, 2024



3. Health status

3.1 Well-being

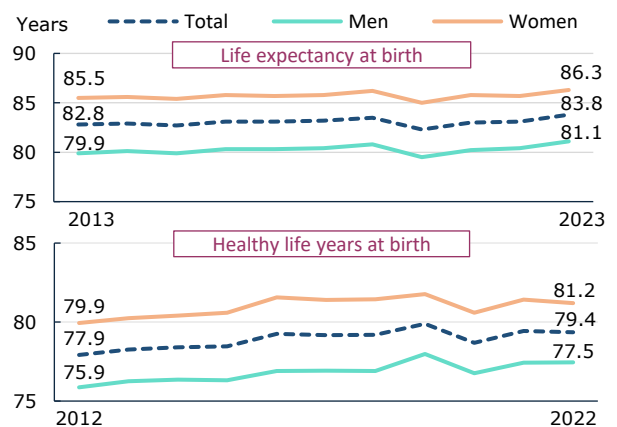
The favourable evolution of life expectancy and healthy life years is consolidating after their decline during the pandemic. Currently, three out of four people report a positive perception of their health. These indicators show lower values among people with a basic level of education or less.

3.1.1 Life expectancy

Life expectancy at birth in 2023 stands at 83.8 years, 81.1 years for men and 86.3 years for women. At age 65, people are expected to live 21.7 more years, 19.7 for men and 23.5 years for women.

Likewise, healthy life expectancy at birth is 79.4 years: 77.5 for men and 81.2 for women, consolidating a trend similar to that of life expectancy at birth. At age 65, people are expected to live 18.6 years in good health: 17.3 years for men and 19.7 years for women.

Graph 3-1 Life expectancy and healthy life years, by sex. Spain, 2012-2023



3.1.2 Self-perceived health

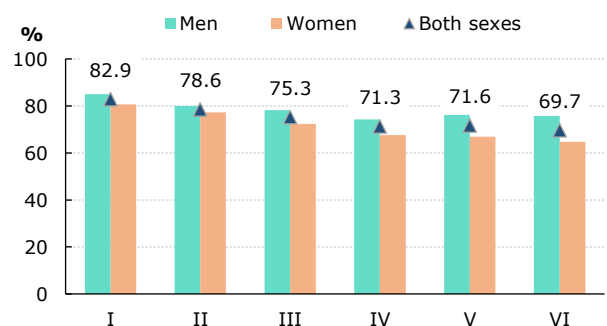
A total of 74.0% of the population considers their health status to be good or very good. This positive rating is more frequent in men (78.0%) than in women (70.2%).

The positive perception of health is higher in people from more advantaged social classes than in those from less advantaged social classes (82.9% versus 69.7%).

Regarding oral health, 74.6% of the population perceive it as good, 74.9% of men and 74.3% of women, and it also shows a downward gradient across social classes.

Graph 3-2 Positive perception of health status by sex and social class. Spain, 2023

*Positive perception is all health valuation as good or very good.





3.2 Morbidity

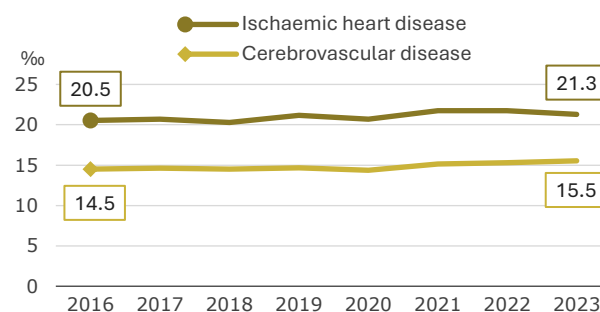
The diseases with the highest analysed morbidity burden include cardiovascular diseases, malignant tumours, respiratory diseases and mental health disorders.

3.2.1 Cardiovascular diseases

In 2023, the age-adjusted prevalence of ischaemic heart disease is 21.3 per 1,000 inhabitants, 3.7% higher than in 2016. In adulthood, it affects men more than women, being up to three times more common in the population aged 45 to 74 years.

The prevalence of cerebrovascular disease is 15.5 cases per 1,000 inhabitants, 7.1% higher than in 2016. Prevalence increases from the age of 40 onwards, affecting more than 10% of the population aged 85 and over, especially in men.

Graph 3-3 Prevalence of ischemic heart disease and cerebrovascular disease.* Spain, 2016-2023



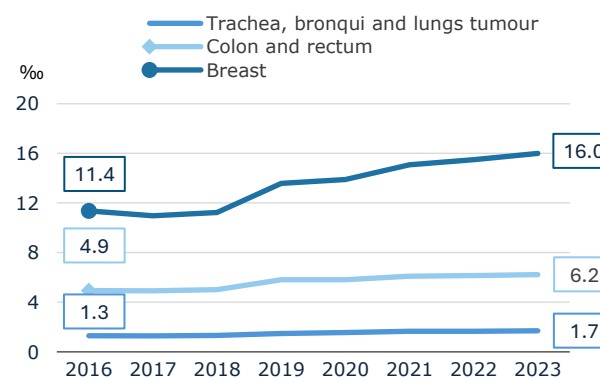
3.2.2 Malignant tumours

The age-adjusted prevalence of malignant tumours of the trachea, bronchi and lung is 1.7 cases per 1,000 inhabitants, 2.2 times higher in men than in women, with an upward trend since 2016.

For malignant colon and rectal tumours, the prevalence is 6.2 cases per 1,000 inhabitants, 51.3% higher in men than in women.

The age-adjusted prevalence of malignant breast tumours is 16.0 per 1,000 women, 40.8% higher than in 2016. This prevalence increases from the age of 30 onwards, affecting 4 out of every 100 women aged 65 or older.

Graph 3-4 Malignant tumours prevalence.* Spain, 2016-2023

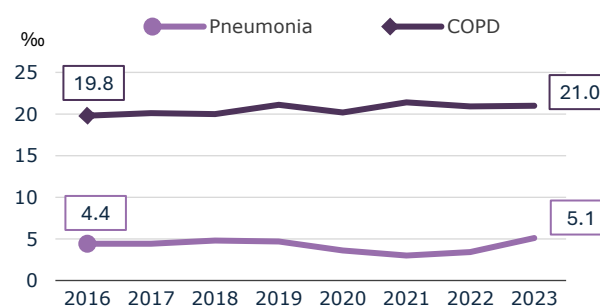


3.2.3 Respiratory diseases

The age-adjusted incidence rate of pneumonia is 5.1 cases per 1,000 inhabitants, 51.1% higher than in 2022 and exceeding pre-pandemic levels from 2019.

The adjusted prevalence of chronic obstructive pulmonary disease (COPD) is 21.0 cases per 1,000 inhabitants, 0.6% higher than in 2022 and 6.5% higher than in 2016. The prevalence of COPD increases with age, affecting more than 10% of men aged 75 and older, in whom it is three times higher than the prevalence in women.

Graph 3-5 COPD prevalence and pneumonia incidence.* Spain, 2016-2023

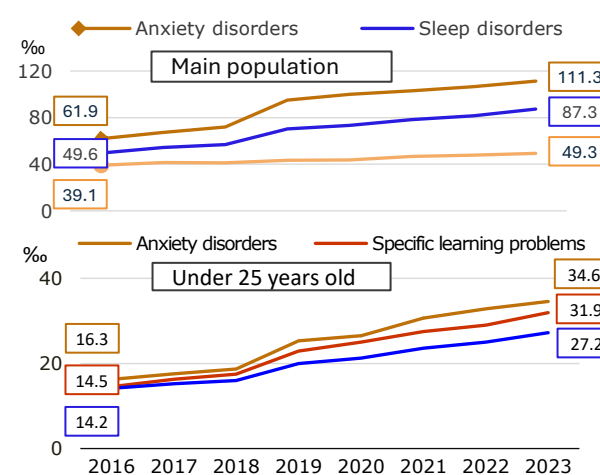


3.2.4 Most common mental disorders

35.6% of the population has a recorded mental or behavioural disorder in primary care, with the most common being anxiety disorders (111.3 cases per 1,000 inhabitants), sleep disorders (87.3/1,000 inhabitants), and depressive disorders (49.3/1,000 inhabitants).

In people under 25 years old, the most common are anxiety disorders (34.6 cases per 1,000 inhabitants), followed by specific learning problems (31.9) and sleep disorders (27.2). All of them have increased since 2016, with rises of 36.4%, 39.4%, and 36.3%, respectively.

Graph 3-6 Prevalence of most common mental disorders. Spain, 2016-2023



* All rates shown are age-adjusted per 1,000 inhabitants.

3.3 Mortality

The main causes of mortality continue to be cardiovascular diseases and cancer, which together account for more than 50% of all deaths, followed by respiratory diseases (10.8%). Mortality from respiratory diseases increased by 16% compared to 2022, mainly due to the rise in deaths from pneumonia and influenza, as well as from chronic lower respiratory diseases.

3.3.1 Cardiovascular diseases

In 2023, the age-adjusted mortality rate for ischaemic heart disease was 50.2 deaths per 100,000 inhabitants, continuing the downward trend observed since 2013, with an overall reduction of 30.1%.

The age-adjusted mortality rate for cerebrovascular disease was 41.4 deaths per 100,000 inhabitants, also continuing the downward trend seen since 2013, with a decrease of 29.4%.

3.3.3 Malignant tumours

In 2023, there were 111,348 deaths from malignant tumours, 12% fewer than in 2013.

Trachea, bronchial, and lung tumours have been the malignant neoplasm that has caused the most deaths, with 22,827 fatalities, nearly three times as many in men as in women, and with an age-adjusted rate of 44.5 deaths per 100,000 inhabitants.

Malignant tumours of the colon and rectum have caused 14,946 deaths, with an age-adjusted mortality rate of 27.7 per 100,000 inhabitants (39.3 in men and 19.2 in women).

Malignant breast cancer has caused 6,245 deaths among women, with an age-adjusted rate of 21.2 deaths per 100,000 women.

3.3.2 Respiratory diseases

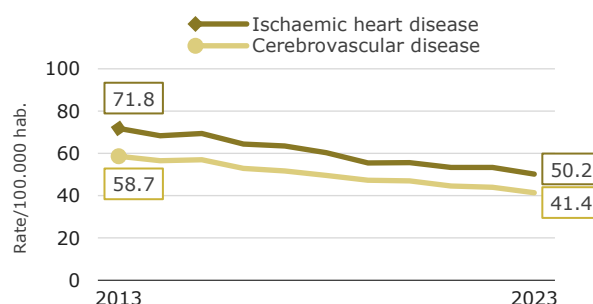
The age-adjusted mortality rate for pneumonia and influenza has been 20.4 deaths per 100,000 inhabitants, representing a 20% increase compared with the previous year.

The mortality rate for chronic obstructive pulmonary disease (COPD) has been 23.1 deaths per 100,000 inhabitants, nearly four times higher in men than in women. Since 2013, COPD mortality has decreased in both sexes, although the decline has been more pronounced in men (36.1%) than in women (15.2%).

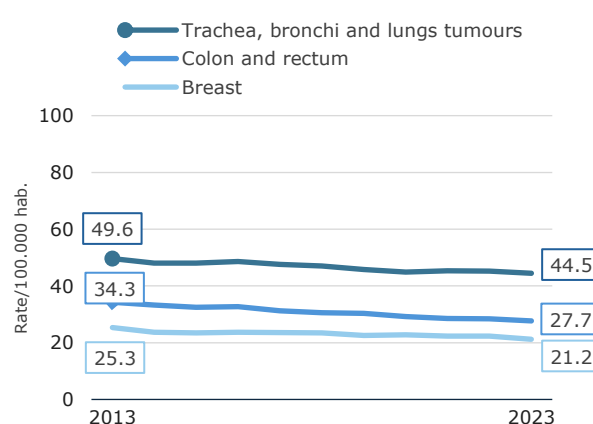
3.3.4 Suicide

The age-adjusted suicide mortality rate has been 8.0 deaths per 100,000 inhabitants. Since 2019, the trend has been increasing; however, in 2023 a 3.6% decrease was observed compared with the previous year. This rate is higher in men than in women across all age groups, with a particularly marked difference in those aged 85 years and older, among whom it reaches 39.4 deaths per 100,000 inhabitants. Spain is one of the EU countries with the lowest suicide mortality rates, standing 21.8% below the EU average.

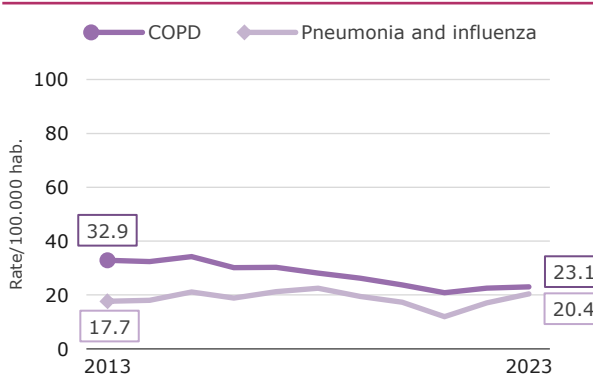
Graph 3-7 Mortality rates by cardiovascular disease* Spain 2013-2023



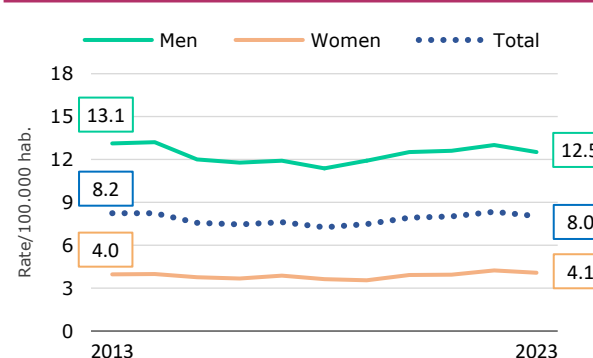
Graph 3-8 Mortality rates by malignant tumours.* Spain 2013-2023



Graph 3-9 Mortality rates by respiratory diseases.* Spain 2013-2023



Graph 3-10 Mortality due to suicide, by sex.* Spain 2013-2023



* Age-adjusted rates per 100,000 inhabitants in Spain, except for malignant breast tumour, which is the age-adjusted rate per 100,000 women.

4. Social determinants of health

4.1 Socio-economic determinants

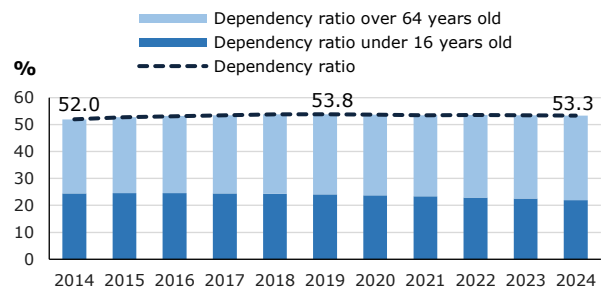


In Spain, one in two people is economically dependent; 3.5 out of ten report having a maximum educational level of basic or lower; and nearly 3 out of ten are at risk of poverty, with the highest proportion observed in those under 16 years of age.

4.1.1 Dependency ratio

The dependency ratio in Spain stands at 53.3% (31.3% for older people and 22.0% for young people), which is below the European average and is the fourth lowest among European Union countries. Since 2017, it has remained relatively stable, although a decrease has been observed in the dependency ratio of the population under 16 years of age and an increase in that of the population aged 65 and over.

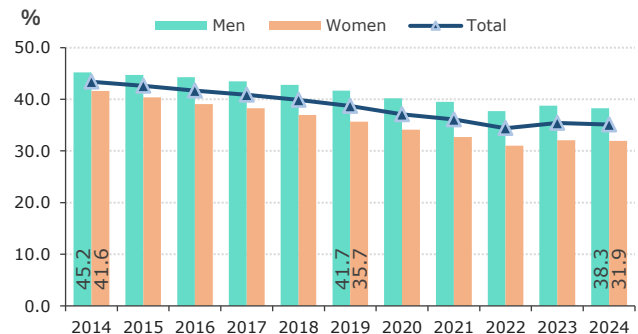
Graph 4-1 Evolution of the dependency ratio. Spain, 2014-2024



4.1.2 Population with basic studies or lower

Among the population aged 25 to 64, 38.3% of men and 31.9% of women report having completed at most basic education, a gender gap that has persisted since 2014. This percentage has shown a downward trend in the historical series up to 2022, with a slight increase thereafter. The proportion of people aged 25 to 64 reporting at most basic education in Spain is the second highest in the EU, surpassed only by Portugal and well above the EU average (19.6%).

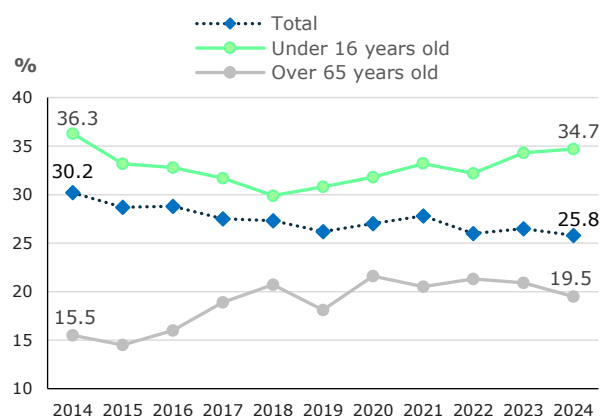
Graph 4-2 People aged 25 to 65 who report having completed at most the first stage of basic education (%), by gender. Spain, 2014-2024



4.1.3 Poverty risk (AROPE)

25.8% of the population is at risk of poverty and/or social exclusion, compared with 27.0% reported in 2020. Children under 16 constitute the age group with the highest rate (34.7%). The percentage of the population at risk of poverty and/or social exclusion has decreased by 14.6% over the past decade, but the evolution of this indicator has been uneven across age groups. Among children under 16, the percentage fell until 2018 and has increased by 16.1% since then. In the population aged 65 and over, the risk of poverty has risen by 25.8% since the beginning of the series. Spain's poverty risk rate is above the EU average (25.8% compared to 20.4%), only lower than Romania, Bulgaria, and Greece.

Graph 4-3 Poverty risk (AROPE), by age group. Spain, 2014-2024



4.2 Lifestyle

Excess weight shows a declining trend in childhood, while it continues to rise in adults, affecting more than half of them. The population is becoming increasingly less sedentary, whereas the consumption of fruits and vegetables worsens. Tobacco and alcohol consumption is decreasing, although intensive use among young women is rising and surpasses that of men for the first time. All indicators show a clear gradient according to the level of education.

4.2.1 Obesity and over weight

In Spain, the prevalence of obesity among children (ages 2 to 17) is 7.1%, and that of overweight is 16.1%, both being the lowest in the series presented. Obesity affects 15.2% of the population aged 18 and over, and overweight affects 39.8%.

People with lower educational levels have twice the prevalence of obesity compared with those with higher education. Obesity has been showing a downward trend since 2017, while overweight continues to increase.

4.2.2 Physical activity

30.5% of the adult population (aged 15 and over) reports being sedentary in their leisure time, with women being more sedentary (34.2%) than men (26.6%). Sedentary behaviour is nearly twice as common among people with basic or lower educational levels compared with those with higher education. Between 2001 and 2023, a declining trend is observed.

4.2.3 Fruits and/or vegetables consumption

Sixty percent of the adult population consumes fruits and vegetables daily, but this habit is less common among individuals with a basic or lower level of education compared with those with higher education. In 2023, there has been a decline in the consumption of fruits and/or vegetables, breaking the stable trend observed during the period 2003-2020.

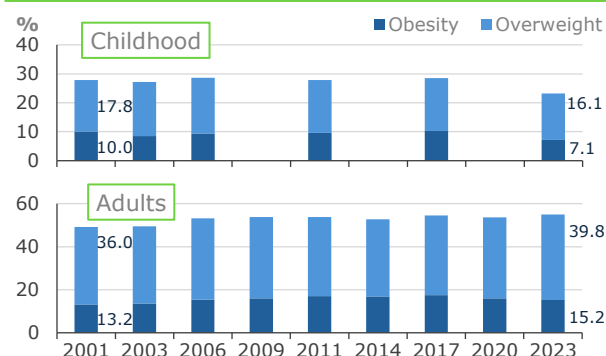
4.2.4 Tobacco consumption

10.7% of young people aged 15 to 24 smoke daily, and 16.6% of the population aged 15 and over (20.2% men; 13.3% women). The average age of initiation of tobacco use is 16.4 years. Since 2006, the prevalence of daily tobacco consumption has decreased by 60.1% among young people and by 37.1% among adults.

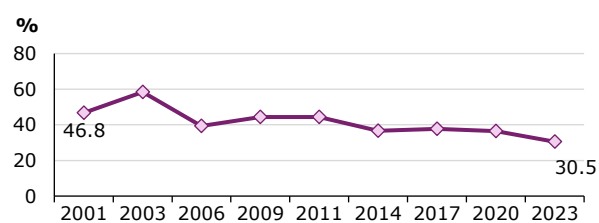
4.2.5 Alcohol consumption

10.3% of young people report binge drinking at least one per month in the last year, the alcohol consumption profile reflects a reversal of the sex-based trend, with women surpassing men. 1.3% of the adult population engages in risky alcohol consumption (1.6% in men, 1.1% in women); among men, risky consumption is more common at lower levels of education, whereas among women the opposite pattern is observed.

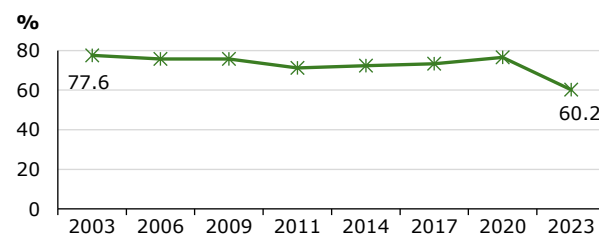
Graph 4-4 Obesity and overweight in adults and childhood population. Spain 2001-2023



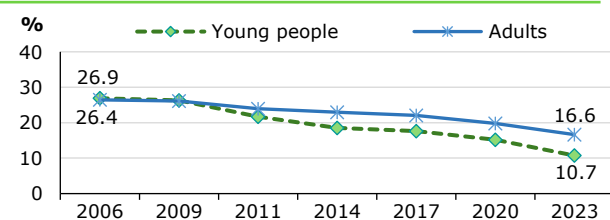
Graph 4-5 Sedentary behaviour in adult population Spain 2001-2023



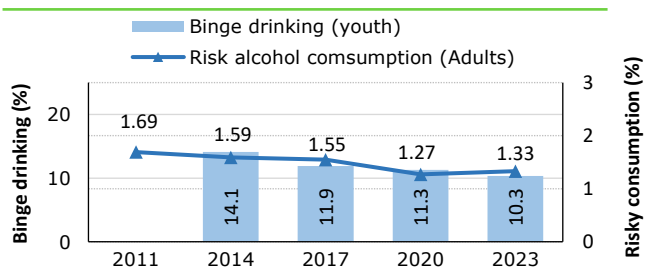
Graph 4-6 Fruit consumption in adult population. Spain 2003-2023



Graph 4-7 Daily consumption of tobacco in young and adult population. Spain 2006-2023



Graph 4-8 Alcohol consumption in youth and adult population. Spain, 2011-2023



5. Health system

5.1 Healthcare

5.1.1 Preventive activities

Vaccination coverage against influenza in people aged 65 and older remains 10 percentage points above the levels recorded before the pandemic, although it still falls short of Spain's goal of reaching at least 75% of the target population. Seven out of ten women aged 50 to 69 have undergone a mammography for breast cancer screening within the recommended timeframe, meeting the screening program's minimum participation goal of 70%.

5.1.1.1 Vaccination

Childhood vaccination

In 2023, primary vaccination coverage exceeds 95% for all vaccines, reaching 98% for polio, DTPa, Hib and hepatitis B, and even higher for pneumococcus. Coverage for the first booster dose is over 95% for those same vaccines. Coverage for the second dose of the MMR vaccine is 94.4% and for varicella 92.2%.

Vaccination against influenza

Influenza vaccination coverage in the 2023/24 campaign for population aged 65 and older is 67.0%. It has decreased by 2.2% compared to the previous campaign, but it remains 10 percentage points higher than the levels recorded before the pandemic. Spain ranks fifth in the EU for influenza vaccination coverage among people aged 65 and older.

5.1.1.2 Cancer screening

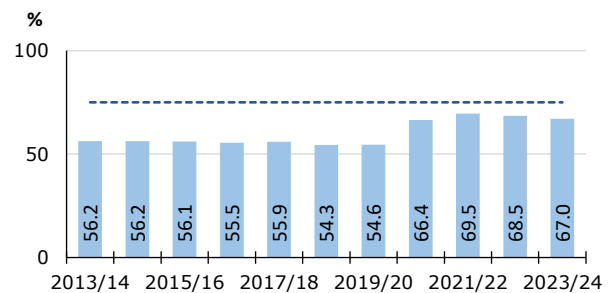
A total of 38.7% of the population aged 50-69 report having undergone a faecal occult blood test (FOBT) in the past two years, a proportion that has been gradually increasing since 2009.

Among women aged 50 to 69, 68.0% report having had a mammogram in the past two years, about 2 percentage points above the EU average for women, and 13.5 points below the level reached in 2017.

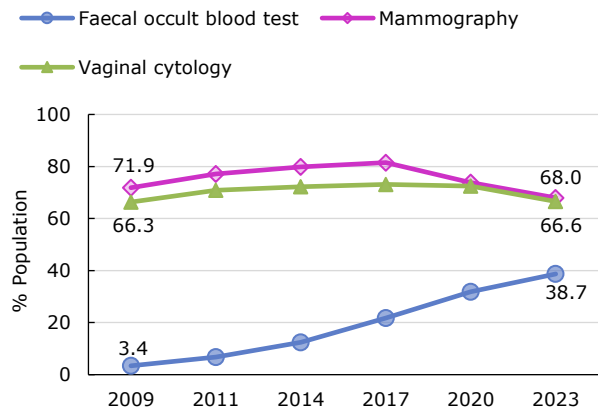
Among women aged 25 to 65, 66.6% report having had a pap smear in the past three years, showing a decrease of almost 6 percentage points compared to 2020.

A gradient by educational level is observed across all three screening types, with individuals with lower educational attainment undergoing fewer tests than those with intermediate or higher levels of education.

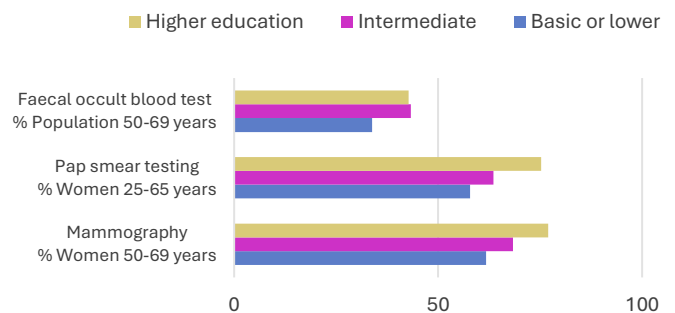
Graph 5-1 Vaccination against influenza in population over 65 years old. Spain, evolution 2013/2014 to 2023/2024



Graph 5-2 Faecal occult blood tests, mammography, and vaginal cytology. Spain, 2009-2023



Graph 5-3 Cancer screening by educational level. Spain, 2023



5.1.2 Primary care

Medical and nursing consultations showed a relatively stable trend from 2013 to 2020, increasing during the COVID-19 pandemic to reach their peak in 2021, and decreasing in 2023 by 7.7% and 25.0% respectively, compared to those peaks. Attendance in medical and nursing services also reached its peak in 2021, and has since followed a downward trend, returning to levels close to the pre-pandemic period.

Medical consultations

Medical professionals handle more than 241 million consultations each year: in 2023, 98.7% were carried out in healthcare centres (69.2% in person and 29.5% via teleconsultation) while 1.3% took place at home.

Telephone-based medical consultations decreased by 23% compared to 2021, contrasting with the increase in in-person consultations.

Nursing consultation

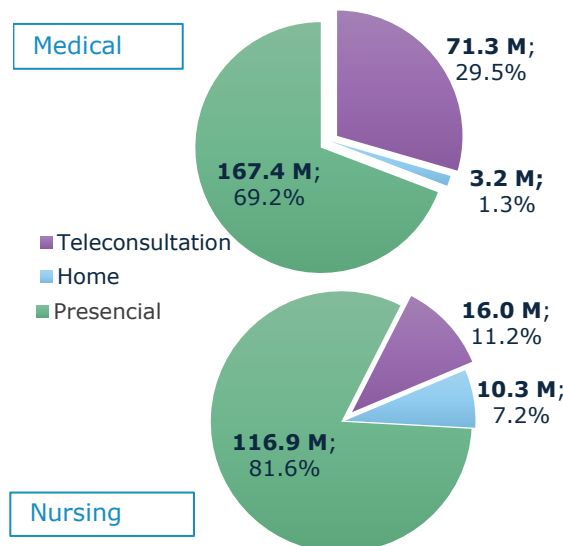
In nursing, more than 143 million annual consultations are handled: 92.8% take place at healthcare centres (81.6% in person and 11.2% via teleconsultation) and 7.2% at home. Telephone nursing consultations decreased by 4% compared to 2021.

Average frequency

The average frequency of primary care medical consultations is 5.1 visits per person per year. In nursing, it stands at 3.0 consultations per person per year.

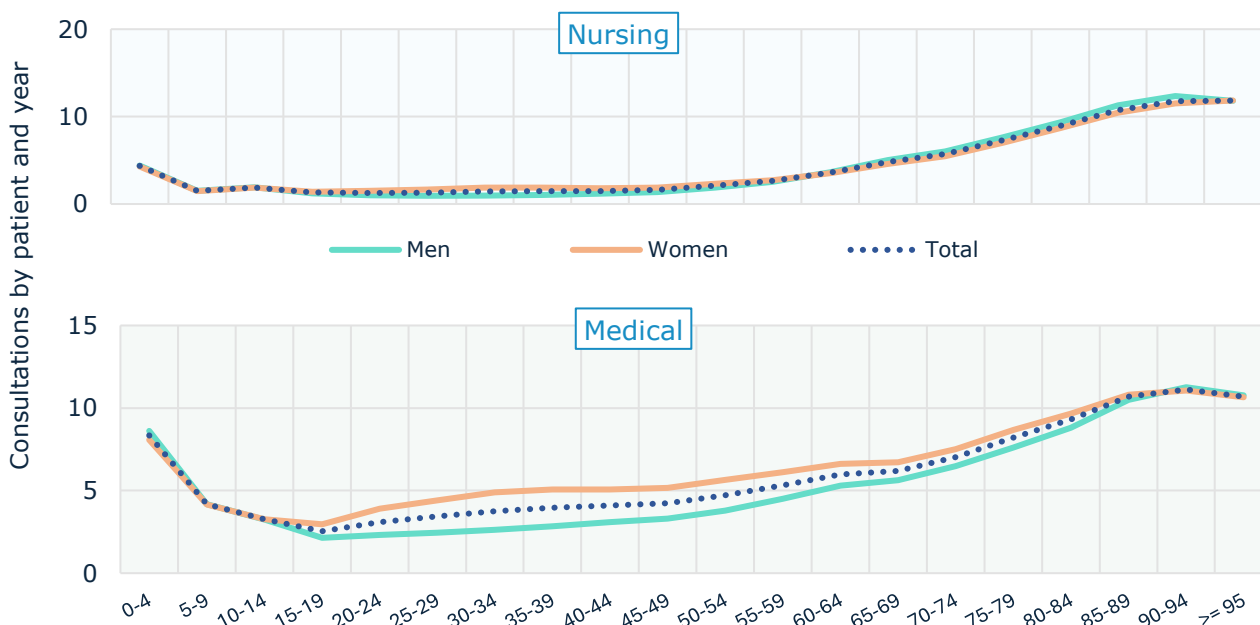
Both frequencies showed a relatively stable trend until 2020 and, after reaching their peak in 2021, have declined over the past two years, approaching pre-pandemic levels.

Graph 5-4 Medical and nursing consultations in primary care within the National Health System, by place of care. Spain, 2023



By age group, the frequency of visits to medical and nursing services for children aged 0-4 years is 8.4 and 4.4, respectively, declining up to the age of 20. From that age onwards, visit rates increase progressively, with a more noticeable rise starting at 50-54 age group, reaching their peak in the 90-94 age group (an average of 11.1 medical consultations and 11.8 nursing consultations per year).

Graph 5-5 Visits to primary care consultations of the National Health System by age group and sex. Spain, 2023



5.1.3 Hospital care

SNS hospitals care for around 4 million inpatients each year and provide 90.4 million medical consultations. Approximately 3.7 million surgical procedures are performed annually, and 49.6% of major surgery is carried out on an outpatient basis.

Consultations, hospitalizations, and length of stay

76.0% of hospital consultations occur in the SNS. The highest number of admissions also takes place in SNS hospitals, both in acute care (76.3% of annual discharges) and in long-stay facilities (87.7% of annual discharges in hospitals for this purpose).

The hospitalization rate reached its lowest level in 2020 and, in 2023, remains slightly below its 2013 level.

The average length of stay in SNS hospitals overall is 7.9 days, 6.5 days in acute care hospitals, and 62.0 days in long-stay hospitals.

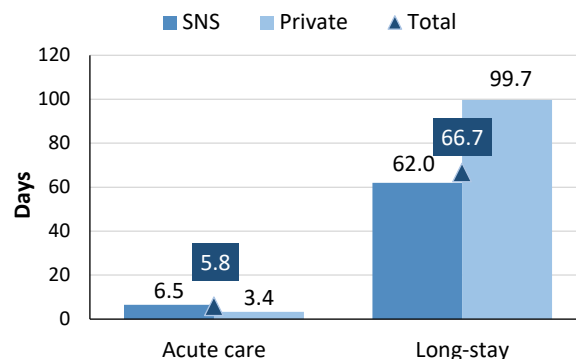
The annual bed turnover rate in SNS hospitals is 35.2 patients per bed, representing a 3.0% decline compared to 2013.

Readmissions in acute hospitals of the SNS

Readmissions are defined as unexpected hospital admissions occurring within thirty days of a previous discharge.

The overall readmission rate in acute care hospitals of the SNS is 8.3%. The overall rate of readmissions has increased by 10.7% over the past decade.

Graph 5-6 Average length of stay in hospitals within the healthcare system by type of care and SNS affiliation. Spain, 2023



Major outpatient surgery

Of the 3,699,732 surgical procedures performed annually in SNS hospitals, 1,372,612 were Major Outpatient Surgery (MOS) procedures. There has been a sustained increase in MOS over the past 10 years, reaching the highest level in 2023 both in absolute numbers and as a proportion of total surgical activity.

5.1.4 Urgent care

Urgent care accounts for an annual volume of around 33.6 million consultations in primary care, 24.8 million in hospitals and 8.15 million in 112/061 services.

Primary care

In 2023, a total of 33,608,094 primary care emergencies are provided, of which 1.7 million took place at patient's homes. Medical consultations (27.4 million) were more than twice as numerous as nursing consultations (11.6 million). The average frequency is 0.7 consultations per person per year, exceeding one consultation per person per year among children under 5 years old and among the population aged 80 and over. The overall trend increased between 2013 and 2023, except for the decline observed in 2020.

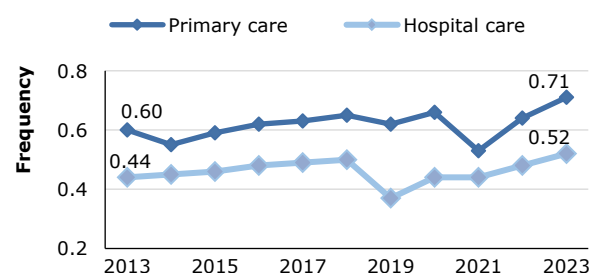
Hospital care

In 2023, the frequency of visits to hospital emergency departments in SNS hospitals is 0.52 times per person per year, corresponding to a total of 24,895,110 emergency visits annually. Since 2013, the frequency of visits to these services has increased by 17.0%; however, in 2020, the year of the pandemic, the frequency decreased by approximately 27.1% compared to 2019.

Emergency and urgent care services 112/061

The demand for care at emergency and urgent services 112/061 in Spain amounts to 8.15 million, representing a demand rate of 171.4 per 1,000 inhabitants, although there is variability among the different regions of the country. In recent years, the evolution of this demand has been irregular, with a clear upward trend and a peak in 2020.

Graph 5-7 Use of primary care and hospital emergency services. Spain, 2013-2023



5.2 Accessibility

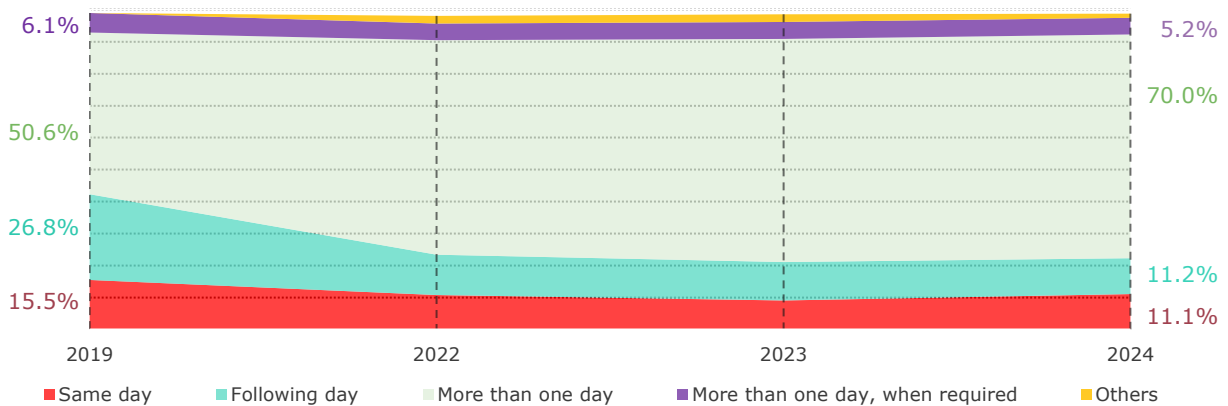
Waiting times for scheduled surgical procedures have remained relatively stable over the past four years, while waiting times for a primary care medical consultation and a first hospital care consultation have increased.

5.2.1 Waiting times in primary care

In 2024, 11.1% of patients were attended on the same day they requested a primary care medical appointment, while 11.2% obtained an appointment on the following day.

70.0% waited more than one day, with an average waiting time of 8.7 days, compared to 69.8% in 2023, when the average waiting time was 9.1 days.

Graph 5-8 Waiting times in primary care. Spain, 2019-2024



5.2.2 Waiting times in hospital care

5.2.2.1 First consultation in hospital care

In 2024, patients in Spain waited an average of 105 days for a first hospital consultation. This waiting time has steadily increased over the past four years, reaching its highest level in 2024.

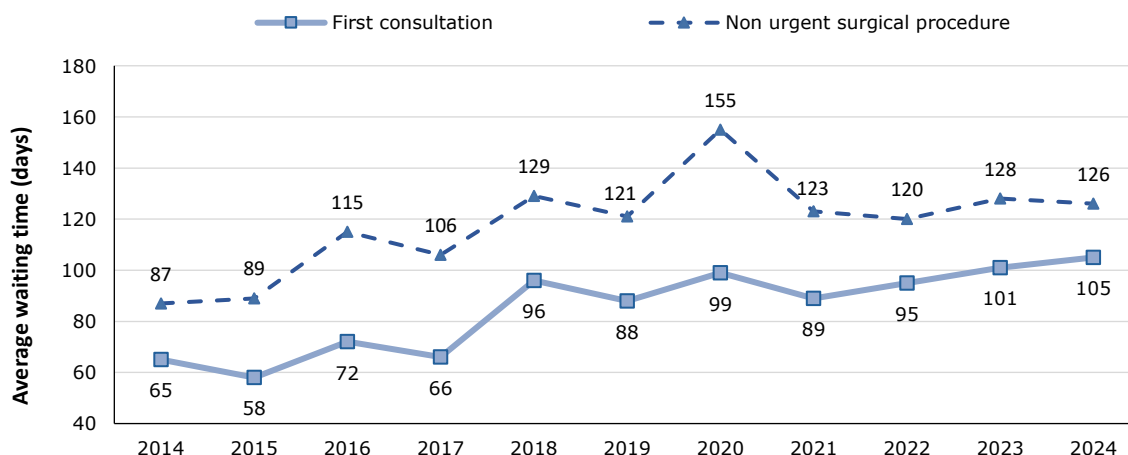
The specialties with the longest waiting times were dermatology (131 days), neurology (129 days), and traumatology (119 days). Across all specialties, 62.3% of patients waited more than 60 days.

5.2.2.2 Scheduled surgeries

The waiting time for scheduled surgery in Spain was 126 days in 2024, with significant inter-regional differences, ranging from 48 to 178 days.

The specialties with the longest waiting times were plastic surgery (258 days) and neurosurgery (191 days). Traumatology was the specialty with the highest number of patients on the waiting list per 1,000 inhabitants (204,140).

Graph 5-9 Average waiting time (days) for a first hospital care consultation and scheduled surgeries. Spain, 2014-2024



5.3 Pharmaceutical benefits

Pharmaceutical spending through SNS medical prescriptions has increased by 5% compared to the previous year, with the group of drugs used for diabetes accounting for the highest expenditure. In public sector hospitals, antineoplastic drugs are the highest-spending therapeutic group.

5.3.1 Medicines and healthcare products included in the SNS pharmaceutical benefits package

As of 31 December 2024, the pharmaceutical benefit of the SNS, includes 22,557 medication presentations (of which 1,269 are new presentations) and 4,680 healthcare products.

The main therapeutic groups by number of presentations correspond to the nervous system, the cardiovascular system, and antineoplastics and immunomodulators.

The largest number of healthcare products falls within the group of elastic materials for injuries or internal malformations, followed by absorbent

products for urinary incontinence and colostomy bags.

Among medication presentations subject to public funding, 90% (20,304) are supplied in standard packaging and 10% (2,253) in clinical packaging.

Of those supplied in standard packaging, 15,842 are dispensable through SNS medical prescriptions, with 47.5% corresponding to groups of medications subject to reduced patient co-payment for the treatment of chronic diseases.

5.3.2 Consumption through SNS medical prescriptions at pharmacies

In 2024, pharmaceutical expenditure financed by public funds amounted to 13,865 million euros, 4.9% more than in 2023. Annual per capita spending stood at 285.2 euros, 3.8% higher than the previous year and 32.1% more than in 2012.

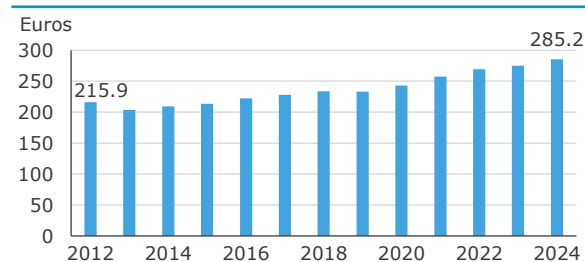
The consumption of packages per capita in 2024 is 24.7 euros, 2.1% more than in 2023. The average cost per package is 11.6 euros, 0.2 euros higher than in the previous year.

Medicines are the most highly consumed component of the pharmaceutical benefit: they account for 97.5% of the packages billed and 94.4% of the total amount invoiced, at Retail Price.

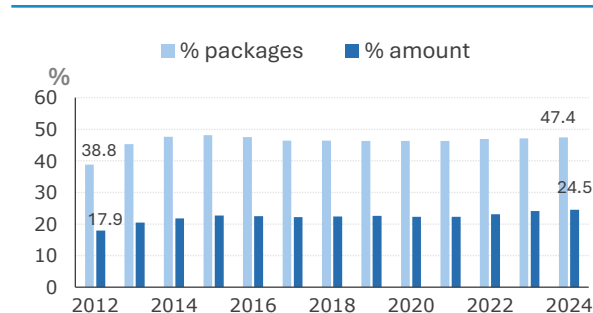
Analgesic medicines are the most consumed in terms of number of packages in medical prescriptions, representing 12.3% of the total, while those used for the treatment of diabetes account for the highest share of expenditure, 15.9% of the total.

Healthcare products have billed 27.1 million packages and an amount at Retail Price of 753.6 million euros in pharmacies.

Graph 5-10 Pharmaceutical expenditure per capita per year through SNS medical prescriptions in pharmacies. Spain, 2012-2024



Graph 5-11 Consumption of generic medicines. Percentage of packages and percentage of expenditure. Spain, 2012-2024



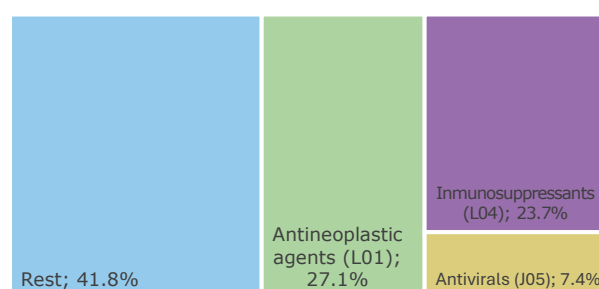
5.3.3 Hospital pharmaceutical benefits

Three therapeutic subgroups account for approximately 60% of total hospital pharmaceutical expenditure:

- L01 Antineoplastic agents (27.1%).
- L04 Immunosuppressants (23.7%).
- J05 Systemic antivirals (7.4%).

Total hospital pharmaceutical spending is estimated at 9,879 million euros in 2024.

Graph 5-12 Proportion of total hospital pharmaceutical expenditure by the main therapeutic groups. Spain, 2024



5.4 Physical resources

The SNS maintains a wide network of health centres and primary care clinics, has expanded the provision capacity, and has experienced significant growth in day hospital capacity.

5.4.1 Healthcare centres and local surgeries

The SNS has 3,055 Healthcare Centres (HC) and 10,003 Local Surgeries (LS) to which health professionals travel in order to bring basic services closer to the population.

The density of primary care centres is 27.0 per 100,000 inhabitants, with an LS/HC ratio of 3.3. Over the last decade, the number of HCs has increased by 1.7%, while the number of LSs has decreased by 1.1%. Changes in the number of primary care centres, particularly clinics, are subject to management criteria in each health area and to demographic factors.

5.4.2 Hospitals

5.4.2.1 SNS hospitals

The SNS operates 469 hospitals, representing 62.3% of the 753 hospitals in Spain. Of these, 320 are acute care hospitals and 149 long-term care facilities.

Over the past decade, the number of acute care hospitals has increased by 1.9%, and long-term care hospitals by 7.2%. Apparent declines in certain years are attributable to reorganizations into hospital complexes.

5.4.2.2 Installed and operational beds

SNS hospitals provide 128,824 installed beds and 117,233 operational beds, representing 83.6% (154,147) and 84.1% (139,440), respectively, of the total capacity of the Spanish hospital sector.

There are 2.02 operational beds per 1,000 inhabitants in SNS acute care hospitals, compared to 2.39 across Spain as a whole (public and private).

5.4.2.3 Day hospital places

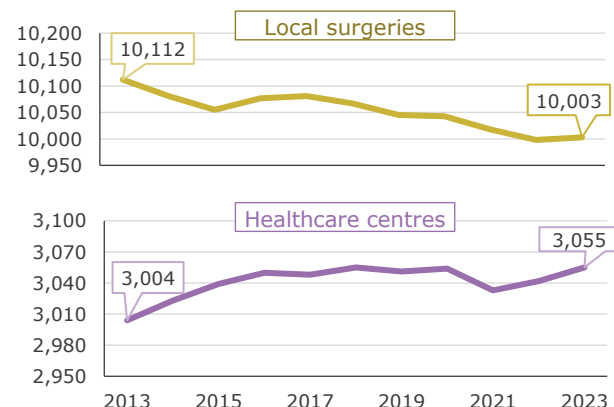
In Spain, there are 23,972-day hospital places, of which 88.0% (21,102) are located in SNS hospitals. Of these, 44.2% are medical, 22.1% psychiatric, 23.5% surgical, and 10.2% geriatric.

5.4.3 Provision of medical technologies

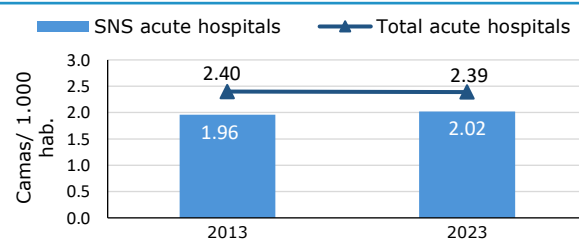
The SNS has 703 CT scanners, 475 MRI systems, 458 mammography units, and 330 radiotherapy units, representing 75.1%, 58.7%, 67.3%, and 84.6%, respectively, of all equipment in operation in Spain.

The rate of CT and MRI equipment (in hospitals and outpatient care settings) in Spain is 2.1 units per 100,000 inhabitants in both cases, placing the country in 16th and 6th position, respectively, among the 25 EU-27 countries reporting data.

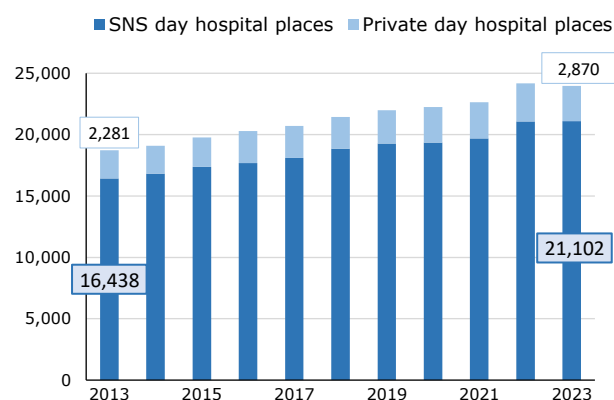
Graph 5-13 Number of healthcare centres and local surgeries. Spain, 2013-2023



Graph 5-14 Operational beds in acute hospitals per 1,000 inhabitants, by ownership. Spain, 2023



Graph 5-15 Day hospital places, by ownership. Spain, 2013-2023



5.4.4 CSUR

In 2023, a total of 358 Reference Centres, Services, and Units (CSUR) are authorized across 51 SNS centres to provide care for 77 highly complex pathologies or procedures.



5.5 Human resources

The SNS employs 786,747 professionals: 75.7% work in hospitals, 16.1% in primary care centres, and 3.2% in emergency and urgent care services 112/061. Medical and nursing staff account for slightly more than half of the workforce (51.4%), with nurses representing the largest professional group, with a nurse-to-physician ratio of 1.3. Within the SNS healthcare network, hospitals employ the largest number of healthcare professionals.

5.5.1 Medical professionals in the SNS

The SNS employs 176,918 medical professionals, representing 83.4% of all practicing physicians in Spain. Of these, 24.9% (44,130) work in primary care (79.7% of whom are part of the Primary Care Teams - EAP), 54.1% work in hospital care (95,702), 2.1% in emergency and urgent care services 112/061 (3,708), and 18.9% (33,378) are in specialised training.

More than half of all practicing doctors in Spain are women.

Since 2013, the number of doctors has increased across all care levels of care within the SNS. However, the number of doctors per 1,000 inhabitants has remained virtually unchanged in EAP and emergency and urgent care services 112/061, while in hospitals it has risen from 1.6 to 2.0.

5.5.2 Nursing professionals in the SNS

The SNS employs 227,098 nursing professionals, representing 80% of all practicing nurses in Spain. Of these, 19.3% (43,874) work in primary care (nearly 80% of whom are members of EAP), 77.1% (175,088) work in hospitals, 1.9% (4,270) in emergency and urgent care services 112/061, and 1.7% (3,866) are in training.

The increase in nursing professionals over the past decade has been particularly significant in SNS hospitals and in the emergency and urgent care services 112/061, where it has increased by almost 50%.

5.5.3 SNS other professionals

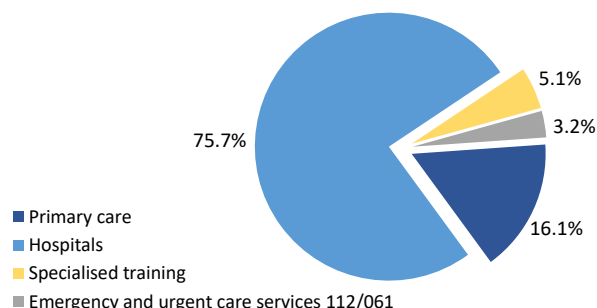
A further 382,731 professionals work within the SNS, contributing to the provision of healthcare, including other university-educated staff with healthcare functions, as well as as non-medical healthcare personnel and non-healthcare staff.

5.5.4 Specialised Healthcare Training

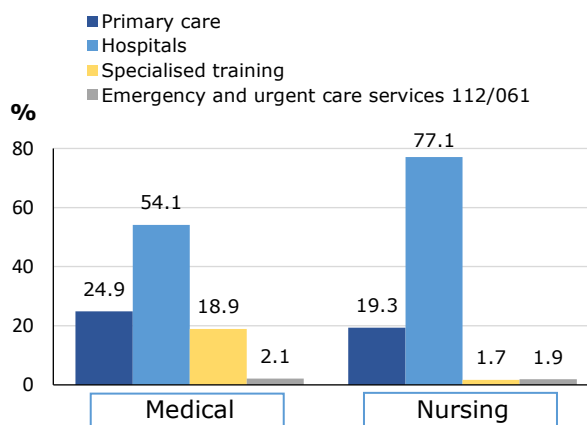
The number of places offered in the 2024/2025 Specialised Healthcare Training call amounts to 11,943, representing a 5% increase compared with the previous call.

In 2024, the SNS has 39,729 specialists in training across 56 health sciences specialties (3.2% more than in 2023), distributed among 3,910 accredited teaching units.

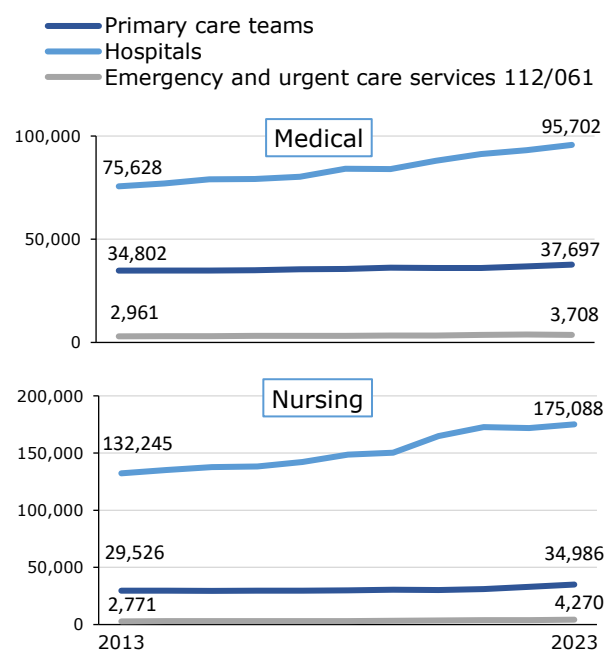
Graph 5-16, Percentage of professionals working in the SNS, by level of care. Spain 2023



Graph 5-17 Percentage of doctors and nurses working in patient care in the SNS, by level of care. Spain, 2023



Graph 5-18 Number of medical and nursing professionals in the SNS, by level of care. Spain, 2013-2023



5.6 Healthcare expenditure

Public health expenditure in 2022 stands at 7.4% of GDP, contributing 74.1% of total health spending, and has increased by 28.4% since 2018. Curative and rehabilitative care services account for the largest share of public health expenditure (60.1%).

5.6.1 Total healthcare expenditure

Total healthcare expenditure in the Spanish healthcare system, defined as the sum of public and private healthcare resources, amounted to 134,023 million euros, representing 10.0% of GDP. Over the five-year period 2018-2022, total healthcare expenditure increased by 21.8%. In per-capita terms, spending rose from 2,356 euros per inhabitant in 2018 to 2,805 in 2022, corresponding to an average annual increase of 4.5%.

Healthcare expenditure by public administrations totalled 99,347 million euros, accounting for 74.1% of total healthcare expenditure and representing an increase of 28.4% compared with 2018. Public healthcare expenditure amounted to 7.4% of GDP, with an average expenditure of 2,079 euros per capita. Curative and rehabilitation care services absorbed the largest share of public healthcare expenditure (59,751 million euros, 60.1%).

Regional administrations, with a 91.2% share (90,559 million euros), bore the greatest responsibility for public healthcare financing. In the last year, healthcare expenditure increased across all levels of public administration, with the largest rise occurred in the central government (22.6%).

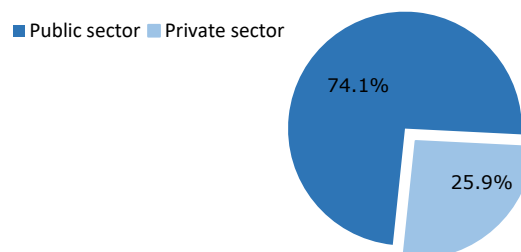
Private healthcare spending accounted for 2.9% of GDP (€34,676 million). Of this amount, 72.5% (€25,143 million) was financed through direct out-of-pocket payments by households (mainly pharmaceuticals, therapeutic devices, and dental care). Annual average spending per person was 19.5% higher for women than for men.

5.6.2 Public healthcare expenditure managed by the autonomous communities

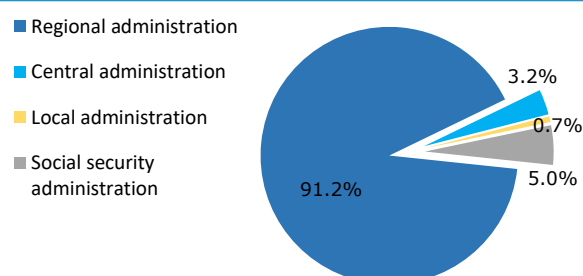
During the period 2018-2022, public healthcare expenditure managed by the Autonomous Communities sector increased from 5.5% to 6.3% of GDP, representing a rise of 14.3%. Average per-capita expenditure rose from 1,416 to 1,769 euros, corresponding to an increase of 24.9%.

From an economic classification perspective, the largest component of healthcare expenditure in this sector is staff remuneration, which in 2022 accounted for 45.8% of consolidated sector expenditure (an increase of 3.9% compared to the previous year). From a functional perspective, expenditure on hospital and specialised services represents the largest share, accounting for 62.9% of the consolidated sector expenditure (an increase of 2.7% compared to the previous year).

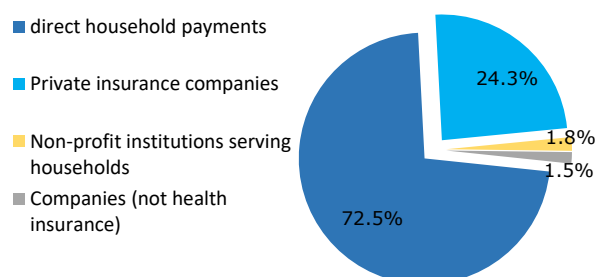
Graph 5-19 Total healthcare expenditure, by financing agent. Spain, 2022



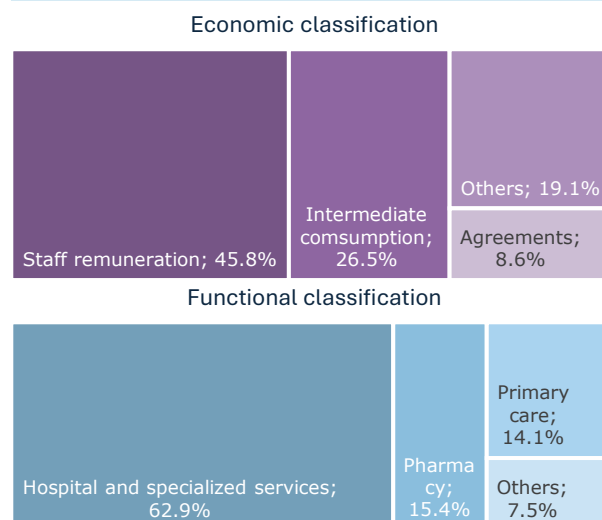
Graph 5-20 Public healthcare expenditure, by financing agent. Spain, 2022



Graph 5-21 Private healthcare expenditure, by financing agent. Spain, 2022



Graph 5-22 Public healthcare expenditure managed by the autonomous communities, percentage breakdown by economic and functional classification. Spain, 2022



5.7 Digital health

Digital health continues to be strengthened through SNS interoperability services. The Ministry of Health maintains a central information exchange node that enables Health Card, Digital Health Record, and Electronic Prescription services within the SNS.

The SNS Digital Health Strategy 2021-2026 is the common framework for the development of digital health transformation initiatives in the public sector.

5.7.1 Individual Health Card (TSI)

It is the official document established, and both necessary and sufficient, for the identification of each citizen when accessing benefits and using SNS services. The autonomous communities and INGESA manage the Individual Health Card (TSI) through a common database. The Ministry of Health is responsible for facilitating information exchange between the autonomous communities and ensuring interoperability among all SNS health cards. This is achieved through the National Health System Personal Identification Code (CIP-SNS), which serves as a linkage key connecting the different Regional Personal Identification Codes (CIP-A). A total of 48,327,978 citizens are registered in the Protected Population Database of the National Health System (BDPP-SNS).

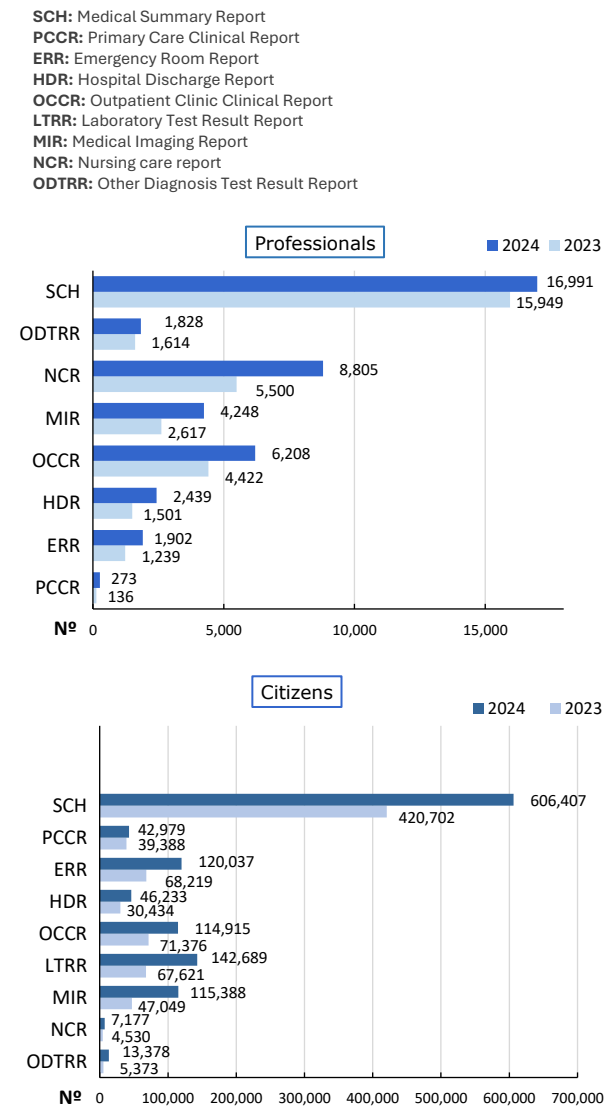
5.7.2 SNS Digital Health Record (HCDSNS)

The HCDSNS enables both citizens and healthcare professionals to access essential clinical information for patient care, provided that such information is available in an interoperable electronic format, anywhere within the SNS. Since July 2023, access to the HCDSNS has also been available through the "Carpeta Ciudadana" application, which already accounts for 55.5% of all the consultations carried out by citizens. There has been a widespread increase in the number of clinical document consultations for both professional and citizen profiles. In 2024, further progress has been made in the integration of the Autonomous Communities into the European cross-border healthcare services known as "My Health@EU". As a result, 13 Autonomous Communities and 12 European countries are now able to access the Patient Summary.

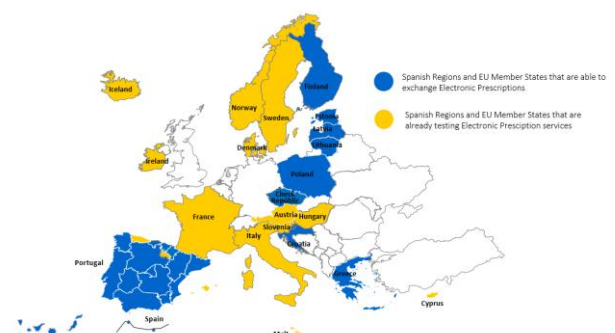
5.7.3 SNS Electronic Prescription (RESNS)

The RESNS service enables the electronic dispensing of prescribed medication from any pharmacy, regardless of the autonomous community in which the prescription was issued, simply by presenting the TSI. A total of 12.13% of the population has obtained medication through this service in an autonomous community other than their community of origin. Moreover, 14 autonomous communities and 9 European countries are already exchanging electronic prescriptions. As of 31 December 2024, 3,446 packages had been dispensed in Spain to citizens from other EU countries through this service.

Graph 5-23 Number of clinical document consultations, by professional and citizen profile. Spain, 2023-2024



Graph 5-24 Autonomous Communities of Spain and EU Member States with which electronic prescriptions can be exchanged. Spain, December 2024



5.8 Population opinion and patient experience

Overall public opinion of the healthcare system remains positive, although it has not yet returned to pre-pandemic levels. Perceptions of coordination between primary care and hospital care suggest that there is room for improvement. Women report greater inaccessibility to the different types of healthcare than men.

5.8.1 Opinion on the functioning of the healthcare system and satisfaction level

In 2024, 55.0% of the population considers that the Spanish healthcare system functions well or fairly well, compared to 72.1% who held this view in 2019.

Satisfaction with the public healthcare system stands at 6.3 points on a scale from 1 (very dissatisfied) to 10 (very satisfied).

Emergency services 061/112 and hospitalization continue to be the highest-rated services in 2024, with scores of 7.4 and 7.2 points, respectively, while specialised outpatient care is the lowest-rated service, with a score of 5.9.

5.8.3 Opinion on coordination between levels of care

In 2024, 45.1% of the population perceives good coordination between levels of care, representing an increase compared to 2023.

Women rate lower satisfaction with care coordination, with 42.6% rating it positively, compared to 47.9% of men.

5.8.2 Satisfaction with participation in health decisions

80.1% of primary care patients and 76.8% of specialised care patients report having been able to participate in decisions about their health problems and treatment to the extent they desired.

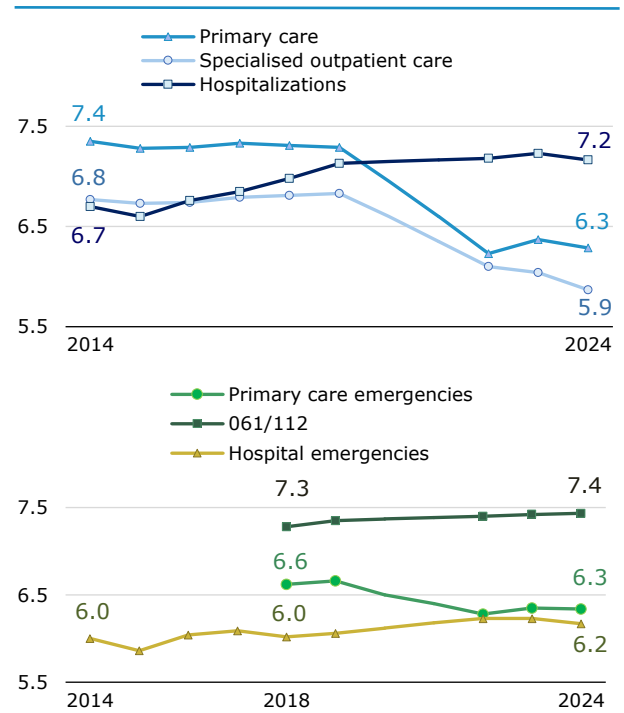
An increase in citizens' satisfaction with their participation in their health-related decisions is observed in 2024 compared to the previous two years.

5.8.4 Declared inaccessibility to different types of healthcare

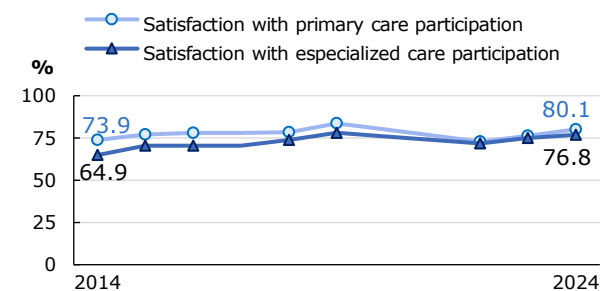
Waiting lists are the most frequently reported reason for perceived inaccessibility among the population, affecting 20.3% of women and 16.3% of men. The second most common reason is dental care for economic reasons, reported by 9.5% of women and 8.5% of men.

Additionally, 2.8% of the population reports being unable to access mental health care for economic reasons, the highest figure recorded over the past decade. This situation affects women (3.6%) more than men (2.0%), and the most affected age group is those aged 25 to 34 years (5.9%).

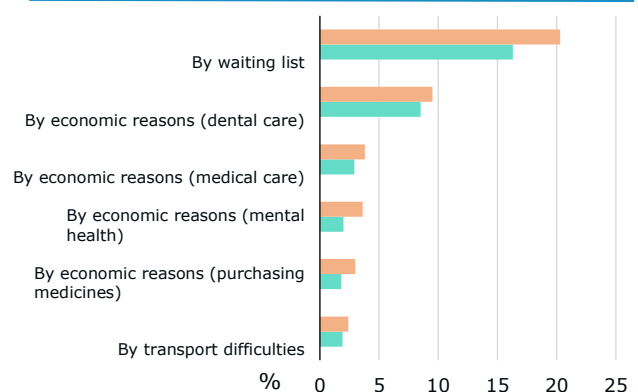
Graph 5-25 Level of population satisfaction with the different levels and healthcare settings of the National Health System. Spain, 2014-2024



Graph 5-26 Satisfaction of primary and specialised care users with their participation in decisions regarding their health problems. Spain, 2014-2024



Graph 5-27 Self-reported inaccessibility to different types of healthcare in the past 12 months, by sex. Spain, 2023



The Executive Summary on the 2024 Annual Report of the National Health System (SNS) provides a concise overview of the population's health status and the performance of the SNS. It is presented in a more graphical and user-friendly format in order to achieve a wider audience among healthcare professionals and the general public.