

Annual report on the National Health System of Spain 2023

Executive Summary



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ANNUAL REPORT ON THE NATIONAL HEALTH SYSTEM OF SPAIN, 2023

EXECUTIVE SUMMARY



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HEALTH SYSTEM



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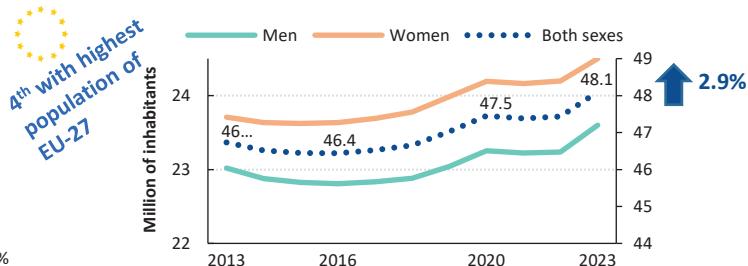
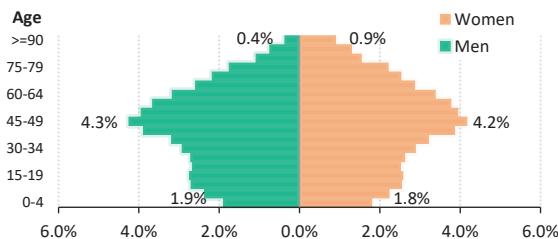


POPULATION

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

The Spanish population in 2023 has grown by 1.4% compared to 2022, reaching a figure of 48,085,361 inhabitants, maintaining a clearly regressive population pyramid. The upward trend that began in 2016 and was interrupted during the pandemic is consolidated.

96.6% of the population (46.7 million people) rely on the National Health System (SNS), while 3.4% are covered through private mutual insurance.



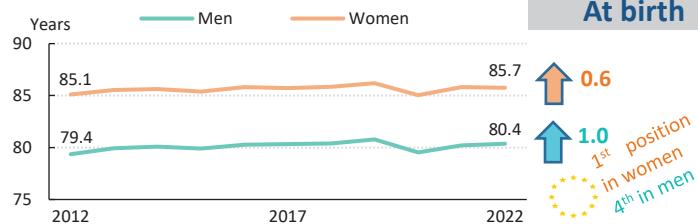
WELL-BEING

The favourable evolution of life expectancy and healthy life years is consolidating after their decline during the pandemic. The positive perception of the state of health is high in general.

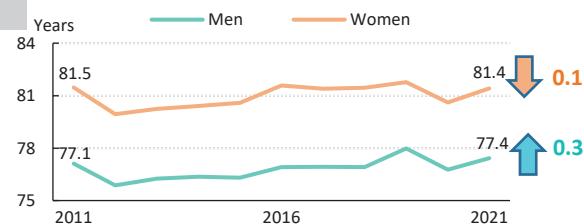
In 2022, life expectancy at birth is 83.1 years, and at age 65 is 21.1, showing a recovery of almost 1 year in both indicators since the pandemic. The number of healthy life years at birth is 79.4 (95% of the total life expectancy), and the number of healthy life years at age 65 is 18.7 years (89% of those expected to live to that age).

Three out of four people report a positive perception of their overall health and oral health. These indicators have lower values in people with a basic and lower level of education.

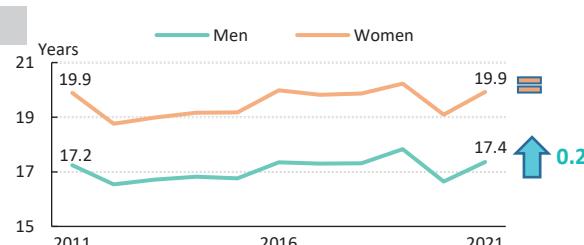
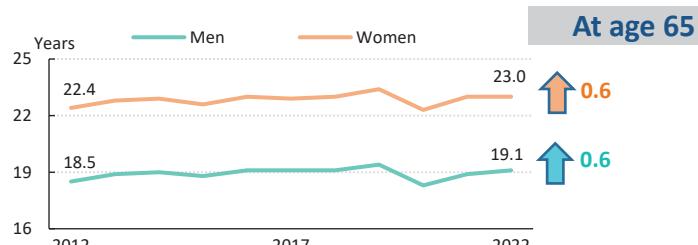
LIFE EXPECTANCY



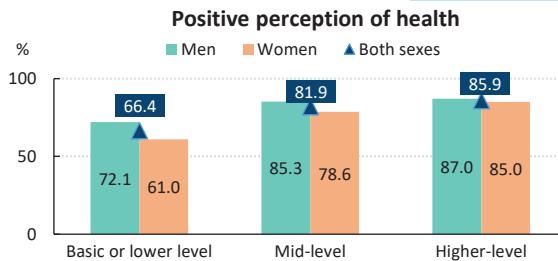
HEALTHY LIFE YEARS



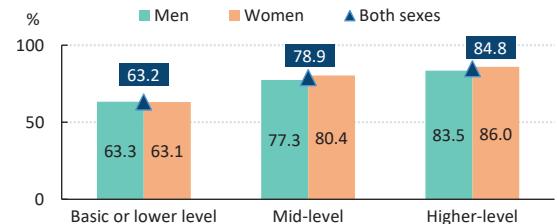
At age 65



SELF-PERCEIVED HEALTH



Positive perception of oral health




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MORBIDITY

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

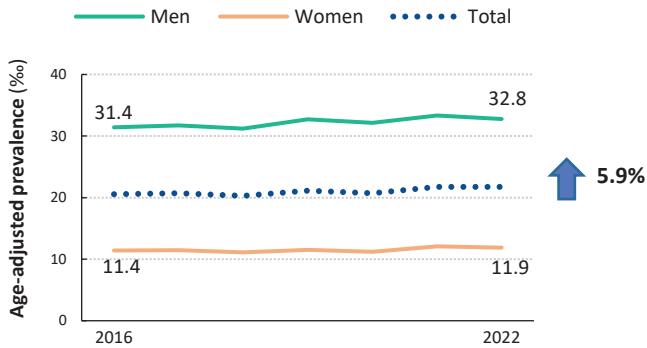
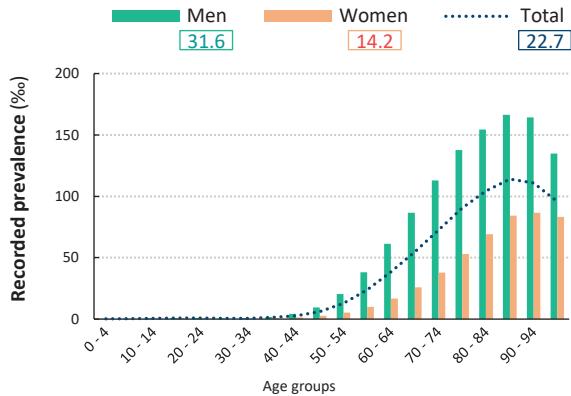


CARDIOVASCULAR DISEASES

Ischaemic heart disease

2.3% of the population suffer from ischaemic heart disease (men: 3.2% and women 1.4%), a figure that exceeds 10% among men aged 70 and over.

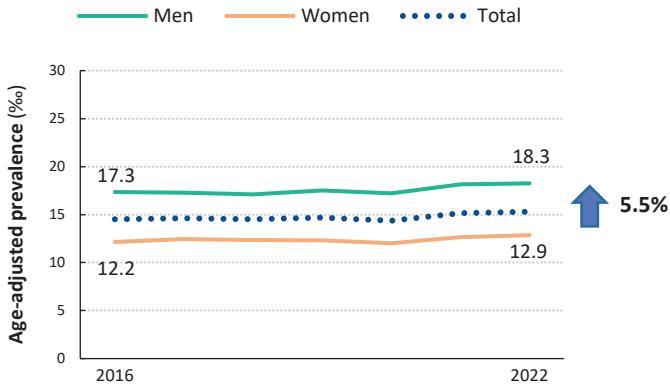
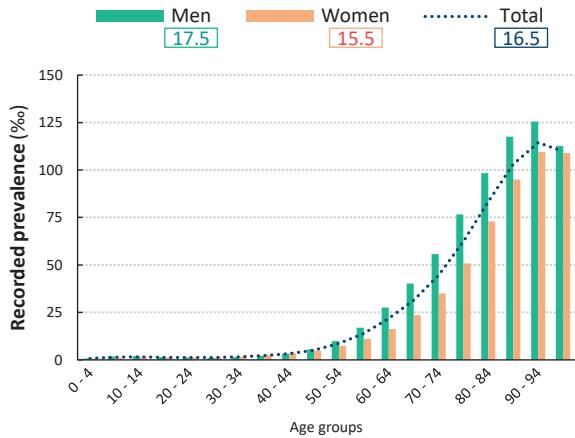
The age-adjusted prevalence is 21.7 per 1,000 inhabitants, almost three times higher in men than in women (32.8 vs. 11.9). These values remain similar to those of the previous year but increases by 5.9% compared to 2016.



Cerebrovascular disease

1.6% of the population suffer from cerebrovascular disease (men 1.7% and women 1.5%), with this percentage being higher than 10% from the age of 85. The prevalence is higher in men in all age groups, except in the population aged 25 to 44 years, where it is slightly higher in women.

The age-adjusted prevalence is 15.3 cases per 1,000 inhabitants, higher in men than in women (18.3 vs. 12.9), and is 5.5% higher than in 2016.

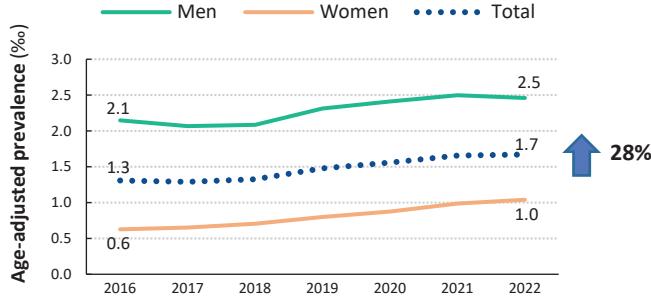
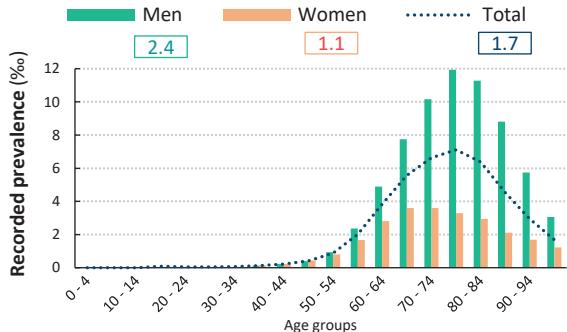


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MALIGNANT TUMOURS

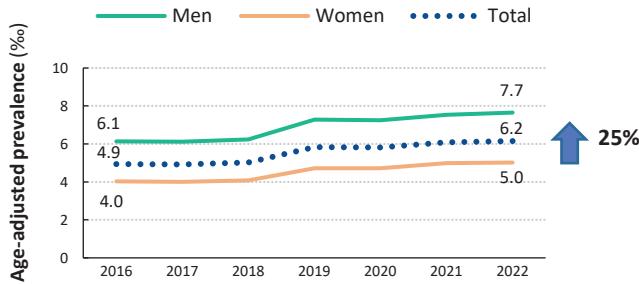
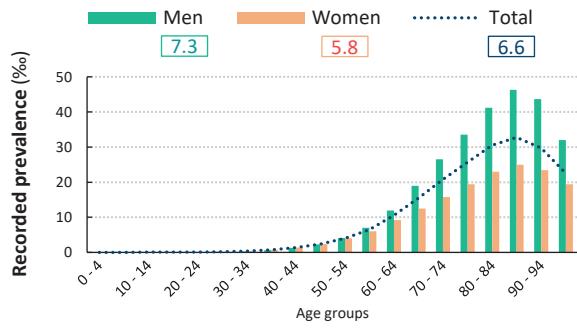
Malignant tumour of trachea, bronchi and lungs

In 2022, 1.7 people per 1,000 inhabitants had, or had had at some point in their life, a diagnosis of malignant tumour of the trachea, bronchi and lung. This was twice as common in men as in women (2.4 versus 1.1) and reaching 10 cases per 1,000 in men aged 70 to 84 years. The age-adjusted prevalence is 1.7 cases per 1,000 inhabitants.



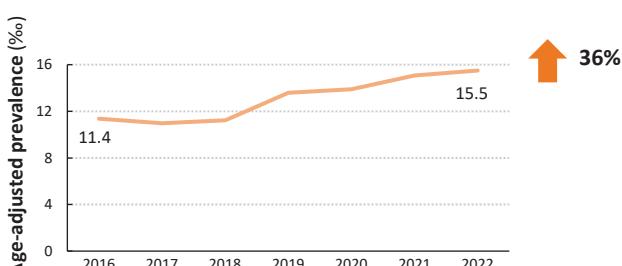
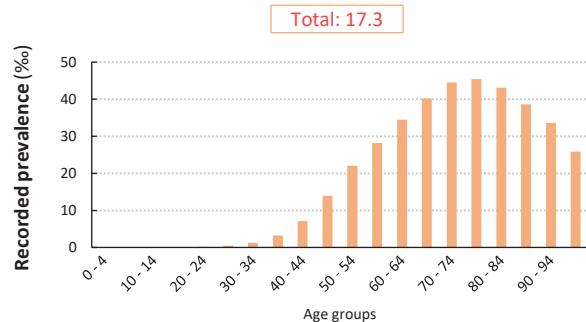
Malignant tumour of colon and rectum

6.6 people per 1,000 inhabitants have been diagnosed with a malignant tumour of the colon and rectum during their lifetime. This figure increases with age, affecting 3 out of 10 men and 2 out of 10 women aged 65 and over. The age-adjusted prevalence is 6.2 cases per 1,000 inhabitants.



Malignant tumour of breast

17.3 women out of every 1,000 had been diagnosed with a malignant breast tumour, a figure that increases from the age of 30. This health condition is present or has been present at some point in their lives, in 4 out of every 100 women aged 65 and over. The age-adjusted prevalence is 15.5 cases per 1,000 women.



Spain ranks ninth in the EU-27 with the lowest incidence of malignant breast tumors, 11.4% lower than the average.



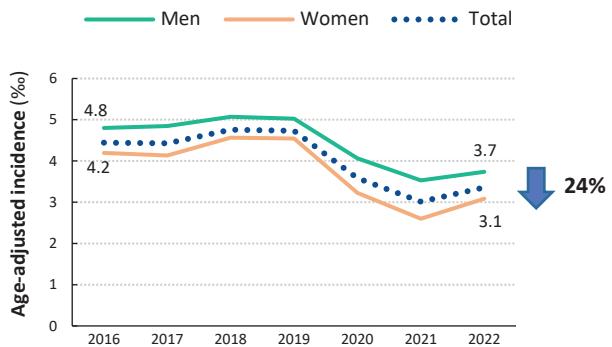
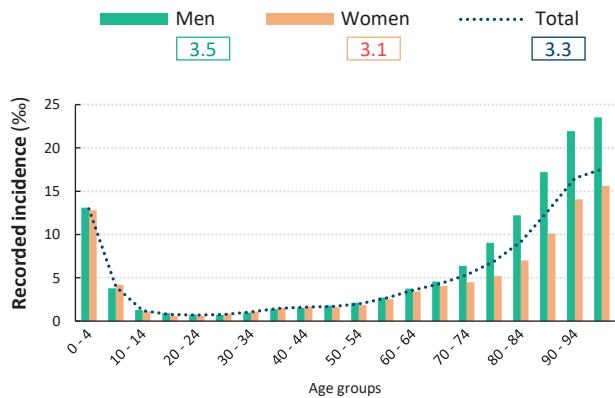
RESPIRATORY DISEASES

Pneumonia (does not include COVID-19 pneumonia)

In 2022, 3.3 cases of pneumonia per 1,000 inhabitants were recorded (men: 3.5% and women: 3.1%), with the highest incidence in children and the elderly.

The age-adjusted incidence is 3.4 cases per 1,000 inhabitants, 21% higher in men than in women.

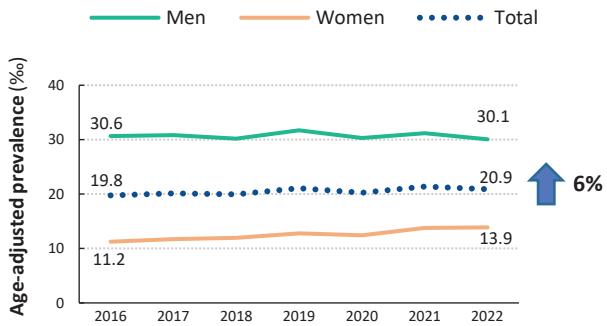
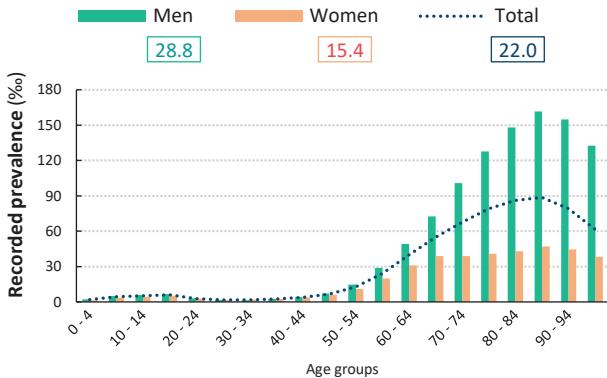
In 2022, the incidence of pneumonia has increased slightly, after the decline in the previous two years, being 11.4% higher than in 2021.



Chronic Obstructive Pulmonary Disease

2.2% of the population suffer from COPD (men: 2.9% and women: 1.5%), with a prevalence of over 10% in men aged 70 and over.

The age-adjusted prevalence is 20.9 cases per 1,000 inhabitants, more than twice in men than in women (30.1 vs. 13.9), 2.2% lower than in 2021 and 5.9% higher than in 2016.



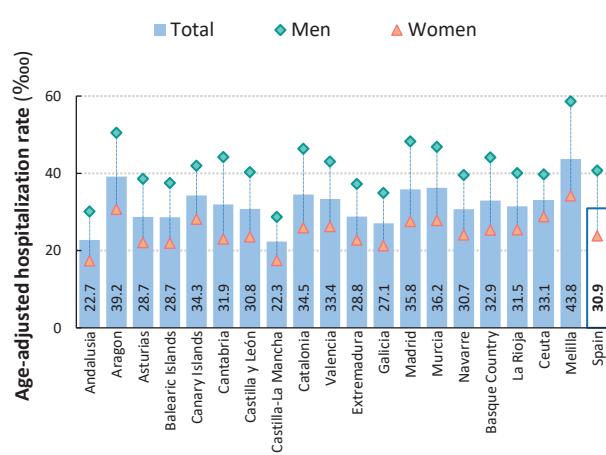
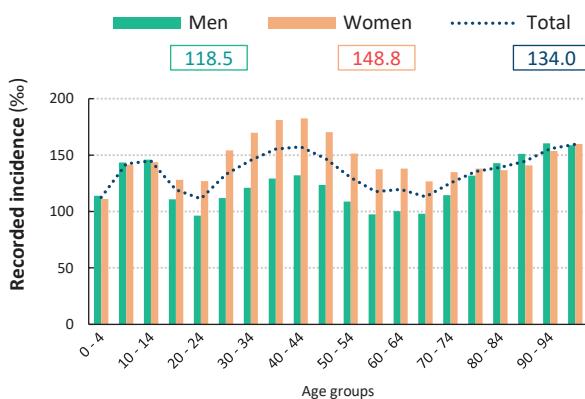
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COVID-19

In 2022, 134 cases of COVID-19 per 1,000 inhabitants were recorded in primary care (men 118.5; women 148.8). The incidence of COVID-19 recorded in 2022 was 74.8% higher than in 2021 (76.7).

Additionally, 0.4 new cases per 1,000 inhabitants of sequelae of COVID-19 were recorded, including Long COVID, a condition that has affected twice as many women as men.

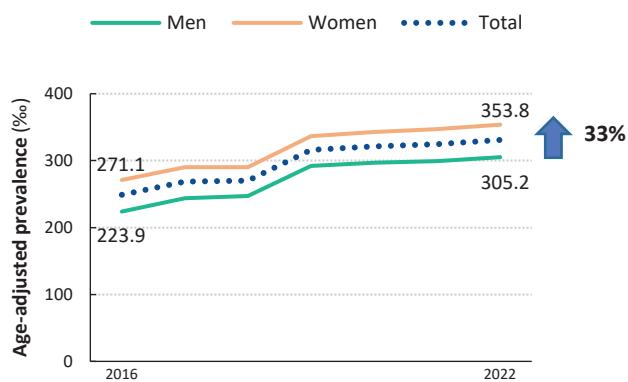
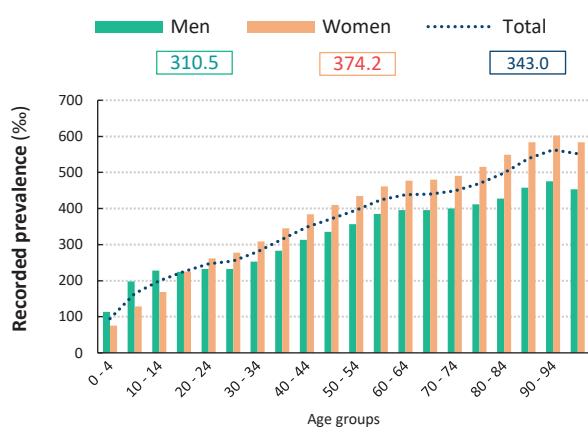
The age-adjusted rate of hospitalization for COVID-19 went from 47.0 cases per 10,000 inhabitants in 2021 to 30.9 in 2022, representing a reduction of 34.1%.



MENTAL DISORDERS

34.3% of the population suffer from some mental or behavioural disorder (men 31.1%; women 37.4%) and this figure exceeds 40% in the population aged 50 and over and 50% in those aged 85 and over. The most prevalent problems are anxiety disorders, sleep disorders and depressive disorders.

The age-adjusted prevalence is 331 cases per 1,000 inhabitants, representing a 33% increase since 2016.





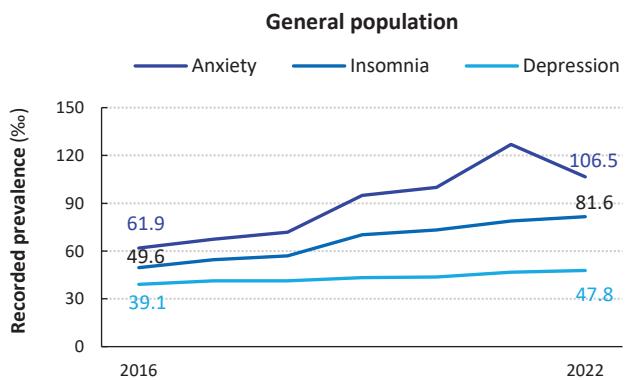
MENTAL DISORDERS

Most common mental disorders

The most frequently reported mental health and behavioural conditions are anxiety disorders, followed by sleep disorders and depressive disorders.

Growing trend: 2016-22:

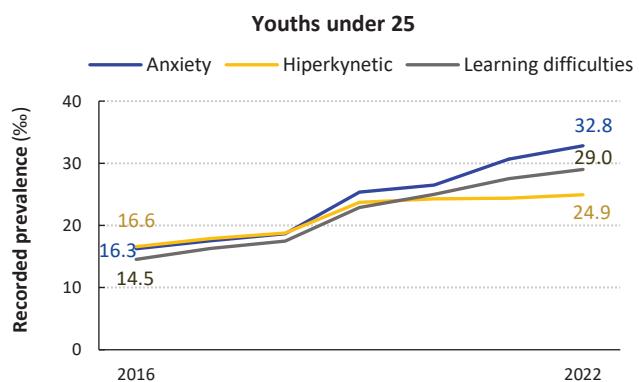
- ↑ 72% Anxiety
- ↑ 65% Insomnia
- ↑ 22% Depression



In childhood and adolescence (under 25 years of age) anxiety disorders are the most common, followed by specific learning difficulties and hyperkinetic problems.

Growing trend: 2016-22

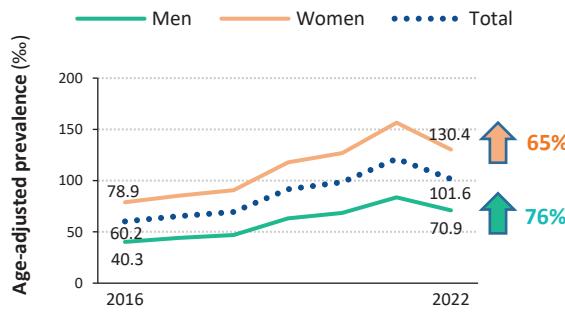
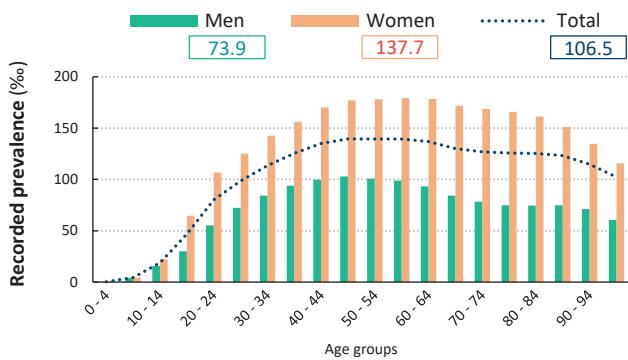
- ↑ 102% Anxiety
- ↑ 100% Learning difficulties
- ↑ 50% Hyperkinetic



Anxiety disorders

10.7% of the population suffer from an anxiety disorder (men 7.4%; women 13.8%). This condition affects 3 out of every 100 people under 25 years of age, among whom it represents the most frequently recorded mental health problems.

The age-adjusted prevalence is 101.6 cases per 1,000 inhabitants (men 70.9; women 130.4) and is 16.2% lower than in 2021, the year in which the highest value in the series was recorded, 121.3.




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MORTALITY

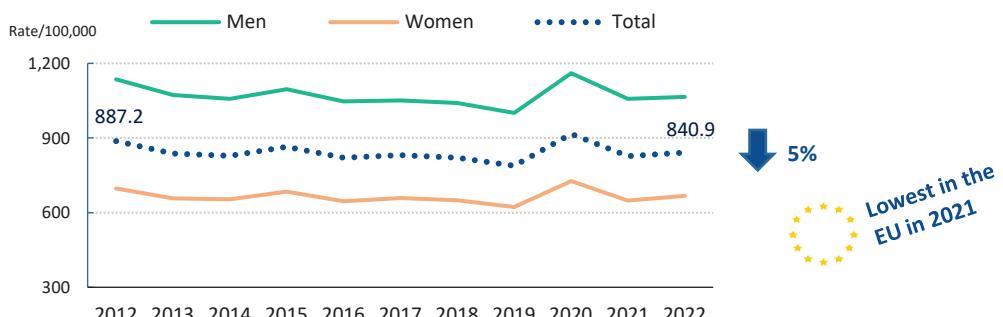
The main causes of mortality continue to be cardiovascular diseases and cancer, which cause more than 50% of deaths.

GENERAL MORTALITY

In 2022, there were 464,407 deaths in Spain, 234,359 men and 230,048 women, with a crude mortality rate of 971.9 deaths per 100,000 inhabitants (1,000.6 in men and 944.4 in women).

The age-adjusted mortality rate stands at 840.9 deaths per 100,000 inhabitants (1,065.2 in men and 668.1 in women).

After the rebound in 2020, the mortality rate has returned to the downward trend observed throughout the rest of the series, being 5.2% lower in 2022 than in 2012, although it is 6.7% higher than in 2019.



MORTALITY DUE TO CARDIOVASCULAR DISEASE

Ischaemic heart disease

There have been 29,068 deaths from ischaemic heart disease, 17,981 in men and 11,087 in women, with a crude mortality rate of 60.8 deaths per 100,000 inhabitants: 76.8 in men and 45.5 in women.

Cerebrovascular disease

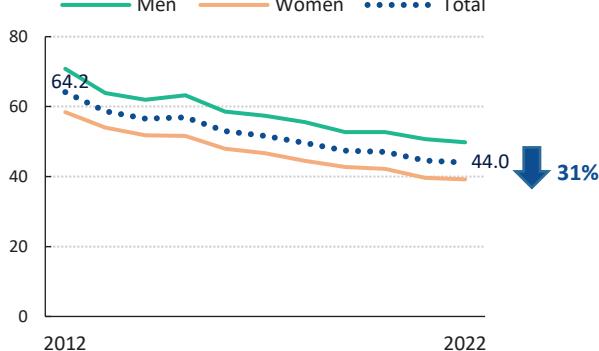
The number of deaths from cerebrovascular disease has risen to 24,688: 10,842 in men and 13,846 in women, with a crude mortality rate of 51.7 deaths per 100,000 inhabitants: 46.3 in men and 56.8 in women.

Mortality from ischemic heart disease and cerebrovascular disease has been on a downward trend since 2012, reaching the lowest values in the series in 2022.

Ischaemic heart disease



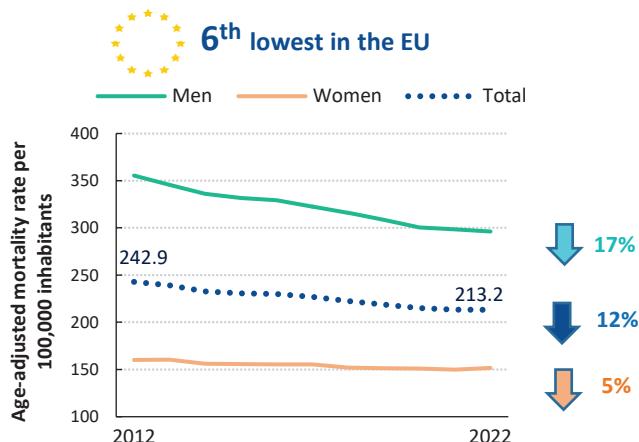
Cerebrovascular disease





MORTALITY DUE TO MALIGNANT TUMOURS

Mortality due to malignant tumours accounts for 110,653 deaths, 65,644 men and 45,009 women, with a crude mortality rate of 231.6 deaths per 100,000 inhabitants: 280.3 in men and 184.8 in women.



The age-adjusted mortality rate is 213.2 deaths per 100,000 inhabitants: 296.2 in men and 151.8 in women.

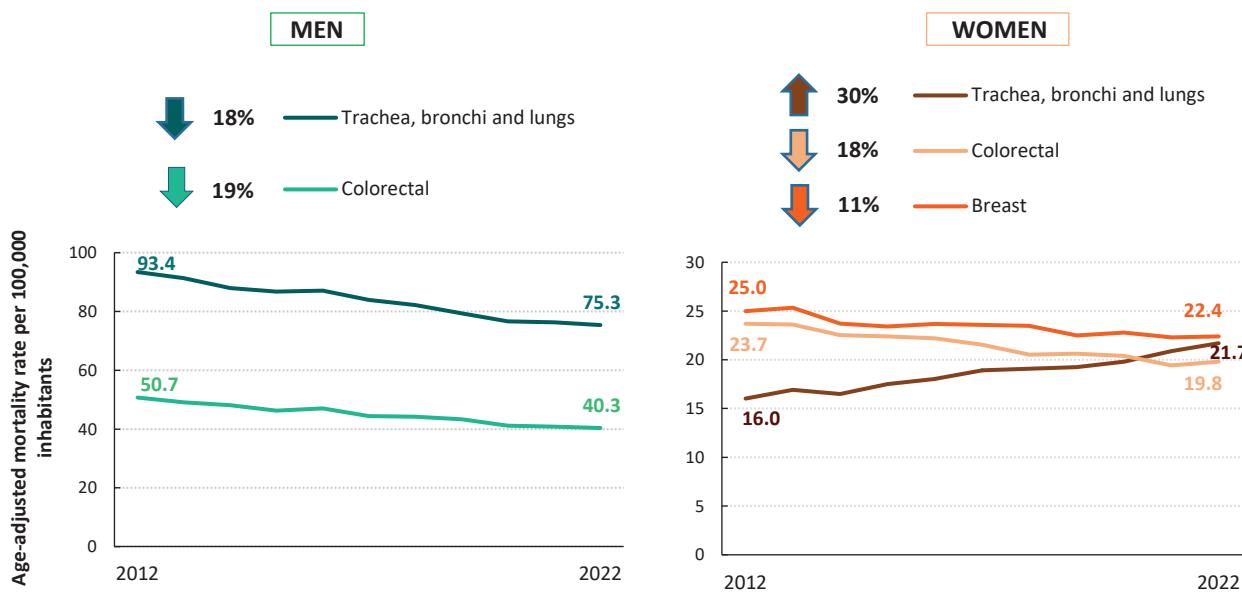
The mortality rate from malignant tumours has been on a downward trend since 2012, reaching the lowest values in the series in 2022.

Malignant tumours of the trachea, bronchi and lungs was the malignant neoplasm that caused the most deaths in 2022, with three times as many deaths in men as in women; although there is a downward trend in men and an upward trend in women.

Mortality from malignant trachea, bronchi and lungs tumours amounts to 22,727 deaths: 16,760 in men and 5,967 in women, with an age-adjusted rate of 45.3 deaths per 100,000 inhabitants (75.3 in men and 21.7 in women)

Mortality from malignant tumours of colon and rectum tumours amounts to 15,026 deaths: 8,862 men and 6,164 women, with an age-adjusted rate of 28.4 deaths per 100,000 inhabitants, 40.3 in men and 19.8 in women.

Mortality from malignant breast tumours in women amounts to 6,677 deaths, with an age-adjusted rate of 22.4 deaths per 100,000 women.

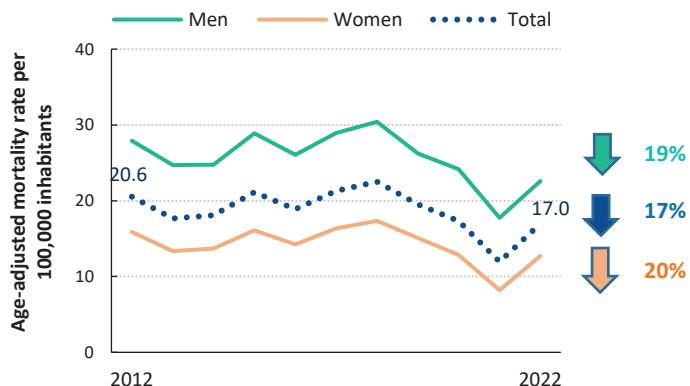


MORTALITY DUE TO RESPIRATORY DISEASES

Pneumonia and influenza

Mortality from pneumonia and influenza accounts for 9,799 deaths: 5,116 men and 4,683 women, with a crude mortality rate of 20.5 deaths per 100,000 inhabitants: 21.8 in men and 19.2 in women.

The age-adjusted mortality rate is 17.0 deaths per 100,000 inhabitants, 23.6 in men and 12.7 in women.

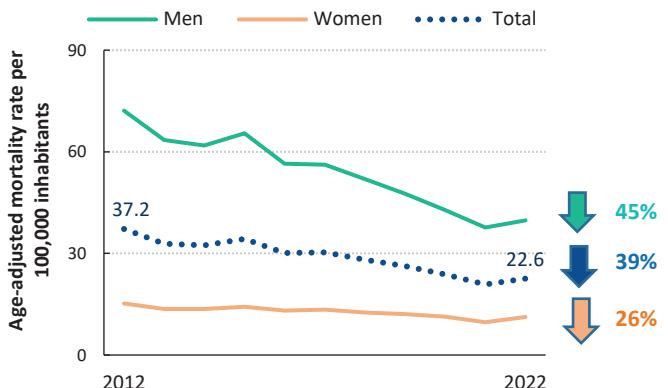


The mortality rate from pneumonia and influenza has been on a downward trend since 2012, being 12.7% lower than in 2019, the pre-pandemic year, although it has increased by 42.4% compared to 2021.

Chronic Obstructive Pulmonary Disease (COPD)

Mortality due to COPD causes 12,311 deaths: 8,584 men and 3,727 women, with a crude mortality rate of 25.8 deaths per 100,000 inhabitants: 36.6 in men and 15.3 in women.

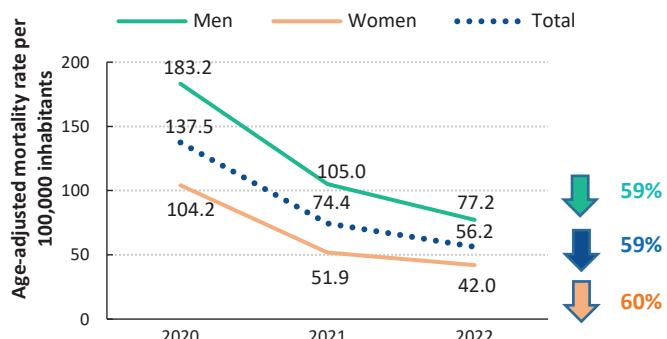
The age-adjusted mortality rate is 22.6 deaths per 100,000 inhabitants, 39.8 in men and 11.2 in women.



The mortality rate from COPD in Spain decreased by 39.3% from 2012 to 2022, a reduction observed in both sexes.

COVID-19

In 2022, there were 66.3 deaths from COVID-19 per 100,000 inhabitants, reaching 1,114.8 deaths per 100,000 in the population aged 85 and over.



The age-adjusted mortality rate is 56.2 deaths per 100,000 inhabitants, 77.2 in men and 42.0 in women.

The mortality rate was reduced by 59.1% between 2020 and 2022.



MORTALITY DUE TO SUICIDE

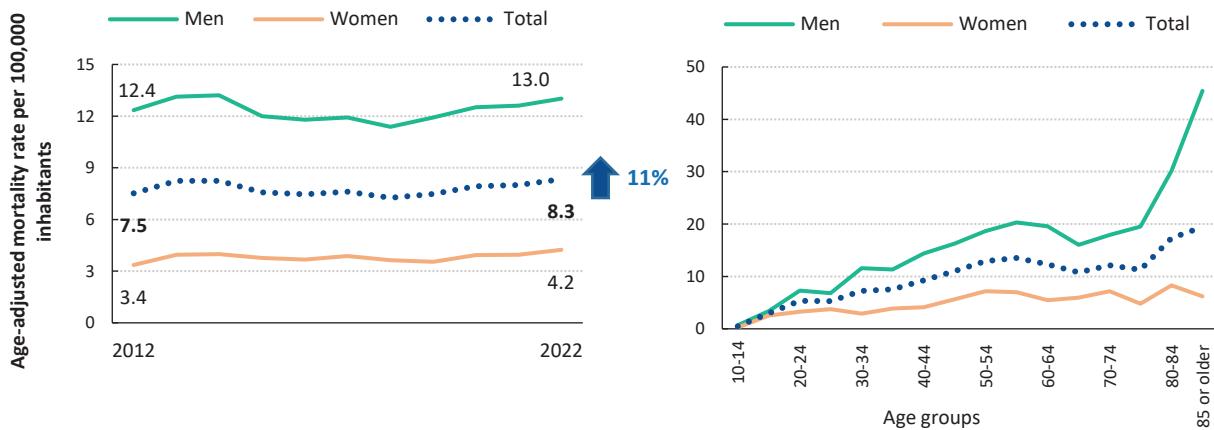
The suicide mortality rate is higher in men than in women in all age groups, reaching the highest rate in the age group 85 and older, 45.4 deaths per 100,000, being 7 times higher than that of women of the same age.



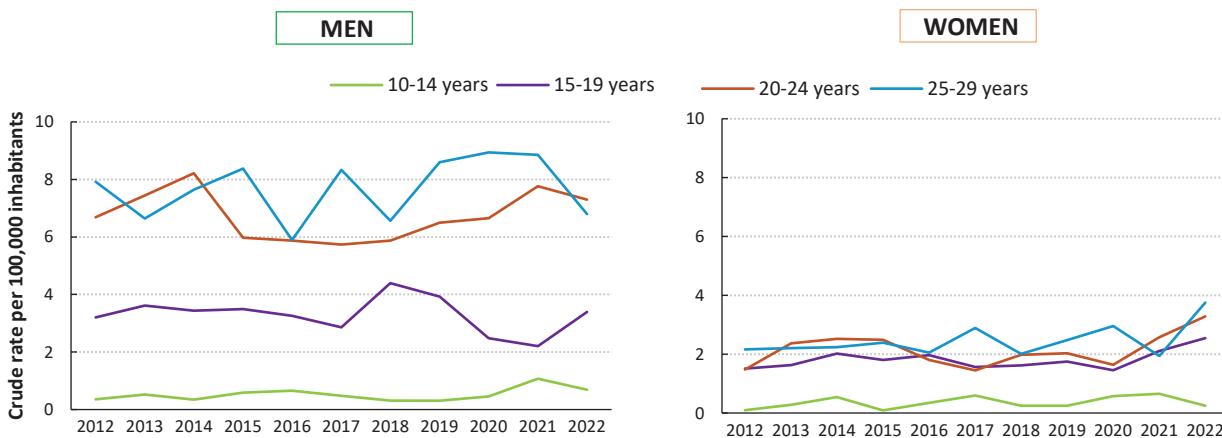
Suicide mortality reached 4,228 deaths: 3,126 men and 1,102 women, with a crude mortality rate of 8.8 deaths per 100,000 inhabitants, 13.3 in men and 4.5 in women. The greatest differences by sex are observed among the population aged 85 and over, with 45.4 deaths per 100,000 men compared to 6.2 per 100,000 women.

Age-adjusted mortality: 8.3 deaths per 100,000 inhabitants, 13.0 in men and 4.2 in women.

Suicide mortality has remained relatively stable from 2012 to 2019, after which an increasing trend has been observed.



The evolution of suicide mortality in people under 30 years of age has shown a stable trend since 2012, slightly upward. The marked interannual variability of this trend advises that the data should be interpreted with caution.



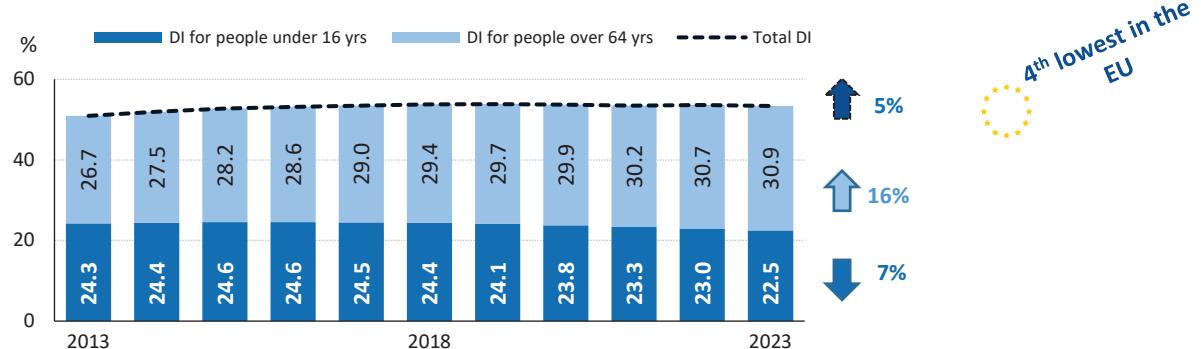

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SOCIO-ECONOMIC DETERMINANTS

In Spain, one in two people is economically dependent, 3.5 out of ten declare a maximum level of education of basic or lower, and nearly 3 out of ten are at risk of poverty.

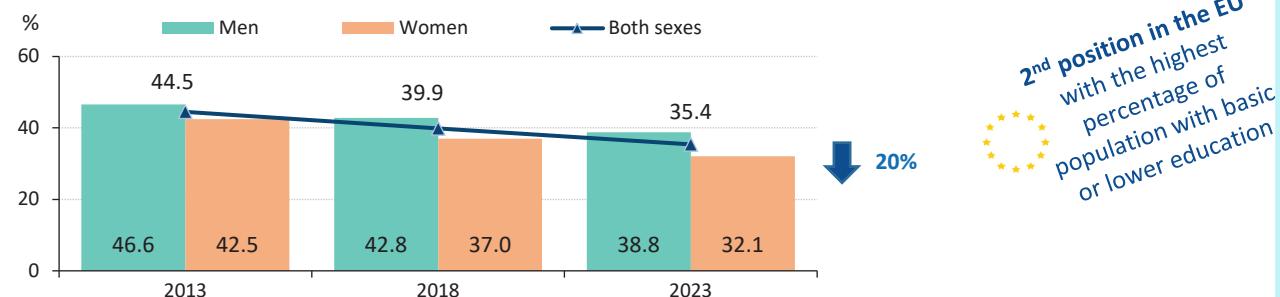
DEPENDENCY RATIO

The dependency ratio (DI) in Spain is 53.4%. Since 2017 it has remained relatively stable at values above 53%, although there is an upward trend among older people (30.9%) and a downward trend among young people (22.5%).



PERCENTAGE OF 25–64-YEAR-OLDS WHO HAVE NOT ATTAINED UPPER SECONDARY EDUCATION

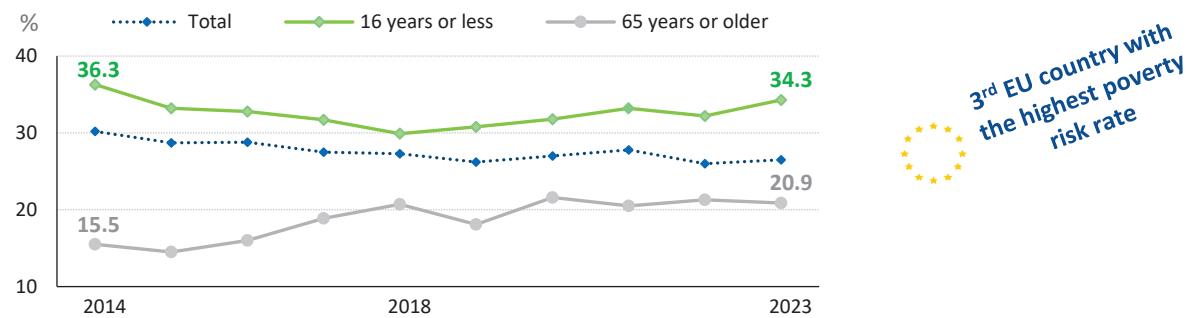
Among the population aged 25 to 64, 38.8% of men and 32.1% of women report a maximum education level of basic or lower, with a downward trend since 2013.



POVERTY RISK (AROPE)

The at-risk-of-poverty or social exclusion rate for 2023 is 26.5%, and children under 16 are the age group with the highest value (34.3%).

The evolution of this indicator has been uneven across age groups. In children under 16 years of age it decreased until 2018 and since then it has increased by 14.7%, and in the population aged 65 and over it has increased by 34.8% since the beginning of the series.





LIFESTYLE

The population's lifestyles remain unhealthy.

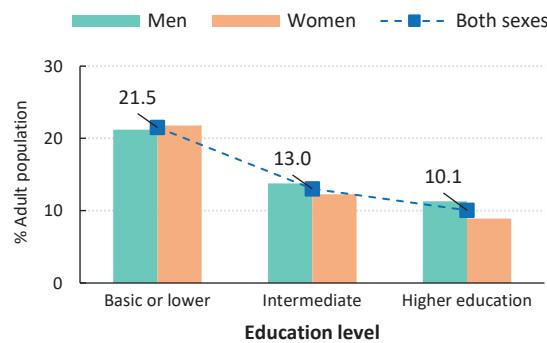
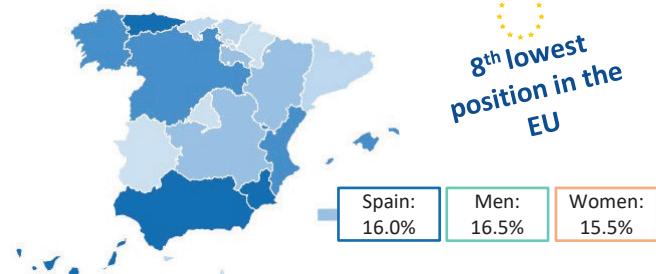


OBESITY

In Spain, two out of ten adults are obese. People with a lower level of education are twice as obese as those with a higher level of education.



8th lowest position in the EU

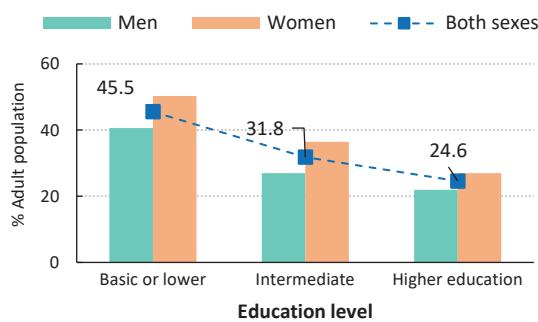
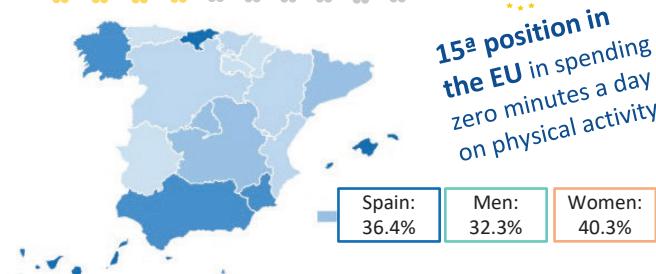


PHYSICAL ACTIVITY

In Spain, four out of ten people in Spain declare to be sedentary in their leisure time. Sedentary lifestyle is more widespread among women and people with a lower education level.



15th position in the EU in spending zero minutes a day on physical activity

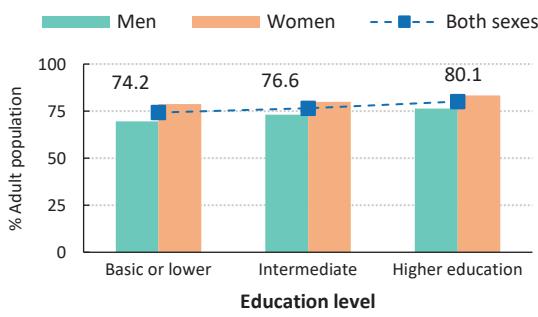
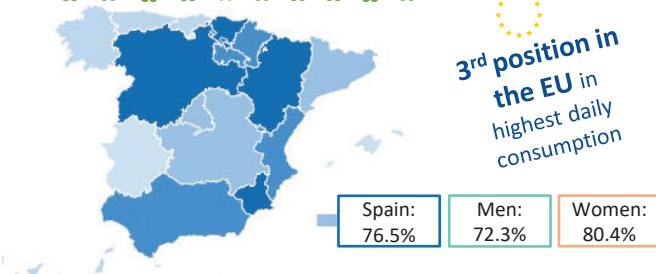


FRUIT AND VEGETABLES CONSUMPTION

In Spain, the daily consumption of fruit and/or vegetables is insufficient in 2 out of 10 people, with men consuming less than women by a difference of 8 percentage points. The pattern of daily consumption is higher among those with the higher education level compared to those with at the basic and lower level.



3rd position in the EU in highest daily consumption

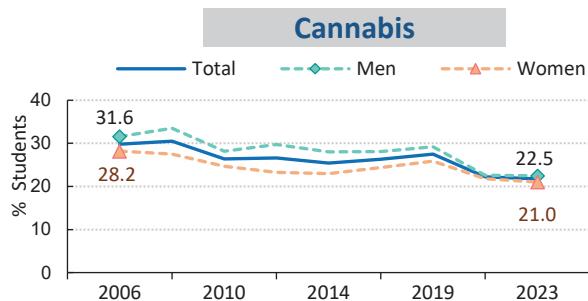
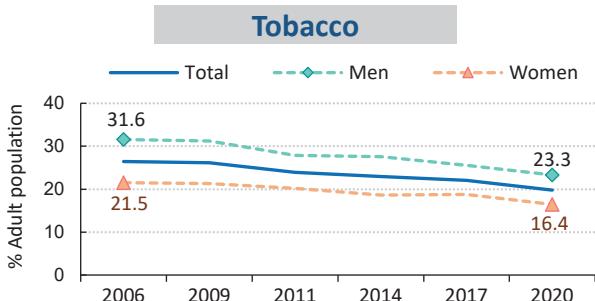




TOBACCO AND CANNABIS CONSUMPTION

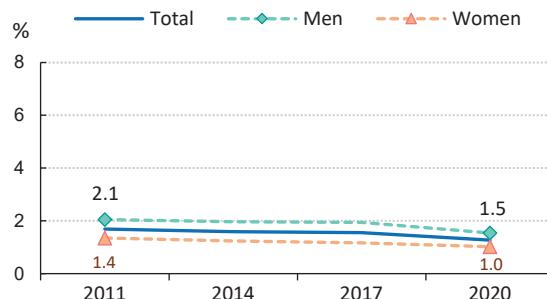
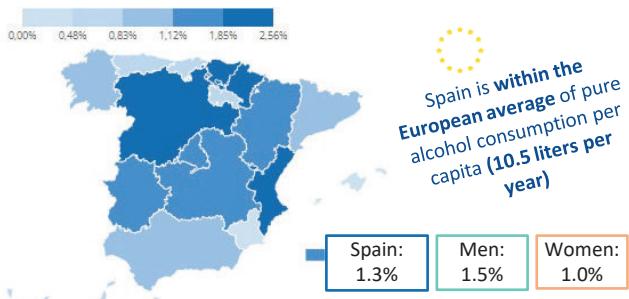
19.8% of the adult Spanish population smokes tobacco daily, with a prevalence 30% higher in men than in women. Daily tobacco consumption has decreased by 25.2% since 2006.

Two out of 10 students aged 14 to 18 have consumed cannabis in the last year, with usage being higher among boys than girls. Since 2006, consumption has shown a downward trend and the differences between the two sexes tend to decrease.



ALCOHOL CONSUMPTION

1.3% of the adult population engages in hazardous drinking, with 50% more men than women. One out of 10 young people aged between 15 and 24 declares binge drinking at least once a month in the last year.

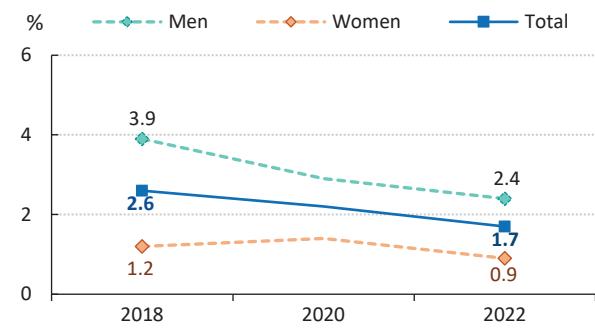


OTHER ADDICTIVE BEHAVIOURS

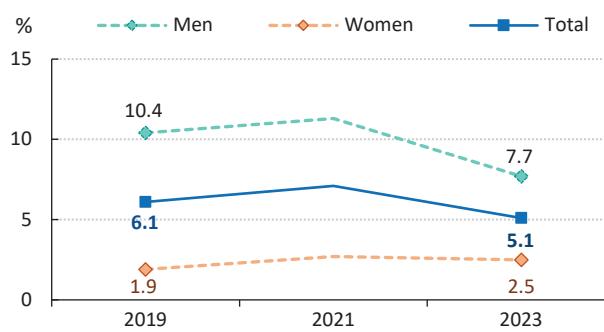
In Spain, it is estimated that 1.7% of the population aged 15 to 64 engages in possible problematic gaming, and in this population group there is a higher prevalence of other risky behaviours than in the general population: five out of ten consume tobacco daily and two out of ten engage in risky alcohol consumption.

5.1% of students aged 14 to 18 have a possible video game use disorder, with boys being three times more affected than girls. In 2023, the prevalence of possible video game use disorder has decreased compared to 2019.

Problematic gambling



Video game use disorder





HEALTHCARE

PREVENTIVE ACTIVITIES

Childhood vaccination coverage is high, and influenza vaccination remains about 10 points higher than before the pandemic.

Early cancer detection tests are less frequent the lower the educational level.

Childhood vaccination

Primary vaccination coverage exceeds 95% for all vaccines, with rates exceeding or approaching 98% in the case of polio, DTaP, Hib and hepatitis B, meningococcus C and pneumococcus.

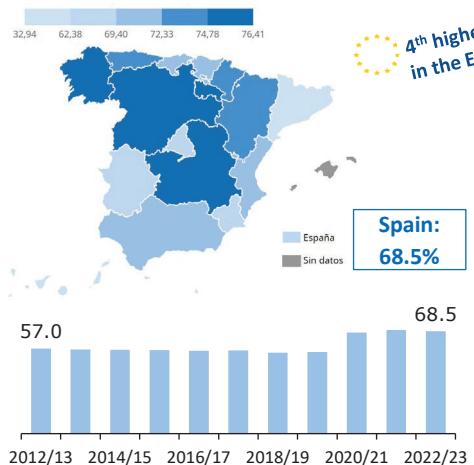
Coverage for the first booster dose is also over 95% for these same vaccines.

Vaccination coverage for the second dose of the Measles, Mumps, and Rubella (MMR) vaccine is 93.9% and for chickenpox 91.5%.

Influenza vaccination for people aged 65 and over

Influenza vaccination coverage in 2022/23 campaign for people aged 65 and over is 68.5%, an increase of 26% compared to 2018/2019 campaign.

Vaccination coverage against Influenza



COVID-19 Vaccination

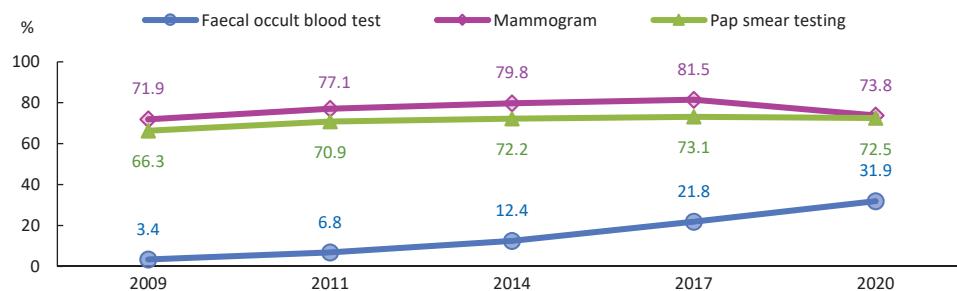
During 2023/24 campaign, COVID-19 vaccination coverage with an adapted schedule was 46.0% in people aged 60 and over, reaching 64.3% in people aged 80 and over, 52.2% in the group of people aged 70 to 79 years and 32.3% in the group of people aged 60 to 69 years.

Vaccination coverage against COVID-19



Cancer screening

Regarding early detection tests for colorectal, breast and cervical cancer within the recommended timeframe, three out of 10 people aged 50 to 69 have had a faecal occult blood test (3 percentage points below the EU-27 average), seven out of 10 women aged 50 to 69 have had a mammogram (8 percentage points above the EU-27 average) and seven out of 10 women aged 25 to 65 have had a pap smear test (closer to the European average). People with a lower level of education undergo screening tests less than those with intermediate and higher education.

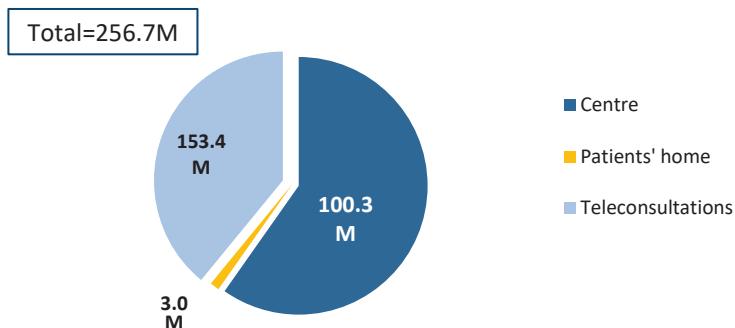


PRIMARY CARE

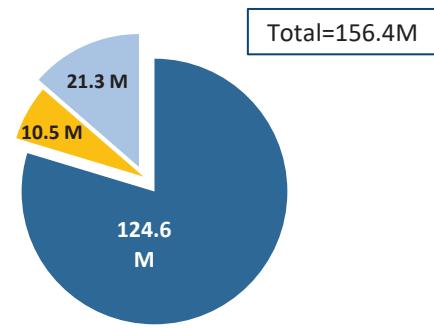
Primary healthcare carries out more than 256 million medical consultations and more than 156 million nursing consultations per year, of which 39.1% and 13.6% respectively are attended to by teleconsultation.

Approximately 3 million medical consultations and 10.5 million nursing consultations are conducted in the patient's home.

Doctors consultations

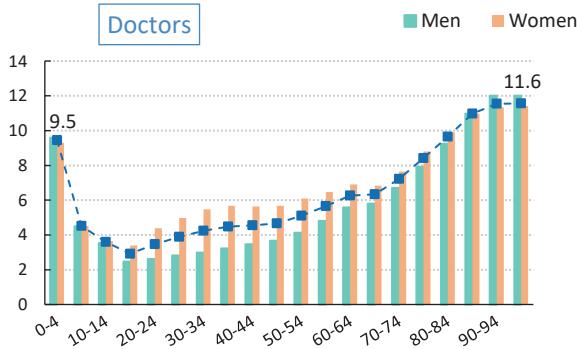


Nursery consultations

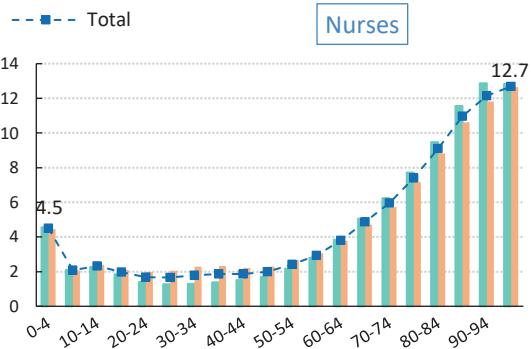


The average frequency attendance of the population to primary healthcare medical consultations is 5.5 times per person per year.

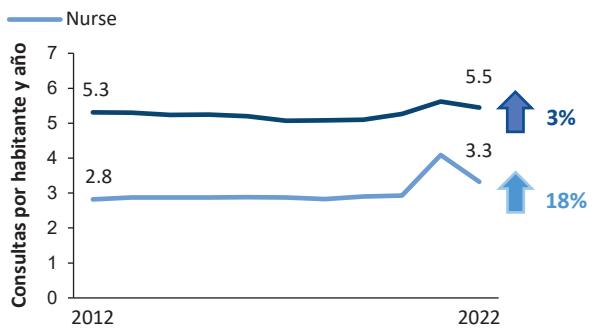
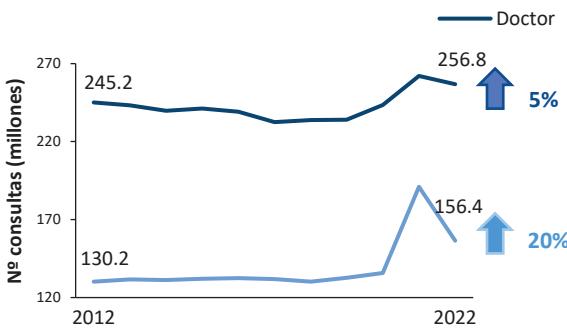
Doctors



Nurses



In 2022, consultations decreased by 8.8% compared to 2021 (2.0% in medicine and 18.1% in nursing), but they remain 12.6% higher than in 2019 (9.7% in medicine and 17.9% in nursing).



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HOSPITAL CARE

SNS hospitals treat around 4 million inpatients each year and provide around 87 million medical consultations. 3.5 million surgical interventions are carried out each year and 48.6% of major surgery is performed on an outpatient basis.

Hospital care Consultations

SNS hospitals handle 76.9% of all hospital medical consultations in Spain.

The frequency of visits to SNS acute care hospitals is 1.8 consultations per inhabitant per year.



With 4.8 consultations per inhabitant, Spain is among the European countries with the lowest frequency of medical visits (primary and hospital care), occupying 7th position.

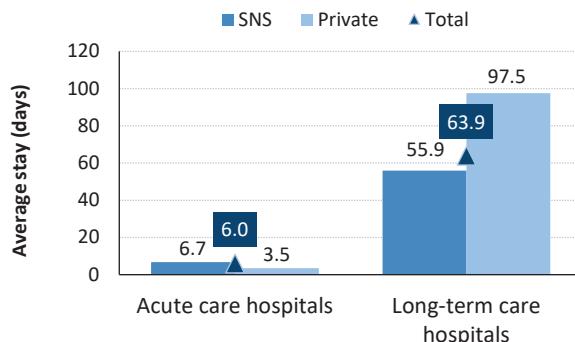
Hospital Admissions

Around 4 million people are discharged annually from SNS hospitals: 3.9 million from SNS acute care hospitals, representing 75.8% of the Spanish hospital sector, and 95,532 from SNS long-stay hospitals, accounting for 80.8% of the Spanish hospital sector.

The overall rate readmissions to SNS acute care hospitals is 8.4%.

The average length stay of patients admitted to SNS hospitals is 7.8 days:

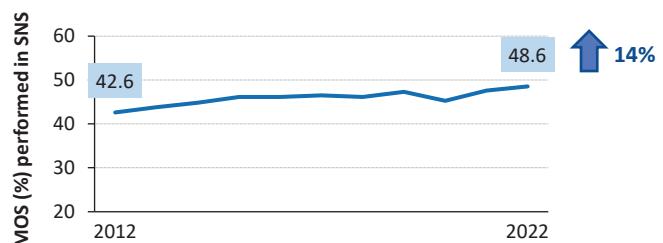
- 6.7 days in acute care hospitals.
- 55.9 days in long-term care hospitals.



Outpatient surgery in the National Health System

In 2022, 1,241,281 major outpatient surgery (MOS) procedures were performed in SNS hospitals, which represents an outpatient rate of 48.6% in public hospitals and 65.9% of all MOS procedures performed in the health sector.

A sustained increase in MOS has been observed over the last 10 years, reaching the highest value in 2022.

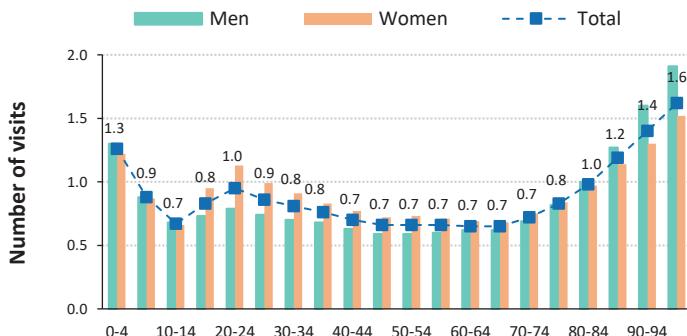


URGENT CARE

Urgent care involves an annual activity of around 32.7 million consultations in primary care, 22.8 million in hospitals and 9 million in 112/061 services.

Primary Care

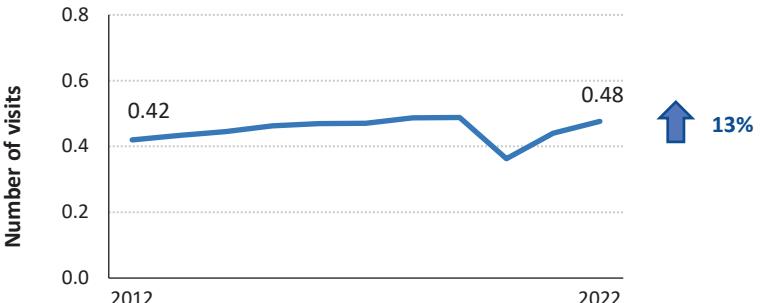
Annually, 32.7 M urgent consultations are attended in primary care: 25.8 M medical consultations and 11.6 M nursing consultations.



The frequency of visits to urgent primary care is 0.69 per person per year, with significant differences by sex that are inverted throughout the individual's lifespan.

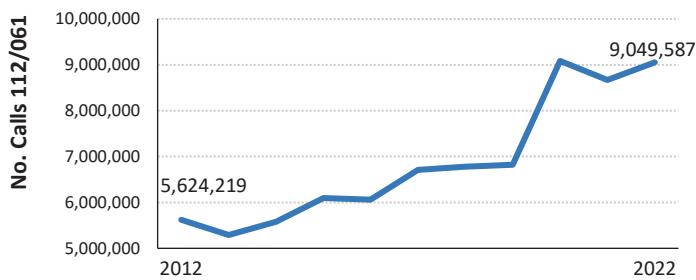
Hospital Care

In 2022, a total of 22.8 M urgent consultations were treated in SNS hospitals, with a frequency of 0.48 consultations per inhabitant per year.



112/061 Urgent and Emergency Care Service

Demand for assistance to 112/061 services is estimated at 9 million, showing an irregular evolution in recent years, with a clear upward trend and with a maximum peak in 2020 of 9.1 million.





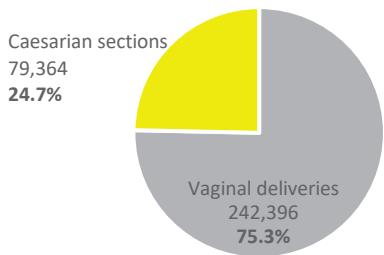
BIRTH LABOUR CARE

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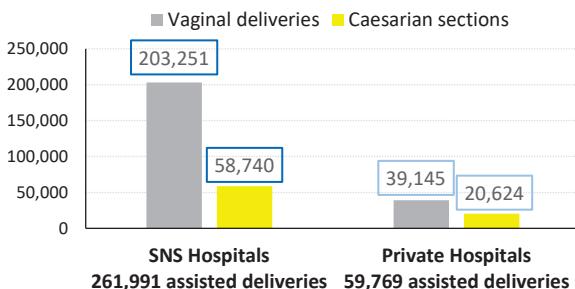

In Spain, 321,760 deliveries took place during 2022, 81.4% (261,991) were attended in SNS hospitals.

75.3% (242,396) of deliveries attended in Spain were vaginal. The ratio of vaginal deliveries to caesarean sections is 3.5 in SNS hospitals compared to 1.9 in private hospitals.

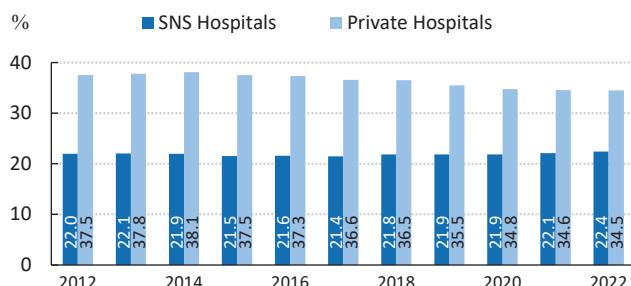
Total deliveries by type of delivery



Vaginal deliveries and caesarean sections by type of ownership

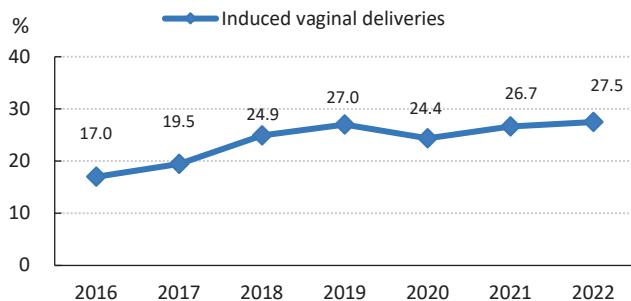


Caesarian sections rate



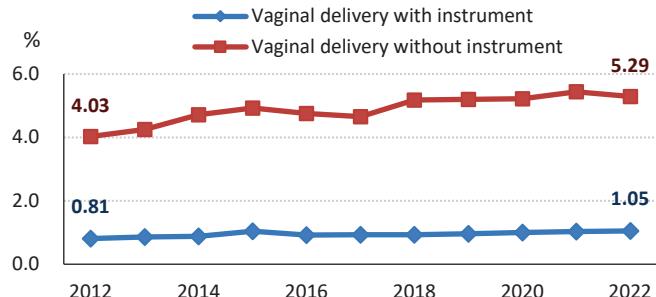
The rate of caesarean sections performed in SNS hospitals has remained stable since 2012, while the rate of caesarean sections in private sector hospitals has decreased by 3.01 percentage points over the last 10 years.

Rate of medical induction of labor (SNS hospitals)



In 2022, 27.5% of the 203,251 vaginal deliveries attended in SNS hospitals, were induced. During the period 2016-2022 this percentage increased by 61.8%.

Obstetric trauma in vaginal delivery (SNS hospitals)



Spain occupies an intermediate position in the percentages of obstetric trauma in vaginal delivery

Severe perineal tears (GIII and GIV) in SNS hospitals occurred in 1.05% of non-instrumental vaginal deliveries and in 5.29% of instrumental deliveries.



MORBIDITY

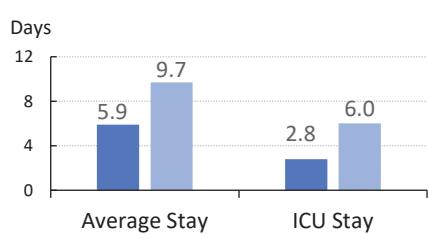


Care for cardiovascular disease

Cardiovascular diseases are the most frequent cause of hospitalization, accounting for 13.4% of admissions to the SNS and 10.3 admissions per 1,000 inhabitants per year.

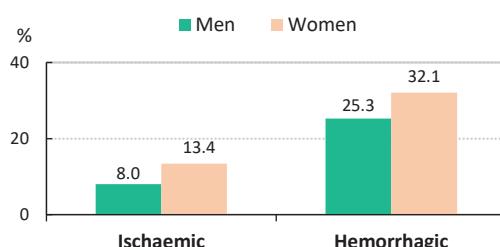
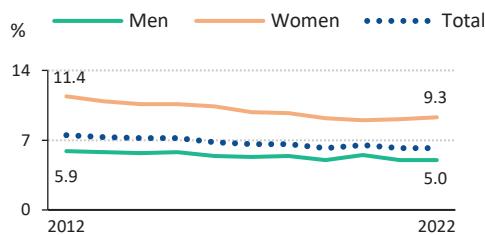
People with cardiovascular diseases make 24.6 annual visits to medical and nursing consultations in primary care centres, 2.5 times more than the general population.

Ischaemic heart disease is the most common cause of hospitalization, along with acute cerebrovascular disease (stroke). Both cause around 2 annual admissions per 1,000 inhabitants. However, the average stay and the average stay in ICU are longer for cerebrovascular diseases (10 and 6 days, respectively) than for ischaemic heart disease (6 and 3 days, respectively).



In-hospital mortality after heart attack is 6.2 per 100 discharges with this diagnosis, being almost double in women and with a slightly downward trend since 2012.

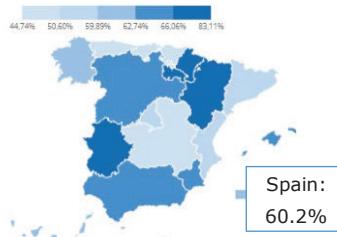
In-hospital mortality due to ischaemic stroke is 10.5% among patients discharged for this cause, while for haemorrhagic stroke it is more than double (28.3%).



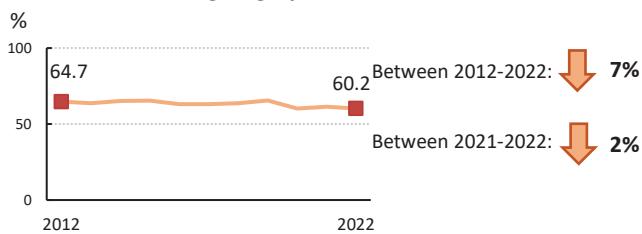
Treatment for malignant tumours

The number of visits to primary care centres per person with malignant tumours is 20.4 times per year, approximately 2.1 times higher than that of the general population. There are around 6 hospitalisations per 1,000 inhabitants annually for this reason, with an average stay of 8.2 days.

Nearly six out of ten breast cancer surgeries are carried out with a conservative approach.



Breast-conserving surgery for breast cancer



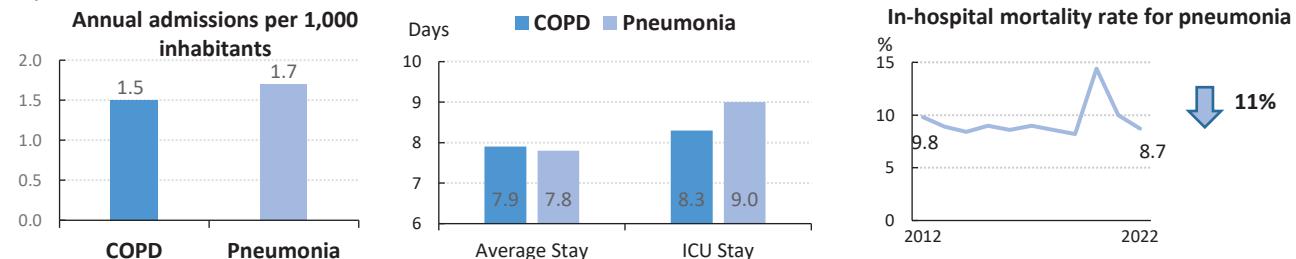


Care for respiratory diseases

People with respiratory diseases make 13.5 visits to primary care centres annually, 1.4 times more than the general population. Respiratory problems, as the main cause of hospitalization, produce around 400,000 admissions annually.

People with COPD seek primary care 2.5 times more often than the general population. There are 1.5 annual admissions for COPD per 1,000 inhabitants (three out of four people admitted are men), with an average stay of approximately 8 days and a similar average stay in the ICU.

People with pneumonia visit primary care 3.0 times more often than the general population. There are around 1.7 annual admissions for pneumonia per 1,000 inhabitants, with an average stay of approximately 8 days and an average stay in the ICU of 9 days.



Care for COVID-19

In 2022, nearly 400,000 hospital emergencies due to COVID-19 were attended.

People with acute COVID-19 make 14.4 visits to primary care centres, 1.5 times more than the general population. For those with persistent COVID, this figure rises to 24.5 visits per year, 2.5 visits more than the general population.

There have been around 3 hospitalizations for COVID-19 per 1,000 inhabitants, with an average stay of approximately 9 days and double the average stay in ICU.



Nearly 6 out of 10 people admitted are men



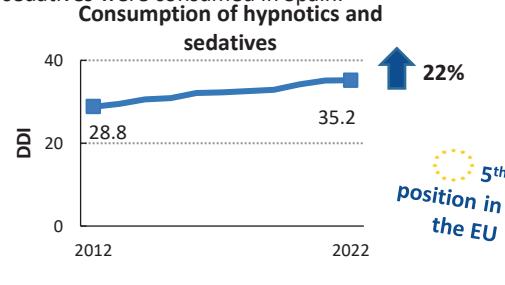
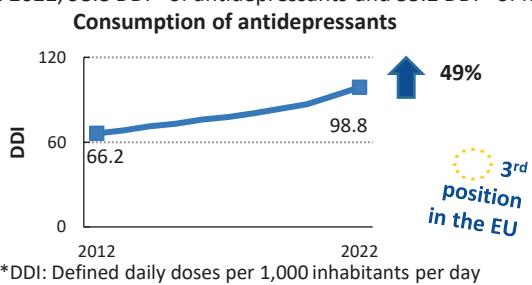
Care for mental and behavioural disorders

In 2022, around 5.5 million psychiatric consultations were carried out in the specialist centres and hospitals of the SNS. 95% of consultations in this specialty are carried out in public centres.

People with mental and behavioural disorders make around 1.5 times more visits per year to primary care centres than the general population. In addition, there are around 2 hospitalisations for this reason per 1,000 inhabitants, with an average stay of 19.5 days and no differences between men and women.

Consumption of antidepressants, hypnotics and sedatives has increased by 18.1% and 6.9% respectively since 2019.

In 2022, 98.8 DDI* of antidepressants and 35.2 DDI* of hypnotics and sedatives were consumed in Spain.





ACCESIBILITY

Waiting times in primary care have increased, with fewer patients being treated on the same day or the next day, and waiting times for the rest are longer.

Average waiting times for specialist care have increased for the first time since 2020 for a first consultation, and have remained the same for non-urgent surgical interventions

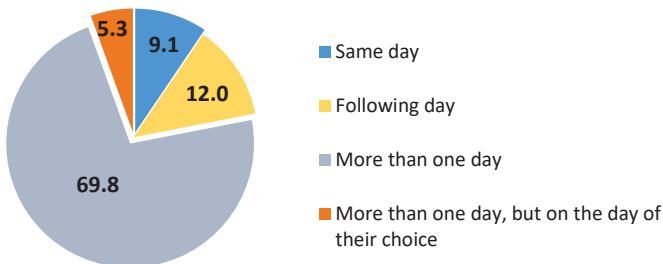
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WAITING TIMES IN PRIMARY CARE

In 2023, 9.1% of primary care patients were seen on the same day they made the appointment, 12% the next day and 69.8% waited more than one day, with an average waiting time of 9.12 days compared to 8.8 in 2022.

5.3% obtained the appointment after waiting more than one day by their own preference.

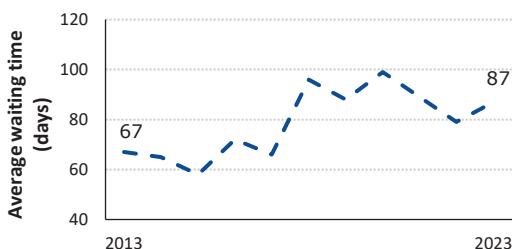


WAITING TIMES IN SPECIALIZED CARE

Consultations

The average waiting time for a first consultation in specialist care is 87 days representing a 30% increase since 2013, increasing again for the first time since 2020.

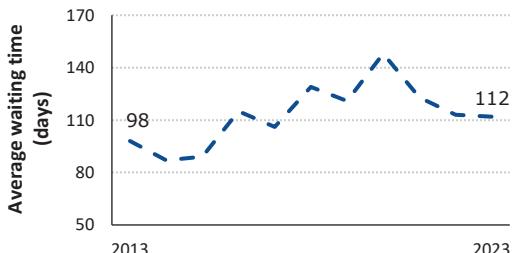
51.6% of patients wait more than 60 days for all specialties.



The specialties with the longest waits are neurology (118 days; 3.8 patients/1,000 inhabitants), dermatology (99 days; 8.6 patients/1,000 inhabitants) and traumatology (54 days; 2.7 patients/1,000 inhabitants).

Non-urgent surgery

The average waiting time for non-urgent surgery is 112 days and 17.4% of patients have been waiting for more than 6 months.



The specialties with the longest waiting times are plastic surgery (225 days) and neurosurgery (192 days).

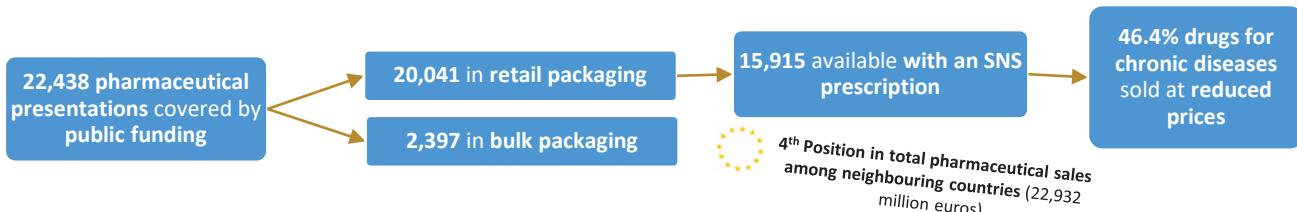
Traumatology stands out as the specialty with the most patients waiting per 1,000 inhabitants (198,888).


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PHARMACEUTICAL BENEFITS

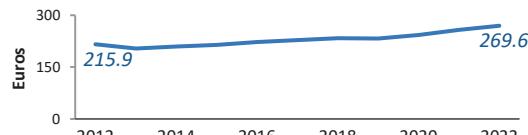
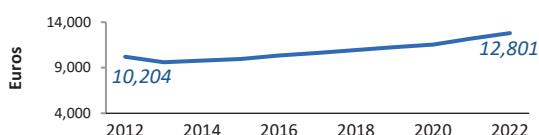
SNS pharmaceutical benefits includes public funding for 22,438 pharmaceutical presentations (1,342 of which are new presentations included in 2022) and 4,704 health products.

The largest number of pharmaceutical presentations included in public funding corresponds to drugs acting on the nervous system (6,201), drugs for the cardiovascular system (3,950) and antiinfectives for systemic use (2,298).

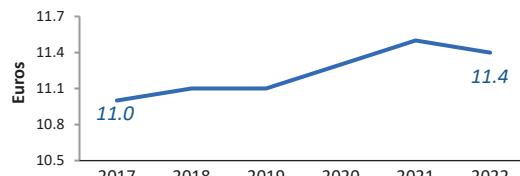
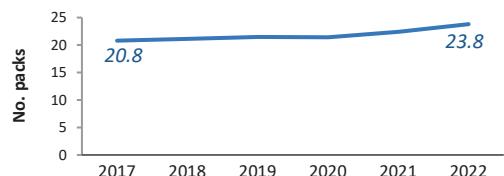


CONSUMPTION THROUGH SNS MEDICAL PRESCRIPTIONS AT PHARMACIES

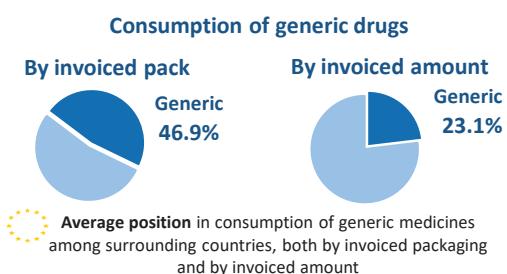
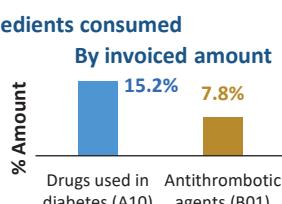
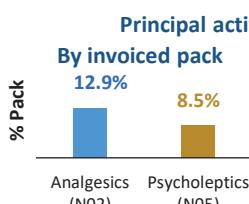
In 2022, pharmaceutical expenditure charged to public funds totalled 12.801 billion euros, an increase of 4.9% compared to 2021. Expenditure per inhabitant and year amounted to 269.6 euros, 4.7% more than in 2021.



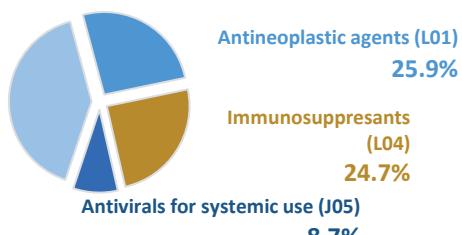
The consumption of medicinal packages per inhabitant in 2022 stands at 23.8 euros, 6.3% more than in 2021. The average expenditure per medicinal package in 2022 is 11.4 euros, which represents a reduction of 0.1 euros compared to the previous year.



Analgesic drugs are the most consumed in terms of the number of packages, while those used for the treatment of diabetes are the ones that represent the greatest amount of prescriptions. The consumption of generic drugs reaches a share of 23.1% of the invoiced amount and 46.9% of the invoiced packages.



HOSPITAL PHARMACEUTICAL SERVICE



Three therapeutic subgroups account for around 60% of total hospital pharmaceutical expenditure: antineoplastic agents (25.9%), immunosuppressants (24.7%) and antivirals for systemic use (8.7%).

Pharmaceutical expenditure in hospitals totals 8.97 billion euros in 2022.

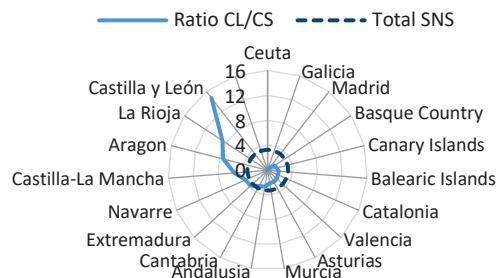
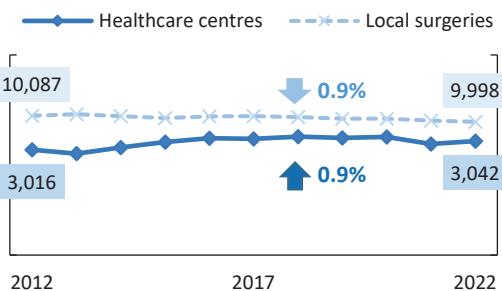


PHYSICAL RESOURCES

Primary care is provided in 13,040 healthcare centres and local surgeries. More than 80% of the hospital beds in operation and day hospital stations in Spain belong to the National Health System network.

PRIMARY CARE

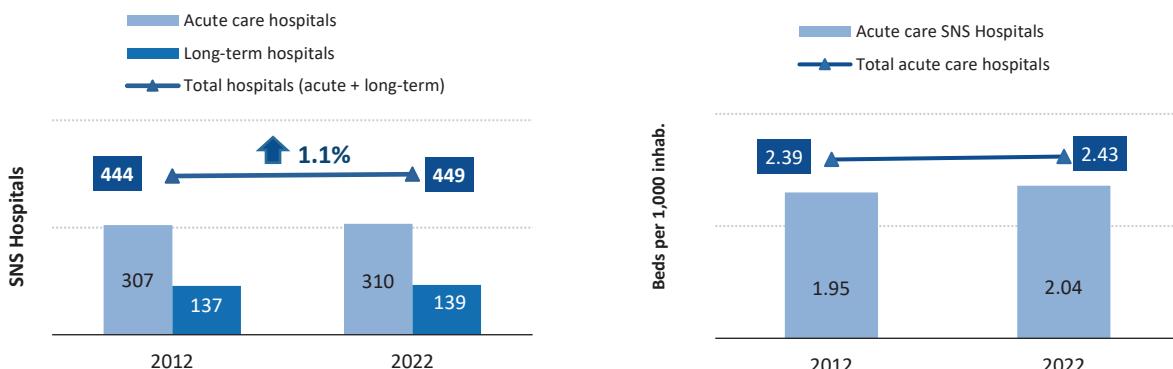
The SNS healthcare network comprises 3,042 health centres and 9,998 local surgeries. Variations in the number of primary care centres in each territory, especially local surgeries, are related to the organisation of each regional Health Service and are strongly conditioned by demographic factors. The average number of local surgeries per health centre is 3.3, with a great variability between territories, reflecting the variable geographical dispersion of the population in Spain.



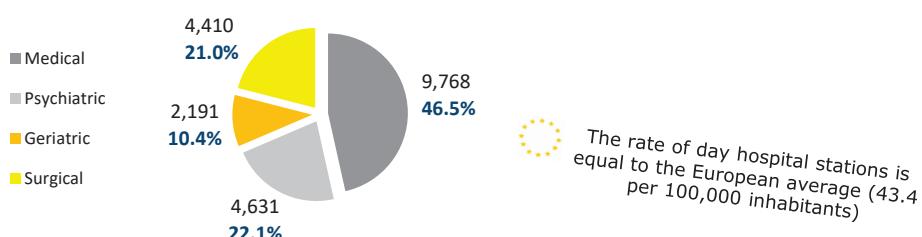
SPECIALIZED CARE

The SNS has a network of 449 hospitals (310 acute care hospitals and 139 medium/long-term hospitals), which represent 59.8% of the 751 hospitals in Spain. The annual variation in the number of hospitals is often due to the reorganization of some centers into hospital complexes.

The SNS has 114,671 available beds, which represents 81.6% of the hospital available beds in Spain.



The SNS has 86.8% of the existing day hospital stations in Spain (21,000). The number of day hospital stations in the SNS has increased by 34.1% since 2012.



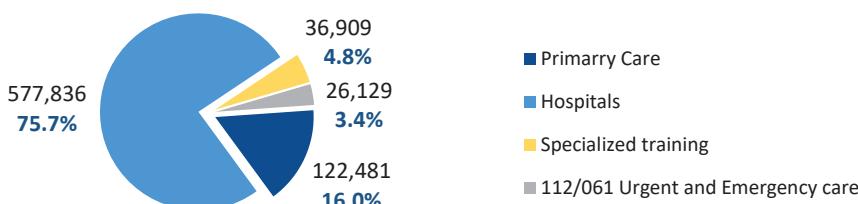

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HUMAN RESOURCES

In the SNS healthcare network, hospitals employ the largest number of healthcare professionals.

A total of 763,355 professionals work in the SNS healthcare network: 75.7% in hospitals, 16.0% in primary care centres, and 3.4% in the 112/061 urgent and emergency care services. Medical and nursing staff make up 51.6% of the workforce.

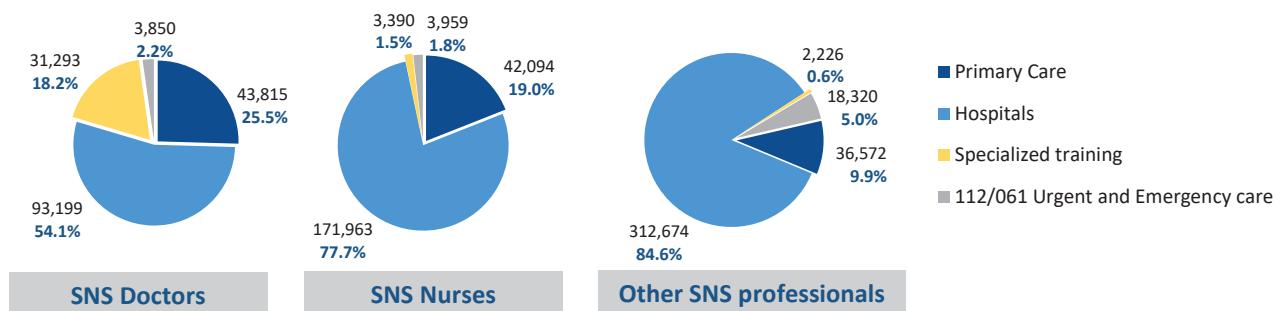
The SNS healthcare network has a total of 172,157 medical professionals and 221,406 nursing professionals, the latter being the largest group, with a nursing/medical ratio of 1.3.



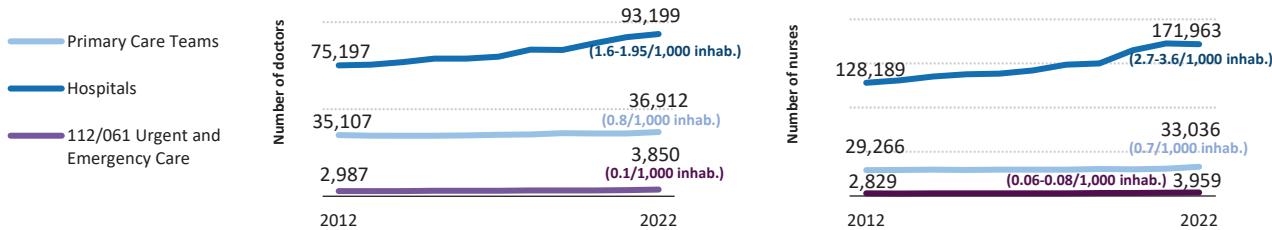
The SNS healthcare network has a total of 172,157 doctors and 221,406 nurses, the latter being the largest group, with a nursing/medical ratio of 1.3.

Primary care includes 43,815 doctors and 42,094 nurses, of whom 36,912 and 33,036, respectively, are part of the Primary Care Teams while the remainder are area professionals or work in out-of-hospital emergency services. The hospitals that make up the SNS network employ the largest number of health professionals: 93,199 doctors and 171,963 nurses.

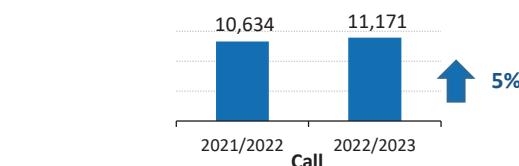
In addition, another 369,792 professionals work in the SNS contributing to the provision of health care, including other graduates with a health function such as non-medical health personnel and non-health personnel.



The rates of medical and nursing professionals per 1,000 inhabitants have remained practically constant since 2012 within the Primary Care Teams. However, the growth of the workforce has been significant in the hospitals of the SNS and in the Urgent and Emergency Services 112/061.



The number of places for Specialized Health Training for 2022/2023 call is 11,171 and has increased by 5% compared to the previous call.





HEALTHCARE EXPENDITURE

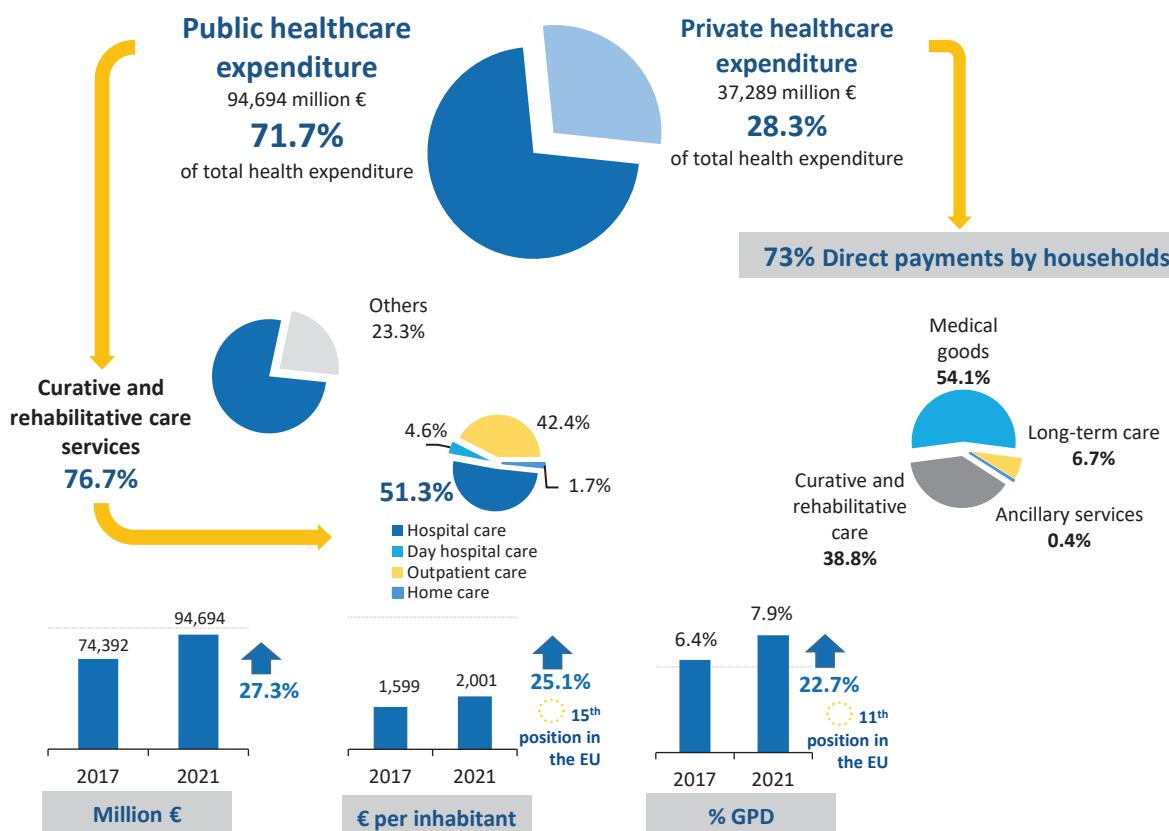
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Public health expenditure in Spain stands at 7.9% of GDP (2021), constituting 71.7% of total health expenditure, and has increased by 27.3% since 2017.

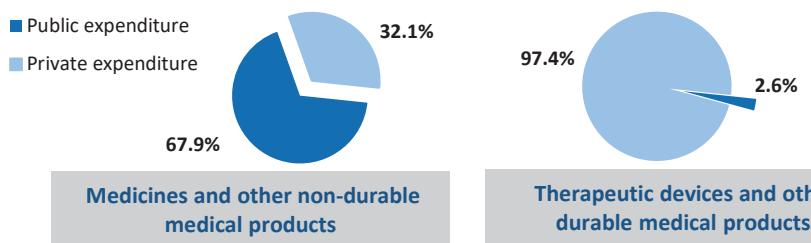
Public health expenditure amounts to 94,694 million euros and represents 71.7% of total health expenditure (131,984 million euros). It represents 7.9% of GDP, allocating an average of 2,001 euros to each inhabitant.

57.2% of total health expenditure is allocated to curative and rehabilitation care services, more than three quarters of which are financed with public resources. Hospital care absorbs 51.3% of curative and rehabilitation care services financed with public funds.

Private health expenditure represents 3.1% of GDP. 73.0% of this is supported by direct payments from households, of which 54.1% is spent on the purchase of medical goods dispensed to outpatients (medicines and durable medical products such as eyeglasses, contact lenses or hearing aids) and 38.8% on curative and rehabilitation care services, mainly outpatient dental care. The average annual expenditure per person is almost 20% higher for women.



Regarding expenditure on medical products dispensed to outpatients, 67.9% of expenditure on medicines and other non-durable medical products was financed with public resources, whereas 97.4% of expenditure on therapeutic devices and other durable medical products (such as eyeglasses, contact lenses or hearing aids) was financed with private resources.





DIGITAL HEALTH

SNS DIGITAL HEALTH STRATEGY, 2021-2026

The SNS Digital Health Strategy approved by the Interterritorial Council of the SNS serves as the common framework for the development of digital health transformation initiatives in the public sector, by the competent administrations in health matters and public bodies linked to the field of innovation and research in health.

OBJETIVES

People and Health	Value processes	Innovation and 5P medicine	Interoperable and quality information
Empowering and involving people in their healthcare and disease control	Maximising the value of processes for better performance and efficiency of the public health system.	Adapting the progress of the health system to the demands of today's society	Data Space for the generation of scientific knowledge and for the evaluation of the services.

SNS INTEROPERABILITY SERVICES

The Ministry of Health maintains a central information exchange node that enables the provision of the Health Card, Digital Health Record and Electronic Prescription services in the SNS. These SNS lines of work are based on the evolution of each of these systems in the scope of each autonomous community towards a shared system.

Unique identification system
for people in the SNS
+
Common database of
Individual Health Card

Interoperable Electronic Prescription

Digital Health Record
Access to the
Health professionals
+
Online Access for citizens

In 2021, interoperation with
European countries began

SNS HEALTH CARD DATABASE

Health Card	Health Card Database	SNS Personal Identification Code (CIP-SNS)	SNS Protected Population Database (BDPP-SNS)
<ul style="list-style-type: none"> Official document for the identification of each citizen in access to the benefits and use of SNS services. Issued by the regional health administrations and INGESA to residents in their territorial area who are entitled to public health care. 	<ul style="list-style-type: none"> Database of each Autonomous Community with the registers of protected citizens in their territory. Highly strategic information system in the assurance, planning, management and evaluation of health services. 	<ul style="list-style-type: none"> Key for linking the different regional personal identification codes (CIPAAUT) to articulate interoperability and information exchange between Autonomous Regions. Responsibility of the Ministry of Health. 	<ul style="list-style-type: none"> It collects basic information on the population covered by the SNS: history of insurance situations and of the person's affiliation to the different Health Administrations. It incorporates information on the social security system and the mutualism.

47,755,450 registered users in BDPP-SNS on 1st July 2023.

84,735 registered users in Title 58 Temporary Protection in BDPP-SNS on 1st July 2023, for assistance to people displaced by the war in Ukraine.

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SNS DIGITAL HEALTH RECORD (HCDSNS)

System active since 2018 in all autonomous communities, both to issue and receive interoperable clinical reports. Access through the webpage enabled by the Health Service in which the Individual Health Card is active, by means of Digital Certificate, electronic DNI or Cl@ve.

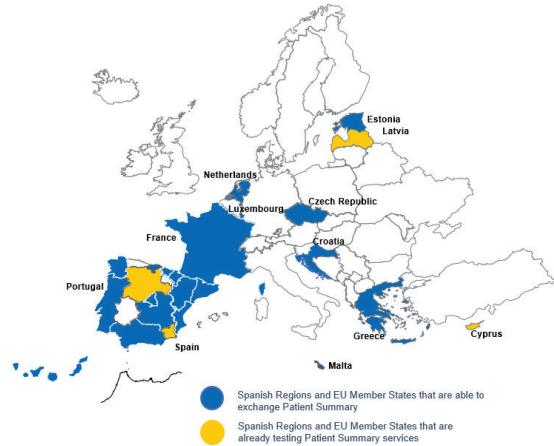
During 2023

90.45% of the protected population of the SNS has references in HCDSNS

 **New developments in the incorporation of the Autonomous Communities into the European cross-border healthcare services "My Health@ EU"**

In **July 2023**, the Government included HCDSNS in **Mi Carpeta Ciudadana** application as a **communication channel between the General Administration of the State and citizens**.

It allows people to access all their documents available in the SNS, regardless of where they have their Individual Health Card active.

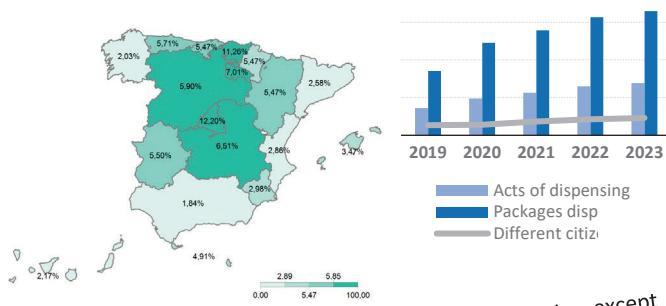


Citizen access to HCDSNS has doubled since then: it now accounts for **51% of citizen queries**.

SNS ELECTRONIC PRESCRIPTION (RESNS)

The RESNS service allows the dispensing of medication prescribed in another autonomous community from any pharmacy, by electronic means.

It is only necessary to present the Individual Health Card.

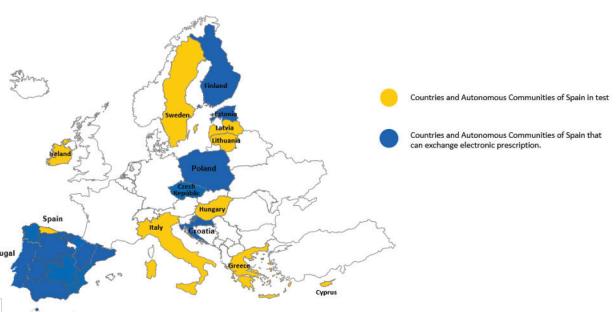


 All the autonomous communities, except Asturias, the Balearic Islands and La Rioja (in different phases of incorporation), can obtain their medication in 6 countries (Croatia, Estonia, Finland, Poland, Portugal and the Czech Republic).

During 2023

16,487,622 packages have been dispensed to **2,298,998 different citizens** in **6,926,305 acts of dispensing**

10.70% of the population has withdrawn medicines in an autonomous community other than their community of origin




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OPINION OF THE POPULATION AND PATIENTS' EXPERIENCE

The assessment of the National Health System remains positive, although a slight decline is observed compared to the years prior to the COVID-19 pandemic. The perception of coordination between primary and specialized care indicates that it can be improved.



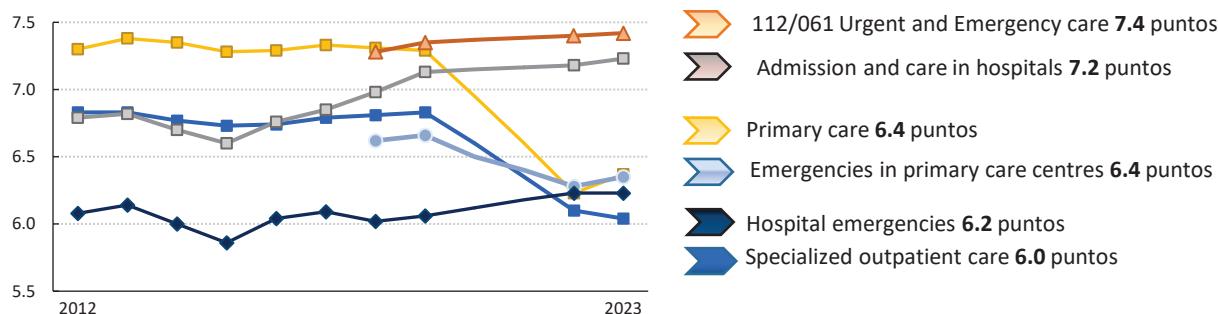
ASSESSMENT OF THE PUBLIC HEALTHCARE SYSTEM

The population rates the public health system in Spain at 6.27 points out of 10.

6.27 points

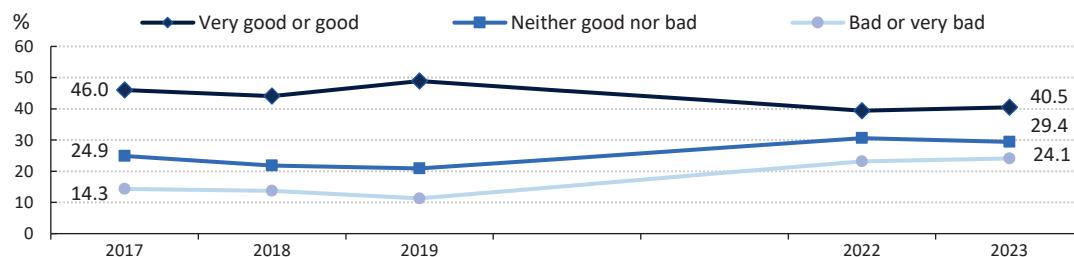
(very dissatisfied) **1** **10** (very satisfied)

112/061 and hospitalisation are the services most highly valued by citizens, with 7.4 and 7.2 points out of 10 respectively.



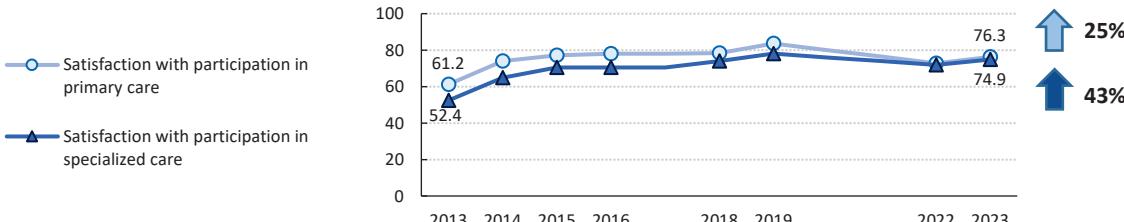
COORDINATION BETWEEN HEALTHCARE LEVELS

Only 40.5% believe that coordination between levels of care is good, with a clear decline in this perception since 2019.



PARTICIPATION IN DECISION-MAKING REGARDING THEIR HEALTHCARE

In 2023, after the pandemic, the upward trend in citizen satisfaction with their participation in decisions about their health problems that has been observed since 2013 is set to recover.

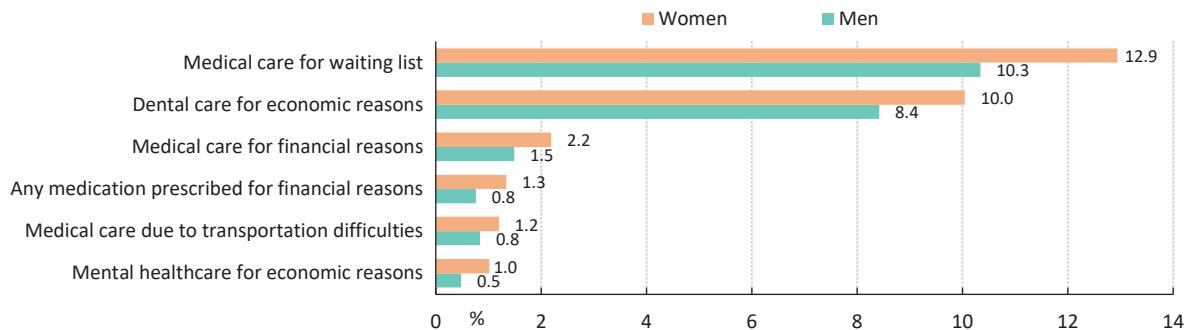


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SELF-REPORTED UNMET NEEDS TO DIFFERENT TYPES OF HEALTH CARE

Women report greater inaccessibility to different types of health care than men.

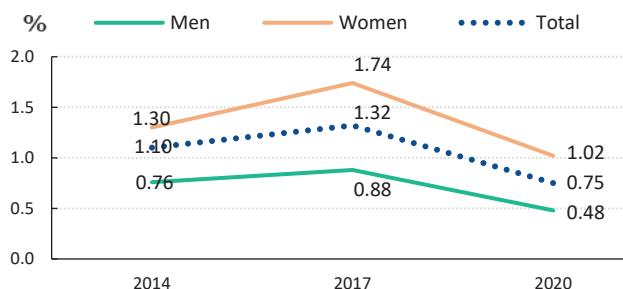
The waiting list is the most common reason for perceived inaccessibility to healthcare among the population aged 15 and over (12.9% of women and 10.3% of men) and, in second place, dental care for economic reasons, 10.0% of women and 8.4% of men.



SELF-REPORTED UNMET NEEDS FOR MENTAL HEALTHCARE DUE TO FINANCIAL REASONS

Women report greater inaccessibility to mental health care than men across all age groups.

Over the past 12 months, 0.75% of the population reported not having been able to afford mental healthcare for economic reasons; the percentage is higher in women (1.02%) than in men (0.48%) in all age groups, except in the population aged 85 and over.

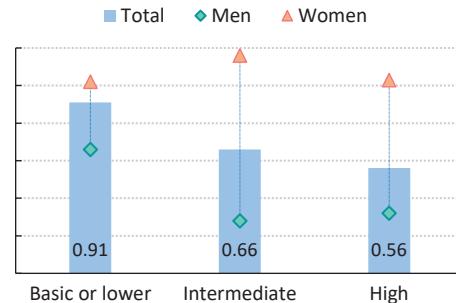
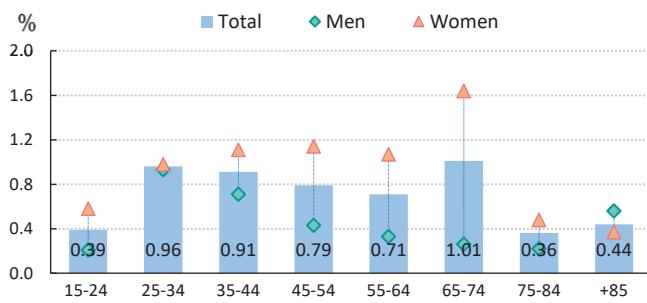


The age group that reports the greatest inaccessibility to mental health for economic reasons is the 65 to 74 age group.

2nd in the EU with the least problems of inaccessibility to mental health due to economic reasons

32%

The inaccessibility to mental health in men with a basic level of education and below is twice as high as in those with a higher level of education.



The Executive Summary of the Annual Report on the National Health System 2023 offers summarized information on the health status of the population and the functioning of the National Health System, presenting a more graphic and user-friendly format to achieve greater dissemination among professionals and citizens.

Remarks: SNS = National Health System of Spain.