Executive Summary

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

April 2023

RFS REFORM/SC2021/058

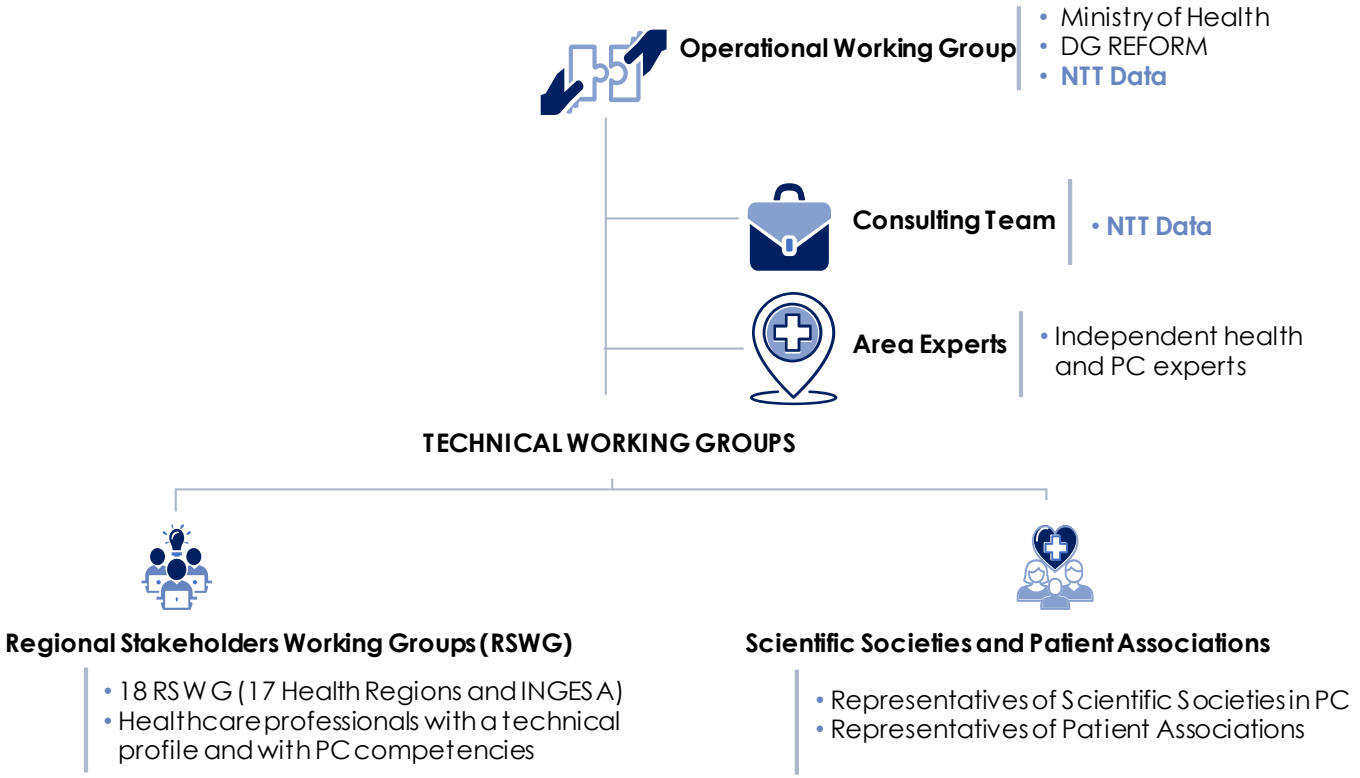
AARC - Consortium

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

Working Groups

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

Illustration 1: Working Groups involved in project Phase 4



- **Operational Working Group (OWG):** responsible for the operational and strategic monitoring of the project, as well as for reviewing and validating the project deliverables.
- **Area Experts:** responsible for making the first proposal for the Recommendations on the basis of: (1) the current situation analysis of Primary Care (PC) in Spain prepared in the State Analysis phase and (2) the Case Studies on reforms in PC at international level. In addition, they participated in the working session to present the Recommendations with the RSWG
- **Regional Stakeholders Working Groups (RSWG)**: responsible for providing their opinion, knowledge and assessments to the Recommendations, and for validating and proposing aspects to be included or amended both in the title and in the description of the recommendations. Build consensus on the Recommendations.
- **Scientific Societies and Patient Associations:** responsible for providing their opinion, knowledge and assessments to the Recommendations, as well as proposing aspects to be included or amended both in the title and in the description of the Recommendations.

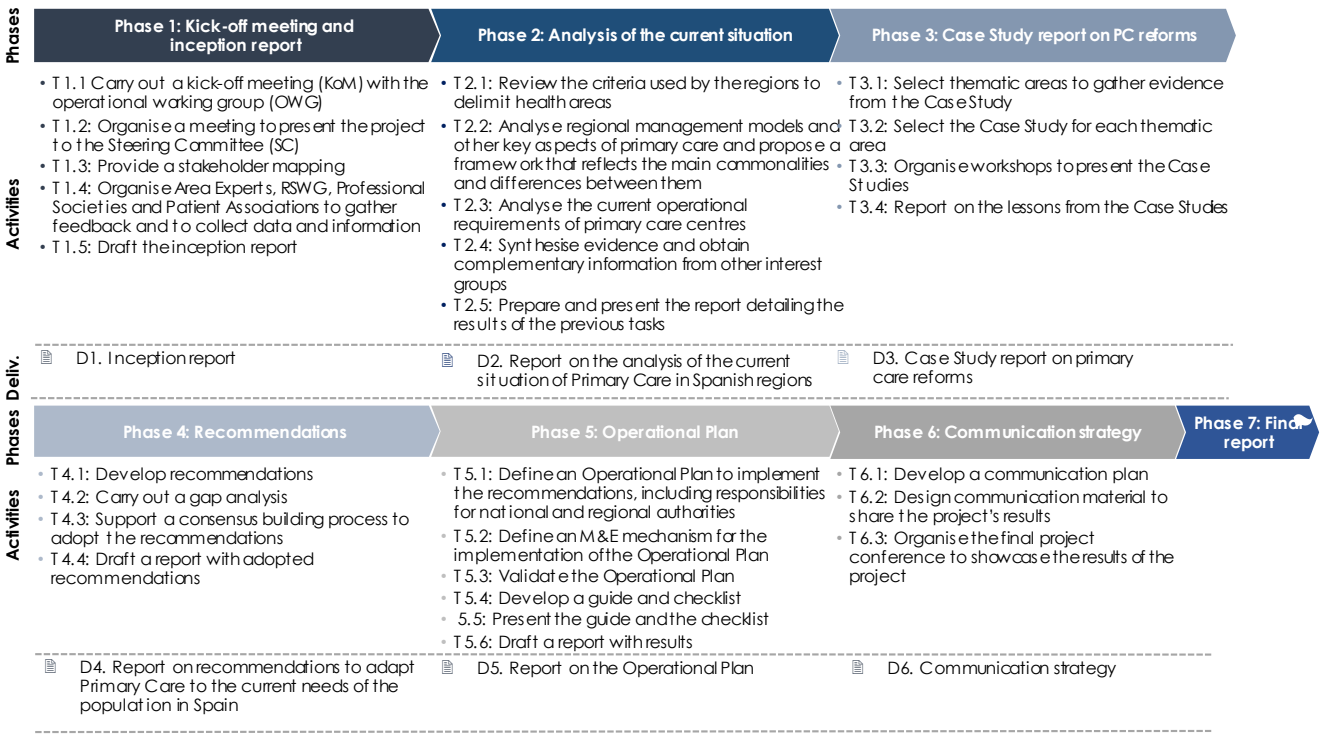
Introduction and objectives

This document is part of Phase 4 of the project "**Adaptation of Primary Care (PC) to the current needs of the Spanish population**", financed by the European Union through the Technical Support Instrument and implemented by NTT Data, in collaboration with the European Commission's Directorate General for Structural Reform Support (DG Reform).

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

The project consists of 7 phases and this document is the Executive Summary of the Report with the results of the deliverable (D2) of Phase 4 "Recommendations to adapt Primary Care to the current needs of the population in Spain".

Illustration 2: Project phases, activities and deliverables



Phase 4 Objectives

The objective of Phase 4 was:

- To formulate recommendations on key aspects identified in the deliverables of "Analysis of the Current Situation of Primary Care in Spain" and "Case Studies on Primary Care Reforms" to establish new criteria and requirements to improve the management of Primary Care within the NHS in Spain.

The project focuses on 5 areas of analysis:

1. **Planning:** Criteria for defining healthcare areas and basic health zones for healthcare provision; National and regional policies and regulations; Differences between urban and rural areas.
2. **Management and Organisation:** Management models; Differences between rural and urban areas; Coordination models between levels of healthcare; Coordination models between health and social care providers.
3. **Human Resources:** Human resources policies; Cooperation models between professionals; Composition of Primary Care teams; Staffing ratios.
4. **Financing:** Share of the regional health budget devoted to Primary Care; Financing needs.
5. **Infrastructure and Equipment:** Availability of medical equipment; ICT technologies; Quality of infrastructures (consultation rooms, etc.); Maintenance, renovation or building plans for Primary Care centers.

Methodology

1

Formulation of preliminary recommendations in the following steps:

- Definition of the characteristics that recommendations should meet.
- Completion of an *Excel* working document by the Area Experts with the first proposal of recommendations.
- Holding a working session with the Area Experts to discuss recommendations with disagreements. The objective was to discuss and reach agreement on the recommendations initially proposed by the Area Experts in the working Excel document.
- Revision of an online Word working document containing all recommendations proposed by the Area Experts.
- Reformulation of preliminary recommendations by the project team. Recommendations were modified for the following reasons: i) Recommendations addressing similar aspects were unified; ii) recommendations that did not meet the defined criteria or were out of the project scope were discarded. Additional recommendations on relevant aspects were included. The project team compiled a total of 68 recommendations from the Area Experts, and after modifications based on the reasons described above, the final list included 19 recommendations.
- Presentation of preliminary recommendations to the RSWG.

2

Online consensus surveys to the RSWG, Professional Societies and Patient Associations

Applying the Delphi methodology, two consecutive questionnaires were sent. Recommendations in questionnaire 2 were reformulated taking into account the responses obtained in questionnaire 1 and were ordered based on the established prioritization.

3

Workshop with the RSWG

A workshop was held with the RSWG in which Area Experts also participated. The objectives of the session were: 1) To discuss the recommendation with no agreement in the online consensus (Delphi consultation). There was disagreement in only one recommendation; 2) To discuss and assess the inclusion of nuances suggested by Professional Societies and Patient Associations.

4

Validation by ministerial departments of the Ministry of Health with competencies in PC

Recommendations were sent to the departments with competencies in PC at the Spanish Ministry of Health for their revision. The objective was to align these recommendations with other currently in developing Primary and Community Care projects. Recommendations were maintained and the wording revised.

All the recommendations were validated, some contents were reformulated according to the clarifications made.

Results

Recommendations were developed for the 5 areas of analysis: 1) Planning; 2) Management and Organisation; 3) Human Resources; 4) Financing; 5) Infrastructure and Equipment. The table below includes the set of recommendations organized in the five addressed areas, all aimed at improving the Primary and Community Care model in Spain, as follows:

	Recommendations
	Transversal to the 5 areas
1	To strengthen innovation and strategic orientation to analyse, evaluate, and propose improvements in the Primary and Community Care model through the Executive Office for the Strategic Framework of Primary and Community Care (*Oficina Ejecutiva del Marco Estratégico de Atención Primaria y Comunitaria*).
	1. Planning
2	To enhance territorial planning with evidence-based data.
3	To systematise the process of updating healthcare management in order to adapt it to territorial and population variability as well as to changes that may arise from exceptional circumstances, such as health emergencies.
4	To define the criteria for designating areas with hard-to-fill positions.
	2. Management and Organisation
5	To define a model of health and social co-governance at the National Health System level, including socio-sanitary care plans at the regional level with a community-based, holistic approach.
6	To enhance collaboration between Primary and Community Care teams, social services, and local agents to implement community health programs.
7	To get the community involved in decision-making bodies on healthcare policies.
8	To review and, if necessary, update the content and methodology of annual management plans that develop the clinical management competencies of professionals and autonomy of resource management.
	3. Human Resources
9	To develop planning and professional management strategies that meet the needs and demands of each basic health zone.
10	To establish a regional and national human resources supply strategy to ensure service provision in areas with hard-to-fill positions.
11	To identify competencies and roles among different categories of Primary Care professionals.
12	To create (or reinforce) recruitment and retention plans for the Primary Care professionals.
13	To redefine professional development and career paths to adapt them to current needs.

Recommendations (cont.)	
4. Financing	
14	To strengthen public spending on Primary Care in terms of the public health spending.
5. Infrastructure and Equipment	
15	To share information between different care levels (Primary and Hospital Care) and among different regions to guarantee clinical information transfer within and outside territories.
16	To design, adapt, and implement technological platforms run by Primary and Community Care services to provide health and social care to chronically ill patients and dependent inhabitants.
17	To enhance the digital transformation of rural areas to strengthen healthcare coverage in areas with hard-to-fill positions.
18	To evaluate and review, if necessary, new forms and types of non-face-to-face care.
19	To prioritise the review and adaptation of available building infrastructure (healthcare centres, clinics).

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