

Towards an equitable people-centred health system for Spain



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The COVID-19 pandemic has had a profound impact on Spain¹ and its devastating effects on health and health care have been felt across various domains, including the social, economic, and political spheres. Among the sectors hardest hit were the health system and its dedicated health professionals.² Consequently, there has been a growing recognition among the Spanish population that the health system, often regarded as an efficient and high-quality system,³ requires strengthening and modernisation.

Spain held its national elections on July 23, 2023, in a context of high polarisation of public opinion and absence of clear majorities of parties in the formation of the government. In these coming weeks, political parties are negotiating a programme for the next legislature and if they do not reach an agreement the elections will be repeated in January, 2024. Against a background of heightened political tensions and eroding trust in politicians and health systems, we, a team of academics with expertise in public health and leaders from the broad political spectrum in Spain, engaged in a collaboration that had two purposes. First, we aimed to reimagine an equitable and people-centred health system prepared to be resilient to both current and future challenges. Second, we wanted to show that on such a crucial issue it was feasible to foster consensus among different political parties and between academics and policy makers, a necessary prerequisite for the success of a policy reform of the proposed nature.

Our deliberations were done over the course of three workshops, in which we successfully reached consensus regarding the need to shift the focus of the health system, establish a shared set of values, and identify crucial priorities for transformation and reform. Central to the consensus was the unanimous recognition that modernising our health system necessitates a shift from a disease-centric approach to one that focuses on the health of the population through health promotion and prevention, while also addressing the social, commercial, and political determinants of health.

The shared values included universality, accessibility, equity, quality, effectiveness, people-centredness, and sustainability of the health system, and two emerged as particularly important: equity and people-centredness. Through constructive debate, we identified several

priorities that include the urgent need to address the governance of the health system, tackle the human resources crisis, devise adequate funding and financing strategies, strengthen primary care, ensure equitable integration of innovation, adopt system-wide approaches to alleviate fragmentation in health care, integrate health services with social services, and emphasise the involvement of the community in service delivery and planning. In the subsequent sections, we delve into each priority in detail.

First, we discussed the need to address the governance of the health system, ensuring that it is effective and accountable. We all agreed that both leadership and trust in political leaders have been determinant factors in how countries have responded to the COVID-19 pandemic.⁴ We reflected on the need for leaders to display humility and empathy, be accountable, be able to listen to discerning views by developing an inclusive leadership, and eventually be able to change the course of policies if needed. Furthermore, we agreed that a resilient health system needs to be complemented with a whole-government, multisectoral approach with expeditious coordination and integrated scientific advice, and with ongoing efforts to involve communities and vulnerable populations (eg, older adults, people with multimorbidities, and people with disabilities) in its transformation.⁵

Second, we agreed that the Spanish health system faces an urgent human resources crisis that necessitates



immediate action. Despite historically high numbers of doctors in Spain,⁶ shortages persist, particularly in key medical specialties, such as family medicine and nursing.⁷ The combination of increasing service demands, an ageing workforce, and rising levels of burnout has resulted in health-care professionals leaving their roles, further amplifying the existing shortages.⁷⁻⁹ Creating the conditions for a sustainable health-care workforce that address both retention and recruitment will require improving working conditions, compensation, work-life balance (by reducing the number of extra working hours and shifts), and safeguarding mental health and wellbeing (by reducing the excessive workload and providing psychological support when needed).¹⁰ These measures will also be instrumental in attracting younger generations to pursue careers in health care. Simultaneously, optimising the output of health workers can be achieved by minimising bureaucracy, re-evaluating the skill mix of professionals (including expanding the role of nurses and introducing nursing prescriptions or introducing clinician assistants), and reorganising the health system (by expanding services in primary health care and integrating public health policies). Strategic investments and improved health workforce planning will be pivotal in implementing these reforms and anticipating future needs.

Third, we agreed on the need for adequate funding and financing strategies to ensure the long-term sustainability of the health system. Spain's public health expenditure in 2021 was €87 941 million, 7.3% of its gross domestic product, which is lower than the EU27 average of 8.1%.¹¹ This expenditure highlights the urgent need for comprehensive financing reform to increase resources and review the current distribution system.¹² The decentralised nature of Spain's health system requires establishing objective and transparent criteria for fair fund redistribution under the new regional financing system, acknowledging that each autonomous community has different priorities and needs. Consideration should be given to new financing approaches, such as value-based health care,¹³ and specific focus areas should be established for each autonomous community that can improve population health and have a substantial effect on health-care demand.¹⁴ Other areas for consideration include incentivising integration of services, such as integrating primary health care with social services, and efficient

management practices through financial rewards in a resource distribution system.

Fourth, we recognised the need to transform health service delivery in response to epidemiological transitions and the increasing prevalence of multimorbidity by adopting primary health care as a health system orientation. This adoption would optimise access, comprehensiveness, coordination, and continuity by meeting people's needs, addressing the broader determinants of health, and empowering individuals, families, and communities.¹⁵ Three areas requiring immediate attention were identified. First, enhancing high-quality primary care through organisational changes and new professional roles, such as developing new teams with physiotherapists, nutritionists, and psychologists, among others. Second, prioritising and improving personalised longitudinal continuity in primary care, as research has proven that an increased duration of regular general practitioner-patient relationships is statistically significantly associated with lower mortality rates.¹⁶ Third, integrating the social sector into a comprehensive care framework within the health system that prioritises people-centred approaches. Seamless integration requires adopting a systems-wide approach to improve coordination across all levels of care, encompassing primary care, specialty care, mental health services, and social support systems. Involving patients and the community in service delivery and planning is crucial to ensure a people-centred health system. Furthermore, we recognised the transformative potential of several areas: innovations in therapeutics, the organisation of service delivery, and technological advancements, such as telemedicine, personalised and genomic medicine, and artificial intelligence. Ensuring a judicious and equitable use of these new technologies where appropriate is crucial to guaranteeing that benefits can also reach those who need them the most.

As a next step, we propose the development of a comprehensive Spanish Healthy Society 10 Year Strategy that considers the previously mentioned priorities, and planetary health. To ensure its effectiveness and inclusivity, we recommend engaging a diverse range of stakeholders, including academics, politicians, policy makers, professional associations, patient associations, and communities. This inclusive process will establish a clear vision for the future of the Spanish health system over the next decade.

As Spain has taken on the Presidency of the EU, we see this collaborative effort as an opportunity to inspire other European countries. Through our analysis, we aim to cultivate trust among our populations and politicians. Our hope is to move away from recurrent conflict and division, and instead promote consensus building and collaboration between academics, experts, and political leaders as the path towards equitable people-centred health systems.

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