Madrid
alphaborealis@hotmail.com
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COVID-19

Primary care in Spain: underfunded, understaffed, and neglected

The covid pandemic has exposed the state of primary care in Spain. Doctors say the country must finally face up to long running problems, including a lack of permanent employment for health workers. Aser García Rada reports

Aser García Rada

Spain's covid-19 pandemic put intensive care units[1] and nursing homes[2] in the spotlight. But during the first wave in 2020, it was the country's 3000 primary care centres and 10 000 local doctors who managed 90% of the covid-19 infections.

In 2020, they attended to 2.3 million covid-19 patients and followed up with another 5.3 million close contacts.[3] While hospitals performed 72.7 million consultations that year, primary care centres dealt with more than quadruple that figure: 379 million consultations, which was 12.3 million (3%) more than in 2019. Teleconsultations increased by 600% to 127 million and home visits by 4% to 13.5 million—all while these services also fulfilled their role in covid-19 vaccination.

The strain has widened the cracks caused by years of budget cuts after the 2008 financial crisis, from which Spanish primary care has never recovered.[4 5]

In a bid to woo voters, "throughout Spain and regardless of which party was in power, investing in primary care was stopped to invest in [secondary care] instead," says Francisco José Sáez, family physician in Arganda del Rey and coordinator of the management section of the Society of General Practitioners and Family Physicians (Sociedad Española de Médicos Generales y de Familia).

Two and a half years of covid-19 have brought to the surface over a decade's worth of underlying problems in an overburdened primary care system whose professionals feel exhausted and frustrated.[6]

State of the nation

Spaniards wait an average of nine days to see a primary care physician, compared with six days in France or four in Germany (in both cases, according to data from 2018). This is in spite of healthcare authorities stating that non-urgent demands for primary care should be met in less than 48 hours.

As budgets are decentralised, primary care investment varies from region to region, with the lowest investment in the Community of Madrid (10.75% of total healthcare expenditure) and the highest in La Rioja and Catalonia (17.2%).[7] This is far from the 25% recommended by the World Health Organization, although it is an improvement on the 8.47% spent between 2021 and 2022. Amnesty International says the level of spending is insufficient for "the most economically marginalized level of care."[7]

Part of the reason is politics: secondary care is easier to sell to voters. In the Community of Madrid, for instance, between 2003 and 2015 the ruling conservative People's Party built 12 new hospitals, while simultaneously developing the largest healthcare privatisation plan in Spanish history.[8]

Former People's Party leader Esperanza Aguirre presided over the Community of Madrid between 2003 and 2012 and based much of her electoral appeal on the construction of new public care hospitals running under private finance initiative schemes. This meant the regional government provided the healthcare staff, but no other input. The hospitals remain controversial, with some now owned by hedge funds and private equity funds that specialise in investments close to default. Some hospitals were never fully operational and kept large sections unopened even at the height of the pandemic, while the Community of Madrid—still governed by the People's Party—rented hotels for covid-19 patients. It also built yet another new hospital—the Hospital for Emergencies Nurse Isabel Zendal—initially budgeted at €50m (£44m; $50m), but the cost of which has risen to at least €135m so far.

Says Sáez, "Since the economy discreetly improved, investment in hospitals increased even more, but in 2022 the investment in PHCs [primary care centres] has not yet reached the level of 2008."

María Rosa Sánchez, president of the Spanish Society of Primary Care Physicians (Sociedad Española de Médicos de Atención Primaria) in Andalusia, says, "Primary care has suffered a longstanding bad shape in all the autonomous communities [the regions in which Spain is administratively divided], regardless of the political party governing them."

Ricardo González, family physician and coordinator of the San Fermín primary care centre in Madrid, says that "bureaucracy, overcrowded practices, and an increasing demand for care mean that clinical activity predominates over prevention, health promotion or community care."

A 2021 Amnesty International report said that "the years of austerity and poor healthcare management have . . . exposed what was already the weakest link in the weakened Spanish healthcare.[9]

"Staff shortages, overloaded care and waiting lists have worsened and hinder access to the right to health care for the most vulnerable people with non-covid pathologies, such as chronic or mental

health illnesses, the elderly or immigrants," adds the Amnesty report.[9]

Staffing crisis

A dearth of professionals affects all levels of healthcare in Spain: according to a 2022 WHO report on the health and care workforce, there are 108.8 doctors, nurses, and midwives per 10 000 population, below the European average of 121 professionals.[10] The ratio of primary care physicians in Spain—0.77 per 1000 inhabitants—is far behind those of neighbouring Portugal (2.6), and France (1.42).[5]

Primary care professionals are ostensibly civil servants, employed by the regional government, and do not control their own budgets.[11] And between 2010 and 2018, Spanish investment in primary care fell by almost €2bn, from 15.2% of total public healthcare investment to 14.6%. In this same period, secondary care increased by almost €5bn, from 56.2% of the total budget to 61.8%.

According to the Foro de Atención Primaria, an umbrella group for Spanish primary care centres, the country is lacking 4720 family physicians and 1304 primary care paediatricians to provide an adequate level of care to the population. And that problem is only going to get worse: one third of family physicians and one in four primary care paediatricians are over 60 years of age and will retire in the next five to six years.

Many vacancies cannot be filled, especially in rural areas. Moreover, a growing number of family physicians finishing their residency choose to work in private practices or hospital emergency services, or to move abroad, where they are better recognised and paid, says Mar Martínez Lao, a family physician in Ciudad Real and representative for urban primary care centre physicians of the Spanish Medical Colleges Organisation (Organización Médica Colegial). "I earn €3000 monthly, same as 30 years ago."

Reyes Mazas, a paediatrician in Cantabria and member of the board of directors of the Spanish Association of Paediatric Primary Healthcare (Asociación Española de Pediatría de Atención Primaria), says, "There are no paediatricians to cover for sick leave or vacations and we must take on patients from two or three practices. The system is set up so that there is manpower in the hospital [but not primary care]," she adds.

Most paediatricians prefer to practise in secondary rather than primary care.[12] Mazas says that in a small region like hers (with 600 000 inhabitants), "we even have a hard time consulting with hospital paediatricians, even if they taught us [during our training]."

Add to that the fact that primary care is becoming less attractive to Spanish medical students: of 217 residency positions that remained vacant after the last MIR examination (the annual countrywide assessment test to access medical specialist training)— 200 were in family and community medicine. "The possibility to research or have a professional career, to grow and develop, is far more difficult [in primary care] than in the hospital," says Sánchez.

"When [students] rotate in primary care, they like it; what they dislike are the working conditions," says Sánchez. Martínez Lao says it would help if they were exposed more to primary care practice in their formal teaching at university—just five of the 46 medical schools in Spain have chairs of family medicine or primary care, with most medical training teaching focused on secondary care. "What is not known, cannot be liked," she says.

Impermanent state of employment

But perhaps the biggest problem is the impermanence of employment. The proportion of people in temporary employment has been a general problem in the Spanish labour market since the 1980s, which worsened after the 2012 European bailout to Spanish banks and became even more precarious for the public healthcare sector during the covid-19 pandemic. At the time of writing, over 40% of Spain's health workers are on temporary contracts, the highest percentage of temporary workforce in the country's public sectors.

A report from the European Commission in May 2022 stated that "working conditions remain a challenge, with increasing use of temporary contracts (41.9% of all health workers in 2020, up from 28.5% in 2012), which since the start of pandemic has mainly been explained by special recruitment schemes to respond to the surge in demand."

To gain a permanent position as a civil servant, one must first pass an "oposición," or public examination, issued by the regional authority. But these exams are irregular, and administrations often delay announcing them (the reason is unclear, but critics suspect it may be for budgetary reasons). As a result, some doctors or nurses have been working on non-permanent, fixed term contracts—usually around a year—in the same position for more than 10 or 20 years. The State Confederation of Doctors' Unions (Confederación Estatal de Sindicatos Médicos) says that those who do make it to a permanent position are "usually around 50 years old, having spent decades on temporary contracts."

For Juan José Rodríguez Sendín, a retired general practitioner who worked as a rural doctor in his hometown Noblejas, Toledo, and presided over the Organización Médica Colegial from 2009 to 2017, providing stability is essential to retaining and growing the number of staff in primary care. In a positive move, in March 2021 the European Union urged Spain to reduce temporary employment in the public healthcare sector as one of the prerequisites for receiving European aid funds directed to recover from the pandemic.

Sendín suggests that part of their salary should be linked to results: "The current model does not incentivise good work," he says, but admits that unions and many healthcare professionals are reluctant to go down this road.

In December 2021, national and regional authorities agreed an action plan to keep the temporary employment rate below 8%. It also promised to make temporary contracts at least two years in length and to hire on permanent contracts at least 65% of the doctors who finish their four year residency. In July 2022, the Spanish Cabinet passed a law preventing healthcare professionals from working more than three years in a row under temporary contracts.

Both are positive moves, but results remain to be seen. Martínez Lao notes that no additional budget has yet been allocated, which makes her pessimistic. "It is not being implemented, nor will it be."

Competing interests: I am a freelance journalist, actor, paediatrician, and set doctor and medical consultant for film and television. I worked for the Hospital Infantil Universitario Niño Jesús (2008-13), a public hospital in Madrid, and have worked and may continue to work for several public primary care centres in Madrid (2011-20), being paid by the Government of the Community of Madrid.

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