Quality Plan for the National Health System

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GOBIERNO DE ESPAÑA

MINISTERIO DE SANIDAD Y CONSUMO

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Introduction

In March 2006, the Ministry of Health and Consumer Affairs released the Quality Plan for the National Health System (SNS), divided into six big areas for action in response to the main challenges of our health system. These areas translated into 12 strategies, 41 goals, and 189 projects, carried out in cooperation with scientific and professional associations, and with institutions in autonomous communities.

Most projects were developed in accordance with the stipulations in the Quality Plan, while others are still underway, given their validity.

The Quality Plan for the National Health System was one of the President of the Government of Spain's promises in his inauguration speech. It is basically aimed at improving the quality of the National Health System, ensuring equal access to the provision of medical services throughout the national territory.

This Quality Plan is framed within the agreements reached at the 2nd Conference of Presidents, held in September 2005. With a budget of 50 million euros in 2006 and 50.5 millions in 2007, the plan was one of the priority tasks the Ministry was entrusted with.

This text corresponds to the 2007 version of the Quality Plan for the National Health System. As it was the case in the previous version (2006), its guiding principle is the

commitment to offer patients, users and professionals a National Health System that is:

- Based on patients and users' needs.
- Oriented towards protection, health promotion, and prevention while prioritising research.
- Concerned with the promotion of fairness.
- Intended to encourage clinical excellence.
- Interested in stimulating procedure and technology assessment based on the best evidence available.
- Capable of spreading the use of new information technologies for the improvement of patient, user and citizen services and the guarantee of service cohesion.
- Capable of advance human resource planning in order to meet service needs adequately.
- Transparent for all actors involved.
- Assessable with regard to action results.

The 2007 version of the Quality Plan includes a series of actions most of which involve steady cooperation with autonomous communities, scientific societies, universities, research centres and institutes, and patients.

The new plan emphasises the idea that its working lines should be joined voluntarily. This system worked in 2006, as all actors understood that the plan was not intended to replace or multiply the action taken in this field in autonomous communities.

Therefore, this Quality Plan is intended to make a contribution to the cohesion of the National Health System, guaranteeing the optimal quality of medical care for all citizens, irrespective of where they live, while offering useful tools to health professionals and policymakers in autonomous communities.

In fact, this is related to one of the key roles of the Ministry of Health and Consumer Affairs as the institution in charge of coordinating the National Health System: strengthening cohesion and ensure equality in the access to and the quality of the health services provided.

Many of the actions included in this Quality Plan recognise that, in the medical sciences, knowledge evolves at great speed. In just a few decades, amazing

progress has been made in the fight against disease, the knowledge of its causes, and the healthcare approach to its consequences.

In this context, health professions are always in constant need of knowledge update, and this requires channelling professional and institutional efforts to face the challenge of identifying the aspects that need to be incorporated into clinical practice in the light of scientific evidence for the benefit of patients and users.

The introduction of new information technologies in many spheres of everyday life has brought about an unprecedented change in the healthcare industry, opening up new possibilities for professionals and common citizens (patients and users) alike. This has resulted in more and better access to information on health and disease, conditioning factors, prevention, treatment, and rehabilitation, based on proven and published cases.

The growing interest in health among citizens and the media also produces a great deal of information on health technologies, new discoveries, and other health issues that consistently feed expectations on the enhancement of the capacity of medicine to fight disease.

The traditional doctor-patient relationship, resting on a significant information gap between both actors, is now changing due to citizens' increasing demands, which to a great extent are determined by the widespread access to information and the conscientious exercise of rights by the people.

In addition, there have emerged some trends to boost healthcare quality by developing strategies and taking measures that encourage professional public sanitation excellence in both technical and professional aspects. This should translate into top-quality clinical practice.

The basic goal of these strategies and measures is to ensure excellent, personal healthcare, focusing on patients and users' specific needs. Therefore, it is clear professionals need to be supported in their efforts towards clinical excellence.

In this sense, the ongoing update and continuous development of capacities and skills to meet the needs of increasingly demanding patients and users has become a major challenge for healthcare organisations.

All in all, the 2007 version of the Quality Plan for the National Health System released by the Ministry of Health and Consumer Affairs reasserts the main role of patients and health professionals in the healthcare system nowadays.

Pivoting round this major actors, healthcare actions should articulate strategies, measures and programmes to ensure the accomplishment of the fundamental goal of the public health system: providing fair quality healthcare services so that this results in better health indicators for the population as a whole.

These services should be provided in a cohesive territorial framework where equality in the exercise of citizens' rights to healthcare and health protection is guaranteed through an efficient management of public resources.

This new, 2007 version of the Quality Plan for the National Health System has been released to help the National Health System meet these challenges, as agreed upon during the 2nd Conference of Presidents.

The Ministry of Health and Consumer Affairs is thus renewing its commitment to strategies leading to quality healthcare for all citizens, irrespective of their place of residence. These strategies are intended to be complementary to those implemented in regional healthcare systems.

The new Quality Plan includes actions in the six big areas defined in 2006 to meet the principles and challenges of the National Health System:

1. Health protection, promotion, and prevention.
2. Equality.
3. Human resource planning for healthcare.
4. Clinical excellence.
5. Use of information technologies to improve citizens' service.
6. Transparency.

In the 2007 version of the quality plan, these six big areas are realised in 12 strategies, 40 goals, and 197 projects.

As in 2006, strategies have been conceived of as rough lines of action in the medium and long term. Goals, summarising the most relevant aspects of healthcare services, are to be accomplished in the medium term. Most projects, on the other hand, should be developed in the short term.

STRATEGIES AND GOALS

Health protection, promotion, and prevention

STRATEGY 1 HEALTH AND LIVING HABITS

Goal 1.1. Analysing evidence on the effectiveness of health protection and primary prevention strategies

Since the late 1970s, groups of experts in different countries have been systematically and regularly reviewing scientific evidence on the effectiveness of early detection and disease prevention.

Besides, since the late 1980s, governments in developed countries have been gathering experts in a wide range of prevention, clinical, and assistance services to review the evidence on the effectiveness, benefits and risks of preventive intervention and community action for health promotion and prevention.

Spain has a single nationwide initiative under way, supported by the Ministry of Health and Consumer Affairs: the Preventive Action and Health Promotion Programme (PAPPS), launched by the Spanish Family and Community Medical Society (SEMFYC) in 1988.

Carrying out projects to analyse the evidence available on the effectiveness of health promotion and disease prevention strategies can help direct healthcare activities adequately.

Projects to be developed:

1. Foster reviews of evidence on the effectiveness of preventive and health promotion community interventions and of the actions taken within the National Health System (SNS).
2. Issue regular prevention tips on vaccination, nutrition, physical activity and obesity in children and teenagers, smoking, alcoholism and its consequences in adolescents, and elderly dependency.
3. Launch evidence-based information campaigns.
4. Take evidence-based preventive action through the Smoking Prevention Observatory established by Law 28/2005 of December 26th, sanitation measures against smoking, and regulatory action with regard to tobacco sale, consumption, and advertising.

Goal 1.2. Boosting the development of primary care in the context of the AP21 project

At their plenary session of December 11th, 2006, the SNS Inter-territorial Board unanimously agreed to thank groups of experts for the valuable work done in connection with the AP21 project.

In the same session, the Board also agreed unanimously that documents should contain an adequate strategic framework for Autonomous Communities (ACs) to implement the measures leading to the accomplishment of the goals related to the improvement of primary care in Spain for the 2007-2012 period.

Finally, the Board decided to ask the SNS Quality Agency to develop a series of indicators for progress assessment, working with ACs and advised by professionals.

The Board's unanimous decisions were of utmost importance for the development of primary care, since the public administration at the regional level showed their commitment to work with the national authorities in this field, within the framework of the AP21 project.

The future action taken by the Ministry of Health and Consumer Affairs will be based on the agreement reached by the SNS Inter-territorial Board on December 11th, 2006, considering the AP21 project as the right strategic framework to give a boost to primary care in Spain.

Projects to be developed:

1. Lay down clinical guidelines for an integrated approach to first care, including coordination with specialists.
2. Develop common protocols for the use of primary care diagnostic tests widening access to diagnostic means at this first healthcare level and thus improving the capacity for solutions.
3. Encourage professional and IT training (e-appointments, online consultations, etc.) in administrative units at healthcare centres, so that user and information services improve.
4. Assess experiences in different ACs to improve the capacity for primary care solutions in the following areas: shorter waits at doctors' offices as a result to better planning and access to e-appointments; debureaucratisation of consultations; access to diagnostic means at this level, primary and hospital care coordination.
5. Carry out pilot projects to promote the integration of prevention and health promotion activities at primary care centres.
6. Launch and assess citizen participation pilot experiences, especially in ACs and in the context of primary care community action programmes of scientific societies.
7. Create a virtual library for primary care documents.
8. Create information strategies targeted at citizens to build an image of primary healthcare that mirrors its reliability and quality.
9. Design a series of indicators to be used in the assessment of progress made following the implementation of the AP21 project, together with the ACs and taking professionals' opinions into account.

Goal 1.3. Preventing obesity

In Spain, the prevalence rates have been estimated at 14.5% for adults and 13.9% for children and adolescents. Thus, with regard to the percentage of obese adults, the country lies in an intermediate position in the European ranking. However, for children aged 6 to 12, the prevalence rate is higher: 16.1%. Only in Italy, Malta and Greece are rates higher in this respect.

Obesity is a preventable chronic disease, as well as a risk factor for the development of other chronic diseases. Fighting it is important in public health and also in terms

of healthcare costs. A study carried out in 1999 valued the annual costs of obesity in Spain at 2,500 million euros, i.e. 7% of the total healthcare costs.

The approach embraced by the Ministry of Health and Consumer Affairs was the so-called NAOS strategy.

Two out of three Spanish children engage in low levels of physical activity beyond school, less than one hour a day. Moreover, 38% adolescents say their leisure lifestyle is sedentary.

On average, Spanish children spend two hours and a half a day watching TV. This makes them the second strongest telly addict group in the EU, only behind British kids. This time is even longer when the half hour a day they spend in front of the computer or the video game console is factored into the equation.

Exercise and sport are increasingly being replaced by passive leisure time among children, adolescents, and youth.

It is well-known that an individual's relationship with food and their eating habits get fixed early in life, so an adequate diet from birth and during childhood has proved to be the most effective way to prevent obesity. Bad eating habits can be observed in children as young as two years old, and they could be one of the conditioning factors in the development of obesity.

Therefore, obesity prevention should start in childhood, by encouraging healthy habits and physical activity at primary care centres in activities where doctors, nurses, parents and teachers get involved.

In this respect, since the NAOS strategy came into effect, several efforts were made to promote healthy eating habits and regular physical activities, especially among children. Media campaigns have been carried out and agreements with sports institutions or local councils have been signed to promote these values among young people; guides and books have been published targeting children at primary care; and initiatives have been launched such as workshops where renowned chefs show children how to follow a healthy, well-balanced diet.

All these projects recognised the key role played by schools in the encouragement of healthy habits. This is why, at their session of June 2006, the SNS Inter-territorial Board passed an agreement to promote healthy foods and a well-balanced diet in school menus.

Another programme to fight obesity, PERSEO, is being carried out in schools. It is a pilot project targeted a primary school children in 67 centres in the six ACs with the highest prevalence rates for child obesity (Andalusia, the Canary Islands, Castile-León, Extremadura, Galicia, and Murcia), as well as in Ceuta and Melilla. The programme reaches 14,000 students and 500 education and health professionals.

PERSEO consists of a series of simple interventions in educational centres to promote healthy lifestyles among schoolchildren while involving families and acting on cafeterias and school environments simultaneously. Interventions included anthropometric surveys, learning activities, brochure and poster distribution, and extracurricular plans.

The Spanish Food Standards & Nutrition Agency is working on the publication of educational material (some 12 publications and about 100,000 documents) to be handed out in participating centres. This includes texts discussing different eating and physical activity issues for students, application guides for teachers and parents, menu guidelines for school cafeterias, and documents on the ways to detect, prevent and treat obesity for primary care professionals.

Projects to be developed:

1. The Spanish Food Standards & Nutrition Agency will launch the Obesity Observatory, which will follow up and appraise national, regional and local policies relating to the prevention and management of obesity.
2. Design strategies to help healthcare professionals provide information on healthy food and physical activity available to parents.
3. Prepare protocols to prevent and manage obesity in children and adults at the primary healthcare level, with the participation of ACs and the corresponding scientific societies.
4. Design ongoing education programmes for paediatricians and primary healthcare staff dealing with prevention and management of obesity.
5. Develop an education programme on obesity prevention for schools with the cooperation of the Ministry of Education and Science and the ACs.
6. Write and distribute handbooks for school food service managers so that they learn how to prepare healthy menus. These handbooks will be written with the support of the Ministry of Education and Science and the ACs.

7. Foster the development of municipal healthy food and physical activity plans.

8. Conduct an anthropometric survey of the Spanish population to know characteristics like body fat percentage and biometric profile to decide the relevant and significant data to appear on clothing labels. These data should help consumers access a consistent and truthful information.

9. Carry out the ENRICA epidemiological survey on obesity, nutrition and cardiovascular risk. A large sample size of men and women aged 18 to 64 from all the ACs will be surveyed. The goal of this survey is to learn more about obesity, its causes, and the incidence of cardiovascular diseases associated with obesity. The results of the survey will be used to support and enhance prevention to reduce or reverse risk factors.

Goal 1.4. Preventing alcohol consumption by under 18-year olds

According to the latest two drug surveys conducted among 14- to 18-year-old secondary school students framed within the National Drug Plan and corresponding to 2002 and 2004, the prevalence of alcohol use rose by 10 percentage points in only two years.

The increase was particularly significant with younger people. For 14-year-olds, the alcohol consumption prevalence rates for the thirty days before the survey were 26.1% in 2002 and 38.8% in 2004, which means they went up by over 12 percentage points in two years.

Indirect indicators show alcohol abuse was high, too. 46.1% of the students surveyed in 2004 said they had got drunk at least once, and 27.3% admitted to having got drunk in the thirty days before the interviews. This group get drunk 2.7 times a month on average, i.e. once every 10 days.

Alcohol abuse has negative health effects and could lead to school failure. It is also significantly associated to traffic accidents, many of which take place at weekends and involve adolescent drivers on scooters.

In spite of this, only 9% of Spanish teenagers have the perception that they drink (too much) alcohol. Furthermore, most of them do not consider alcohol abuse as a health issue.

These facts and figures have led the Ministry of Health and Consumer Affairs to suggest a series of measures to deal with alcohol consumption in two specific population groups: adolescents and motor vehicle drivers.

Projects to be developed:

1. Launch campaigns providing people with information about alcohol and health, with the focus mainly directed at adolescents.
2. Perform actions at educational institutions to provide adolescent with information on the different problems associated with alcohol misuse.
3. Carry out scientific research on the different health problems associated with alcohol consumption and spread its results.

Goal 1.5. Preventing home and road traffic accidents

The latest National Health Survey shows that 10% of the population had some accident in the twelve months before the interviews. Home accidents are the most frequent ones, accounting for 27% of all accidents.

The concern with home accidents has to do with their frequency and with their affecting specific population groups, such as children, the elderly (especially over 75), and women.

In the case of kids, boys are more prone to accidents than girls, while in adults it is women that are more likely to have them. In senior citizens over 75, the rate of accidents in men rises slightly.

In an integrated view of health, one of the most important aspects of home accidents is prevention. This results in the need to use broad strategies to reduce the prevalence of accidents and thus of health damage.

In addition, having a better understanding of the characteristics of people prone to traffic accidents can help direct preventive action in this field, oriented towards changes in specific situation and behaviour patterns.

Projects to be developed:

1. Conduct a study on the prevalence of home accidents nationwide.
2. Launch information campaigns about preventing children's accidents.
3. Design a plan for the prevention of home accidents and suggest measures to improve product safety. The plan is to be devised by the National Institute for Consumer Affairs along with the ACs.

4. Make a cross-section study describing the road traffic accidents that took place in Spain in 2005, and try to find the incidence of drug and medicine use on road accidents.

STRATEGY 2 - HEALTH PROTECTION

Goal 2.1. Managing environment risks for health and labour health

Health and the environment are closely related. The air we breathe, the water we drink, the place where we work, and the buildings where we live have a bearing on our health and welfare. Therefore, environmental sanitation and quality are key to health.

Improving existing procedures, evaluating the environmental impact on health, and integrating environment management issues into healthcare centre management are measures that can lead to improvements in the quality of public health action in the field of environmental health. This can also enhance human health protection, in line with the standards in REACH, the new EU Regulation on Registration, Evaluation, Authorisation and Restriction of Chemicals.

Projects to be developed:

1. Work with ACs to establish a labour health information subsystem, to be part of the SNS Information System.
2. Lay down the organisational basis for the application of REACH through coordination mechanisms with other ministries and the design and creation of a special unit for this purpose.
3. Work with the Ministry of Labour and Social Affairs to produce guides for SNS doctors on symptoms and pathologies related to agents causing professional diseases. The first group of illnesses to be dealt with are those included in group 1 of Royal Decree 1299/2006, of November 10th, approving the manual of occupational diseases in the SNS and establishing notification and registration criteria. This group includes those diseases caused by chemicals.

Equality

STRATEGY 3 HEALTH POLICIES BASED ON THE BEST PRACTICES

Goal 3.1. Describing, organising, analysing, and comparing information on health policies, plans and services

Health policies should be based on practical knowledge, that is, knowledge that is useful to take action. Although data collection and organisation are usual tasks in our health systems, using them to produce knowledge involves specific procedures.

The wide range of actions ACs can take within the frame of the SNS can make golden opportunities for mutual knowledge and cooperation towards quality improvement. The system's evolution, its territorial characteristics, and its adaptation and innovation capacity allow for the coexistence of common aspects and different situations as a response to health problems and needs that can be similar or not.

In 2006, the Ministry of Health and Consumer Affairs and the ACs sealed an agreement for a participation process to produce the Annual Report on the SNS and approved the 2005 report.

Projects to be developed:

1. Publish the 2006 SNS Report on the workings, achievements and problems of the National Health System.
2. Publish reports on regional variability regarding health and its associated risks.
3. Continue to compare the contents and consequences of the policies, plans and services offered by healthcare providers from Spain and other countries. This project will be carried out with the cooperation of the European Observatory on Health Systems and Policies and other international organisations.

STRATEGY 4 HEALTH POLICY ANALYSIS AND ACTIONS TO REDUCE INEQUALITY IN HEALTHCARE WITH PARTICULAR ATTENTION TO GENDER ISSUES

As envisaged by the General Health Law in 1986, healthcare equality is one of the SNS's priority goals. There is abundant evidence in Spain of the relationship between social inequality and health results. On the other hand, information on how to dealt with this situation within health systems is scarce. In order to design and assess health equality policies, it is necessary to have information systems revealing the social profiles of patients in order to analyse inequalities. Relevant social variables include socio-economic status or social class, country of origin, religion, gender, sexual orientation, age, and place of residence. These are related but distinct variables, and their relations are different across populations.

In 2006, three important documents were released: the first Report on Health and Gender (including data for 2005), the first Report on Voluntary Interruption of Pregnancy and Contraception among Young People, and the first Report on Health and Gender Violence. In addition, the special line of research on health and gender got a boost with the call for research projects launched by the Carlos III Health Institute (created in 2005) and the common protocol for assistance to women at risk of or victims of gender violence within the SNS and with the help of ACs.

Goal 4.1. Raising awareness on gender inequality in the health scenario and helping strengthen the gender approach to health policies and healthcare staff

Gender inequality in healthcare systems can affect both men and women. However, for social and organisational reasons, it is women that often suffer the consequences of unequal treatment.

In health, gender equality means that men and women should get equal medical treatment in the face of similar needs, and that their differences should be dealt with in a differentiated way. This should be taken into account throughout the planning and service provision process and at all levels.

The knowledge providing the basis for health system decisions should not be gender biased. Health professionals should be capable of understanding gender inequalities and of taking the necessary measures leading to equality within health systems.

Projects to be developed:

1. Prepare and publish the 2006 Health and Gender Report.
2. Promote –jointly with the Carlos III Health Institute and the Ministry of Education and Science– specific research on gender issues and the inclusion of gender aspects in research work on other health subjects. Special attention should be paid to cardiovascular disease, cancer, diabetes, mental health, external injuries, emotional-sexual health, among other conditions.
3. Carry out –jointly with the Technology Assessment Agencies and the Spanish Drug and Healthcare Products Agency– a plan to review and update information on diagnostic and therapeutic technologies used in cardiovascular diseases, breast cancer, cervix cancer, prostate, colon and rectal cancer, and osteoporosis taking gender issues into account.
4. Analyse the effect of gender stereotypes on the healthcare services provided by the SNS, and study the attitudes of SNS professionals towards gender inequalities to identify the strengths and weaknesses and determine the changes to be introduced.
5. Design methods and good practices to facilitate the inclusion of the gender approach into health information systems, strategies and plans, clinical guidelines, and budgets.
6. Include gender inequality issues in university courses' curricula (with the cooperation of the Ministry of Education and Science) and in ongoing education subjects' syllabuses, in cooperation with the ACs, and raise awareness on this subject among the staff at the Ministry of Health and Consumer Affairs.
7. Study the regional variations concerning services, and create good practices and quality indicators to improve sexual and reproductive health, including childbirth and postnatal period, paying particular attention to the needs of young people and immigrants.

8. Design and carry out a preliminary survey on sexual health to learn about the level of information and assistance, the opinions on accessibility and efficiency of the existing resources in this field, especially among the population under 30 years of age.

9. Prepare, with the cooperation of the ACs, the common protocol and a group of basic indicators to assist women who are victims of gender violence, as well as the quality criteria, common material and a learning plan targeted at the healthcare staff.

Goal 4.2. Building and disseminating knowledge on inequalities in the area of healthcare services and encouraging the adoption of good practices to promote equality in the SNS

Regarding this goal, there are two big action areas: improving health and the access to healthcare services for underprivileged groups, and improving health for all groups while reducing the gap between the underprivileged and those who are better off.

Projects to be developed:

1. Determine what the types of inequalities are in the area of public health, broken down by social class, level of education, gender and country of origin, and decide how to approach them. Analyse the different strategies and healthcare plans, and implement good practices to reduce the inequalities that are detected.

2. Collect and make known the necessary means to facilitate access to and use of healthcare services by the most vulnerable social groups –specially immigrants– focusing attention on primary care, emergencies, and disease prevention and health promotion plans. These actions are framed within the 2007-2010 Strategic Plan for Citizens and Integration.

3. Spread information on healthcare assistance from a multicultural perspective, and focusing mainly on aspects such as nutrition, care and gender, and particularly targeting women and children.

4. Prepare and spread information and foster cooperation with other administrations, especially local administrations, to enhance the efficiency of healthcare services offered to underprivileged groups.

5. Examine the specific healthcare needs of the disabled or people with limited mobility to suggest actions intended to increase accessibility. Support will be asked from organisations specialising in accessibility issues.

Human resource planning for healthcare

STRATEGY 5 ADEQUACY OF SNS HUMAN RESOURCES TO HEALTHCARE SERVICE NEEDS

Planning and developing human resources in the field of healthcare is essential to improve assistance quality. Among other things, good planning has to do with having better information systems on human resources (HR), identifying specialists' medium- and long-term needs, and supporting learning centres.

The Ministry of Health and Consumer Affairs considers HR planning as a fundamental tool to improve the quality of healthcare services. Therefore, the Quality Plan includes a priority course of action to face the problems in this area that have existed in the SNS for ages.

Goal 5.1. Planning the needs of medical specialists

Demographic changes, new citizen services, the increasingly complex technologies used in diagnosis and treatment, and the flow of professionals in increasingly wide circles have made it difficult to strike balance between the supply and demand of medical professionals without constantly assessing needs. As a result, a thorough

study of the present and future availability of human resources needs to be carried out for each specialty in the face of emerging challenges.

Projects to be developed:

1. Propose, alongside the ACs, the implementation of the Record of Healthcare Professionals. This record will include the number and location of professionals broken down by specialties, in both public and private centres.
2. Update the survey on potential future needs which is to be used to plan actions according to the different possible scenarios.

Goal 5.2. Supporting the structured organisation of National Health System human resources

Organising information systems on human resources, especially those enabling common, homogeneous, and real-time data management, is considered to be a valuable initiative at the CA level and also for the SNS as a whole.

Projects to be developed:

1. Design a common information system on HR at the SNS.
2. Create a management infrastructure in all the SNS centres to handle data in real time.
3. Develop a centralised structure to improve HR management.
4. Expedite bureaucratic procedures so that professionals from third countries who are hired to work in the SNS can validate their university degrees. Determine all the required quality criteria.
5. Establish the Professional Career Observatory as a basic tool to enforce the agreement reached by the Human Resources Committee with regard to equal opportunities, non-discrimination, free movement, and participation of professionals in the management of healthcare centres.

Goal 5.3. Carrying out actions to improve the quality of intern training

As a result of the examination and analysis of the reports issued by the teaching committee networks and the reflections of the Ministry of Health and Consumer

Affairs on the intern surveys framed within the National Audit Plans, a deficit in material resources was identified in the learning units where specialists get their training. Moreover, experience sharing is rare and participation in practical training activities at technically or educationally relevant centres other than those attended by interns is virtually non-existent.

Projects to be developed:

1. Implement exchange programmes in public healthcare centres belonging to the SNS in the different ACs. These programmes will feature give courses, seminars, and other activities aimed at achieving the goals stated in the SNS training programme.

Clinical excellence

STRATEGY 6 ASSESSMENT OF CLINICAL PROCEDURES AND TECHNOLOGIES SUPPORTING CLINICAL AND MANAGERIAL DECISIONS

In the past ten or fifteen years, some ACs in Spain have set up groups, teams, institutes or agencies for the assessment of healthcare technologies. They reached an acceptable level of development and influence and, thanks to their emerging coordination, they were able to operate in a network. Meanwhile, professionals and managers in healthcare centres and hospitals have become interested in this field.

Through the Health Technology Assessment Agency at the Carlos III Health Institute, the Ministry of Health and Consumer Affairs carries out technology assessment activities of utmost importance for the SNS.

The significance of health technology assessment was recognised at the 2nd Conference of Presidents, where they also acknowledged the need to implement it in the context of the SNS through the Health Technology Assessment Agency at the Carlos III Health Institute and the agencies and units in ACs.

In 2006, the Ministry of Health and Consumer Affairs launched a special health technology assessment plan, in line with the suggestions made by the Health Technology Assessment Agency at the Carlos III Health Institute and its counterparts at the regional level.

For the goals in this area set in the 2006 Quality Plan to be accomplished, agreements have been signed with the Health Technology Assessment Agency at the Carlos III Health Institute and with the following health technology assessment agencies in ACs: the Health Technology Assessment Agency of Andalusia, the Research and Health Foundation of the Canary Islands, the Health Management Public Foundation of Galicia, the Basque Foundation for Health Research and Innovation, the Aragón Institute of Health Sciences, the Medical Research and Technology Assessment Agency of Catalonia, and the Laín Entralgo Agency for Healthcare Studies, Research and Training of the Community of Madrid.

These agreements have resulted in the creation of a network between regional agencies and those of the SNS. By virtue of them, the Quality Plan financed over 100 specific projects in key areas such as cancer, palliative care, mental health or diabetes, among others.

The actions resulting from these projects include the assessment of existing or new technologies and procedures in order to provide better assistance to patients; the creation of clinical practice guides with the help of scientific societies; and the implementation of training programmes to encourage assessment among the physicians and managers of the SNS.

On the other hand, the Health Technology Assessment Agency at the Carlos III Health Institute is working on an electronic platform to share knowledge and enable networking for all health technology assessment agencies and units in ACs. The idea is to have data and assessment bases that can be easily accessed by health professionals, making emerging technology reports, learning resources, resource maps, and links to national and international assessment networks and related projects available to all.

Goal 6.1. Suggesting ideas and criteria to identify and follow up new technologies and procedures

The timely assessment and follow-up of technologies and procedures before they are introduced in health systems can give all actors, especially policymakers, an idea their safety, relevance and effectiveness for patients. This translates into stronger leadership for health authorities, better assistance, less uncertainty, and much time and resource saving.

At the European level, there are several sentinel networks for assessment and follow-up, and some Spanish teams are part of them. A network strategy for SNS assessment agencies and units to identify, prioritise, and assess new or emerging

health procedures and technologies can provide useful information for decision-making, and this can lead to quality improvement and to a wider range of services provided to all citizens.

The development of Royal Decree 1030/2006, on the portfolio of common services, is to include the identification of emerging techniques, technologies and procedures through the Health Technology Assessment Agency at the Carlos III Health Institute and other assessment agencies. These techniques, technologies and procedures should be assessed in order to decide whether they will be included in the portfolio of common services provided while still in early stages.

Projects to be developed:

Action begun in 2006 will be continued in the following areas:

1. Identify and select new, emerging technologies and procedures by checking specific sources on a regular basis.
2. Establish an information network to inform health authorities, healthcare centres and professionals on the new technologies and procedures identified.
3. Create and keep a database containing the new technologies and procedures identified.
4. Prepare regular reports with technical specifications to be filed with the SNS.

Goal 6.2. Designing a health technology assessment plan for the National Health System

Designing or adapting proven methods and outlining explicit criteria and standards for the assessment of technologies and procedures in their introduction and widespread use stages, making them available to physicians, managers and decision-makers, and establishing priorities or assessing a significant number of technologies in due time are key factors to ensure patient safety, clinical excellence, and the technical quality of healthcare.

These ideas were included in Royal Decree 1030/2006, establishing a portfolio of common SNS services, as guidelines to add new techniques, technologies and procedures or eliminate existing ones.

Projects to be developed:

Action begun in 2006 will be continued in the following areas:

1. Adjust existing methodologies and establish standards for an adequate use of health technology and procedures.
2. Develop the health technology and procedures assessment plan for 2007-2008, including the technologies and procedures seen as a priority to the SNS, based on proposals put forward by the Ministry of Health and Consumer Affairs, the Health Technology Assessment Agency at the Carlos III Health Institute, and the assessment units and agencies of the ACs.
3. Set up the standards to update the portfolio of the SNS common services, as stated in the Royal Decree 1030/2006, of September 15th. These standards will help determine the role of health technology assessment in the updating of the aforementioned services.

Goal 6.3. Encouraging the assessment culture among managers and training professionals specialising in health technology assessment

Spreading the assessment culture, based key concepts such as effectiveness, usefulness, costs and efficiency, among a high number of health service providers and healthcare managers contributes to quality control and clinical excellence while facilitating the management of health institutions.

Moreover, training more professionals in health technology and procedure assessment so that they can work part-time or full-time in this area enhances the capacity for assessment, as well as the fastness and accuracy (and thus the usefulness and impact) of assessment-based recommendations.

This also derives from the speed and huge amount of emerging technologies and procedures in healthcare, and of the new directions for or difficulties with existing ones.

Projects to be developed:

Action begun in 2006 will be continued in the following areas:

1. Devise a technology and procedures assessment training programme targeted at managers.

2. Plan a series of seminars on devices, variable analysis, effectiveness, use, or financial assessment, for both recent recruits and professionals who are already working on health technology and procedures assessment.
3. Draw a map of shared resources in health technology and procedures assessment, and create a common policy to access information and training for Spanish assessment teams and agencies.

Goal 6.4. Encouraging the assessment culture among primary and specialist care professionals

Spreading the assessment culture among a high number of primary and specialist care professionals contributes to quality improvement and assistance safety, smoother professional-manager relationships, and ongoing professional training.

In addition, emphasising key concepts such as effectiveness, usefulness and efficiency can lead to technology and procedure innovation and bring about need ideas for the betterment of health systems and institutions.

Projects to be developed:

1. Create training programmes based on health technology assessment's concepts and methods, and on scientific evidence, targeted at primary and specialist care professionals. These programmes are to be developed with the cooperation of health technology assessment agencies, scientific societies and professional associations.

Goal 6.5. Improving the tools available at the National Health System to assess health technologies and procedures

In order to carry out many of the actions described in goals above and to increase the system's capacity for timely and effective production and dissemination of scientific evidence in the field of healthcare, it is necessary to strengthen the rudimentary network of health technology assessment agencies and units, so that it can become a real "assessment research" and training centre for the functioning of the SNS.

Projects to be developed:

1. Develop an electronic platform supporting shared knowledge. Health professionals should be able to easily access the database, assessment reports, reports on new technologies, resource maps and links to national and

international assessment networks, and other projects as well (for instance, Guía-Salud, nationwide clinical practice guidelines).

2. Facilitate citizens' access to information based on scientific evidence on health promotion, disease prevention, healthy habits, and the most prevalent diseases, including contrasts with international scientific literature.

STRATEGY 7 HEALTHCARE CENTRE AND SERVICE AUDIT AND ACCREDITATION

Auditing and accrediting healthcare units, health services and research centres on a regular basis certainly contributes to quality improvement. The Ministry of Health and Consumer Affairs can establish the basic requirements to be met when these tasks are undertaken at the regional level. The Ministry can also design procedures and develop tools for their completion.

In 2006, the Royal Decree on the Accreditation of Reference Unit, Services and Centres was passed, the number of educational audits doubled, the accreditation model for learning centres was updated, a training programme for auditors was developed and reached 200 professionals, and the manual and protocols of family medicine were published.

Goal 7.1. Establishing the basic requirements and the safety and quality guarantees to be met by new healthcare centres at the National Health System level

Guaranteeing citizens' safety and service quality at healthcare centres and institutions is a priority goal for both the Ministry of Health and Consumer Affairs –the body that must guarantee health equality and the cohesion of the SNS– and health authorities in ACs, who are in charge of the planning and provision of healthcare services at the regional level.

Projects to be developed:

1. Coordinate the work team made up of representatives from the ACs established in 2006 and aimed at defining contents and criteria on safety and quality guarantee to be complied with by new healthcare centres.
2. Prepare the general outlines for the safety and quality guarantee to be provided by healthcare centre and services.
3. Implement external assessment through standard certifications for healthcare centres and services, and draw up such standards.

Goal 7.2. Guaranteeing the quality of healthcare centres, services and procedures within the National Health System by implementing adequate procedures and an accreditation model

The project defining and selecting reference services for the SNS should abide by the principles of equality, universal access, and interregional cooperation. Therefore, it should foster equality throughout the system, so that all citizens can have access to the same specialist services irrespective of their place of residence, and with the same safety and quality guarantees, deriving from case-based experience. Thus, this project's ultimate goal is to ensure quality, safety, and optimal resource use in the public health system.

Projects to be developed:

1. Establish, with the cooperation of the ACs, the procedures and the accreditation model for healthcare centres, services and units of reference, as stated in the Royal Decree 1302/2006, of November 10th.
2. Define, jointly with the ACs, the procedures, pathologies and criteria to be included in the process of designation of centres, services and units of reference by the SNS Inter-territorial Board.

Goal 7.3. Strengthening the institutional auditing system applied in learning centres offering postgraduate courses

Spanish postgraduate courses for health professionals are internationally recognised for their quality, transparency and equality of access. Having an audit and accreditation model for learning centres and units is one of the keys to their success, and the country has a long experience in this area.

However, reviews carried out since 2003 onwards emphasise the need to strengthen the model in some respects; in particular, extending its coverage, making it more dynamic and transparent, and standardising the evaluation criteria, the profile of auditors, and the production of reports.

Projects to be developed:

1. Coordinate and reinforce the auditing team at the SNS, which comprises representatives from all the ACs and the Ministry of Health and Consumer Affairs.

2. Devise and carry out the Audit Plan for the assessment of postgraduate courses offered by educational institutions.
3. Adopt the new management and organisation model stated in the National Audit Plan.
4. Implement the new Educational Institution Audit Handbook at the SNS.
5. Prepare the self-assessment questionnaires for the following teaching units: Occupational Health, Preventive Medicine and Public Health.
6. Write the Audit Handbook adjusting it to the new programme and requirements for accreditation of the medical specialties of Occupational Health, Preventive Medicine and Public Health, Oncology, and Neurology.
7. Develop and implement the 2007 Audit Plan, the self-assessment questionnaire, and the Audit Handbook according to the new programme and requirements for accreditation of the medical specialties of Family & Community Medicine.
8. Carry out the 2007 training plan targeted at professionals who constitute the auditing teams.
9. Continue to train a group of registered auditors from the ACs jointly with the Spanish Quality Agency, the National Health School, and other agencies.

STRATEGY 8 PATIENT SAFETY AT THE HEALTHCARE CENTRES OF THE NATIONAL HEALTH SYSTEM

The undesired side effects of medical assistance are a major cause of morbidity and mortality in all developed health systems. Besides having personal consequences for patients' health, they have a negative economic and social impact on the system as a whole.

Therefore, improving patient safety has been a priority strategy in health system quality policies, and international organisations such as the EU, the WHO or the OECD have developed strategies to dealt with the occurrence of adverse events related to medical assistance.

Actions in the field of patient safety framed within the 2006 Quality Plan for the SNS have given rise to many initiatives at several SNS healthcare centres. The first National Survey on Adverse Effects (ENEAS Study) was an important step in this direction. ENEAS is the fifth most important study of its kind in the world, and the third to be carried out in Spain. It shows that the occurrence of adverse effects in SNS hospitals is similar to those in other countries where similar studies have been

conducted (e.g. France, the UK, Canada and Australia). It also points to the areas where significant improvements can be made: drugs, hospital infections, anaesthesia, and surgery. In addition, the Minister of Health and Consumer Affairs has signed the WHO joint declaration on patient safety, 140 scientific societies supported the "Clean Assistance is Safer" declaration, there have been two online courses for risk managers and a basic training course for 800 health professionals, and a multimedia learning kit has been distributed among physicians and managers.

Action along similar lines is being taken in 2007. The goals below summarise the specific activities being carried out.

Goal 8.1. Providing insight and promoting discussion about patient safety among professionals and patients at all levels

Fostering a culture of patient safety in an organisation requires strong leadership, and careful planning and follow-up. Understanding professionals' perceptions in this respect should be the first step towards action leading to changes in professional practices. Research, information and learning play a key role in the creation of a culture of patient safety that will in turn improve service quality through the knowledge of the undesired effects of medical assistance.

Projects to be developed:

8.1.1. Action to deepen the understanding of patient safety

1. Publish the results of the ENEAS II Study (National Survey on Adverse Effects, part II).
2. Publish the survey conducted in 2006 on SNS professionals and their opinion about patient safety.
3. Make a qualitative survey on how patients perceive patient safety issues.
4. Publish a CD containing information and reports prepared after the 2006 International Conference on Patient Safety in the National Health System.
5. Spread information about the World Alliance for Patient Safety, launched by WHO and agreed upon by Spain.
6. Launch an information campaign on patient safety.

8.1.2. Action to upgrade training in patient safety at all levels of medical assistance

1. Offer training on safety and clinical management to healthcare professionals.
2. Create and distribute a multimedia module that provides information to help support the teaching and learning of patient safety issues. Targeted at professors, and undergraduate and graduate students.
3. Develop three approved and accredited online courses of reference for Risk Managers in the ACs and healthcare institutions.
4. Launch basic courses on patient safety, to be done by clinicians, nurses and pharmacists.
5. Reach cooperation agreements with scientific societies, framed within the Declaration of Professionals on Patient Safety, announced in 2006.
6. Encourage participation of patients in their own safety, developing participation models jointly with patients' associations, attending seminars and open conferences.
7. Organise the 3rd International Conference on Patient Safety: Patients and Professionals for Patient Safety, for patients, consumers and health professionals.

8.1.3. Action to encourage research into patient safety

1. Foster and finance research lines addressing patient safety issues through the Carlos III Health Institute.
2. Carry out a survey to find out the financial effect of adverse effects on the SNS.
3. Establish a Cochrane review team to deal with patient safety issues.
4. Make studies, prepare reports and reach agreements with the ACs, universities and other institutions to foster works and projects addressing patient safety issues.
5. Design and develop projects that help propose measures to minimise adverse effects.

8.1.4. Action to strengthen Spain's participation in the forums on patient safety hosted by leading international organisations

1. Take part in work teams specifically established by major world organisations (WHO, OECD, EU, PAHO, Council of Europe, etc.) to examine and suggest patient safety policies at the global level.

2. Participate in international work teams that carry out projects addressing adverse effect issues, safe clinical practices, and hospital-acquired infection control.

Goal 8.2. Designing and adopting information and communication systems for reporting patient safety incidents

The ultimate goal of an incident reporting system is to improve patient safety by gaining knowledge of adverse effects and learning from mistakes. Incident reporting systems are not intended to identify and punish the healthcare staff involved in adverse events but to analyse mistakes and prevent them from happening again.

Projects to be developed:

1. Publish a legal report on adverse effect notification systems.
2. Design and develop a prototype information system for reporting adverse effects.
3. Identify and validate a basic set of patient safety indicators to be applied in the SNS to help identify potential healthcare related adverse events.
4. Study other data sources besides hospital discharge data to facilitate decision-making that might affect patient safety.
5. Design a conceptual model on adverse effects and patient safety at the primary care level.

Goal 8.3. Implementing safe practices in the National Health System

8.3.1. Projects to encourage and evaluate safe clinical practices by virtue of agreements with ACs

All the actions will be carried out in ACs, based on special agreements signed between them and the Ministry of Health and Consumer Affairs. Agreements shall envisage financing and project completion evaluation. Resuming the foundation laid in 2006, action will be oriented towards the implementation of safe practices in the following areas:

1. **Preventing complications of anaesthesia in elective surgery:** The adverse effects of anaesthesia are related to toxicity, falls, PE/ DVT, wrong starting points, foreign bodies, sepsis, surgical injury infection, transfusion reactions, acute stroke, acute myocardial infarction, etc. Although some of these events cannot be classified as preventable, effective action can be taken to reduce their likelihood of occurrence.

2. **Preventing in-hospital hip fractures:** Protocols should be created and disseminated for adequate monitoring and nursing, in order to prevent hip fractures in patients prone to falls.

3. **Preventing pressure ulcers in patients at risk:** Decubitus ulcer development is common among hospital patients who cannot move. Ulcers have a negative impact on the patient's health, extending the time they spend in hospital and consequently increasing costs. Decubitus ulcers can be prevented with adequate nursing, particularly with the design and application of patient checklists and protocols.

4. **Preventing pulmonary embolism (PE) or deep vein thrombosis (DVT) in patients at risk:** Protocols should be created and disseminated for adequate use of anticoagulants to prevent PE and DVT development and for prophylaxis indications in patients at risk.

5. **Preventing hospital-acquired infections:** The incidence of hospital-acquired infections can be reduced by taking pre-, intra- and post-surgical measures, including the control of environmental risk factors (to prevent legionellosis, for instance), stringent hygiene requirements, and proper use of antibiotic prophylaxis. Adequate hand washing with aqueous alcoholic solution can be effective in reducing the risk of hospital infections; the leading international health organisations strongly encourage it. The specific measures to be taken are: (a) designing a protocol for antibacterial prophylaxis and hygiene requirements for patients at risk; (b) encouraging hand washing in healthcare centres; (c) handing out information brochures and posters; and (d) identifying critical places for aqueous alcoholic solution availability.

6. **Preventing medication errors:** Medication errors are one of the most common causes of adverse effects in hospital patients and also in primary care centres. Health systems can minimise this risk factor using electronic prescription systems, improving drug identification systems, improving communication between professionals, and implementing strategies for the use of therapy-helping devices, among other solutions. In addition, more information (e.g. drug technical files) should be available to nurses and physicians, regulations on

special control medicines should be enforced and networking should be encouraged among the 17 regional centres for drug surveillance. Many of these solutions should be specific to emergencies, hospitalisation, specialties, primary care, or home care.

7. **Preventing adverse events in chronic patients,** with special attention to medication and continuous care.

8. **Preventing adverse events in patients requiring palliative care,** with special attention to those in the terminal stage, encouraging practices favouring early detection, prevention, prevailing symptom management, adequate agony treatment, smooth communication with patients and their families, and the pursuance of last wishes.

9. **Ensuring proper care during pregnancy, childbirth and the postnatal period,** promoting safe practices to prevent the occurrence of pathologies, whenever possible, in pregnant women and foetuses, injuries in newborn infants, and complications after vaginal delivery or caesarean section.

10. **Promoting the good use of informed consent,** following similar criteria in all healthcare units and in the SNS as well.

11. **Ensuring that patients' last wishes will be honoured,** following similar criteria in all healthcare units and in the SNS as well.

8.3.2. Tools to encourage good practices with regard to patient safety

1. Prepare a model for assessing safe medication care in hospitals belonging to the SNS.

2. Validate and, if applicable, implement a proactive system for assessing safe practices in healthcare centres through specific indicators of structure, processes and outcomes.

Goal 8.4. Ensuring the high quality of blood transfusion services and centres

As is the case in most developed nations, the Spanish SNS considers altruism and free will to be the essential ingredients of blood donation, and the most effective safeguards of quality and safety for both donors and patients.

With the aim of ensuring an equally high level in the quality and safety of blood and its components across Member States, the EU enforced Directive 2002/98/CE of the European Parliament and the Council (27th January, 2003), whose goal is to standardise quality and safety requirements for blood extraction, verification, treatment, storage, and distribution, and Directive 2004/33/CE on technical requirements for blood and blood components.

In Spain, Royal Decree 1088/2005, of September 16th, establishes the basic technical requirements and conditions for blood donation and for blood transfusion services and centres. This decree also reviews all national regulations in force and transposes the provisions in the two EU directives into national law. Article 32 of the decree states that blood transfusion services and centres should feature quality systems in compliance with good practice principles and covering all activities.

On 1st October, 2005, Directive 2005/62/CE was enforced, implementing Directive 2002/98/CE with regard to EU regulations and specifications for blood transfusion centre quality systems.

Projects to be developed:

1. Implement Directive 2005/62/EC.
2. Write a Quality Handbook for blood transfusion services and centres, and organise a seminar to discuss these services and centres' quality standards.
3. Continue to develop strategies along with health professionals, blood donor associations, and ACs to encourage blood donation and promote self sufficiency.

Goal 8.5. Suggesting measures for process quality improvement at the National Transplant Organisation

Since its creation over 17 years ago, the National Transplant Organisation (ONT) has done invaluable scientific, medical and social work. This has placed Spain in the avant-garde of transplants in the world. Retaining leadership while facing new challenges requires strengthening existing tools and management procedures at the ONT and developing new ones.

In 2006, quality measures were reinforced, digitising files, increasing electronic management capacity, implementing a system of tissue identification, traceability and biosurveillance, and undertaking a study of the quality of life of solid organ transplanted patients.

Projects to be developed:

1. Devise a programme to improve data processing security at the National Transplant Organisation (Spanish acronym, ONT).
2. Advance a multimedia training programme focusing on organ, tissue and cell donation and transplant.
3. Offer accreditation to centres specialising in hematopoietic stem cell extraction, processing and transplant.
4. Develop the national umbilical cord blood plan.
5. Apply measures that help integrate ethnic minorities that have recently become part of our society into the donation system.

STRATEGY 9 MEDICAL ATTENTION TO PATIENTS WITH SPECIFIC DISEASES

The most prevalent diseases, which require more medical assistance as well as more family and social support, have become the focus of attention in all countries and to international organisations. In developed countries, this is particularly true for chronic conditions, since they affect increasingly large population groups for a longer time and, if they are not prevented or treated adequately, they can lead to loss of autonomy for patients and caretakers, mostly women.

This should not bring research and assistance efforts to a halt for those low-prevalence but high-impact diseases known as "rare."

Goal 9.1. Offering better care for patients with high-prevalence diseases entailing heavy social or financial burdens

According to the latest National Health Survey, the most frequent chronic conditions among the population over 16 are arthrosis and rheumatism (16.4%), high blood pressure (14.5%), hypercholesterolemia (10.5%), allergy (9.8%), diabetes (5.9%), heart disease (5.8%), asthma, chronic bronchitis and emphysema (5.5%), and depression (5.4%). Except for asthma, chronic bronchitis and emphysema, all these chronic conditions have higher incidence in women.

According to the same survey, 58.3% of the population over 65 (67.3% of men and 51.7% of women) can perform the tasks of everyday life on their own. However, from

1993 to 2003, the percentage of the population who are independent fell, especially among women. This loss of autonomy has to do with a small number of high-prevalence chronic diseases.

These and other data (especially those on morbidity and mortality) have led to the development of an important health strategies project. All health strategies are based on equality and territorial cohesion principles and aimed at ensuring equal access for all citizens to those healthcare actions and procedures that have proved to be effective.

Thus, this initiative is intended to improve the quality of medical assistance for most chronic conditions affecting the quality of life and undermining the autonomy of those who suffer them (especially the elderly) and their families.

In 2006, the Inter-territorial Board approved several strategies, presented in as many as twenty national and international forums. In addition, related training activities were carried out, reaching 1,500 health professionals. These activities will continue throughout 2007. Likewise, strategies for palliative care, stroke, and chronic obstructive pulmonary disease will be implemented.

All the strategies enumerated below involve a series of common regulated actions:

- A framework document is prepared in an orderly and systematic way, with the help of patients' and experts' associations, external reviewers, scientific societies, and representatives of representatives of ACs and the National Institute of Health Management (INGESA).
- A draft is produced which has to be approved by the Inter-territorial Board. Afterwards, the implementation of the strategy in question is discussed with ACs.
- Agreements or contracts are signed with scientific societies, patients' associations, universities, public health schools, and other private or public organisations for the production of studies and reports.
- Awareness-raising, dissemination and communication activities targeting decision-makers, health professionals and citizens are carried out.
- Funds for territorial cohesion policies are transferred to ACs for the development of strategy implementation projects at the regional level.
- Clinical Practice Guidelines are created.

- A follow-up and content update system is developed.
- Research into and training in key aspects (summarised in each strategy's goals) are encouraged.

Cancer strategies

Cancer is the leading cause of death in Spain. Cancer strategies will aid prevention, diagnosis and treatment; additionally, more information will be available, a boost will be given to scientific research and assessment of progress made.

Actions for 2007

1. Continue to disseminate the contents and goals of cancer strategies.
2. Identify and make known good practices developed in the SNS regarding cancer strategy contents.
3. Support the initiatives carried out by the ACs in the implementation of cancer strategies.
4. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.
5. Design and carry out training programmes aimed at supporting the implementation of cancer strategies.
6. Hold the first workshop on cancer strategies.
7. Set up strategy assessment and follow-up system.
8. Take part in works and initiatives launched by the Europe against Cancer programme and cement ties with the WHO cancer programme.
9. Foster the development –from the National Cancer Research Centre (Spanish acronym, CNIO)– of a programme of excellence to advance research and offer innovative technology in cancer treatment in the SNS.

Ischaemic heart disease strategies

Cardiovascular disease is the second cause of death among the Spanish population. Ischaemic heart disease is the disease causing the largest number of cardiovascular

deaths. In most cases, it can be prevented both before it occurs or before its negative impact is felt.

The ischaemic heart disease strategies were unanimously approved by the Inter-territorial Board of the SNS on 28th June, 2006.

Actions for 2007

1. Prepare and launch a plan that helps disseminate the contents and goals of ischaemic heart disease strategies.
2. Identify and disseminate examples of related good practices developed in the SNS.
3. Support the ACs in their implementation of these strategies.
4. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.
5. Hold the first workshop on ischaemic heart disease strategies.
6. Analyse the technologies, organisation models and training requirements for installing defibrillators in sports facilities.
7. Design and carry out training programmes aimed at supporting the implementation of ischaemic heart disease strategies.
8. Set up strategy assessment and follow-up system.
9. Take part in projects developed by the non-transmissible disease programme by the WHO Regional Office for Europe.
10. Foster the development –from the National Heart Disease Research Centre (Spanish acronym, CNIC)– of a programme of excellence to advance research through the initiatives launched by ProCENIC Foundation to turn the CNIC into an international heart disease reference centre.

Diabetes strategies

In developed societies, the increase in diabetes prevalence rates is associated to the rise of obesity. It is well-known that preventing obesity contributes to the prevention of diabetes. If not timely diagnosed or adequately treated, diabetes brings several complications about, some of which can result in more or less severe disabilities. To a great extent, these complications are preventable, but a strategy is needed within

the SNS to guarantee all patients' access to effective prevention, diagnosis, treatment and rehabilitation.

The diabetes strategies were unanimously approved by the Inter-territorial Board of the SNS on 11th October, 2006.

Actions for 2007

1. Continue to disseminate the contents and goals of diabetes strategies.
2. Identify and disseminate examples of related good practices developed in the SNS.
3. Support the ACs in their implementation of these strategies.
4. Design and carry out training programmes aimed at supporting the implementation of diabetes strategies.
5. Set up strategy assessment and follow-up system.
6. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.
7. Take part in projects developed by the European Commission and the non-transmissible disease programme carried out by the WHO Regional Office for Europe.

Mental health strategies

Mental disorders are among the illnesses with considerable social impact: they have high direct and indirect costs to patients and their families. Mental disorder prevention and treatment, and social integration of patients poses professional, personal and care challenges, one of them being the coordination between healthcare centres and levels.

The mental health strategies were approved unanimously by the National Health System Inter-territorial Board on December 11th, 2006.

Actions for 2007

1. Prepare and launch a plan that helps disseminate the contents and goals of mental health strategies.

2. Identify and disseminate examples of related good practices developed in the SNS.
3. Support the ACs in their implementation of these strategies.
4. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.
5. Design and carry out training programmes aimed at supporting the implementation of mental health strategies.
6. Support studies and surveys on drugs and mental health.
7. Take part in projects developed by the European Commission (Green Paper), the WHO Regional Office for Europe (Mental Health Action Plan and Declaration for Europe), the Council of Europe (Human Rights and Mental Health Committee), and the OECD (Indicators for the Quality of Mental Health).

Palliative care strategies

Caring for patients suffering from life-threatening illnesses has a series of characteristics derived from the emotional or ethic implications, and the need for special care for patients, caregivers and families. Palliative care –whose costs are high– requires an adequate coordination between public health system levels and institutions, as well as broad support to professionals.

Actions for 2007

1. Draw up the palliative care strategies, present them to the Inter-territorial Board and apply for approval.
2. Support the ACs in their implementation of the strategies.
3. Design and carry out training programmes aimed at supporting the implementation of mental health strategies.
4. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.
5. Launch a cooperation line with the WHO Cancer Control Programme.

Stroke strategies

Stroke is the number one cause of death related to cardiovascular diseases for women, and, in absolute terms, the third killer in Spain. Prevention and early care

can reduce both morbidity and effects like disability, dependence, and reduced health-related quality of life for patients and their families.

Actions for 2007

1. Work on a nationwide epidemiological and ictus care study.
2. Set up technical and institutional committees.
3. Draw up the stroke strategies, present them to the Inter-territorial Board and apply for approval.
4. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

Chronic obstructive pulmonary disease strategies

Chronic obstructive pulmonary disease (COPD) is, in absolute terms, the fourth leading cause of death in Spain. It has high financial and social costs due to disability, dependence and quality of life reduction for patients and their families.

Actions for 2007

1. Work on a nationwide epidemiological and care study.
2. Set up technical and institutional committees.
3. Draw up the COPD strategies, present them to the Inter-territorial Board and apply for approval.
4. Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

Tuberculosis

Actions for 2007

1. An action plan will be designed for the entire National Health System that ensures equitable tuberculosis control and prevention in Spain. This plan is to be prepared jointly with the ACs and scientific societies. The purpose of the plan is to ensure an efficient, fair, coordination among tuberculosis surveillance and control, diagnostic criteria, and effective treatment strategies in Spain.

Goal 9.2. Improving care for people with rare diseases

Rare diseases are conventionally defined as those having a prevalence rate of 5/10,000. Currently, there are about 5,000 classified rare diseases, showing great geographic, social and temporal variability. Rare diseases are sometimes difficult to diagnose or treat; sometimes they can only get palliative care. The EU has devised an action plan for this kind of diseases, including them as one of the priorities in its Research Framework Programme. Recently, in a plenary session, the Spanish Senate passed a motion for the development of a project finding solutions for patients with rare diseases and their families.

For healthcare purposes, there are two courses of action to pursue: encouraging research and improving assistance.

In 2006, the Carlos III Health Institute created the Network of Biomedical Research Centres (CIBER) for the study of rare diseases, intended to increase the understanding of these diseases (most of which have a genetic origin) by enriching databases and DNA libraries, among other measures.

Projects to be developed:

1. Consolidate the newly created Network of Biomedical Research Centres for the study of rare diseases of the Carlos III Health Institute.
2. Boost the scientific investigation into rare diseases through calls for independent research projects.
3. Improve early diagnosis and therapies for patients with rare diseases. To achieve this goal procedures should be defined together with the ACs to designate services and units of reference in rare diseases.

STRATEGY 10 IMPROVING CLINICAL PRACTICE

Providing evidence for clinical practice variations, exploring their causes, identifying acceptable from unacceptable variation, adopting strategies oriented towards discarding the latter, and measuring the impact on the quality of life resulting from certain actions and procedures have proved to bring major benefits to professional work and to improve the performance and quality of healthcare institutions.

Goal 10.1. Providing written evidence and suggesting initiatives oriented towards reducing unjustifiable variation in clinical practice

Clinical practice variation derives from a series of heterogeneous causes, for instance, demographic factors, resources, culture, organisation structure and professional training, work procedures and systems, declared or undeclared incentives, use of guidelines or protocols, among others. There are three main strategies used to reduce unjustifiable clinical practice variation and to improve care quality:

- Study and provide evidence of the existing variation to identify acceptable and unacceptable variations, analyse their causes and adopt corrective measures.
- Improve basic and ongoing learning among professionals and implement methods for continuous assessment and improvement.
- Establish standardised clinical procedures and management tools, including the use of clinical practices guidelines.

In a decentralised system like the National Health System there is a growing need for working on studies on clinical practice variation at the national level so that potential quality or inequality issues can be detected. This is particularly relevant in surgical procedures. The results of these studies can be used to develop valid information systems and tools.

Projects to be developed:

1. The SNS Quality Agency will conduct nationwide studies on the current variability in the different approaches to prevalent diseases and certain associated procedures. The goal of these studies is to analyse:
   - Variations according to the size of the healthcare centres and their technology.
   - Geographical differences among regions and ACs.
2. Result-oriented research on clinical practice variability will be carried out, with funding from the Biomedical and Health Sciences Research programme launched by the Carlos III Health Institute. Research will address the following:
   - Availability and use of diagnostic or therapeutic resources.
   - Use of clinical practice guidelines or clinical procedures in decision-making.

- Patient referral to specialty care within the health system.
- Variations in treatments of prevalent diseases.
- Variations in complications and adverse effects.
- Variations in outcomes and complications depending on the different approaches to a single disease.

Goal 10.2. Promoting the writing and using of clinical practice guidelines addressing such aspects as healthcare strategies, strengthening and expanding the Guía-Salud, or nationwide clinical practice guidelines, and training professionals

The Clinical Practice Guidelines (CPG) are useful tools for bringing scientific evidence closer to professionals. In Spain, the Guía-Salud project, supported by the Ministry of Health and Consumer Affairs, collects CPGs written across the country, evaluates and publishes them on a website. The Ministry also offers methodological aid to organisations that are devoted to preparing these guidelines and carries out a training programme as well.

For professionals to adopt CPGs awareness must be raised on guidelines' advantages. In 2006, thirteen CPGs were commissioned and a similar number was to be commissioned in 2007. The initiative was widely accepted among the people involved with it; therefore, the next step consists in consolidating and extending the project.

Projects to be developed:

1. Strengthen the Guía-Salud project, extending the number of clinical practice guidelines (CPG) in the catalogue, considering certain quality criteria for admission, getting updated information on CPG drafting, and extending the consulting services on writing, use, assessment and implementation of CPGs.
2. Publish the methods agreed by consensus on CPG writing, with the participation of Health Technology Assessment Agencies, and other groups who have worked with CPGs before.
3. Writing, jointly with scientific societies, CPGs based on scientific evidence about the following: normal delivery, ictus, autism, diabetes, fibromyalgia, chronic fatigue syndrome, tuberculosis, obesity among children and adolescents, Parkinson's disease, Alzheimer's disease, and celiac disease care, patient safety and surgery,

common mental disorders among children and adolescents, severe mental disorders among children and adolescents. Additionally, the CPG specialising in blood pressure should be updated.

4. Devise strategies to impose the use of CPGs by giving a boost to research into this subject using funds from the Biomedical and Health Sciences Research programme launched by the Carlos III Health Institute. Research will address the following:
   - CPG quality appraisal (AGREE tools).
   - Distribution appraisal, distribution and implementation methods.
   - Designing and assessing tools for adapting national CPGs at the regional or local context.
   - Designing applications to convert CPGs into an electronic format.
   - Degree of acceptance of CPGs by professionals and associated variables.
   - Appraisal of the impact of the use of CPGs on patients and health organisations.
5. To achieve these goals, the Ministry of Health and Consumer Affairs is to establish a CPG Library for the SNS, depending on the said Ministry and led by the Guía-Salud project. Assessment agencies, scientific societies, universities and other agents who have an interest will take part in the development of the project.

Goal 10.3. Extending knowledge of quality of life in particular groups of patients

Patient satisfaction and quality of life are essential factors when it comes to assess the outcome of healthcare processes. These indicators are not elements used to measure healthcare service quality only but they are the only occasion on which patients are asked to give their opinions. Consequently, other effects apart from the "technical" ones that healthcare services or the diseases they suffer from have on them can be appraised. There are certain healthcare services, situations, diseases or events whose relation with how patients perceive their quality of life can be measured.

Projects to be developed:

1. Complete studies on quality of life and the variables or factors that affect it, as stated in the 2006 Quality Plan. Studies will be carried out:
   - one year after a solid organ transplant is performed,

- also one year after suffering from acute stroke,
- on women who undergo mastectomy,
- on patients with replacement for a hip joint (prosthesis),
- on fragile elderly patients who experience frequent hospitalisations.

Use of information technologies to improve citizens' services

STRATEGY 11 ONLINE HEALTHCARE

In order to spread the use of the new technologies across the healthcare system to improve patient and citizen assistance. These technologies will be applied from the more basic assistance levels to the more complex structures. To achieve this, all the Autonomous Communities will get support to develop a series of online services based on existing or new solutions such as health card, electronic medical record, remote access information and procedures.

Interoperability criteria will be adopted by all the healthcare services; for instance, the standardisation of information and the creation of an Intranet network at the National Health System (Spanish acronym, SNS) to achieve one of the goals of the System: to facilitate health protection whenever, wherever patients are.

This strategy is part of the Plan Avanza (Progress Plan), prepared by the Spanish Government and sharing Europe's decision to adopt ICTs for health. In this respect, the Ministry of Industry, Tourism and Trade, and the Ministry of Health and Consumer Affairs have signed a 2006-2007 cooperation agreement.

Fifteen out of the seventeen Autonomous Communities (ACs) and Ingesa joined the project in 2006 by means of bilateral agreements with Red.es under the coordination of the Ministry of Health and Consumer Affairs.

All the ACs that signed the Plan Avanza agreements in 2006 must join the database of the citizens protected by the National Health System (Personal Health Card) or updating and improving it if they are already included. In late 2006, eleven ACs and Ingesa were already included. The first information cross-check was done this year between data included in databases of the two new ACs, as required for them to be fully integrated.

In addition, the electronic medical record project was introduced to the Information Systems Subcommittee at the National Health System Inter-territorial Board (CISNS). Nineteen scientific societies and the Commission for Freedom of Information are participating in the development of the standardisation specifications for the reports shared by all the Health Care Services.

Also in 2006, the Ministry of Health and Consumer Affairs planned the project and actions aimed at optimising the SNS central node in terms of security, capacity, processes and availability, for which tenders were duly called. Also the broadband connecting the central node with the ACs was made faster and the electronic system of the node network of all the agents participating in the system was improved.

The Online Healthcare strategy has four major goals:

Goal 11.1. Ensuring the correct identification of citizens within National Health System through the personal health card and the database that contains information about the citizens protected by the National Health System

Secure and correct identification is necessary to use technologies in citizens' health care. This identification system consists in a personal identification number to be used in the SNS and to be created by the Ministry of Health and Consumer Affairs in cooperation with the ACs. They will create a database including information of the whole population so that the ACs can have an information exchange service regarding protected population.

Projects to be developed:

1. Continue to add the Autonomous Communities to the database comprising the protected population (or the health card) in the National Health System or SNS.

2. Facilitate database access from all the SNS healthcare centres.

3. Continue to add interoperation modules to the applications using the health card for identification purposes in all the Autonomous Communities so that all the health cards can be read at every terminal in the SNS.

4. Complete the design of an information system on protected population with the proper health agencies.

Goal 11.2. Implementing the electronic medical record and facilitating the exchange of medical information between professionals, medical facilities, and the Autonomous Communities

Adopting the electronic medical record will help doctors make decisions and allow the system provide top quality service. In each healthcare service, the advantages of this type of record compared to the traditional one on paper are manyfold –legibility, portability, organisation, guides to make decisions, data layout according to the different needs, and the possibility of saving backups.

At the SNS level, not everyone has to be able to access all the data in an electronic medical record remotely, which would mean that all the professionals should know how to use the different computer applications associated to electronic medical records in the different ACs. However, it is important to know how to access certain data in the electronic medical record such as:

– Clinical reports (hospital discharge, medical visit, primary care, urgent care, and nursing care).
– Medical test reports.
– Summary electronic medical record.

Access to these data should guarantee patient privacy and confidentiality issues. Moreover, privacy and confidentiality can be further protected with electronic files.

Projects to be developed:

1. Foster the use of computer applications in electronic medical records, and support the use of computers in doctor's offices in all the Autonomous Communities through the funds of the Online Healthcare project.

2. Define standardisation criteria for electronic medical records in the SNS and, especially, decide on the basic information to be included in the medical reports that allow for interoperation within the SNS and homogeneous content offered to patients and professionals.
3. Establish mechanisms to relate the different data (clinical reports, medical test reports, summary electronic medical record) to the SNS personal identification number so that medical information can be accessed at any terminal using the health card as a key.
4. Define, as a result of agreements reached with the ACs, a certain data organisation structure in order to facilitate data searching and sharing according to the latest technology available.

Goal 11.3. Encouraging the use of electronic prescription across the National Healthcare System

The electronic prescription is aimed at simplifying administrative procedures for patients and offering further mobility within the public health system. For professionals, the electronic prescription will facilitate the prescription of drugs, especially to chronic patients, because it requires only one step. In fact, the electronic prescription service enables prescribers to describe once and in just one prescription all the medicines that they think clinically appropriate for each patient, including the amount to undergo the recommended treatment.

The advantages of changing from a paper-based system to a faster, more efficient and more consistently accurate electronic system are clear. Information such as pharmacy services can be accessed and analysed in real time; processing and billing of prescriptions are faster and more accurate; use of medicines is more prudent because the new system prevents patients from storing medicines they do not need and also because it advocates rational medicine use. Moreover, the electronic prescription system allows doctors to have a longer talk time with patients or examine them for longer as well. The SNS will be able to incorporate all the prescription systems of the ACs into a single system, thus allowing patients' transfer and information accessibility in real time on medicine use and expenses.

Projects to be developed:

1. Establish the criteria and technological media to facilitate pharmacy services, simplifying the procedures required to ensure patients will have their therapy in the entire SNS.

2. Define basic specifications for any electronic prescription system within the SNS.

3. Define all the electronic prescription system's requirements to ensure it can be shared by different ACs.

4. Design an electronic prescription model to be used in the SNS.

Goal 11.4. Coordinating the new SNS services involving citizens and professionals: appointment arrangement via the Internet, telemedicine, teletraining

The idea behind this goal is to offer citizens and healthcare professionals communication networks, interactive information exchange systems, specific tools and applications to access processes of communication between parties remotely and to improve the services provided.

Projects to be developed:

1. Promote the use of the Internet to make relationship between citizens and the healthcare system easier (appointment systems).

2. Identify, disseminate and make known the priority telemedicine projects.

3. Foster remote information access among healthcare professionals.

4. Prepare and inventory of good practices on this issue within the frame of the SNS.

Goal 11.5. Ensuring access from any point in the system, interoperation and proper use of the information

The Ministry of Health and Consumer Affairs will be responsible for maintaining the capacity, availability and security of the SNS network to guarantee citizens full access to the remote access services offered by the SNS whenever he/she is. The system will be installed in the central node of the remotely accessed services belonging to the SNS. This central node will host also applications to exchange information with third countries, focusing especially on identification of EU citizens.

Projects to be developed:

SNS Central Node

1. Enhance the storage and processing capacity of the central node. Creation of the support node.
2. Implement network use monitoring, maintenance and assessment services.
3. Implement the security and contingency plans designed in 2006 to guarantee maximum system stability according to the system performance.

Interoperation

1. Make the catalogue of online services, including the requirements of each ACs.
2. Define work and technology standards as well as exchange formats.
3. Provide assistance to adapt the different systems for the SNS standards.
4. Have a common area to share applications and elements associated with good practices used in the ACs.

Data use

1. Develop, implement and establish standards for the tools necessary to use the data stored in the SNS.
2. Implement systems to view, publish and distribute data and guidelines.
3. Host data acquiring the elements required to ensure availability and security, and complying with the Organic Law on Data Protection.
4. Guarantee the enforcement of the law with regard to personal data protection.

Improved transparency

STRATEGY 12 DESIGNING A RELIABLE, ACCESSIBLE AND ADEQUATE INFORMATION SYSTEM FOR THE NATIONAL HEALTHCARE SYSTEM

The Information System for the National Healthcare System (Spanish acronym, SI-SNS) is one of the key factors to meet the challenges posed by the new organisation of the SNS and the requirement of better and more information on public healthcare services for the benefit of citizens, patients, professionals and healthcare agencies.

The SI-SNS should be based on absolute reliability and neutrality on the part of the SNS, held in respect by service users who along with the people who make information available work to ensure transparency.

To develop the system an ongoing improvement and innovation policy will be adopted, and the following criteria will be satisfied to consolidate the aforementioned policy:

- Use explicit, technically strict methodologies.
- Create an annual report on the system development to be submitted to the Inter-territorial Board.
- Cooperate continuously with the SNS agents.

- Disseminate reliable, adequate, updated information which meets the needs of the different users.

In 2006, the first stage of the Primary Care Information System was approved, a new information subsystem which had been recently created in the SNS; the 1995-2004 series of the principal hospital statistics (ESCRI and CMBD) were standardised and validated; the first private hospitals were added to the Minimum Set of Basic Data (Spanish acronym, CMBD), and the CMBD for outpatient care was defined. Furthermore, information on expenses of processes incorporated to hospitals was prepared, the "National weight of GRD (groups of related diagnoses), and its methodology was revised; and gender was included as a topic in the 2006-2007 National Healthcare Survey as well as the mental health of the general population.

With regard to the supply of health-related information, a calendar has been included in the website of SNS Quality Plan where data publication is announced. There is a permanent channel of communication to make enquiries and send e-mails.

Likewise, the Ministry of Health and Consumer Affairs website offers the digital version of the International Classification of Diseases (ICD-10-CM), the "2005 Health Indicators: The Spanish Population Health in the EU Context", and the National Death Index. Finally, the 2006 Hospital Catalogue was also published.

Goal 12.1. Selecting and defining key indicators for the National Health System

The Spanish Health System will have a series of indicators divided into four main groups: Population, Health Condition, Deciding Factors, and Healthcare System, which includes the following aspects: Accessibility, Resources, Use, Medical assistance quality and results.

Projects to be developed:

1. Submit to the SNS Inter-territorial Board the selection of key indicators decided by the Information Systems Subcommittee in 2006.
2. Create the indicators that have been approved, and make them available in 2007, particularly those whose methodology has been developed and for which the necessary sources are already available, like the SNS indicator scorecard.

3. Perform the tasks required to create other approved indicators for which there are no associated data or sources at present.
4. Continue to study and discuss the technical aspects of other possible indicators to be added to the original series, as was decided by the Information Systems Subcommittee.
5. Make an analysis of the information and publish it in a regular report on the SNS healthcare resources.

Goal 12.2. Launching the Spanish Healthcare System Database

Collecting data from the Autonomous Communities' Healthcare Services, the Ministry of Health and Consumer Affairs, and other national and international sources, and the subsequent structured and rational storage generates added value. This data can be used to create a Database that healthcare professionals can base on to do research. To achieve this goal, these data must be available to the national and regional administrations, as well as to users who comply with the access requirements set out by public health authorities.

Projects to be developed:

1. Review, standardise and validate the data contained in the different health-related statistics, giving priority to the ENSE and EESCRI series in 2007.
2. Add the debugged microdata to the repository of the Ministry of Health and Consumer Affairs and the SNS.
3. Define the plans for operating the data and designing the public access reports using an application that enables to check data and prepare tables and charts.
4. Make available the information on access policies and database use.

Goal 12.3. Improving and integrating existing information subsystems

At present, there are different statistics that provide data on health, health resources, activities, costs and results. Improvement actions were carried out in 2006 as part of a multi-annual action plan. Analysis, adjustment, and improvement of contents were made according to the needs of the different members of the SNS.

The Ministry of Health and Consumer Affairs is carrying out an information system development policy aimed at using these information systems efficiently through

actions favouring interoperability between information systems operated by the ACs and the Ministry of Health and Consumer Affairs.

The main information systems are:

- Database on Protected Population.
- National Registry of Healthcare Centres, Services and Facilities.
- National Health Survey.
- Primary Care Information System.
- Registration of the Minimum Set of Basic Data on hospital discharge.
- Statistics on Medical Facilities with Hospitalisation Services/ Statistics on Specialist Medical Assistance.
- Waiting List Information System.
- Cohesion Fund.
- Pharmacy Service Information System.
- Statistics on Healthcare Expenses.
- Healthcare Barometer.
- National Death Index.
- Mortality Statistics.
- Voluntary Pregnancy Termination Statistics.
- Vaccination Statistics.

Content analysis must go even further, broadening or adapting contents to fulfil the requirements of the different members of the SNS and to be assessed from different perspectives. In this sense, the Ministry of Health and Consumer Affairs is formulating a policy to develop the necessary information systems.

Projects to be developed:

1. Make further progress in the process of standardising information systems.
2. Continue to define and broaden contents in certain existing information subsystems, focusing specially on:

- Renewing the Statistics on Medical Facilities with Hospitalisation Services (Spanish acronym, ESCRI).
- Adding data on waiting lists, including information on first specialist consultation and diagnostic tests.

3. Complete the adoption of the new information subsystems, principally in the primary care and outpatient specialist assistance areas. Special attention should be paid to adding the data of the first stage of the Primary Care Information System and making available the 2002-2006 series. Moreover, the contents of stage 2 will be discussed.

4. Improve information handling, integrating data from different organisation, function, regional, or other relevant perspectives.

5. Publish the preliminary results of the new SNS hospitalisation analysis model based on the data contained in the CMBD and including a series of indicators on hospital operation and quality as well as the best results in the SNS.

Goal 12.4. Establishing an information access plan and ways to make information known

The application of transparency, accessibility and quality principles to the SNS Information System means that the data and information gathered by the Ministry of Health and Consumer Affairs must be announced and published regularly and as soon as possible. Provisional data will be announced prior to the final ones so that they can be integrated and studied.

Projects to be developed:

1. Enhance communication and foster transparency in the collection and dissemination of information by the different departments at the Ministry of Health and Consumer Affairs, promoting the Ministry Committee and the Website of Statistical Data of the Ministry of Health and Consumer Affairs.

2. Develop and host the website of the Ministry of Health and Consumer Affairs, publishing provisional information prior to the dissemination of final data.

3. Improve patient and specialist user service , offering general information for free and the possibility of using data and information prepared by the Ministry of Health and Consumer Affairs.

4. Facilitate anonymous microdata for free to researchers, who must request them in advance.

5. Strengthen the presence and image of the Ministry of Health and Consumer Affairs in the international scenario through the annual updating of OECD and Eurostat's public health statistics databases, and the updating of the corresponding metadata to improve reading and comparison processes.

QUALITY AWARDS

Quality awards

The announcement of the Quality Awards was used by public health authorities and various institutions as a strategy to foster the implementation of quality standards in the different health systems.

In the case of the Quality Plan for the SNS, the awards can stimulate the emergence and implementation of good practices. Furthermore quality awards can supplement other tools used to improve quality.

On the one hand, the awards are intended to recognize quality improvement efforts made by institutions, centres, teams and healthcare services. On the other hand, they are aimed at acknowledging initiatives to improve healthcare service quality by means of innovative projects.

In April 2007, the Ministerial Order approving the terms of the SNS Quality Awards was issued. Five award categories were established:

1. Innovation award for overall healthcare service quality improvement
2. Good clinical practice awards, with three categories:
   - Patient safety.
   - Clinical practice effectiveness and usefulness.

- Adequacy of healthcare services in high prevalence diseases or conditions such as cancer, ischaemic heart disease, diabetes, mental illness, palliative care, stroke, chronic obstructive pulmonary disease, and others.

3. Quality and Equality awards, with two categories:

- Development and assessment of plans aimed at improving accessibility or quality of services provided to women.
- Development and assessment of plans aimed at improving accessibility or quality of services provided to vulnerable or risk groups.

4. Transparency awards, with two categories:

- Development of initiatives related to the improvement of health information availability and use as far as decision-making is concerned.
- Development of initiatives related to quality improvement of communication between patients, professionals and healthcare institutions.

5. Special award to highlight commitment to improving healthcare services. This award is a recognition rather than a cash prize. It can be given to one person or an institution, who will get a diploma and a trophy.

Each category will be awarded 55,000, making a total of 440,000.

The Ministerial Order will state the terms and conditions to suggest candidates, which will be assessed by a special committee chaired by the Minister or a delegate appointed by him/her. The Assessment Committee will incorporate representatives of the Ministry of Health and Consumer Affairs, the ACs, scientific societies, research centres and professors, associations and other collectives who will be duly appointed whenever the awards are announced.

The Committee will study all the candidates according to the terms and conditions. One or more categories can be declared null and void if the projects presented are thought to be inadequate. When the Committee make their decision, The Ministry of Health and Consumer Affairs will issue an order and the winners will be notified.

The winners will get a diploma and the cash prize at the institution or centre they work at. Winners of non-cash prizes will be given a trophy and a diploma.

The award ceremony will be presided over by the Ministry of Health and Consumer Affairs.

Assessment of the plan

Given its nature, the National Health System Quality Plan will involve a wide variety of agents: scientific societies, patients' associations, ACs, local administrations, teachers' associations, research centres, assessment centres, media, and others.

Consequently, the Plan has to be developed through: introducing regulations, consolidating institutions and groups' networks, conducting seminars and workshops, holding conferences and meetings, reaching agreements and conventions, calling for tenders, opening virtual spaces, running courses and other training units, designing and launching advertising campaigns, and so on.

As the primary goal of the Plan is to build an alliance to improve healthcare quality, the Plan needs to be judged with this goal in mind.

Therefore, the overall impact of the Plan and the development of each of its strategies should be considered when conducting regular surveys, like those made by the Ministry of Health and Consumer Affairs or surveys carried out specifically to measure the progress of this Plan.

First, an overall assessment is to be made two full years after the adoption of the Plan.

Besides the overall assessment, a specific appraisal of each goal in the Plan will be carried out.

These specific appraisals will use qualitative, quantitative and mixed methods, and they can evaluate processes or final results, depending on the type of goal to be considered. In most cases, an evaluation will be made of the progress of each goal one year after the Plan's implementation.

GOALS AND PROJECTS TO BE DEVELOPED

Analysing evidence on the effectiveness of health protection and primary prevention strategies

1. Review evidences for the effectiveness of actions towards health promotion and prevention in the different communities and in clinical practices within the SNS.
2. Make recommendations on regular prevention measures like vaccination, nutrition, physical activity, weight management in children and youth, no-smoking and anti-alcohol campaigns targeted at adolescents and young people, and alcohol addiction prevention in older people.
3. Launch evidence-based information campaigns.
4. Perform evidence-based prevention actions through the Observatory for Smoking Prevention referred to in Law 28/2005, of December 26th, adopt measures against smoking, and impose regulations on tobacco sale, supply, consumption and advertising.

Boosting the development of primary care in the context of the AP21 project

5. Create projects to promote the design of clinical guidelines, including coordination with specialist medical service.
6. Develop joint protocols about medical tests in primary care to broaden access to diagnostic tests and thus enable professionals at this level of healthcare services to take rational decisions.
7. Plan projects to foster training for professionals at the healthcare centres' administrative departments so that service and information quality is

increased. Also suggest further use of IT resources (e-appointments, online enquiries).

8. Evaluate models developed in different ACs to help resolve situations such as long waiting times by arranging appointments on line, simplifying administrative procedures, improving access to diagnostic tests from primary healthcare, and improving coordination between primary healthcare and hospital services.

9. Develop pilot projects aimed at fostering integration of preventive and health promotion actions at primary healthcare units.

10. Foster and assess citizen participation pilot actions, particularly those developed by ACs and scientific societies with primary healthcare programmes.

11. Foster the virtual library containing files about primary healthcare.

12. Create information strategies targeted at citizens to build an image of primary healthcare that mirrors its reliability and quality.

13. Design a series of indicators to be used in the assessment of progress made following the implementation of the AP21 project, together with the ACs and taking professionals' opinions into account.

Preventing obesity

14. The Spanish Food Standards & Nutrition Agency will launch the Obesity Observatory, which will follow up and appraise national, regional and local policies relating to the prevention and management of obesity.

15. Design strategies to help healthcare professionals provide information on healthy food and physical activity available to parents.

16. Prepare protocols to prevent and manage obesity in children and adults at the primary healthcare level, with the participation of ACs and the corresponding scientific societies.

17. Design ongoing education programmes for paediatricians and primary healthcare staff dealing with prevention and management of obesity.

18. Develop an education programme on obesity prevention for schools with the cooperation of the Ministry of Education and Science and the ACs.

19. Write and distribute handbooks for school food service managers so that they learn how to prepare healthy menus. These handbooks will be written with the support of the Ministry of Education and Science and the ACs.

20. Foster the development of municipal healthy food and physical activity plans.

21. Conduct an anthropometric survey of the Spanish population to know characteristics like body fat percentage and biometric profile to decide the relevant and significant data to appear on clothing labels. These data should help consumers access a consistent and truthful information.

22. Carry out the ENRICA epidemiological survey on obesity, nutrition and cardiovascular risk. A large sample size of men and women aged 18 to 64 from all the ACs will be surveyed. The goal of this survey is to learn more about obesity, its causes, and the incidence of cardiovascular diseases associated with obesity. The results of the survey will be used to support and enhance prevention to reduce or reverse risk factors.

Preventing alcohol consumption by under 18-year olds

23. Launch campaigns providing people with information about alcohol and health, with the focus mainly directed at adolescents.

24. Perform actions at educational institutions to provide adolescent with information on the different problems associated with alcohol misuse.

25. Carry out scientific research on the different health problems associated with alcohol consumption and spread its results.

Preventing home and road traffic accidents

26. Conduct a study on the prevalence of home accidents nationwide.

27. Launch information campaigns about preventing children's accidents.

28. Design a plan for the prevention of home accidents and suggest measures to improve product safety. The plan is to be devised by the National Institute for Consumer Affairs along with the ACs.

29. Make a cross-section study describing the road traffic accidents that took place in Spain in 2005, and try to find the incidence of drug and medicine use on road accidents.

Managing environment risks for health and labour health

30. Conduct a survey on the prevalence of home accidents nationwide.

31. Launch information campaigns about preventing children's accidents.

32. Design a plan for the prevention of home accidents and suggest measures to improve product safety. The plan is to be devised by the National Institute for Consumer Affairs along with the ACs.

33. Make a cross-section study describing the road traffic accidents that took place in Spain in 2005, and try to find the incidence of drug and medicine use on road accidents.

Describing, organising, analysing, and comparing information on health policies, plans and services

34. Publish the 2006 SNS Report on the workings, achievements and problems of the National Health System.

35. Publish reports on regional variability regarding health and its associated risks.

36. Continue to compare the contents and consequences of the policies, plans and services offered by healthcare providers from Spain and other countries. This project will be carried out with the cooperation of the European Observatory on Health Systems and Policies and other international organisations.

Raising awareness on gender inequality in the health scenario and helping strengthen the gender approach to health policies and healthcare staff

37. Prepare and publish the 2006 Health and Gender Report.

38. Promote –jointly with the Carlos III Health Institute and the Ministry of Education and Science– specific research on gender issues and the inclusion of gender aspects in research work on other health subjects. Special attention should be paid to cardiovascular disease, cancer, diabetes, mental health, external injuries, emotional-sexual health, among other conditions.

39. Carry out –jointly with the Technology Assessment Agencies and the Spanish Drug and Healthcare Products Agency– a plan to review and update information on diagnostic and therapeutic technologies used in cardiovascular diseases, breast cancer, cervix cancer, prostate, colon and rectal cancer, and osteoporosis taking gender issues into account.

40. Analyse the effect of gender stereotypes on the healthcare services provided by the SNS, and study the attitudes of SNS professionals towards gender inequalities to identify the strengths and weaknesses and determine the changes to be introduced.

41. Design methods and good practices to facilitate the inclusion of the gender approach into health information systems, strategies and plans, clinical guidelines, and budgets.

42. Include gender inequality issues in university courses' curricula (with the cooperation of the Ministry of Education and Science) and in ongoing education subjects' syllabuses, in cooperation with the ACs, and raise awareness on this subject among the staff at the Ministry of Health and Consumer Affairs.

43. Study the regional variations concerning services, and create good practices and quality indicators to improve sexual and reproductive health, including childbirth and postnatal period, paying particular attention to the needs of young people and immigrants.

44. Design and carry out a preliminary survey on sexual health to learn about the level of information and assistance, the opinions on accessibility and efficiency of the existing resources in this field, especially among the population under 30 years of age.

45. Prepare, with the cooperation of the ACs, the common protocol and a group of basic indicators to assist women who are victims of gender violence, as well as the quality criteria, common material and a learning plan targeted at the healthcare staff.

Building and spreading knowledge on inequalities in the area of healthcare services and encouraging the adoption of good practices to promote equality in the National Health System

46. Determine what the types of inequalities are in the area of public health, broken down by social class, level of education, gender and country of origin, and decide how to approach them. Analyse the different strategies and healthcare plans, and implement good practices to reduce the inequalities that are detected.

47. Collect and make known the necessary means to facilitate access to and use of healthcare services by the most vulnerable social groups –specially immigrants– focusing attention on primary care, emergencies, and disease prevention and health promotion plans. These actions are framed within the 2007-2010 Strategic Plan for Citizens and Integration.

48. Spread information on healthcare assistance from a multicultural perspective, and focusing mainly on aspects such as nutrition, care and gender, and particularly targeting women and children.

49. Prepare and spread information and foster cooperation with other administrations, especially local administrations, to enhance the efficiency of healthcare services offered to underprivileged groups.

50. Examine the specific healthcare needs of the disabled or people with limited mobility to suggest actions intended to increase accessibility. Support will be asked from organisations specialising in accessibility issues.

Planning the needs of medical specialists

51. Propose, alongside the ACs, the implementation of the Record of Healthcare Professionals. This record will include the number and location of professionals broken down by specialties, in both public and private centres.

52. Update the survey on potential future needs which is to be used to plan actions according to the different possible scenarios.

Supporting the structured organisation of National Health System human resources

53. Design a common information system on HR at the SNS.

54. Create a management infrastructure in all the SNS centres to handle data in real time.

55. Develop a centralised structure to improve HR management.

56. Expedite bureaucratic procedures so that professionals from third countries who are hired to work in the SNS can validate their university degrees. Determine all the required quality criteria.

57. Establish the Professional Career Observatory as a basic tool to enforce the agreement reached by the Human Resources Committee with regard to equal opportunities, non-discrimination, free movement, and participation of professionals in the management of healthcare centres.

Carrying out actions to improve the quality of intern training

58. Implement exchange programmes in public healthcare centres belonging to the SNS in the different ACs. These programmes will feature give courses,

seminars, and other activities aimed at achieving the goals stated in the SNS training programme.

Suggesting ideas and criteria to identify and follow up new technologies and procedures

59. Identify and select new, emerging technologies and procedures by checking specific sources on a regular basis.

60. Establish an information network to inform health authorities, healthcare centres and professionals on the new technologies and procedures identified.

61. Create and keep a database containing the new technologies and procedures identified.

62. Prepare regular reports with technical specifications to be filed with the SNS.

Designing a health technology assessment plan for the National Health System

63. Adjust existing methodologies and establish standards for an adequate use of health technology and procedures.

64. Develop the health technology and procedures assessment plan for 2007-2008, including the technologies and procedures seen as a priority to the SNS, based on proposals put forward by the Ministry of Health and Consumer Affairs, the Health Technology Assessment Agency at the Carlos III Health Institute, and the assessment units and agencies of the ACs.

65. Set up the standards to update the portfolio of the SNS common services, as stated in the Royal Decree 1030/2006, of September 15th. These standards will help determine the role of health technology assessment in the updating of the aforementioned services.

Encouraging the assessment culture among managers and training professionals specialising in health technology assessment

66. Devise a technology and procedures assessment training programme targeted at managers.

67. Plan a series of seminars on devices, variable analysis, effectiveness, use, or financial assessment, for both recent recruits and professionals who are already working on health technology and procedures assessment.

68. Draw a map of shared resources in health technology and procedures assessment, and create a common policy to access information and training for Spanish assessment teams and agencies.

Encouraging the assessment culture among primary and specialist care professionals

69. Create training programmes based on health technology assessment's concepts and methods, and on scientific evidence, targeted at primary and specialist care professionals. These programmes are to be developed with the cooperation of health technology assessment agencies, scientific societies and professional associations.

Improving the tools available at the National Health System to assess health technologies and procedures

70. Develop an electronic platform supporting shared knowledge. Health professionals should be able to easily access the database, assessment reports, reports on new technologies, resource maps and links to national and international assessment networks, and other projects as well (for instance, Guía-Salud, nationwide clinical practice guidelines).

71. Facilitate citizens' access to information based on scientific evidence about health promotion, disease prevention, healthy habits, and the most prevalent diseases, including contrasts with international scientific literature.

Establishing the basic requirements and the safety and quality guarantees to be met by new healthcare centres at the National Health System level

72. Coordinate the work team made up of representatives from the ACs established in 2006 and aimed at defining contents and criteria on safety and quality guarantee to be complied with by new healthcare centres.

73. Prepare the general outlines for the safety and quality guarantee to be provided by healthcare centre and services.

74. Implement external assessment through standard certifications for healthcare centres and services, and draw up such standards.

Guaranteeing the quality of healthcare centres, services and procedures within the National Health System by implementing adequate procedures and an accreditation model

75. Establish, with the cooperation of the ACs, the procedures and the accreditation model for healthcare centres, services and units of reference, as stated in the Royal Decree 1302/2006, of November 10th.

76. Define, jointly with the ACs, the procedures, pathologies and criteria to be included in the process of designation of centres, services and units of reference by the SNS Inter-territorial Board.

Strengthening the institutional auditing system applied in learning centres offering postgraduate courses

77. Coordinate and reinforce the auditing team at the SNS, which comprises representatives from all the ACs and the Ministry of Health and Consumer Affairs.

78. Devise and carry out the Audit Plan for the assessment of postgraduate courses offered by educational institutions.

79. Adopt the new management and organisation model stated in the National Audit Plan.

80. Implement the new Educational Institution Audit Handbook at the SNS.

81. Prepare the self-assessment questionnaires for the following teaching units: Occupational Health, Preventive Medicine and Public Health.

82. Write the Audit Handbook adjusting it to the new programme and requirements for accreditation of the medical specialties of Occupational Health, Preventive Medicine and Public Health, Oncology, and Neurology.

83. Develop and implement the 2007 Audit Plan, the self-assessment questionnaire, and the Audit Handbook according to the new programme and requirements for accreditation of the medical specialties of Family & Community Medicine.

84. Carry out the 2007 training plan targeted at professionals who constitute the auditing teams.

85. Continue to train a group of registered auditors from the ACs jointly with the Spanish Quality Agency, the National Health School, and other agencies.

Providing insight and promoting discussion about patient safety among professionals and patients at all levels

86. Publish the results of the ENEAS II (National Survey on Adverse Effects, part II).

87. Publish the survey carried out in 2006, in which SNS professionals gave their opinion about patient safety.

88. Make a qualitative survey on how patients perceive patient safety issues.

89. Publish a CD containing information and reports prepared after the 2006 International Conference on Patient Safety in the National Health System.

90. Spread information about the World Alliance for Patient Safety, launched by WHO and agreed upon by Spain.

91. Launch an information campaign on patient safety.

92. Offer training on safety and clinical management to healthcare professionals.

93. Create and distribute a multimedia module that provides information to help support the teaching and learning of patient safety issues. Targeted at professors, and undergraduate and graduate students.

94. Develop three approved and accredited online courses of reference for Risk Managers in the ACs and healthcare institutions.

95. Launch basic courses on patient safety, to be done by clinicians, nurses and pharmacists.

96. Reach cooperation agreements with scientific societies, framed within the Declaration of Professionals on Patient Safety, announced in 2006.

97. Encourage participation of patients in their own safety, developing participation models jointly with patients' associations, attending seminars and open conferences.

98. Organise the 3rd International Conference on Patient Safety: Patients and Professionals for Patient Safety, for patients, consumers and health professionals.

99. Foster and finance research lines addressing patient safety issues through the Carlos III Health Institute.

100. Carry out a survey to find out the financial effect of adverse effects on the SNS.

101. Establish a Cochrane review team to deal with patient safety issues.

102. Make studies, prepare reports and reach agreements with the ACs, universities and other institutions to foster works and projects addressing patient safety issues.

103. Design and develop projects that help propose measures to minimise adverse effects.

104. Take part in work teams specifically established by major world organisations (WHO, OECD, EU, PAHO, Council of Europe, etc.) to examine and suggest patient safety policies at the global level.

105. Participate in international work teams that carry out projects addressing adverse effect issues, safe clinical practices, and hospital-acquired infection control.

Designing and adopting information and communication systems for reporting patient safety incidents

106. Publish a legal report on adverse effect notification systems.

107. Design and develop a prototype information system for reporting adverse effects.

108. Identify and validate a basic set of patient safety indicators to be applied in the SNS to help identify potential healthcare related adverse events.

109. Study other data sources besides hospital discharge data to facilitate decision-making that might affect patient safety.

110. Design a conceptual model on adverse effects and patient safety at the primary care level.

Implementing safe practices in the National Health System

111. Prevent complications of anaesthesia in elective surgery.

112. Prevent in-hospital hip fractures.

113. Prevent pressure ulcers in patients at risk of developing such ulcers.

114. Prevent pulmonary embolism (PE) or deep vein thrombosis (DVT) in patients at risk of developing such conditions.

115. Prevent hospital-acquired infections.

116. Prevent medication errors.

117. Prevent adverse events in chronic patients, paying special attention to medication and continuous care events.

118. Prevent adverse events in patients requiring palliative care.

119. Ensure proper care during pregnancy, childbirth and postnatal period, promoting safe practices to avoid the occurrence of pathologies, whenever possible, in pregnant women and foetuses, to prevent injuries in newborn infants, complications after vaginal delivery or caesarean section.

120. Promote the good use of informed consent according to similar criteria in all healthcare units and the SNS as well.

121. Ensure that patients' last wishes will be honoured according to similar criteria in all healthcare units and the SNS as well.

122. Prepare a model for assessing safe medication care in hospitals belonging to the SNS.

123. Validate and, if applicable, implement a proactive system for assessing safe practices in healthcare centres through specific indicators of structure, processes and outcomes.

Ensuring the high quality of blood transfusion services and centres

124. Implement Directive 2005/62/EC.

125. Write a Quality Handbook for blood transfusion services and centres, and organise a seminar to discuss these services and centres' quality standards.

126. Continue to develop strategies along with health professionals, blood donor associations, and ACs to encourage blood donation and promote self sufficiency.

Suggesting measures for process quality improvement at the National Transplant Organisation

127. Devise a programme to improve data processing security at the National Transplant Organisation (Spanish acronym, ONT).

128. Advance a multimedia training programme focusing on organ, tissue and cell donation and transplant.

129. Offer accreditation to centres specialising in hematopoietic stem cell extraction, processing and transplant.

130. Develop the national umbilical cord blood plan.

131. Apply measures that help integrate ethnic minorities that have recently become part of our society into the donation system.

Offering better care for patients with high-prevalence diseases entailing heavy social or financial burdens

132. Cancer strategies.

a) Continue to disseminate the contents and goals of cancer strategies.

b) Identify and make known good practices developed in the SNS regarding cancer strategy contents.

c) Support the initiatives carried out by the ACs in the implementation of cancer strategies.

d) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

e) Design and carry out training programmes aimed at supporting the implementation of cancer strategies.

f) Hold the first workshop on cancer strategies.

g) Set up strategy assessment and follow-up system.

h) Take part in works and initiatives launched by the Europe against Cancer programme and cement ties with the WHO cancer programme.

i) Foster the development –from the National Cancer Research Centre (Spanish acronym, CNIO)– of a programme of excellence to advance research and offer innovative technology in cancer treatment in the SNS.

133. Ischaemic heart disease strategies.

j) Prepare and launch a plan that helps disseminate the contents and goals of ischaemic heart disease strategies.

k) Identify and disseminate examples of related good practices developed in the SNS.

l) Support the ACs in their implementation of these strategies.

m) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

n) Hold the first workshop on ischaemic heart disease strategies.

o) Analyse the technologies, organisation models and training requirements for installing defibrillators in sports facilities.

p) Design and carry out training programmes aimed at supporting the implementation of ischaemic heart disease strategies.

q) Set up strategy assessment and follow-up system.

r) Take part in projects developed by the non-communicable disease programme by the WHO Regional Office for Europe.

s) Foster the development –from the National Heart Disease Research Centre (Spanish acronym, CNIC)– of a programme of excellence to advance research through the initiatives launched by ProCENIC Foundation to turn the CNIC into an international heart disease reference centre.

134. Diabetes strategies.

t) Continue to disseminate the contents and goals of diabetes strategies.

u) Identify and disseminate examples of related good practices developed in the SNS.

v) Support the ACs in their implementation of these strategies.

w) Design and carry out training programmes aimed at supporting the implementation of diabetes strategies.

x) Set up strategy assessment and follow-up system.

y) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

z) Take part in projects developed by the European Commission and the non-communicable disease programme carried out by the WHO Regional Office for Europe.

135. Mental health strategies.

aa) Prepare and launch a plan that helps disseminate the contents and goals of mental health strategies.

bb) Identify and disseminate examples of related good practices developed in the SNS.

cc) Support the ACs in their implementation of these strategies.

dd) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

ee) Design and carry out training programmes aimed at supporting the implementation of mental health strategies.

ff) Support studies and surveys on drugs and mental health.

gg) Take part in projects developed by the European Commission (Green Paper), the WHO Regional Office for Europe (Mental Health Action Plan and Declaration for Europe), the Council of Europe (Human Rights and Mental Health Committee), and the OECD (Indicators for the Quality of Mental Health).

136. Palliative care strategies.

hh) Draw up the palliative care strategies, present them to the Inter-territorial Board and apply for approval.

ii) Support the ACs in their implementation of the strategies.

jj) Design and carry out training programmes aimed at supporting the implementation of mental health strategies.

kk) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

ll) Launch a cooperation line with the WHO Cancer Control Programme.

137. Stroke strategies.

mm) Work on a nationwide epidemiological and ictus care study.

nn) Set up technical and institutional committees.

oo) Draw up the stroke strategies, present them to the Inter-territorial Board and apply for approval.

pp) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

138. Chronic obstructive pulmonary disease strategies.

qq) Work on a nationwide epidemiological and care study.

rr) Set up technical and institutional committees.

ss) Draw up the COPD strategies, present them to the Inter-territorial Board and apply for approval.

tt) Define priority research lines for 2007-2008 and offer funding through the Carlos III Health Institute.

139. The SNS common strategies will be defined for tuberculosis control and prevention in Spain. This project will be developed jointly with the ACs and scientific societies. The project's goal is to achieve an efficient and fair coordination regarding tuberculosis control, diagnosis and strategies for an effective treatment.

Improving care for people with rare diseases

140. Consolidate the newly created Network of Biomedical Research Centres for the study of rare diseases of the Carlos III Health Institute

141. Boost the scientific investigation into rare diseases through calls for independent research projects.

142. Improve early diagnosis and therapies for patients with rare diseases. To achieve this goal procedures should be defined together with the ACs to designate services and units of reference in rare diseases.

Suggesting actions intended to minimise unnecessary variations in clinical practices

143. The SNS Quality Agency will conduct nationwide studies on the current variability in the different approaches to prevalent diseases and certain associated procedures. The goal of these studies is to analyse variations depending on the size of the healthcare centres and their technology, and on the different regions and ACs.

144. Result-oriented research on clinical practice variability will be carried out, with funding from the Biomedical and Health Sciences Research programme launched by the Carlos III Health Institute. Research will address the following: availability and use of diagnostic or therapeutic resources, use of clinical practice guidelines or clinical procedures in decision-making, patient referral to specialty care within the health system, variations in prevalent diseases' treatments, variations in complications and adverse effects, variations in outcomes and complications according to different approaches to a single disease.

Promoting the writing and using of clinical practice guidelines addressing such aspects as healthcare strategies, strengthening and expanding the Guía-Salud, or nationwide clinical practice guidelines, and training professionals

145. Strengthen the Guía-Salud project, extending the number of clinical practice guidelines (CPG) in the catalogue, considering certain quality

criteria for admission, getting updated information on CPG drafting, and extending the consulting services on writing, use, assessment and implementation of CPG.

146. Publish the methods agreed by consensus on CPG writing, with the participation of Health Technology Assessment Agencies, and other groups who have worked with CPGs before.

147. Writing, jointly with scientific societies, CPGs based on scientific evidence about the following: normal delivery, ictus, autism, diabetes, fibromyalgia, chronic fatigue syndrome, tuberculosis, obesity among children and adolescents, Parkinson's disease, Alzheimer's disease, and celiac disease care, patient safety and surgery, common mental disorders among children and adolescents, severe mental disorders among children and adolescents. Additionally, the CPG specialising in blood pressure should be updated.

148. Devise strategies to impose the use of CPGs by giving a boost to research into this subject using funds from the Biomedical and Health Sciences Research programme launched by the Carlos III Health Institute. Research will address the following: CPG quality appraisal (AGREE tools), distribution appraisal, distribution and implementation methods, designing and assessing tools for adapting national CPGs at the regional or local context, designing applications to convert CPGs to an electronic format, degree of acceptance of CPGs by professionals and associated variables, appraisal of the impact of the use of CPGs on patients and health organisations.

149. To achieve these goals, the Ministry of Health and Consumer Affairs is to establish a CPG Library for the SNS, depending on the said Ministry and led by the Guía-Salud project. Assessment agencies, scientific societies, universities and other agents who have an interest will take part in the development of the project.

Extending knowledge of quality of life in particular groups of patients

150. Complete studies on quality of life and the variables or factors that affect it, as stated in the 2006 Quality Plan. A study will be carried out on patients one year after a solid organ transplant is performed, and also one year after suffering from acute stroke. Studies will be done on women who undergo mastectomy, patients with replacement for a hip joint (prosthesis), and fragile elderly patients who experience frequent hospitalisations.

Ensuring the correct identification of citizens within National Health System through the personal health card and the database that contains information about the citizens protected by the National Health System

151. Continue to add the Autonomous Communities to the database comprising the protected population (or the health card) in the National Health System or SNS.

152. Facilitate database access from all the SNS healthcare centres.

153. Continue to add interoperation modules to the applications using the health card for identification purposes in all the Autonomous Communities so that all the health cards can be read at every terminal in the SNS.

154. Complete the design of an information system on protected population with the proper health agencies.

Implementing the electronic medical record and facilitating the exchange of medical information between professionals, medical facilities, and the Autonomous Communities

155. Foster the use of computer applications in electronic medical records, and support the use of computers in doctor's offices in all the Autonomous Communities through the funds of the Online Healthcare project.

156. Define standardisation criteria for electronic medical records in the SNS and, especially, decide on the basic information to be included in the medical reports that allow for interoperation within the SNS and homogeneous content offered to patients and professionals.

157. Establish mechanisms to relate the different data (clinical reports, medical test reports, summary electronic medical record) to the SNS personal identification number so that medical information can be accessed at any terminal using the health card as a key.

158. Define, as a result of agreements reached with the ACs, a certain data organisation structure in order to facilitate data searching and sharing according to the latest technology available.

Encourage the use of electronic prescription across the National Healthcare System

159. Establish the criteria and technological media to facilitate pharmacy services, simplifying the procedures required to ensure patients will have their therapy in the entire SNS.

160. Define basic specifications for any electronic prescription system within the SNS.

161. Define all the electronic prescription system's requirements to ensure it can be shared by different ACs.

162. Design an electronic prescription model to be used in the SNS.

Coordinate the new SNS services involving citizens and professionals: appointment arrangement via the Internet, telemedicine, teletraining

163. Promote the use of the Internet to make relationship between citizens and the healthcare system easier (appointment systems).

164. Identify, disseminate and make known the priority telemedicine projects.

165. Foster remote information access among healthcare professionals.

166. Prepare and inventory of good practices on this issue within the frame of the SNS.

Ensure access from any point in the system, interoperation and proper use of the information

167. Enhance the storage and processing capacity of the central node. Creation of the support node.

168. Implement network use monitoring, maintenance and assessment services.

169. Implement the security and contingency plans designed in 2006 to guarantee maximum system stability according to the system performance.

170. Make the catalogue of online services, including the requirements of each ACs.

171. Define work and technology standards as well as exchange formats.

172. Provide assistance to adapt the different systems for the SNS standards.

173. Have a common area to share applications and elements associated with good practices used in the ACs.

174. Develop, implement and establish standards for the tools necessary to use the data stored in the SNS.

175. Implement systems to view, publish and distribute data and guidelines.

176. Host data acquiring the elements required to ensure availability and security, and complying with the Organic Law on Data Protection.

177. Guarantee the enforcement of the law with regard to personal data protection.

Selecting and defining key indicators for the National Health System

178. Submit to the SNS Inter-territorial Board the selection of key indicators decided by the Information Systems Subcommittee in 2006.

179. Create the indicators that have been approved, and make them available in 2007, particularly those whose methodology has been developed and for which the necessary sources are already available, like the SNS indicator scorecard.

180. Perform the tasks required to create other approved indicators for which there are no associated data or sources at present.

181. Continue to study and discuss the technical aspects of other possible indicators to be added to the original series, as was decided by the Information Systems Subcommittee.

182. Make an analysis of the information and publish it in a regular report on the SNS healthcare resources.

Launching the Spanish Healthcare System Database

183. Review, standardise and validate the data contained in the different health-related statistics, giving priority to the ENSE and EESCRI series in 2007.

184. Add the debugged microdata to the repository of the Ministry of Health and Consumer Affairs and the SNS.

185. Define the plans for operating the data and designing the public access reports using an application that enables to check data and prepare tables and charts.

186. Make available the information on access policies and database use.

Improving and integrating existing information subsystems

187. Make further progress in the process of standardising information systems.

188. Continue to define and broaden contents in certain existing information subsystems, focusing specially on: renewing the Statistics on Medical Facilities with Hospitalisation Services (Spanish acronym, ESCRI), adding data on waiting lists, including information on first specialist consultation and diagnostic tests.

189. Complete the adoption of the new information subsystems, principally in the primary care and outpatient specialist assistance areas. Special attention should be paid to adding the data of the first stage of the Primary Care Information System and making available the 2002-2006 series. Moreover, the contents of stage 2 will be discussed.

190. Improve information handling, integrating data from different organisation, function, regional, or other relevant perspectives.

191. Publish the preliminary results of the new SNS hospitalisation analysis model based on the data contained in the CMBD and including a series of indicators on hospital operation and quality as well as the best results in the SNS.

Establishing an information access plan and ways to make information known

192. Enhance communication and foster transparency in the collection and dissemination of information by the different departments at the Ministry of Health and Consumer Affairs, promoting the Ministry Committee and the Website of Statistical Data of the Ministry of Health and Consumer Affairs.

193. Develop and host the website of the Ministry of Health and Consumer Affairs, publishing provisional information prior to the dissemination of final data.

194. Improve patient and specialist user service, offering general information for free and the possibility of using data and information prepared by the Ministry of Health and Consumer Affairs.

195. Facilitate anonymous microdata for free to researchers, who must request them in advance.

196. Strengthen the presence and image of the Ministry of Health and Consumer Affairs in the international scenario through the annual updating of OECD and Eurostat's public health statistics databases, and the updating of the corresponding metadata to improve reading and comparison processes.

Quality awards

197. In 2007, the Ministerial Order approving the terms of the SNS Quality Awards was issued. Five award categories were established:

- Innovation award for overall healthcare service quality improvement.
- Good clinical practice awards.
- Quality and Equality awards.
- Transparency awards.
- Special recognition award.

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