

Private healthcare, adding value

Situation analysis

2019





together we
bring value ^{TO}
HEALTHCARE

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**Situation
Analysis
2019**



**Instituto para el Desarrollo
e Integración de la Sanidad**

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PRESENTATION OF THE STUDY

PRIVATE HEALTHCARE, A SECURE VALUE IN CONSTANT RISE

The mission, vision and values make up the frame of reference of an institution, a self-respecting organisation that seeks to generate credibility, trust and reputation within the social framework in which it operates. The Institute for the Development and Integration of Healthcare (IDIS Foundation) has, since its inception, ensured the reputation and brand of private healthcare for all its stakeholders by presenting, year after year, objective and transparent data that determine and qualify an entire sector: that of private healthcare entrepreneurship.

The mission of the IDIS Foundation can be summarised into a key fact: to raise awareness of, promote and foster the institutional representation of the Spanish private health sector in accordance with its economic and social significance. And its vision can be summarised as an aspiration that is already a reality: to be a necessary agent in the strategic planning of the Spanish health system, using its knowledge and experience in private management, thus contributing to the construction of a global health system, which is sustainable, reliable, efficient and effective within a broad concept of service and social utility.

In addition to trust as a solid institution capable of defending and leading the intrinsic and potential values of the private health sector, commitment through the dynamisation of knowledge, experiences and best practices, the IDIS Foundation contributes to sustainability and solvency in management, and values the differential attributes of the private health sector in our health system.

Responsibility is undoubtedly another inherent value of the institution itself, contributing to the diffusion of health knowledge among the population, promoting teaching and research and collaborating in the rationalisation of health resources by both citizens and administrations.

Last but not least, the quality and excellence of care together with the transparency of the health results obtained by promoting systematic evaluations, collecting and integrating the opinions of the protagonists, who are patients, citizens and professionals, represent a combined ethical and socially responsible management of this institution.

In the field of transparent and objective communication, this analysis of the sector summarised in this new edition 2019, brings together such determining aspects as the impact of privately owned healthcare on the Spanish productive environment, its contribution in terms of the release of public healthcare resources, its improvement in indicators of accessibility of the population to healthcare, its cooperation with the public system through the different models established, its involvement in research and development in terms of highly complex activity through the most advanced technology, its insistence and tenacity in pursuing continuous improvement in the quality of care provision and its involvement in generating employment in Spanish society and its contribution to the training of health professionals.

All these aspects, backed up by the data contained in this report, represent the reality of a thriving and innovative sector that seeks constant improvements relating to quality and safety in its procedures and processes, as well as the achievement of the best possible health results based on scientific knowledge and the most avant-garde and disruptive technology available; all with the aim of achieving the highest efficiency, the best accessibility figures to the system, the highest possible care resolution and the best attainable data on patient and professional experience.

We are experiencing and are the protagonist of the change that is taking place in medicine, tending towards a more participative, personalised, predictive, population-based, preventive and precise model, and without

a doubt, private undertaking in health has a lot to do and to contribute to this change. In fact, the idiosyncrasy and *raison d'être* of our sector is to ensure that the patient and their environment and the citizen from a macro concept have as much information as possible so that they can exercise their right to free choice, a value inherent in any self-respecting health system, since without freedom of choice and circulation it is difficult to speak of empowerment and participation of the individual.

It does not represent a captive environment in which there is no possibility of showing preference for a centre, a service or a professional, but rather the opposite; in private healthcare, each insured or each user of the system chooses on the basis of the information available and the perception generated by their own experience, and that of the environment itself in relation to their process or their needs. An empowered and collaborative patient undoubtedly contributes to the sustainability of the system.

Another of the important characteristics of this private sector is the flexibility in its conformation; it is not a rigid structure and therefore it is capable of adapting in an agile, prompt and effective way to the needs expressed by the citizens who place their trust in it, an aspect that is fundamental to achieve the best results in all possible senses. Rigid structures generate evident inefficiencies as well as lower productivity on average, which results in greater complexity in reaching satisfactory levels in the most relevant indicators related to quantitative and qualitative health outcomes.

If we combine values such as quality, safety, results, patient experience, disruptive, replacement and incremental innovation, highly qualified professionals, efficient management and modern centres adapted to the healthcare needs of our time, we will be able to understand how the private healthcare sector in our country achieves the figures and data currently offered in this "Private Health, adding value 2019" report.

To conclude, I would like to refer to an aspect that I consider to be decisive and which is the capacity and way of assuming the complexity

and implementation of the most advanced technology in the private environment. With regards to the first aspect, that of complexity, the data are again pertinent in neurosurgery, cardiovascular surgery, oncology, traumatology or gynaecology among other specialisations. The relevance of the sector is quantified in a contribution greater than 31% of the total number of surgical procedures carried out in each and every one of these chapters. On the other hand, it must be remembered that in the sector 24% of the discharges take place, the same percentage of admissions, and also 24% of all A&E admissions of our country. All these figures determine the relevance of a sector that increasingly assumes and develops a large part of the assistance activity in our country.

In relation to the second aspect, that of technology in the private health sector, the most avant-garde innovations have been implemented in this sector, which allows us to achieve results in diagnosis and treatment worthy of mention, as well as incomparable levels of care resolution and prognosis, at the same level or even higher than the most demanding international standards, given their greater precision, sensitivity and specificity. This is possible thanks to state-of-the-art techniques such as hybrid diagnostics, proton emission, robotic surgery applied to the most complex processes, hybrid operating rooms, artificial intelligence and data science technologies, minimally invasive surgery, 4D-5D or 3D printing, among others.

In short, it is a sector that is firmly committed to the future because it places its trust in it and because it has the vocation to create it and determine it. Only by investing in innovation (we are prepared to assume the responsibilities that could arise from a hypothetical pact for innovation for its efficient, effective and synergic management for the benefit of all citizens), care excellence, quality and safety and the most advanced health results based on existing scientific knowledge is it possible to achieve the objective of being the preferred and chosen "partner" by the population in terms of their healthcare and well-being.

Dr. Luis Mayero

President of the IDIS Foundation

01

THE CONTRIBUTION OF THE PRIVATE HEALTHCARE SECTOR



The ageing of the population, the chronicity of diseases and the constant evolution of technological and scientific advances pose a challenge to the sustainability of modern health systems.

Faced with this situation, the private healthcare sector positions itself as a fundamental strategic ally of the public system, through the release of resources and

the generation of savings, improving, in turn, patient accessibility through its extensive network of centres and professionals, and the quality of healthcare.

This report, as in previous years, shows several ways the private healthcare sector contributes value:

Represents a large proportion of Spain's productive sector

Healthcare spending in Spain stood at 9.0% of GDP in 2016, a value very similar to that recorded in recent years, although it represents a slight decrease as compared with the previous year (9.1%). In terms of distribution, private healthcare spending represented 28.8% of total healthcare spending, increasing its proportion by one tenth as compared with the previous year. Public healthcare spending, on the other hand, accounted for 71.2% of total healthcare spending, one tenth below the percentage registered the previous year ([Graph 1](#)).

In comparison with neighbouring countries, Spain (9.0%) is above the OECD average (8.9%) although behind the main neighbouring countries such as France (11.5%), Germany (11.1%) and the United Kingdom (9.8%) ([Graph 2](#)).

HEALTHCARE SPENDING IN SPAIN REPRESENTS 9.0% OF GDP

In relation to private healthcare spending as a proportion of total healthcare spending, Spain has one of the highest ratios (28.8%), above the OECD average (26.5%) and above the main neighbouring countries such as the Netherlands (19.0%), France (17.1%) and Germany (15.4%) ([Graph 3](#)).

SPENDING ON PRIVATE HEALTHCARE MAKES UP 28.8% OF TOTAL HEALTHCARE SPENDING

In evolutionary terms, private healthcare spending reached 28.858 billion euros in 2016, representing 2.6% of GDP and representing an increase of 573 million euros over the previous year. In the last 10 years (2007-2016), private healthcare spending has evolved at a compound annual growth rate (CAGR) of 2.5%, with constant and solid growth over the ten years analysed ([Graph 4](#)).

Public healthcare spending, on the other hand, and according to OECD data, continues with its growth trend that began in 2014 and reached 71.477 billion in 2016. In the last 10 years (2007-2016), public healthcare spending has evolved at a compound annual growth rate (CAGR) of 1.7%, which is 0.7 percentage points less than the growth experienced by private healthcare spending. Over the last ten years, growth in public healthcare spending has been less constant than private healthcare spending, with two major setbacks in 2012 and 2013 ([Graph 5](#)).

Notwithstanding the above, taking into account the data published by the Ministry of Health, Consumption and Social Welfare in the Public Healthcare Spending Statistics (EGSP), included in the National Statistical Plan under the name of Satellite Accounts of Public Healthcare Spending, expenditure reached 66.678 billion euros in 2016 ([Graph 6](#)), which is 4.799 billion euros less than the figure published by the OECD.

In this case, the difference is due to the estimation method. The EGSP only considers expenditure made or financed by public health agents, and its methods of elaboration

and objectives have been agreed between territorial and non-territorial organisations integrated into the National Health System. It is therefore consistent at national level and can be used for comparisons between autonomous regions.

The System of Health Accounts (SHA), on the other hand, is adopted by the OECD and other bodies such as Eurostat and WHO, as a reference for the collection and processing of information on healthcare spending, in order to make it comparable between the member countries of these organisations. The SHA is based on classifications and methods agreed in international organisations that affect their Member States, and includes the expenditure of private agents, without entering into considerations on the organisation of national health systems. It is therefore used for comparisons between states.

From a sectoral point of view, the EGSP does not include expenditure that may be incurred in those institutional units whose main activity is not healthcare and which do not develop programmes included in the health function of the General State Budgets. Therefore, public social service institutions that carry out activities related to the series of social and healthcare benefits defined by Law 16/2003, of 28 May, on the cohesion and quality of the National Health System are excluded from expenditure calculations: long-term care, convalescent healthcare and rehabilitation in patients with recoverable functional deficit. These institutions and their activity are generally taken into account when preparing the SHA figures, and, together with the private sector, by definition not included in the EGSP, they constitute the basic difference between the two systems of accounts.

On the other hand, in relation to the composition of private healthcare spending, out-of-pocket spending¹ represents 2.1% of GDP in 2016, private insurance 0.4% and the expenditure of non-profit institutions 0.03% (Graph 7).

Also, a percentage of public healthcare spending is allocated to funding private provision through collaboration agreements, which is 11.2% in 2016 (Graph 8). In terms of GDP, it is estimated that these agreements make up 0.7%, of which 0.5% corresponds to autonomous regions, 0.13% to civil servant mutual insurance and the remaining 0.03% to the Social Security System (Graph 9).

Taking into account the above and adding spending for these agreements to private healthcare spending, we find that the estimated total expenditure on private healthcare provision represented 3.3% of GDP in 2016, an approximate expenditure of 36.308 billion euros (Graph 10).

ESTIMATED SPENDING ON PRIVATE HEALTHCARE REPRESENTS 3.3% OF GDP

¹Out-of-pocket spending is, according to the OECD methodology, spending by Spanish families on the following items: medicines and other pharmaceutical products, therapeutic devices and equipment; outpatient medical and paramedical services such as dentist services, clinical analysis and medical imaging centres; hospital services; social protection services and private healthcare insurance services.

Frees up public healthcare resources

Private insurance

8.5 million people in Spain are insured², relieving the pressure on the public system and saving it money, as in the dual insurance model, citizens with private insurance do not consume or only partly consume public health resources.

THERE ARE 8.5 MILLION PEOPLE WITH MEDICAL INSURANCE IN SPAIN, HELPING THE PUBLIC SYSTEM RELIEVE PRESSURE AND SAVE MONEY

The savings generated for the National Healthcare System by private healthcare varies depending on use of the public system. The estimated savings produced by a patient using only the private system is 1,224 euros. The estimation of this data, which does not include pharmaceutical expenditure or expenditure destined for mutual insurance for civil servants, has been made on the basis of the initial budgets adjusted for the average deviation produced in the 2012–2016 period between budgeted expenditure and real expenditure (5.93%), as it does not consume any public health resources. In the case of a patient using a combination of healthcare, thus using both public and private healthcare, it is estimated that they save public healthcare 546 euros³.

PRIVATE HEALTH INSURANCE IS ESTIMATED TO SAVE THE SNS UP TO 1,224 EUROS PER PATIENT PER YEAR

Taking into account the number of insured people in Spain in 2018 (8.5 million), the estimated total savings for the National Health System ranges from 4.643 to 10.409 billion euros (Figure 1).

According to the latest figures published by the Ministry of Health, Consumption and Social Welfare, per capita spending on public healthcare was 1,432 euros in 2016. Based on the Ministry's initial budget, the estimated per capita expenditure on public healthcare in 2018 was 1,521 euros (89 euros more than in 2016).

Per capita expenditure on private healthcare increased from 540 euros in 2016 to 573 euros in 2018, 33 euros more than in 2016, of which 431 euros correspond to out-of-pocket spending and 142 to insurance expenditure (Graph 11).

By Autonomous Community, the Basque Country, Aragon and Asturias are the autonomous regions in 2016 with the highest per capita healthcare spending with 2,319 euros, 2,175 euros and 2,130 euros respectively. Andalusia, Castilla-La Mancha and the Region of Valencia, on the other hand, had the lowest per capita healthcare spending with 1,593 euros, 1,723 euros and 1,784 euros respectively (Graph 12).

Carrying out an estimate of the evolution of the data to 2018, the Basque Country would continue to be the Autonomous Community with the highest per capita healthcare spending with 2,423 euros, followed by Aragon and Asturias with 2,303 euros and 2,246 euros respectively. On the other hand, Andalusia with 1,764 euros, the Canary Islands with 1,811 euros and Castilla-La Mancha with 1,854 euros, would be the autonomous regions with the lowest per capita healthcare spending (Graph 13).

With regards to private healthcare spending per capita, Madrid, the Basque Country and Catalonia are the Autonomous Regions with the highest expenditure with 750 euros, 687 euros and 673 euros respectively. At the other end of the scale, Extremadura, Cantabria and Castilla-La Mancha with 404 euros, 413 euros and 420 euros respectively (Graph 14).

² This includes healthcare provision (excluding government mutual insurance) and reimbursement of expenses. Source: ICEA. Health Insurance, January–September 2018.

³ Volume of paid services and the number of insured parties.

All autonomous regions, except Navarre, exceed their budgeted expenditure for public healthcare. The regions with the greatest deviations were Murcia (26%), La Rioja (19%) and Catalonia (19%), while Navarre (-1%), Castilla-La Mancha (1%) and the Basque Country (3%) presented the lowest deviations (Table 1).

ALL AUTONOMOUS REGIONS, EXCEPT NAVARRE, EXCEEDED BUDGETED HEALTHCARE SPENDING IN 2016

Meanwhile, the insurance industry continues to see significant growth, both in the number of insured and in the volume of premiums. Over 10.3 million people were insured in 2018, 4.3% more than the previous year. By type, 75% had medical insurance, 18% were public employees entitled to government mutual insurance coverage, and the remaining 7% were covered for refunds of expenditure (Graph 15). At provincial level, all Spanish provinces have grown in the number of insured persons⁴ compared to the previous year (Figure 2).

THE INSURANCE SECTOR CONTINUES TO SEE SIGNIFICANT GROWTH

In terms of volume of premiums, it is estimated that by 2018 they will have reached 8.218 billion euros, a 5.8% increase on 2017. By type, 72% corresponded to healthcare, 19% to government mutual insurance and 9% to reimbursement of expenses (Graph 16).

Despite the absence of a statistical correlation between private insurance and the public healthcare budget per capita, it can be observed, as in previous years, that certain autonomous regions with greater penetration of private insurance, such as Madrid and Catalonia, have a lower public healthcare budget per capita than the majority of regions in the country, despite having more large hospitals with highly complex services (Figure 3).

In market terms, the health insurance sector is highly concentrated, with the top 5 companies representing a 72% market share in volume of premiums, which increases to 83% if we look at the top 10 insurance companies (Graph 17).

THE HEALTH INSURANCE SECTOR HAS A HIGH DEGREE OF CONCENTRATION

Private sector activity

The private healthcare sector carries out a very significant healthcare activity that contributes to decongesting and decreasing healthcare pressure on the public system and, therefore, waiting lists.

Specifically, in 2016 private hospitals carried out 30.9% (1.6 million) of surgical procedures, discharged 23.7% (1.3 million) of patients and provided 24.1% (7.1 million) of emergency care throughout Spain. Activity data for 2016 indicate an increase in private sector activity over 2015, especially in surgical procedures (+1.6pp), consultations (+1.2pp), admissions (+0.8pp) and emergencies (+0.7pp) (Figure 4 and Table 2).

THE PRIVATE SECTOR CARRIES OUT A VERY SIGNIFICANT LEVEL OF ASSISTANCE ACTIVITY

⁴ Corresponds to the number of people with medical insurance.

However, it should be borne in mind that these data on private sector activity do not include centres with substitute agreements or that are integrated into a public use network, since the activity of these centres is considered by the Ministry of Health, Consumption and Social Welfare as a public/SNS hospital activity.

In this sense, if the statistics presented for the private sector include substitute agreements and private hospitals that form part of a public use network, the proportion and representativeness of the private sector grows significantly. Specifically, the private sector now performs 37.5% (1.9 million) of the surgical procedures performed in our country, 30.1% (1.6 million) of discharges and 29.4% (8.7 million) of emergencies (Figure 5 and Table 3).

The care areas with the highest number of stays in the private sector are Medicine and Medical Specialisations (2.2 million), Psychiatry (1.4 million) and Long Stay (1.1 million) (Table 4). Carrying out the same exercise as in the previous case, in other words, including the substitute agreements and the private hospitals integrated in a public use network in private sector activity, the Medicine and Medical Specialisations private sector stays reach 3.0 million, Long Stays reach 3.1 million and Psychiatry stays reach 2.7 million (Table 5).

In relation to the volume of discharges, Surgery and Specialist Surgery with 394,852 discharges (29.7%), Medicine and Medical Specialisations with 373,354 (18.1%) and Traumatology with 223,404 (35.1%) are the areas that register the highest number of discharges in the private sector (Table 6). As in the previous case, if substitute agreements and private hospitals integrated into a public use network are taken into account in private activity, private sector activity in Long Stay goes from 10.1% to 44.7% of total activity. A similar case occurs in Psychiatry, where it goes from representing 10.1% to 25.8% of the discharges registered in our country (Table 7).

In terms of surgical procedures, private healthcare carried out 729,246 (34.1%) of procedures with hospitalisation and 462,334 (27.8%) of major outpatient surgery procedures recorded in 2016 (Table 8). Taking into account substitute agreements and private hospitals integrated into a public use network in private sector activity, private healthcare carried out 832,118 (38.9%) inpatient procedures and 576,569 (34.7%) outpatient procedures (Table 9).

By specialisation, private hospitals performed 36.6% of Orthopaedic Surgery and Traumatology procedures, 34.2% of Neurosurgery procedures, 33.9% of General and Digestive Surgery, and 33% of Angiology and Vascular Surgery procedures (Table 10). As in the previous cases, considering substitute agreements and private hospitals integrated into a public use network as private activities, the percentages of procedures carried out by private healthcare would rise to 42.4% in the case of Orthopaedic Surgery and Traumatology, 37.0% in Neurosurgery, 39.9% in Angiology and Vascular Surgery and 39.5% in General and Digestive Surgery (Table 11).

Improves the public's access to healthcare

The private health sector, through its extensive healthcare network, facilitates and improves public accessibility to healthcare, providing agile, diverse and quality care.

PRIVATE HOSPITALS RESPOND TO THE NEEDS OF THE PUBLIC QUICKLY AND FLEXIBLY

This improved accessibility provided by private healthcare is clearly ratified by the results obtained in the latest Study on Health Outcome Indicators in Private Healthcare (RESA 2018) (Table 12). Private hospitals can be more agile in responding to the needs of the public, as evidenced by the following data:

- Average waiting times after calls for appointments remain below 12 days this year and within the historical line of the last five years. Specifically, mammography has a wait of 11.32 days, magnetic resonance 9.68 days and CAT 6.46 days.
- Waiting time for additional test reports is under 4 days (2 in the case of mammograms).
- Waiting times for appointments for consultations in the most frequented specialisation are below 2 weeks, except in dermatology where they are 18.6 days.
- Average times for emergency medical attention are less than 30 minutes (23:27 minutes), including triage at 08:14 minutes.
- The overall average wait for surgery is 29.1 days.
- The time from diagnosis to treatment in oncology is under 15 days in the most frequent processes, such as breast, colon, or lung cancer.

Resources in the private hospital sector

The private hospital sector has 460 hospitals, 58% of all hospitals in Spain⁵, with 51,373 beds, 32% of total beds (Graph 18 and Graph 19).

THE PRIVATE HOSPITAL SECTOR OWNS 58% OF THE HOSPITALS AND 32% OF THE BEDS IN SPAIN

Spain is at an intermediate level compared to the other European countries analysed, both in the percentage of private hospitals among the total number of hospitals, and the percentage of the number of private beds among the total number of beds (Graph 20 and Graph 21).

By type of healthcare, 63% of private hospitals (289) are general, medical-surgical and maternity-children's, while 37% (171) are extended-stay, psychiatric, geriatric and specialist hospitals (Graph 22).

If the healthcare purpose of public and private hospitals is analysed using the differentiation discussed above, it can be observed that the percentage of general, surgical-medical and maternity-children's private hospitals, among the total number of hospitals of this type stands at 52% while the percentage of number of beds is 25% (Graph 23).

As in previous years, Catalonia, Madrid and Andalusia are the regions with the most private hospitals and beds. Catalonia is the only autonomous region with a greater number of private than public beds (56% of all beds), although it must be borne in mind that private hospitals in Catalonia include those that are part of the Public Hospital Network (XHUP) (Table 13).

⁵ Hospital complexes are counted as a single hospital.

For this reason, in the geographical distribution of private hospital percentages by Autonomous Region, Catalonia has the highest number of privately owned hospitals, with 32% of the hospitals (146) and 37% of the existing private beds in Spain (19,169). Following Catalonia is Madrid, with 11% of hospitals and 13% of private beds, and Andalusia, with 14% of private hospitals and 12% of private beds (Figure 6).

Analysing the proportion of private hospitals and beds over the total number of hospitals and beds shows significant differences between regions. Catalonia, Navarre, Asturias and Galicia have the highest percentage of private hospitals out of the total number of hospitals with 69%, 64%, 64% and 62% respectively (Graph 24), while Catalonia and Navarre have the highest percentage of private beds compared to the total number of beds with 56% and 39% respectively (Graph 25).

The private non-charitable hospital market reached 6.405 billion in 2017, an increase of 3.7% over the previous year and a compound annual growth rate (CAGR) of 4.0% in the 2013-2017 period (Graph 26). By demand segments, agreements with insurance companies represent 63% of the market, followed by public agreements (25%), strictly private patients (10%) and other items such as, for example, catering and parking, which account for 2% of turnover.

THE NON-CHARITABLE PRIVATE HOSPITAL MARKET EARNED 6.405 BILLION EUROS IN 2017

Composition of the private hospital sector

The private hospital sector is characterised by the presence of a number of operators which can be classified into three groups: hospital groups, hospitals belonging to health insurance companies, and independent hospitals.

The distribution of hospitals and beds among the main operators in the sector indicates that hospital groups have 48% of the hospitals and 62% of the private beds in our country. Meanwhile, insurance companies have 3% of private hospitals and 3% of beds, while independent hospitals and clinics represent 49% of hospitals and 35% of private beds (Graph 27).

In terms of market share, the 13 leading private hospital operators own 42% of private hospitals and 56% of private beds. Quirónsalud and the Orden de San Juan de Dios are the private hospital groups with the largest numbers of hospitals and beds. Specifically, Quirónsalud represents approximately 10% of private hospitals and 13% of beds, while La Orden de San Juan Dios has 6% of hospitals and 11% of beds (Graph 28).

In geographical terms, most of the major operators in the sector are located in different autonomous regions, with Madrid, Andalusia, and Catalonia having the greatest presence of hospital groups (Figure 7).

In terms of turnover, Quirónsalud is the leading group with an estimated turnover of 2.800 billion euros in 2017, followed by Vithas with 521 million euros and Ribera Salud with 449 million euros (Graph 29).

Recent movements in the private hospital sector

In 2018 the private hospital sector consolidated the changes it had been experiencing in recent years, which placed it in a solid and dynamic environment, in which concentration by groups follows its trend.

THE PRIVATE HOSPITAL SECTOR CONTINUES ITS TREND TOWARDS CONCENTRATION IN LARGE HOSPITAL GROUPS

At the same time, large groups are increasing their capacity and accessibility by expanding their care networks. In this sense, the most relevant developments in the last year include, among others, the following:

quirónsalud

It continues with its expansion process and in 2018 closed the acquisition of the Costa de la Luz Hospital in Huelva, a leading centre for private healthcare in the province of Huelva, which has 50 beds and 7 operating rooms. It has also set up various medical centres such as the Ruber Internacional Medical Centre located on the Paseo de la Habana (Madrid), with more than 2,500 m² of space, where it offers more than 25 medical specialisations, and the Marbella Medical Centre, a centre for specialisations, diagnostic tests and a Traffic Unit, located adjacent to the Hospital Quirónsalud Marbella, with a total area of 1,000 m². On the other hand, Quirónsalud continues to make progress in the construction of what will be the first proton therapy centre in our country, which will be located in new facilities in the Ciudad de la Imagen in Pozuelo de Alarcón (Madrid), which is set to open in 2019 and has an investment of approximately 40 million euros. Quirónprevención, the group's occupational risk prevention area, has completed a small acquisition to increase the portfolio of services offered to companies.

vithas cuidamos tu salud

In 2018, it incorporated the Clínica Oftalmológica Gran Canaria, which extends the services of the Vithas Santa Catalina Hospital; Oftalmar, which has been incorporated into the Ophthalmology Unit of the Vithas Hospitals in Alicante; Mediplan, now incorporated into the new Sports

Medicine and Physiotherapy Unit of the Vithas San José Hospital in Vitoria; and the Vithas Lab network of laboratories, with more than 300 extraction points throughout Spain, integrated those of the Interlab company this year. On the other hand, its hospital in Granada has just obtained accreditation from the Joint Commission International (third in the Group). Finally, in 2019 the new Vithas Salud Comprehensive Medical Centre, with 18 specialisations and the only private emergency service in the area, began operating in El Ejido (Almería).



ribera salud grupo

At national level, Ribera Salud has been managing the Hospital Universitario de Torrejón de Ardoz in the Region of Madrid since the end of December 2018, following the corresponding administrative authorisations. Centene Corporation, owner of 50% of the Ribera Salud group, has acquired the shares of Sanitas and Asisa of the company Torrejón Salud. Ribera Salud managed the centre from its opening in 2011 until November 2012 and is now back in charge of its management. Currently, the hospital serves more than 150,000 people and has 250 beds in single rooms, 20 day hospital stations, 83 emergency care stations and 8 dilation and delivery rooms, among other services.

asisa

In mid-2018 it acquired an emblematic building in the Bonanova neighbourhood of Barcelona in which it will invest 10 million euros in order to set up a medical centre. The centre will have a surface area of 6,500 m² and will have five floors and three basements. It has also acquired the Centro Médico del Dr. Lobatón in Cádiz and an Aesthetic Medicine Clinic in Madrid.

HM

hm hospitales

During 2018 HM Hospitales has started up the Centro Integral Oncológico Clara Campal Galicia, attached to the Hospital HM La Esperanza located in Santiago de Compostela, and the Policlínico HM Santander, located in the Banco Santander Financial City in Boadilla del Monte (Madrid) and attached to the Hospital HM Montepíncipe. Likewise, after HM Hospitales entering the shareholding of the Hospital HM Delfos in 2018, in 2019 it plans to invest

more than 11 million euros with the aim of remodelling the hospital facilities. This renovation of facilities is part of the HM Delfos Master Plan, with 30 million euros, that HM Hospitales will allocate to the acquisition of state-of-the-art healthcare technology and to the incorporation of teams of healthcare professionals and the attraction of talent.



The Hospital Sanitas CIMA, in Barcelona, will have an Advanced Radiotherapy Centre to offer all patients the most advanced diagnostic and therapeutic techniques in oncology. This new centre, the result of an agreement between Sanitas and Atrys Health, a company specialising in cancer diagnosis and radiotherapy, will open its doors during the second quarter of 2019.



The Company has added new medical centres to its network since 2017 in Segovia (Ezequiel González), Burgos (Calzadas), Zamora (VEA, Benavente), Valladolid (San Juan, Unidad de la Mujer, CLM, Las Lomas, Novotécnica), Palencia (Avda. de Castilla), Plasencia (Centro Diagnóstico) and Santander (CCM). In addition, as part of its commitment to specialisation it has created several units such as the Institute of Otorhinolaryngology, the Ophthalmological Institute, the Urological Institute and the area of Assisted Reproduction integrated into the Recoletas Women's Unit. In addition, a comprehensive health and wellness centre will be set up in Valladolid in 2019, the first phase of which will be launched in September.



In recent years it has strengthened its presence in the hospital sector by expanding its network. At the end of 2018, Caser, through its Parque Hospitales division, purchased the management companies of the Llevant Hospital Complex located in Mallorca, comprising a 60-bed hospital with three operating rooms, and two medical centres located in Cala Mesquida-Capdepera and Porto Colom-Felanitx. The Group has also opened a new Specialisation Centre in Arrecife (Lanzarote). In this way, Caser has increased its hospital network to 5 hospitals

and 5 outpatient centres located in the Canary Islands, Extremadura and the Balearic Islands.

International presence

On the other hand, national hospital groups have asserted their good work beyond our borders, with an expanding international presence.

SPANISH COMPANIES ARE INTERNATIONALISING

- **Quirónsalud:** in addition to the Ricardo Palma Clinic in Lima (Peru), it has reached an agreement for the acquisition of Clínica Medellín, a leading hospital group in the Colombian city of the same name. The closing of the operation, scheduled for the next few months, is conditional upon obtaining the relevant authorisations from Colombian regulators. Clínica Medellín, founded more than 70 years ago and with a turnover of close to 50 million euros, currently has 2 hospitals, 185 beds and 12 operating rooms.
- **Ribera Salud:** shareholder in the first two hospitals with PPP model in Latin America: Hospital del Callao and Hospital Villa María del Triunfo in Peru. It has a majority stake in the Slovak company Pro Diagnostic Group (PDG), leader in Radiology and Nuclear Medicine in Central Europe, and is a technology supplier to several public hospitals in Chile. The group also has b2b health, purchasing platform, logistics, consulting and shared services.
- **Asisa:** at the level of insurers and under the management of HLA, it operates the Hospital de Bata (Equatorial Guinea), has a Reproduction Unit in Mexico and another in Nicaragua. It has also opened dental clinics in Milan (Italy), Sao Paulo (Brazil), Lisbon (Portugal) and two more clinics in the United Arab Emirates located in Dubai and Abu Dhabi. In addition, it has started its insurance activity in the life insurance sector in Portugal.
- **Hospiten:** another successful case of internationalisation is that of Hospiten, which together with its 7 hospitals in Spain,

already has hospitals and medical centres in the Dominican Republic, Jamaica, Mexico and Panama.

- **Sanitas:** for its part, following the purchase of the CruzBlanca Salud group in Chile in 2014, it already has 4 hospitals in the country, led by Clínica Bupa Santiago, which opened in 2018 and will have a final capacity of 460 beds. It also has the IntegraMédica network, the most important network of outpatient centres in Chile; the Isapre CruzBlanca; Bupa Compañía de Seguros and operations in Peru through IntegraMédica, among others.

Other operators

On the other hand, and apart from hospitals, other types of centres that contribute significantly to favouring the public's accessibility to healthcare, thereby improving care and patient satisfaction, are **medical centres**, understood as establishments dedicated to the provision of healthcare services that do not require hospitalisation.

THE MAIN HOSPITAL GROUPS ARE STRENGTHENING THEIR OUTPATIENT NETWORKS

In this sense, the main hospital groups have been strengthening their outpatient networks in our country for some years with the aim of achieving greater proximity to patients and of being able to count on specialised care centres that complement hospitals. As mentioned earlier in the report, some of the main purchasing operations in the sector over the last year relate to medical centres. In this sense, the main groups most active in this field are Quirónsalud, HM Hospitales, Red Hospitalaria Recoletas and HLA.

THERE ARE A TOTAL OF 11,765 MEDICAL CENTRES IN SPAIN

Based on the data collected in the General Register of Health Centres and Establishments (REGCESS) of the Ministry of Health, Consumption and Social Welfare,

there are a total of 11,765 medical centres in our country⁶.

By type of centre, 72.5% (8,529) are multi-purpose, 18.5% (2,172) are diagnosis centres, 5.2% (613) are mental health centres, 1.7% (205) are assisted reproduction centres, 1.5% (173) are dialysis facilities, and the remaining 0.6% (73) provide major outpatient surgery (Graph 30).

As well as medical centres, there are other private providers of outpatient care, including 14,027 doctors' consultancies, 25,376 consultancies of other healthcare professionals such as chiropodists and physiotherapists, and 22,335 dental clinics.

Clinical analysis laboratories also play an important role **in the private healthcare sector**. Specifically, private laboratories reached a turnover of 1.110 billion euros⁷ in 2017, representing an increase of nearly 4.4% over 2016 and an approximate market share of 40%.

Finally, the access to healthcare offered by the private healthcare sector is not limited to residents in Spain, but also reaches patients living in other countries. In this sense, and according to data from SpainCares, a Spanish health tourism cluster in Spain, which brings together the most representative Spanish tourism and health entities, Spain has served 140,000 people from other countries in 2017, representing a turnover of approximately 500 million euros.

HEALTH TOURISM IS A GREAT DEVELOPMENT OPPORTUNITY FOR THE SECTOR

Health tourism is a great opportunity for development and growth for the private healthcare sector, which aspires to improve its international positioning not only in the field of private healthcare but also in the tourism sector. According to Cluster estimates, in 2020 it is expected to serve 200,000 tourists in Spain with a turnover of approximately 1 billion euros.

⁶ Referring to: multi-purpose, diagnosis, mental health, assisted reproduction, dialysis, and major outpatient surgery centres.

⁷ DBK, Clinical Analyses 2018.

Collaborates with the public system

The private healthcare sector is an indispensable ally of the public health system, and cooperation between the two sectors is a fundamental pillar for guaranteeing the sustainability and solvency of the system.

THE PRIVATE SECTOR IS A KEY STRATEGIC ALLY OF THE PUBLIC HEALTH SYSTEM

Different types of collaboration between the two sectors (agreements, government mutual insurance and concessions) relieves public healthcare care and financial pressure, and avoids duplication and unnecessary risks, while at the same time offering healthcare of recognised and contrasted quality, favouring, in turn, accessibility and speed in the performance of medical acts.

At an economic level, this type of collaboration not only discharges the public coffers with lower average costs per process, but also helps to significantly alleviate waiting lists.

The use of all available resources, regardless of ownership, to obtain optimum and adequate levels of assistance for the population, should be an indispensable objective that involves the public and private sectors in the efficient and effective management of the system.

The Healthcare White Paper of the Spanish Confederation of Employers' Organisations (CEOE) makes a strong case in defence of private healthcare and the different forms of collaboration. Spain has a long tradition of using some public-private partnership formulas, such as the agreements in place between regional healthcare services and private centres, government mutual insurance, and government concessions that include the management of healthcare services (Figure 8).

Agreements

Agreements between regional healthcare services and private centres in different areas of activity, including hospitalisation, imaging, health transport, respiratory therapies and dialysis, contribute significantly to relieving waiting lists and provide healthcare in geographical areas where the public system does not have sufficient infrastructure or health facilities.

As mentioned previously in the first section of the report, the Ministry of Health, Consumption and Social Welfare allocates 11.2% of public healthcare spending to the agreement budget line, which reflects the importance and repercussion of this item.

11.2% OF PUBLIC HEALTHCARE SPENDING GOES TO COLLABORATION AGREEMENTS

Catalonia is the autonomous region that has allocated the most money to agreements, with 2.517 billion euros in 2016, representing 24.9% of its healthcare spending. Catalonia is followed by Madrid, Andalusia and the Region of Valencia with 842, 380 and 274 million euros (10.7%, 4.1%, and 4.2%) respectively (Table 14).

Trends in the numbers of cooperation agreements over the past year vary depending on the autonomous region. Thus, the greatest increases have been registered in Galicia and the Balearic Islands, with an increase of 0.4 percentage points with respect to the previous year. On the other hand, the greatest decreases occurred in Madrid and Aragón with a decrease of 1.7 and 1.5 percentage points with respect to the previous year.

Approximately 43% of private hospitals (196) in Spain have some type of agreement with the public system in place. Also, 7% of private hospitals (30) form part of the Public Hospital Network in Catalonia (Graph 31).

By type of care, general hospitals have the most agreements, with a total of 125 hospitals with some type of agreement, followed by medical-surgical with 23 hospitals, geriatric and/or long stay with 19 and psychiatric with 17 (Graph 32).

Given the percentage of hospitals with some kind of agreement over the total number of private hospitals, medical-surgical and general have the highest percentages of collaborating centres with 61% and 51% respectively (Graph 33).

COLLABORATION AGREEMENTS REPRESENT 25% OF TURNOVER FOR PRIVATE HOSPITALS

In market terms, non-charitable private hospitals had a turnover of 1.615 billion euros under the heading of agreements in 2017, representing 25% of their turnover and 37 million euros more than in 2016 (Graph 34).

Finally, in our country there is another significant type of agreement known as the **single agreement**. This type of agreement establishes the link between a private hospital and the public health system through the assignment of a population to be attended, the establishment of care objectives or the development of care programmes, integrating the activity and objectives into the general planning of the National Healthcare System. Single agreements have a degree of permanence in time, allowing for management that is agile, flexible and adaptable to change.

Examples of single agreements are the Fundación Jiménez Díaz in Madrid, Povisa in Vigo, Fundación Hospital de Jové in Asturias, La Orden de San Juan de Dios in different autonomous regions, and some private hospitals in Catalonia that form part of the Public Hospital Network (Figure 9).

Government mutual insurance

Government mutual insurance is a coverage mechanism that favours the balance between the public and private systems, while reducing the care pressure of patient demand in the public system.

GOVERNMENT MUTUAL INSURANCE FOSTERS A BALANCE OF THE PUBLIC AND PRIVATE SYSTEMS

This coverage mechanism is made up of 3 large mutual insurance companies: Mutualidad General de Funcionarios Civiles del Estado (MUFACE), Mutualidad General Judicial (MUGEJU), and Instituto Social de las Fuerzas Armadas (ISFAS).

Government mutual insurance provides efficiency in the provision of a public service and guarantees the portfolio of services of the National Health System. Under this model, the State maintains the functions of regulator, guarantor and subsidiser of healthcare provisions, transferring implementation to the National Healthcare System or free insurance entities. Citizens are responsible for deciding freely and voluntarily whether they want to be cared for by the National Health System or by an insurance company with the same level of benefits. This last option is selected by ~84% of civil servants⁸, showing the level of user satisfaction with the model, making it a model of high added value for beneficiaries.

84% OF CIVIL SERVANTS CHOOSE AN INSURANCE COMPANY FOR THEIR HEALTHCARE

⁸ Percentage calculated based on data from the 2017 reports of MUFACE, ISFAS and MUGEJU.

Government mutual insurance covered approximately 1.8 million people in 2018, a decrease of 1.0% from the previous year, continuing a trend which began a few years ago. MUFACE is the mutual insurance company with the largest number of beneficiaries (65%), followed by ISFAS (31%) and MUGEJU (4%) (Graph 35).

1.8 MILLION PEOPLE ARE COVERED BY GOVERNMENT MUTUAL INSURANCE

Despite the decrease in the number of mutual insurance members, it is estimated that in terms of the volume of premiums, the market has reached 1.592 billion euros in 2018, which would represent an increase of 4.5% over the previous year. With regard to distribution by mutual insurance companies, MUFACE has the highest volume of premiums (66%), followed by ISFAS (30%) and MUGEJU (4%) (Graph 36).

With the new agreements for 2018-2019, mutual insurance companies now have collaboration agreements with a total of 8 insurers. In this case, SegurCaixa Adeslas and Asisa provide healthcare to the members of Spain's three mutual insurance companies. Also, for the first time, the Nueva Mutua Sanitaria del Servicio Médico will provide healthcare to MUGEJU members (Table 15).

In economic terms, government mutual insurance is a model that provides efficiency in the provision of a public service, since the per capita spending of the covered population is substantially lower than public healthcare spending per capita. The average MUFACE premium is estimated to be 883 euros per year and insured party in 2018, while public healthcare spending per capita that year was 1,224 euros (excluding spending on pharmaceuticals and mutual insurance), representing a saving of 341 euros per member for the government (Graph 37).

The claim rate for government mutual insurance was 96.4% in 2018⁹, well above the insurance industry average¹⁰ of 72.7% for the same period (Graph 38).

In recent years, the claim rate for government mutual insurance has remained at levels ranging between 94.8% in 2016 and 97.8% in 2014. If the mutual insurance company claim rate is compared to the average for the insurance sector over the same period, there is a difference ranging from 32.6% in 2018 to 37.1% in 2017 (Graph 39).

Government concessions including the management of healthcare services

Concessions is another of the existing collaboration models, consisting of responding to the financial insufficiency of the Public Administration, from the point of view that in the long term it assumes the expense involved in the deployment of healthcare infrastructures. With this remuneration model, the financial burden can be spread over time, while it also increases the predictability of future public spending and favours greater spending control.

GOVERNMENT CONCESSIONS SAVE MONEY AND RESOURCES FOR THE PUBLIC SYSTEM

Concessions vary depending on the level of services provided by the concessionaire. Concession holders may provide services including: building and equipping the hospital; managing non-healthcare services such as cleaning, security, or catering; high-technology equipment; or managing healthcare services, which may include specialist care, primary care, psychiatric care, and care for chronic patients (Figure 10).

⁹ January-September 2018.

¹⁰ Corresponds to the claim rate for healthcare without mutual insurance in January-September 2018

Government concessions which include healthcare services introduce the use of private management tools in public hospitals, while maintaining the same criteria and values that the public system is based on, in other words, free universal healthcare. In this case, the private companies bear the risk of creating and maintaining the infrastructure, meeting established objectives and ensuring the top quality free universal services required by governments, while also adapting to penalisations or reductions due to patients moving from one healthcare area to another.

The quality of healthcare and the efficiency of the concession model have led to its introduction in various regions, with a clearly positive user satisfaction rating for these hospitals, as good as or better than their traditionally managed equivalents.

Currently, our country has a total of 8 hospitals operating under this concession model. Geographically, government concessions including the management of healthcare services (PPP) are located in the regions of Valencia and Madrid (Figure 11).

Various studies have demonstrated the feasibility and viability of the public-private partnership model from the care-giving and economic point of view. Researchers at the prestigious University of California, Berkeley¹¹ (USA) analysed different international concession models drawing the clear conclusion that this management system adds efficiency and saves money and resources for the public healthcare system, reducing per capita expenditure by around 25%. Their report also shows that this model can reduce waiting lists from 39 to 20 days for first visits, and from 57 to 40 days for surgical procedures. At the same time, the percentage allocated to operating costs is notably lower, and average patient stays are also shorter in this model, helping to save money.

HOSPITALS MANAGED UNDER AN GOVERNMENT CONCESSION ARE MORE EFFICIENT, HAVE GREATER CITIZEN SATISFACTION AND REPRESENT A LOWER COST TO THE ADMINISTRATION

Another study, by Ribera Salud, based on data from the Healthcare Department of Valencia's Consellería de Sanitat, also shows how this model contributes to the efficiency of the healthcare system. This study determines that the cost per patient in directly managed departments is 1,333 euros, while cost per patient in concession departments is 824 euros (Table 16).

Other reports that have had great impact in recent years have been the operational audits prepared by the Sindicatura de Comptes of the Region of Valencia in relation to the concessions of the Health Departments of Manises (2009-2015) and Torrevieja (2003-2016).

These audits conclude that privately managed areas offer more comprehensive healthcare, with higher citizen satisfaction and lower cost. In economic terms, the Sindicatura de Comptes concludes that the management of the Department of Health of Torrevieja is 30% less expensive than the expenditure involved in the public hospital management in Valencia. Along the same lines, the Sindicatura de Comptes estimated that the expenditure borne by the Administration in the Department of Health of Manises was 24.6% lower than current public expenditure on healthcare in the public management departments catalogued as county.

¹¹Richard M. Scheffler, Ph.D. University of California, Berkeley.

Furthermore, the 24 healthcare zones of the Region of Valencia were analysed and scored in the operative audit of the comprehensive healthcare concession in the Department of Health of Manises. In this case, each hospital had a maximum score of 100, divided into three groups of indicators: Quality (20%), Care (30%) and Management (50%).

Of the 24 hospitals analysed, 5 of the first 6 were hospitals managed under the concession model (Table 17).

However, despite the great level of data presented and the level of satisfaction of citizens, on 1 April 2018, Ribera Salud ceased managing the Department of Health of La Ribera which, after 20 years of government concession, ending up with excellent indicators of care, quality and health promotion, making the political decision not to continue and to reverse the concession difficult to justify in the technical or care field.

On the other hand, and apart from government concessions, public-private partnership formulas are allowing healthcare technology manufacturers to become **"technological partners"**, developing a partnership based on shared risk. These new strategies for equipping hospitals allow them to:

- Update existing equipment.
- Efficiently supply new centres gradually, as necessary.
- Introduce elements of "availability" according to the needs of each device (incident response time, available technical service, replacement equipment, etc.).
- Devise specific solutions to specific problems, through the process of dialogue with suppliers.
- Sometimes, train professionals or incorporate personnel to cover the service.

Provides advanced research and development through next-generation technology

Fosters progress in research

Private healthcare strongly supports research. This is the finding of the **Best** report, which is based on a strategic project driven by the pharmaceutical industry in which public and private stakeholders join to create a platform for excellence in clinical trials in Spain. The goal is to make Spain an attractive country for clinical research.

**THE PRIVATE SECTOR
RECRUITMENT RATE IS VERY HIGH**

The data in this report refer to issue 26 of BDMetrics, corresponding to clinical trials with date of delivery to the relevant CEIC or AEMPS authorisation (according to RD) until 31 December 2018. BDMetrics content (Figure 12).

In recent years, given the highly competitive private healthcare market, the sector's participation has increased, both in the number of clinical trials and in the participating centres.

Private centres represent 20.4% of the 170 centres in the sample, a figure that represents a slight decrease as compared with the 180 centres from the previous year.

Private centres participated in 1,424 clinical trials, representing 43.2% of those included in the sample, with an increase of 7% as compared with the previous year.

PRIVATE CENTRES TAKE PART IN 1,424 CLINICAL TRIALS

On the other hand, the number of participations of private centres in trials was 2,247, representing 9.1% of the total participations, with an increase of 6% with respect to the previous year.

When taking part in clinical trials, private centres have a stronger presence in the early stages of research, when greater specialisation and complexity are required. Specifically, 36.7% of the trials where private centres participate, 558 trials, are in the early stages: phases Ia, Ib, and II. Oncology (37.8%), Cardiology (7.6%), Respiratory (7.5%), and Neurosciences (7.1%) are the main care areas of the trials in which private centres participate.

ONCOLOGY, CARDIOLOGY, RESPIRATORY, AND NEUROSCIENCES ARE THE MAIN AREAS OF PRIVATE CENTRES' CLINICAL TRIALS

Private centres produce excellent results in the clinical research indicators considered, such as recruitment speed (1.34 in private centres vs. 1.09 in public centres) or recruitment rate (102.4% in private centres vs. 85.18% in public centres).

Incorporates the latest technology

Our healthcare system has undergone many changes in recent years, moving from medicine involving the patient following guidelines from their doctor, to another in which patients move within a participatory and collaborative model and make decisions that affect their health sharing responsibility with the healthcare professional. In view of the growing demand for care and the financial pressure of the system, it is necessary to invest time in projects that favour its modernisation, placing special emphasis on the most avant-garde technologies.

In this context, the private healthcare sector is striving to continue to implement new advances in communication and information technologies every day, as well as associated services that allow for the proper management not only of their implementation, but also of their development, maintenance and progressive renewal.

ACQUISITION OF STATE-OF-THE-ART TECHNOLOGY IS A KEY ISSUE FOR THE PRIVATE HEALTH SECTOR

Acquiring state-of-the-art equipment and the latest technology is a key aspect of the private healthcare sector, helping produce more efficient, better quality healthcare. Their support for sophisticated, innovative techniques enables them to perform increasingly complex activities and develop pioneering new techniques and procedures.

The use of technology in healthcare offers a range of benefits to patients, professionals, and the healthcare system in general, including:

- Contributing to the prevention of diseases, reducing the need for future healthcare and, consequently, healthcare costs.
- Improving diagnosis and helping in the early detection of diseases, allowing for more effective treatment.

- Making treatments faster, more efficient, and more effective.
- Supporting patient monitoring.
- Enabling better management of clinical data.
- Favouring new more efficient, connected and global ways of working.

THE PRIVATE HOSPITAL SECTOR HAS 56% OF MRI, 47% OF PET AND 36% OF CAT EQUIPMENT

The private hospital sector owns 56% of Spain's magnetic resonance imaging equipment, 47% of its PET, and 36% of its CAT scan technology (Graph 40).

By autonomous regions, it can be observed that Madrid, Andalusia, Catalonia and Valencia have the most high-tech equipment. Catalonia (58%), the Balearic Islands (58%) and Navarre (47%) are the regions with the largest percentage of equipment in private health centres (Graph 41).

In terms of activity and diagnosis, in 2016 the private sector carried out 1.2 million MRI scans (39% of the total), 834,338 CAT scans (17% of the total), 29,182 PET (21% of the total) and 20,373 SPECT (13% of the total). It also attended to 16% of haemodynamic patients and 14% of interventional radiology patients (Figure 13).

However, as was the case with the activity data analysed in section 2 of the Report, these private sector data do not take into account those centres with substitute agreements or those that are integrated into a public use network, since the activity of these centres is considered by the Ministry of Health, Consumption and Social Welfare as a public/SNS hospital activity. Assuming that these hospitals are part of the private sector, the private sector now performs 45% of MRI, 23% of CAT, 24% of PET and 22% of SPECT scans. With respect to haemodynamic patients, the private sector attends to 19% and 20% of interventional radiology patients (Figure 14).

In terms of complex surgical activity, in 2016 the private healthcare sector accounted for a significant volume of this healthcare activity: 328,331 Orthopaedic Surgery and Traumatology procedures (37% of the total), 325,480 General and Digestive (34% of the total), 37,485 Angiology and Vascular Surgery (33% of the total), 27,310 Neurosurgery (34% of the total) and 11,409 Cardiac Surgery (24% of the total) (Figure 15).

As with diagnostic data, if substitute agreements and private hospitals that are part of a public use network are included, the complex surgical activity of the private sector increases significantly: 380,784 Orthopaedic Surgery and Traumatology procedures (42% of the total), 379,174 of General and Digestive (40% of the total), 45,386 Angiology and Vascular (40% of the total), 29,567 Neurosurgery (37% of the total) and 13,279 Cardiac Surgery (28% of the total) (Figure 16).

THE PRIVATE SECTOR WILL OFFER SPANISH PATIENTS ACCESS TO TWO PROTON THERAPY CENTRES, WHICH ARE UNIQUE IN OUR COUNTRY

As has been shown, private hospitals are carrying out increasingly complex techniques and procedures. In this sense, in the coming months the private healthcare sector in Spain will provide Spanish patients access to two proton therapy centres, which are unique in our country.

Proton therapy is the most advanced radiation therapy technique for treating certain types of cancer. Its benefits include minimum -even zero- radiation around the tumour, a lower total radiation dose per treatment, absence of tumours secondary to radiation and improvement in the patient's quality of life. Applied in specific doses, protons can act with precision inside the tissues, achieving greater antitumour activity and generating less damage to healthy tissue.

The greater precision and lower toxicity of treatment with this technology make proton therapy especially suitable for the treatment of children and elderly adults with oncological diseases located in the areas most sensitive to irradiation, such as the brain, spinal cord or eyes, among others.

Throughout 2019, Quirónsalud will start up the first of the two units planned in Spain. This centre, located in Pozuelo de Alarcón (Madrid) aims to be a space for innovation and research that contributes with its projects to improving the results of cancer treatments and the quality of life of patients.

For the start-up of the centre, Quirónsalud has invested approximately 40 million euros. The centre will be open to patients from all backgrounds, both public and private, and its professionals will work in coordination with the patients' referring doctors to ensure continuity of care.

The second of the two centres will be set up by the Clínica Universidad de Navarra and is scheduled to open in the first quarter of 2020. This centre will also be located in Madrid and is intended to be a new boost to the Clínica Universidad de Navarra's healthcare innovation strategy in the field of Oncology.

Seeks to continuously improve quality healthcare

The implementation of quality assurance policies in healthcare centres is one of the most significant trends of the last two decades. Studies carried out in Spain show that the private healthcare sector invests in the quality of healthcare provision. The 2018 RESA Report clearly shows positive trends in the quality indicators of the private healthcare sector, including:

- 48-hour survival rate of patients admitted for Acute Coronary Syndrome (ACS) 97.5%
- 30-day readmission rate for heart failure: 9.5%.
- 30-day readmission rate for chronic obstructive pulmonary disease: 8.3%.
- 7-day readmission rate for surgery: 0.8%.
- Survival-to-discharge rate for patients admitted with ictus: 87.4%.
- Survival-to-discharge rate for heart failure: 89.2%.
- Survival-to-discharge rate for patients with acute coronary syndrome: 94.9%.
- Post-surgery septicaemia: 0.42%.

All these results confirm that private healthcare has quality standards comparable to those of the best Spanish and international healthcare centres and systems (Table 18).

THE PRIVATE HEALTHCARE SECTOR INVESTS IN THE QUALITY OF HEALTHCARE PROVISION

In order to improve and demonstrate the quality of its centres, the private healthcare sector has different certifications accrediting their quality:

- **ISO Certification** (International Organization for Standardization): one of the most widely accepted models used by private healthcare centres to accredit quality service to patients is ISO 9001 certification.
- **EFQM** (European Foundation for Quality Management): this model is based on continuous improvement through assessment. The systematic and regular use of this model allows for the establishment of improvement plans based on objective facts and the achievement of a common vision of the goals to be reached and the tools to use.

- **Joint Commission Accreditation:** the benefits of this accreditation include improving public confidence in the organisation's concern for patient safety and the quality of care at all levels.
- **OHSAS 18001 Certification:** this is the internationally recognised assessment specification for occupational health and safety management systems. A large number of organisations have already implemented occupational health and safety management systems as part of their risk management strategy.
- **Quality certifications or seals** of autonomous regions: granted by the regions themselves, these guarantee the quality of the institutions awarded them. These include the Madrid Excelente seal and the ACSA Certification (Andalusian Agency for Healthcare Quality).

The IDIS Foundation, as an organisation that focuses on quality, offers Spanish healthcare the **QH-Quality Healthcare Accreditation**, designed to be a pioneering, innovative system which recognises Excellence in the Quality of Healthcare in public and private healthcare organisations which understand quality as a culture of improvement.

QH Accreditation was conceived in 2015 to meet an existing need for a system integrating multiple quality components into a single unit of measurement. There had not previously been any universal and unanimously accepted model for recognising quality, as each of the existing ones referred to different dimensions of analysis and quantification.

Thus QH Accreditation was conceived, a Synthetic Quality Indicator grouping the different attributes of existing quality systems to recognise excellence and a sustained effort for improvement, establishing identification through a progressive system from the system's access level (QH) to the maximum accredited quality level (QH + 3 stars). Therefore, the QH Accreditation:

- Recognises institutions that make an effort to implement a progressive and continuous quality system over time.
- Provides a unifying element for existing

quality systems; its purpose is not to replace them.

- Offers a voluntary assessment tool free of charge for healthcare organisations, irrespective of ownership, which are concerned about quality and continuous improvement.
- Drives innovation and continuous improvement for healthcare organisations that aspire to excellence and work towards optimising all their procedures.
- Recognises healthcare organisations which strive to implement a progressive, ongoing quality system, and who have obtained the necessary certification to provide the maximum guarantees on their processes.
- Offers visibility to healthcare organisations for their results in quality.

Today, after a little more than 4 years, 126 organisations already have the QH Accreditation: 35 at QH level, 46 at QH*, 34 at QH** and 11 at QH*** (Table 19).

In geographical terms Madrid is the region with the most accredited organisations, with a total of 45, followed by Andalusia with 20 and the Canary Islands with 12 (Figure 17).

As well as the QH Accreditation, the IDIS

126 ORGANISATIONS ALREADY HAVE QH ACCREDITATION WHICH RECOGNISES EXCELLENCE IN HEALTHCARE QUALITY

Foundation has worked since 2015 on developing a model of organisational interoperability as a primary tool for providing healthcare information anywhere, any time, and in any format. Patients are the main actors in this model, demanding greater legal flexibility without sacrificing security and data protection.

The proposed model can already be put into practice with the **Mi e-Salud platform**, a downloadable App for tablets, computers, and smartphones, an easy and accessible way for users to share information with doctors and healthcare professionals anywhere, whether using public or private services, with total security and according to their own preferences.

Another of the initiatives of the IDIS Foundation is the implementation of the **private electronic prescription**; this project is already under way and its objective is to promote the safe and efficient use of medicine. Private electronic prescribing will increase the quality of prescribing and dispensing, decrease possible process errors and encourage adherence to pharmacotherapy treatment, as it will allow the patient to have a clearer and more detailed treatment plan and, the prescribing doctor, a high level of knowledge of dispensations.

THE IDIS FOUNDATION IS COMMITTED TO INNOVATIVE SOLUTIONS IN THE PRIVATE SECTOR, SUCH AS PRIVATE ELECTRONIC PRESCRIPTIONS

On the other hand, this technological solution will facilitate communication between the different professionals who assist the patient and will constitute an opportunity to improve the integration of pharmacies into the healthcare system.

Private electronic prescriptions will avoid unnecessary travel for prescriptions and to apply for visas, as queries on prescriptions for continued treatment will be able to be downloaded and this will reduce bureaucratic procedures. In fact, it will be possible to count the medicines that are used, dispensed and by whom and how they are dispensed.

In this sense, private electronic prescriptions are closer to becoming a reality, and the Ministry of Health, Consumption and Social Welfare has already held a meeting with the General Council of Pharmaceutical Associations, the Medical Collegiate Organisation (OMC) and IDIS Foundation in this regard. It is expected that electronic prescriptions will be introduced in the private sector in 2019, and may be interoperable with public prescriptions in the near future.

Creates jobs in Spanish society and helps train health professionals

The private healthcare sector is an employment generator in our country, employing 266,728 professionals in all sector activities, year after year offering new highly qualified jobs (Figure 18).

Of the 266,728 professionals who are part of the private healthcare sector, it is estimated that 65% (172,823) work outside of hospitals and 35% (93,905) work within the hospital setting.

THE PRIVATE HEALTHCARE SECTOR EMPLOYS 266,728 PROFESSIONALS, MAKING IT A JOB CREATOR

By professional category, it is estimated that 23% of private healthcare sector professionals are doctors and 26% nurses, and the remaining 51% are other healthcare and non-healthcare professionals.

Geographically, Madrid, Catalonia and Andalusia are the autonomous with the most professionals, collectively representing 50% of the professionals in the private healthcare sector (Table 20 and Table 21).

In terms of **training**, the private healthcare sector is committed to training health professionals working within the sector in order to ensure excellence-oriented healthcare.

To support undergraduate training, the private healthcare sector has a total of 24 university hospitals in the autonomous regions of Madrid, Catalonia, Valencia, Andalusia and Navarre (Figure 19). Of the 24 university hospitals, 5 are hospitals using the government concession model for healthcare service management. Quirónsalud and HM Hospitales are the leading operators providing this type of training, with 7 and 6 hospitals respectively.

**THE PRIVATE SECTOR HAS 24
UNIVERSITY HOSPITALS OFFERING
171 SPECIALIST TRAINING PLACES**

In relation to specialised health training, the number of residency system places in private healthcare centres (including places corresponding to privately managed public hospitals) is 171 places (Graph 42). The reduction in the number of places in 2019 is due to the fact that, until now, the Hospital de la Ribera was considered to be part of the private hospital sector when analysing the distribution of places in specialised health training by the residency system, as it is a public hospital that is managed privately. However, in 2019 it has no longer been taken into account as a member of the private healthcare sector, as the concession has reverted to the Region of Valencia. The Hospital de la Ribera residency system had 15 places for specialised healthcare training in 2018.

Private centres and public centres with private management that have specialised healthcare training places through the residency system are located in 6 regions, with Madrid, Navarre and Catalonia offering the largest numbers of places. The centres offering the most places are the Fundación Jiménez Díaz and the Clínica Universidad de Navarra, with 53 and 42 respectively (Figure 20).

The specialisations with the highest number of training places include Orthopaedic Surgery and Traumatology, and Internal Medicine with 17 places each, Anaesthesiology and Reanimation with 12 places and Ophthalmology with 10 places (Table 22).



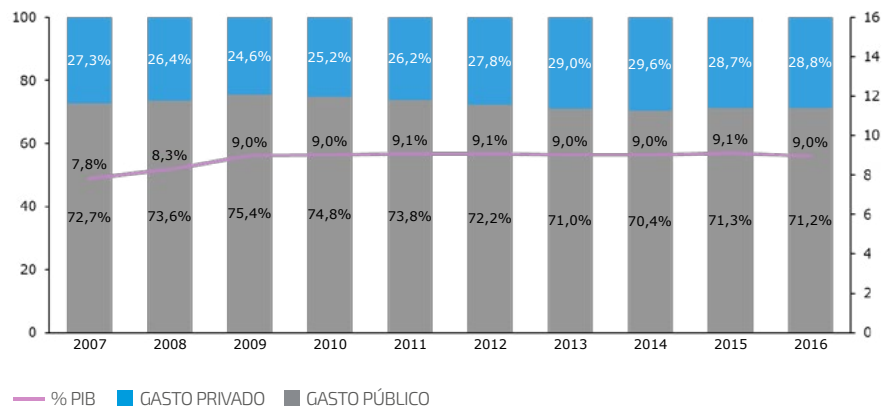
02

NATIONAL QUANTITATIVE DATA



2.1. Represents a large proportion of Spain's productive sector

GRAPH 1 Total healthcare spending in Spain in relation to GDP, 2007-2016

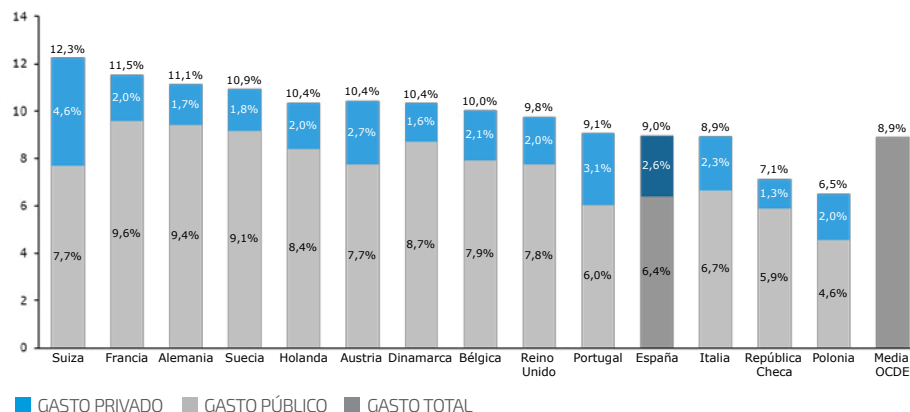


Total healthcare spending and its distribution between public and private spending are very similar to those recorded in recent years.

Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

Nota datos históricos actualizados en base a la última actualización disponible de OCDE.

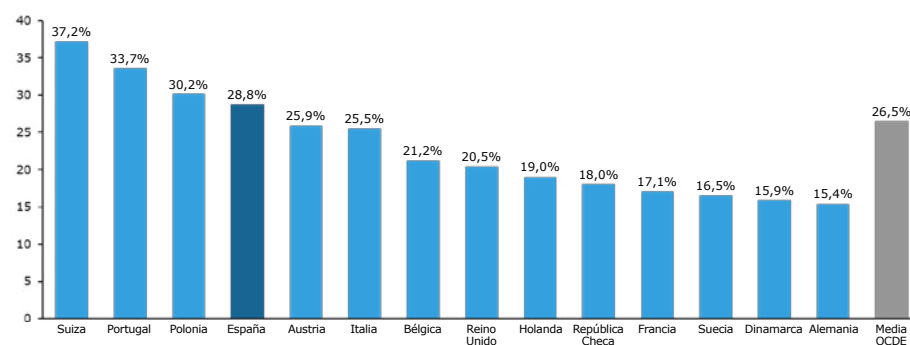
GRAPH 2 Total healthcare spending in relation to GDP in selected OECD countries, 2016



Healthcare spending in Spain in relation to GDP is one tenth above the OECD average, although behind most of our neighbouring countries.

Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

GRAPH 3 Private healthcare spending in relation to total healthcare spending in selected OECD countries, 2016

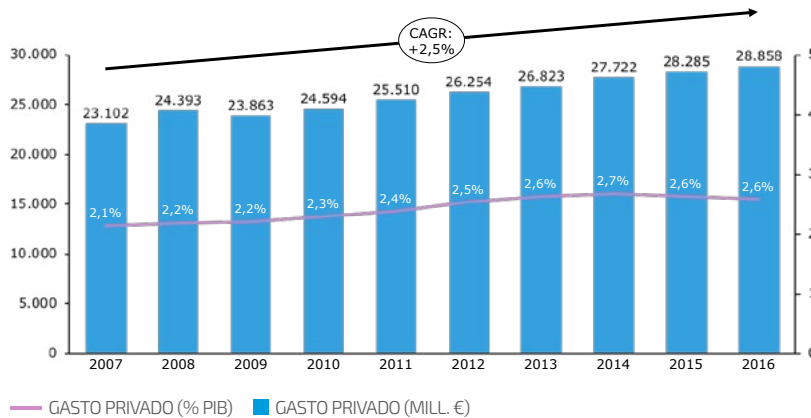


Private healthcare spending places Spain above the OECD average and above the average of the main neighbouring countries.

Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

GRAPH 4

Evolution of private healthcare spending in millions of € and in relation to GDP, 2007-2016



Private healthcare spending has continued to grow steadily over the last few years.

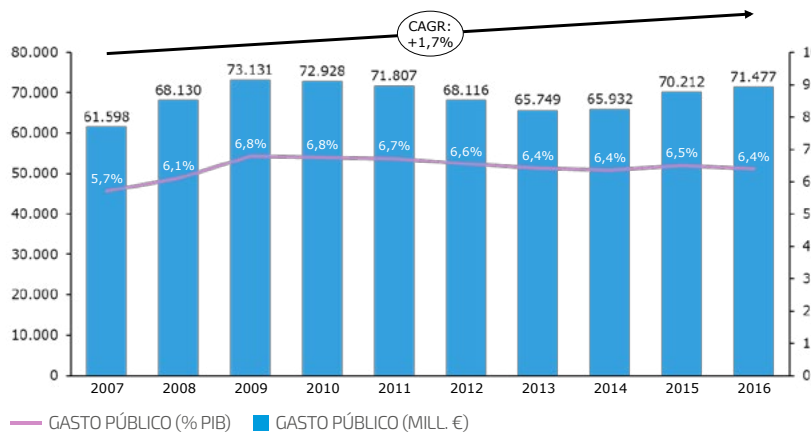
Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

Nota 1: datos históricos actualizados en base a la última actualización disponible de OCDE.

Nota 2: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

GRAPH 5

Evolution of public health spending in millions of € and in relation to GDP, 2007-2016



Public healthcare spending is practically recovering levels prior to the economic crisis that began in 2010.

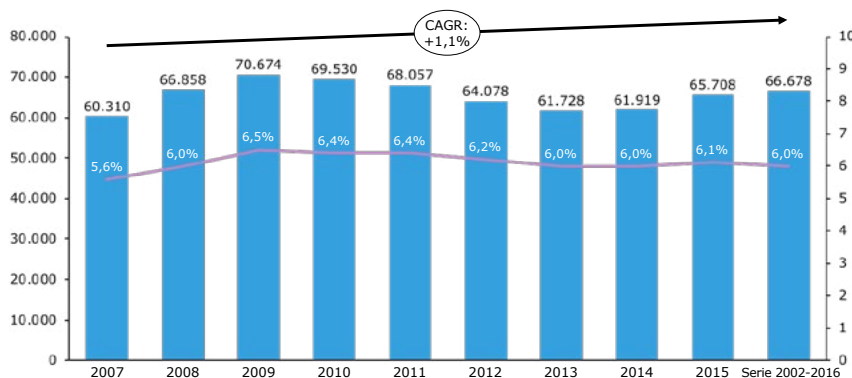
Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

Nota 1: datos históricos actualizados en base a la última actualización disponible de OCDE.

Nota 2: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

GRAPH 6

Evolution of public healthcare spending in millions of € and in relation to GDP according to the Public Healthcare Spending Statistics (EGSP), 2007-2016



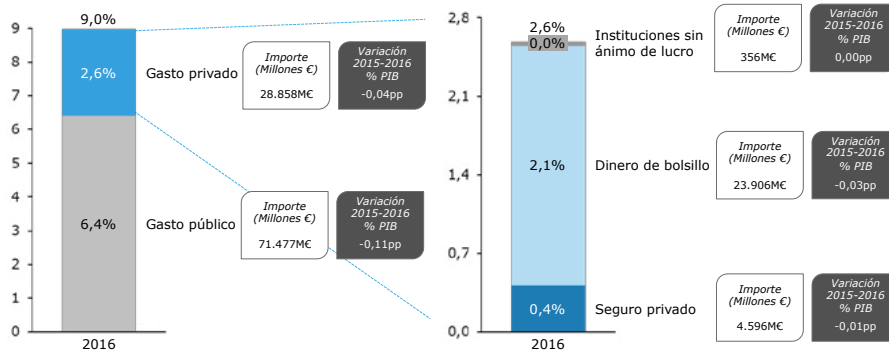
According to data from the EGSP of the Ministry of Health, Consumption and Social Welfare, public healthcare spending is €4.499 billion, less than the figure published by the OECD, which means a contribution to the GDP of 4 tenths less.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística del Gasto Sanitario Público.

Nota 1: las diferencias existentes entre los datos proporcionados por la OCDE y por la EGSP provienen de la metodología aplicada a la hora de calcular el gasto sanitario.

Nota 2: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

GRAPH 7 Composition of private healthcare spending in relation to GDP (% and millions of euros), 2016



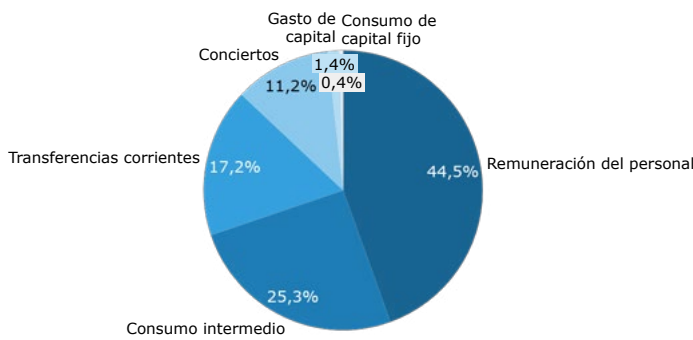
The percentage breakdown of private healthcare spending is virtually unchanged from previous years.

Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

Nota 1: las diferencias que puedan existir con relación al seguro privado entre los datos proporcionados por la OCDE y los proporcionados por ICEA, provienen de la metodología y ajustes que lleva a cabo la OCDE para poder realizar comparaciones entre diferentes países.

Nota 2: el dinero de bolsillo se compone, según la metodología de la OCDE, del gasto realizado por las familias españolas en los siguientes conceptos: medicamentos y otros productos farmacéuticos, aparatos y material terapéutico; servicios médicos y paramédicos extrahospitalarios como servicios de dentistas, análisis clínicos y centros de imagen médica; servicios hospitalarios; servicios de protección social; y servicios privados de seguros de enfermedad.

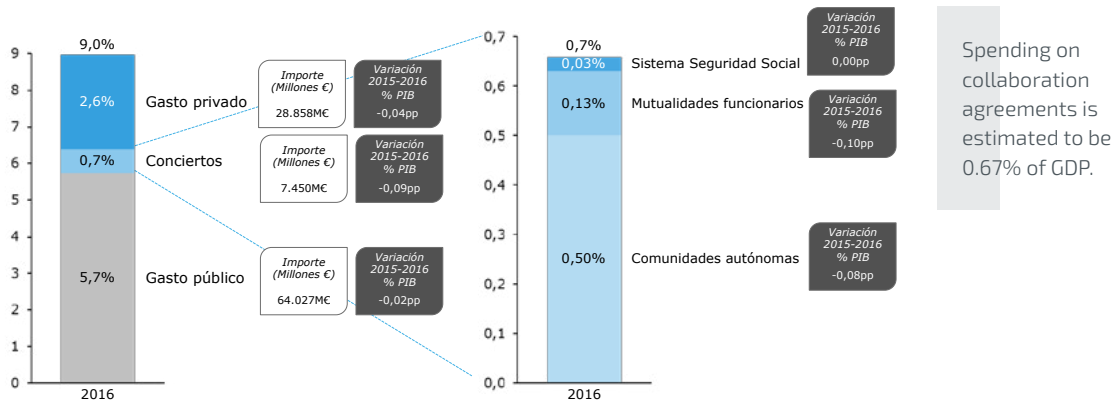
GRAPH 8 Composition of public healthcare spending 2016



Agreements between public healthcare and private healthcare centres represent 11.2% of public healthcare spending, 2 tenths less than the previous year.

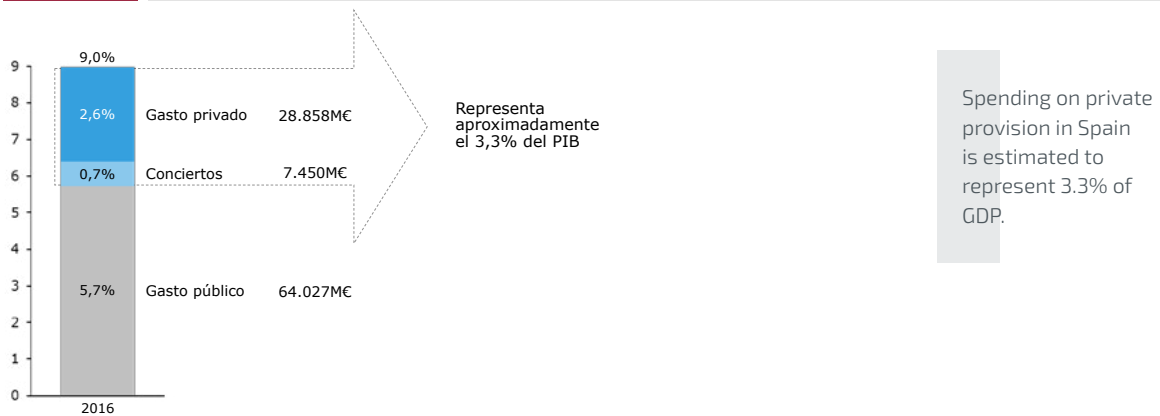
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Gasto Sanitario Público 2016.

GRAPH 9 Estimated composition of public healthcare spending in private provision, 2016



Fuente: elaboración propia a partir de datos de OCDE, Health Data 2018, actualización noviembre 2018, y del Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

GRAPH 10 Estimated composition of spending in the private healthcare sector, 2016



Fuente: elaboración propia a partir de datos de OCDE, Health Data 2018, actualización noviembre 2018, y del Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

2.2. Frees up public healthcare resources

FIGURE 1 Estimated savings generated by private insurance, 2018

Hipótesis 1: el ciudadano cubierto por una póliza privada utiliza exclusivamente el sistema privado.
 Si los beneficiarios de seguro privado no utilizan el sistema público de salud, se obtendría un ahorro estimado de 10.409 millones de euros.

$$8.503.806 \text{ beneficiarios} \times 1.224\text{€} = 10.408.658.544\text{€}$$

Hipótesis 2: el ciudadano cubierto por una póliza privada realiza un uso mixto, es decir, consume recursos públicos y privados.
 En este caso, se asume que el beneficiario del seguro utiliza también los recursos públicos en la proporción igual a la diferencia entre el coste de la prestación pública y el gasto de las aseguradoras con cada asegurado, es decir, 678€.

$$1.224\text{€} - 546\text{€} = 678\text{€}$$

En este escenario, se estima un ahorro generado por el aseguramiento privado de 4.643 millones de euros, calculado de la siguiente forma:

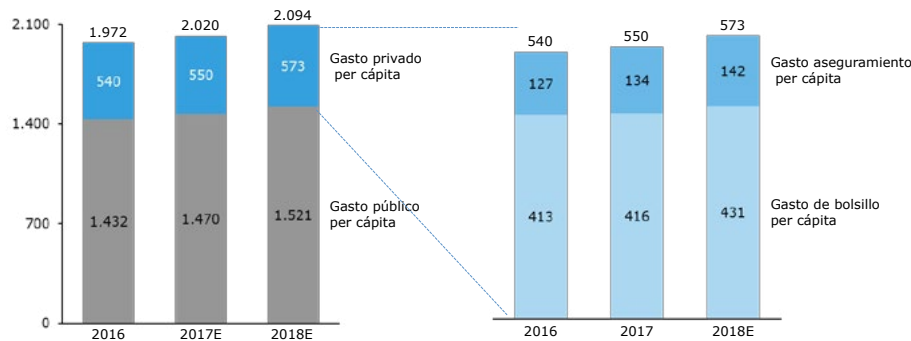
$$8.503.806 \text{ beneficiarios} \times 546\text{€} = 4.643.078.076\text{€}$$

Así, se estima que el ahorro generado por el aseguramiento privado se situaría entre 4.643 y 10.409 millones de euros.

It is estimated that private insurance saves the National Healthcare System up to €1,224 per person/year.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, presupuestos iniciales ajustados por la desviación media producida en el periodo 2012-2016 (5,93%); INE, padrón municipal; ICEA, Seguro de Salud 2017 y enero-septiembre 2018. La estimación del gasto sanitario público no incluye el gasto farmacéutico ni el gasto destinado a las mutualidades de funcionarios. El gasto de las aseguradoras se ha estimado en base a datos de ICEA sobre el volumen de prestaciones pagadas y número de asegurados de asistencia sanitaria y reembolso de gastos.

GRAPH 11 Estimated public and private healthcare spending per capita, 2016-2018

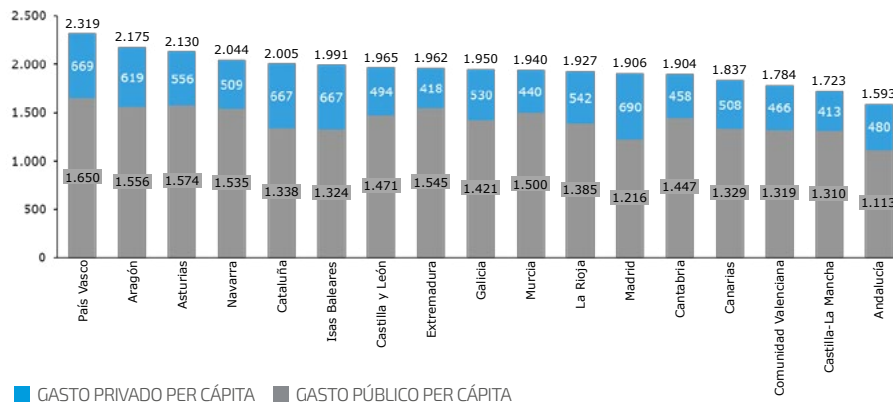


Public healthcare spending per capita was €1,432 in 2016 compared to €540 for the private sector. It is estimated that by 2018 this expenditure will have been €1,521 for the public vs €573 for the private sector.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en el periodo 2012-2016 (5,93%); INE, padrón municipal y estadística de presupuestos familiares; ICEA: Seguro de Salud 2016-2017 y enero-septiembre 2018.

Nota: el gasto de bolsillo se compone del gasto realizado por las familias españolas en los siguientes conceptos: productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios, servicios dentales, servicios paramédicos y servicios de protección social.

GRAPH 12 Public and private healthcare spending per capita by autonomous region, 2016

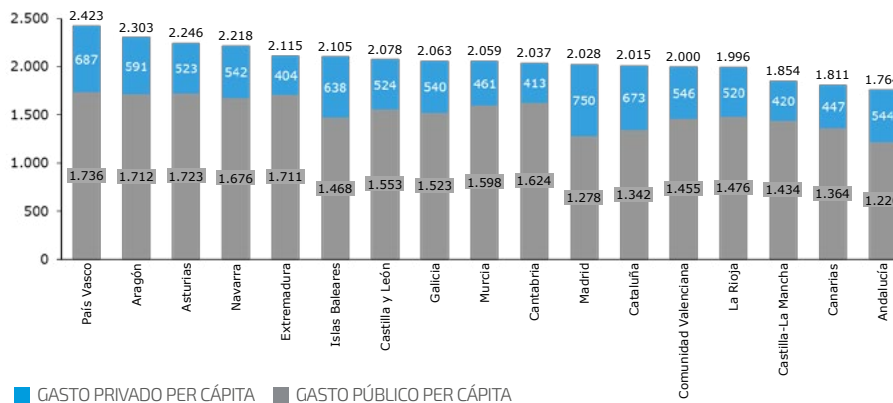


The Basque Country, Aragon and Asturias were the Autonomous Regions with the highest per capita healthcare spending in 2016.

Fuente: elaboración propia. Gasto público per cápita calculado a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta satélite del gasto sanitario público, 2002-2016; Gasto privado per cápita calculado a partir de datos de INE, encuesta de presupuestos familiares 2016; e ICEA, Seguro de Salud 2016.

Nota: el gasto de bolsillo se compone del gasto realizado por las familias españolas en los siguientes conceptos: productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios, servicios dentales, servicios paramédicos y servicios de protección social.

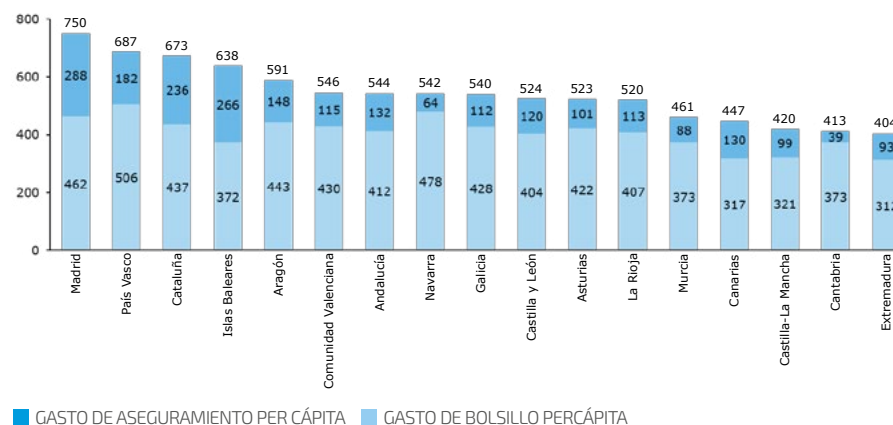
GRAPH 13 Estimated public and private healthcare spending per capita by autonomous region, 2018



According to estimates, the Basque Country, Aragon, and Asturias were the regions with the highest per capita spending on healthcare in 2018.

Fuente: elaboración propia. Gasto público per cápita calculado a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, presupuestos iniciales de las Comunidades Autónomas 2018 ajustados por la desviación media producida en el periodo 2012-2016 en cada Comunidad Autónoma. Gasto privado per cápita calculado a partir de datos de INE, encuesta de presupuestos familiares 2018 (estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); e ICEA, Seguro de Salud 2017 y enero-septiembre 2018.

GRAPH 14 Estimated distribution of private spending per capita by autonomous region, 2018



According to estimates, Madrid, the Basque Country, Catalonia, and the Balearic Islands were the regions with the highest per capita spending on private healthcare in 2018.

Fuente: elaboración propia a partir de datos de INE, encuesta de presupuestos familiares 2018 (estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); e ICEA, Seguro de Salud 2017 y enero-septiembre 2018.

Nota: el gasto de bolsillo se compone del gasto realizado por las familias españolas en los siguientes conceptos: productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios, servicios dentales, servicios paramédicos y servicios de protección social.

TABLE 1

Difference between budgeted healthcare spending and actual spending by autonomous region (millions of euros), 2016

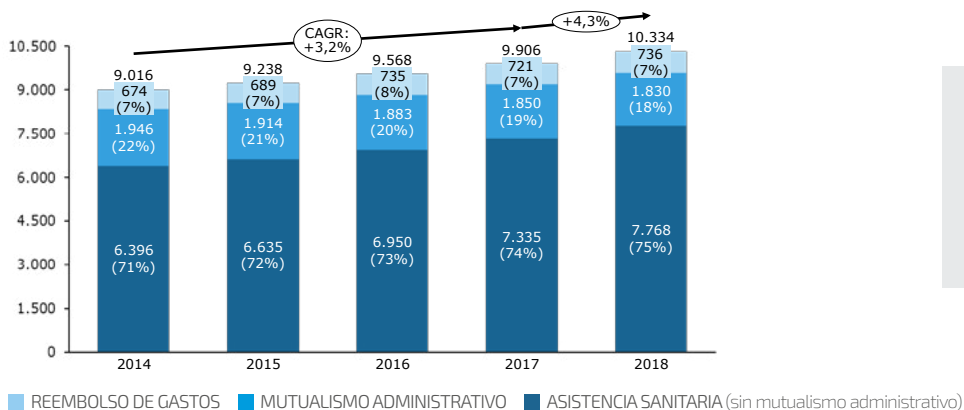
Comunidad autónoma	Presupuesto 2016	Gasto 2016	Diferencia	Desviación	Desviación media últimos 5 años
Andalucía	8.827	9.332	505	6%	4%
Aragón	1.802	2.036	234	13%	13%
Asturias	1.523	1.641	118	8%	5%
Islas Baleares	1.392	1.466	74	5%	8%
Canarias	2.643	2.793	150	6%	1%
Cantabria	806	842	36	4%	11%
Castilla y León	3.308	3.601	293	9%	4%
Castilla-La Mancha	2.636	2.675	39	1%	4%
Cataluña	8.453	10.065	1.612	19%	13%
Comunidad Valenciana	5.909	6.541	632	11%	13%
Extremadura	1.577	1.680	103	7%	12%
Galicia	3.514	3.862	348	10%	7%
Madrid	7.450	7.863	413	6%	6%
Murcia	1.746	2.197	451	26%	27%
Navarra	988	983	-5	-1%	2%
País Vasco	3.497	3.613	116	3%	0%
La Rioja	366	437	71	19%	19%
Total	56.437	61.627	5.190	9,2%	7,9%

All Autonomous Regions, with the exception of Navarre, have a higher expenditure than budgeted. Castilla-La Mancha remains in line with the budget and Catalonia exceeds it by 19% (€1.612 billion).

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, presupuestos iniciales para sanidad de las Comunidades Autónomas; Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

GRAPH 15

Numbers of insured individuals (thousands), 2014-2018



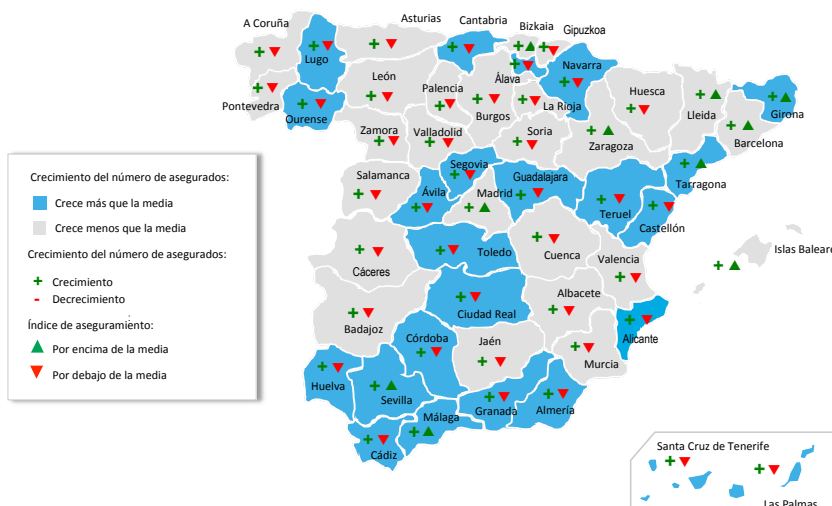
10.3 million people were insured in September 2018, an increase of 4.3% from the previous year.

Fuente: ICEA, Seguro de Salud, años 2014-2017 y enero-septiembre 2018.

Nota: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

FIGURE 2

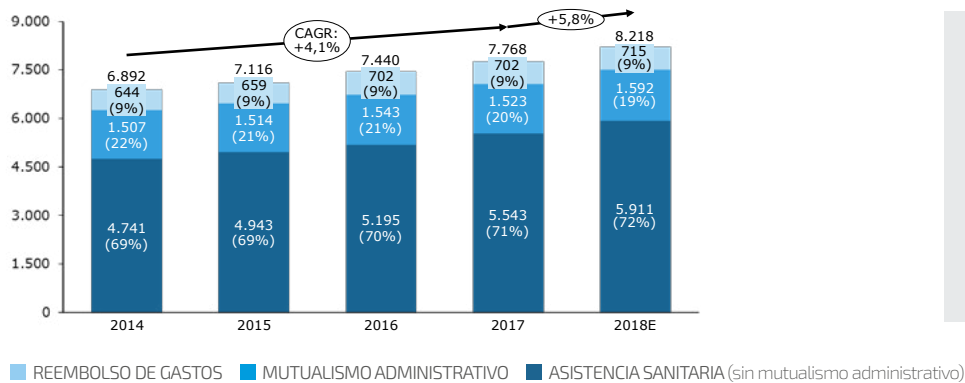
Number of people with healthcare insurance by province, 2017



All Spanish provinces are growing in the number of people insured for healthcare.

Fuente: ICEA, Seguro de Salud, 2017.

GRAPH 16 Volume of premiums (millions of euros), 2014-2018

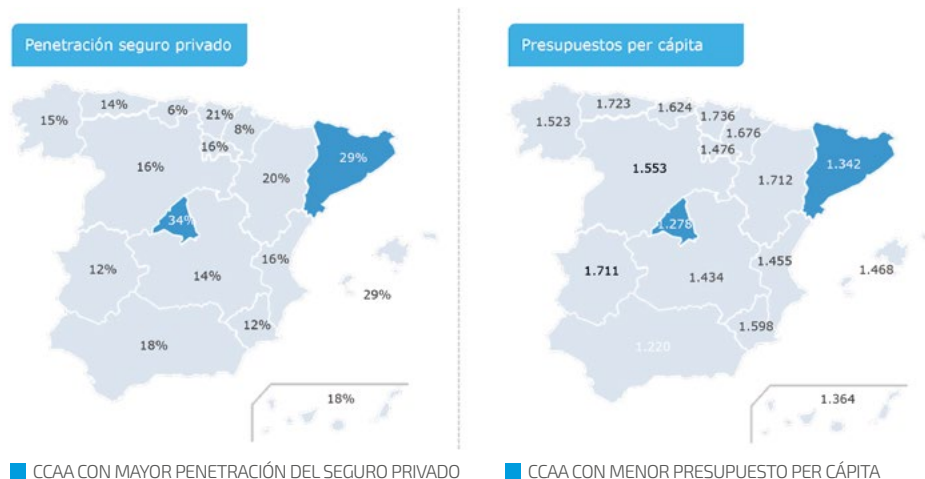


The volume of premiums is estimated to exceed 8.200 billion euros in 2018 (according to growth recorded in January-September 2018).

Nota: ICEA, Seguro de Salud, años 2014-2017 y enero-septiembre 2018.

Fuente: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

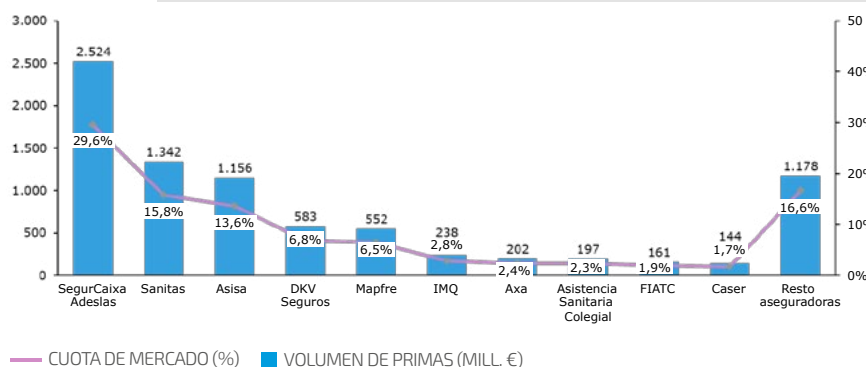
FIGURE 3 Estimated penetration of private insurance and per capita healthcare budget, 2018



It can be seen that some regions with a greater penetration of private insurance (Madrid and Catalonia) have a lower public healthcare budget.

Fuente: elaboración propia. Gasto público per cápita calculado a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, presupuestos iniciales de las Comunidades Autónomas 2018 ajustados por la desviación media producida en el periodo 2012-2016 en cada Comunidad Autónoma. Penetración del seguro privado calculado a partir de datos de INE, padrón municipal; e ICEA, Seguro de Salud 2017 y enero-septiembre 2018.

GRAPH 17 Volume of premiums and market share of the major insurance companies (millions of euros), 2018



The health insurance sector shows a high degree of concentration. The top 5 companies have a 72% market share in volume of premiums, while the top 10 have an 83% share.

Fuente: ICEA, ranking de salud enero-diciembre 2018 (datos provisionales).

FIGURE 4 Care activity provided in specialised care centres, 2016



Private healthcare frees up the public healthcare system, providing a significant proportion of the country's healthcare.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

TABLE 2 Healthcare provided in specialist medical centres, 2015-2016

Actividad asistencial	Hospitales públicos-SNS		Hospitales privados		% privado/total		Variación 2015-2016
	2015	2016	2015	2016	2015	2016	
Ingresos	4.084.702	4.088.738	1.231.112	1.294.175	23,2%	24,0%	0,8pp
Altas	4.067.243	4.076.608	1.222.375	1.267.480	23,1%	23,7%	0,6pp
Estancias	31.810.559	31.950.190	7.095.477	7.102.289	18,2%	18,2%	0,0pp
Consultas	79.256.847	79.533.779	17.241.455	18.827.092	17,9%	19,1%	1,2pp
Urgencias	21.564.256	22.385.972	6.593.881	7.126.750	23,4%	24,1%	0,7pp
Intervenciones quirúrgicas	3.565.972	3.566.727	1.477.129	1.593.977	29,3%	30,9%	1,6pp

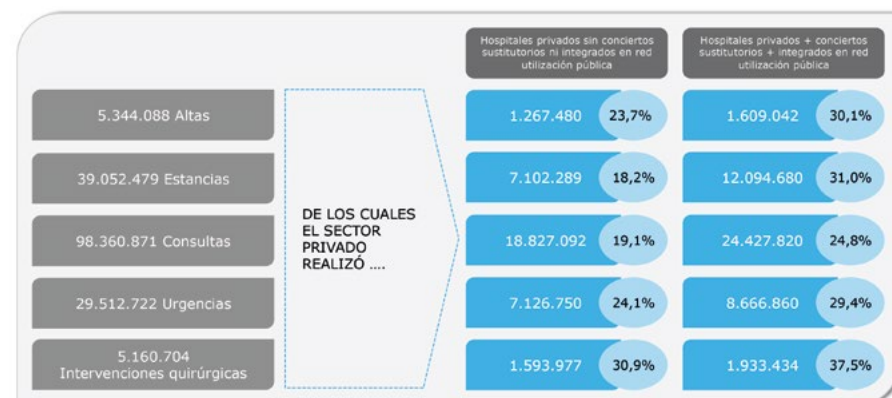
Private healthcare is responsible for 31% of surgical procedures, 24% of hospital discharges and 24% of emergency care.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota 1: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

Nota 2: datos históricos actualizados en base a la última actualización disponible.

FIGURE 5 Comparison of care activity carried out by the private sector in specialist care centres, 2016



If the statistics presented for the private sector include substitute agreements and private hospitals that form part of a public use network, the proportion and representativeness of the private sector grows significantly.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

TABLE 3

Comparison of the evolution of private sector healthcare provided in specialist care centres, 2015-2016

Actividad asistencial	Hospitales privados sin conciertos sustitutorios ni red utilización pública			Hospitales privados + conciertos sustitutorios + red utilización pública		
	% privado/total		Variación 2015-2016	% privado/total		Variación 2015-2016
	2015	2016		2015	2016	
Altas	23,1%	23,7%	+0,6pp	29,4%	30,1%	+0,7pp
Estancias	18,2%	18,2%	0,0pp	30,7%	31,0%	+0,3pp
Consultas	17,9%	19,1%	+1,2pp	24,0%	24,8%	+0,8pp
Urgencias	23,4%	24,1%	+0,7pp	28,8%	29,4%	+0,6pp
Intervenciones quirúrgicas	29,3%	30,9%	+1,6pp	36,6%	37,5%	+0,9pp

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: datos históricos actualizados en base a la última actualización disponible de 2018.

Taking into account substitute agreements and private hospitals that form part of a public use network in private sector activity, the weight of the private sector is 37.5% (1.9 million) in surgical procedures performed in Spain, 30.1% (1.6 million) in discharges and 29.4% (8.7 million) in emergencies.

TABLE 4

Numbers of hospital stays per care area, 2015-2016

Área asistencial	2015			2016			Variación 2015-2016
	Estancias totales	Estancias privadas	% privado	Estancias totales	Estancias privadas	% privado	
Medicina y Especialidades Médicas	14.711.283	2.075.123	14,1%	14.735.892	2.172.018	14,7%	+0,6pp
Cirugía y Especialidades Quirúrgicas	5.870.173	921.935	15,7%	5.832.639	927.075	15,9%	+0,2pp
Traumatología	2.811.525	571.415	20,3%	2.815.977	573.539	20,4%	0,0pp
Ginecología y Obstetricia	1.932.551	407.068	21,1%	1.862.646	385.782	20,7%	-0,4pp
Pediatría	1.522.095	194.399	12,8%	1.486.986	189.643	12,8%	0,0pp
Rehabilitación	543.862	217.709	40,0%	517.967	177.581	34,3%	-5,7pp
Medicina Intensiva	1.265.632	174.810	13,8%	1.286.200	182.190	14,2%	+0,4pp
Larga Estancia	4.604.477	1.079.953	23,5%	4.707.991	1.052.320	22,4%	-1,1pp
Psiquiatría	5.265.699	1.451.810	27,6%	5.227.593	1.430.884	27,4%	-0,2pp
Otros	455.916	1.255	0,3%	544.494	11.257	2,1%	+1,8pp

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota 1: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

Nota 2: datos históricos actualizados en base a la última actualización disponible de 2018.

Medicine and Medical Specialisations, Psychiatry and Extended Stays are the areas that recorded the highest number of stays in the private sector

TABLE 5

Comparison of the number of private sector stays by care area, 2016

Área asistencial	Estancias totales	Hospitales privados sin conciertos sustitutorios ni red utilización pública		Hospitales privados + conciertos sustitutorios + red utilización pública	
		Nº	%	Nº	%
Medicina y Especialidades Médicas	14.735.892	2.172.018	14,7%	2.961.025	20,1%
Cirugía y Especialidades Quirúrgicas	5.832.639	927.075	15,9%	1.211.092	20,8%
Traumatología	2.815.977	573.539	20,4%	725.431	25,8%
Obstetricia y Ginecología	1.862.646	385.782	20,7%	459.847	24,7%
Pediatría	1.486.986	189.643	12,8%	283.713	19,1%
Rehabilitación	517.967	177.581	34,3%	230.940	44,6%
Medicina Intensiva	1.286.200	182.190	14,2%	223.325	17,4%
Larga Estancia	4.707.991	1.052.320	22,4%	3.114.001	66,1%
Psiquiatría	5.227.593	1.430.884	27,4%	2.697.296	51,6%
Otros	544.494	11.257	2,1%	188.010	34,5%

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Including substitute agreements and private hospitals integrated in a public use network in private sector activity, the Medicine and Medical Specialisations private sector stays reach 3.0 million, Long Stays reach 3.1 million and Psychiatry stays reach 2.7 million.

TABLE 6 Evolution of the number of discharges per care area, 2015-2016

Área asistencial	2015			2016			Variación 2015-2016
	Altas totales	Altas privadas	% privado	Altas totales	Altas privadas	% privado	
Medicina y Especialidades Médicas	2.010.592	349.310	17,4%	2.064.522	373.354	18,1%	0,7pp
Cirugía y Especialidades Quirúrgicas	1.308.692	376.679	28,8%	1.328.721	394.852	29,7%	0,9pp
Traumatología	623.430	215.727	34,6%	635.760	223.404	35,1%	0,5pp
Ginecología y Obstetricia	671.854	164.042	24,4%	659.181	161.044	24,4%	0,0pp
Pediatría	356.658	64.122	18,0%	361.081	64.087	17,7%	-0,2pp
Rehabilitación	13.108	3.843	29,3%	12.573	3.019	24,0%	-5,3pp
Medicina Intensiva	78.271	27.264	34,8%	80.024	29.951	37,4%	2,6pp
Larga Estancia	95.228	10.085	10,6%	86.576	8.711	10,1%	-0,5pp
Psiquiatría	103.189	10.625	10,3%	102.494	10.345	10,1%	-0,2pp
Otros	38.508	678	1,8%	43.098	676	1,6%	-0,2pp

Surgery and Specialist Surgery, Medicine and Medical Specialisations, and Traumatology are the areas with the highest number of discharges in the private sector.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota 1: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

Nota 2: datos históricos actualizados en base a la última actualización disponible de 2018.

TABLE 7 Comparison of the number of private sector discharges by care area, 2016

Área asistencial	Altas totales	Hospitales privados sin conciertos sustitutorios ni red utilización pública		Hospitales privados + conciertos sustitutorios + red utilización pública	
		Nº	%	Nº	%
Medicina y Especialidades Médicas	2.064.522	373.354	18,1%	493.160	23,9%
Cirugía y Especialidades Quirúrgicas	1.328.721	394.852	29,7%	472.098	35,5%
Traumatología	635.760	223.404	35,1%	255.275	40,2%
Obstetricia y Ginecología	659.181	161.044	24,4%	188.906	28,7%
Pediatría	361.081	64.087	17,7%	88.265	24,4%
Rehabilitación	12.573	3.019	24,0%	4.274	34,0%
Medicina Intensiva	80.024	29.951	37,4%	32.034	40,0%
Larga Estancia	86.576	8.711	10,1%	38.663	44,7%
Psiquiatría	102.494	10.345	10,1%	26.467	25,8%
Otros	43.098	676	1,6%	9.900	23,0%

If substitute agreements and private hospitals integrated in a public use network are taken into account in private activity, their activity in Long Stay goes from 10.1% to 44.4% of total activity. A similar case occurs in Psychiatry, where it goes from representing 10.1% to 25.8% of the discharges registered in our country.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

TABLE 8 Evolution of the number of surgical procedures, 2015-2016

Intervenciones quirúrgicas	2015		2016		Variación 2015-2016
	IQ totales	% privado	IQ totales	% privado	
Con ingreso	2.099.231	32,9%	2.140.337	34,1%	+1,2pp
Con Cirugía Mayor Ambulatoria	1.629.202	25,8%	1.661.532	27,8%	+2,0pp
Resto de intervenciones ambulatorias	1.314.668	27,9%	1.358.835	29,6%	+1,7pp
Total	5.043.101	29,3%	5.160.704	30,9%	+1,6pp

Private healthcare performs 34% of surgical procedures with admission and 28% of major outpatient surgery procedures.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota 1: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

Nota 2: datos históricos actualizados en base a la última actualización disponible de 2018.

TABLE 9 Comparison of the number of private sector surgical procedures, 2016

Intervenciones quirúrgicas	IQ totales	Hospitales privados sin conciertos sustitutorios ni red utilización pública		Hospitales privados + conciertos sustitutorios + red utilización pública	
		Nº	%	Nº	%
Con ingreso	2.140.337	729.246	34,1%	832.118	38,9%
Con Cirugía Mayor Ambulatoria	1.661.532	462.334	27,8%	576.569	34,7%
Resto de intervenciones ambulatorias	1.358.835	402.397	29,6%	524.747	38,6%
Total	5.160.704	1.593.977	30,9%	1.933.434	37,5%

Taking into account substitute agreements and private hospitals integrated into a public use network in private sector activity, private healthcare carried out 832,118 (39%) inpatient procedures and 576,569 (35%) outpatient procedures.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

TABLE 10 Evolution of the number of surgical procedures by specialisation, 2015-2016

Especialidad	2015		2016		Variación 2014-2015
	IQ totales	% privado	IQ totales	% privado	
Angiología y Cirugía Vascular	112.687	31,5%	113.737	33,0%	1,5pp
Cirugía Cardíaca	48.860	28,4%	46.721	24,4%	-4,0pp
Cirugía General y Digestivo	929.122	31,4%	960.154	33,9%	2,5pp
Cirugía Maxilofacial	154.933	15,9%	158.684	18,3%	2,4pp
Cirugía Pediátrica	83.226	20,1%	87.037	18,4%	-1,7pp
Cirugía Plástica	199.965	54,7%	211.330	58,3%	3,5pp
Cirugía Torácica	25.836	17,1%	29.567	15,7%	-1,4pp
Dermatología	432.839	16,4%	438.274	18,3%	1,8pp
Ginecología y Obstetricia	441.189	32,7%	423.524	34,3%	1,6pp
Neurocirugía	74.127	33,8%	79.808	34,2%	0,4pp
Oftalmología	758.743	19,3%	782.858	20,4%	1,1pp
Otorrinolaringología	221.144	27,3%	229.283	27,8%	0,5pp
Cirugía Ortopédica y Traumatología	905.896	35,1%	898.304	36,6%	1,4pp
Urología	371.163	27,3%	381.165	29,7%	2,4pp
Otros	292.085	39,1%	320.258	40,2%	1,2pp

The private healthcare sector carries out, among others, 37% of Orthopaedic Surgery and Traumatology procedures, 34% of Neurosurgery and General-Digestive Surgery, 33% of Angiology-Vascular Surgery and 24% of Cardiac Surgery.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota 1: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

Nota 2: datos históricos actualizados en base a la última actualización disponible de 2018.

TABLE 11 Comparison of the number of private sector surgical procedures by specialisation, 2016

Especialidad	IQ totales	Hospitales privados sin conciertos sustitutorios ni red utilización pública		Hospitales privados + conciertos sustitutorios + red utilización pública	
		Nº	%	Nº	%
Angiología y Cirugía Vascular	113.737	37.485	33,0%	45.386	39,9%
Cirugía Cardíaca	46.721	11.409	24,4%	13.279	28,4%
Cirugía General y Digestivo	960.154	325.480	33,9%	379.174	39,5%
Cirugía Maxilofacial	158.684	29.026	18,3%	44.029	27,7%
Cirugía Pediátrica	87.037	15.993	18,4%	23.115	26,6%
Cirugía Plástica	211.330	123.117	58,3%	131.423	62,2%
Cirugía Torácica	29.567	4.651	15,7%	5.475	18,5%
Dermatología	438.274	80.122	18,3%	113.463	25,9%
Ginecología y Obstetricia	423.524	145.277	34,3%	166.695	39,4%
Neurocirugía	79.808	27.310	34,2%	29.567	37,0%
Oftalmología	782.858	159.869	20,4%	204.218	26,1%
Otorrinolaringología	229.283	63.794	27,8%	76.237	33,3%
Cirugía Ortopédica y Traumatología	898.304	328.331	36,6%	380.784	42,4%
Urología	381.165	113.222	29,7%	136.969	35,9%
Otros	320.258	128.891	40,2%	183.620	57,3%

Considering the activity of substitute agreements and that of private hospitals which are included in a public use network as private sector activity, the percentages of private healthcare procedures would rise to 42% in Orthopaedic Surgery and Trauma, 37% in Neurosurgery, and 40% in General-Digestive Surgery and in Angiology and Vascular Surgery.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

2.3. Improves the public's access to healthcare

TABLE 12 Accessibility indicators in private healthcare, 2017

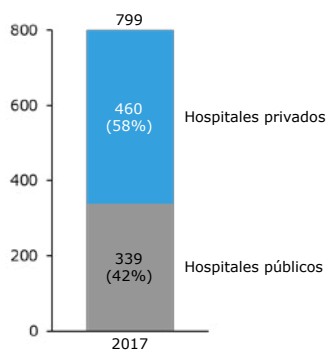
Tipo de prestación	Días
Tiempo medio de espera de citación de pruebas complementarias:	
Mamografías	11,32
Resonancia magnética osteoarticular	9,68
Tomografía axial computerizada	6,46
Tiempo medio de entrega de informes de pruebas complementarias:	
Mamografía	2,42
Resonancia magnética	3,63
Tomografía axial computerizada	2,47
Tiempo medio de citación para consultas de especialista:	
Oftalmología	10,81
Dermatología	18,60
Traumatología	12,04
Ginecología y Obstetricia	13,83
Espera media quirúrgica:	
Espera media quirúrgica	29,10
Tiempo medio transcurrido entre el diagnóstico y el tratamiento en procesos oncológicos:	
Cáncer de mama	13,48
Cáncer de colon	14,31
Cáncer de pulmón	10,61

Tipo de prestación	Minutos
Tiempo medio de primera asistencia en urgencias:	
Tiempo medio de asistencia en "triage" en urgencias	08:14
Tiempo medio de asistencia facultativa en urgencias	15:13

The response to the needs of the population is fast and flexible.

Fuente: IDIS, Informe RESA 2018: Indicadores de Resultados en Salud de la Sanidad Privada.

GRAPH 18 Number of hospitals in Spain in 2017

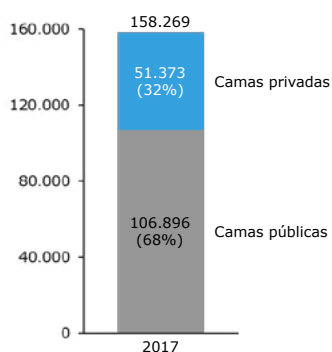


The private hospital sector accounts for 58% of the hospitals in Spain.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

Nota: los complejos hospitalarios se contabilizan como un único hospital.

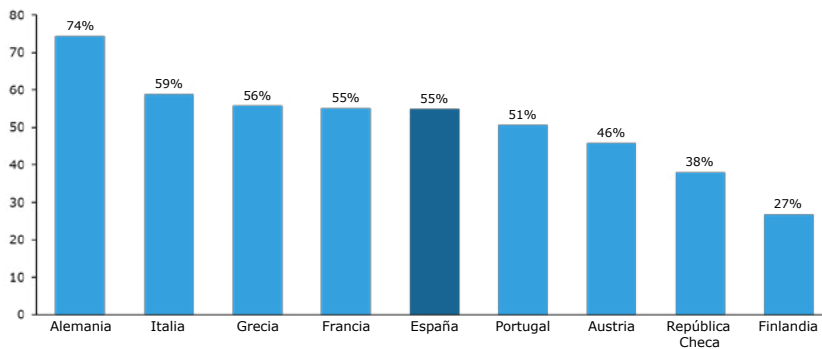
GRAPH 19 Number of beds in Spain in 2017



The private hospital sector accounts for 32% of the beds in Spain.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

GRAPH 20 Private hospitals as a percentage of the total number of hospitals in selected OECD countries, 2016

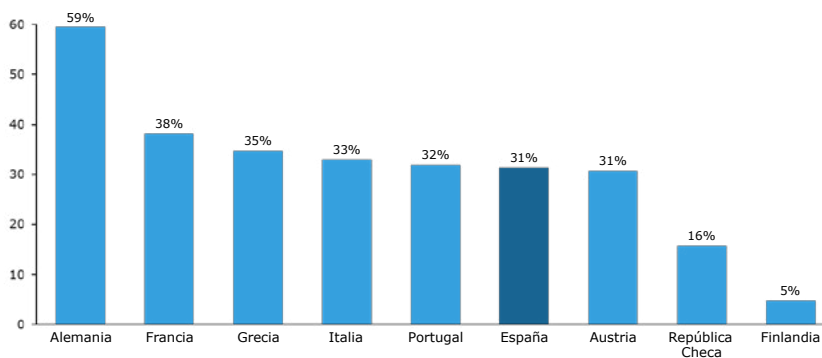


Spain is at an intermediate level compared to the countries analysed.

Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

Nota: las diferencias que puedan existir entre los datos proporcionados por el Ministerio de Sanidad, Consumo y Bienestar Social y los proporcionados por la OCDE, con relación al porcentaje de hospitales privados frente al número total de hospitales en España, provienen de la metodología y ajustes que lleva a cabo la OCDE para poder realizar comparaciones entre diferentes países.

GRAPH 21 Private hospital beds as a percentage of the total number of beds in selected OECD countries, 2016

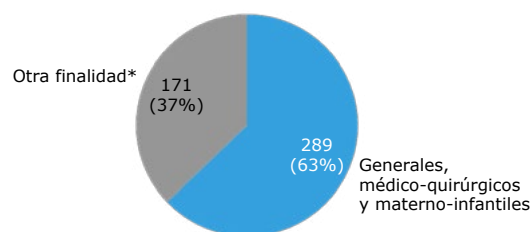


In terms of beds, Spain is also at an intermediate level compared to the countries analysed.

Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

Nota: las diferencias que puedan existir en los datos proporcionados por el Ministerio de Sanidad, Consumo y Bienestar Social y la OCDE, con relación al porcentaje de camas privadas frente al número total de camas en España, provienen de la metodología y ajustes que lleva a cabo la OCDE para poder realizar comparaciones entre diferentes países.

GRAPH 22 Private hospitals by care specialisation, 2017

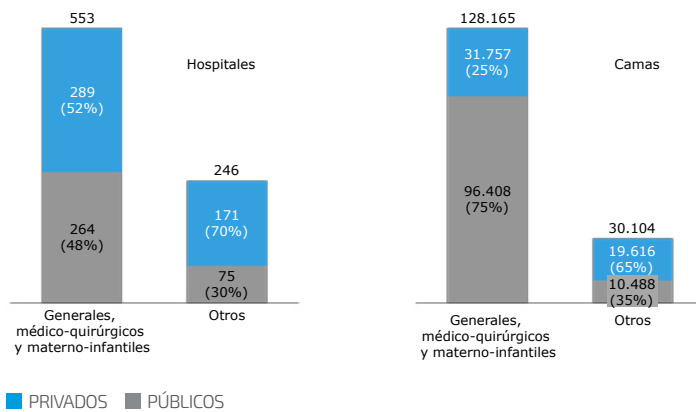


63% of Spain's private hospitals are general, medical-surgical and maternity-children's hospitals.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

* está compuesto por hospitales de larga estancia, psiquiátricos, geriátricos y monográficos.

GRAPH 23 Number of beds and hospitals by care specialisation, 2017



The private hospital sector represents 52% of hospitals and 25% of beds in general, medical-surgical and maternity-children's hospitals.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

TABLE 13 Distribution of hospitals and beds by autonomous region (ordered by number of private beds), 2017

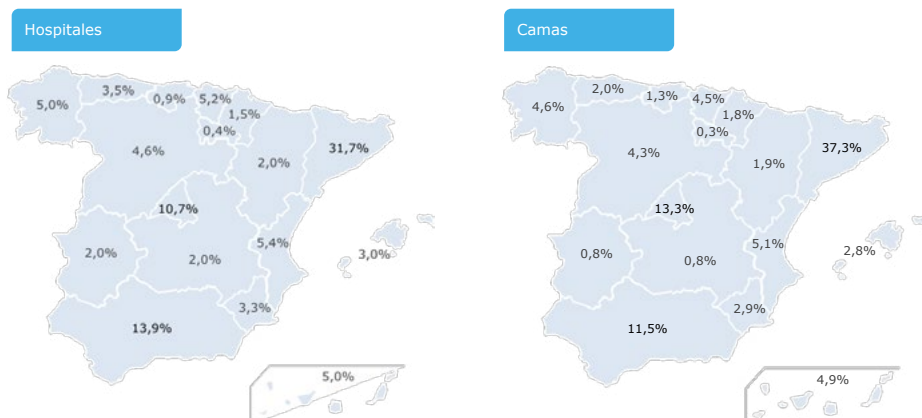
Comunidad autónoma	Hospitales		Camas	
	Públicos	Privados	Públicas	Privadas
Cataluña*	66	146	15.174	19.169
Madrid	33	49	13.644	6.819
Andalucía	47	64	16.133	5.915
Comunidad Valenciana	36	25	10.702	2.608
Canarias	15	23	5.093	2.531
Galicia	14	23	7.504	2.357
País Vasco	18	24	5.700	2.309
Castilla y León	15	21	7.188	2.222
Murcia	11	15	3.300	1.487
Islas Baleares	11	14	2.603	1.417
Asturias	9	16	2.773	1.026
Aragón	20	9	4.316	954
Navarra	4	7	1.395	916
Cantabria	3	4	1.355	665
Castilla - La Mancha	19	9	5.231	424
Extremadura	11	9	3.454	417
La Rioja	5	2	911	137
Ceuta	1	0	252	0
Melilla	1	0	168	0
Total	339	460	106.896	51.373

Catalonia, Madrid and Andalusia are the regions with the greatest number of private hospitals and beds.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

* incluye los hospitales privados integrados en la Red Hospitalaria de Utilización Pública (Xhup).

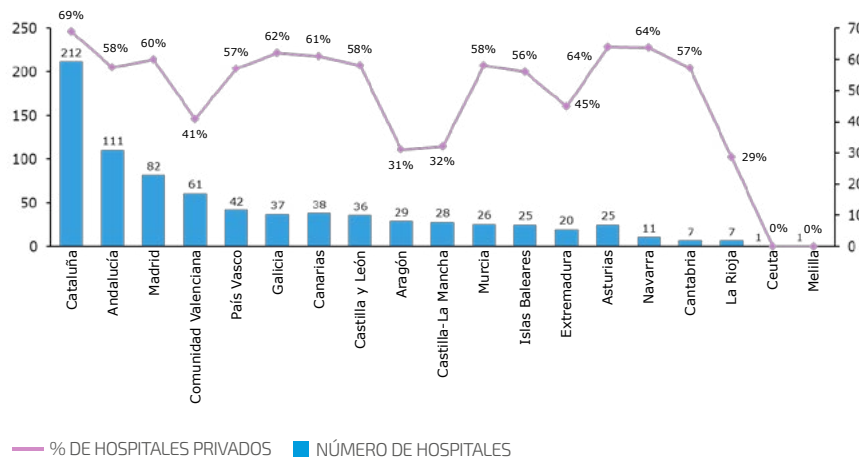
FIGURE 6 Geographical distribution of private hospitals and beds by percentage, 2017



Catalonia, Madrid and Andalusia account for ~ 56% of private hospitals and ~ 62% of beds.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

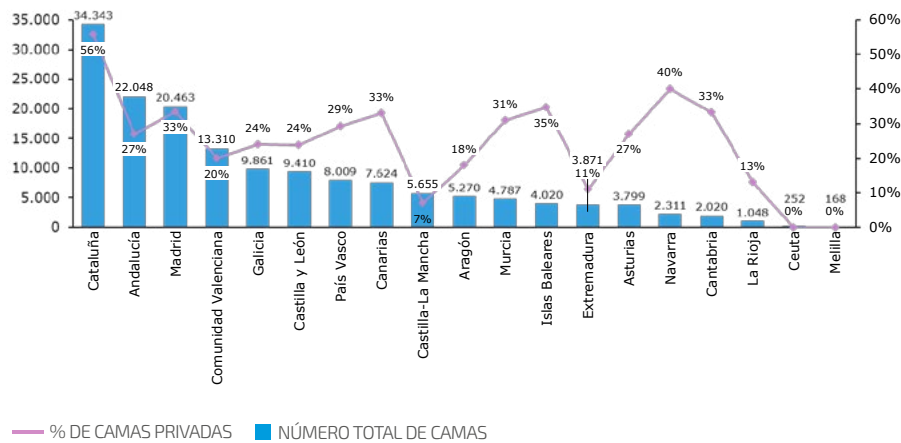
GRAPH 24 Total number of hospitals and the proportion of private hospitals, 2017



Catalonia, Navarre, Asturias and Galicia are the autonomous regions with the highest percentage of private hospitals over total hospitals.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

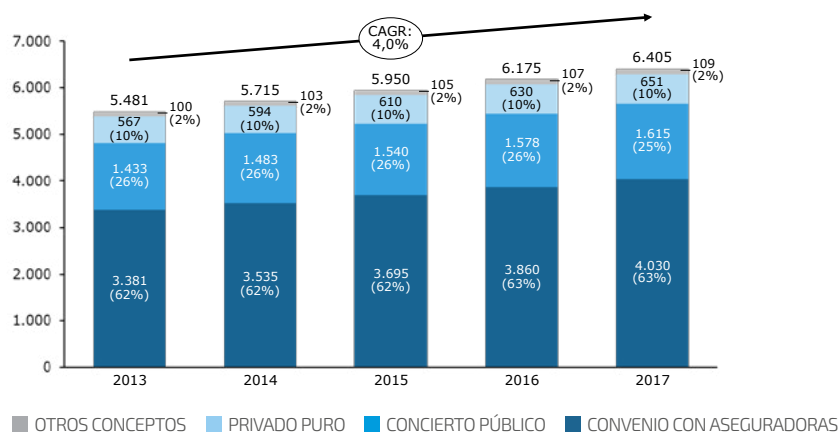
GRAPH 25 Total number of beds and the proportion of private beds, 2017



Catalonia and Navarre are the Autonomous Regions with the highest percentage of private beds over total beds.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales, 2018.

GRAPH 26 Evolution of the private non-charitable hospital market in (millions of euros), 2013-2017

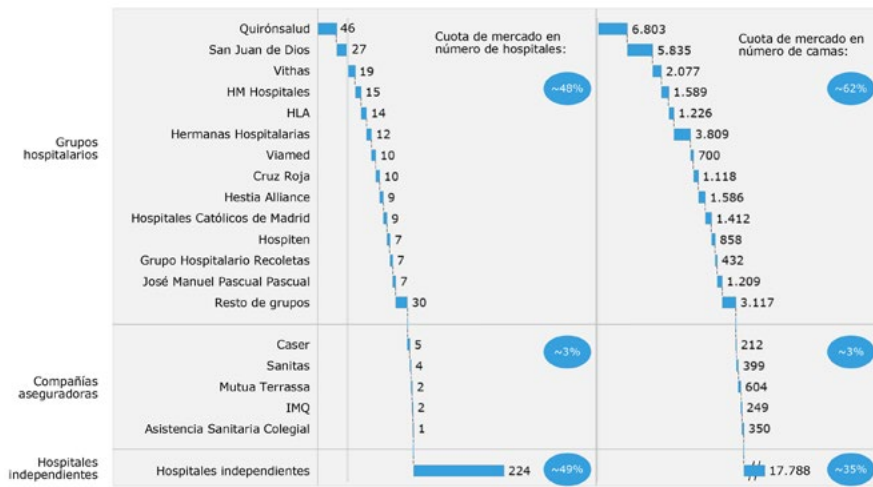


The private non-charitable hospital market reached 6.405 billion euros in 2017, a compound annual growth rate of 4.0% over the period 2013-2017

Fuente: DBK, Clínicas privadas 2018.

Nota: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

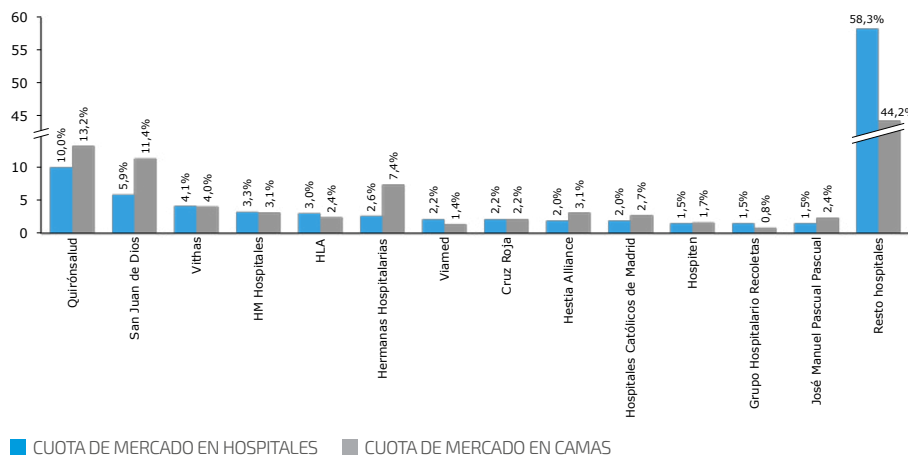
GRAPH 27 Distribution of hospitals and beds by main operator, 2018



48% of hospitals and 62% of private beds are in hospital groups.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

GRAPH 28 Market share in number of hospitals and beds in the private hospital sector, 2018



13 hospital groups account for 42% of private hospitals and 56% of private beds in Spain.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

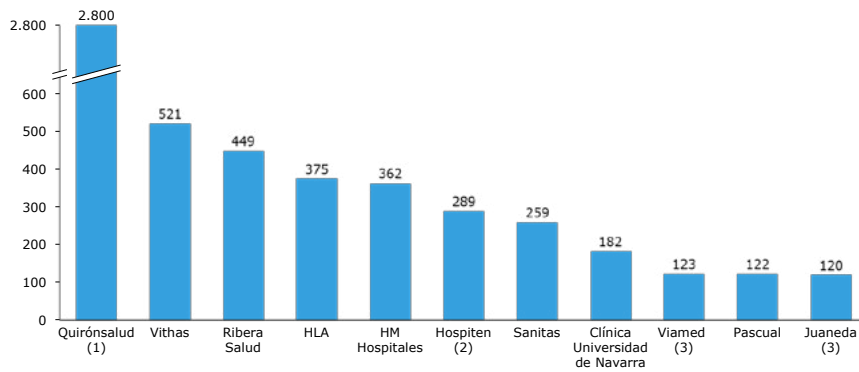
FIGURE 7 Geographical distribution of hospitals of the main hospital operators



Madrid, Andalusia and Catalonia are the Autonomous Regions with the greatest presence of hospital groups.

Fuente: elaboración propia 2018.

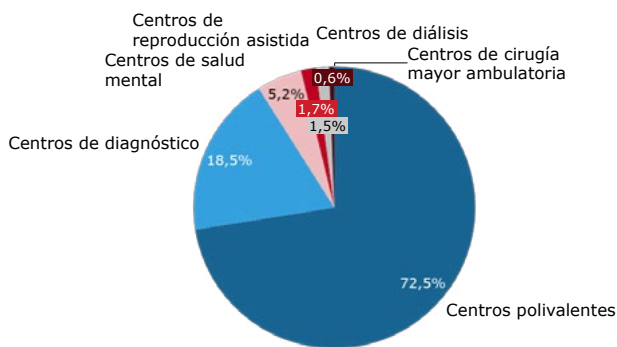
GRAPH 29 Estimated turnover of the main hospital operators (millions of euros), 2017



Quirónsalud is the leading group with an estimated turnover of 2.800 billion euros, followed by Vithas with 521 million euros and Ribera Salud with 449 million euros.

Fuente: elaboración propia 2018 a partir de datos procedentes de las cuentas anuales y de las memorias de los diferentes grupos hospitalarios.
 (1): incluye la actividad del Grupo a nivel internacional, así como la actividad de Quirónprevención (compañía de prevención de riesgos laborales).
 (2): incluye la actividad de los centros ubicados fuera de España.
 (3): corresponde a 2016.

GRAPH 30 Description of outpatient healthcare facilities



In Spain there are around 11,765 centres authorised to provide outpatient care.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Registro General de Centros, Servicios y Establecimientos Sanitarios (REGCESS), septiembre 2018.

2.4. Collaborates with the public system

FIGURE 8 Types of most common public-private healthcare collaborations

Conciertos

- Conciertos para pruebas y procedimientos diagnósticos y terapéuticos: suponen un desahogo para las listas de espera, especialmente en diagnóstico por imagen e intervenciones quirúrgicas.
- Conciertos para determinadas prestaciones sanitarias: fundamentalmente terapias respiratorias, diálisis, rehabilitación y logopedia.
- Conciertos singulares: hospitales privados ofrecen asistencia sanitaria a un área poblacional con infraestructuras sanitarias insuficientes. Destacan, entre otros, la Fundación Jiménez Díaz (Madrid), Povisa (Vigo), Fundación Hospital Jové (Asturias), la Orden San Juan de Dios en diferentes comunidades autónomas y varios hospitales en Cataluña integrados en la Red de Hospitales de Utilización Pública.

Mutualismo administrativo

- Mecanismo de cobertura sanitaria de aproximadamente 1,8 millones de funcionarios a través de MUFACE, MUGEJU e ISFAS.
- La financiación es pública y los beneficiarios eligen cada año recibir provisión pública o privada. Aproximadamente el 84% de los funcionarios se decantan por la provisión privada.

Concesiones administrativas que incluyen la gestión de servicios sanitarios

- Actualmente existen en España 8 hospitales (4 en la Comunidad Valenciana y 4 en Madrid) bajo este modelo de concesión que incluye la construcción de hospitales y la gestión de los servicios sanitarios y no sanitarios.
- Los principales agentes en este modelo de colaboración son Ribera Salud y Quirónsalud.

Collaboration agreements between public healthcare and private centres contribute significantly to the sustainability of the system.

Fuente: elaboración propia.

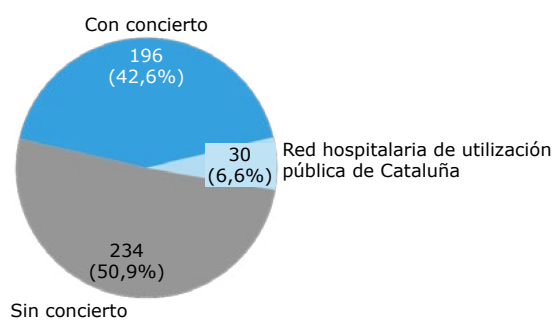
TABLE 14 Collaboration agreements by autonomous region (millions of euros), 2015-2016

Comunidad autónoma	2015		2016		Variación 2015-2016
	Importe (Mill. €)	% sobre gasto sanitario	Importe (Mill. €)	% sobre gasto sanitario	
Cataluña	2.450	24,8%	2.517	24,9%	+0,1pp
Madrid	987	12,4%	842	10,7%	-1,7pp
Andalucía	398	4,3%	380	4,1%	-0,2pp
Comunidad Valenciana	289	4,5%	274	4,2%	-0,3pp
Canarias	276	10,0%	259	9,3%	-0,7pp
País Vasco	239	6,8%	244	6,8%	0,0pp
Galicia	209	5,5%	229	5,9%	+0,4pp
Islas Baleares	145	10,0%	153	10,4%	+0,4pp
Murcia	139	6,4%	146	6,6%	+0,2pp
Castilla y León	143	4,0%	140	3,9%	-0,1pp
Castilla-La Mancha	146	5,5%	135	5,0%	-0,5pp
Asturias	96	6,0%	101	6,1%	+0,1pp
Aragón	105	5,4%	80	3,9%	-1,5pp
Extremadura	73	4,5%	74	4,4%	-0,1pp
Navarra	74	7,7%	72	7,3%	-0,4pp
La Rioja	37	8,4%	34	7,8%	-0,6pp
Cantabria	30	3,7%	30	3,6%	-0,1pp

Catalonia, Madrid, the Balearic Islands, and the Canary Islands are the regions that allocate the greatest percentage of their budgets to collaboration agreements.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

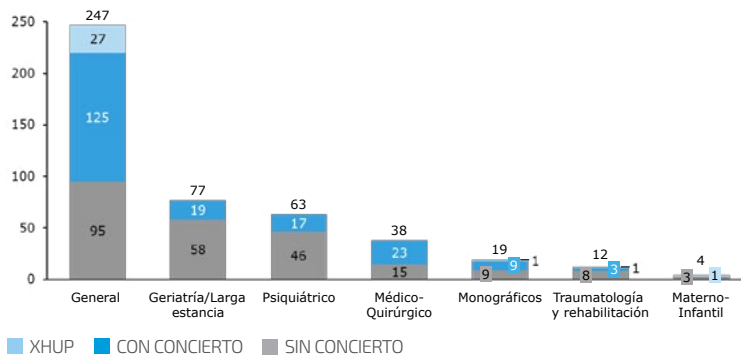
GRAPH 31 Agreements in private hospitals, 2017



Approximately 43% of private hospitals have some type of agreement in place with public healthcare.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

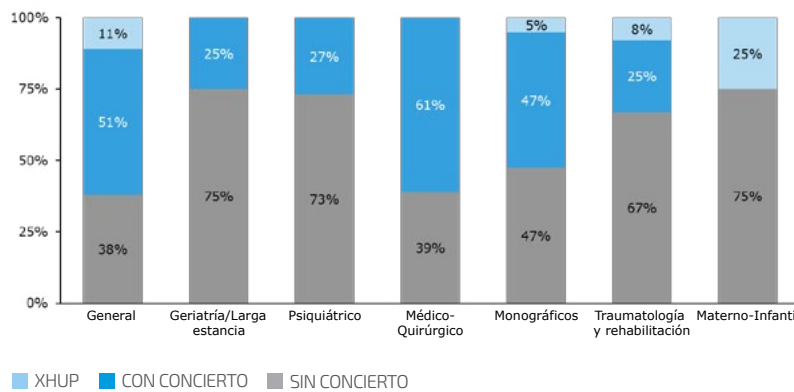
GRAPH 32 Number of private hospitals by specialisation in terms of agreements, 2017



Private general hospitals have the greatest number of agreements, with a total of 125 hospitals.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

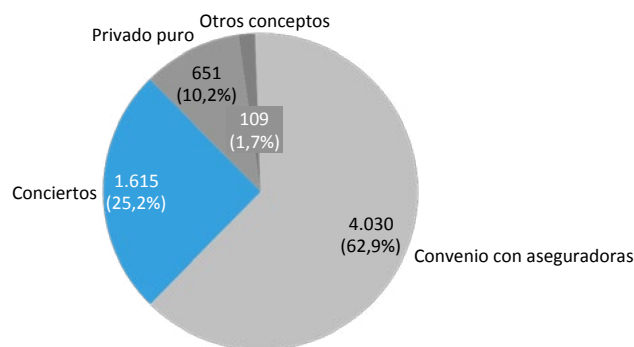
GRAPH 33 Percentage of private hospitals by specialisation in terms of agreements, 2017



Medical-surgical hospitals and general hospitals have the highest percentage of collaboration agreements.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

GRAPH 34 Distribution of the private non-charitable hospital market by demand segments (millions of euros), 2017



Non-charitable hospitals had a turnover of 1.615 billion euros from collaboration agreements in 2017, representing 25% of their total turnover.

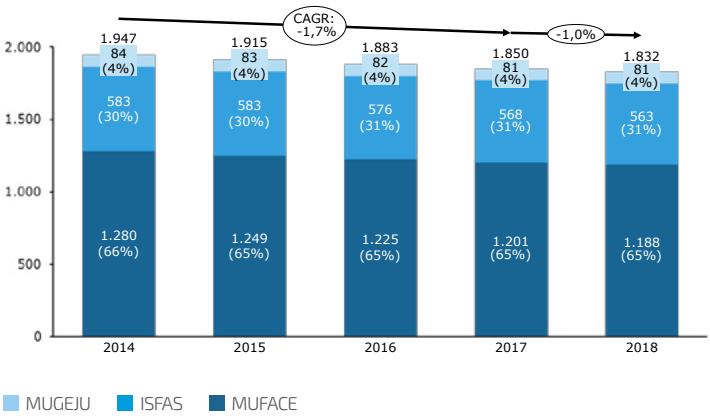
Fuente: DBK, Clínicas privadas 2018.

FIGURE 9 Main single agreements, 2018



Fuente: elaboración propia.

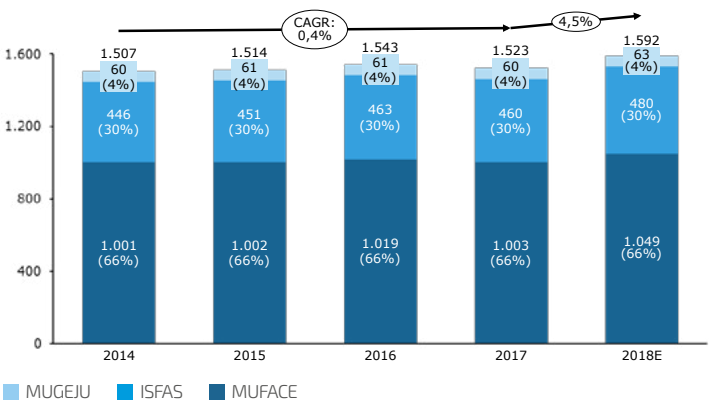
GRAPH 35 Evolution of the number of mutual insurance company members (thousands), 2014-2018



1.8 million people are covered by the government mutual insurance system.

Fuente: ICEA, Seguro de Salud 2014-2017 y enero-septiembre 2018.
Nota: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

GRAPH 36 Volume of premiums (millions of euros), 2014-2018



The estimated volume of premiums is 1.592 billion euros in 2018.

Fuente: ICEA, Seguro de Salud 2014-2017 y enero-septiembre 2018.
Nota: CAGR hace referencia a la tasa de crecimiento anual compuesto (Compound Annual Growth Rate).

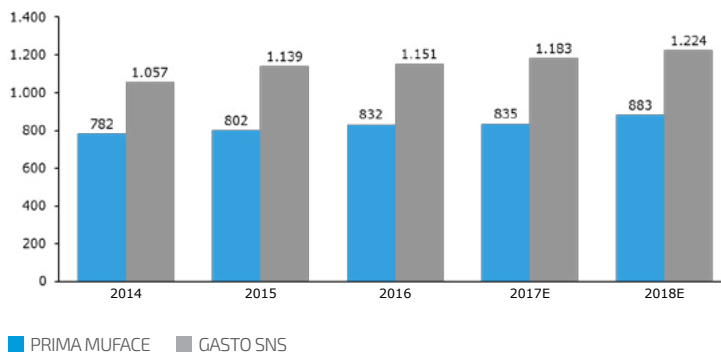
TABLE 15 Insurance companies with agreements with mutual societies, 2018-2019

Mutualidad	Asisa	DKV	Casera	Igualatorio Médico-Quir. Colegial	Mapfre	Nueva Mutua Sanitaria	Sanitas	SegurCaixa Adeslas
MUFACE	✓	✓		✓				✓
ISFAS	✓							✓
MUGEJU	✓	✓	✓		✓	✓	✓	✓

8 insurance companies have signed healthcare agreements with mutual insurance companies for the period 2018-2019, 2 of them provide assistance to the 3 mutual insurance companies.

Fuente: BOE, viernes 29 de diciembre de 2017, Resolución de 28 de diciembre de 2017, de la Mutualidad General de Funcionarios Civiles del Estado; BOE, jueves 30 de noviembre de 2017, Resolución de 27 de noviembre de 2017, de la Mutualidad General Judicial; BOE, viernes 22 de diciembre de 2017, Resolución de 12 de diciembre de 2017.

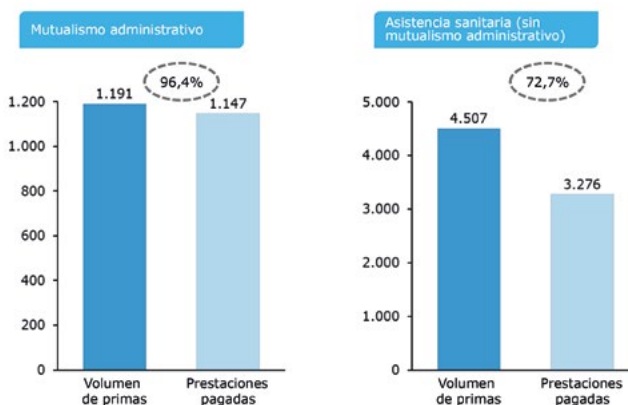
GRAPH 37 Comparison of SNS per capita expenditure and the MUFACE premium, 2014-2018



Public health spending per capita is estimated at 1,224 euros in 2018, 341 euros more than a MUFACE premium (883 euros)

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2015; presupuestos iniciales ajustados por la desviación media producida en el periodo 2012-2016 (5,93%); INE, padrón municipal; ICEA, Seguro de Salud 2014-2017 y enero-septiembre 2018. La estimación del gasto sanitario público no incluye gasto farmacéutico ni el gasto destinado a las mutualidades de funcionarios. El gasto sanitario privado se ha estimado en base a datos de ICEA sobre volumen de prestaciones pagadas por mutualismo administrativo y número de mutualistas.

GRAPH 38 Claims in mutual insurance and in healthcare (millions of euros), September 2018

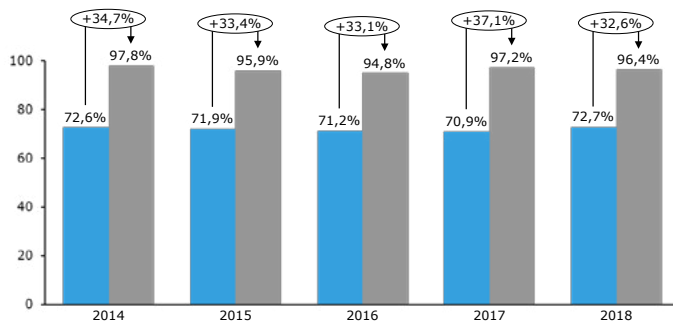


Government mutual insurance recorded a claim rate of 96.4% in 2018, much higher than the healthcare insurance sector average, where the claim rate was 72.7%

Fuente: ICEA, Seguro de Salud enero-septiembre 2018. Siniestralidad calculada como el volumen de primas pagadas sobre el volumen de primas imputadas.

GRAPH 39

Changes in the claim rate of mutual societies and the insurance sector, 2014-2018



The claim rates of mutual societies have remained at levels ranging between 94.8% and 97.8% over the last 5 years

■ ASISTENCIA SANITARIA (sin Mutualismo Administrativo) ■ MUTUALISMO ADMINISTRATIVO

Fuente: ICEA, Seguro de Salud 2014-2017 y enero-septiembre 2018. Siniestralidad calculada como el volumen de primas pagadas sobre el volumen de primas imputadas. Los datos de 2018 corresponden al periodo de enero-septiembre.

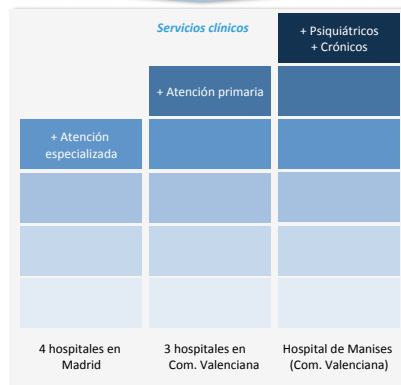
FIGURE 10

Type of government concessions

Modelo PFI: modelo de concesión para la construcción de infraestructuras sanitarias que incluye la gestión de servicios no sanitarios. Se entiende por servicios no sanitarios, servicios como, entre otros, limpieza, seguridad, restauración, residuos urbanos y sanitarios, gestión de mantenimiento, lavandería y esterilización.

Modelo PPP: modelo de concesión para la construcción de infraestructuras sanitarias que incluye la gestión de servicios sanitarios y no sanitarios.

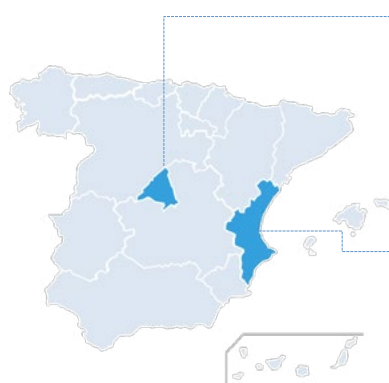
There are different types of government concessions depending on the services provided.



Fuente: elaboración propia.

FIGURE 11

Government concessions including healthcare management, 2018



Centro	Nº camas	Año apertura
Hospital Infanta Elena	117	2007
Hospital de Torrejón	250	2011
Hospital de Móstoles	310	2012
Hospital Collado Villalba	140	2014

Centro	Nº camas	Año apertura
Hospital de Denia	266	2006
Hospital de Torrevieja	277	2006
Hospital de Manises	354	2009
Hospital del Vinalopó	230	2010

Currently there are 8 hospitals under the government concession model which includes healthcare management: 4 in the Region of Valencia and 4 in the Region of Madrid.

Fuente: elaboración propia.

TABLE 16 Estimated cost per patient per concession departments, 2014

Concepto	Torreveja	Vinalopó	Alzira	Denia	Total concesiones Ribera Salud	Manises	Total Concesiones	Resto departamentos Gestión Directa
Población Cápita Protegida 2014	157.269	148.524	248.893	150.473	705.159			
Población Total 2014	182.397	153.524	259.903	165.184	761.008	201.819	962.827	3.992.789
Concepto	Torreveja	Vinalopó	Alzira	Denia	Total concesiones Ribera Salud	Manises	Media Concesiones	Resto departamentos Gestión Directa
Importe cápita	680,17	680,17	680,17	680,17	680,17	680,17	680,17	
Importe cápita conceptos excluidos	303,08	273,88	278,47	270,55	281,50	286,67	282,53	
Total coste por paciente	847,80	922,98	918,03	866,05	888,71	925,88	896,15	1.331,98
Coste por paciente (descontando amortizaciones)	806,45	856,24	877,36	814,48	838,63	880,20	846,95	1.332,98
Coste por paciente (sin amortizaciones ni gastos financieros)	784,07	827,79	861,11	788,91	815,47	859,27	824,23	1.332,98

The cost per patient of the concessions is €824 compared to €1,333 in direct management departments.

Fuente: la aportación de valor de Ribera Salud al sistema sanitario público en España. Datos correspondientes a Dirección General de Asistencia Sanitaria. Conselleria de Sanitat. Datos acumulados 2014.

Nota: el "Importe cápita conceptos excluidos" hace referencia a los costes que asume la Administración, que en este caso son: endoprótesis, exoprótesis, farmacia receta, transporte sanitario no urgente y oxígeno ambulatorio.

TABLE 17 Score obtained by hospitals in the Region of Valencia

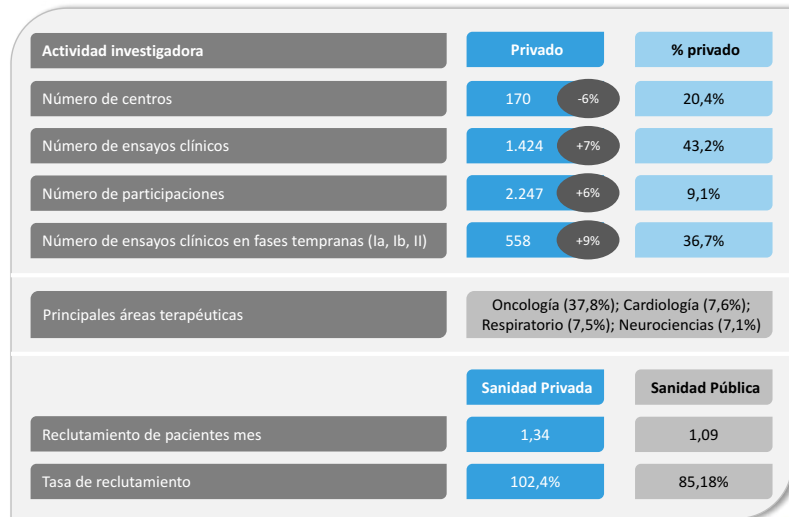
Departamento de Salud	Calidad	Asistencial	Gestión	% consecución objetivos	Puntos totales evaluados
Comarcal					
1 - Vinarós	16,80	14,60	23,57	55,0%	100
3 - La Plana	9,80	12,18	28,35	50,4%	100
4 - Sagunto	11,51	23,45	25,50	60,5%	100
6 - Valencia - Arnau de Vilanova - Llíria	6,01	15,00	26,77	47,8%	100
8 - Requena	10,99	17,51	29,12	57,6%	100
12 - Gandia	10,46	21,67	28,94	61,1%	100
14 - Xàtiva - Ontiyent	11,92	13,91	14,70	40,6%	100
15 - Alcoy	15,81	16,7	24,98	57,5%	100
16 - Marina Baixa	14,27	14,43	25,03	53,8%	100
18 - Elda	16,40	25,40	26,13	68,0%	100
21 - Orihuela	15,14	14,78	26,61	66,6%	100
Subtotal	139,11	199,63	279,69	56,3%	1.100
Referencia 1					
2 - Castellón	14,24	12,54	22,11	48,9%	100
7 - Valencia- La Fe	14,96	17,02	24,41	56,4%	100
19 - Alicante - Hospital General	15,59	11,65	21,20	48,5%	100
Subtotal	44,79	41,21	67,72	51,3%	300
Referencia 2					
5 - Valencia - Clínica - Malvarrosa	6,88	12,23	20,33	39,5%	100
9 - Valencia - Hospital General	13,73	11,72	20,35	45,8%	100
10 - Valencia - Doctor Peset	11,21	19,28	24,52	55,1%	100
17 - Alicante - Sant Joan d'Alacant	13,11	22,87	19,78	55,8%	100
20 - Elx - Hospital General	17,95	27,10	28,12	73,2%	100
Subtotal	62,88	93,20	113,10	53,9%	500
Concesiones					
11 - La Ribera	13,67	24,25	34,28	72,2%	100
13 - Denia	18,07	22,45	30,17	70,7%	100
22 - Torreveja	16,89	30,00	37,47	84,4%	100
23 - Manises	15,31	27,55	24,44	67,3%	100
24 - Elx - Crevillent	17,92	22,26	30,04	70,2%	100
Subtotal	81,86	126,51	156,40	72,9%	500
Total Comunidad Valenciana	328,64	460,55	616,91	58,6%	2.400

Of the 24 hospitals analysed, five of the first six are concession hospitals.

Fuente: Auditoría operativa de la concesión de la asistencia sanitaria integral en el Departamento de Salud de Manises. Ejercicios 2009-2015.

2.5. Provides advanced research and development through next-generation technology

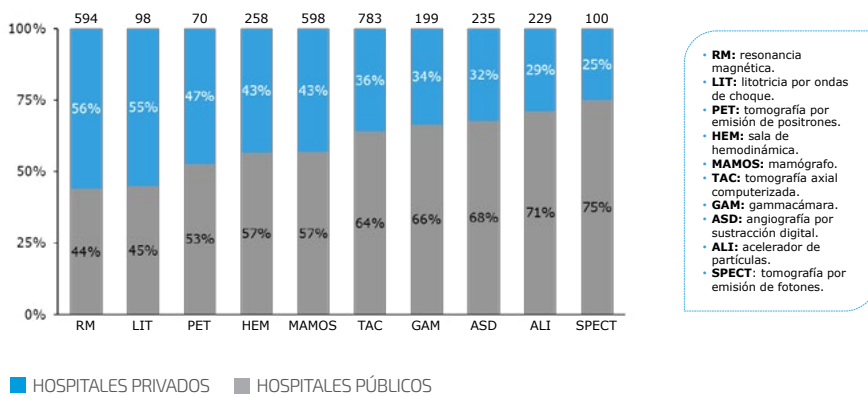
FIGURE 12 Research activity, BEST study



Private centres have increased their participation in research, both in the number of clinical trials and in the number of participations.

Fuente: 26ª publicación de BDMetrics, datos actualizados a 31 de diciembre de 2018.

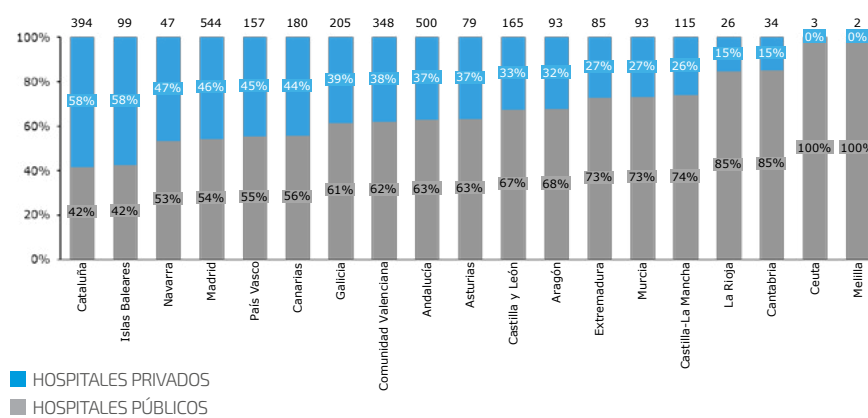
GRAPH 40 High-tech equipment in hospitals, 2017



The private hospital sector owns 56% of MRI, 47% of PET and 36% of CAT equipment.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

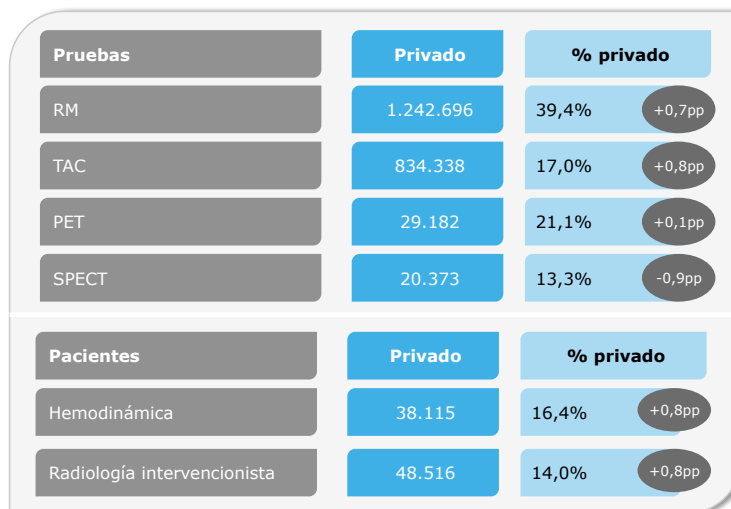
GRAPH 41 High-tech equipment in hospitals by autonomous region, 2017



Catalonia, the Balearic Islands, and Navarre are the regions with the highest percentage of high-technology equipment in private hospitals.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

FIGURE 13 Diagnostic activity in private hospitals, 2016

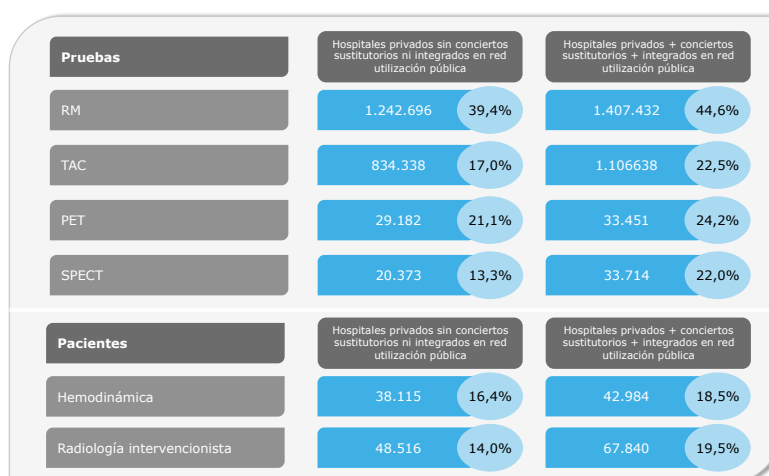


The private healthcare sector carries out 39% of MRIs, 21% of PET, and 17% of CAT scans.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

FIGURE 14 Comparison of private sector diagnostic activity, 2016



If private sector activity is considered to include that performed by substitute agreements and private hospitals that form part of a public use network, the private sector performs 45% of MRIs, 24% of PETs and 23% of CATs.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

FIGURE 15 Surgical activity in private hospitals, 2016

Especialidad	Privado	% privado	
Cirugía Ortopédica y Traumatología	328.331	36,6%	+1,4pp
Cirugía General y Digestivo	325.480	33,9%	+2,5pp
Oftalmología	159.869	20,4%	+1,1pp
Ginecología y Obstetricia	145.277	34,3%	+1,6pp
Urología	113.222	29,7%	+2,4pp
Otorrinolaringología	63.794	27,8%	+0,5pp
Angiología y Cirugía Vascolar	37.485	33,0%	+1,5pp
Neurocirugía	27.310	34,2%	+0,4pp
Cirugía Pediátrica	15.993	18,4%	-1,7pp
Cirugía Cardíaca	11.409	24,4%	-4,0pp
Cirugía Torácica	4.651	15,7%	-1,4pp

Private hospitals provide a significant volume of complex healthcare.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales privados que tienen un concierto sustitutorio o que integran una red de utilización pública se contabiliza en los hospitales públicos-SNS.

FIGURE 16 Comparison of private sector surgical activity, 2016

Especialidad	Hospitales privados sin conciertos sustitutorios ni integrados en red utilización pública	Hospitales privados + conciertos sustitutorios + integrados en red utilización pública
Cirugía Ortopédica y Traumatología	328.331 (36,6%)	380.784 (42,4%)
Cirugía General y Digestivo	325.480 (33,9%)	379.174 (39,5%)
Oftalmología	159.869 (20,4%)	204.218 (26,1%)
Ginecología y Obstetricia	145.277 (34,3%)	166.695 (39,4%)
Urología	113.222 (29,7%)	136.969 (35,9%)
Otorrinolaringología	63.794 (27,8%)	76.237 (33,3%)
Angiología y Cirugía Vascolar	37.485 (33,0%)	45.386 (39,9%)
Neurocirugía	27.310 (34,2%)	29.567 (37,0%)
Cirugía Pediátrica	15.993 (18,4%)	23.115 (26,6%)
Cirugía Cardíaca	11.409 (24,4%)	13.279 (28,4%)
Cirugía Torácica	4.651 (15,7%)	5.475 (18,5%)

If substitute agreements and private hospitals that are part of a public use network are included, the complex surgical activity of the private sector increases significantly.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

2.6. Seeks to continuously improve quality healthcare

TABLE 18 Results obtained by the private healthcare sector using selected quality indicators, 2018

Indicador	Resultado 2017	Referencia literatura nacional	
		CatSalut	Comunidad de Madrid
Reingresos por enfermedad pulmonar obstructiva crónica a los 30 días	8,3%	16,27%	16,5%-17,8%
Reingresos por insuficiencia cardíaca a los 30 días	9,5%	14,29%	13,9%-15,9%
Tasa de reingreso por causas quirúrgicas a los 7 días	0,8%	-	1,79%-1,84%
Tasa de supervivencia a las 48 horas de pacientes ingresados por Síndrome Coronario Agudo (SCA)	97,5%	-	-
Tasa de supervivencia al alta de pacientes ingresados por Ictus	87,4%	87,3%	84,6%-84,8%
Tasa de supervivencia al alta por Síndrome Coronario Agudo (SCA)	94,9%	94,2%	92,8%-94,0%
Tasa de supervivencia al alta por Insuficiencia Cardíaca (IC)	89,2%	90,4%	91,9%-92,4%
Septicemia postquirúrgica	0,42%	-	0,33%-0,69%

Studies such as the 2018 RESA Report show how the results of the quality indicators are equal to or better than those collected in other national observatories.

Fuente: IDIS, Informe RESA 2018, Indicadores de Resultados en Salud de la Sanidad Privada.

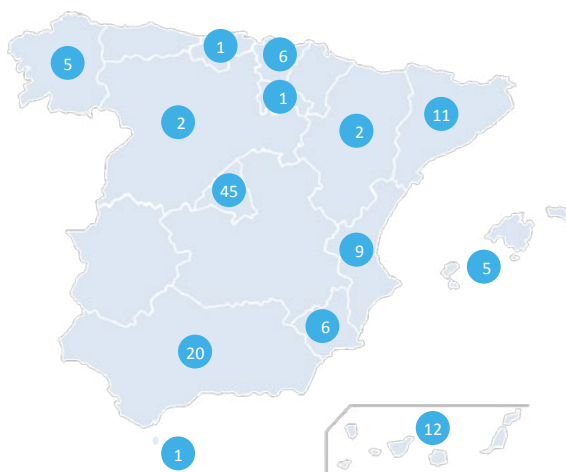
TABLE 19 Number of organisations with QH accreditation, 2015-2018

Titularidad	QH	QH*	QH**	QH***	Total
Centros públicos	3	8	8	2	21
Centros privados	23	27	24	7	81
Centros concertados	7	8	1	0	16
Mutuas	2	3	1	2	8
Total	35	46	34	11	126

To date, a total of 126 organisations have been accredited in four calls for applicants.

Fuente: IDIS, acreditación QH. www.acreditacionqh.com

FIGURE 17 Geographical distribution of organisations with QH accreditation



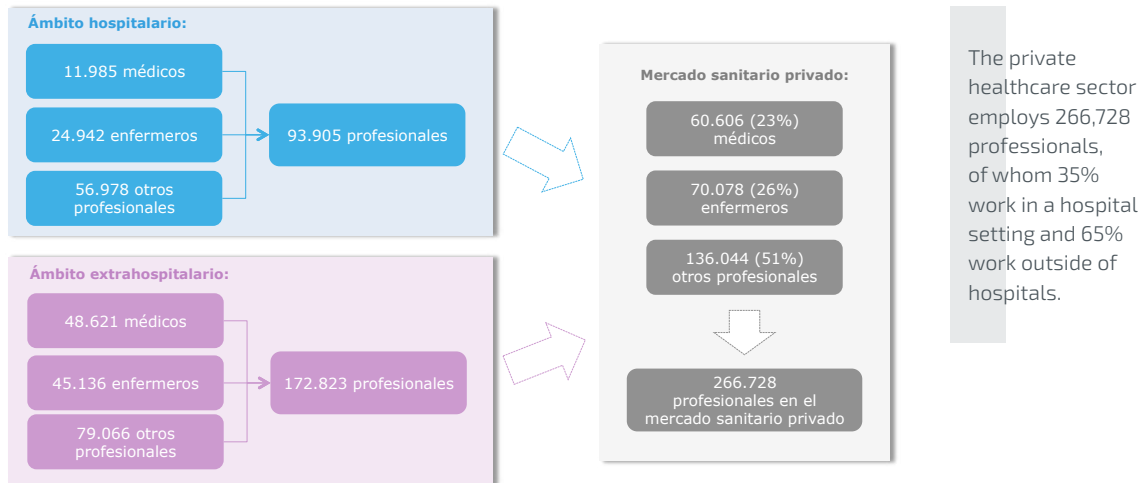
Madrid and Andalusia are the regions with the greatest number of accredited centres.

Fuente: IDIS, Acreditación QH. www.acreditacionqh.com

2.7. Creates jobs in Spanish society and helps train health professionals

FIGURE 18

Estimation of professionals in the private healthcare sector, 2017



Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016; y Sistema de Información de Atención Primaria; Instituto Nacional de Estadística, Profesionales Sanitarios Colegiados y Directorio Central de Empresas.

TABLE 20

Estimated professionals employed in the private healthcare sector by autonomous region, 2017

Comunidad autónoma	Médicos	Enfermeros	Otros profesionales	Total
Andalucía	7.546	9.179	18.170	34.896
Aragón	1.371	1.786	3.622	6.779
Asturias	1.057	1.337	2.683	5.078
Islas Baleares	1.239	1.556	3.116	5.912
Canarias	2.221	2.751	5.483	10.455
Cantabria	2.546	2.541	4.622	9.708
Castilla y León	5.438	5.770	10.802	22.011
Castilla-La Mancha	1.438	1.898	3.867	7.202
Cataluña	11.163	12.554	24.100	47.817
Comunidad Valenciana	4.642	5.523	10.842	21.007
Extremadura	862	1.127	2.288	4.276
Galicia	3.406	3.973	7.739	15.118
Madrid	12.325	13.585	25.860	51.770
Murcia	1.324	1.650	3.295	6.269
Navarra	622	810	1.642	3.073
País Vasco	2.810	3.394	6.702	12.905
Rioja, La	283	352	703	1.338
Ceuta y Melilla	313	291	509	1.113
Total	60.606	70.078	136.044	266.728

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016; y Sistema de Información de Atención Primaria; Instituto Nacional de Estadística, Profesionales Sanitarios Colegiados y Directorio Central de Empresas. El número de profesionales del ámbito hospitalario se ha estimado en base a la distribución de profesionales vinculados por comunidad autónoma, mientras que el número de profesionales del ámbito extrahospitalario se ha estimado en base a la distribución del volumen de asalariados de empresas sanitarias por comunidad autónoma.

Madrid, Catalonia and Andalusia account for 50% of professionals in the private healthcare sector.

TABLE 21

Estimated professionals employed in the private healthcare sector by autonomous region and by area, 2017

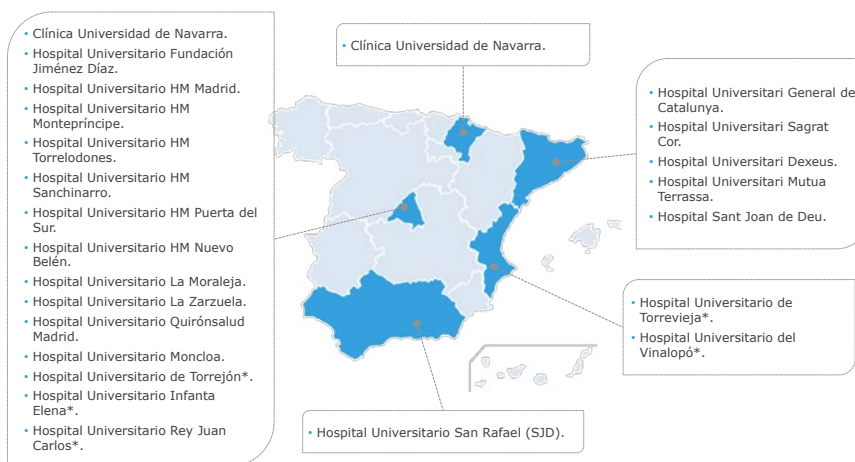
Comunidad autónoma	Ámbito hospitalario				Ámbito extrahospitalario			
	Médicos	Enfermeros	Otros profesionales	Total	Médicos	Enfermeros	Otros profesionales	Total
Andalucía	1.886	3.924	8.965	14.775	5.661	5.255	9.205	20.121
Aragón	446	927	2.118	3.491	925	859	1.504	3.288
Asturias	308	641	1.465	2.414	749	696	1.219	2.664
Islas Baleares	352	733	1.674	2.758	887	824	1.443	3.154
Canarias	598	1.245	2.844	4.688	1.623	1.506	2.639	5.768
Cantabria	154	321	732	1.207	2.392	2.220	3.889	8.501
Castilla y León	626	1.303	2.977	4.906	4.812	4.467	7.825	17.105
Castilla-La Mancha	489	1.017	2.323	3.828	949	881	1.544	3.374
Cataluña	1.901	3.957	9.039	14.897	9.261	8.598	15.061	32.920
Comunidad Valenciana	1.053	2.191	5.006	8.250	3.589	3.332	5.837	12.758
Extremadura	283	590	1.347	2.220	578	537	940	2.055
Galicia	703	1.464	3.343	5.510	2.703	2.509	4.395	9.608
Madrid	1.860	3.871	8.842	14.573	10.465	9.715	17.018	37.197
Murcia	365	759	1.734	2.858	960	891	1.560	3.411
Navarra	201	419	958	1.579	421	390	684	1.495
Pais Vasco	682	1.419	3.242	5.343	2.128	1.975	3.460	7.563
Rioja, La	78	162	369	608	205	191	334	730
Ceuta y Melilla					313	291	590	1.113
Total	11.985	24.942	56.978	93.905	48.621	45.136	79.066	172.823
	93.905 profesionales en ámbito hospitalario				172.823 profesionales en ámbito extrahospitalario			

Andalusia, Catalonia, and Madrid are the regions with the most hospital-based professionals, while Madrid has the most non-hospital professionals.

Fuente: elaboración propia a partir de datos del Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016; y Sistema de Información de Atención Primaria; Instituto Nacional de Estadística, Profesionales Sanitarios Colegiados y Directorio Central de Empresas. El número de profesionales del ámbito hospitalario se ha estimado en base a la distribución de profesionales vinculados por comunidad autónoma, mientras que el número de profesionales del ámbito extrahospitalario se ha estimado en base a la distribución del volumen de asalariados de empresas sanitarias por comunidad autónoma.

FIGURE 19

Geographical distribution of private university hospitals, 2018



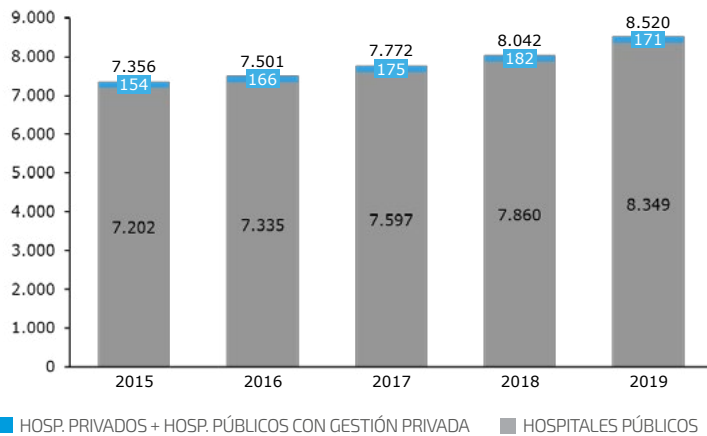
The private healthcare sector has 24 university hospitals.

Fuente: elaboración propia.

*: hospitales públicos con gestión privada.

GRAPH 42

Changes in the distribution of residency system specialised training places, 2015-2019

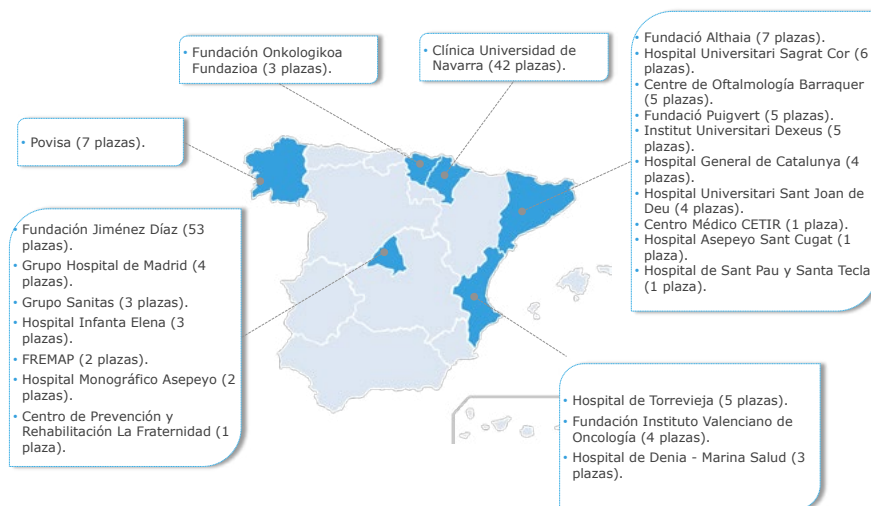


The private hospital sector currently offers a total of 171 places for specialised healthcare training.

Fuente: Boletín Oficial del Estado (BOE), Orden SCB/947/2018, de 07 de septiembre de 2018.

FIGURE 20

Geographical distribution of residency system specialised healthcare training places in private centres, 2019



The private hospitals that offer specialised healthcare training places are located in 6 autonomous regions.

Fuente: Boletín Oficial del Estado (BOE), Orden SCB/947/2018, de 07 de septiembre de 2018.

TABLE 22 Specialised healthcare training places in private healthcare centres, 2019

Especialidad	Nº plazas
Cirugía Ortopédica y Traumatología	17
Medicina Interna	17
Anestesiología y Reanimación	12
Oftalmología	10
Obstetricia y Ginecología	9
Oncología Médica	7
Pediatría y Áreas Específicas	7
Radiodiagnóstico	7
Farmacia Hospitalaria	6
Cirugía General y del Aparato Digestivo	5
Dermatología Médico-Quirúrgica y Veneorología	5
Nefrología	5
Oncología Radioterápica	5
Urología	5
Cardiología	4
Neumología	4
Otras especialidades	46
Total	171

The specialisations with the greatest number of training places are Orthopaedic Surgery and Traumatology, Internal Medicine, Anaesthesiology, and Ophthalmology.

Fuente: Boletín Oficial del Estado (BOE), Orden SCB/947/2018, de 07 de septiembre de 2018.



03

QUANTITATIVE DATA AUTONOMOUS REGIONS



As in the last two years, the 2019 report incorporates this section in order to provide greater visibility to the information analysed for each autonomous region and to facilitate access.

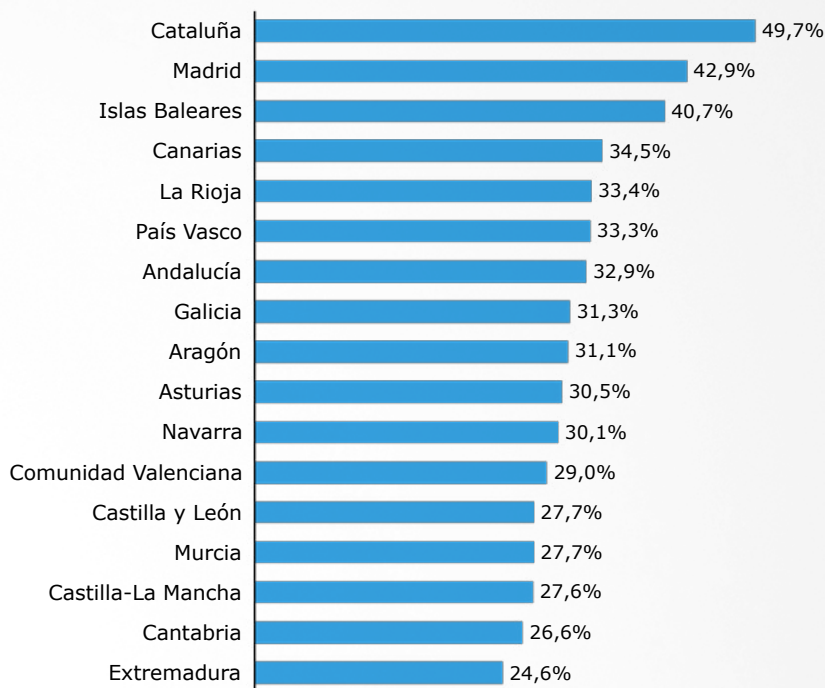
The information analysed from each Autonomous Region is organised into four main categories:

Healthcare spending

A large proportion of the information from each region relates to healthcare spending.

The relative proportion of spending on **private healthcare provision** is estimated for each region, concluding that Catalonia, Madrid, and the Balearic Islands are the regions where this sector has the greatest proportion in the total healthcare spending.

Estimated proportion of private healthcare provision in total healthcare spending, 2016



Fuente: ver gráfico "Estimación del gasto sanitario en provisión privada" de cada comunidad autónoma.

Changes in per capita spending on **healthcare, both public and private**, have been estimated for 2016-2018. As 2016 is the latest year for which the Ministry of Health, Consumption and Social Welfare offers real spending information, public expenditure for

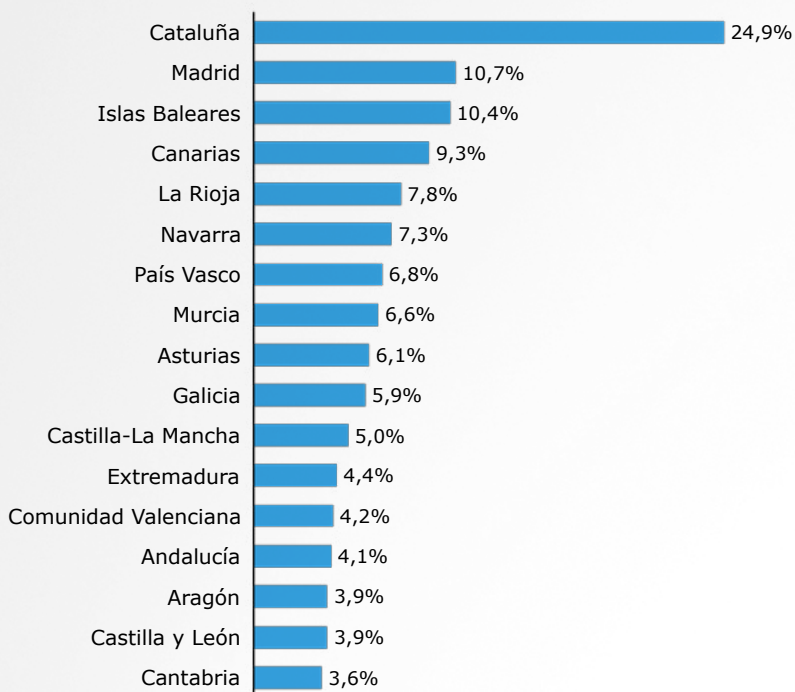
2017 and 2018 has been calculated based on each region's published budget, taking into account the average deviation between real and budgeted expenditure in each Autonomous Region over the last five years.

Public-private partnership

Public-private partnership is another key aspect analysed in each autonomous region. We defined the **expenditure of each region on collaboration agreements** and the percentage they represent of total healthcare spending in each region, as well as changes in this budget item and its proportion in total healthcare spending over 2007-2016.

It was concluded that Catalonia is the region allocating the most money to collaboration agreements (€2,517M), followed by Madrid (€842M) and Andalusia (€380M), while Catalonia, Madrid, the Balearic Islands and the Canary Islands are the autonomous regions in which agreements account for the greatest proportion of public healthcare spending.

Percentage of public healthcare spending allocated to collaboration agreements, 2016



Fuente: ver gráfico "Gasto en conciertos" de cada comunidad autónoma.

Meanwhile, to get a more detailed view of the most popular private healthcare items provided via the public sector, the budget allocation for **healthcare using external resources** was reviewed and analysed for all regions.

The level of detail in the regional budget varies from region to region. However, despite the variations in the level of detail offered, we found that specialist medical care with private resources, ambulance programmes, special haemodialysis programmes, and home treatment programmes for respiratory failure, are some of the most represented services in this section.

Insured population

As with the national-level information, each region shows the variance in **number of insured and volume of premiums** for 2013-2017, and the weight of each community compared to the national market. Madrid,

Catalonia, and Andalusia are the regions with the most insured and volume of premiums. The premiums for these 3 regions represent 61.5% of the national market.

Hospital resources

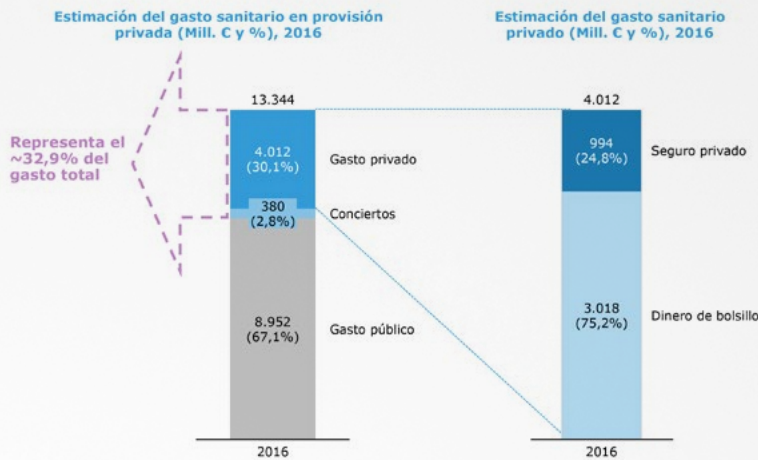
Each region's entry shows the **distribution of hospitals and beds**, and the type of care provided in the private hospitals. In this case, Catalonia, Madrid, and Andalusia are the regions with the most private hospitals and beds, with 56% of all the private hospitals and 62% of all the private beds in Spain.

We also analyse the **high-tech resources** and the **activities of the private hospital sector**, and their proportion in the total hospital activity of each region.

ANDALUSIA



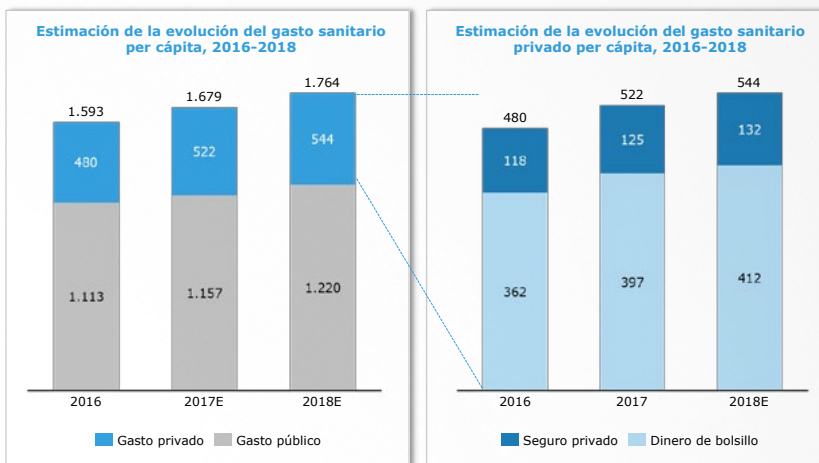
Estimated spending on private healthcare - Andalusia



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Andalusia



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Andalucía en el periodo 2012-2016 (4,32%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Andalusia

Gasto en conciertos, 2016	380 millones de euros
% del gasto sanitario total destinado a conciertos, 2016	4,1%
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	-0,9%
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	-0,56pp

- Andalucía destinó 380 millones de euros a la partida de conciertos en 2016, lo que supone el 4,1% del gasto en sanidad.
- El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del -0,9% en el periodo 2007-2016, presentando una disminución del 4,5% en el último año.
- El porcentaje destinado a conciertos sobre el gasto sanitario total se ha reducido en 0,56 puntos porcentuales respecto a 2007.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Andalusia

- Andalusia has extended its 2018 budgets until the 2019 budgets come into force. Thus, the 2019 budget remains the same as last year's, with 419 million euros allocated to healthcare using external resources.
- Collaboration agreements with private entities represent the largest percentage of the budget (38.5%), followed by agreements for ambulance services (31.1%) and dialysis services (14.5%).

Changes in budget allocations to healthcare using external resources, 2010-2019

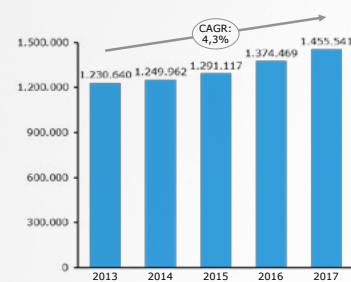
Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	2019 (%)
Conciertos con instituciones abiertas:	119.198	127.529	127.529	121.153	121.153						0,0%
Con entes territoriales	119.198	127.529	127.529	121.153	121.153						0,0%
Conciertos con instituciones cerradas:	154.971.669	153.314.827	156.079.827	121.683.186	115.669.120	126.526.872	137.000.000	170.795.145	161.152.966	161.152.966	38,5%
Con entidades privadas	154.971.669	153.314.827	156.079.827	121.683.186	115.669.120	126.526.872	137.000.000	170.795.145	161.152.966	161.152.966	38,5%
Conciertos con servicios de diálisis:	75.998.231	53.230.258	53.230.258	50.568.745	48.568.745	57.941.126	59.320.028	60.702.558	60.727.131	60.727.131	14,5%
Hemodiálisis en centros hospitalarios	129.986										0,0%
Club de diálisis	55.491.333	37.046.398	37.046.398	35.194.078	33.194.078	48.710.381	50.089.283	50.489.283	51.952.305	51.952.305	12,4%
Hemodiálisis en centros satélite	12.489.535	9.289.433	9.289.433	8.824.961	8.824.961	1.843.815	1.843.815	1.843.815	1.251.488	1.251.488	0,3%
Otras diálisis	7.887.377	6.894.427	6.894.427	6.549.706	6.549.706	7.386.930	7.386.930	8.369.460	7.523.338	7.523.338	1,8%
Asistencia sanitaria con especialistas:	55.749.184	52.088.390	52.088.390	49.839.270	47.810.707	38.944.989	42.167.295	44.682.108	47.884.609	47.884.609	11,4%
Asistencia dental	6.916.495	8.437.270	8.437.270	8.545.707	8.045.707	7.500.000	7.500.000	7.874.782	8.145.203	8.145.203	1,9%
Asistencia podológica	500.000	500.000	500.000	300.000	265.000	200.000	200.000	241.622	466.992	466.992	0,1%
Oxigenoterapia y terapias por vías respiratorias	30.482.956	32.759.811	32.759.811	31.121.820	30.500.000	22.756.171	23.000.000	25.426.307	26.718.624	26.718.624	6,4%
Terapias quirúrgicas	3.839.853	6.769.571	6.769.571	6.431.092	6.431.092	3.687.792	6.666.269	6.711.556	10.225.644	10.225.644	2,4%
Terapias oncológicas	2.327.112	2.569.780	2.569.780	2.441.291	1.569.548	4.034.120	4.034.120	3.660.935	1.659.720	1.659.720	0,4%
Rehabilitación	11.682.768	1.051.958	1.051.958	999.360	999.360	766.906	766.906	766.906	668.426	668.426	0,2%
Otros servicios de asistencia sanitaria:	7.622.948	6.242.165	3.177.165	3.018.307	3.018.307	1.673.721	1.711.104	1.754.245	1.175.478	1.175.478	0,3%
Endoprotesis	3.065.000	3.065.000									0,0%
Servicios de asistencia sanitaria por sentencia	1.259.590	1.049.906	1.049.906	997.411	997.411			90.982	90.982	90.982	0,0%
Otros servicios de asistencia sanitaria no concertada	3.298.358	2.127.259	2.127.259	2.020.896	2.020.896	1.673.721	1.711.104	1.663.263	1.084.496	1.084.496	0,3%
Servicios de carácter diagnóstico	28.277.166	32.178.991	32.178.991	30.570.042	29.070.042	14.854.069	19.075.268	18.557.673	17.755.762	17.755.762	4,2%
Tomografía axial computarizada	2.772.533	2.307.587	2.307.587	2.192.208	2.192.208	1.795.056	1.795.056	1.795.056	2.348.386	2.348.386	0,6%
Resonancia nuclear magnética	25.504.633	27.853.418	27.853.418	26.460.747	24.960.747	9.499.982	13.721.181	13.203.586	13.492.111	13.492.111	3,2%
Otros medios de diagnóstico		2.017.986	2.017.986	1.917.087	1.917.087	3.559.031	3.559.031	3.559.031	1.915.265	1.915.265	0,5%
Transporte sanitario:	101.752.151	130.829.162	130.829.162	117.746.246	114.746.246	122.759.223	124.726.072	130.526.160	130.022.760	130.022.760	31,1%
En ambulancias asistidas (UVI)	68.900	2.554.017	2.554.017	2.298.615	2.298.615	6.317.422	6.317.422				0,0%
En ambulancias convencionales	357.370										0,0%
En ambulancias de transporte colectivo	11.483										0,0%
Transporte sanitario urgente	3.230.136	46.641.735	46.641.735	41.977.562	38.977.562	31.683.836	31.683.836	32.683.836	38.808.194	38.808.194	9,3%
Transporte sanitario programado	98.084.262	62.625.220	62.625.220	56.362.698	56.362.698	61.745.107	63.711.956	54.829.466	48.473.482	48.473.482	11,6%
Otros transportes sanitarios		19.008.190	19.008.190	17.107.371	17.107.371	23.012.858	23.012.858	43.012.858	42.741.084	42.741.084	10,2%
Total	424.490.547	428.011.322	427.711.322	373.546.949	359.004.320	362.700.000	383.999.767	427.017.889	418.718.706	418.718.706	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Andalucía, 2010-2019.

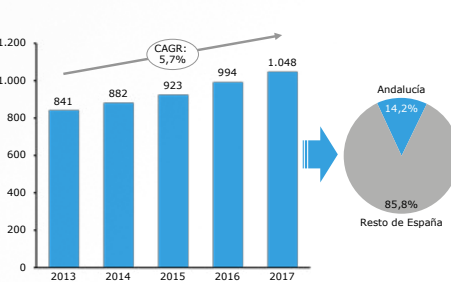
*: Andalucía ha prorrogado sus presupuestos de 2018 hasta que se aprueben los correspondientes a 2019.

Number of insured and volume of premiums - Andalusia

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017



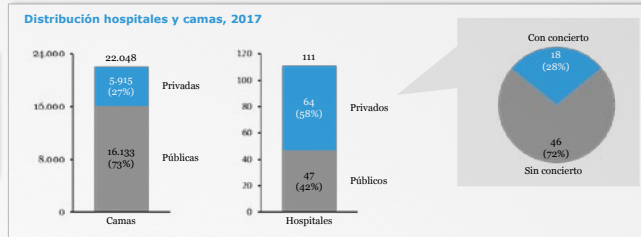
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Andalucía ha registrado una tasa de incremento anual del 4,3% en el número de asegurados y del 5,7% en el volumen de primas en el periodo 2013-2017, representando el 14,2% del mercado nacional en volumen de primas

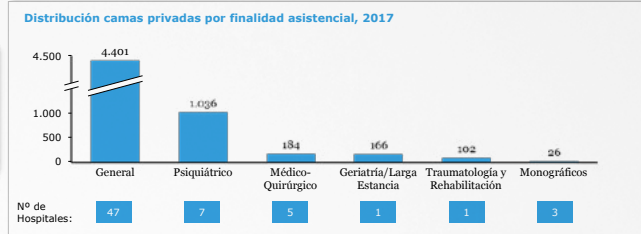
Distribution of hospitals and beds - Andalusia

El sector hospitalario privado representa el 58% de los hospitales y el 27% de las camas en Andalucía

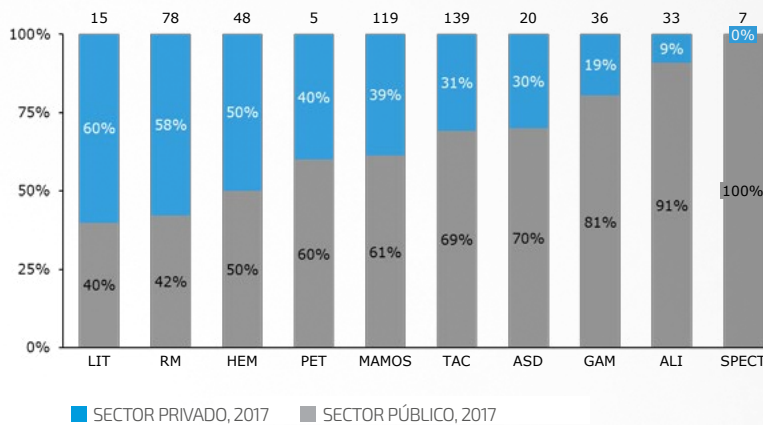


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 74% (4.401) de las camas privadas se ubican en 47 hospitales generales



High-technology equipment - Andalusia



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Andalucía

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
791.647 Ingresos	235.119	29,7%	1,7pp
790.134 Altas	235.500	29,8%	1,8pp
4.700.849 Estancias	1.053.742	22,4%	0,4pp
16.191.278 Consultas	4.114.340	25,4%	1,5pp
6.160.305 Urgencias	1.716.892	27,9%	0,9pp
815.979 Intervenciones quirúrgicas	331.377	40,6%	1,8pp

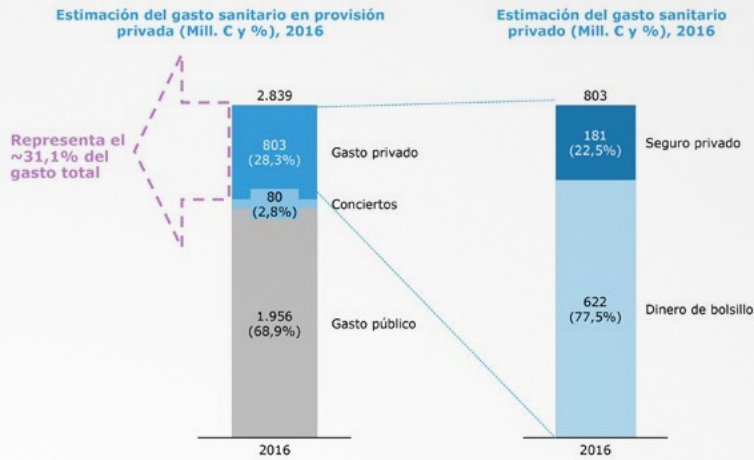
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: La actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

ARAGON



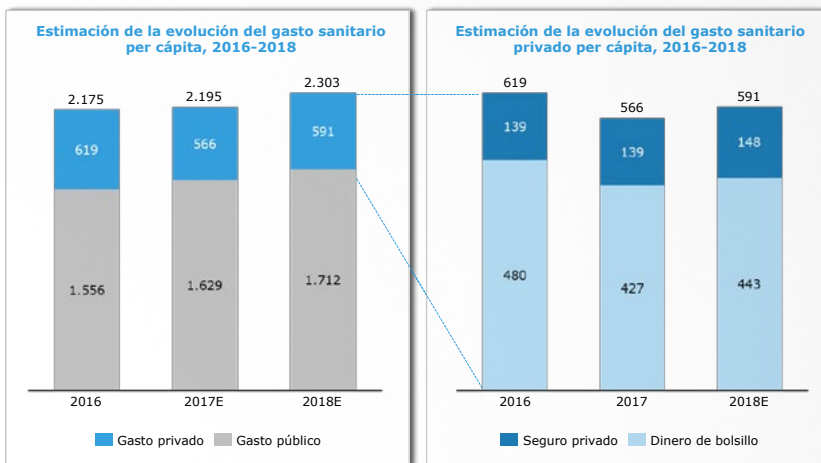
Estimated spending on private healthcare - Aragon



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

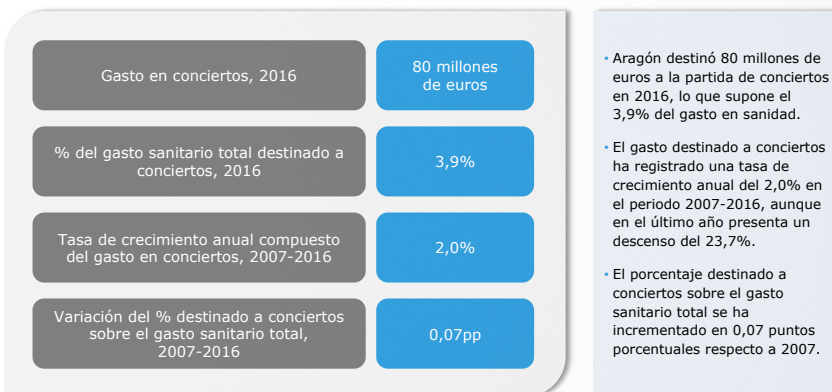
Estimated per capita spending on healthcare - Aragon



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Aragón en el periodo 2012-2016 (12,94%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Aragon



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare services using external resources - Aragon

- Aragon has extended its 2018 budgets until the 2019 budgets come into force. Thus, the 2019 budget remains the same as last year's, with 97 million euros allocated to healthcare using external resources.
- Leaving aside the budget item "other collaboration agreements (47.5%)", ambulance service programmes represent the largest percentage of the budget (28.4%), followed by home treatments for respiratory failure (10.6%) and haemodialysis programmes (5.7%).

Changes in budget allocations to healthcare services using external resources, 2010-2019

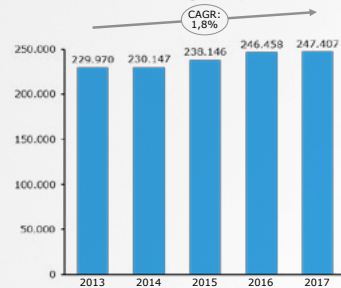
Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	2019 (%)
Conciertos para asistencia sanitaria:	60.171.554	64.915.190	75.655.355	69.592.506	73.927.865	73.927.865	77.012.092	90.741.260	94.323.264	94.323.264	97,5%
Programas de hemodiálisis	3.143.305	3.866.631	3.200.000	3.255.200	7.404.732	7.404.732	7.536.002	5.488.413	5.488.413	5.488.413	5,7%
Litotricias renales extracorpóreas	35.000	36.000	1.536.000	1.073.953	1.081.126	1.081.126	1.082.507	0	0	0	0,0%
Resonancia magnética nuclear	1.902.000	1.950.600	5.891.853	3.705.200	3.729.949	3.729.949	4.679.860	4.085.875	4.085.875	4.085.875	4,2%
Tomografía axial computerizada	80.000	82.000	282.000	57.333	57.716	57.716	138.678	1.021.869	1.021.869	1.021.869	1,1%
Terapia insuficiencia respiratoria a domicilio	7.507.631	7.600.000	7.600.000	7.050.557	7.097.652	7.097.652	7.210.413	10.262.888	10.262.888	10.262.888	10,6%
Programas de transporte sanitario	22.308.127	24.180.313	24.417.253	23.618.596	24.616.625	24.616.625	23.030.531	27.324.351	27.487.629	27.487.629	28,4%
Otros conciertos de asistencia sanitaria	25.195.491	27.199.646	32.728.249	30.831.666	29.940.064	29.940.064	33.334.101	42.557.864	45.976.590	45.976.590	47,5%
Otros servicios de asistencia sanitaria:	3.045.695	3.045.695	3.045.695	2.129.514	2.143.738	2.143.738	1.975.678	2.417.333	2.417.333	2.417.333	2,5%
Convenio con universidades: plazas vinculadas	3.045.695	3.045.695	3.045.695	2.129.514	2.143.738	2.143.738	1.975.678	2.417.333	2.417.333	2.417.333	2,5%
Total	63.217.249	67.960.886	78.701.050	71.722.020	76.071.603	76.071.603	78.987.770	93.158.593	96.740.597	96.740.597	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Aragón, 2010-2019.

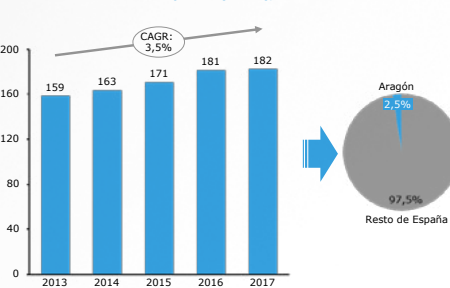
*: Aragón ha prorrogado sus presupuestos de 2018 hasta que se aprueben los correspondientes a 2019.

Number of insured and volume of premiums - Aragon

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C), 2013-2017



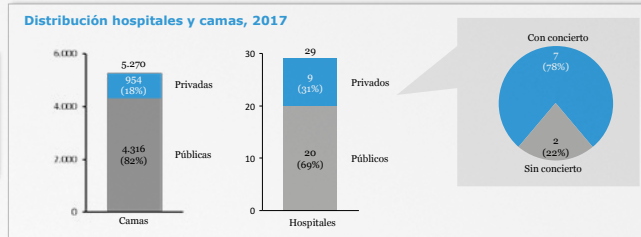
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Aragón ha registrado un incremento anual del 1,8% en el número de asegurados y del 3,5% en el volumen de primas en el período 2013-2017, representando el 2,5% del mercado nacional en volumen de primas

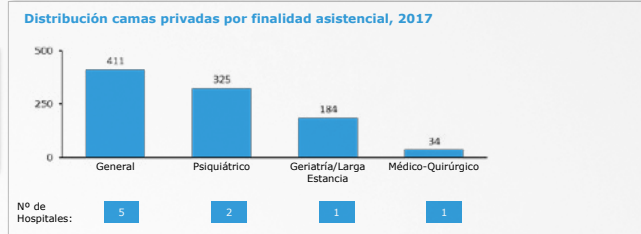
Distribution of hospitals and beds - Aragon

El sector hospitalario privado representa el 31% de los hospitales y el 18% de las camas en Aragón

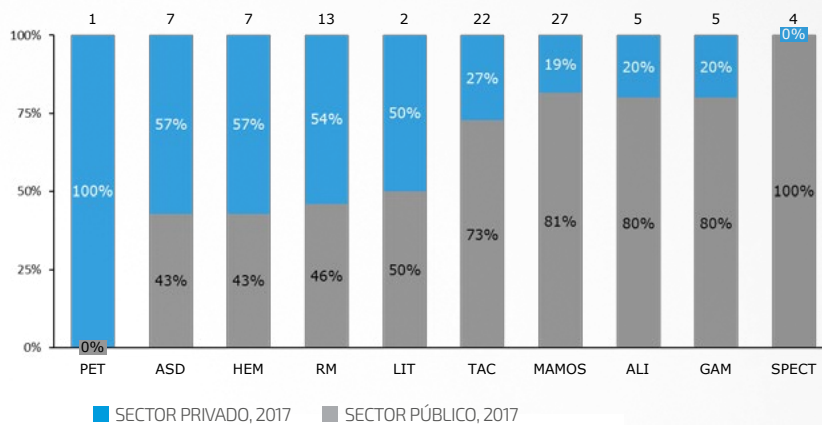


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 43% (411) de las camas privadas se ubican en 5 hospitales generales



High-technology equipment - Aragon



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Aragon

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
166.663 Ingresos	24.999	15,0%	-1,4pp
169.421 Altas	27.730	16,4%	1,5pp
1.327.066 Estancias	196.891	14,8%	0,6pp
2.662.171 Consultas	190.070	7,1%	0,4pp
794.010 Urgencias	158.564	20,0%	1,1pp
148.029 Intervenciones quirúrgicas	33.885	22,9%	0,9pp

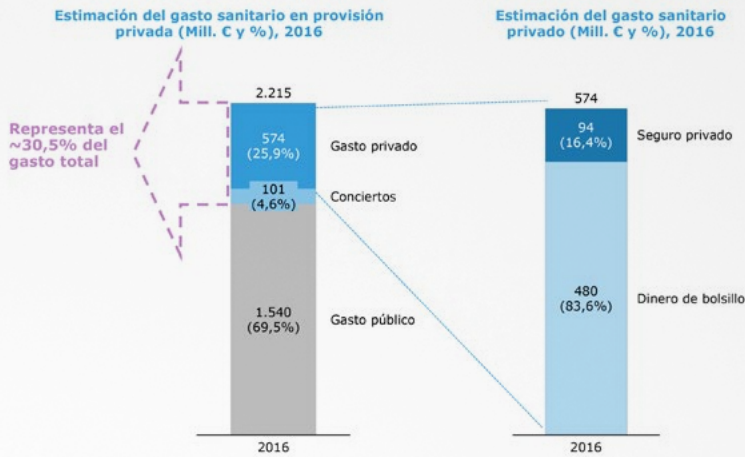
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

ASTURIAS (Principality of)



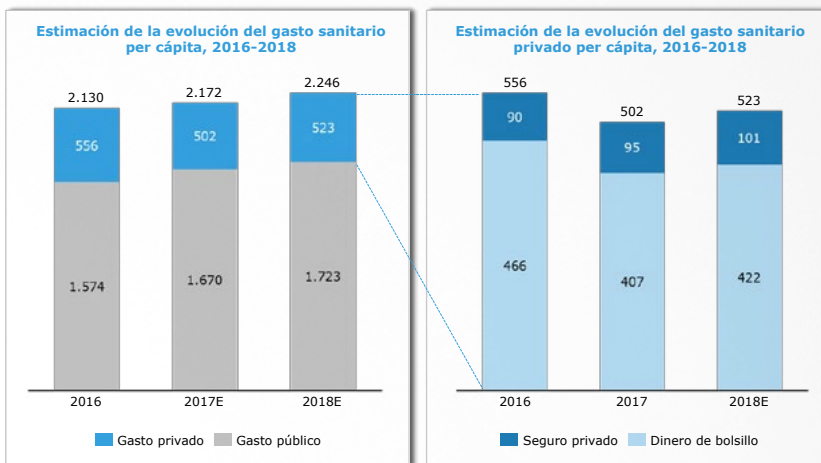
Estimated spending on private healthcare - Asturias



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

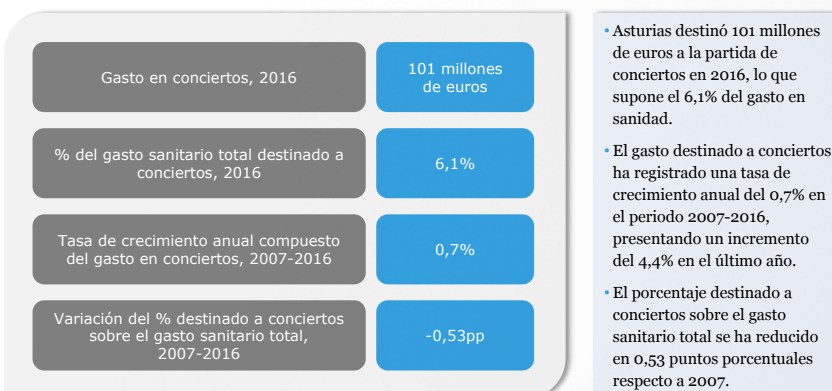
Estimated per capita spending on healthcare - Asturias



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Asturias en el periodo 2012-2016 (5,22%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Asturias



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Asturias

- According to the 2019 Budget for Asturias, approximately 105 million euros are allocated to healthcare using external resources.
- Collaboration agreements for specialist care with private entities represent the largest percentage of the budget (65.8%), followed by agreements for ambulance services (17.0%) and special haemodialysis programmes (7.7%)

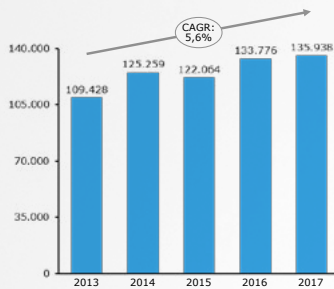
Changes in budget allocations to healthcare using external resources, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Conciertos con instituciones de atención especializada:	80.833.000	85.645.900	85.645.900	61.336.991	61.336.991	64.427.065	64.427.065	66.136.330	66.136.330	69.065.986	66,3%
Con entes y organismos internacionales	180.000	311.327	311.327	442.799	442.799	411.361	411.361	336.330	336.330	565.986	0,5%
Con entidades privadas	80.653.000	85.334.573	85.334.573	60.894.192	60.894.192	64.015.704	64.015.704	65.800.000	65.800.000	68.500.000	65,8%
Conciertos para programas especiales de hemodiálisis:	5.165.000	5.883.103	5.883.103	5.293.530	5.293.530	5.920.362	5.920.362	6.914.331	6.914.331	7.998.172	7,7%
Conciertos servicios hemodiálisis en centros hospitalarios	3.860.000	3.630.345	3.630.345	3.506.885	3.506.885	3.923.700	3.923.700	4.250.000	4.250.000	5.000.000	4,8%
Conciertos servicios hemodiálisis en otros centros no hospitalarios	1.305.000	2.252.758	2.252.758	1.786.645	1.786.645	1.996.662	1.996.662	2.664.331	2.664.331	2.998.172	2,9%
Conciertos con centros de servicio o diagnóstico, tratamientos y terapias:	7.372.000	9.810.075	9.810.075	6.374.266	6.374.266	6.707.524	6.707.524	8.026.555	8.026.555	6.950.824	6,7%
Conciertos de oxigenoterapia a domicilio	1.800.000	2.691.255	2.691.255	1.671.378	1.671.378	1.554.940	1.554.940	1.903.278	1.903.278	1.742.609	1,7%
Conciertos de aerosolterapia a domicilio	50.000	85.782	85.782	44.746	44.746	50.508	50.508	55.492	55.492	69.266	0,1%
Otras terapias de insuficiencia respiratoria a domicilio	2.700.000	4.396.240	4.396.240	3.538.178	3.538.178	4.086.076	4.086.076	4.958.773	4.958.773	4.303.074	4,1%
Conciertos para resonancia nuclear magnética	1.300.000	1.173.089	1.173.089	195.700	195.700						0,0%
Conciertos para tomografía axial computerizada	22.000	17.586	17.586	75.000	75.000						0,0%
Otras técnicas de diagnóstico por la imagen	550.000	753.624	753.624	94.484	94.484						0,0%
Conciertos rehabilitación-fisioterapia	820.000	596.468	596.468	714.780	714.780			1.109.012	1.109.012	835.875	0,8%
Otros servicios especiales	130.000	96.031	96.031	40.000	40.000						0,0%
Conciertos para el programa especial de transporte:	14.617.122	15.314.548	15.314.548	15.992.665	15.992.665	17.500.000	17.500.000	17.480.875	17.480.875	17.743.853	17,0%
Servicios concertados ambulancias	14.617.122	15.314.548	15.314.548	15.992.665	15.992.665	17.500.000	17.500.000	17.480.875	17.480.875	17.743.853	17,0%
Otros servicios de asistencia sanitaria:	3.530.000	4.205.721	4.205.721	2.849.651	2.849.651	2.853.139	2.853.139	2.446.907	2.446.907	2.363.933	2,3%
Otros servicios asistencia sanitaria	230.000	256.680	256.680	86.160	86.160	89.648	89.648	104.024	104.024	207.747	0,2%
Convenio con universidades: plazas vinculadas	3.300.000	3.949.041	3.949.041	2.763.491	2.763.491	2.763.491	2.763.491	2.342.883	2.342.883	2.156.186	2,1%
Total	111.517.122	120.859.347	120.859.347	91.847.103	91.847.103	97.408.090	97.408.090	101.004.998	101.004.998	104.122.768	100%

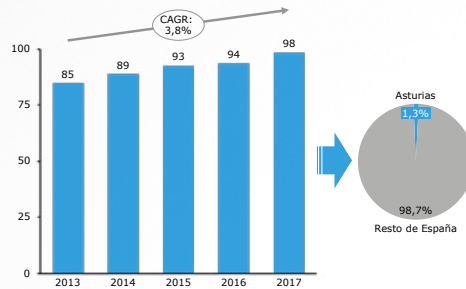
Fuente: Presupuestos Generales de la Comunidad Autónoma del Principado de Asturias, 2010-2019.

Number of insured and volume of premiums - Asturias

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017

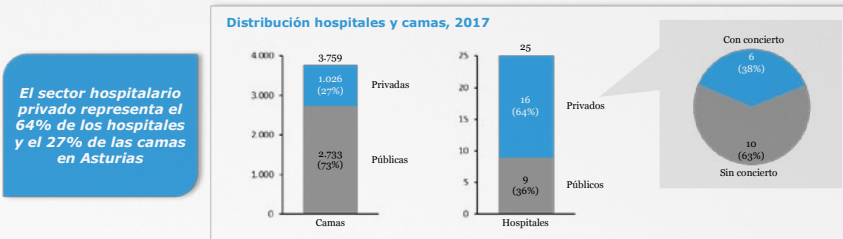


Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

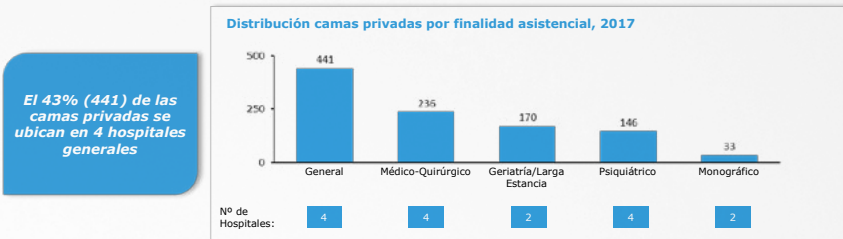
Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Asturias ha registrado un incremento anual del 5,6% en el número de asegurados y del 3,8% en el volumen de primas en el periodo 2013-2017, representando el 1,3% del mercado nacional en volumen de primas

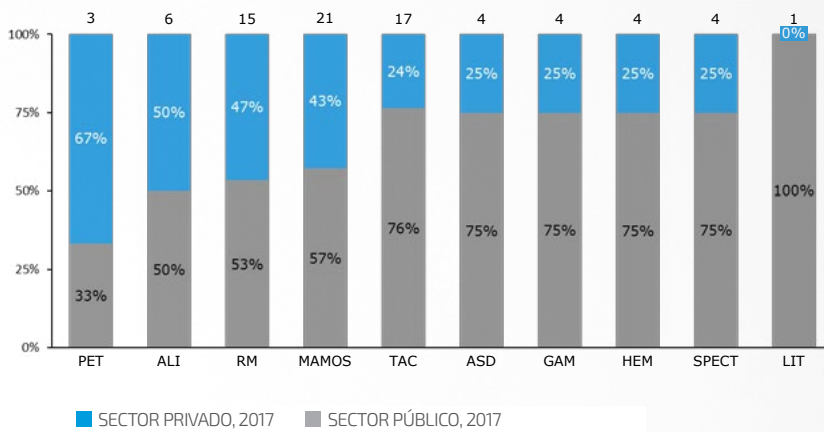
Distribution of hospitals and beds - Asturias



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.



High-technology equipment - Asturias



- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

Care activity provided in specialised care centres - Asturias

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
124.837 Ingresos	11.485	9,2%	-1,4pp
124.331 Altas	11.521	9,3%	-0,7pp
956.378 Estancias	72.477	7,6%	-0,6pp
2.252.176 Consultas	281.522	12,5%	0,0pp
530.043 Urgencias	61.772	11,7%	-0,9pp
94.537 Intervenciones quirúrgicas	22.044	23,3%	-0,3pp

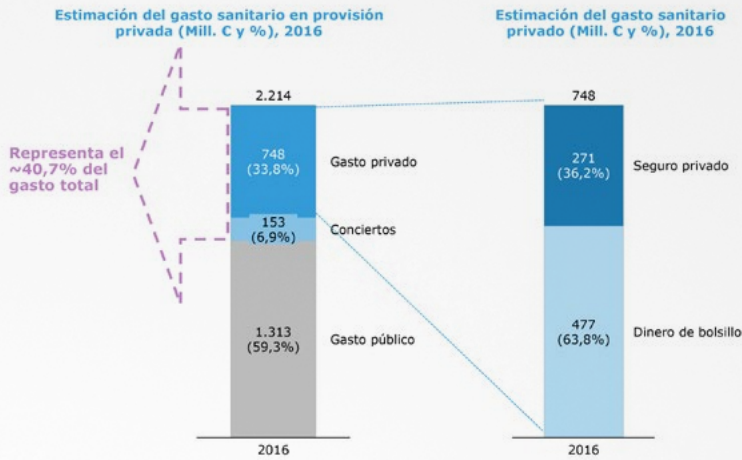
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

BALEARIC ISLANDS



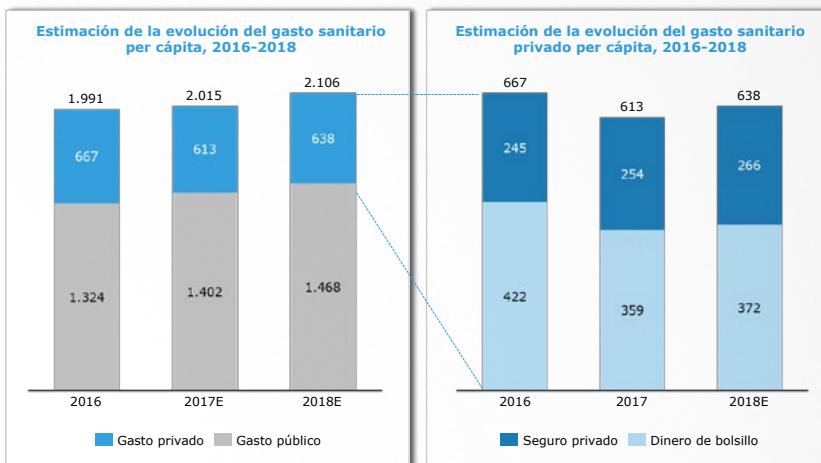
Estimated spending on private healthcare - Balearic Islands



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Balearic Islands



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Islas Baleares en el periodo 2012-2016 (8,09%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Balearic Islands



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Balearic Islands

- According to the 2019 Budget for the Balearic Islands, approximately 179 million euros are allocated to healthcare using external resources.
- Leaving aside the budget item "other healthcare services (53%)", collaboration agreements with specialist care institutions represent the largest percentage of the budget (22.5%), followed by agreements for ambulance services (16.2%) and special haemodialysis programmes (4.9%).

Changes in budget allocations to healthcare using external resources, 2013-2019

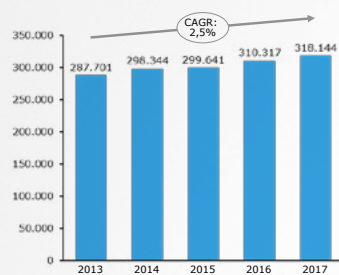
Concepto	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Conciertos con instituciones de atención primaria:	2.337.629	590.749	1.200.000	1.000.000	1.029.147	1.060.327	948.077	0,5%
Conciertos atención primaria	2.280.103							0,0%
Servicios concertados con el programa de atención dental infantil	57.526	590.749	1.200.000	1.000.000	1.029.147	1.060.327	948.077	0,5%
Conciertos con instituciones de atención especializada:	25.244.683	10.855.774	30.630.073	31.411.184	33.000.322	39.958.825	40.315.818	22,5%
Conciertos con instituciones de atención especializada	25.244.683	10.855.774	30.630.073	31.411.184	33.000.322	39.958.825	40.315.818	22,5%
Conciertos para programas especiales de hemodiálisis:	2.893.625	3.991.637	1.386.491	12.321.902	7.987.536	9.032.165	8.765.936	4,9%
Conciertos para programas especiales de hemodiálisis	2.817.052	3.968.673	1.377.362	6.604.938	2.801.320	3.525.505	3.065.936	1,7%
Club de diálisis	76.573	22.964	9.129	5.716.964	5.186.216	5.506.660	5.700.000	3,2%
Conciertos con centros de servicios de diagnóstico, tratamiento y terapias:	5.812.755	11.054.468	7.413.928	7.937.346	5.432.647	5.859.311	5.165.552	2,9%
Servicios asistenciales: Medisub CH			6.459	24.821	29.750	0	100.000	0,1%
Servicios concertados de terapias respiratorias	2.685.506	9.357.373	6.874.426	6.406.829	4.970.177	5.398.349	4.806.767	2,7%
Servicios concertados de resonancia nuclear magnética	2.058.021	559.437	348.987	534.131	390.104	378.115	204.776	0,1%
Otras técnicas de diagnóstico por la imagen	351.741	37.322	71.985	23.342	42.616	82.847	54.009	0,0%
Servicios asistenciales: oxigenoterapia	618.198	1.030.883	97.393	911.725	0	0	0	0,0%
Servicios asistenciales: aerosolterapia	99.289	69.453	14.678	36.498	0	0	0	0,0%
Conciertos para el transporte sanitario:	16.673.426	18.952.796	26.478.727	28.900.000	27.923.014	24.051.374	29.000.000	16,2%
Conciertos para el transporte sanitario terrestre	16.475.834	14.902.796	22.408.477	23.900.000	23.907.439	24.051.374	29.000.000	16,2%
Conciertos para el transporte sanitario aéreo	197.592	4.050.000	4.070.250	5.000.000	4.015.575	0	0	0,0%
Asistencia sanitaria prestada por terceros:		2.932	283	89.378	19.219	18.563	17.776	0,0%
Asistencia sanitaria prestada por terceros		2.932	283	89.378	19.219	18.563	17.776	0,0%
Otros servicios de asistencia sanitaria:	69.461.654	105.293.680	86.942.642	88.260.166	86.043.943	87.578.907	94.911.463	53,0%
Otros servicios de asistencia sanitaria	69.461.654	105.293.680	86.942.642	88.260.166	86.043.943	87.578.907	94.911.463	53,0%
Total	122.423.772	150.742.036	154.052.144	169.919.976	161.435.828	167.559.472	179.124.622	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Illes Balears, 2013-2019.

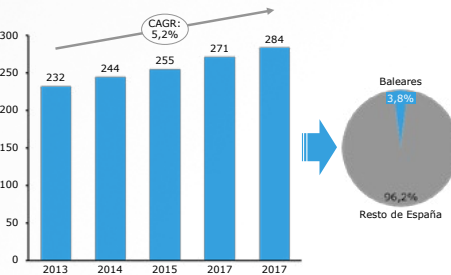
Nota: en algunos de los años no ha sido posible realizar comparaciones debido a modificaciones en el criterio de clasificación de los gastos o al no contar con el nivel de detalle suficiente.

Number of insured and volume of premiums - Balearic Islands

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C), 2013-2017

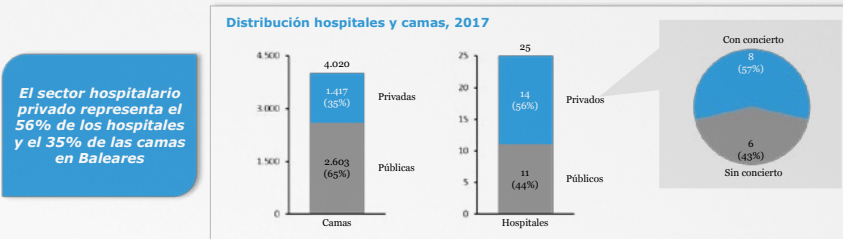


Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

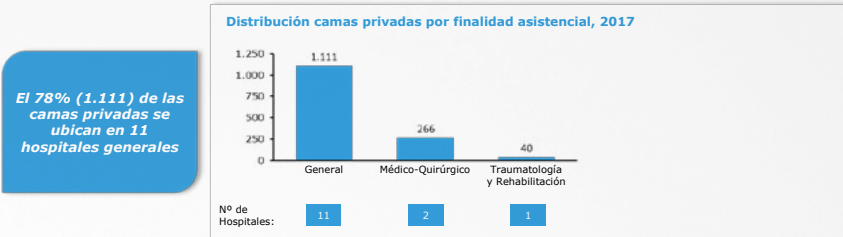
Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Balears ha registrado un incremento anual del 2,5% en el número de asegurados y del 5,2% en el volumen de primas en el periodo 2013-2017, representando el 3,8% del mercado nacional en volumen de primas

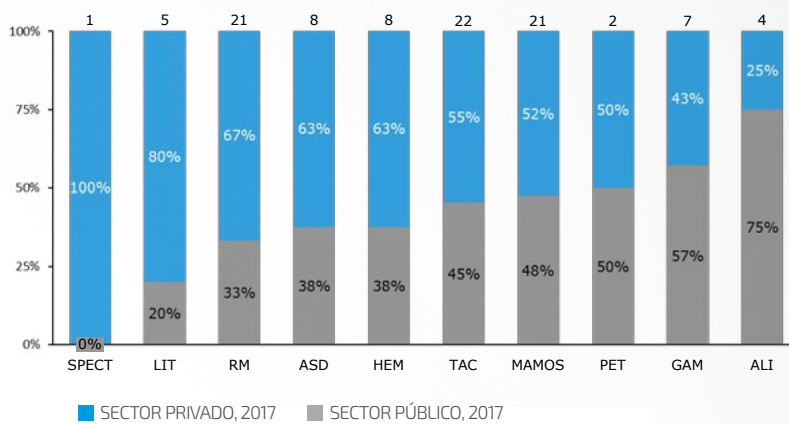
Distribution of hospitals and beds - Balearic Islands



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.



High-technology equipment - Balearic Islands



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
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- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Healthcare activity - Balearic Islands

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
160.196 Ingresos	71.608	44,7%	-2,2pp
160.663 Altas	70.974	44,2%	-2,1pp
1.023.647 Estancias	318.262	31,1%	-0,6pp
2.863.596 Consultas	1.299.889	45,4%	1,4pp
883.756 Urgencias	385.896	43,7%	0,0pp
131.621 Intervenciones quirúrgicas	59.441	45,2%	-0,3pp

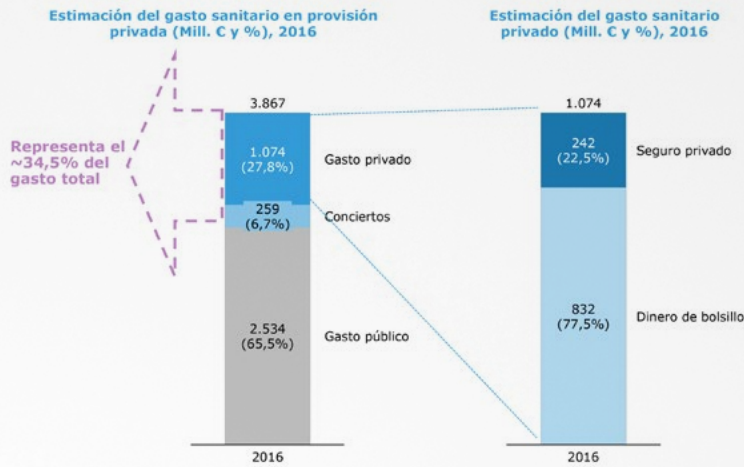
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada hospitales y centros sin internamiento, año 2016.

Nota: La actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

CANARY ISLANDS



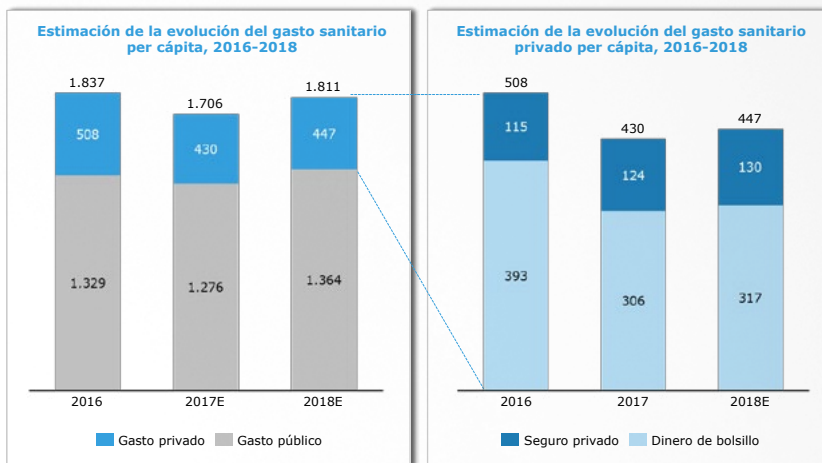
Estimated spending on private healthcare - Canary Islands



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

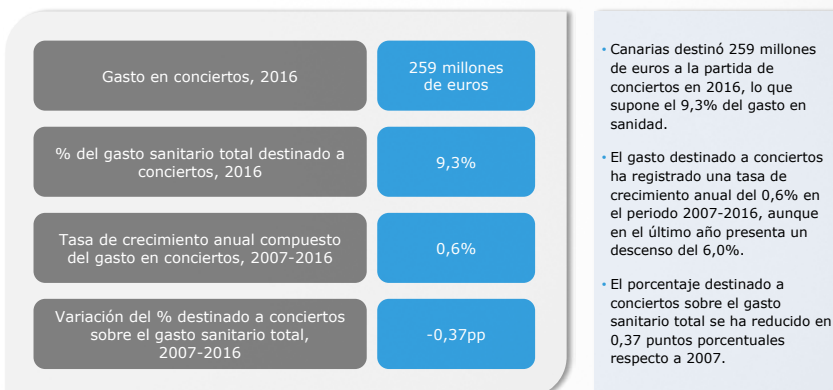
Estimated per capita spending on healthcare - Canary Islands



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Canarias en el periodo 2012-2016 (1,12%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Canary Islands



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Canary Islands

- According to the 2019 Budget for the Canary Islands, approximately 225 million euros are allocated to healthcare using external resources.
- Collaboration agreements with private entities represent the largest percentage of the budget (60.7%), followed by agreements for special haemodialysis programmes (12.5%) and for MRI and nuclear medicine (8.5%).

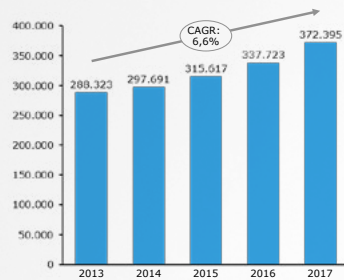
Changes in budget allocations to healthcare using external resources, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Concierios con instituciones cerradas:	147.484.322	133.756.048	133.412.781	132.662.781	134.985.064	137.408.212	133.408.212	135.408.212	144.879.553	150.266.278	66,9%
Comunidades autónomas	0	0	0	0	0	0	0	0	50.000	0	0,0%
Entes territoriales	14.602.897	13.449.919	13.109.166	13.109.166	13.746.093	13.746.093	13.746.093	13.746.093	13.979.076	13.884.276	6,2%
Entidades privadas	132.577.439	119.917.344	119.914.830	119.164.830	120.849.186	123.272.334	119.272.334	121.272.334	130.745.915	136.280.352	60,7%
Entidades privadas, prod. farm. dispensación ambulatoria	268.232	357.920	357.920	357.920	358.920	358.920	358.920	358.920	104.562	101.650	0,0%
Mutuas de accidentes de trabajo	35.754	30.865	30.865	30.865	30.865	30.865	30.865	30.865	0	0	0,0%
Concierios programas especiales de hemodiálisis:	25.640.721	20.581.223	20.702.550	23.374.107	25.942.141	26.765.221	26.765.221	26.765.221	28.147.390	28.107.390	12,5%
Hemodiálisis en centros hospitalarios	8.907.460	7.679.224	7.579.508	5.679.527	7.875.578	5.543.807	5.543.807	5.543.807	6.397.549	6.397.549	2,8%
Otras hemodiálisis en centros no hospitalarios	7.115.103	5.771.265	5.904.699	6.901.504	6.403.680	9.080.370	9.080.370	9.080.370	9.377.760	9.377.760	4,2%
Club de diálisis	9.618.158	7.130.734	7.218.343	10.793.076	11.662.883	12.141.044	12.141.044	12.141.044	12.372.081	12.332.081	5,5%
Asistencia concertada centros, diagnóstico y/o tratamiento y programas especiales oxigenoterapia:	45.647.752	46.739.072	44.994.761	45.104.579	44.915.033	42.442.403	42.442.403	42.442.403	42.253.434	42.294.055	18,8%
Oxigenoterapia en domicilio	4.645.206	5.410.166	5.358.383	5.395.443	5.434.805	6.916.042	6.916.042	6.916.042	8.218.555	8.193.235	3,6%
Concierios resonancia magnética y medicina nuclear	17.678.968	17.333.600	17.257.999	17.330.757	17.023.551	20.254.684	20.254.684	20.254.684	19.061.271	19.049.471	8,5%
TAC	185.191	185.191	185.191	185.191	185.191	191	191	191	0	0	0,0%
Concierios para rehabilitación-fisioterapia	13.035.926	13.588.451	13.577.451	13.577.451	13.655.749	13.655.749	13.655.749	11.743.944	12.296.853	12.296.853	5,5%
Otros servicios especiales	10.102.461	10.221.664	8.615.737	8.615.737	8.615.737	1.615.737	1.615.737	1.615.737	1.283.422	1.283.422	0,6%
Concierios para logopedia	0	0	0	0	0	0	0	1.911.805	1.388.333	1.471.074	0,7%
Concierios por el programa especial de transporte:	264	1.693	1.693	1.693	1.693	1.693	1.693	1.693	227.719	235.321	0,1%
Traslados de enfermos con otros medios de transporte	264	1.693	1.693	1.693	1.693	1.693	1.693	1.693	227.719	235.321	0,1%
Otros servicios de asistencia sanitaria:	6.664.974	8.036.219	7.602.912	8.439.530	8.805.196	7.962.114	3.295.173	3.295.173	3.727.181	3.674.782	1,6%
Reintegro gastos asistencia sanitaria	1.867.470	550.846	228.346	228.346	240.247	231.213	231.213	231.213	489.823	486.723	0,2%
Otros servicios de asistencia sanitaria	2.618.770	2.461.586	2.539.189	2.834.095	3.564.258	3.063.960	3.063.960	3.063.960	3.237.358	3.188.059	1,4%
Convenios con universidades: plazas vinculadas	2.178.734	5.023.787	4.835.377	5.377.089	5.000.691	4.666.941	0	0	0	0	0,0%
Total	225.438.033	209.114.255	206.714.697	209.582.690	214.649.127	214.579.643	205.912.702	207.912.702	219.235.277	224.577.826	100%

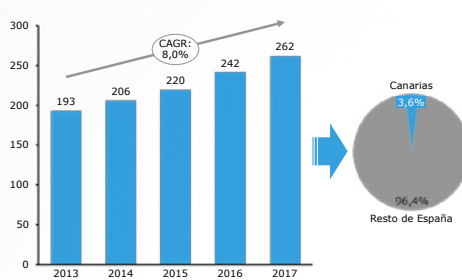
Fuente: Presupuestos Generales de la Comunidad Autónoma de Canarias, 2010-2019.

Number of insured and volume of premiums - Canary Islands

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mil. €), 2013-2017



Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

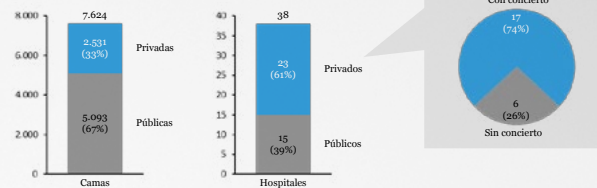
Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Canarias ha registrado un incremento anual del 6,6% en el número de asegurados y del 8,0% en el volumen de primas en el periodo 2013-2017, representando el 3,6% del mercado nacional en volumen de primas

Distribution of hospitals and beds - Canary Islands

El sector hospitalario privado representa el 61% de los hospitales y el 33% de las camas en Canarias

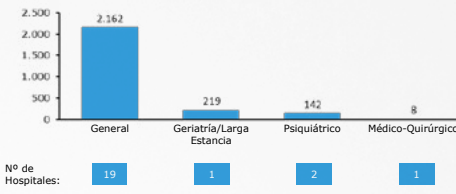
Distribución hospitales y camas, 2017



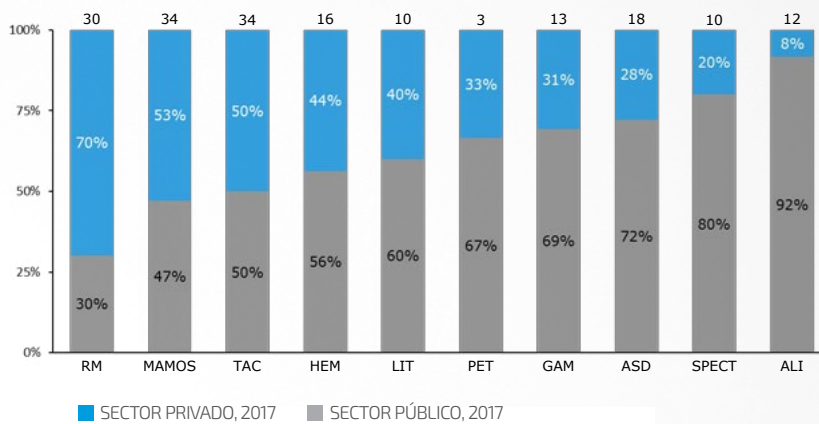
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 85% (2.162) de las camas privadas se ubican en 19 hospitales generales

Distribución camas privadas por finalidad asistencial, 2017



High-technology equipment - Canary Islands



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Canary Islands

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
208.943 Ingresos	90.054	43,1%	1,1pp
200.053 Altas	81.874	40,9%	-0,3pp
1.931.816 Estancias	655.478	33,9%	-2,1pp
4.530.058 Consultas	1.378.929	30,4%	2,2pp
1.149.579 Urgencias	509.846	44,4%	1,7pp
169.925 Intervenciones quirúrgicas	82.643	48,6%	-0,8pp

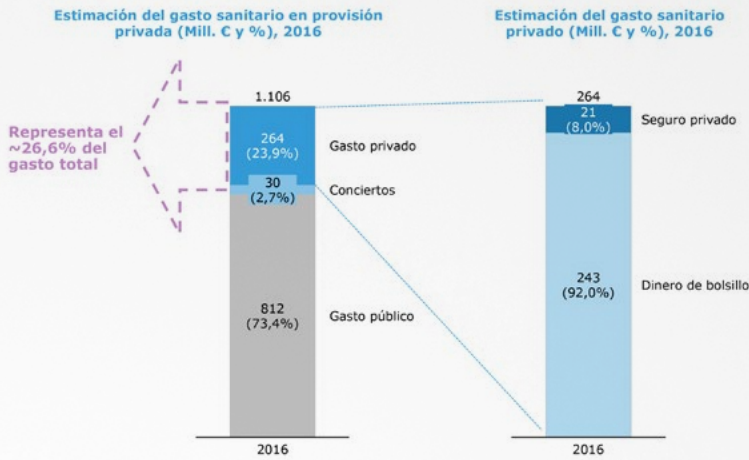
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: La actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

CANTABRIA



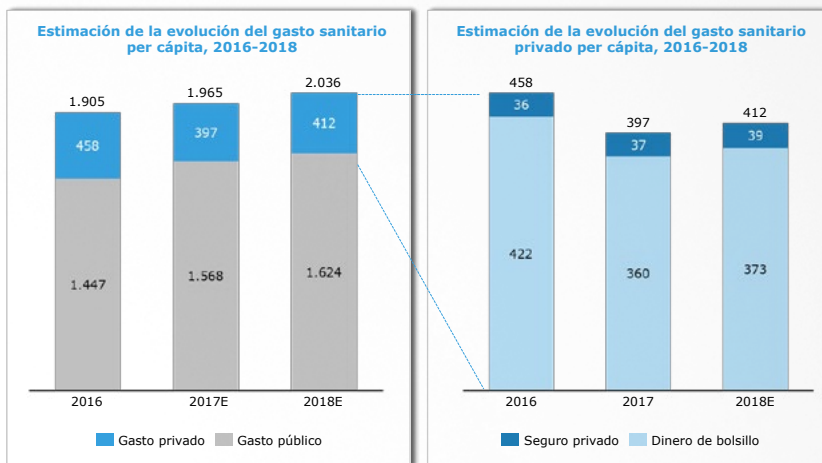
Estimated spending on private healthcare - Cantabria



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

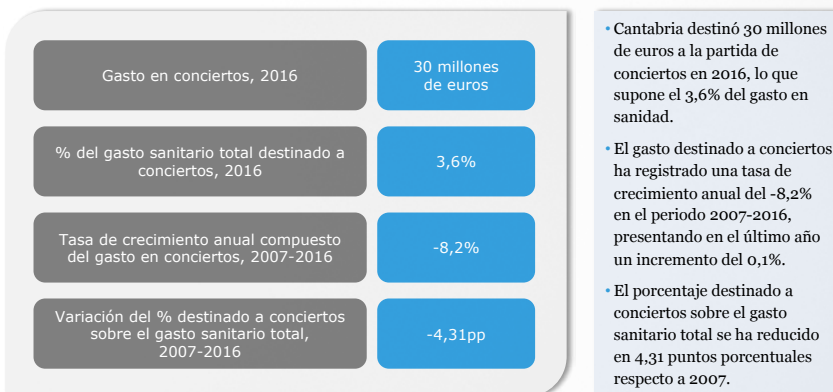
Estimated per capita spending on healthcare - Cantabria



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Cantabria en el periodo 2012-2016 (10,51%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Cantabria



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Cantabria

- According to Cantabria's 2019 Budget, approximately 16 million euros are allocated to healthcare using external resources.
- Collaboration agreements for specialist care with private entities represent the largest percentage of the budget (42.5%), followed by agreements for special haemodialysis programmes (23.8%) and for home treatments of respiratory failure (20.8%).

Changes in budget allocations to healthcare using external resources, 2010-2019

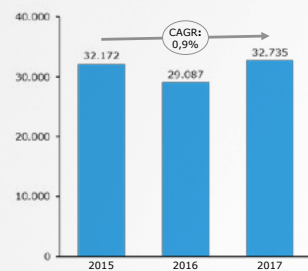
Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Conciertos con instituciones de atención primaria:					128.000	128.000	145.000	146.000	146.000	115.000	0,7%
Con entes territoriales					103.000	103.000	120.000	120.000	120.000	90.000	0,6%
Con entidades privadas					25.000	25.000	25.000	26.000	26.000	25.000	0,2%
Conciertos con instituciones de atención especializada:					10.000.000	10.000.000	10.000.000	10.000.000	7.700.000	6.700.000	42,5%
Con entidades privadas					10.000.000	10.000.000	10.000.000	10.000.000	7.700.000	6.700.000	42,5%
Conciertos para programas especiales de hemodiálisis:					3.780.000	3.750.000	3.750.000	3.750.000	3.750.000	3.750.000	23,8%
Club de diálisis					3.000.000	2.940.000	2.900.000	2.900.000	3.000.000	3.160.000	20,0%
Otras hemodiálisis en centros no hospitalarios					780.000	810.000	850.000	850.000	750.000	770.000	4,9%
Conciertos con centros de servicio o diagnóstico, tratamientos y terapias:					4.085.500	4.163.000	4.566.000	4.141.000	3.776.715	3.773.775	23,9%
Terapia de la insuficiencia respiratoria a domicilio					3.693.000	3.830.000	4.200.000	3.780.000	3.220.000	3.285.000	20,8%
Conciertos para técnicas de diagnóstico por imagen					192.500	171.000	169.000	164.000	194.715	326.775	2,1%
Otros servicios especiales					200.000	162.000	197.000	197.000	362.000	162.000	1,0%
Conciertos para el programa especial de transporte:					9.187.500	9.187.500	9.239.500	3.220.016	7.500	15.000	0,1%
Servicios concertados de ambulancias					9.180.000	9.180.000	9.232.000	3.212.516			0,0%
Traslado de enfermos con otros medios de transporte					7.500	7.500	7.500	7.500	7.500	15.000	0,1%
Otros servicios de asistencia sanitaria:					1.858.000	1.538.000	1.440.000	1.305.000	1.214.538	1.422.007	9,0%
Reintegro de gastos					388.000	300.000	300.000	300.000	300.000	350.000	2,2%
Otros servicios de asistencia sanitaria					20.000	18.000	20.000	30.000	49.538	212.007	1,3%
Convenio con universidades: plazas vinculadas					1.450.000	1.220.000	1.120.000	960.000	850.000	850.000	5,4%
Reintegro de gastos a mutuas de accidente de trabajo								15.000	15.000	10.000	0,1%
Total	30.930.672	35.277.402	27.459.852	28.646.076	29.039.000	28.766.500	29.140.500	22.562.016	16.594.753	15.775.782	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Cantabria, 2010-2019.

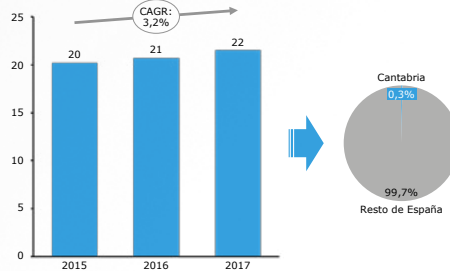
Nota: en algunos de los años no ha sido posible realizar comparaciones debido a modificaciones en el criterio de clasificación de los gastos o al no contar con el nivel de detalle suficiente.

Number of insured and volume of premiums - Cantabria

Evolución del número de asegurados, 2015-2017



Evolución del volumen de primas (Mill. C.), 2015-2017



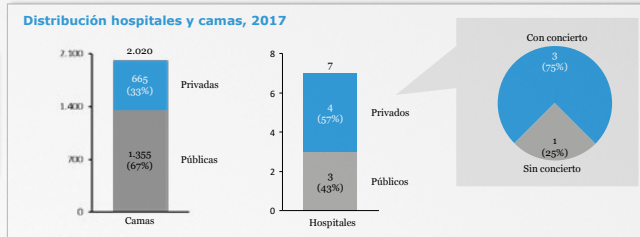
Fuente: ICEA, Seguro de Salud, años 2015-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Cantabria ha registrado un incremento anual del 0,9% en el número de asegurados y del 3,2% en el volumen de primas en el periodo 2015-2017, representando el 0,3% del mercado nacional en volumen de primas

Distribution of hospitals and beds - Cantabria

El sector hospitalario privado representa el 57% de los hospitales y el 33% de las camas en Cantabria

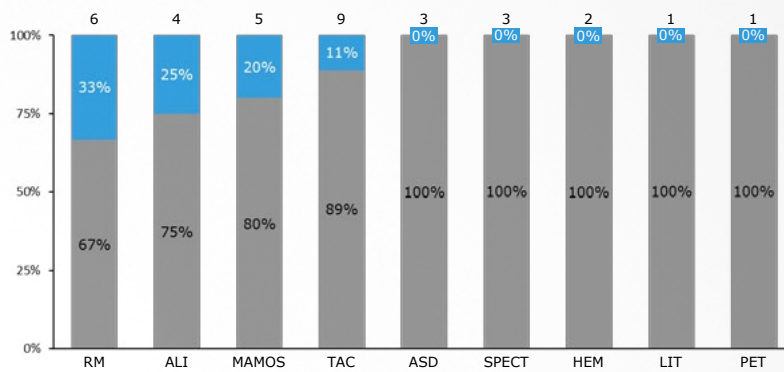


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 61% (403) de las camas privadas se ubican en 1 hospital psiquiátrico



High-technology equipment - Cantabria



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

■ SECTOR PRIVADO, 2017 ■ SECTOR PÚBLICO, 2017

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
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- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Healthcare activity - Cantabria

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
61.004 Ingresos	8.175	13,4%	0,4pp
60.855 Altas	8.201	13,5%	0,5pp
571.632 Estancias	194.339	34,0%	0,6pp
932.512 Consultas	22.264	2,4%	0,2pp
360.618 Urgencias	35.493	9,8%	0,1pp
40.774 Intervenciones quirúrgicas	7.558	18,5%	-0,2pp

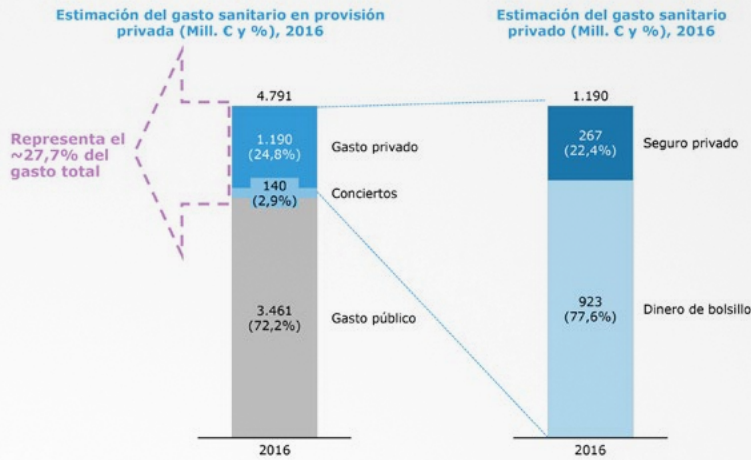
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada hospitales y centros sin internamiento, año 2016.

Nota: La actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

CASTILLA Y LEÓN



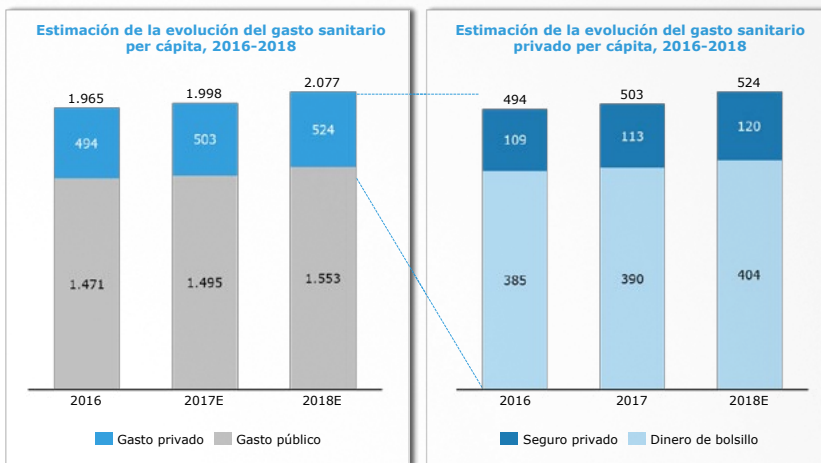
Estimated spending on private healthcare - Castilla y León



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

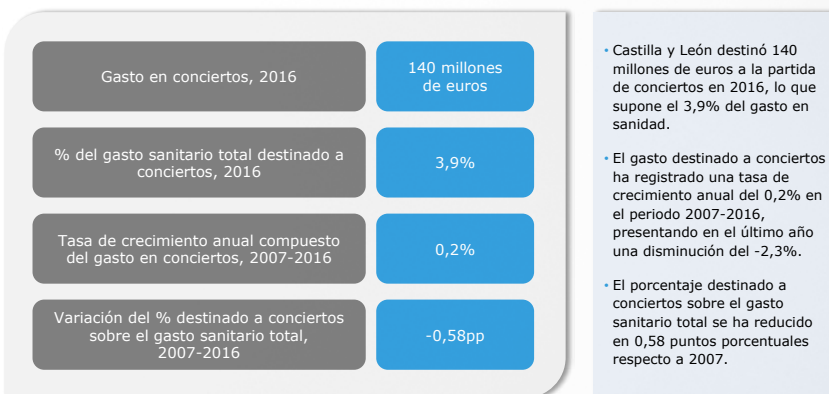
Estimated per capita spending on healthcare - Castilla y León



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Castilla y León en el periodo 2012-2016 (4,44%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Castilla y León



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare - Castilla y León

- Castilla y León has extended its 2018 budgets until the 2019 budgets are come into force. Thus, the 2019 budget remains the same as last year's, with 143 million euros allocated to healthcare using external resources.
- Collaboration agreements for the special transport programme represent the largest percentage of the budget (46.5%), followed by agreements for specialist care with private entities (25.7%).

Changes in budget allocations to healthcare, 2010-2019

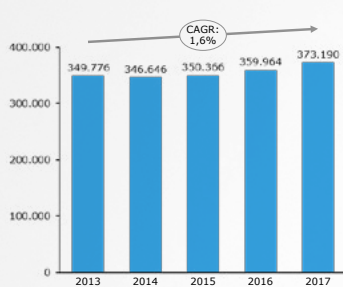
Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	2019 (%)
Conciertos instituciones atención especializada:	49.676.912	49.676.912	48.546.474	43.796.175	38.683.938	39.360.259	36.259.822	36.259.822	36.850.606	36.850.606	25,7%
Con entes territoriales	852.130	852.130	809.950	733.653							0,0%
Con entidades privadas	48.824.782	48.824.782	47.736.524	43.062.522	38.683.938	39.360.259	36.259.822	36.259.822	36.850.606	36.850.606	25,7%
Conciertos programas especiales hemodiálisis:	12.678.514	12.678.514	11.623.167	11.200.462	8.842.078	9.006.541	8.290.521	8.290.521	8.468.767	8.468.767	5,9%
Hemodiálisis en centros hospitalarios	32.040	32.040	30.156	30.156	8.842.078	9.006.541	8.290.521	8.290.521	8.468.767	8.468.767	5,9%
Club de diálisis	9.803.483	9.803.483	8.931.287	8.752.661							0,0%
Otras hemodiálisis en centros no hospitalarios	2.842.991	2.842.991	2.661.724	2.417.645							0,0%
Conciertos con centros o servicios de diagnóstico, tratamientos y terapias:	28.422.446	28.422.446	26.215.402	23.588.560	24.587.049	25.049.383	23.057.956	23.057.956	23.553.702	23.553.702	16,4%
Para litotricias renales extracorpóreas	565.947	565.947	511.007	464.147	3.235	3.291	3.029	3.029	3.094	3.094	0,0%
Terapia insuficiencia respiratoria a domicilio oxigenoterapia	7.662.383	7.662.383	7.165.505	6.514.161	8.770.274	8.928.138	8.218.350	8.218.350	8.395.045	8.395.045	5,9%
Terapia insuficiencia respiratoria a domicilio aerosolterapia	360.239	360.239	326.113	295.491	597.244	609.367	560.923	560.923	572.983	572.983	0,4%
Terapia insuficiencia respiratoria a domicilio otras terapias	4.671.014	4.671.014	4.264.533	3.873.901	6.669.109	6.799.822	6.259.235	6.259.235	6.393.808	6.393.808	4,5%
Para técnicas diagnóstico imagen resonancia nuclear magnética	8.654.594	8.654.594	7.819.952	6.732.978	1.867.912	1.902.469	1.751.223	1.751.223	1.788.875	1.788.875	1,2%
Para técnicas diagnóstico imagen TAC	714.489	714.489	662.019	568.542	97.266	98.968	91.100	91.100	93.059	93.059	0,1%
Para técnicas diagnóstico imagen otros	879.562	879.562	820.773	705.208	1.052.251	1.070.244	985.160	985.160	1.006.341	1.006.341	0,7%
Para rehabilitación-fisioterapia	3.729.680	3.729.680	3.509.954	3.404.305	3.100.439	3.163.067	2.911.602	2.911.602	2.974.201	2.974.201	2,1%
Otros servicios especiales	1.184.538	1.184.538	1.135.546	1.029.827	2.429.319	2.474.017	2.277.334	2.277.334	2.326.296	2.326.296	1,6%
Conciertos para el programa especial transporte:	53.858.212	56.439.307	53.687.911	50.559.333	55.508.726	57.826.876	57.826.876	58.314.248	66.579.048	66.579.048	46,5%
Servicios concertados de ambulancias	48.346.773	50.519.308	48.054.348	46.046.091	51.495.784	53.813.934	53.813.934	54.261.177	62.315.148	62.315.148	43,5%
Traslados de enfermos. Otros medios de transporte	5.511.439	5.919.999	5.633.563	4.513.242	4.012.942	4.012.942	4.012.942	4.053.071	4.263.900	4.263.900	3,0%
Otros servicios de asistencia sanitaria:	7.092.574	7.092.574	6.844.130	6.202.254	7.388.988	7.456.737	7.219.826	7.219.826	7.835.632	7.835.632	5,5%
Reintegro de gastos de asistencia sanitaria	382.889	382.889	366.249	332.335	68.906	70.243	64.600	64.600	578.060	578.060	0,4%
Otros servicios de asistencia sanitaria	854.975	854.975	842.259	763.371	2.854.233	2.909.035	2.677.767	2.677.767	2.735.338	2.735.338	1,9%
Convenios con universidades. Plazas vinculadas	5.854.710	5.854.710	5.635.122	5.106.548	4.465.849	4.477.459	4.477.459	4.477.459	4.522.234	4.522.234	3,2%
Total	151.728.658	154.309.753	146.917.084	135.346.784	135.010.779	138.699.796	132.655.001	133.142.373	143.287.755	143.287.755	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Castilla y León, 2010-2019.

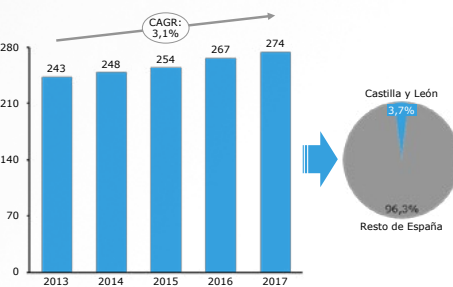
*: Castilla y León ha prorrogado sus presupuestos de 2018 hasta que se aprueben los correspondientes a 2019.

Number of insured and volume of premiums - Castilla y León

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C.), 2013-2017



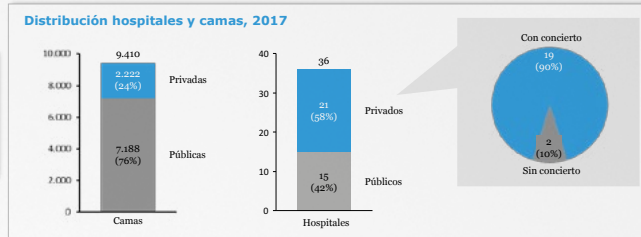
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Castilla y León ha registrado un incremento anual del 1,6% en el número de asegurados y del 3,1% en el volumen de primas en el periodo 2013-2017, representando el 3,7% del mercado nacional en volumen de primas

Distribution of hospitals and beds - Castilla y León

El sector hospitalario privado representa el 58% de los hospitales y el 24% de las camas en Castilla y León

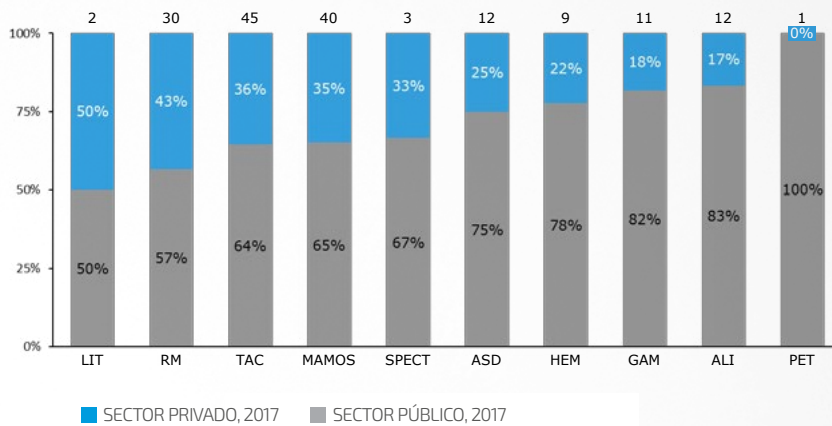


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 66% (1.474) de las camas privadas se ubican en 16 hospitales generales



High-technology equipment - Castilla y León



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Castilla y León

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
285.913 Ingresos	39.170	13,7%	0,5pp
286.112 Altas	39.571	13,8%	-0,5pp
2.193.106 Estancias	465.418	21,2%	1,0pp
4.871.217 Consultas	514.188	10,6%	-0,2pp
1.237.938 Urgencias	208.579	16,8%	-0,4pp
246.092 Intervenciones quirúrgicas	42.991	17,5%	1,9pp

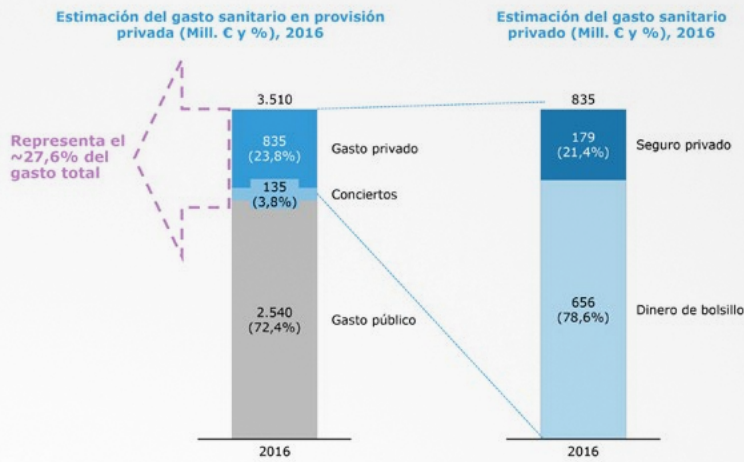
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada hospitales y centros sin internamiento, año 2016.

Nota: La actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

CASTILLA-LA MANCHA



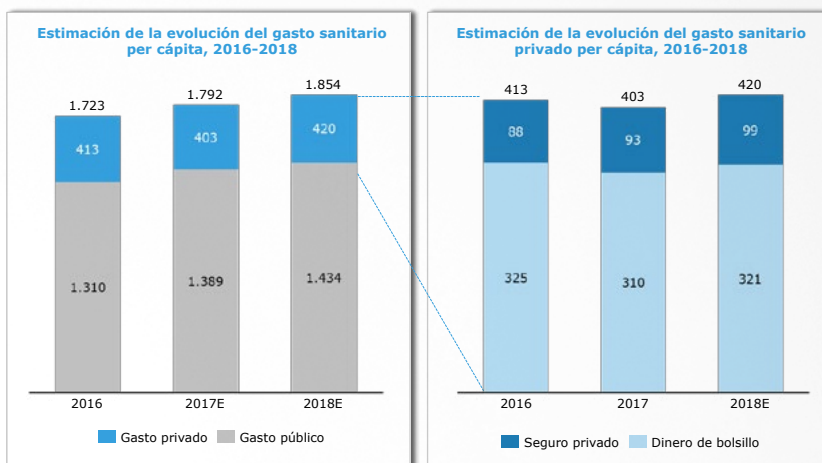
Estimated spending on private healthcare - Castilla-La Mancha



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

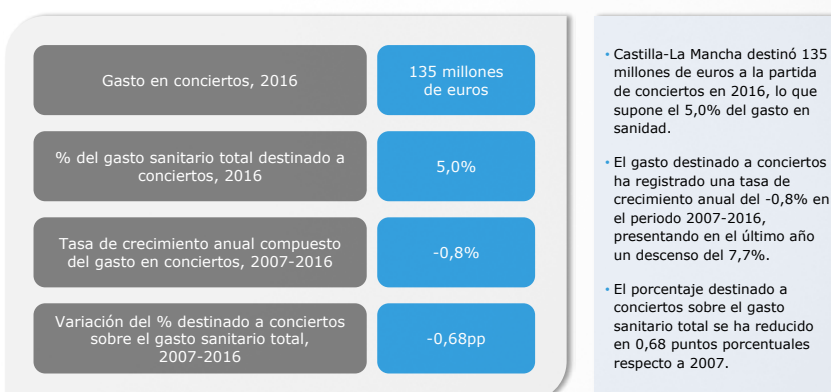
Estimated per capita spending on healthcare - Castilla-La Mancha



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Castilla-La Mancha en el periodo 2012-2016 (3,87%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Castilla-La Mancha



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Castilla-La Mancha

- Castilla-La Mancha has extended its 2018 budgets until the 2019 budgets come into force. Thus, the 2019 budget remains the same as last year's, with 119 million euros allocated to healthcare using external resources.
- Collaboration agreements for the special transport programme represent the largest percentage of the budget (58.2%), followed by agreements for respiratory failure (10.7%) and special haemodialysis programmes (10.3%).

Changes in budget allocations to healthcare using external resources, 2015-2019

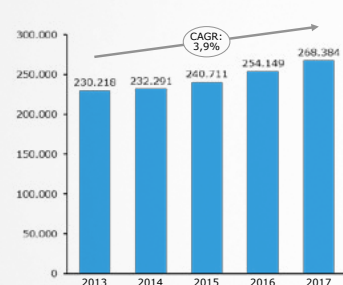
Concepto	2015	2016	2017	2018	2019*	2019 (%)
Procedimientos de hospitalización:	2.166.110	1.994.990	1.932.540	1.563.320	1.563.320	1,3%
Hospitalización de media y larga estancia	597.450	563.870	529.450	211.570	211.570	0,2%
Hospitalización salud mental	1.355.240	1.355.240	1.355.240	1.305.560	1.305.560	1,1%
Otros procedimientos de hospitalización	213.420	75.880	47.850	46.190	46.190	0,0%
Procedimientos quirúrgicos:	12.569.830	12.569.830	11.369.830	10.186.360	10.186.360	8,5%
Generales	4.811,05	4.811.050	4.411.050	3.951.910	3.951.910	3,3%
Cirugía cardíaca	7.758,78	7.758.780	6.958.780	6.234.450	6.234.450	5,2%
Conciertos con instituciones de atención especializada:	3.705.670	3.699.780	3.701.940	3.859.680	3.859.680	3,2%
Endoscopia	15.150	15.150	15.150	165.970	165.970	0,1%
Ultrasonido	123.380	123.380	123.380	375.390	375.390	0,3%
Tomografía computerizada	68.390	68.390	68.390	235.680	235.680	0,2%
Resonancia magnética	2.494.630	2.494.630	2.494.630	2.315.940	2.315.940	1,9%
Medicina nuclear	598.200	592.310	592.310	394.840	394.840	0,3%
Radiología especial	204.340	204.340	206.500	217.860	217.860	0,2%
Otros procedimientos diagnósticos	201.580	201.580	201.580	154.000	154.000	0,1%
Conciertos por programas especiales de hemodiálisis:	13.233.380	13.233.380	13.033.380	12.304.280	12.304.280	10,3%
Centros hospitalarios				184.450	184.450	0,2%
Club diálisis	10.669.130	10.669.130	10.469.130	9.466.920	9.466.920	7,9%
Hemodiálisis domiciliaria	2.564.250	2.564.250	2.564.250	2.652.910	2.652.910	2,2%
Conciertos con centros de diagnóstico, tratamientos y terapias:	20.382.250	20.382.250	20.082.250	19.167.890	19.167.890	16,1%
Procedimientos de radioterapia	4.872.960	4.872.960	4.872.960	4.774.430	4.774.430	4,0%
Otros gastos de terapias oncológicas	43.900	43.900	43.900	81.040	81.040	0,1%
FIV - Fecundación in Vitro	693.790	693.790	693.790	1.053.750	1.053.750	0,9%
Rehabilitación-fisioterapia	14.140	14.140	14.140	15.250	15.250	0,0%
Foniatría-logopedia	170.870	170.870	170.870	323.280	323.280	0,3%
Litotricia renal extracorpórea	25.560	25.560	25.560	62.560	62.560	0,1%
Otros procedimientos terapéuticos	91.410	91.410	91.410	78.760	78.760	0,1%
Terapias respiratorias	14.469.620	14.469.620	14.169.620	12.778.820	12.778.820	10,7%
Conciertos programa especial de transporte:	68.931.790	68.885.490	70.644.800	69.439.050	69.439.050	58,2%
Transporte sanitario terrestre	61.610.800	61.623.810	63.323.810	63.323.810	63.323.810	53,1%
Transporte sanitario aéreo	7.320.990	7.261.680	7.320.990	5.995.890	5.995.890	5,0%
Otro transporte sanitario				119.350	119.350	0,1%
Servicios concertados para colaboración:	2.310.110	2.201.330	2.164.920	2.725.600	2.725.600	2,3%
Reintegro gastos de asistencia sanitaria	261.470	261.470	261.470	332.110	332.110	0,3%
Convenios con universidades: plazas vinculadas	206.750	153.050	153.050	164.980	164.980	0,1%
Acuerdos con entes territoriales para la prestación de asistencia sanitaria	1.841.890	1.786.810	1.750.400	1.539.830	1.539.830	1,3%
Otros servicios de asistencia sanitaria				688.680	688.680	0,6%
Total	123.299.140	122.967.050	122.929.660	119.246.180	119.246.180	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Castilla-La Mancha, 2015-2019.

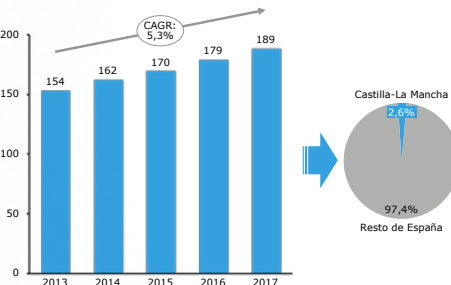
*: Castilla-La Mancha ha prorrogado sus presupuestos de 2018 hasta que se aprueben los correspondientes a 2019.

Number of insured and volume of premiums - Castilla-La Mancha

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017



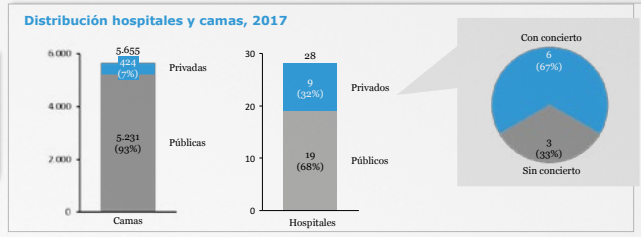
Castilla-La Mancha has registered an annual increase of 3.9% in the number of policyholders and 5.3% in the volume of premiums in the period 2013-2017, representing 2.6% of the national market in volume of premiums

Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Distribution of hospitals and beds - Castilla-La Mancha

El sector hospitalario privado representa el 32% de los hospitales y el 7% de las camas en Castilla-La Mancha

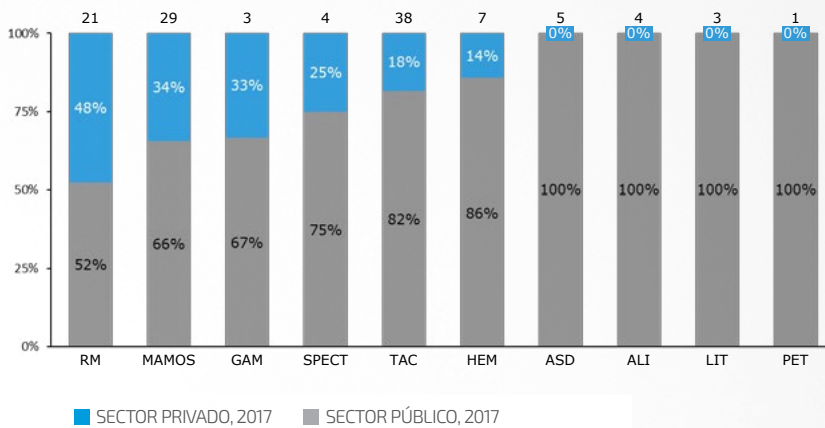


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 53% (226) de las camas privadas se ubican en 5 hospitales generales



High-technology equipment - Castilla-La Mancha



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
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- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Castilla-La Mancha

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
189.616 Ingresos	17.445	9,2%	0,7pp
189.922 Altas	18.015	9,5%	1,0pp
1.360.090 Estancias	59.517	4,4%	-0,1pp
3.928.837 Consultas	486.673	12,4%	1,0pp
1.093.574 Urgencias	157.080	14,4%	1,4pp
157.876 Intervenciones quirúrgicas	29.024	18,4%	3,2pp

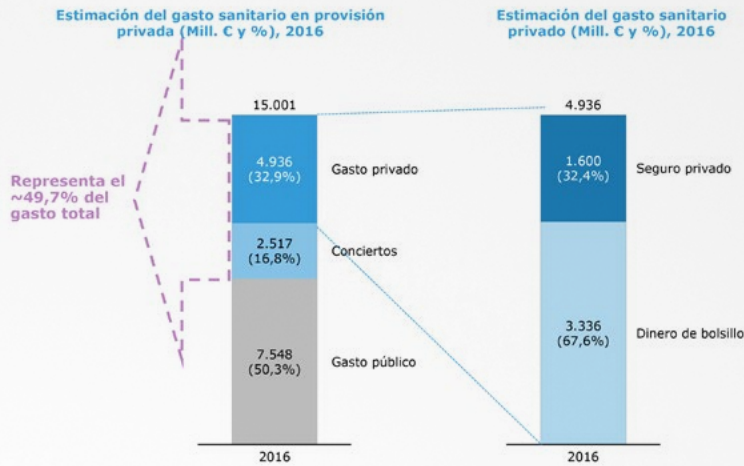
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: La actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

CATALONIA



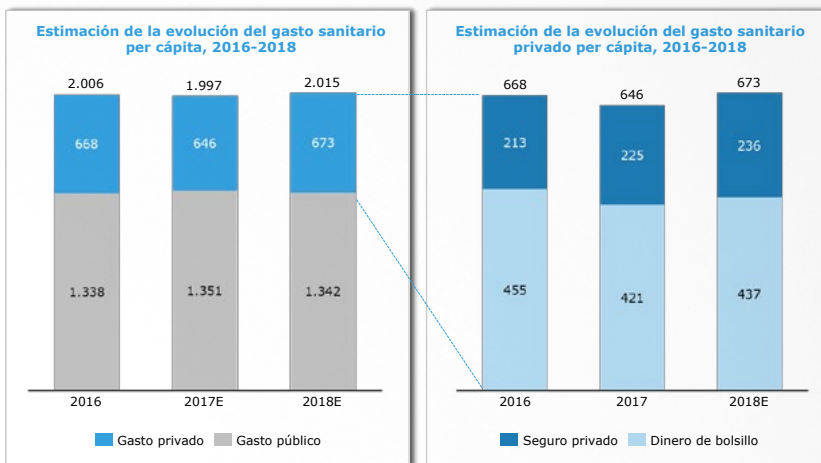
Estimated spending on private healthcare - Catalonia



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Catalonia



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Cataluña en el periodo 2012-2016 (13,24%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Catalonia

Gasto en conciertos, 2016	2.517 millones de euros
% del gasto sanitario total destinado a conciertos, 2016	24,9%
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	-0,8%
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	-5,12pp

- Cataluña destinó 2.517 millones de euros a la partida de conciertos en 2016, lo que supone el 24,9% del gasto en sanidad.
- El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del -0,8% en el periodo 2007-2016, presentando un incremento del 2,7% respecto al año anterior.
- El porcentaje destinado a conciertos sobre el gasto sanitario total se ha reducido en 5,12 puntos porcentuales respecto a 2007.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Catalonia

- Catalonia has again extended its 2017 budgets, as it did last year. 4.823 billion euros was therefore allocated to healthcare using external resources
- Acute hospital in-patient care represents the largest percentage of the budget (52.9%), followed by hospital out-patient services (13.8%) and mental healthcare (8.9%).

Changes in budget allocations to healthcare using external resources, 2010-2019

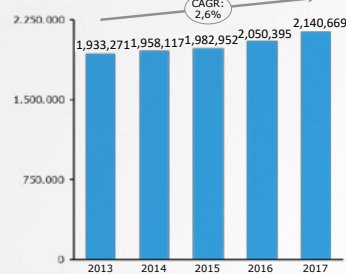
Concepto	2010	2011	2012-2013	2014	2015	2016	2017	2018*	2019*	2019 (%)
Equipos de atención primaria	302.618.000	281.041.000	279.500.000	269.519.014	276.497.000	283.442.355	280.000.000	280.000.000	280.000.000	5,8%
Medicación hospitalaria de dispensación ambulatoria	314.888.500	400.893.116	392.513.944	370.493.912	380.500.000	390.305.515	666.108.185	666.108.185	666.108.185	13,8%
Atención a la salud mental	346.880.000	321.697.000	319.900.000	327.359.466	330.633.000	341.577.316	430.000.000	430.000.000	430.000.000	8,9%
Atención a la insuficiencia renal	95.800.000	88.855.000	88.400.000	96.773.037	97.741.000	98.950.050	106.400.000	106.400.000	106.400.000	2,2%
Rehabilitación	36.100.000	33.374.000	33.200.000	26.214.260	26.476.000	26.551.362	26.500.000	26.500.000	26.500.000	0,5%
Oxigenoterapia	32.250.000	29.954.000	29.800.000	32.977.054	33.307.000	33.695.996	36.000.000	36.000.000	36.000.000	0,7%
Atención hospitalaria de agudos	2.948.344.500	2.739.119.688	2.709.166.842	2.528.942.882	2.548.185.000	2.585.382.953	2.552.614.674	2.552.614.674	2.552.614.674	52,9%
Atención sociosanitaria	369.500.000	342.822.000	341.000.000	351.047.399	354.558.000	361.622.400	354.500.000	354.500.000	354.500.000	7,3%
Otros servicios de atención especializada	30.580.000	22.834.000	22.700.000	18.911.403	19.101.000	19.581.934	13.600.000	13.600.000	13.600.000	0,3%
Transporte sanitario	315.250.000	291.512.000	290.400.000	293.575.038	298.285.000	300.123.741	286.385.326	286.385.326	286.385.326	5,9%
Atención primaria (ICS)	28.954.000	27.800.000	27.050.000	22.858.400	31.360.000	31.560.000	31.360.000	31.360.000	31.360.000	0,7%
Atención especializada (ICS)	21.667.800	29.200.000	28.950.000	32.500.000	33.900.000	33.940.000	39.775.000	39.775.000	39.775.000	0,8%
Total	4.842.832.800	4.609.101.804	4.562.580.786	4.371.171.865	4.430.543.000	4.506.733.622	4.823.243.185	4.823.243.185	4.823.243.185	100%

Fuente: Presupuestos Generales de la Generalitat de Catalunya, 2010-2019.

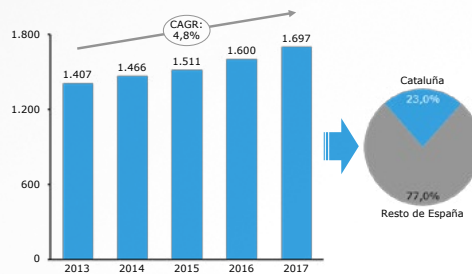
*: Cataluña ha prorrogado sus presupuestos de 2017 para 2018 y 2019.

Number of insured and volume of premiums - Catalonia

Evolución del número de asegurados, 2013-2016



Evolución del volumen de primas (Mill. €), 2013-2016



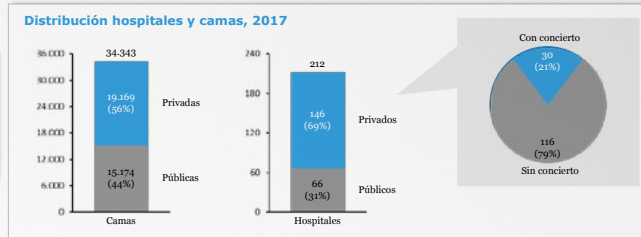
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Cataluña ha registrado un incremento anual del 2,6% en el número de asegurados y del 4,8% en el volumen de primas en el periodo 2013-2017, representando el 23,0% del mercado nacional en volumen de primas

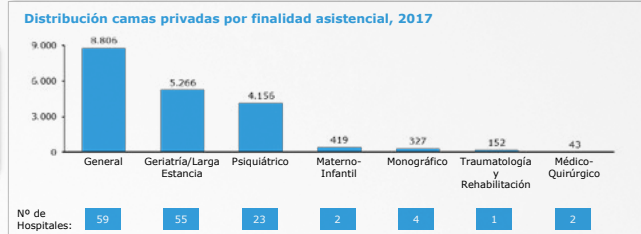
Distribution of hospitals and beds - Catalonia

El sector hospitalario privado representa el 69% de los hospitales y el 56% de las camas en Cataluña

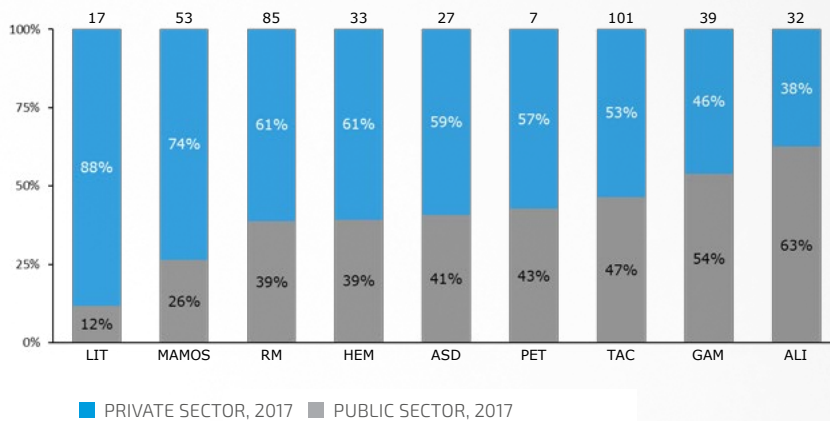


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 46% (8.806) de las camas privadas se ubican en 59 hospitales generales



High-technology equipment - Catalonia



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Catalonia

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
988.829 Ingresos	256.107	25,9%	3,5pp
1.000.168 Altas	240.313	24,0%	1,3pp
8.817.625 Estancias	940.582	10,7%	1,1pp
14.682.820 Consultas	2.921.881	19,9%	3,6pp
4.888.118 Urgencias	1.090.268	22,3%	2,2pp
1.048.359 Intervenciones quirúrgicas	311.575	29,7%	4,2pp

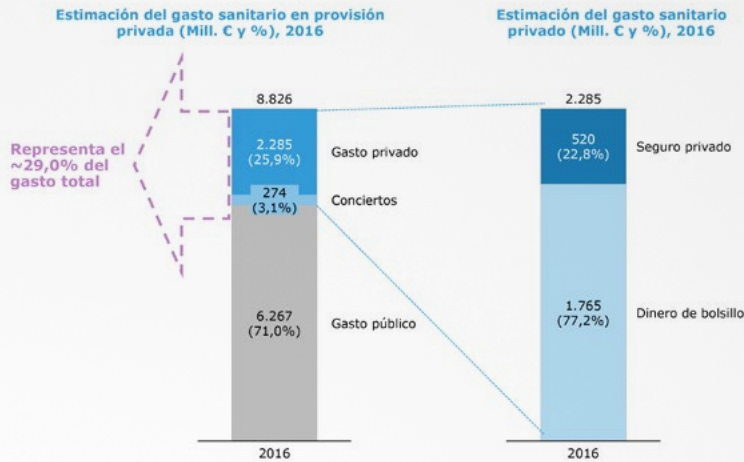
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

REGION OF VALENCIA



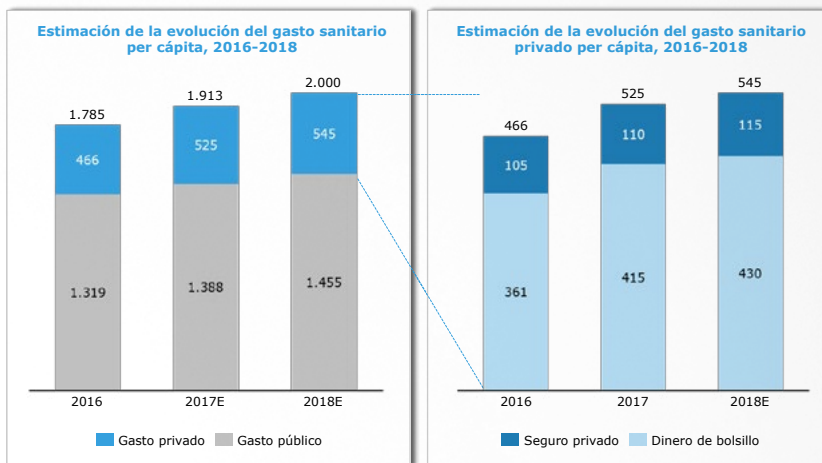
Estimated spending on private healthcare - Region of Valencia



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Region of Valencia



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en la Comunidad Valenciana en el periodo 2012-2016 (12,59%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Region of Valencia

Gasto en conciertos, 2016	274 millones de euros
% del gasto sanitario total destinado a conciertos, 2016	4,2%
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	-2,3%
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	-1,79pp

- Comunidad Valenciana destinó 274 millones de euros a la partida de conciertos en 2016, lo que supone el 4,2% del gasto en sanidad.
- El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del -2,3% en el periodo 2007-2016, presentando un descenso del 5,3% en el último año.
- El porcentaje destinado a conciertos sobre el gasto sanitario total se ha reducido en 1,79 puntos porcentuales respecto a 2007.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Region of Valencia

- According to the 2019 Budget for the Region of Valencia, approximately 489 million euros are allocated to healthcare using external resources.
- Collaboration agreements with hospital centres represent the largest percentage of the budget (63.9%), followed by agreements for specialist care (27.3%) and haemodialysis services (7.3%).

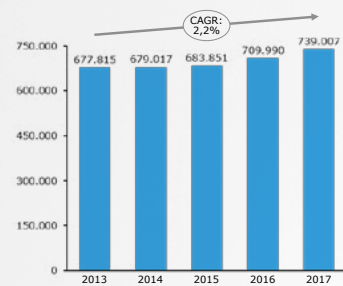
Changes in budget allocations to healthcare using external resources, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Conciertos asistencia sanitaria centros no hospitalarios				2.383.500	1.185.510	2.777.080	3.975.040	3.975.040	4.434.960	4.391.380	0,9%
Conciertos con centros hospitalarios	56.928.000	56.928.000	56.471.000	199.792.500	283.794.650	220.230.000	292.068.570	294.943.390	308.230.280	312.543.060	63,9%
Conciertos con servicios de hemodiálisis	64.760.000	64.760.000	63.760.000	19.862.500	6.879.760	48.755.440	33.465.710	33.465.710	36.360.900	35.831.930	7,3%
Asistencia concertada con especialistas	68.540.180	68.540.180	67.540.180	50.053.500	20.447.010	91.453.820	120.878.260	120.878.680	129.794.950	133.457.740	27,3%
Otros servicios	82.801.820	55.498.820	55.498.820	95.666.380	78.558.400	2.866.170	3.721.720	3.748.190	8.256.260	3.051.110	0,6%
Total	273.030.000	245.727.000	243.270.000	367.758.380	390.865.330	366.082.510	454.109.300	457.011.010	487.077.350	489.275.220	100%

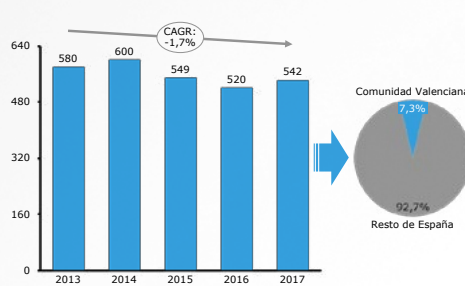
Source: Budget for the Region of Valencia, 2010-2019.

Number of insured and volume of premiums - Region of Valencia

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017



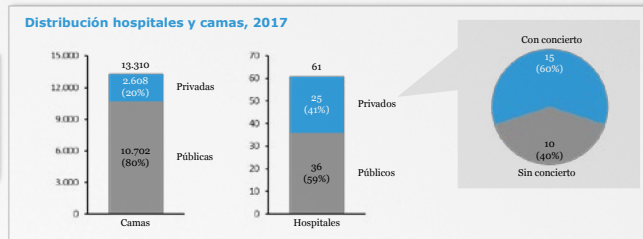
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

La Comunidad Valenciana ha alcanzado un incremento anual del 2,2% en el número de asegurados en el periodo 2013-2017, mientras que ha registrado un descenso del 1,7% en el volumen de primas en el mismo periodo, representando el 7,3% del mercado nacional en volumen de primas

Distribution of hospitals and beds - Region of Valencia

El sector hospitalario privado representa el 41% de los hospitales y el 20% de las camas en la Comunidad Valenciana

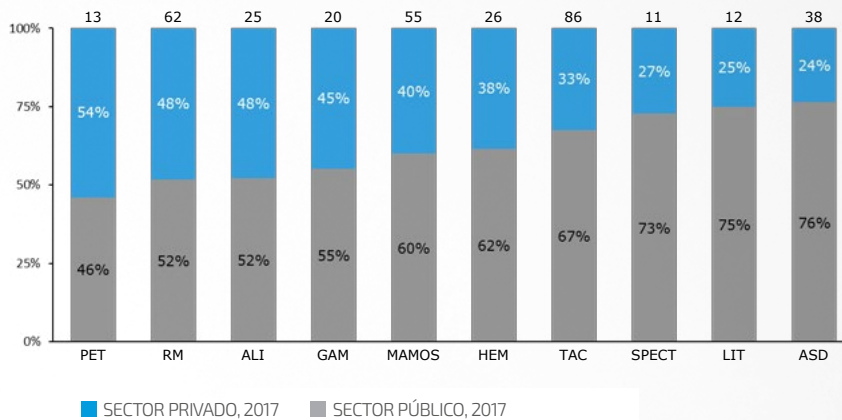


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 77% (1.997) de las camas privadas se ubican en 18 hospitales generales



High-technology equipment - Region of Valencia



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Region of Valencia

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
556.110 Ingresos	108.998	19,6%	0,4pp
557.489 Altas	109.009	19,6%	0,6pp
3.123.052 Estancias	346.989	11,1%	0,0pp
9.729.484 Consultas	1.079.973	11,1%	0,3pp
2.994.752 Urgencias	635.565	21,2%	0,4pp
515.858 Intervenciones quirúrgicas	118.222	22,9%	1,2pp

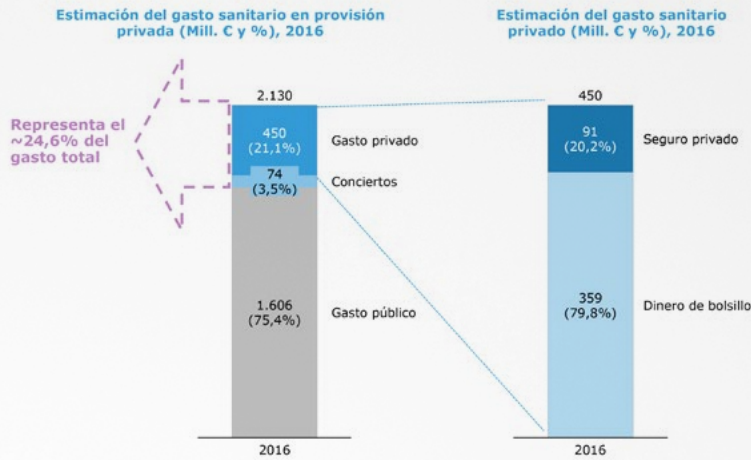
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

EXTREMADURA

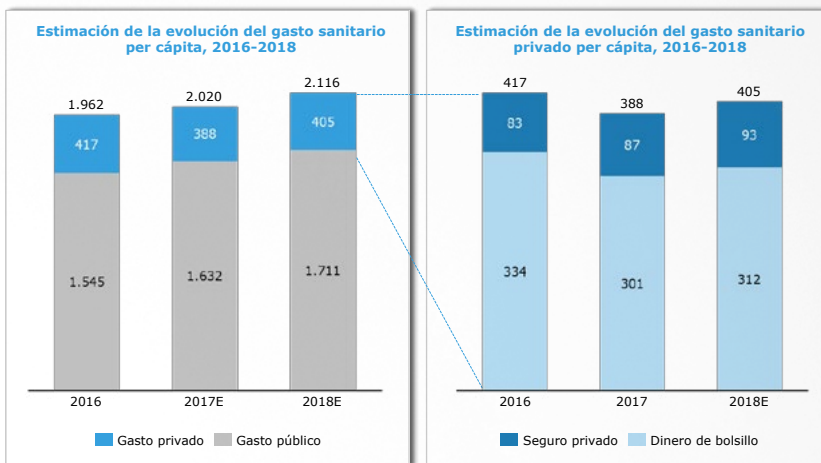


Estimated spending on private healthcare - Extremadura



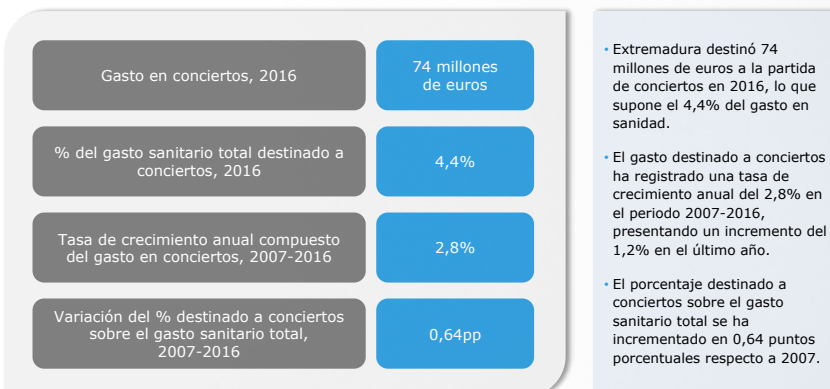
Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.
Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios, servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Extremadura



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Extremadura en el periodo 2012-2016 (12,26%).
Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Extremadura



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Extremadura

- According to the 2019 Budget for Extremadura, approximately 73 million euros are allocated to healthcare using external resources.
- Collaboration agreements for the special transport programme represent the largest percentage of the budget (44.6%), followed by agreements with specialist care institutions (15.9%) and special haemodialysis programmes (15.2%).

Changes in budget allocations to healthcare using external resources, 2010-2019

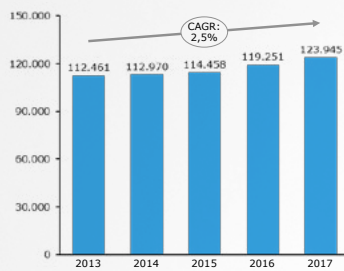
Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Conciertos con instituciones en el ámbito de la atención primaria:	1.617.833	1.970.430	2.210.450	2.255.000	2.010.000	2.010.000	2.010.000	2.010.000	2.010.000	2.010.000	2,8%
Conciertos con entidades privadas	1.617.833	1.970.430	2.210.450	2.255.000	2.010.000	2.010.000	2.010.000	2.010.000			0,0%
Conciertos con instituciones en el ámbito de la atención especializada:	8.248.647	8.163.412	12.521.250	11.342.527	14.116.160	14.881.742	14.399.207	13.775.420	11.609.730	11.635.591	15,9%
Conciertos con entidades locales	1.366.221										0,0%
Conciertos con entidades privadas	6.882.426	8.163.412	12.521.250	11.342.527	14.116.160	14.881.742	14.399.207				0,0%
Conciertos para programas especiales de hemodiálisis:	7.310.440	7.898.000	10.229.335	9.589.486	9.902.746	10.104.132	10.604.132	10.235.872	11.025.559	11.135.705	15,2%
Hemodiálisis en centros hospitalarios	202.320	210.000	218.130	127.213							0,0%
Club de hemodiálisis	4.716.097	6.430.000	8.807.809	8.215.349	8.298.549	8.555.033	9.055.033				0,0%
Otras hemodiálisis en centros no hospitalarios	2.392.023	1.258.000	1.203.396	1.246.924	1.604.197	1.549.099	1.549.099				0,0%
Conciertos con centros o servicios de diagnóstico, tratamientos y terapias:	11.216.611	10.409.565	13.216.665	11.364.501	11.435.385	10.358.306	11.456.654	10.927.372	13.393.136	13.432.860	18,4%
Conciertos para litotricias renales extracorpóreas		3.000									0,0%
Oxigenoterapia en domicilio	5.823.845	5.689.500	6.234.539	6.252.183	6.181.092	5.269.664	6.371.168				0,0%
Conciertos para resonancia nuclear magnética	2.190.371	2.165.000	2.479.500	2.479.500	3.200.000	3.200.000	3.200.000				0,0%
Conciertos para tomografía axial computerizada (TAC)	68.693	100.000	28.500								0,0%
Otros servicios especiales	3.133.702	2.452.065	6.982.126	2.604.318	2.054.293	1.888.642	1.885.486				0,0%
Conciertos para el programa especial de transporte:	34.185.046	35.996.420	37.105.000	36.979.456	36.436.456	36.700.739	36.556.466	36.556.466	32.846.037	32.563.500	44,6%
Servicios concertados de ambulancias	32.205.046	33.996.620	35.005.000	34.905.446	34.427.446	34.683.689	34.545.446	34.545.446	30.650.000	30.650.000	41,9%
Traslado de enfermos con otros medios de transporte	1.980.000	1.999.800	2.100.000	2.074.010	2.009.010	2.017.050	2.011.020	2.011.020	2.196.037	1.913.500	2,6%
Otros servicios de asistencia sanitaria:	3.045.493	2.152.330	1.640.979	3.617.002	815.117	802.554	822.303	1.905.600	2.268.960	2.305.377	3,2%
Reintegro de gastos de asistencia sanitaria	1.819	175.000						50.000	50.000	100.000	0,1%
Convenios con universidades: plazas vinculadas	1.567.932	1.502.490	1.640.979	1.354.787	647.326	616.511	636.511	687.000	774.960	505.377	0,7%
Otros servicios de asistencia sanitaria	1.475.742	474.840		2.262.215	167.791	186.043	185.792	1.168.600	1.444.000	1.700.000	2,3%
Total	65.624.070	66.590.157	76.923.679	75.147.972	74.715.864	74.857.473	75.848.762	75.410.730	73.153.422	73.083.033	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Extremadura, 2010-2019.

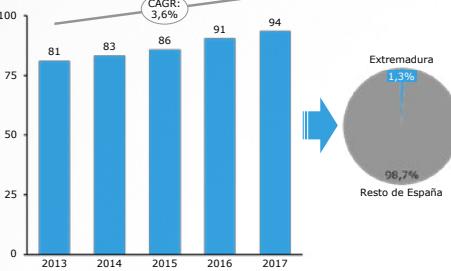
Nota: en algunos de los años no ha sido posible realizar comparaciones debido a modificaciones en el criterio de clasificación de los gastos o al no contar con el nivel de detalle suficiente.

Number of insured and volume of premiums - Extremadura

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C), 2013-2017



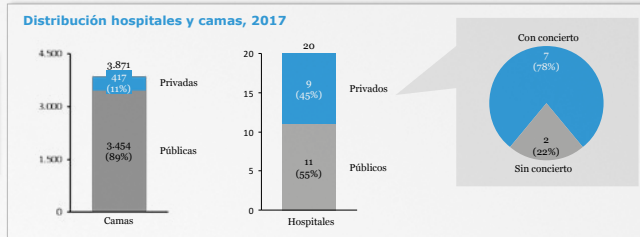
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Extremadura has registered an annual increase of 2.5% in the number of policyholders and 3.6% in the volume of premiums in the period 2013-2017, representing 1.3% of the national market in volume of premiums

Distribution of hospitals and beds - Extremadura

El sector hospitalario privado representa el 45% de los hospitales y el 11% de las camas en Extremadura

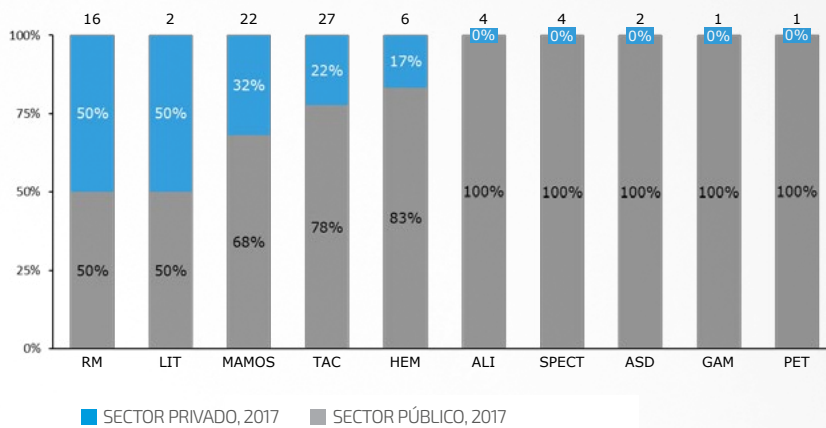


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 43% (181) de las camas privadas se ubican en 6 hospitales generales



High-technology equipment - Extremadura



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
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- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Extremadura

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
125.140 Ingresos	14.141	11,3%	-0,2pp
120.215 Altas	10.776	9,0%	0,5pp
958.715 Estancias	88.606	9,2%	0,4pp
1.873.986 Consultas	165.490	8,8%	1,2pp
566.693 Urgencias	72.090	12,7%	1,2pp
103.240 Intervenciones quirúrgicas	13.962	13,5%	-1,8pp

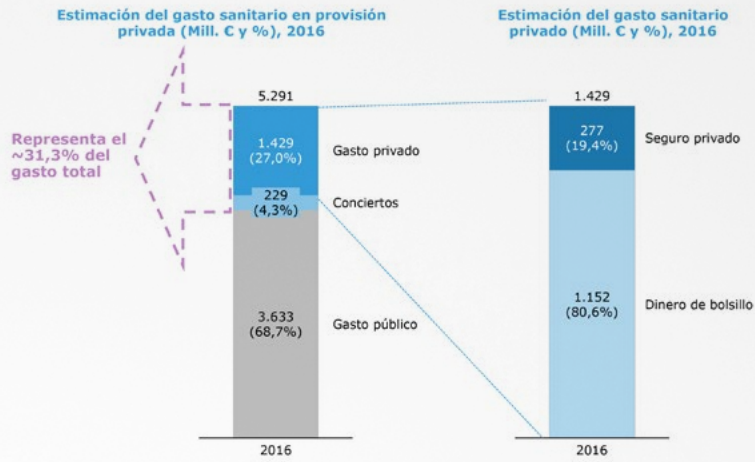
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

GALICIA



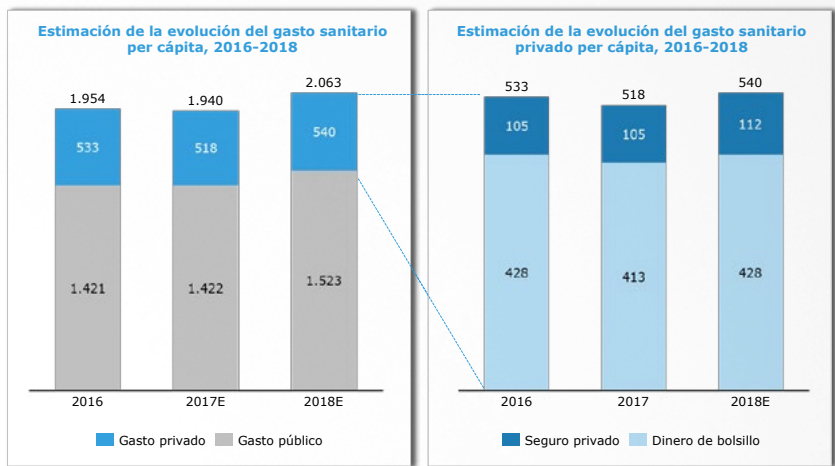
Estimated spending on private healthcare - Galicia



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Galicia



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Galicia en el periodo 2012-2016 (6,62%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Galicia

Gasto en conciertos, 2016	229 millones de euros
% del gasto sanitario total destinado a conciertos, 2016	5,9%
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	1,1%
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	-0,04pp

- Galicia destinó 229 millones de euros a la partida de conciertos en 2016, lo que supone el 5,9% del gasto en sanidad.
- El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del 1,1% en el periodo 2007-2016, presentando un incremento significativo del 9,3% en el último año.
- El porcentaje destinado a conciertos sobre el gasto sanitario total se ha reducido en 0,04 puntos porcentuales respecto a 2007.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Galicia

- According to Galicia's 2019 Budget, approximately 200 million euros are allocated to healthcare using external resources.
- Collaboration agreements for specialist care with private entities represent the largest percentage of the budget (69.3%), followed by agreements for special haemodialysis programmes (11.9%) and the special transport programme (9.7%)

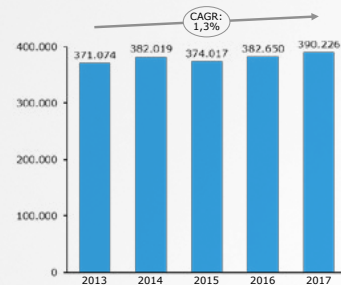
Changes in budget allocations to healthcare using external resources, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Concierdos con instituciones de atención especializada:	148.116.175	139.924.957	141.556.354	139.625.550	138.635.166	135.963.203	135.990.986	138.659.185	139.029.576	138.899.576	69,3%
Concierdos con entes territoriales	11.450.453	10.237.636	2.500.000	3.756.994	3.756.994	3.756.994					0,0%
Concierdos con entidades privadas	136.665.722	129.687.321	139.056.354	135.868.556	134.878.172	132.206.209	132.233.992	138.659.185	139.029.576	138.899.576	69,3%
Concierdos para programas especiales de hemodiálisis:	22.297.313	21.616.230	21.409.517	23.152.945	22.207.672	22.993.533	22.002.005	22.475.165	23.929.046	23.929.046	11,9%
Hemodiálisis en centros hospitalarios	10.694.804	10.258.070	10.258.070	9.756.516	9.072.634	9.688.543	9.688.543	9.688.113	10.678.669	10.678.669	5,3%
Club de hemodiálisis	6.316.497	6.365.500	6.053.454	6.684.921	8.464.917	8.464.917	8.359.121	8.330.000	8.650.000	8.650.000	4,3%
Otras hemodiálisis en centros no hospitalarios	5.286.012	4.992.660	5.097.993	6.711.508	4.670.121	4.840.073	3.954.341	4.457.052	4.600.377	4.600.377	2,3%
Concierdos con centros o servicios de diagnóstico, tratamientos y terapias:	16.874.938	17.484.393	18.011.669	17.676.010	19.733.540	16.808.599	14.969.584	15.738.287	16.425.557	11.533.834	5,8%
Concierdos para litotricias extracorpóreas					2.877.477						0,0%
Terapia de insuficiencia respiratoria a domicilio	9.979.593	10.549.366	10.704.374	11.140.627	10.690.627	10.643.166	10.901.211	11.360.440	11.885.095	11.885.095	5,9%
Concierdos para resonancia nuclear magnética	3.074.442	2.483.025	2.666.847	2.745.828	2.237.847	2.237.847	2.267.847	2.637.847	2.833.462	2.833.462	1,4%
Concierdos para tomografía axial computerizada (TAC)	386.500	649.440	511.000	461.000	461.000	461.000	436.000	286.000	321.000	321.000	0,2%
Concierdos para rehabilitación y fisioterapia	969.608	1.238.019	1.143.700	1.109.531	1.109.530	1.109.530	1.304.859	1.338.000	1.300.000	1.300.000	0,6%
Otros servicios especiales	2.464.795	2.564.543	2.985.748	2.219.024	2.357.059	2.357.056	59.667	116.000	86.000	86.000	0,0%
Concierdos para el programa especial de transporte:	19.959.522	19.498.334	19.784.896	19.624.004	16.747.156	19.727.012	19.739.633	19.850.488	19.432.498	19.432.498	9,7%
Servicios concertados de ambulancias	19.950.766	19.489.578	19.780.163	19.618.771	16.741.923	19.721.779	19.734.400	19.845.255	19.427.265	19.427.265	9,7%
Traslado de enfermos con otros medios de transporte	8.756	8.756	4.733	5.233	5.233	5.233	5.233	5.233	5.233	5.233	0,0%
Otros servicios de asistencia sanitaria:	5.951.604	5.599.548	6.044.709	5.905.675	6.387.027	6.356.809	6.348.708	6.344.818	6.659.551	6.553.951	3,3%
Reintegro de gastos de asistencia sanitaria	337.586	365.180	391.180	453.038	390.038	346.924	234.823	211.533	128.108	128.108	0,1%
Otros servicios de asistencia sanitaria	5.614.018	5.234.368	5.653.529	5.452.637	5.996.989	6.009.885	6.113.885	6.133.285	6.531.443	6.425.843	3,2%
Total	213.199.552	204.123.462	206.807.145	205.984.184	203.710.561	201.849.156	199.050.916	203.067.943	205.476.228	200.348.905	100,0%

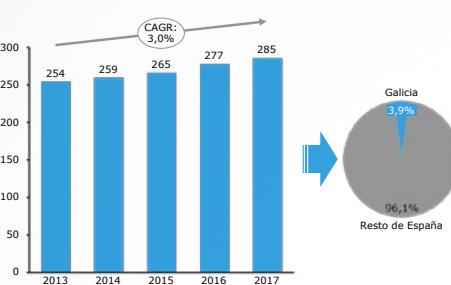
Fuente: Presupuestos Generales de la Comunidad Autónoma de Galicia, 2010-2019.

Number of insured and volume of premiums - Galicia

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017



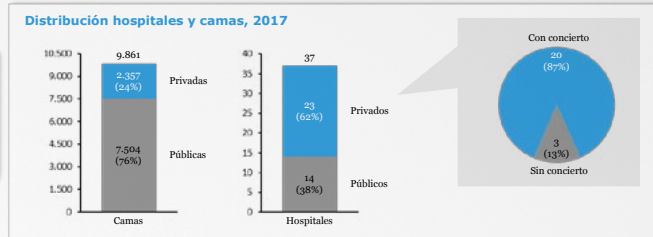
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Galicia ha registrado un incremento anual del 1,3% en el número de asegurados y del 3,0% en el volumen de primas en el periodo 2013-2017, representando el 3,9% del mercado nacional en volumen de primas

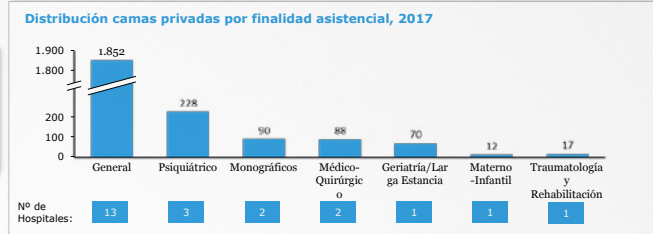
Distribution of hospitals and beds - Galicia

El sector hospitalario privado representa el 62% de los hospitales y el 24% de las camas en Galicia

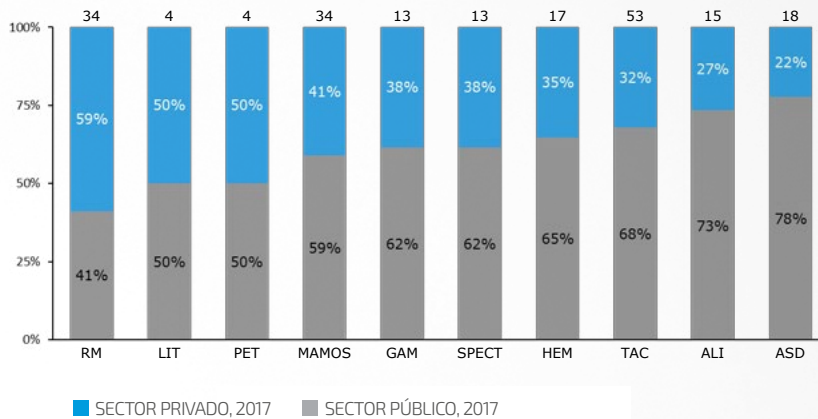


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 79% (1.852) de las camas privadas se ubican en 13 hospitales generales



High-technology equipment - Galicia



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Galicia

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
321.872 Ingresos	65.662	20,4%	0,5pp
322.546 Altas	65.704	20,4%	0,5pp
2.441.204 Estancias	257.143	10,5%	-0,5pp
5.522.262 Consultas	695.805	12,6%	0,5pp
1.400.486 Urgencias	304.823	21,8%	0,5pp
288.889 Intervenciones quirúrgicas	80.343	27,8%	0,7pp

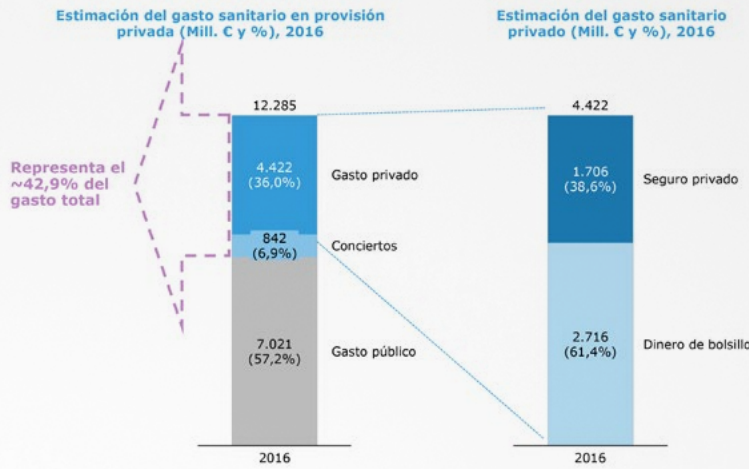
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

MADRID (Region)



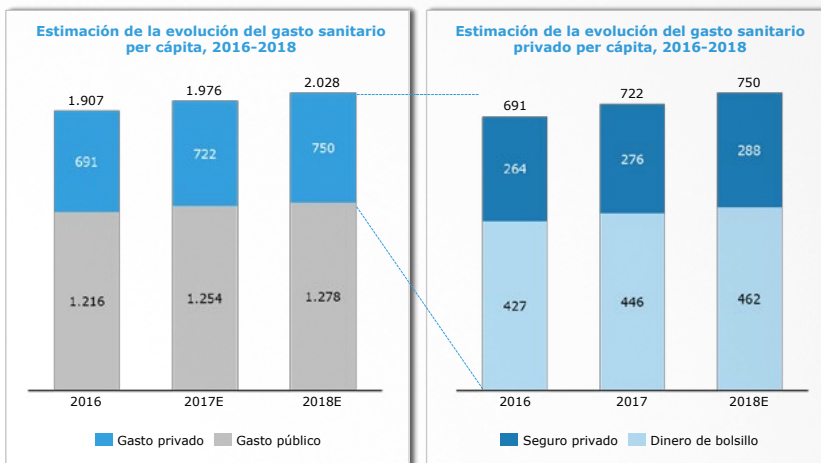
Estimated spending on private healthcare - Madrid



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Madrid



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Madrid en el periodo 2012-2016 (6,34%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Madrid

Gasto en conciertos, 2016	842 millones de euros
% del gasto sanitario total destinado a conciertos, 2016	10,7%
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	8,4%
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	4,66pp

- Madrid destinó 842 millones de euros a la partida de conciertos en 2016, lo que supone el 10,7% del gasto en sanidad.
- El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del 8,4% en el periodo 2007-2016, aunque en el último año presenta un descenso significativo del 14,6%.
- El porcentaje destinado a conciertos sobre el gasto sanitario total se ha incrementado en 4,66 puntos porcentuales respecto a 2007.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - Madrid

- According to Madrid's 2019 Budget, approximately 978 million euros are allocated to healthcare using external resources.
- Collaboration agreements for specialist care represent the largest percentage of the budget (83.4%), followed by agreements for the special transport programme (5.3%) and for mental health (3.4%)

Changes in budget allocations to healthcare using external resources, 2011-2019

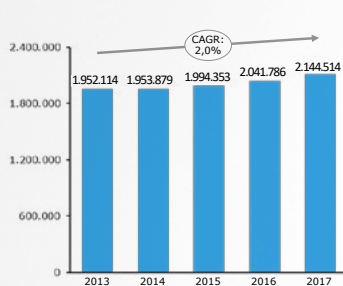
Concepto	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Convenios y concertos en materia de drogodependencia:	23.350.388	24.888.057	20.096.391	16.843.881	16.115.505	16.115.506		16.327.809	16.147.809	1,7%
Con corporaciones locales	9.707.588	10.006.633	9.955.378	7.646.681	7.636.339	7.636.340		7.563.015	7.563.015	0,8%
Con entidades privadas	13.038.506	14.277.130	9.536.719	8.592.906	7.874.872	7.874.872		8.160.500	7.980.500	0,8%
Con otras instituciones	604.294	604.294	604.294	604.294	604.294	604.294		604.294	604.294	0,1%
Convenios y concertos de atención primaria:			20.233.280	8.845.000				2.600.000	2.600.000	0,3%
Con entidades privadas			20.233.280	8.845.000				2.600.000	2.600.000	0,3%
Convenios y concertos de salud mental:	27.172.420	27.172.420	27.172.420	29.172.420	31.881.195	30.199.402		32.780.210	32.780.210	3,4%
Con entidades privadas	27.172.420	27.172.420	27.172.420	29.172.420	31.881.195	30.199.402		32.780.210	32.780.210	3,4%
Convenios y concertos de atención especializada:	389.879.183	581.863.542	635.457.230	584.589.667	734.828.617	748.336.568		815.393.809	815.621.853	83,4%
Con Instituciones del Estado	23.507.796	29.175.926	2.415.020	29.823.302	30.977.472	30.544.851				0,0%
Con entidades privadas	66.448.502	101.197.237	117.871.314	79.413.830	88.484.816	100.743.595				0,0%
Con otros hospitales (concertos singulares, PPP y PFI).	299.922.885	451.490.379	515.170.896	475.352.535	615.366.329	617.048.122				0,0%
Concertos programas especiales hemodiálisis:	20.323.937	20.323.937	24.854.502	24.905.161	23.411.306	19.402.849		24.584.020	24.351.011	2,5%
Diálisis en centros hospitalarios	6.769.975	6.769.975	9.381.535	9.196.580	7.628.637	4.609.751		6.648.220	6.648.220	0,0%
Club de diálisis	8.232.213	8.232.213	8.129.276							0,0%
Diálisis en otros centros	5.321.749	5.321.749	7.333.691	7.668.734	9.896.569	9.292.766		10.080.985	9.915.761	1,0%
Diálisis domiciliaria			10.000	8.039.847	5.886.100	5.500.332		7.854.815	7.787.030	0,8%
Concertos programa especial de transporte:	56.681.406	56.975.380	56.360.023	56.367.770	54.610.401	54.610.401		52.044.584	52.044.584	5,3%
Servicios concertados de ambulancias	51.974.424	52.268.398	51.801.592	51.809.339	51.065.401	51.820.401		50.654.584	50.654.584	5,2%
Traslado de enfermos con otros medios de transporte	4.706.982	4.706.982	4.558.431	4.558.431	3.545.000	2.790.000		1.390.000	1.390.000	0,1%
Concertos centros de diagnóstico, tratamiento y terapias:	44.238.369	44.885.431	32.567.461	25.922.826	15.447.148	12.768.314		32.590.314	32.616.801	3,3%
Oxigenoterapia a domicilio	11.181.977			222.792	18.713	18.713				0,0%
Concertos pruebas diagnósticas por imagen	17.789.888	17.830.613	23.033.884	18.507.616	10.852.657	8.252.703		28.459.442	28.485.929	2,9%
Concertos rehabilitación-fisioterapia	6.237.684	5.840.950	7.073.632	5.444.903	3.440.652	3.361.772		4.130.872	4.130.872	0,4%
Otras terapias a domicilio	8.540.283	20.714.761	873.860							0,0%
Otros servicios especiales	488.537	499.107	1.586.085	1.747.515	1.135.126	1.135.126				0,0%
Otros servicios de asistencia sanitaria:	1.981.172	2.633.902	3.395.685	2.590.746	2.422.753	2.222.753		2.277.443	2.299.443	0,2%
Reintegro de gastos de asistencia sanitaria	700.000	700.000	700.000	700.000	700.000	500.000		100.000	100.000	0,0%
Otros servicios de asistencia sanitaria	1.281.172	1.933.902	2.695.685	1.890.746	1.722.753	1.722.753		2.177.443	2.199.443	0,2%
Total	563.626.875	758.742.669	820.136.992	749.237.471	878.716.925	883.655.793	905.254.595	978.598.189	978.461.711	100%

Fuente: Presupuestos Generales de la Comunidad Autónoma de Madrid, 2011-2019.

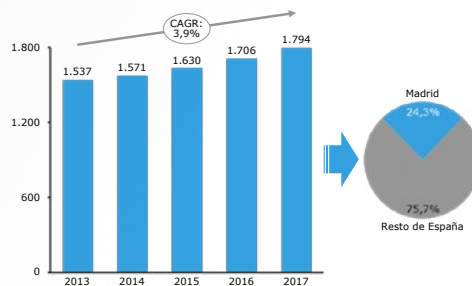
Nota: en algunos de los años no ha sido posible realizar comparaciones debido a modificaciones en el criterio de clasificación de los gastos o al no contar con el nivel de detalle suficiente.

Number of insured and volume of premiums - Madrid

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C.), 2013-2017



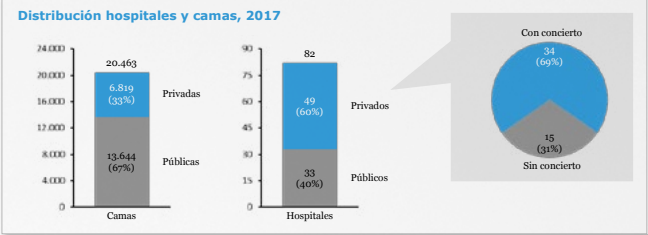
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Madrid ha registrado un incremento anual del 2,0% en el número de asegurados y del 3,9% en el volumen de primas en el periodo 2013-2017, representando el 24,3% del mercado nacional en volumen de primas

Distribution of hospitals and beds - Madrid

El sector hospitalario privado representa el 60% de los hospitales y el 33% de las camas en Madrid

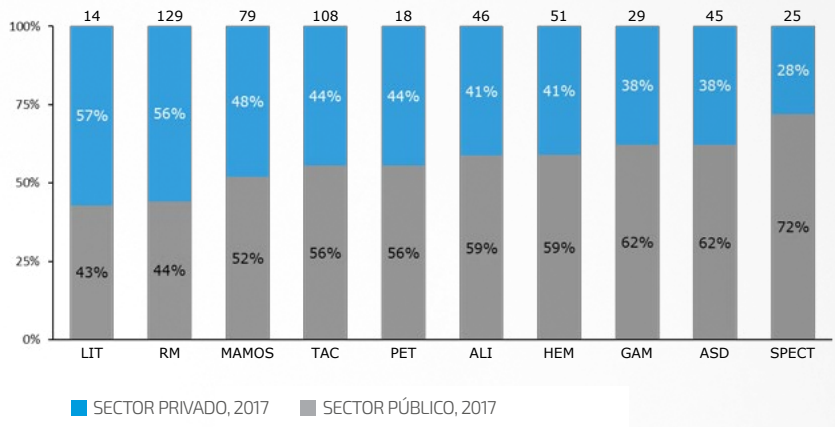


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 52% (3.566) de las camas privadas se ubican en 23 hospitales generales



High-technology equipment - Madrid



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Madrid

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
774.335 Ingresos	240.044	31,0%	-0,4pp
773.169 Altas	239.128	30,9%	-0,4pp
5.241.330 Estancias	1.444.790	27,6%	0,0pp
17.950.428 Consultas	4.613.260	25,7%	0,9pp
4.633.499 Urgencias	1.318.445	28,5%	-0,1pp
849.818 Intervenciones quirúrgicas	324.278	38,2%	1,0pp

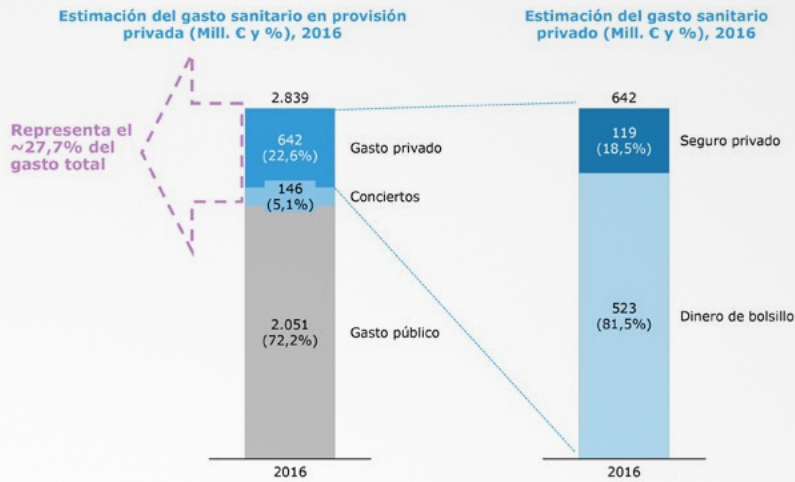
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

MURCIA (Region)



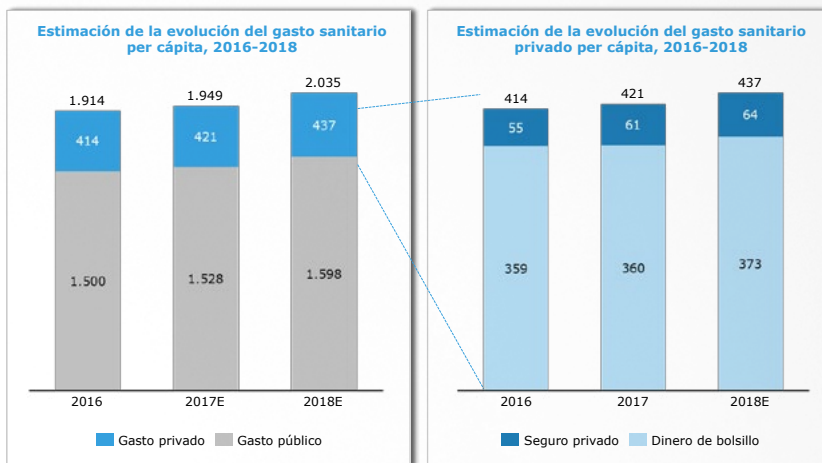
Estimated spending on private healthcare - Murcia



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Murcia



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Murcia en el periodo 2012-2016 (26,69%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Murcia

Gasto en conciertos, 2016	146 millones de euros
% del gasto sanitario total destinado a conciertos, 2016	6,6%
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	1,6%
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	-0,54pp

- Murcia destinó 146 millones de euros a la partida de conciertos en 2016, lo que supone el 6,6% del gasto en sanidad.
- El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del 1,6% en el periodo 2007-2016, presentando un incremento del 4,8% en el último año.
- El porcentaje destinado a conciertos sobre el gasto sanitario total se ha reducido en 0,54 puntos porcentuales respecto a 2007.

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in allocations to collaborative healthcare - Murcia

- Allocations to collaborative healthcare do not appear with the preferred level of detail in Murcia's 2019 Budget. However, the Transparency and Open Government Portal of the Murcia Region estimates 146 million euros were spent on collaborative healthcare in 2017.
- Collaborative agreements for hospital admissions (19.2%) and ambulance services (18.9%) represent the largest percentage of the budget, followed by surgical procedures (15.0%), dialysis (13.2%), and diagnostic tests (13.2%).

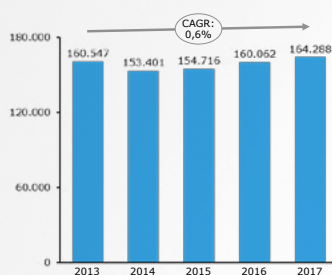
Allocations to collaborative healthcare, 2015-2017

Concepto	2015	2016	2017	2017 (%)
Hospitalización	27.007.865	27.890.591	27.959.871	19,2%
Transporte sanitario	27.511.381	27.511.381	27.511.385	18,9%
Procedimientos quirúrgicos	20.732.078	20.571.457	21.940.247	15,0%
Diálisis	19.089.434	19.574.669	19.242.101	13,2%
Pruebas diagnósticas	13.777.448	15.984.421	19.198.647	13,2%
Terapias respiratorias domiciliarias	9.919.007	9.917.954	9.919.006	6,8%
Rehabilitación	3.322.681	4.183.475	4.337.187	3,0%
Radioterapia	2.542.907	3.456.373	2.843.145	1,9%
Urgencias	1.794.000	1.794.000	1.794.000	1,2%
Reproducción asistida	743.103	1.241.117	1.510.419	1,0%
Cámara hiperbárica	99.279	157.451	89.006	0,1%
Consultas	126.017	138.254	123.579	0,1%
Otros		10.252.074	9.478.088	6,5%
Total	126.665.200	142.673.215	145.946.682	100%

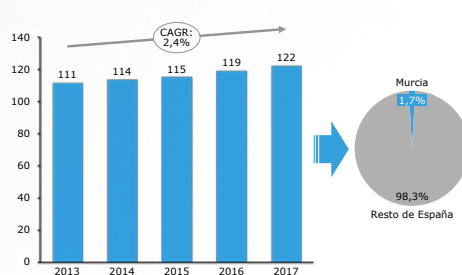
Fuente: Portal de Transparencia y Gobierno Abierto de la Región de Murcia.

Number of insured and volume of premiums - Murcia

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017



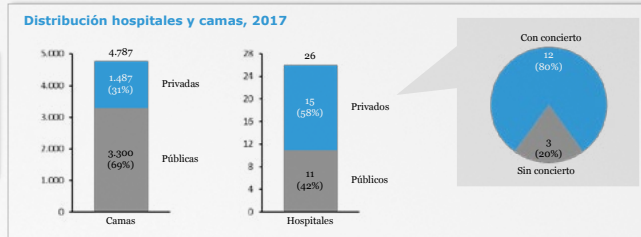
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Murcia ha registrado un incremento anual del 0,6% en el número de asegurados y del 2,4% en el volumen de primas en el periodo 2013-2017, representando el 1,7% del mercado nacional en volumen de primas

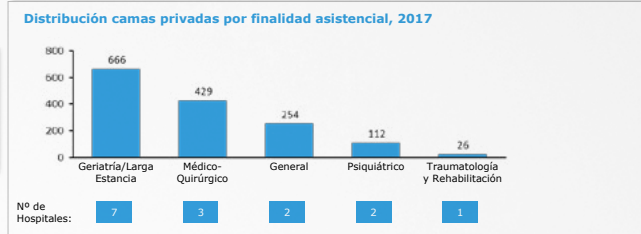
Distribution of hospitals and beds - Murcia

El sector hospitalario privado representa el 58% de los hospitales y el 31% de las camas en Murcia



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 45% (666) de las camas privadas se ubican en 8 hospitales geriátricos o larga estancia



High-technology equipment - Murcia



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Murcia

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
158.116 Ingresos	31.623	20,0%	-0,1pp
157.941 Altas	31.619	20,0%	-0,1pp
1.320.314 Estancias	422.346	32,0%	-6,0pp
2.771.667 Consultas	297.506	10,7%	1,0pp
1.022.856 Urgencias	176.609	17,3%	0,2pp
141.535 Intervenciones quirúrgicas	53.061	37,5%	0,9pp

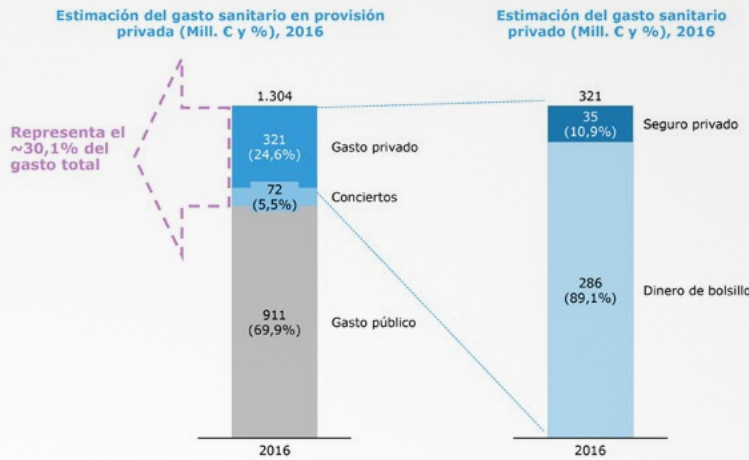
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

NAVARRE (Region)



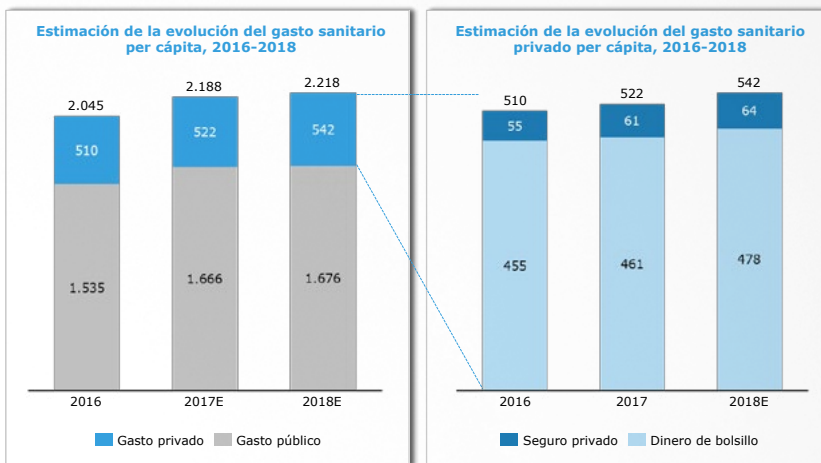
Estimated spending on private healthcare - Navarre



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - Navarre



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en Navarra en el periodo 2012-2016 (1,80%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Navarre

Gasto en conciertos, 2016	72 millones de euros	<ul style="list-style-type: none"> Navarra destinó 72 millones de euros a la partida de conciertos en 2016, lo que supone el 7,3% del gasto en sanidad. El gasto destinado a conciertos ha registrado una tasa de crecimiento anual del 5,2% en el periodo 2007-2016, aunque en el último año presenta un descenso del 3,7%. El porcentaje destinado a conciertos sobre el gasto sanitario total se ha incrementado en 1,81 puntos porcentuales respecto a 2007.
% del gasto sanitario total destinado a conciertos, 2016	7,3%	
Tasa de crecimiento anual compuesto del gasto en conciertos, 2007-2016	5,2%	
Variación del % destinado a conciertos sobre el gasto sanitario total, 2007-2016	1,81pp	

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in allocations to collaborative healthcare - Navarre

- Navarre's 2019 Budget allocates approximately 49 million euros to healthcare using external resources.
- Collaboration agreements for mid-length stays and palliative care represent the largest percentage of the budget (32.5%), followed by healthcare with the Clínica Universidad de Navarra (16.9%).

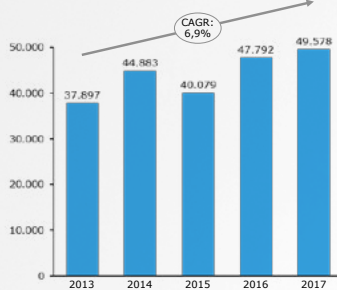
Changes in allocations to collaborative healthcare, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Asistencia sanitaria en otros centros	1.000.000	1.400.000	2.500.000	2.500.000	2.900.000	3.877.000	3.810.000	3.846.251	1.284.260	1.284.260	2,6%
Asistencia sanitaria con la Clínica San Juan de Dios	18.300.000	19.758.850	15.500.000	15.500.000	16.500.000	16.500.000	18.000.000				0,0%
Asistencia sanitaria para la cirugía de baja complejidad								6.000.000	6.050.000	6.521.111	13,3%
Conciertos por diálisis domiciliaria	800.000	1.000.000	1.065.608	1.065.608	1.050.000	1.050.000	1.700.000	2.000.000	1.500.000	1.500.000	3,1%
Conciertos por oxigenoterapia	2.100.000	2.000.000	2.543.713	2.543.713	2.800.000	2.926.000	2.802.000	2.500.000	2.400.000	2.400.000	4,9%
Asistencia sanitaria con la Clínica Universidad de Navarra	11.805.000	12.230.000	9.359.000	9.359.000	7.900.000	7.900.000	8.000.000	8.000.000	8.300.000	8.253.158	16,9%
Trasplantes de órganos	4.195.000	4.400.000	4.400.000	4.400.000	4.400.000	5.600.000	6.000.000	6.000.000	6.600.000	6.700.000	13,7%
Asistencia sanitaria para pacientes agudos								1.400.000	500.000	464.327	0,9%
Conciertos para técnicas de reproducción asistida	950.000	900.000									0,0%
Convenio de Asistencia sanitaria al personal de la Universidad de Navarra	5.200.000	5.641.668	5.000.000	5.000.000	5.016.477	5.016.477	3.100.000				0,0%
Acuerdo marco para la derivación de pacientes por listas de espera	4.400.000	4.575.114	3.400.000	3.400.000	2.400.000	2.400.000	1.600.000				0,0%
Conciertos de asistencia sanitaria, prótesis							1.900.000	2.042.750	1.600.000	1.600.000	3,3%
Asistencia sanitaria para media estancia y cuidados paliativos								14.000.000	14.500.000	15.920.425	32,5%
Concierto con centro de salud mental Josefina Arregui de Alsasua			1.249.838	1.249.838	1.249.838	1.249.838	1.303.050	1.550.950	1.560.000	1.560.000	3,2%
Contratos para la práctica de exploraciones y pruebas diagnósticas									2.754.700	2.754.700	5,6%
Total	48.750.000	51.905.632	45.018.159	45.018.159	44.216.315	46.519.315	48.215.050	47.339.951	47.048.960	48.957.981	100%

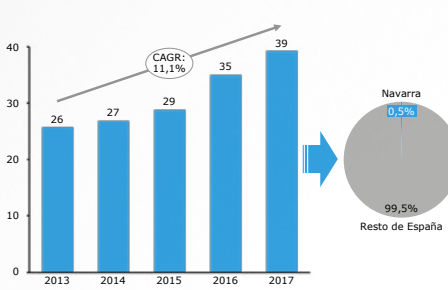
Fuente: Presupuestos Generales de la Comunidad Foral de Navarra, 2010-2019.

Number of insured and volume of premiums - Navarre

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. €), 2013-2017



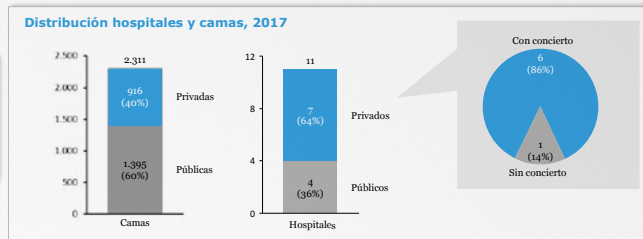
Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).

Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

Navarra ha registrado un incremento anual del 6,9% en el número de asegurados y del 11,1% en el volumen de primas en el periodo 2013-2017, representando el 0,5% del mercado nacional en volumen de primas

Distribution of hospitals and beds - Navarre

El sector hospitalario privado representa el 64% de los hospitales y el 40% de las camas en Navarra

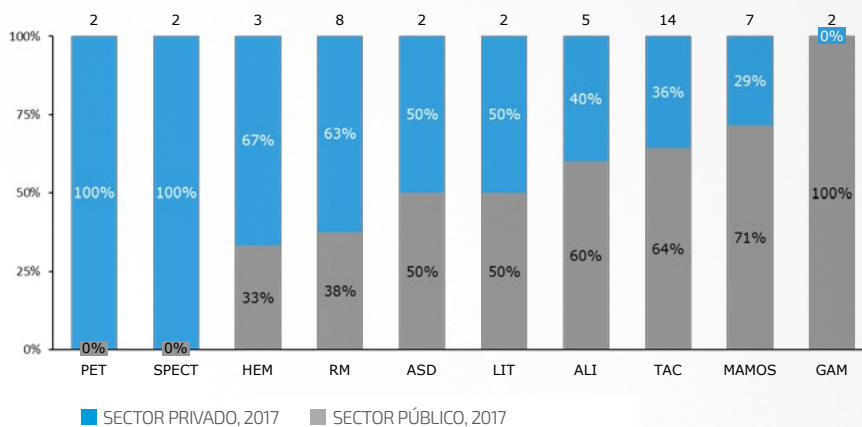


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 56% (513) de las camas privadas se ubican en 4 hospitales generales



High-technology equipment - Navarre



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Navarre

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
79.461 Ingresos	14.303	18,0%	0,1pp
80.377 Altas	14.464	18,0%	-0,1pp
624.579 Estancias	206.922	33,1%	0,0pp
1.247.480 Consultas	258.228	20,7%	0,6pp
292.989 Urgencias	32.274	11,0%	0,1pp
60.640 Intervenciones quirúrgicas	13.471	22,2%	-0,4pp

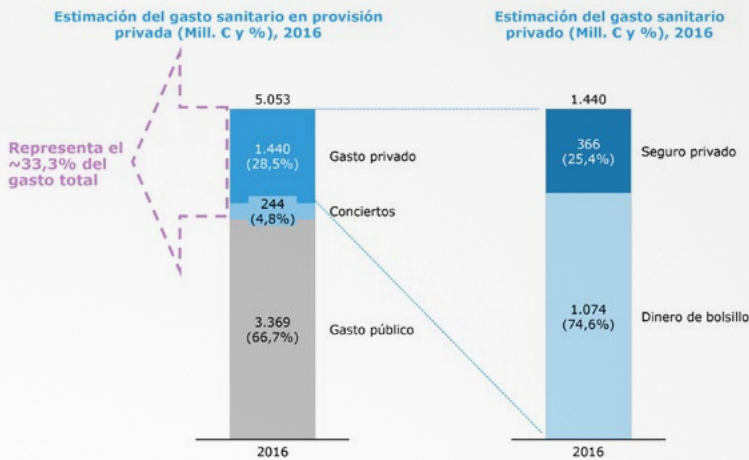
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

BASQUE COUNTRY



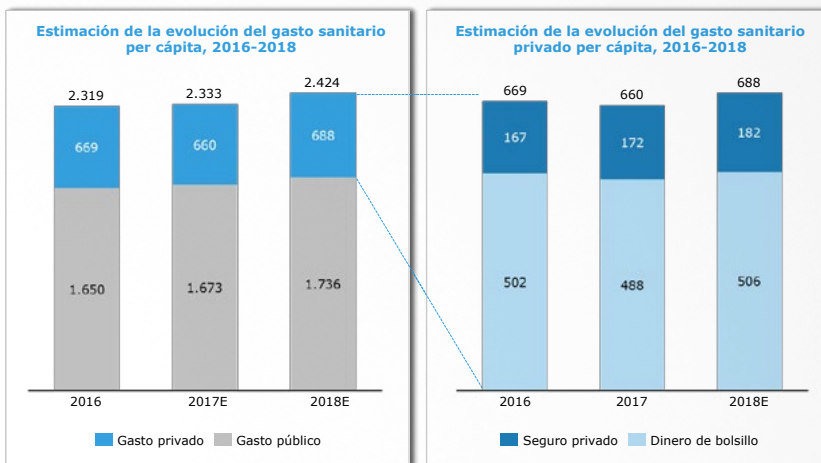
Estimated spending on private healthcare - Basque Country



Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios; servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

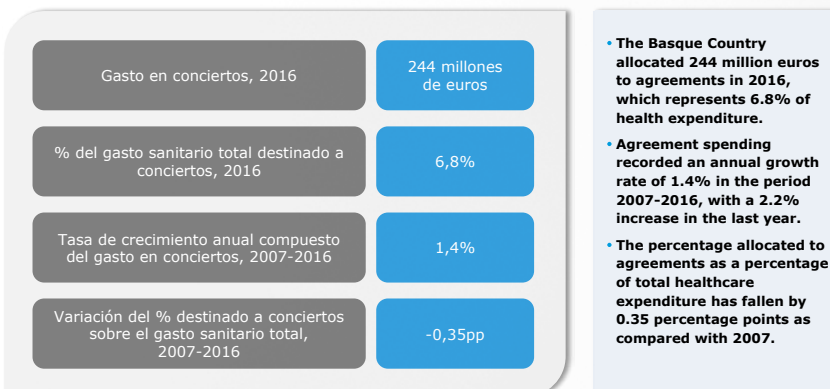
Estimated per capita spending on healthcare - Basque Country



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en el País Vasco en el periodo 2012-2016 (0,14%).

Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - Basque Country



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to services provided by organisations outside the regional government of Euskadi - Basque Country

- According to the 2019 Budget for the Basque Country, approximately 228 million euros are allocated to entities outside the regional government of Euskadi (CAE).
- The patient transfer service represented the highest percentage (29.2%), followed by services provided by health centres (27.9%), services provided by psychiatric centres (16.1%) and services provided by outpatient centres (15.8%).

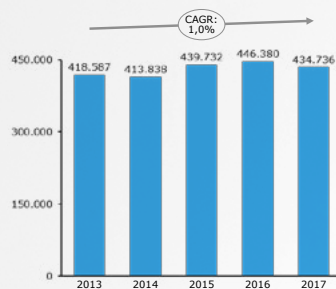
Changes in budget allocations to services provided by organisations outside the CAE government, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Servicios prestados por centros ambulatorios	36.478.999	38.273.395	33.168.302	36.980.318	36.953.850	36.506.789	36.491.858	36.270.411	35.138.336	35.990.776	15,8%
Servicios prestados por centros sanitarios	95.607.190	101.259.091	99.980.837	88.276.708	87.217.107	88.148.638	87.886.778	87.714.987	89.053.556	63.721.832	27,9%
Servicios prestados por centros psiquiátricos	36.635.708	36.785.755	36.155.902	35.278.866	35.274.199	36.164.075	36.164.075	36.397.303	36.859.475	36.719.156	16,1%
Reintegro de gastos de asistencia sanitaria	3.859.289	3.427.517	3.428.300	2.734.696	2.959.880	2.703.781	2.553.781	2.419.891	2.377.052	2.709.734	1,2%
Traslado de enfermos	52.800.849	57.234.697	56.258.379	56.238.363	57.186.645	58.588.203	59.139.997	62.123.537	65.856.386	66.594.275	29,2%
Otros servicios sanitarios	18.557.965	18.559.545	22.448.280	21.491.049	21.814.275	22.482.857	22.510.854	21.909.518	21.590.920	22.351.742	9,8%
Total	243.940.000	255.540.000	251.440.000	241.000.000	241.405.956	244.594.343	244.747.343	246.835.647	250.875.725	228.087.515	100%

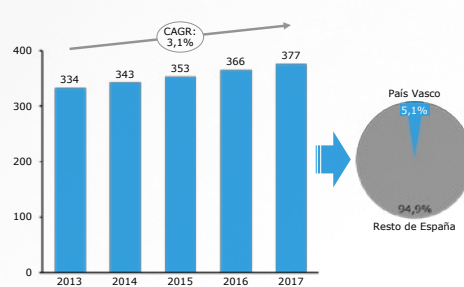
Fuente: Presupuestos Generales de la Comunidad Autónoma de Euskadi, 2010-2019.

Number of insured and volume of premiums - Basque Country

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C.), 2013-2017

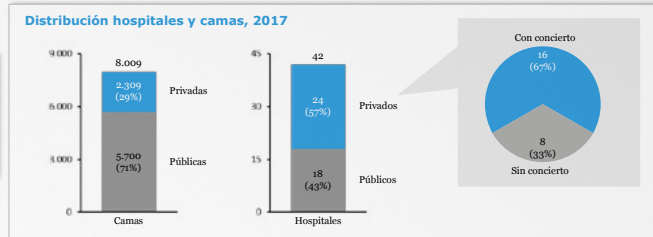


País Vasco ha registrado un incremento anual del 1,0% en el número de asegurados y del 3,1% en el volumen de primas en el periodo 2013-2017, representando el 5,1% del mercado nacional en volumen de primas

Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).
Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

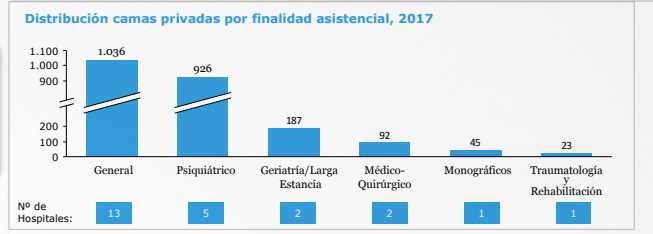
Distribution of hospitals and beds - Basque Country

El sector hospitalario privado representa el 57% de los hospitales y el 29% de las camas en el País Vasco

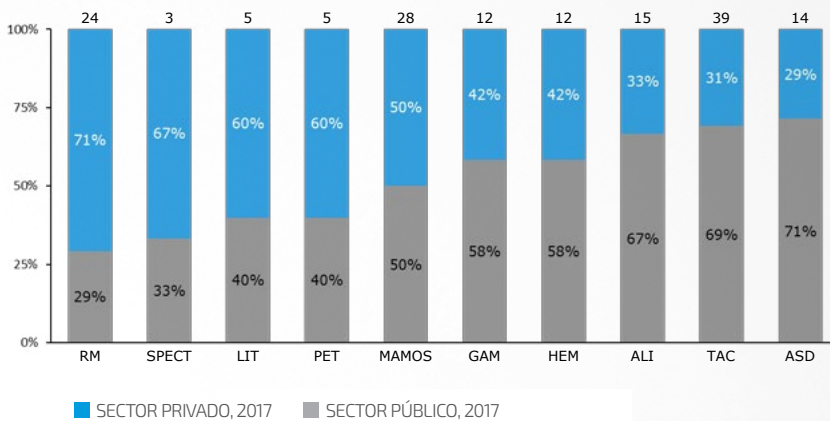


Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 45% (1.036) de las camas privadas se ubican en 13 hospitales generales



High-technology equipment - Basque Country



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
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- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - Basque Country

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
331.984 Ingresos	61.058	18,4%	0,8pp
331.733 Altas	61.130	18,4%	0,9pp
2.048.497 Estancias	365.997	17,9%	0,4pp
5.477.202 Consultas	438.176	8,0%	-0,2pp
1.211.440 Urgencias	232.811	19,2%	0,2pp
306.246 Intervenciones quirúrgicas	65.453	21,4%	0,2pp

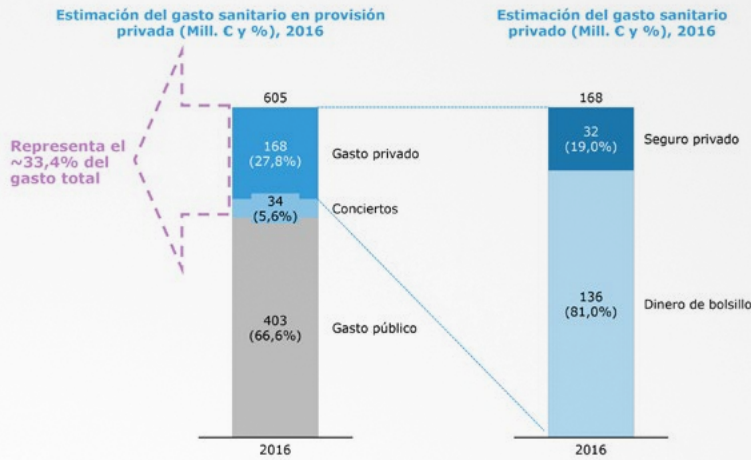
Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

RIOJA (La)

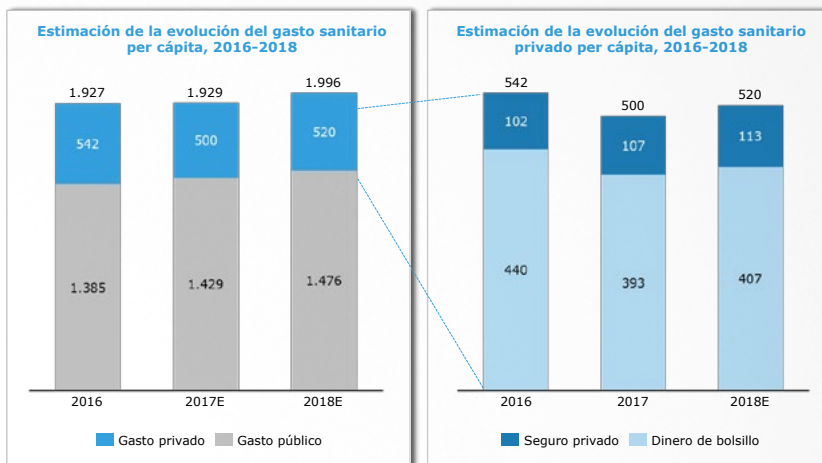


Estimated spending on private healthcare - La Rioja



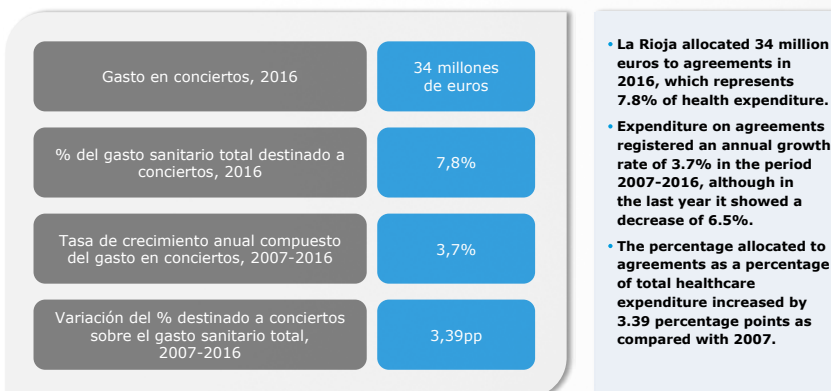
Fuente del gasto sanitario público y conciertos: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.
Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares, 2016 (incluye productos farmacéuticos, otros productos médicos, aparatos y equipos terapéuticos; servicios médicos y hospitalarios, servicios dentales, servicios paramédicos y servicios de protección social); ICEA, Seguro de Salud, año 2016 (incluye asistencia sanitaria y reembolso de gastos).

Estimated per capita spending on healthcare - La Rioja



Fuente del gasto sanitario público: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016 y presupuestos iniciales ajustados por la desviación media producida en La Rioja en el periodo 2012-2016 (19,11%).
Fuente del gasto sanitario privado: INE, Encuesta de presupuestos familiares 2016-2017, 2018 estimado en base al incremento medio anual del periodo 2013-2017 (3,7%); ICEA, Seguro de Salud, años 2016-2017 y enero-septiembre 2018.

Spending on collaborative healthcare - La Rioja



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Cuenta Satélite del Gasto Sanitario Público, serie 2002-2016.

Changes in budget allocations to healthcare using external resources - La Rioja

- The 2019 Budget of La Rioja allocates approximately 25 million euros to healthcare using external resources.
- Collaboration agreements for specialist care centres represent the largest percentage of the budget (70.1%), followed by agreements for special ambulance services (29.9%).

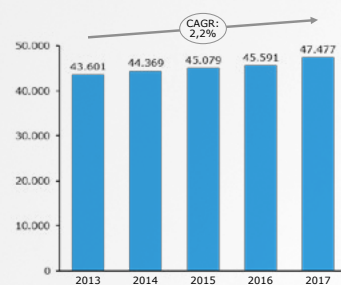
Changes in budget allocations to healthcare using external resources, 2010-2019

Concepto	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2019 (%)
Conciertos con instituciones de atención especializada:	11.228.465	10.868.694	10.256.706	12.998.000	13.748.666	16.025.143	15.990.143	16.753.924	16.867.420	17.490.000	70,1%
Con entidades privadas	11.228.465	10.868.694	10.256.706	12.998.000	13.748.666	16.025.143	15.990.143	16.753.924	16.867.420	17.490.000	70,1%
Conciertos para programas especiales de hemodiálisis:	1.532.520	1.532.520	1.490.906	1.712.823	1.885.647	2.021.000	20				0,0%
Club de diálisis	1.240.000	1.240.000	1.038.932	1.291.248	1.259.218	1.345.000	10				0,0%
Otras hemodiálisis en centros no hospitalarios	292.520	292.520	451.974	421.575	626.429	676.000	10				0,0%
Conciertos con centros o servicios de diagnóstico, tratamientos y terapias:	1.221.913	1.075.505	971.923	1.496.014	117.722	56.216	56.216	60.000			0,0%
Conciertos para resonancia nuclear magnética	1.125.097	956.965	861.269	1.381.777							0,0%
Conciertos para rehabilitación-fisioterapia	34.476	56.200	54.548	56.448	56.216	56.216	56.216	60.000			0,0%
Otros servicios especiales	62.340	62.340	56.106	57.789	61.506						0,0%
Conciertos para el programa especial de transporte:	7.275.693	7.311.429	7.608.132	7.725.835	7.877.484	7.877.484	7.877.484	7.483.225	7.376.000	7.443.500	29,9%
Servicios concertados de ambulancias	7.275.693	7.311.429	7.608.132	7.725.835	7.877.484	7.877.484	7.877.484	7.483.225	7.376.000	7.443.500	29,9%
Otros servicios de asistencia sanitaria:	175.100	175.000	157.500	162.225	154.114	149.490	149.490				0,0%
Otros servicios de asistencia sanitaria	175.100	175.000	157.500	162.225	154.114	149.490	149.490				0,0%
Total	21.433.691	20.963.148	20.485.167	24.094.897	23.783.633	26.129.333	24.073.353	24.297.149	24.243.420	24.933.500	100%

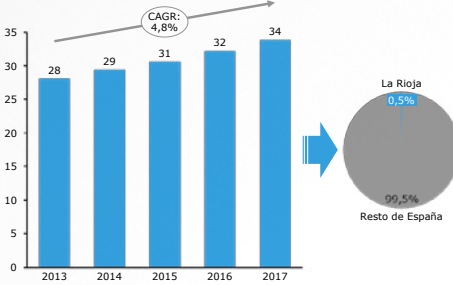
Fuente: Presupuestos Generales de la Comunidad Autónoma de La Rioja, 2010-2019.

Number of insured and volume of premiums - La Rioja

Evolución del número de asegurados, 2013-2017



Evolución del volumen de primas (Mill. C.), 2013-2017

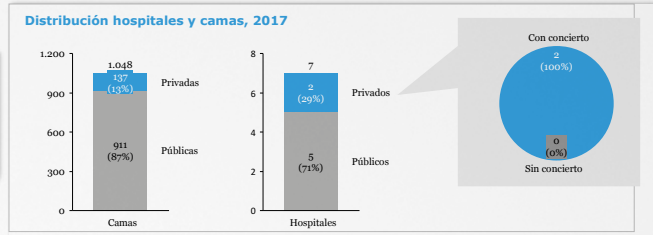


Fuente: ICEA, Seguro de Salud, años 2013-2017 (incluye asistencia sanitaria y reembolso de gastos).
 Nota: CAGR hace referencia a la tasa de incremento anual compuesto (Compound Annual Growth Rate).

La Rioja ha registrado un incremento anual del 2,2% en el número de asegurados y del 4,8% en el volumen de primas en el periodo 2013-2017, representando el 0,5% del mercado nacional en volumen de primas

Distribution of hospitals and beds - La Rioja

El sector hospitalario privado representa el 29% de los hospitales y el 13% de las camas en La Rioja



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

El 64% (87) de las camas privadas se ubican en 1 hospital general



High-technology equipment - La Rioja



Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Catálogo Nacional de Hospitales 2018.

- **ALI:** acelerador de partículas.
- **ASD:** angiografía por sustracción digital.
- **GAM:** gammacámara.
- **HEM:** sala de hemodinámica.
- **LIT:** litotricia por ondas de choque.
- **MAMOS:** mamografía.
- **PET:** tomografía por emisión de positrones.
- **RM:** resonancia magnética.
- **SPECT:** tomografía por emisión de fotones.
- **TAC:** tomografía axial computerizada.

Care activity provided in specialised care centres - La Rioja

Actividad total, 2016	Privado, 2016	% privado, 2016	Variación % privado 2015-2016
43.272 Ingresos	3.894	9,0%	-1,6pp
33.945 Altas	3.884	11,4%	-2,0pp
298.065 Estancias	12.590	4,2%	0,1pp
666.196 Consultas	84.701	12,7%	0,9pp
156.479 Urgencias	29.743	19,0%	0,8pp
31.199 Intervenciones quirúrgicas	4.649	14,9%	0,7pp

Fuente: Ministerio de Sanidad, Consumo y Bienestar Social, Estadística de Centros de Atención Especializada: hospitales y centros sin internamiento, año 2016.

Nota: la actividad de los hospitales que tienen un concierto sustitutorio o que integran una red de utilización pública, es considerada como actividad de hospitales públicos-SNS.

04

IDIS IN THE SPANISH HEALTHCARE SECTOR



The Institute for the Development and Integration of Healthcare (IDIS) currently holds an important position in the Spanish healthcare sector. Its members include:

- 165 hospitals representing a market share of 49% in number of hospitals and 52% in number of beds in the private hospital sector*.
- 11 insurance companies representing a 82% market share in volume of premiums.
- Other key players in the healthcare sector.

*: includes general, medical-surgical, maternity-children's, and specialist hospitals.

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