



ULTIMATE GUIDE TO GETTING INTO AND THRIVING IN THE HEALTHCARE SYSTEM

By Maria Cecilia Tacchi, M.D.

I will focus this guide first on the requirements to getting the state healthcare and then on the best way of moving inside it.

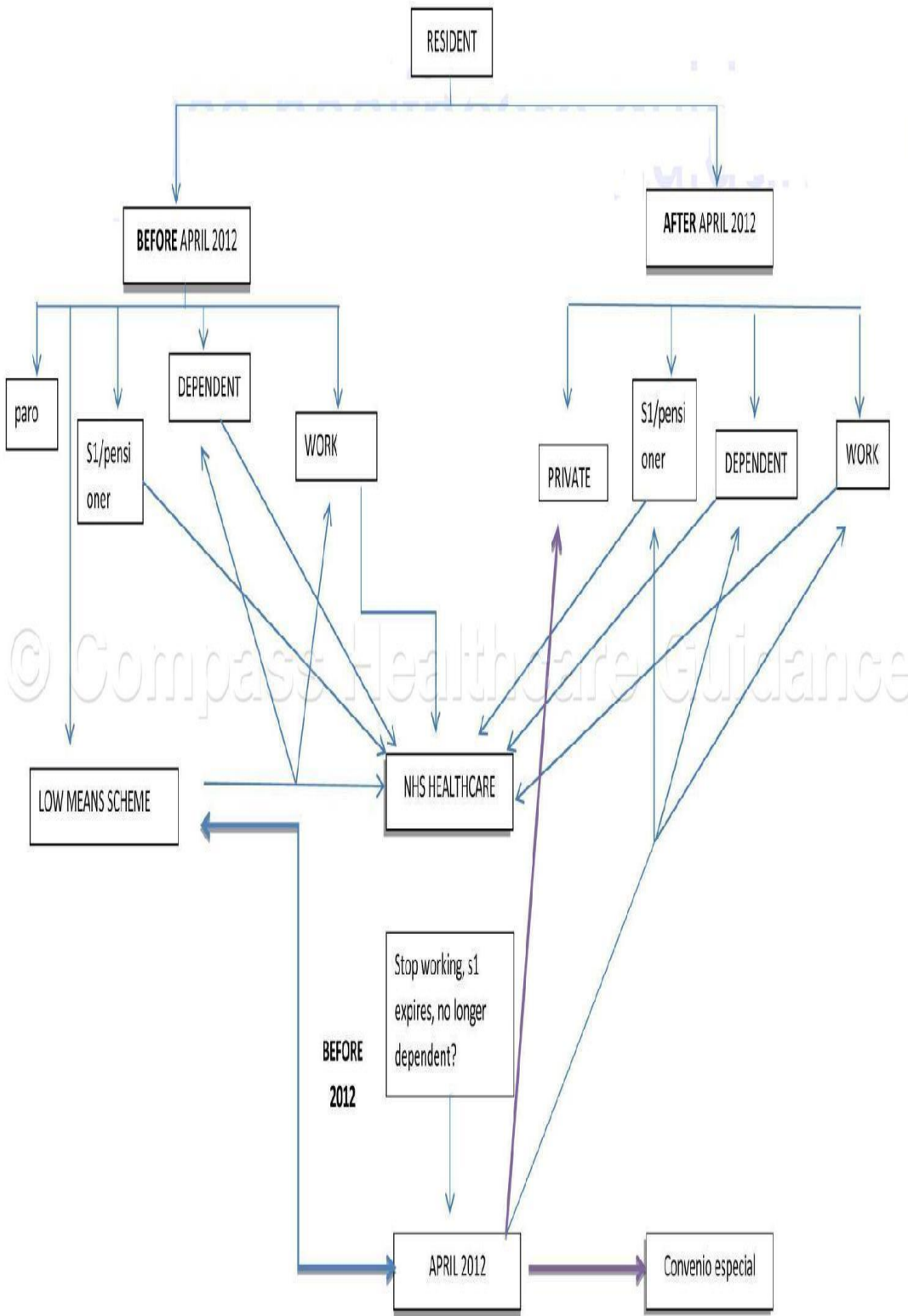
Keep in mind that this is a general guide; I won't elaborate on special cases, as it is better considered on a case to case basis for the best information required.

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Getting healthcare: [RD-ley 16/2012](#):

The new law passed in April 2012.

Who is entitled to Spanish healthcare assistance (prestación sanitaria)?

1. If you are Autonomo or on a contract paying social security contributions in Spain you are entitled to healthcare.
2. Pensioners: you need S1 from your home country: the S1 shows that your home country is transferring your medical assistance to Spain (they will pay for healthcare). You need a S1 for each one of you.
3. If you're NOT working NOR a pensioner and you had residency from **before 24th April 2012**, according to the new law you are entitled to healthcare if you:
 - a. Were a resident from before 24th April 2012
 - b. Present a letter from your home country stating that you are not receiving health coverage there
 - c. Earn less than; 100.000,00 Euros/year (one hundred thousand)

This is known as the *low means scheme-bajos recursos*.

To get into that scheme you need a “legislative letter”. In annex 1 (at the very bottom of this file) I have put the text, because some countries other than the UK don't know how to do it.

To apply for the form you must contact the Overseas Healthcare Team, Dept. of Works & Pensions (DWP), Tyne View Park, Newcastle upon Tyne NE98 1BA (Tel. 0191 218 1999).

d. If you're in the paro system (unemployment benefits). After this benefits ends, and you are still registered as “looking for work” (demandante de empleo) you are still covered. If you have finished your unemployment benefits and you're not registered as looking for work your prestación sanitaria will last for 90 days.

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When it has been recognized that you are entitled to Spanish healthcare assistance, your dependants can also be covered.

Who can be Dependants?

- a) Husband/wife.
- b) “Pareja de hecho” (common law partners this has to be [registered](#) as such).
- c) Offspring until the age of 26 yrs. If 26 yrs or over they must have equal or more than 65% of disability.
- d) Ex-husband/wife as long as you receive a pension from them (other than child benefit: it’s called “pension compensatoria”).

What happens if you stop working or you are no longer a dependant, what are your options?

- a) Resident before 24th April 2012: (see 3: low means scheme)
- b) Resident after 24th April 2012:

(Fight the system: The INSS turns people away for healthcare if they have a residency permit with that was taken after 20 April 2012, even though in the law it says the opposite thing (article 3). It never mentions any dates, they are using this in an indirect way, as the police is supposed to ask for healthcare coverage when giving out residency certificates.

The date “April 2012” is NOT in the healthcare law, they “borrowed” it from the residencia law.

Two people have sued the INSS and both won, one reached the highest court of Castilla & Leon so we now have precedent.

Here is a video explaining this new court cases.

<http://youtu.be/ojywKrVee8A>

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This does NOT mean that you have to sue the INSS, but as there are now two lawsuits as precedents, presenting a complaint letter or sending a burofax might work or even threatening to sue.

The healthcare system is NOT funded by social security contributions, it's funded by the VAT and IRPF. So don't let people shame you by saying that you are not "contributing" every time you pay VAT you are contributing to the healthcare service).

b. Someone's dependant.

c. work.

d. as a "demandante de empleo" even after finishing your unemployment benefits: do not forget to renew it every 3 months.

e. Convenio especial: you can "buy into" the prestación sanitaria"

[rd 576/2013](#) it's called "convenio especial para asistencia sanitaria" and these are the requirements:

i. Empadronamiento.

ii. Must have been resident for at least ONE year.

iii. Pay 60€ per month if under 65 years or 157€ per month if 65 years or over.

Note: if you have worked and you are entitled to paro (unemployment benefit) this will give you healthcare while you're receiving benefits.

What does convenio especial cover? It covers everything the normal Spanish NHS does *except for outpatient medication* (medicines you buy in the chemist).

To get your healthcare right recognized, you need to go to the INSS (http://www.seg-social.es/Internet_1/Oficinas/index.htm) the office that deals with your area (address).

To get the convenio especial you need to go to the [Tesoreria de la Seguridad Social](#) office that is nearest to you (NOT the Instituto!), and ask for the scheme in [royal decree 576/2013](#) (convenio especial para

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asistencia sanitaria). Be aware that many officials don't even know this exists! So be prepared to show or tell them about the legislation. They might tell you that this is only for people that are returning to Spain, **THIS IS WRONG** they have not been informed of this as it only began to function in October 2013.

In some places the Town hall deals with this also. Healthcare centres DO NOT and they don't know about it usually.

Note: if you live in one of the countries from the following list below, you are entitled to complete healthcare coverage in both the country which pays your pension and the country where you now live (if these are different). The UK is not one of these countries.

Austria	France	Netherlands
Belgium	Germany	Poland
Bulgaria	Greece	Slovenia
Cyprus	Hungary	Spain
Czech Republic	Luxembourg	Sweden

The same applies to your family members. If you paid contributions in a country which is not in the list above, you will only be entitled to complete healthcare coverage in the country where you live.

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Getting the most out of the Healthcare system: this is based on two principles:

1) **Know how the system works:** your rights and duties: where can you go for this information in the SAS:

- a. Salud responde 902.505.060.
- b. Your autonomous community webpage, for example: Sas [webpage](#)
- c. Centros de salud.

2) **Know how your body works:** this means that you should do research about your diseases/procedures that you have to have. We know that the internet is full of misleading info, so where can you get ACCURATE info?

- a. <http://www.patient.co.uk/health>
- b. <http://health.nih.gov/>
- c. <http://www.mayoclinic.com/health/DiseasesIndex/DiseasesIndex>
- d. www.patientslikeme.com: this is not for medical info but for other people's experiences.

3) **Know how to communicate with your doctor:** this means preparing for the appointment have a goal and know how to ask for it. See below.

**DONT BE A SHEEP IN YOUR DOCTOR'S
SURGERY**

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After having your healthcare right recognized:

They will be put into the database and given a paper for you and your dependants to take to your healthcare centre (HC), register with a doctor and get your cards.

WAIT before you register with a Doctor!

Why? Because your choice of GP will be fundamental to thriving or failing in the NHS. You need to do research and look for a Doctor that you think you will be able to work with, I'm saying work with because nowadays it is starting to be recognized that patients SHOULD have a say in their healthcare decisions.

This may sound either outrageous or obvious depending on who you are. Some people think that the doctor knows best, others think it's their body that is going to get the consequence of the doctor's decision, and that the Doctor is there to give you medical facts and guide you through the decision making process. I am with the second bunch of people. Regretfully, in Europe we are a low minority, so you'll have to look for a forward thinking doctor, in a backward thinking system.

Where can you find your doctor?

You DON'T HAVE TO GET STUCK WITH THE ONES IN YOUR HEALTH CENTER! With the free choice of [GP](#), paediatrician, centre, [specialist](#) and hospitals that Andalucía has, you can choose any GP in any Health Centre in your district (Costa del sol). In the Health Centre they will try to block this so print out the [regulation](#) and take it with you! The only reason for denying your request is if the Doctor has already fulfilled the quota of patients he's allowed to have. So now that you know that you can choose you have to start to do your research, asking people you know for recommendations (or if you don't know anyone, you could ask for info on Facebook or other expat forums).

What characteristics you should look for in a doctor:

Speaks or understand your language: this is the MINIMUM you should look for in a doctor.

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Not rushed during the appointment: I know GPs have only 5 minutes, but you can always take out several appointments and tackle different issues in each one.

Comfortable with foreigners: xenophobia is alive and well in today's world, not only in Spain.

Beware that the government has made it seem as if the foreigners are the ones to blame for "overcrowding the system" this is of course not true, but it has been in the media.

Make sure that the doctor doesn't speak, "medical jargon" and knows when to make a referral or solve bureaucracy problems.

After you find somebody that you think you'll be OK with, go and register with him/her (you can change after 3 months if you don't like them) and request your health cards ([these](#) are the documents you will need for taking out the card). The card will arrive in the post, before it arrives you can use the paper you get when you register to get care.

Practical aspects to consider when taking out an appointment:

1) Ways of making an appointment:

- a. In presence.
- b. Via telephone (902 505 060).
- c. Via sms (text): send a sms with "CITASAS" on it to 600 123 400, you will receive a text back with the time and date available. If it suits you, send "CITASAS OK" back and it's confirmed. There is no procedure to ask for an alternative.
- d. Via [webpage](#) (with or without digital certificate) if you don't have digital certificate you'll need your card number, DOB, and residencia/NIE number. When you enter your detail another page opens where you have the option of choosing the date and time to suit you. If there is not an appointment available at the chosen time, you will be given options of additional dates. Once you make your choice click on and accept. You will be provided with a printable form with all the details.

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Here is a video on how to take out an appointment via the [website](#)

If you don't have a printer you can just write down the details. This is in Spanish and the English version doesn't work at all times, so try and have someone help you the first time and you'll be all set.

2) What to do to prepare and during the appointment:

a. **Never get the LAST appointment:** only as the last resort. Doctors are tired after all the consultations.

b. **Prepare:** The first step in effective communication is to prepare your message and identify your goal. Prepare your "script" so you are clear headed when in the consulting room. We (Doctors) have a VERY short attention span! Use your time wisely.

c. **Prepare questions:** you would like to have answered. Avoid why questions (why didn't they diagnose this at the hospital? This question serves no purpose and your doctor will think that you are criticizing his/her colleagues, and he/she won't like it). It is better to ask for his/her recommendation: "what would you do?"

d. **Keep your health records organized:** every time you are given a result ask for a copy and file it in chronological order, the same for reports from discharge or visits to the consultants. **THIS IS** very important, first so you have a clear image in you head of what your health situation is and secondly, when you go to other hospitals that don't have access to the Junta's system, if you don't have your records with you it will be very difficult to "reconstruct" your history.

There is a project that is being implemented that is called [Click Salud](#) where you are able to download your health records from the SAS webpage. It is already available for distrito sanitario Costa del Sol, you don't get everything (labs), but you get your active problems, medications, allergies, and hospitalization (only for the clinico-universitario), Costa del sol is a private hospital that caters to the NHS, and they have their own applications. This is very **BAD** thinking in my opinion: as they have a different computer system for medical history

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and it does not communicate with the one in the healthcare centre & rest of the hospitals.

In Andalucía we have two types of hospitals: public and privately run that caters to the NHS.

Málaga región:

Public: clínico-universitario, Carlos Haya, Materno –Infantil.

Private: (that cater to the NHS): Costa del Sol, CARE Mijas and CARE Benalmádena (empresa pública costa del sol).

Referrals:

If you need a referral: you must ask your GP for one. Remember that there are a limited number of referrals, so you must make a compelling point to get one.

There are 3 types:

Normal, Preferente and Urgente:

Urgente is the fastest, it's usually passed to the consultant to be seen in the quickest time available. If you have a preferente referral it may be up to one month waiting.

What can you do if you get worse?

You can go to the A&E of the hospital where you're going to see the consultant and state your problems. It could be that the doctor in the emergency room contacts the consultant and you COULD get bumped up. This usually works with medical problems, not surgeries.

For example, if you have a migraine and you go to the A&E, they might give you a new medication right away and keep the date of your consult to see how you responded to the new medication, instead of starting the medication on that date you would have saved quite a few days. But if you are awaiting a knee surgery and you are in pain, even going to the A&E will not get you bumped up in the surgical list.

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Remember that you have the right to choose hospital & specialist if they are in the “[free choice program](#)” (libre eleccion de especialista) you have to ask, and if they are, you can choose them.

Second medical Opinion:

The SAS also has a very interesting advantage that is underutilized; it's the “second medical opinion”: this means that if you have a serious disease ([list](#)) you can ask for a second opinion that will be carried out by a specialist inside the system.

You must have in mind that the following conditions must be met:

1. Live in Andalusia (legal resident).
2. Your diagnosis must have been made here (within the SAS).
3. The treatment is not urgent.
4. You haven't had a second opinion before for the same disease.

[Here's](#) the procedure.

The EU directive on Border Healthcare:

As the EHIC/TSE is aimed at taking care of urgent treatment, this directive regulates how to get programmed care in another country.

The directive is little known and gives all EU nationals the right to obtain healthcare services in any EU state, as long as they are entitled to the same services in your own country, and as long as they are not able to obtain such services within a reasonable amount of time at home. This could mean that if somebody is able to get a hospital in the UK to do the surgery before the one in Spain, and they don't have relatives here to help with after care but have in the UK, they could be entitled to have the surgery there.

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Here is a real life example: click on the link to read full example.

Mr L, a 28-year old German accountant normally resident in Lundberg, whose sister is now a permanent resident of the UK, applied to come to the UK for surgery on two of his vertebral discs. His back pain was causing him significant mobility problems and although a local hospital in Germany had agreed to carry out the operation within 3 months, Mr L wanted to have the surgery in Bristol, so that he could spend three weeks living with his sister, a qualified physiotherapist.

This of course is not publicized, as nobody wants hordes of other country citizens filling up their hospitals... But this directive exists since 2011, but the deadline to implement it is October 2013.

The EU directive on cross border healthcare has many complex and detailed rules and regulations. However, it is possible to summarize the rules for both citizens and countries.

Rules for Citizens:

Residency: To be entitled to cross border healthcare, you must be a resident of a country within the European Economic Area.

Local provision: In order for cross border healthcare to be funded, it must be available in your home state as part of the standard healthcare package available to all citizens. Local commissioners will set out what treatment is covered under each state system.

Undue delay: Cross border healthcare must be funded if there is undue delay in providing the same treatment locally. The European Court of Justice defined undue delay as a waiting time that "exceeds the period which is acceptable in the light of an objective medical assessment". This means that such judgments should be based on medical assessments, not just on arbitrary time based targets.

Reimbursement: The cost of cross border healthcare will only be reimbursed up to the cost of the treatment in the home state. States are not obliged to pay for costs in excess of the cost of treatment in the

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home state and you are not allowed to profit from having cheaper treatment in another state. The costs of travel and accommodation are not generally reimbursed.

I know these look like many requirements, but it could mean hope for older expats living here with no relatives and a surgery on the horizon. [Here](#) is a very good guide on the directive it is written from the perspective of someone living in the UK, but can be applied to any EU citizen.

Patient Advocacy and my company:

So what's patient advocacy? It's someone that helps you get the best healthcare possible.

Patient advocacy was born in the USA, as far as I know I am the only one doing it here. I started doing it because of two experiences in the SAS when I was pregnant, my opinions were NOT heard, and I was the head of the blood bank in the hospital! I thought if this happened to me what happens to other people who do not know their rights?

I then discovered what happens is a lot worse, than what happened to me, they are thrown around without having a say in their healthcare decisions, and that is not right and not good practice.

In Citizens Advice Bureau Spain, I answer questions via Facebook and on the website (pro bono) for free, if you need help with hands-on interaction, I can also help you as a patient advocate.

What can you do?

You can advocate for yourself: knowing about the system and the medicine and trying to work with your doctor. This is known as being an empowered patient. It's also difficult, as when you are sick and the doctor with the white coat is sitting in front of you telling you what to do, to have the presence of mind to get into "the circle".

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What can I do?

My advantage is that I know the system very well, and I know medicine very well. From a practical standpoint I can do the following services:

- * Preparing for consultations by reviewing your case and setting objectives for your appointment. Explain the laws & regulations and the medicine for your problem.
- * Accompanying you to the appointment, translate if needed and take notes of what the doctor is offering you. Making sure you understand and that your doctor understands your concerns or preferences.
- * Going over the appointment and discussing your options.
- * Making a summary of your condition/s, medication/s and allergies for you to take with you, in case of an emergency (in Spanish/English).
- * Helping you with the same things in an inpatient setting.

What are the benefits for you?

- * A calm head by your side in times of crisis – less stress for you.
- * Focusing only on your health, not in navigating the healthcare maze.
- * Someone with knowledge of the system with only YOUR interests as a priority.
- * Better decision making.
- * Full understanding of your disease/diseases, and their consequences.
- * No stress while having to recount your medical history as you'll have it summarized in “medical jargon”, both in English and Spanish!

DISCLAIMER

This guide is done with information purposes only, it is correct to my knowledge but as laws and procedures change, I am not to be held accountable for this. After reading this you should check that the laws/regulations are still in place and have not changed.

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Authorized by **Myra Azzopardi Swainson**

30/11/13

Updated 30/11/14

ANNEX 1- LEGISLATIVE LETTER TEXT.

This is the letter that ensures that you don't have health cover in your country of origin, the UK does it all the time, but other countries don't so here's the text:

Sobre Su cobertura Para Recibir Asistencia Médica En España

Su Nombre: **Your name.**

Fecha De Nacimiento: **Date of birth.**

Tengo entendido que su departamento necesita confirmación que la persona nombrada arriba no tiene derecho a cobertura para recibir asistencia médica en: **Country of origin.**

Puedo confirmar que, después de consultar a nuestros archivos, esta persona no tiene derecho a cobertura para asistencia médica del Reino Unido desde. **Date when you lost the right to assistance.**

Además, puedo confirmar que la persona no recibe ninguna pensión ni prestación estatal.

Donde Puede Conseguir Más Información.

Si necesita más información sobre cualquier asunto contenido en este escrito, por favor, póngase en contacto conmigo. El número de teléfono y la dirección se encuentran en el membrete de esta carta.

Sinceramente suyo/a

<https://www.facebook.com/groups/citizensinspain/>

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