



Completing the Pathway: From Patient Referral to Care -Spain





Overview of Spain's Health System

Spain's health care system is a dual system comprising of a public system, the Spanish National Health System (Sistema Nacional de Salud) (SNS), and a complementary private system that individuals may choose to access for specialized and/or faster care.⁽¹⁾ In the public system, services are provided free of charge at the point of delivery, with the exception of outpatient pharmaceutical prescriptions. Health service delivery is decentralized across 17 Autonomous Communities (ACs), each with a high degree of autonomy and self-governance. However, all regions are required to monitor and report on austerity and stability measures implemented by the Ministry of Finance since 2008.⁽¹⁾ The Instituto Nacional de Gestión Sanitaria (INGESA), an administrative entity under the Ministry of Health, oversees health care management in the two autonomous cities of Ceuta and Melilla.⁽¹⁾ Each AC is responsible for offering integrated health services to the regional population through the centers, services and establishments of that community.⁽²⁾



In contrast, the private system includes voluntary health insurance policies that supplement public care, and as of 2024, approximately 26% of the population was enrolled in private health insurance.^(1,3) Some employers may provide private insurance plans as well.⁽⁴⁾ Further, Spain has a well-developed network of private hospitals, clinics, and specialized centers, which often provide shorter wait times, more personalized amenities, and access to certain specialists not easily available in the public system.⁽⁵⁾ Many individuals use private providers for faster access to elective procedures, second opinions, advanced diagnostics, or specialized treatments (e.g., fertility services, cosmetic surgery, dental care).⁽⁴⁾ Some of these high-cost services may be partially reimbursed, depending on the insurance policy. Additionally, individuals who are not enrolled in private insurance policies, can pay directly for private consultations or procedures.^(1,5)

Optical care is outside the scope of the public health system and requires individuals to pay out-of-pocket and/or purchase private insurance to support these needs.⁽¹⁾ This includes routine eye exams, corrective lenses, and refractive surgeries (i.e., surgeries that are not medically necessary). However, newer programs have been developed to support high-risk groups, such as a recent program to provide free contacts and glasses for children who are 16 years old and younger.⁽⁶⁾

Ageing and the rise in chronic diseases such as diabetes mellitus are among the leading risk factors for several eye conditions in Spain, including diabetic retinopathy (DR) and diabetic macular edema (DME).⁽⁷⁾ The SNS recommends an annual fundus examination for individuals with diabetes, typically performed in hospital settings using retinography. However, because these medical centres are often not easily accessible, uptake of this test remains low.⁽⁸⁾

In Spain, the main ophthalmological diseases that lead to vision loss and blindness are glaucoma, DR, DME, age-related macular degeneration (AMD), and high myopia (HM).^(7,9) Evidence also indicates

that visual health is becoming an increasingly important public health priority, with Spain's population over age 65 expected to double by 2050 – the highest proportion of older adults in Europe.⁽¹⁰⁾ Despite this, there are currently no formal nationwide programs dedicated to helping adults and older adults specifically access optical care.

1. Campaigns and patient education

Campaigns and education are important for prompting patients to receive eye exams and spreading awareness on the vision complications that may arise with age and their general treatment. Education and awareness efforts are often led by non-governmental organizations, such as the Official College of Opticians-Optometrists of Andalusia (COOOA) – a professional body that represents, regulates, and advocates for the practice of optometry in Andalusia by promoting continuous education, upholding ethical standards, and working with diverse stakeholders to protect the population's visual health.⁽¹¹⁾

If patients (and/or their caregivers) are not connected or aware of these organizations, it may impede access to information about the importance of screening and process for receiving treatment if age-related eye diseases, such as AMD, DR and DME, are present.

2. First point-of-care to screening

In Spain, optometrists/opticians are often the first point-of-care for an eye exam and retinal imaging. Optometrists/opticians are regulated professionals who are able to detect an age-related eye disease and identify the stage of disease but cannot formerly diagnose. Clinical practice guidelines including screening frequency are provided by General Council of Colleges of Opticians-Optometrists with the Spanish Society of Primary Care Physicians (SEMERGEN) to patients and their family.⁽¹²⁾ Optometrists/opticians are commonly accessed in the private sector, including optical shops and private clinics, as this provides direct access without a referral and shorter wait times. Individuals must either pay out of pocket or utilize private insurance policies for these services.^(13,14)



General practitioners and other care providers (e.g., nurse practitioners, endocrinologists) may also provide a referral to an ophthalmologist directly.

3. Referral to specialist and treatment

If retinopathy is suspected or detected, patients are most commonly referred to a general ophthalmologist. There are no standardized guidelines on how to refer patients to eye specialists, and referral procedures often depend on clinic procedures and relationships with treating physicians in the area. Upon referral, patients are triaged by specialists to confirm a diagnosis.

It is important to note that individuals can access ophthalmologists through the public healthcare system in hospitals or clinics; however, waiting times are often long. Those who have private health insurance or

can pay out of pocket may choose to visit private hospitals or clinics, where they are likely to receive care more quickly.

Barriers throughout the pathway

- The biggest barriers to routine eye exams were long wait times to schedule an appointment, the cost of an exam, and for some, long waits on the day of the visit – all of which can result in missed or delayed diagnoses at the early stages of eye disease.⁽¹⁵⁾
- Furthermore, the lack of available ophthalmologists leads to longer wait times for patients without private insurance, highlighting an important health inequity.
- Lack of coordinated education and knowledge translation campaigns result in lack of awareness on vision health needs.
- Similarly, the lack of national, formal screening programs for eye diseases – particularly for older adults and high-risk groups – often leads to underdiagnosis and lack of treatment.
- Adults with multiple chronic conditions often rely on different specialists. Poor coordination between primary care physicians, endocrinologists, and ophthalmologists can lead to missed or delayed referrals for retinal exams.
- Access can vary significantly across Spain's 17 ACs. Rural and remote areas may have fewer ophthalmologists and diagnostic equipment, creating travel burdens for older adults with mobility limitations.

Acknowledgement

The International Federation on Ageing (IFA) extends its sincere gratitude to Dr. Ignacio José Costa González, Chair of Professional Services Committee at the European Council of Optometry and Optics (ECOO), for his expert insights and contributions, which informed the development of this note and the referral pathway infographic.

References

1. Bernal E, Ester D, Manuel AP, Rosa RL, Juan MUG, Daniel OM, et al. Health system review Spain. Health Systems in Transition: Spain [Internet]. 2024 [cited 2025 Jul 3];26(3):2024. Available from: www.healthobservatory.eu
2. Overview of the Spanish Healthcare System [Internet]. [cited 2025 Jul 3]. Available from: <https://healthmanagement.org/c/hospital/issuearticle/overview-of-the-spanish-healthcare-system>
3. Deteriorating public health care drives people to private insurance - InSpain.news [Internet]. [cited 2025 Jul 10]. Available from: <https://inspain.news/private-health-insurers-in-spain-benefit-from-deteriorating-public-healthcare/>
4. Spain: #19 in the 2024 World Index of Healthcare Innovation - FREOPP [Internet]. [cited 2025 Jul 10]. Available from: <https://freopp.org/spain-19-in-the-2024-world-index-of-healthcare-innovation/>
5. An Overview of the Healthcare System in Spain [Internet]. [cited 2025 Jul 10]. Available from: <https://generisonline.com/an-overview-of-the-healthcare-system-in-spain/>
6. Free eyeglasses and contact lenses from 2025: how to obtain them [Internet]. [cited 2025 Jul 10]. Available from: <https://madridsecreto.co/en/glasses-lenses-free-2025/>
7. Pablo L, Garay-Aramburu G, García Layana A, Fernandez A, Vázquez I, Acebes X, et al. Assessing the economic burden of vision loss and irreversible legal blindness in Spain (2021–2030): a societal perspective. Health Econ Rev [Internet]. 2024 Dec 1 [cited 2025 Jul 9];14(1):1–11. Available from: <https://thehealtheconomicreview.biomedcentral.com/articles/10.1186/s13561-024-00546-y>
8. Diabetic patients in rural areas will be able to be diagnosed with diabetic retinopathy in the early stages of the disease thanks to a mobile system - Biotech Spain [Internet]. [cited 2025 Jul 3]. Available from: <https://biotech-spain.com/en/articles/diabetic-patients-in-rural-areas-will-be-able-to-be-diagnosed-with-diabetic-retinopathy-in-the-early-stages-of-the-disease-thanks-to-a-mobile-system/>
9. Steinmetz JD, Bourne RRA, Briant PS, Flaxman S, Taylor HR, Jonas JB, et al. Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: The Right to Sight: An analysis for the Global Burden of Disease Study. Lancet Glob Health [Internet]. 2021 Feb 1 [cited 2025 Jul 9];9(2):e144–60. Available from: <https://www.thelancet.com/action/showFullText?pii=S2214109X20304897>
10. Latorre-Arteaga S, Fernández-Sáez J, Gil-González D. Inequities in visual health and health services use in a rural region in Spain. Gac Sanit [Internet]. 2018 Sep 1 [cited 2025 Jul 3];32(5):439–46. Available from: <https://www.sciencedirect.com/science/article/pii/S0213911117301243>
11. We are your Optometrist - COOOA [Internet]. [cited 2025 Jul 10]. Available from: <https://www.coooa.org/comunicacion/somos-optometristas/>
12. Primary care physicians demand greater involvement of the optometrist in the control of diabetes and other vision pathologies – CGCOO [Internet]. [cited 2025 Jul 10]. Available from: <https://www.cgcoo.es/informaciones/los-medicos-de-atencion-primaria-demandan-una-mayor-implicacion-del-optico-optometrista-en-el-control-de-la-diabetes-y-de-otras-patologias-de-la-vision/>

13. Spain - Eye Care - Expat Focus [Internet]. [cited 2025 Jul 20]. Available from: <https://www.expatsfocus.com/spain/guide/spain-eye-care>
14. Did You See That? Your Guide to Eyecare in Spain | Right Casa Estates [Internet]. [cited 2025 Jul 20]. Available from: <https://rightcasa.com/did-you-see-that-your-guide-to-eyecare-in-spain/>
15. DR Barometer. The Diabetic Retinopathy Barometer Report Spain Contents. [cited 2025 Jul 10]; Available from: <https://drbarometer.com/wp-content/uploads/2022/08/dr-barometer-spain-report.pdf>



International Federation on Ageing
1 Bridgepoint Drive, Suite G. 238
Toronto, ON, M4M 2B5, Canada