

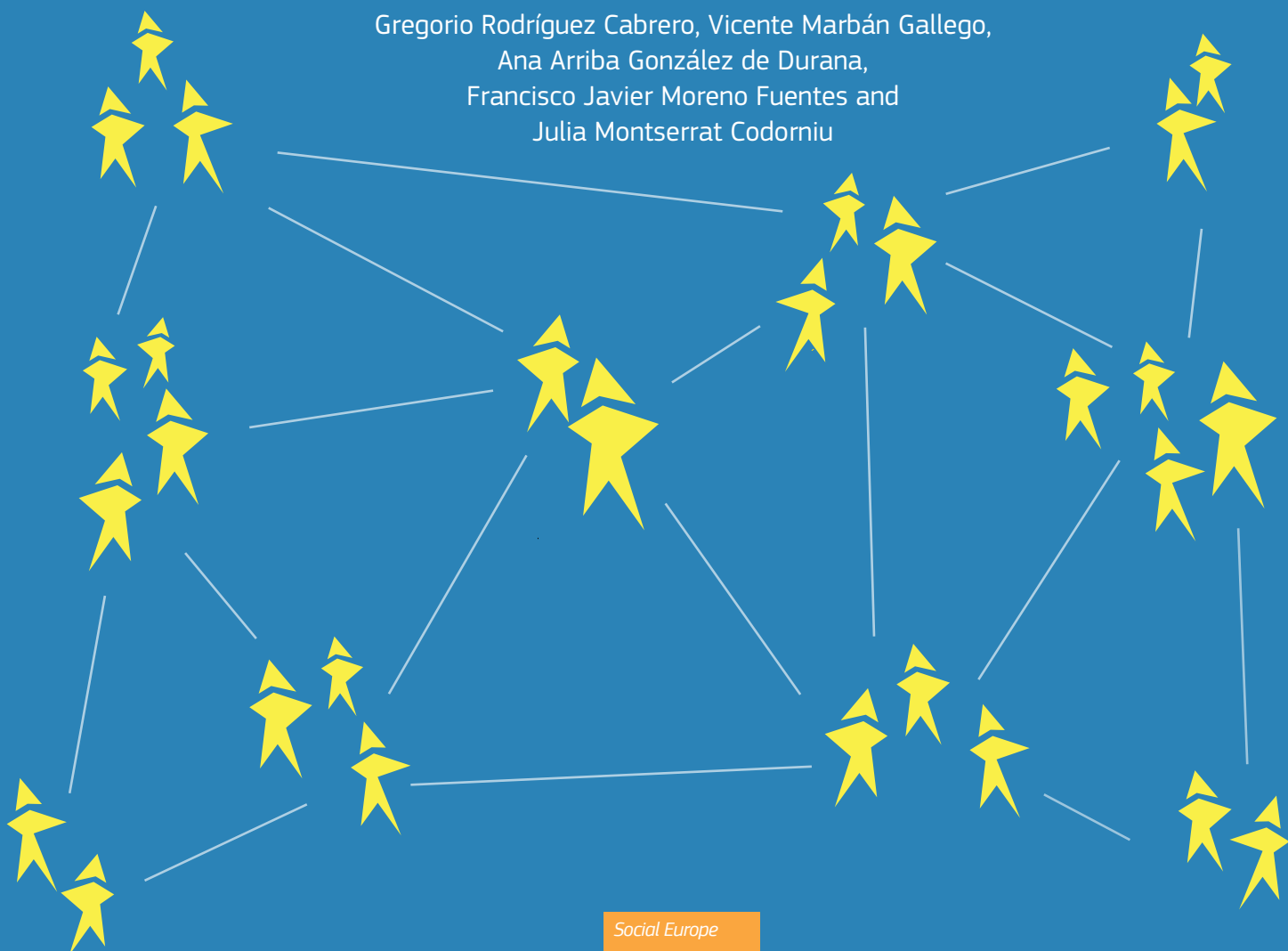


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Making access to social protection for workers and the self-employed more transparent through information and simplification

Spain

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EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
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**ESPN Thematic Report on
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2022

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Manuscript completed in July 2022

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QUOTING THIS REPORT

Rodríguez Cabrero, G.; Marbán Gallego, V.; Arriba González, A.; Moreno Fuentes, F.J. and Montserrat Codorniu, J. (2022). *ESPN Thematic Report on Making access to social protection for workers and the self-employed more transparent through information and simplification –Spain*, European Social Policy Network (ESPN), Brussels: European Commission.

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Summary

The purpose of this report is to identify and analyse policies put in place by the country to improve transparency in access to social protection, considering both access to information and simplification of access. The report focuses on the six social protection branches covered in the 2019 Council Recommendation on Access to social protection for workers and the self-employed (hereafter "2019 Council Recommendation") and covers policies and measures implemented between January 2017 and May 2022.

The Spanish social security system has been developing a policy of increasing transparency for more than a decade. Specifically, over the five-year period 2017-2022, the social security system has made significant progress in terms of improving the provision of information to citizens and simplifying the administrative procedures for processing social benefit claims. Similarly, significant progress has been made in improving the information on people's insurance records (working life and social contributions), with the aim of helping everyone registered with the social security system to facilitate their retirement planning.

The major change that has taken place since 2020, coinciding with the COVID-19 pandemic, is the acceleration of the process of automating and digitalising the information and management processes of social benefits. The websites that manage both general and personalised information for citizens and the processing of benefits have undergone significant development. Universal-access websites for citizens, such as "Your social security", "We help you" and "Import@ss", are part of the digitalisation process of public administration. This information technology (IT) development process has been adapted to the different institutions and types of services. It is worth highlighting the creation of the universal or digital social card in 2018 as an integrated instrument for providing information on social benefits to citizens and a means of integrated management of these benefits by all branches of public administration.

The improvement of information has been reflected in the management of all economic benefits for workers and the self-employed, especially in the management of unemployment benefits and pensions, which affect millions of citizens. The access to information is now multimodal, combining in-person appointments, telephone management and the use of digital tools.

However, the digital divide is a reality that still affects part of the population, especially the older population. Accelerated digitalisation has partly coincided with the temporary closure of social security offices during the pandemic. The return to normality has not resulted in a generalised reopening of direct, in-person contacts, but rather in the generalisation of telephone and online appointments. As a result, there is a contrast between the digitalisation process of social security and the difficulty of access for users with low digital skills. There is broad agreement that it is necessary to match in-person and analogue access to information with digital access, in order to avoid the exclusion of groups with lower skills in the new information technologies.

The processes of simplifying access to information and the management of social benefits are very intensive but, unlike access to information, they are little known and seem to be part of the internal engineering of the social security system. However, as the simplification processes are not only technical but institutional, it would be useful for them to be publicised as a working agenda, and for policy-makers to anticipate the possible social and digital exclusion they may generate.

1 Current policies and practices to ensure information on, and to simplify access to, social protection for workers and the self-employed

This section analyses and evaluates the policies and practices of access to general and individualised information on the different social benefits of the social security system. It also analyses the extent to which the simplification processes that have been implemented are benefiting users and, in general, how they are integrated into administrative structures of the social security system.

1.1 Policies and practices to ensure access to information on social protection rights, entitlements and obligations

1.1.1 Policies and practices to ensure access to general and personalised information

The information system concerning social protection and the simplification of management processes is the responsibility of two agencies of the social security system, as follows.¹

On the one hand, there is the **National Social Security Institute** (*Instituto Nacional de la Seguridad Social* – INSS),² through which information and access relating to the recognition and granting of social benefits are channelled, specifically through the six branches analysed in this report. This agency published the portfolio of services 2019-2022, which details the services provided, the quality commitments and the final outcome indicators. Within the electronic portals, the access route to the INSS is “**Your social security**” (*Tu Seguridad Social*, hereinafter **TUSS**) – launched in 2014³ for the “application and procedures for social security benefits” (*Solicitud y trámites de prestaciones de la Seguridad Social*) – by means of an electronic certificate, a permanent electronic key (“Cl@ve”) or registering a mobile phone with the social security system to receive SMS.⁴ The TUSS portal was accessed by more than 11 million citizens in 2020. The INSS has a network of social security contact and information centres (*Centros de Atención e Información* – CAISS) for in-person contact as well as for telephone and online queries. These centres are equipped with an information and management system designed to track the waiting times of citizens who visit the centres in person attention (*Sistema Inteligente de Gestión de Espera* – **SIGE**) (INSS, 2021). These centres operate a “multichannel appointment” system, which manages information provided to citizens through the telephone, mobile and internet – using for each citizen one or more of the channels they can access. It is available in all co-official languages in Spain and many sections are also available in English and French. Finally, updated information on all the social security legislation is available via the INSS portal.

On the other hand, the **Social Security General Treasury** (*Tesorería General de la Seguridad Social* – TGSS)⁵ is responsible for the economic and financial management of the social security system, and provides information on (among other things): the social security identification number (*Número de Identificación de la Seguridad Social* – NUSS); social security registrations, contributions and periods of leave; working life reports or number of years contributed to social security; procedures for registrations and leave of self-employed workers and domestic employees; modifications of contact and address

¹ In 2021, the director of both agencies was the same person in 24 of Spain’s 50 provinces.

² <https://bit.ly/3zegIng>

³ Order TIN/1459/2010, of 28 May, which created the electronic portal of the Secretary of State for Social Security. Its application started in 2014.

⁴ <https://bit.ly/386DL8E>. If users do not have a digital certificate, they can gain access through this link: <https://tramites.seq-social.es/>.

⁵ <https://bit.ly/3yNtsRX>

data; access to paid contributions; and working day and salary data (see TGSS, 2020). Among the electronic portals, the newest is **Import@ss**:⁶ this was launched in April 2021, with a monthly average of 2.4 million users since then, saving more than 50,000 hours of management work.⁷

In 2020, the **social security electronic portal** (*Portal Electrónico de la Seguridad Social – SSEP*)⁸ provided 127 services, 80 of them from the TGSS, both for information and procedures. As for the electronic register of social security procedures, in that year there were 115 applications, 23 from the TGSS and the rest from the INSS. The INSS and the TGSS use the same electronic portals.

Since June 2020, there has been a general service called “We help you” (*Te ayudamos*)⁹ for queries and procedures, which consists of three channels of information for all social benefits: a virtual assistant (“ISSA”) at the electronic portals;¹⁰ an electronic mailbox for queries; and a direct telephone helpline on 901 502 050.

Pro-active information is one of the objectives of the INSS, which provides a tutorial (on the SSEP YouTube channel¹¹) on how to submit applications, how to apply for the minimum living income (*Ingreso Mínimo Vital – IMV*), and how to use telematic notifications.

In pursuing similar objectives, the Social Marine Institute (*Instituto Social de la Marina – ISM*) also has its own website, which is identical to that of the INSS in terms of the management of information and processes, as well as of economic benefits, healthcare, registrations, cancellations, and the payment of contributions for maritime workers and employers.

1.1.1.1 Unemployment benefits

The State Public Employment Service (*Servicio Público de Empleo Estatal – SEPE*) provides information on, and manages, unemployment benefits autonomously. For the management of benefits, the SEPE considers the provision of information in an efficient way through all possible information channels, especially through new technologies,¹² as one of its permanent objectives. The SEPE keeps an updated SEPE service charter (*Carta de Servicios*)¹³ to inform citizens and users regarding its services and quality commitments.

Citizens can access information on benefits and subsidies in person through the benefit offices of the SEPE territorial network, after making an appointment by telephone or online.

The SEPE also offers telephone information services.

⁶ <https://bit.ly/3yNtsRX>. It is the new digital space of the TGSS adapted to mobile devices, and is clearer and more intuitive. It is accessible directly or from the other portals, so it is complementary to the other websites, and accessible with a direct link from all of them. More information, including explanatory videos on this portal is available at: <https://bit.ly/3LAXzPh> and <https://bit.ly/3n4wt9p>.

⁷ At present, this system is used weekly to report more than 500,000 variations in temporary incapacity, 2,000 variations in permanent incapacity, 2,500 variations in retirement, 11,000 variations in childbirth and childcare, risks during breastfeeding, risks during pregnancy or the care of minors with cancer or other serious illnesses, and 6,500 births. These variations are reported to the INSS by the Ministry of Justice through the communication channel established between the two bodies.

⁸ <https://bit.ly/3GnpMby>

⁹ <https://bit.ly/3PEAmif>

¹⁰ This chatbot service is accessible from the homepage of the INSS website and from the electronic portals by clicking on a floating window with the text “Hello, I’m ISSA, how can I help you?” in the bottom right-hand margin of the screen. More details and an informative video are available at: <https://bit.ly/39Jp2Bd>.

¹¹ Social security YouTube channel: <https://bit.ly/3GJ0CUI>.

¹² SEPE annual reports, available at: <https://bit.ly/39Q3vXe>. The Spanish social security system has received an award from the International Social Security Association (Tallin, Estonia, 3-4 May 2022) for the best practice in digitalisation of the administrative processes of information access to social benefits and simplification tools.

¹³ SEPE (2021).

The SEPE has five internet portals, two of which provide information on benefits, as follows.

- The SEPE portal¹⁴ provides general information on employment and all unemployment benefits.
- The SEPE electronic portal¹⁵ is an authenticated access portal which gathers general and personalised information for the electronic processing of benefits. It offers a programme which simulates the amount and duration of the benefit, which is not binding for the SEPE.

By contrast, information on cessation of business activity benefit for self-employed workers is scarce, uneven and sparse. The related SEPE website page states that, given that from 1 June 2019 the benefit has been managed by the mutual insurance company collaborating with the social security administration, no information is provided on the SEPE website.¹⁶ The SEPE only provides information on how to combine unemployment benefits with self-employment. On social security internet portals, the information refers to particular situations.¹⁷

1.1.1.2 Sickness and healthcare benefits

A) Sickness benefits

The main sickness contributory benefits in Spain are cash transfers linked to temporary incapacity.¹⁸ The management and administration of temporary incapacity due to common illness or a non-workplace accident are principally carried out by the INSS or collaborating entities (professional illness and workplace accident mutual societies).

Workers and the self-employed can access information on temporary incapacity benefits by booking an appointment to be seen in person, by telephone, by sending written queries,¹⁹ through the ISSA virtual assistant or “chatbot”, and through the following web links²⁰ – Import@ss (including a specific section for self-employed and domestic workers) for contribution and affiliation procedures, and the TUSS or SSEP for applications and benefit procedures.

The following information on temporary incapacity benefit relating to a common illness or a non-workplace accident can be consulted on the aforementioned websites: the current status of the benefit applied for, monitoring of the stages of the process from the time the application is submitted until it is resolved, and consulting the resolved files.

¹⁴ www.sepe.es

¹⁵ <https://bit.ly/3wHltV5>

¹⁶ SEPE on cessation of activity: <https://bit.ly/3NaR8nz>. The INSS website also refers to this SEPE site.

¹⁷ Such as the extraordinary benefits provided in the COVID-19 context or the application for the benefit in case of self-employed workers of the seafarers’ regime (*Régimen del Mar*).

¹⁸ Temporary incapacity due to common illness or a non-workplace accident, and due to workplace accidents or professional illnesses, are both covered by the same benefit with the same legal regulation, although there are some differences. For a common illness or non-workplace accident, medical leave is granted by medical doctors of the SNS, and for the first three days the employee receives no benefits. Between the 4th and 15th day of leave, temporary incapacity benefit is paid for by the company; and from the 16th day of leave by the INSS or by professional illness and workplace accident mutual societies. 60% of the calculation basis is received between the 4th and 20th day of sick leave, and 75% from the 21st. For workplace accidents or professional illnesses, the medical leave is granted by medical doctors of the SNS, the temporary incapacity benefit is paid for by the INSS or professional illness and workplace accident mutual societies from the day after the leave is granted. For workplace illnesses or accidents, 75% of the calculation basis is received from the day following the beginning of leave. For the purposes of the report, temporary incapacity due to common illness or a non-workplace accident is included in the “sickness benefit” section, and temporary incapacity due to workplace accidents or professional illnesses is included in the “benefits in respect of accidents at work and occupational diseases” section.

¹⁹ Additional information is available through the following link: <https://bit.ly/3wHXvYC>.

²⁰ More information at: <https://bit.ly/3lvUuWa>.

Citizens can also access updated and individualised information on the benefits and aid they receive or have received, through the universal social card (*Tarjeta Social Universal*) (see Section 1.2.3).

The websites contain sufficient information about temporary incapacity. However, there are no online calculation tools enabling insured people to personally calculate the sum of the temporary incapacity benefit they will be paid.

If the benefit is administered through the professional illness and workplace accident mutual societies, the latter usually provide information to companies, employees or the self-employed in person, by telephone, through their websites or through their own virtual offices.²¹

B) Healthcare benefits

Access to healthcare in Spain is profoundly affected by the ambiguity of the institutional nature of this social right – path-dependency derived from the origins of the system as a social insurance scheme linked to the INSS, despite the universalistic character given to the national health system (*Sistema Nacional de Salud – SNS*) since its creation in 1986.²²

While the rhetoric about eligibility for healthcare oscillated between social insurance (before 1986, and between 2012 and 2018), and universalism based on residence (between 1986 and 2012, and again since 2018), the reality of the procedures to materialise access to an individualised health card systematically involved the intervention of the INSS (to certify the existence of a link by the applicant to the social security system), or alternatively of the social services system (to prove lack of financial means). In this context, the regional health authorities responsible for managing access to their respective healthcare schemes have framed this access within their own conceptualisation of the eligibility logic of the healthcare system.²³

Beyond the definition of eligibility for healthcare entitlements, access to healthcare experienced a very significant transformation during the pandemic due to the expansion of e-health and m-health (mobile health) practices for a plurality of interactions between patients and the SNS, such as managing appointments, video-consultation with primary care doctors, vaccination, and managing vaccination certificates. The number of distant medical interactions (over the phone, or through other IT) increased by 600% between 2019 and 2020 (from 18 to 127 million)²⁴ while the total number of medical procedures (including both primary and specialised care) experienced a 20-30% reduction as a consequence of the restrictions associated with the handling of the disease.

1.1.1.3 Maternity and equivalent paternity benefits

As for other benefits managed by the social security system, users can access the information on maternity and paternity benefits (in 2019, they were unified and renamed childbirth and childcare benefits), as well as the risks due to pregnancy or breastfeeding, through several channels: in person at the CAISS, by telephone (free general information hotlines) and via the internet. Through the internet, citizens can access general and personalised information in different ways, as follows.

²¹ An example of a mutual insurance company is Asepeyo: <https://www.asepeyo.es/>.

²² *Ley General de Sanidad 14/1986* (General Health Law 14/1986): <https://bit.ly/3wDodmq>.

²³ As an example, while the website of the healthcare system of the Valencia region explicitly refers to the universalistic nature of the SNS to explain the eligibility logic of the system (<https://bit.ly/3yWjhKK>), the website of the healthcare system of the Madrid region wrongly attributes the right to access healthcare benefits to the figures of insured/beneficiary reinstated by the RD 16/2012, but cancelled by the RD 7/2018 (<https://bit.ly/3yWjhKK>).

²⁴ Primary care remote consultations increased from 13 to 96 million, pediatric consultations went from 1 to 10 million, and nursing consultations increased from 4 to 21 million, between 2019 and 2020. SNS Yearbook 2020-2021 (*Anuario del SNS 2020-2021*) (<https://bit.ly/3PGuRji>).

- The social security website²⁵ contains information pages on the benefit and its processing, as well as the ISSA or an electronic mailbox for queries.
- The SSEP is an authenticated portal where citizens can access information concerning their childbirth and childcare benefit as well as the application process.
- The TUSS is a private space, requiring prior authentication, with personalised information relevant to the user's relationship with the social security system. In particular, users can obtain information regarding their childbirth and childcare benefit and carry out a simulation of the same.

The access to the latter two platforms is by means of electronic identification (permanent password, electronic ID or digital certificate). Between 2018 and 2021, these platforms updated their information contents to adapt them to the changes that have taken place in maternity and paternity benefits (see Section 1.2.1.3). The INSS has also produced an explanatory video on the different ways of processing the childbirth and childcare benefit.²⁶

1.1.1.4 Invalidity benefits

The scheme is based on claimants' capacity for work. Invalidity is a situation where a worker who, after having undergone the prescribed treatment, has serious physical or functional disabilities that are presumably permanent and reduce partly or totally their ability to work.²⁷

As well as sickness benefits (see Section 1.1.1.2) workers and the self-employed can access information on invalidity benefits by appointment to be seen in person, by telephone, by sending written queries,²⁸ and through the ISSA and the Import@ss, TUSS or SSEP websites. The following information on invalidity benefits can be consulted on these websites: the status of the process of the benefit requested; monitoring the stages of the process from the time the application is submitted until it is resolved; and consulting the resolved files.

There are no online calculation tools enabling insured people to personally calculate the sum of the benefit they will be paid.

1.1.1.5 Old-age benefits and survivors' benefits

Among the electronic information access tools created since 2014, the following are worth highlighting.

In the case of applications for a retirement pension, the procedures have been simplified as much as possible and the waiting time has been reduced with the support of IT tools, mainly through electronic applications. The rectification of information or of errors in the application is carried out relatively quickly by the INSS by telephone and by telematic means. The time that elapses in general between the application for a pension and the start of its effective receipt is around three months at most. If the application is electronic and has no errors that have to be corrected, the waiting time for official recognition of the pension is significantly reduced.

An important digital service is the "retirement simulator" (*Simulador de pensiones de la Seguridad Social*), which can be accessed via the TUSS portal. This simulator can be used to calculate not only all types of pensions entitlements but also the financial benefits of extending working life for a period of time, known as delayed retirement (*Retraso de la Jubilación*). It can be accessed by means of identification (Cl@ve, SMS or electronic

²⁵ www.seg-social.es

²⁶ <https://bit.ly/39W3jpl>

²⁷ More details at the labour guide 2021 (<https://bit.ly/3rWQLoA>), social security website (<https://bit.ly/3GYJJ6X>), or European Commission website (<https://bit.ly/3LMwU36>).

²⁸ Additional information is available through the following link: <https://bit.ly/3wHXvYC>.

certificate). This service was used by 7,190,415 citizens in 2020. The simulator has also been updated with the latest rules in force for pensions (from the end of 2021).

The same simulator, known as "SUBIMAR", can be found on the ISM website. A practical guide is available within the portal to explain how to use the simulator. The simulation service also exists under the modality of "simulation service by an authorised person" (i.e. on behalf of the person claiming a pension).

The pensioners' guide (*Guía del Pensionista*)²⁹ is a written booklet aimed at new pensioners, which explains their rights and obligations in a clear and simple manner. It is translated on the website into different regional languages.

The "How is my benefit going?" (*Cómo va mi Prestación*)³⁰ service, common to all social benefits, allows users to find out in real time the status of their pension application.

1.1.1.6 Benefits in respect of accidents at work and occupational diseases

The management and administration of temporary incapacity benefits due to workplace accidents or professional illnesses, as decided by the company, are carried out by the INSS or professional illness and workplace accident mutual societies.

For workers and the self-employed, information on benefits can be accessed through the same channels as for sickness benefits (temporary incapacity due to common illness) (see Section 1.1.1.2).

1.1.2 General awareness-raising campaigns

The purpose of this section is to describe initiatives (for instance, active information or awareness-raising campaigns) targeted at improving awareness among workers and the self-employed of their rights, entitlements and obligations regarding access to the six branches analysed in this report.

1.1.2.1 Unemployment benefits

In recent years, there have been no general or specific campaigns on SEPE benefits. The usual channels for disseminating information on benefits are the institutional channels themselves: offices, web portals, SEPE profiles on social networks (Twitter, Facebook, LinkedIn and YouTube) and publications. The SEPE communication plan for 2021-2023 highlights the need to strengthen the communication and dissemination of its activities, promoting electronic processing and the use of simplified language.

1.1.2.2 Sickness and healthcare benefits

A) Sickness benefits

In the period under scrutiny, there were no general awareness-raising campaigns on the temporary incapacity benefits due to common illness or a non-workplace accident.

B) Healthcare benefits

In recent years there have been no campaigns by the Ministry of Health related to how to access healthcare benefits and services. However, the Ministry runs a series of campaigns aimed at raising awareness among the general population about health-related issues considered of significant salience. Thus, a series of public health campaigns were undertaken to try to reduce the use of antibiotics, within the national plan against antibiotic

²⁹ Before 2014 the pensioner's guide was published on paper and was accessible at the CAISS.

³⁰ Accessible from the "Your social security" portal since 2014.

resistance.³¹ Other campaigns were waged against tobacco³² and alcohol³³ consumption, and to prevent the social exclusion of people with mental health problems³⁴ and of HIV-AIDS patients.³⁵ No evaluation of the impact of those campaigns is available.

The emergence of the COVID-19 pandemic shifted the attention of campaigns towards public health measures to prevent the spread of the disease,³⁶ and to promote vaccination among the general population.³⁷ Vaccination against COVID-19 was framed within a national strategy for the vaccination of the Spanish population, with a key role played by the Spanish Agency for Drugs and Health Products (*Agencia Española de Medicamentos y Productos Sanitarios* – AEMPS), and a strong media projection.³⁸

With the COVID-19 pandemic entering a new phase in which it is handled more as an endemic disease, the Ministry of Health launched a new public health campaign on May 2022 to prevent suicide – including the establishment of a 24/7 phone helpline to provide support to people in psychological and/or emotional distress.³⁹

1.1.2.3 Maternity and equivalent paternity benefits

In 2019, the INSS published a leaflet/brochure whose purpose was to explain the changes introduced in several benefits, including the childbirth and childcare benefit, targeted at the general population. It was published in paper format but could also be downloaded from the website.⁴⁰

1.1.2.4 Invalidity benefits

In the period under scrutiny, there were no general awareness-raising campaigns on invalidity benefits.

1.1.2.5 Old-age benefits and survivors' benefits

Among regular INSS awareness-raising campaigns, three are particularly important.

- a) The individualised communication, at the beginning of each year, of the monthly pension that all pensioners will receive or of the pension revaluation (in 2020, 10,102,119 pensioners received such notification).
- b) The communication of the annual amount of pensions received in the previous year, with their corresponding withholding tax, for their annual personal income tax return (referred to as "income certifications"; in 2020, 11,157,046 people received it).
- c) The communication in January of each year of the amount of the additional pension that all pensioners will receive for the difference between the initial pension and the increase in the consumer price index during the last year.

1.1.2.6 Benefits in respect of accidents at work and occupational diseases

In the period under scrutiny, there were no general awareness-raising campaigns on temporary incapacity benefits due to accidents at work and occupational diseases.

³¹ <https://bit.ly/3wQfSdM>

³² <https://bit.ly/38I5pt7> and <https://bit.ly/3ML8BD5>

³³ <https://bit.ly/3LKTckK>

³⁴ <https://bit.ly/3NEAqgl>, and <https://bit.ly/3GfKgm8>

³⁵ <https://bit.ly/3wPuUQZ> and <https://bit.ly/3wREjrc>

³⁶ <https://bit.ly/3wJaiel>, <https://bit.ly/3Glxoey>, <https://bit.ly/3MOZpNP>, and <https://bit.ly/3LKilCC>

³⁷ <https://bit.ly/3Gke4hq>

³⁸ <https://bit.ly/3ab0xgg>

³⁹ <https://bit.ly/3wL8ekX>

⁴⁰ <https://bit.ly/3NRzeg1>

1.2 Policies and practices to simplify access to social protection

1.2.1 Simplification objective embedded in reforms of social protection schemes

This section analyses the main policies and practices whose objective is to simplify access to social protection schemes available for workers and/or the self-employed.

1.2.1.1 Unemployment benefits

There is no specific simplification objective embedded in the reform of unemployment benefits.

1.2.1.2 Sickness and healthcare benefits

A) Sickness

In the period under scrutiny, there was no specific simplification objective embedded in the reform of sickness benefits.

B) Healthcare benefits

The reforms introduced in the SNS after the financial crisis that began in 2008 radically altered the functioning of this system. The 16/2012 Royal Decree of "Urgent Measures to Ensure the Sustainability of the SNS"⁴¹ reverted the universalistic ethos of the healthcare system, reintroducing an insurance logic in the definition of entitlements. The eligibility logic of the system, until then based on residence in the territory, was reverted to a social insurance logic (like the one existing before 1986) by establishing the categories of insured people (workers, pensioners, unemployed people receiving benefits, and job-seekers), and beneficiaries (spouses, people younger than 26, and siblings of insured people), increasing confusion about the actual eligibility ethos of the SNS. Different social groups were particularly affected by this measure (notably irregular migrants), losing their eligibility to SNS healthcare. This regulation created a complex situation with a heterogeneous response from regional health authorities, which increased the levels of administrative discretion, thereby reinforcing inequalities in access to healthcare, and generating conflicts between the central and regional governments over the exact delimitation of competences to define healthcare entitlements.⁴²

In 2015 the Ministry of Health publicly recognised the negative side effects derived from the exclusion of undocumented migrants from access to the SNS, and in July 2018, Royal Decree 7/2018 re-established the universalistic philosophy in the functioning of the SNS, contributing to introducing coherence between the way in which the SNS is funded (through general taxation) and the eligibility criteria for healthcare benefits (based on residence in the country).⁴³

1.2.1.3 Maternity and equivalent paternity benefits

Between 2018 and 2021, the right to time off work and the benefit associated with childbirth, adoption or foster care were reformed to equalise the rights of women and men,⁴⁴ which are now referred to as the childbirth and childcare benefit in a unified way.

⁴¹Royal Decree 16/2012 of urgent measures to guarantee the sustainability of the SNS (<http://goo.gl/ILEV6r>).

⁴² In November 2017, the Constitutional Court ruled in favour of the central government in the case of the extension of health coverage to migrants in an irregular situation in the Basque Country (<https://goo.gl/cALAK5>). A month later it did the same with regards to the case of the Valencian Community (<https://goo.gl/9QUqg3>). In both cases, it was held that these autonomous regions had exceeded their powers when trying to define eligibility criteria to access their SNS, something that remains the exclusive competence of the central government.

⁴³ Royal Decree-Law 7/2018 (<http://bit.ly/2WHabL6>).

⁴⁴ Royal Decree-Law 6/2019, of 1 March, on urgent measures to guarantee equal treatment and opportunities for women and men in employment and occupation. Arts. 2, 3 y 4: <https://bit.ly/3lyZtFG>.

Throughout this period, the duration of the other parent's benefit (formerly paternity) has been increased until it is equal to that of the mother and the period of leave that the mother could cede to the other parent has been progressively eliminated.

The aim of the reform has been to equalise individual and non-transferable rights for both parents.

1.2.1.4 Invalidity benefits

In the period under scrutiny, there was no specific simplification objective embedded in the reform of invalidity benefits.

1.2.1.5 Old-age benefits and survivors' benefits

In the period under scrutiny, there was no specific simplification objective embedded in the reform of old-age benefits and survivors' benefits.

1.2.1.6 Benefits in respect of accidents at work and occupational diseases

In the period under scrutiny, there was no specific simplification objective embedded in the reform of benefits in respect of accidents at work and occupational diseases.

1.2.2 Simplification of the application process for accessing benefits

The purpose of this section is to describe the main policies and practices (for instance, the promotion of automated processes for applications for and granting of benefits) which seek to simplify the application process for accessing benefits.

1.2.2.1 Unemployment benefits

The swift and correct processing of unemployment benefits is one of the objectives of SEPE action plans. Since 2006, the processing of unemployment benefits, both contributory and non-contributory, can be carried out both in person and online.⁴⁵ In both cases, an up-to-date registration as a job-seeker is a prerequisite. This registration is performed online at the corresponding regional public employment services,⁴⁶ except for the first registration, which in most regions requires a registration in person at the local office.

When applying in person for any of the benefits, an appointment must be made either by telephone or online.

Access to the online application is via the electronic portals, subject to authentication (i.e. through a Cl@ve), digital certificate or electronic ID card. All the unemployment benefits and subsidies can be applied for through this channel, except for the extraordinary unemployment subsidy (SED), for which an application has to be made at SEPE offices.⁴⁷ In addition to access, it is possible to extend or cancel benefits, to file income declarations, to provide documentation and to modify bank details or the information on family composition through the electronic portals.⁴⁸

If users do not hold a permanent Cl@ve, digital certificate or electronic ID, they can complete and submit a pre-application form online. This channel was set up during the

⁴⁵ Royal Decree 200/2006, 17 February, amended Art. 24.3c of Royal Decree-Law 625/1985 allowing applications through other public administration offices or by electronic, computerised or telematic means provided by the SEPE, in addition to the SEPE centres.

⁴⁶ Regional public employment services (PES) are responsible for the development and implementation of active labour market policies within their own territories (including the responsibility for unemployment registration). Unemployment benefits (both contributory and non-contributory) are managed and controlled centrally by the SEPE.

⁴⁷ In May 2022, there were 19,862 SED beneficiaries (SEPE).

⁴⁸ At <https://bit.ly/3zXgTUF> the list of online procedures for benefits through the SEPE electronic portals (<https://sede.sepe.gob.es>) can be consulted.

COVID-19 crisis to carry out the pre-application procedures for benefits. SEPE managers then contact the applicant by telephone or email to complete the information or to request documentation. At present, this channel is still in operation.

In the case of self-employed workers, the application for unemployment benefits is processed through their mutual insurance company in collaboration with the social security administration.

Through the electronic portals, companies can send certificates of termination of the employment relationship with workers, or communications on periods of activity.

1.2.2.2 Sickness and healthcare benefits

A) Sickness benefits

The *ex officio* examination of the right to temporary incapacity due to common illness considerably facilitates the application process for accessing benefits for the socially insured.

The application process is as follows. The incapacity for work first has to be certified by a doctor of the public health services. The certificate must be issued following the medical examination and received by the employer within three days following its dispatch. The INSS doctor processes the certificate and issues a sick leave report to the worker or self-employed person. The worker must send this report to the company (the doctor has previously informed the worker that they must send it) and the company must also process it with the INSS through its offices or through the electronic portals. If the benefit is managed through professional illness and workplace accident mutual societies, they can do so in person, through their websites or through their own virtual offices.

The doctor also informs the INSS or professional illness and workplace accident mutual societies. Self-employed people, once they have received the sick leave certificate signed by their doctor, must then present it to the INSS through its offices or through the electronic portals (Import@ss, TUSS or SSEP) or at the mutual insurance company where the self-employed person has their contingencies covered.

Although the *ex officio* examination of the right to social security benefits considerably facilitates the application process, citizens may also carry out the following procedures for the temporary incapacity benefit by telephone, by sending written queries, and through the TUSS or SSEP web portals: applications for incapacity or for relapses, non-conformity with discharges, communication of data for personal income tax purposes or confirmation and medical discharge reports for temporary incapacity.

B) Healthcare benefits

Over recent years the Spanish SNS made significant efforts to make more consistent use of IT to improve access and to operate more efficiently. In this vein, a series of e-health rationalisation measures have been introduced, including: the gradual development of the SNS health card electronic database (a process initiated as early as 2003, and fully operational since April 2019),⁴⁹ to facilitate the inter-operability of regional healthcare cards across the country; the creation of the individual digital clinical record to facilitate patients' access to all data related to their conditions and treatments; and the establishment of the SNS electronic prescription programme.⁵⁰ Currently, the health card

⁴⁹ The complete integration of the system, which allows for the eligibility control, access to digital records and to the prescription programme, was achieved when the Madrid region joined the system on 1 April 2019 (<https://bit.ly/3tWzdJO>).

⁵⁰ In December 2021, 98.4% of all prescriptions were handled through the electronic system (<https://bit.ly/3wHjXlC>), and the COVID-19 pandemic had no effect on the access to medication, showing the effectiveness of the system in the middle of such a disruptive event (<https://bit.ly/3wK9pCr>).

of any region is valid at any SNS centre or at any Spanish pharmacy, managed with common rules and from a single information system.

The SNS digital health strategy for 2021-2026, drafted by the Ministry of Health,⁵¹ is aimed at promoting the use of IT for surveillance and health promotion, disease prevention, clinical practice, health planning and management and research, while facilitating the necessary change of institutional culture within the SNS to adapt to this new scenario.

Although initiatives such as the establishment of a common app ("Radar-COVID")⁵² to facilitate tracking the spread of COVID-19 failed, regional health authorities developed their own app services to reach out to patients, facilitate access to healthcare treatments, and follow up the vaccination protocols, etc. Those different regional platforms have their own specific profiles and characteristics, so an additional barrier has emerged, requiring efforts to facilitate the inter-operability of regional healthcare systems.⁵³

Significant concerns have also emerged about the potential difficulties of certain groups in operating in those platforms because of a lack of resources (smartphone, internet connection), or skills (older people, immigrant groups, etc.).⁵⁴

1.2.2.3 Maternity and equivalent paternity benefits

The reform undertaken between 2018 and 2021 (see Section 1.2.1.3), although not aimed to improving the application process, has simplified and improved administrative processes: for example, by facilitating the access to the application through different channels, allowing the application to be made online by a representative of the company, facilitating the request for the division of the leave into different periods, eliminating the need to provide documentation in applications through the TUSS in the case of childbirth, eliminating the option of transferring the leave period to the other parent, and equalising the application process for both parents.

The access to childbirth and childcare benefits (maternity and paternity) can be gained via ordinary mail, in person at a CAISS or electronically through a platform for INSS procedures, for which a form must be completed, and the requested documentation attached. Only in the case of births, if the user has a permanent CI@ve, digital certificate or electronic ID, they can apply through the TUSS platform (which will automatically collect the necessary information).

Companies must use the electronic document remission system (*Sistema RED*) of the TGSS to submit the company certificates for birth and childcare. At the same time, they can also claim the benefit, as representatives, on behalf of their employees.

1.2.2.4 Invalidity benefits

The *ex officio* examination of the right to invalidity benefits considerably facilitates the application process for accessing benefits for the socially insured.

The assessment relies on medical assessment procedures. The application is processed by the disability assessment team (*Equipo de Valoración de Incapacidades - EVI*), which issues a first decision, taking into account the summarised medical report prepared by the medical staff of the provincial portals of the INSS and the professional history report. On this basis, the provincial directors of the INSS issue an express decision on the level of

⁵¹ <https://bit.ly/3MLasb1>

⁵² <https://bit.ly/3yYNzfy>

⁵³ For example, information about the mobile app of Madrid (<https://bit.ly/3m6lBr3>), Catalonia (<https://bit.ly/3albADS>), or Andalusia (<https://bit.ly/3zhkQmL>) shows the diversity of those platforms.

⁵⁴ <https://bit.ly/3LUnlhl>

disability, the amount of the benefit and the date from which a reassessment of incapacity may be performed.⁵⁵

The public health service, INSS or professional illness and workplace accident mutual societies initiate the permanent disability file *ex officio* if they consider that the worker's injuries are of sufficient importance to justify the granting of permanent incapacity.

It must be taken into account that if the invalidity occurs without a previous period of temporary incapacity, the application must be promoted by the worker, as nobody will initiate it *ex officio* in this case. The application, together with the documentation, can be submitted at any CAISS by appointment, at the electronic portals or at the on-site register that exists at each INSS portal. In particular, the following can be processed at the SSEP: applications for a permanent disability pension; applications for recognition of total permanent incapacity at the age of 55; applications for a review of permanent incapacity; applications for a review of the last revaluation; and the submission of updated medical reports.

1.2.2.5 Old-age benefits and survivors' benefits

Automation of the "alpha PREMIUM" retirement procedure was implemented by the INSS from 1 December 2020. The aim has been to lighten the workload of civil servants, to streamline procedures and to improve efficiency. The specific objective is to manage the retirement pension with the minimum intervention of civil servants. A "premium" procedure is one that does not involve civil servants. The pension claimant uploads the information into an online application and the file is processed automatically. The result is that, as of 2022, 25% of the files will be processed without the intervention of a civil servant. The simplification is labelled "semi-premium" if some action cannot be automated and requires some intervention by a civil servant. This situation affects 60% of claims. "Non-premium" administrative action is the traditional procedure, where the user is involved in all stages of the procedure. The latter currently affects only 15% of procedures. Since 1 December 2020, approximately 130,000 working hours have been saved and could be spent on other tasks.

1.2.2.6 Benefits in respect of accidents at work and occupational diseases

The *ex officio* examination of the right to temporary incapacity benefits due to accidents at work and occupational diseases considerably facilitates the application process for accessing benefits for the socially insured. The application process for accessing benefits is similar to that described for the temporary incapacity benefits due to common illness or a non-workplace accident (see Section 1.2.2.2),⁵⁶ with the difference that if the company has taken out occupational accident and disease risk insurance with professional illness and workplace accident mutual societies, the latter would issue and revoke the medical leave.

Although the *ex officio* examination of the right to social security benefits considerably facilitates the application process, citizens may also carry out the following procedures for benefits in respect of accidents at work and occupational diseases by telephone, by sending written queries, and through the TUSS or SSEP web portals: applications for incapacity or for relapses; non-conformity with discharges; communication of data for personal income tax purposes or confirmation; and medical discharge reports for temporary incapacity. If the benefit is managed through professional illness and workplace accident mutual societies, this can be done in person, through their websites or through their own virtual

⁵⁵ The management and recognition of the right to receive the non-contributory invalidity benefit is carried out by the competent technical bodies of the autonomous communities, which have the functions of IMSERSO (*Instituto de Mayores y Servicios Sociales*) transferred to them.

⁵⁶ As mentioned at footnote 1, in Spain temporary incapacity, whether due to common illness, a non-workplace accident, a workplace accident or professional illness, is covered by a single benefit with the same legal regulation, although there are some differences.

offices. If the benefit is managed through professional illness and workplace accident mutual societies, workers can also carry out these formalities in person, through their websites or through the professional illness and workplace accident mutual societies' own virtual offices.

1.2.3 Simplification of the structures within the social protection administration

This section analyses the main policies and practices designed to simplify the structures within the administration of social protection.

At a general level, the importance of the **universal social card**, created in 2018, should be highlighted. It is a mobile application⁵⁷ provided by the CAISS and any central, regional or local public administration, which has four functions: to provide full and updated information on all the social benefits received by a citizen; to simplify the procedures for accessing social benefits; to provide a system for the exchange and control of benefits between the different public administration branches; and to facilitate decision-making in the design of social policies. It is not yet fully operational among all levels of administration. By 2021 it had been implemented in most regions (EAPN, 2021).

1.2.3.1 Unemployment benefits

According to the SEPE annual reports, the application of technologies in the internal management of various areas is making it possible to speed up the process of benefit application decisions. The different information systems supporting benefit managers were unified in 2019 into a single system that gradually incorporates new functionalities ("ARGOS"). The benefit management systems (appointment system and electronic portals) have also been gradually improved.⁵⁸

1.2.3.2 Sickness and healthcare benefits

A) Sickness benefits

In the period under scrutiny, there were no relevant measures.

B) Healthcare benefits

In the period under scrutiny, there were no relevant measures.

1.2.3.3 Maternity and equivalent paternity benefits

The simplification of the INSS and TGSS structures is described in Section 1.2.3.5.

1.2.3.4 Invalidity benefits

In the period under scrutiny, there were no relevant measures.

1.2.3.5 Old-age benefits and survivors' benefits

The simplification of administrative structures in the area of transparency is the responsibility of two work areas of the general secretariat of the INSS: the information and transparency area (information) and the organisation and quality area (simplification of processes). Both areas develop the strategic line of "consolidation of the citizen service

⁵⁷ The card can be downloaded from any social security or public administration centre by means of a digital certificate, electronic ID or registration in Cl@ve. It can be used to access the universal social card portal on the website: www.seg-social.es or in any branch of public administration. More details at: <https://bit.ly/3LzVMdd>.

⁵⁸ SEPE annual reports are available at: <https://bit.ly/39Q3vXe>.

model". The work plans of these two complementary areas are not published, although they form part of the agreements of the INSS General Council and its executive board.

In order to simplify the management structures of social benefits, with the exception of unemployment benefits managed by the SEPE, the "CAISS network database" has been developed for the comprehensive and integrated management of the CAISS and online decision-making between the central and provincial services.

Within the TGSS, there is a Sub-directorate General for the Integration and Co-ordination of Digital Administration, which is responsible for the permanent updating of citizen services and advances in the digitalisation, automation and simplification of information access services.

1.2.3.6 Benefits in respect of accidents at work and occupational diseases

In the period under scrutiny, there were no relevant measures.

2 Issues, debates and ongoing or planned reforms to ensure information on, and to simplify access to, social protection for workers and the self-employed

This section analyses some of the problems, debates and reforms that currently arise in Spain regarding the improvement of information to the citizen and simplification processes within social security system.

2.1 Issues, debates and reforms related to information

The purpose of this section is to briefly report on issues, the actual debates on these issues and the ongoing or planned reforms aimed at improving access to general and personalised information on the six branches analysed in this report.⁵⁹

2.1.1 Issues

There are two problems related to the current system of access to information on social benefits. First, there is a need to improve the digital skills of the least educated and most vulnerable groups. The transition to digitalisation is causing problems of exclusion or difficulties of access to information. According to the FOESSA Foundation and Caritas Española (2021) almost half of the households in a situation of social exclusion suffer from a digital blackout, which means that 1.8 million households are affected by the digital divide on a daily basis, something that especially affects households made up only of people aged 65 and over and people who live alone.⁶⁰ Second, there are some dysfunctions faced by CAISS to which access is mixed (by digital means, telephone and face-to-face appointment).

2.1.2 Debates

The monitoring of the implementation of the strategy to consolidate the "citizen service model" is part of the activities of the INSS General Council and its executive board. This monitoring is made public through the annual reports of this body. One of the measurement instruments is the consultations and surveys of social security users who access it online or directly through the CAISS.

⁵⁹ The team that has written this report thanks María Jesús Tarrero Martos for her advice on access to the sources of information of the INSS and the TGSS.

⁶⁰ This digital blackout generates serious difficulties for more than 800,000 families (4.5% of households) who have lost opportunities to improve their situation due to digital issues / lack of connection, computer devices or digital skills.

A survey is conducted annually among citizens who have requested an appointment online and have therefore attended in person at the CAISS. Out of 1,141,972 telephone interviews conducted in 2020 (486,010 actual interviews), the average rating of the perceived quality was 8.6 points out of 10 (8.7 in the case of pensions).⁶¹

Similarly, at the CAISS there is an “opinion mailbox” that collects opinions on the quality of in-person services. The average resolution time for queries was 4.68 calendar days in 2021. In 2020, 61.5% of the questionnaires rated these services positively. The slow reopening of these direct care centres in 2021 and the difficulty of online access for many users has led to complaints to the INSS, the Ombudsman and the parliament.

In the 2021 TGSS annual report, one chapter was dedicated to “citizen service – quality of service” (TGSS, 2020). Of the total number of citizen complaints in 2020, 9.5% concerned electronic information and 11.6% non-electronic information (the majority of complaints, 41%, were related to the service provided). User satisfaction with the information service was high in 2020, for both face-to-face and telephone interviews.⁶²

This evaluation of citizen information by social security institutions is also shared by the Ombudsman. In its 2020 and 2021 reports, it highlighted the actions recommended to the INSS regarding the improvement of information to citizens. The 2020 report highlighted the difficulty in obtaining telephone appointments, in accessing health centres and delays in appointments; and also the difficulty of making appointments with the SEPE, which has made it necessary to simplify the procedures for managing unemployment benefits and improve the effectiveness of personal appointments at employment centres. It also highlighted the need to improve information and communications in respect of domestic workers and the INSS. Similarly, the 2021 report highlighted the actions relating to access to the IMV.⁶³

In summary, the improvement of citizen information has been altered by the pandemic over the last two years, giving rise, as we will point out in Section 2.3, to a dual development of information systems: an intense development of digitalisation together with difficulties and blockages in the access to health, employment (SEPE) and social security centres in person.

2.1.3 Ongoing or planned reforms

Although the INSS and the TGSS are aware of the imbalance between the high digital capacity of social security and the real limitation that many citizens have in relation to using IT, no measures have been adopted so far to reinforce face-to-face care in the CAISS or new reforms for globally improving access to social benefits information.

2.2 Issues, debates and reforms related to simplification

The purpose of this section is to briefly report on issues, the actual debates on these issues and the ongoing or planned reforms aimed at improving simplification of access to the six branches analysed in this report.

2.2.1 Issues

The simplification of processes and structures that facilitate access to information on social benefits is part of the public agenda. The problems that arise are basically two: how to take advantage of the current digitalisation processes to move towards personalised and

⁶¹ As this was the first year of the pandemic, the results should be assessed with a certain degree of caution.

⁶² Out of 5,506 face-to-face evaluation questionnaires in 2020, 97.0% of responses were positive on all items (waiting time, treatment received, speed of procedures and information received). Out of a total of 9,732 telephone interviews, the result was 4.45 out of 5.

⁶³ In 2021, the Ombudsman made several recommendations to the INSS for the improvement of information to applicants for the IMV (actions of 19.4.2021, 6.5.2021, 14.5.2021, 21.6.2021 and 21.7.2021).

pro-active access for citizens; and, looking to the future, how to achieve at the same time an efficient administration and an improvement of the technological skills of citizens.

2.2.2 Debates

From a medium- to long-term perspective, the importance in the political and scientific debate of the modernisation of public administration in order to adapt to the demands of citizens should be emphasised. In this regard, it is worth highlighting the digitalisation plan for public administration for 2021-2025 (*Plan de Digitalización del Gobierno de España 2021-2025*) (Gobierno de España, 2020), the second measure of which is to improve the user experience of the administration to facilitate personalised, pro-active and multimodal access by citizens to the information on, and the management of, services and benefits. For its part, component 11 of the recovery, transformation and resilience plan of the Spanish government (Gobierno de España, 2021 a) is dedicated to an “administration for the 21st century”, which is efficient and accessible to citizens.⁶⁴ Finally, the report “Spain 2050” (Gobierno de España, 2021 b) sets as an objective the need to develop a national strategy for lifelong learning that can improve the social skills needed to access knowledge through the use of new information technologies.

2.2.3 Ongoing or planned reforms

Although both the INSS and TGSS have internal bodies, as mentioned in Section 1.2.3.5, dedicated to the continual improvement of management procedures and their simplification, there are no ad hoc reports describing the debate and future plans for improving information transparency and for achieving more efficient management. From the reports analysed, it can be inferred that the commitment to continuous improvement is part of the organisational work, although, as we shall see below, with a bias towards information and simplification of digital technologies to the detriment of in-person information. The Ombudsman reports partially reflect the need to simplify administrative processes without going into detail, given that they consist in recommendations.

In relation to access to the SNS, a new “law for equity, universality and cohesion of the SNS” is being discussed in parliament as of May 2022. After the oscillation in the eligibility philosophy of the Spanish healthcare system experienced in previous years, this new legal framework is supposed to strengthen the public healthcare system, guaranteeing its universal coverage, and simplifying the definition of its eligibility ethos by solidly anchoring it in a logic of residence in the country.

2.3 Suggestions for improvements

The pandemic has accelerated the process of digitalising the social security system and the restructuring of the CAISS. Appointments are the means of access to care centres, both in the case of the CAISS and the SEPE. The digital divide affecting the older population and the difficulties involved in making appointments, which also affect access to the health system, have given rise to growing complaints from older people’s organisations,⁶⁵ which are demanding effective attention be given to healthcare and social security centres; this has been reflected in political debates and proposals for reform in the parliament.⁶⁶

⁶⁴ Component 11 of the recovery, transformation and resilience plan involves an investment of €4,315 million between 2021 and 2023: modernisation projects of the general state administration (€960 million); projects for digitalising the general state administration (€1,205 million); promotion of digital transformation and modernisation of the Ministry of Territorial Policy and Public Function and of the autonomous communities and local authorities (€1,000 million); projects for the energy transition in the general state administration (€1,027.7 million); and support to the projects (€79.8 million).

⁶⁵ CEOMA, UDP and the organisation “I want to be attended” (*Quiero que me atiendan*).

⁶⁶ The Popular Party presented in March 2022 a draft law on the digital divide that takes up the complaints of the Spanish Patients’ Forum (*Foro Español de Pacientes*) aimed at preventing the isolation caused by the digitalisation process. The Unidas Podemos party also presented a draft law in April 2022 on the right to be effectively served

This situation requires adapting the pace of digitalisation to the needs of older people and restoring unrestricted direct access to CAISS and health centres, while improving the quality of telephone appointments to avoid long waits. In other words, it requires combining digital simplification with efficient in-person access to the centres and services.

Finally, both the INSS and the TGSS should include in their annual reports a section on the simplification of management processes, in which they explain their actions and plans for the future in the area of benefits information and management.

Other ways for simplifying and improving access to benefits have to do with the very complex structure of the benefits. This is the case for unemployment benefits. Both the national plan on access to social protection for workers and the self-employed and the recovery and resilience plan establish as a policy priority the simplification and improvement of the unemployment protection system, in particular overcoming the fragmentation of its benefit levels, and co-ordinating it with the development of the IMV.

by public administrative bodies and essential services companies to the Finance and Public Function Commission of the Parliament, which was overwhelmingly approved (35 votes in favour, none against and one abstention).

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