The Social Protection Committee

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Questionnaire on Health and Long-Term Care for the Elderly

Background

The Social Protection Committee was established by a decision of the Council dated June 2000 to serve as a forum for co-operative exchange and to facilitate mutual learning between the Member states and the European Commission regarding the common challenges facing Member States in the modernisation of their social protection systems. The Council decision listed four broad objectives for this exchange, including the provision of "high quality and affordable healthcare". Separately, the Economic Policy Committee, through it's Ageing Working Group, has been engaged in making projections of future public spending on pensions, health and long-term care for the elderly in the context of demographic ageing. The European Council of Göteborg in June 2001 called for joint work between the two committees on pensions and, in the form of an initial orientation report to be submitted to the Spring 2002 European Council, on health care and care for the elderly. The report identified three broad headings – accessibility, quality and financial sustainability – as an appropriate framework for policy exchange regarding the challenges which all member States are facing. The Barcelona European Council of March 2002 took note of the orientation report by the SPC and the EPC and invited the Commission and the Council *"to examine more thoroughly the questions of accessibility, quality and financial sustainability in time for the Spring 2003 European Council."*

Purpose of the questionnaire and suggestions for answering it

The present questionnaire, as stated in the report prepared by the two committees, is intended to serve as a tool for gathering information on the ways in which the three objectives identified in the orientation report are delivered in Member States' policies for health and long-term care for the elderly; mechanisms for assessing the effectiveness of delivery; the main challenges to their provision and planned policy responses to these challenges.

Accordingly, Member States are asked to focus primarily on presenting the goals and objectives which lie behind their provisions; descriptions of current policies are necessary to ensure that the policy context is understood; however, they should be kept as short as possible. Planned reforms should also be described and their relationship to the broad principles explained.

While the report to Barcelona proposed that the next phase of work should concentrate on information regarding the provision of healthcare and long-term care to the elderly, in practice many of the proposed questions on healthcare - regarding, for example, system structure and expenditure issues - are inevitably posed at the level of the system as a whole. However, Member States should highlight separate approaches, if any, and disaggregated information, where possible, regarding the provision of healthcare to the elderly.

In addition, the proposed questionnaire is structured in a way which treats the provision of healthcare to the elderly as being a separate policy field from that of long-term care. This

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flows from the recognition in the orientation report to Barcelona that the two fields "are often dealt with by different branches of public administration". It is also felt that this approach is justified given that information about policies in the field of long-term care is not as developed as in the field of healthcare. Nevertheless, Member States should highlight the ways in which services and policy goals are co-ordinated across the two fields (see the questions at 1.1.1. and 1.2.2).

Where data or projections relating to expenditure are called for, most notably in regard to section 3, the data and projections used in the Ageing Working Group's report of November 2001 should be used; any further data or projections should be consistent with these.

Replies to this questionnaire should be submitted by the Member States before end-July and should not exceed 30 pages (excluding annexes, if necessary, which should be as short as possible).

On the basis of the replies furnished by the Member States, and with a view to synthesising the information and discussion of issues contained in the replies, the report sought by the Barcelona European Council will be prepared and submitted to the Council.

Existing trans-national material may be used in preparing the report, e.g. material in OECD and WHO databases, statistical material complied by Eurostat and information stemming from other EU health-related processes. Member States should, accordingly, feel free to include or refer to such material in their replies to the questionnaire.

ACCESS

1.1 HEALTH CARE[1]

1.1.1 Mechanisms for guaranteeing access

Briefly outline the general structure and characteristics of the health system (e.g. universal entitlement, or insurance based on compulsory affiliation). Describe the mechanisms for ensuring that it provides universal access? Describe the objectives of your system in terms of scope and coverage. Questions relating to scope could include:

- Limitations in the type of healthcare which is covered e.g. on the basis of an assessment of the most urgent medical needs;
- does the system cover the entire cost of treatments or what contributions /co-financing are to be provided by the patient?

Questions regarding coverage could include:

- does the system comprehensively cover the whole population?
- Which groups are not covered or only partially covered?
- Are there separate provisions on the basis of income or means/ability to pay?

[1] All care provided or supported by the state in support of people's helath protection, maintenance, rehabilitation or convalescence.

Describe any specific provisions relating either to the scope or coverage of the system aimed at facilitating access to healthcare for older people[2]. Either in this section or under question 1.2.2, describe how policies for the provision of healthcare to the elderly and policies for long-term care are co-ordinated and integrated.

1.1.2 Assessment

Are there indicators in terms of performance regarding access to healthcare, e.g.

- Waiting lists;
- Inequalities in regard to access to certain "flagship" or newly emerging treatments?
- Regional or income related inequalities;
- Specific groups likely to be not fully covered.

1.1.3 Challenges

What are the main challenges you face relating to the provision of access?

1.1.4 Planned policy changes

Describe any planned changes to the overall system or policy mechanisms under consideration.

1.2 LONG-TERM CARE

1.2.1 Access to long-term care.

Briefly outline the structures and mechanisms in support of the provision of long-term care (e.g. direct provision via social services; coverage of the need for care via universal coverage, social insurance, social assistance and/or private insurance; supports for informal caring). Are such provisions comprehensive in coverage (aimed at the entire population in need of care or only those otherwise unable to provide); and comprehensive in scope (does it aim to cover all forms of care and their full cost or only some forms of care and part of the cost).

1.2.2 Assessment

Are there indicators of performance regarding access to long-term care, e.g.

- Waiting lists for residential care places;
- Regional or income related inequalities;
- Specific groups likely to be not fully covered.

1.2.3 Challenges

What are the main challenges you face relating to the provision of access?

1.2.2 Planned policy changes

Describe any planned changes to the system.

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[2] Older people should, for the purpose of answering this questionnaire, refer normally to people of 65 years of age and over. However, it is clear that some Member States make distinctions regarding access to certain categories of benefit and entitlement at other ages (e.g. Ireland gives free healthcare and related benefits to people aged 70+). In addition, it is clear that demand for long-term care is concentrated in people of higher age groups as is the peak demand for healthcare. Where Member States wish to provide information by reference to age brackets other 65 and older, they should do so while making clear the criteria they are using.

2 QUALITY

2.1 HEALTH CARE

2.1.1 Standards

Are their national standards related to quality; targets in terms of access to medical professionals, hospital beds? Are patients' rights defined?

2.1.2 Assessment

Describe mechanisms for assessing high levels of quality of treatment and for setting and monitoring high standards in healthcare and long-term care.

What mechanisms are there to assess the quality of medical treatments? What criteria are used in making such assessments?

2.1.3 Promoting quality enhancements

What mechanisms exist for developing, promoting and ensuring accessibility to good quality practices? Is there a particular focus on developing, promoting and ensuring accessibility to such practices for healthcare for the elderly?

2.1.4 Challenges

What are the main challenges you face relating to the promotion of quality?

2.1.5 Planned policy changes

Describe any planned changes to the system.

2.2 LONG-TERM CARE

2.2.1 Standards

Are their national standards related to quality? Are care recipients' rights defined?

2.2.2 Monitoring and promotion of quality

Is there a system of assessment and recognition of carers and care institutions?

Where informal care is supported, are there policies in favour of quality (e.g. financial support for infrastructure/adaptation of homes; training of informal carers)?

2.2.3 Challenges

What are the main challenges you face relating to the provision of quality long-term care?

2.2.3 Planned policy changes

Describe any planned changes in this regard.

3 SUSTAINABILITY

3.1 HEALTH CARE

3.1.1 Expenditure and financing

Describe current levels of expenditure on healthcare and recent and projected trends. If it is possible to present separate figures for healthcare for the elderly, please do so;
Describe financing mechanisms (social insurance contributions, general taxation, voluntary insurance including tax reliefs where relevant, patient charges).[Note: these may already have been described in the brief system description under section 1.1.1]

3.1.2 Expenditure trends

Give an assessment regarding trends in costs and in required funding. How can this be reconciled with other policy goals, e.g. sustainable public finances, in the light of the ageing of the population?

3.1.3 Cost control mechanisms

Describe mechanisms to control spending:

- the role of charges as a means of controlling demand;
- financial incentives/market mechanisms to ensure cost control in provision;
- mechanisms for raising the sensitivity of health institutions and professionals to cost considerations when deciding on treatments;
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- controlling the cost of materials and products such as pharmaceuticals.
- The role of health promotion, disease prevention and, in particular, the promotion of healthy lifestyles for the elderly.

3.1.4 Challenges

Outline the main challenges regarding sustainability of healthcare.

3.1.5 Planned policy changes

Describe any planned changes, in particular any initiatives focused on the provision of healthcare to the elderly.

3.2 LONG-TERM CARE

3.2.1 Expenditure and financing

In relation to long-term care, give estimates of current cost taking into account as fully as possible the impact across different policy domains.

Describe, where these exist, specific funding mechanisms for long-term care (e.g. targeted social insurance contributions).

3.2.2 Cost control mechanisms

The role of charges in controlling demand for formal care.

How to ensure cost consideration in the planning and provision of long-term care: are there comparative assessments of different approaches (institutional/home-based; formal/informal)? Are there mechanisms for raising the sensitivity of care professionals and decision makers (e.g. social workers) to cost considerations?

Are there mechanisms for assessing long-term care and healthcare costs in an integrated way.

3.1.4 Challenges

Outline the main challenges regarding sustainability of provisions for long-term care.

3.1.5 Planned policy changes

Describe any planned changes.