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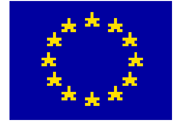

Human Resources of European Health Systems

Executive summary

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Executive summary

There is a growing appreciation of the key role of health accounting in understanding health system developments generally and a consequential widening of interest in manpower dynamics of the health sectors in Member States. In order to provide an adequate information policy for this new political orientation, the European Union has taken it upon itself to make the European health systems more comparable within the framework of the Health Monitoring Programme. This is in line with reporting about the proper functioning of Europoean Monetary Union and the Single Market. This requires a comprehensive information system providing policy makers with the necessary data on which to base their decisions.

Against this background Eurostat launched a project which aimed at developing a system which would provide data on Human Resources of European Health Systems in a consistent and comprehensive way. The project built on the work of the Eurostat/Working Group on Health Statistics and the existing Task Force on Health Care Statistics as well as on efforts by the OECD to introduce a System of Health Accounts (SHA) and related efforts made by some of the Member States. After signing the contract the project started in February 2001. A workshop was held at Augsburg on April 6-8, 2001. The workshop aimed at giving an introduction and description of the methodology to be used as well as to give an overview and developments in participating countries. The collection of meta data by using questionnaires started in July 2001. The aim was to receive comprehensive information on the sources and providers relevant for national labour accounting in the various Member States. Until today twelve out of eighteen countries returned the questionnaires. This final report describes the present results of the project focusing on the evaluation of meta-data received from the questionnaires returned and the description of the presentations given by the representatives of the participating countries at the workshop.

A positive outcome of the project is the broad availability of data in many of the countries which delivered information on meta data. At the same time, however, the main problem is the limited availability of data in some areas (actors according to the ICHA-HP classification) and the various level (age, gender, head counts etc.) to which data are broken down. This, as well as the differing level of quality of reporting causes difficulties in submitting comparable statistics on human resources on the European level.

The assessment of meta data on human resources of the health sector in the Member States shows that some countries, e.g. Denmark, Germany, Finland, Norway and the Netherlands have started to establish labour accounting systems for the health sector (HLA). In other countries no comprehensive approach on labour accounting in the health sector has been applied so far.

Regarding the current diversity of sources used for labour accounting in EU countries, the question of how to make the data basis for the calculation of human resources more comparable one has to consider several aspects such as the methodology and the definitions and classifications to be used, but also the selection of variables, statistics and indicators (see Chapter 5 for details).

For future *methodology* to be used we suggest to elaborate and implement an integrative statistical tool, so called Health Labour Accounts (HLA), at least at the 1-digit level which will be compatible to the SHA. Implementing a system of Health Labour Accounting for the health sector is certainly an ambitious aim. Thus, this suggestion should be considered as a long term initiative which at the same time will provide a way of building up HLA in all European countries. The system will be based on existing statistics. For reasons of filling gaps where other sources are not available, gathering structure information on age and gender and balancing data LFS and Census data might be used. Using both concepts (registers and LFS) the comparison of *data, definitions and classifications* of each of the concepts will be necessary for each sector in order to describe the disparities and correspondences between them (and to balance the differences in a next step). Regarding the *selection of variables* the development of a strategy for estimating FTE numbers for all actors and all countries have to be decided, selecting between the two optional concepts (LFS-concept and ESA 95-concept). Besides the priority of computing the estimation of data regarding FTEs (and head counts) by the Member States, another priority should be to include gender and age into future data collections in all countries.

Regarding *statistics* and the establishment of a complete data set covering all actors listed according to the ICHA-HP classifications, we suggest to follow a concept which goes beyond that proposed by the *OECD* 2001: beside Census data and LFS, we propose to use registers as well. The strategy proposed not only includes a systematic comparison and compilation of data deriving from registers and LFS (as well as the selection of best statistical sources) but also the comparison and balancing of the total sums resulting from registers, LFS, and other sources with System of Health Accounts. By using and combining a broad variety of already existing data in HLA this approach will provide added value for health policy information in all European countries.

Regarding *indicators* the design of manpower indicators should be linked to the indicators derived from the Health Labour Accounts (HLA) proposed within this project. By using this approach consistency with the System of Health Accounts (SHA) can be gained.

Using the principle of *ex-post* harmonisation on the existing heterogeneous sources future projects should focus on the establishment of comparable data on manpower. As a consequence, we recommend to focus in the next step on limited sections (i.e. hospital sector) for the collection of data on manpower. In the long-term this will result in the collection of more comparable data sets on manpower which will allow to complete Table 10 "Total employment in health care industries" of SHA for an increasing number of countries.

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