Quality of health and care services in the EU

Introduction
The report examines the use, access to and perceptions of quality in relation to health services (primary care and hospital services), long-term care and childcare across the European Union. These public services are important for managing care responsibilities, enabling participation in employment and social life and overall quality of life. The findings are based on data drawn from the European Quality of Life Survey (EQLS) 2016 carried out in 28 EU Member States.

Public services are understood as services for the public, regardless of whether they are provided by the public sector, private initiative or a mixed partnership. In the report, public services are considered to be of high quality if the following criteria are met: they are easily accessible, the quality of care received is high, people are treated equally by the services and the services are free of corruption. This follows the approach of the EU Social Protection Committee (SPC)’s 2010 voluntary European Quality Framework for social services, which suggests monitoring input, output and process-related dimensions and considers access as part of quality.

Policy context
At both Member State and EU level, policymakers and stakeholders are developing concepts and frameworks for addressing the issue of quality in services. A milestone is the European Pillar of Social Rights 2017, whose principles reference different public services and, in addition to access, stipulate that services must be of good quality. Monitoring and assessing the quality of services will be essential for assessing implementation of the Pillar and developing country-specific recommendations in the European Semester.

Key findings

Healthcare
- Primary care services are used by a majority of people during a year. However, there are large differences in the use of e-healthcare (in more than half of the Member States, more than 90% do not encounter e-healthcare), and there are markedly varying levels of using emergency healthcare which suggests that access to more regular healthcare is not optimal in some countries.
- Healthcare has favourable overall scores compared to other services. However, 27% of people in the EU give low (lower than mid-point) ratings to health services in their country, ranging from one-tenth to about two-thirds of the population across Member States. Even in the best-performing Member States there are significant groups in the population who describe quality as low.
- Primary care is generally rated more favourably than hospital or specialist care. However, there are exceptions (a reverse pattern in Finland and Sweden).

Long-term care
- User satisfaction with specific quality aspects in long-term care is lower than all other social and health services included in EQLS.
- Long-term care quality ratings are not as differentiated by socioeconomic background within countries as for other services, but country differences in both use and perceived quality are notable.
- Differences between countries concerning receipt of nursing care at home and of home help are considerable. However, they seem to reflect differences in the availability of and access to these services.
Childcare

- User satisfaction tends to be higher in the case of services for young children and specifically for those using formal childminding rather than centre-based childcare. User satisfaction was lower in the case of after-school care (for children under 12).
- Proportionally more people in lower income groups benefit from free or subsidised childcare than in higher income groups; nevertheless, the take-up of formal childcare remains lower, and affordability issues are more frequent among people in the lowest income quartile compared to others.
- Preventing corruption and providing equal treatment in childcare were the dimensions ranked lowest compared to other aspects, indicating there could be issues around accessing and benefiting from childcare services.

With regard to inequalities in access to and quality of services, the income gradient is uneven and differs between types of services.

- The quality ratings for health services overall have improved for every income quartile from 2007–2011 to 2016. However, compared to other services discussed, income differentiates perception of quality most in the case of healthcare; the ratings of quality by the bottom income quartile remain the lowest and the gap between it and the higher-income groups has increased. Access difficulties, perceived corruption and unequal treatment explain part of the negative quality perception. The third income quartile enjoyed the greatest improvement and gave the highest overall healthcare quality rating in 2016 (6.9), more than the top income quartile (6.8).
- In the case of long-term care, middle income quartiles have somewhat better perception of quality (6.2) than the low- and high-income groups (6.1). In the case of childcare, the bottom income quartile (with a quality rating of 6.5) lags behind the others.
- In the case of childcare services, specific quality dimensions related to facilities and staff are high across countries and groups in society. However, affordability difficulties in relation to childcare were reported by approximately a third (36%) of Europeans with children under the age of 12 using these services; this proportion is higher for low-income groups.

Policy pointers

- Paying attention, devoting time to and keeping users consulted about their care are ways to improve user satisfaction with services. Soft skills should not be underrated: if attention to and informing the service users is rated low, the otherwise highly rated professionalism and expertise of staff also tend to be considered low by the users.
- Improving fairness (equal treatment and preventing corruption) is relevant for all services discussed since the reported issues are at tangible levels in all of them, and are not confined to a small number of countries.
- Assessment of financial barriers to accessing services should consider not only the groups with the lowest income, but also the ‘twilight zones’ in which people have incomes too high to benefit from public funding but too low to afford services without difficulties. In the case of health and long-term care services, a substantial proportion of people in the third-highest income quartile reported difficulties in accessing services due to cost.
- Measuring equity via the gap between the highest and lowest income groups is insufficient, and should be complemented with measures capturing the middle-income groups to reflect evidence of an increasing gap between the low- and (upper-) middle-income groups.
- Measurement of poor access to services would benefit from going beyond ‘unmet need’ to include delaying care (‘economising’) and accessing but experiencing difficulties while doing so. This is relevant to countries where the entirely unmet need for care is rare, but barriers nevertheless may have less direct consequences.

Further information

The report *Quality of health and care services in the EU* is available at http://eurofound.link/ef18034

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