

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

DENMARK COUNTRY PROFILE



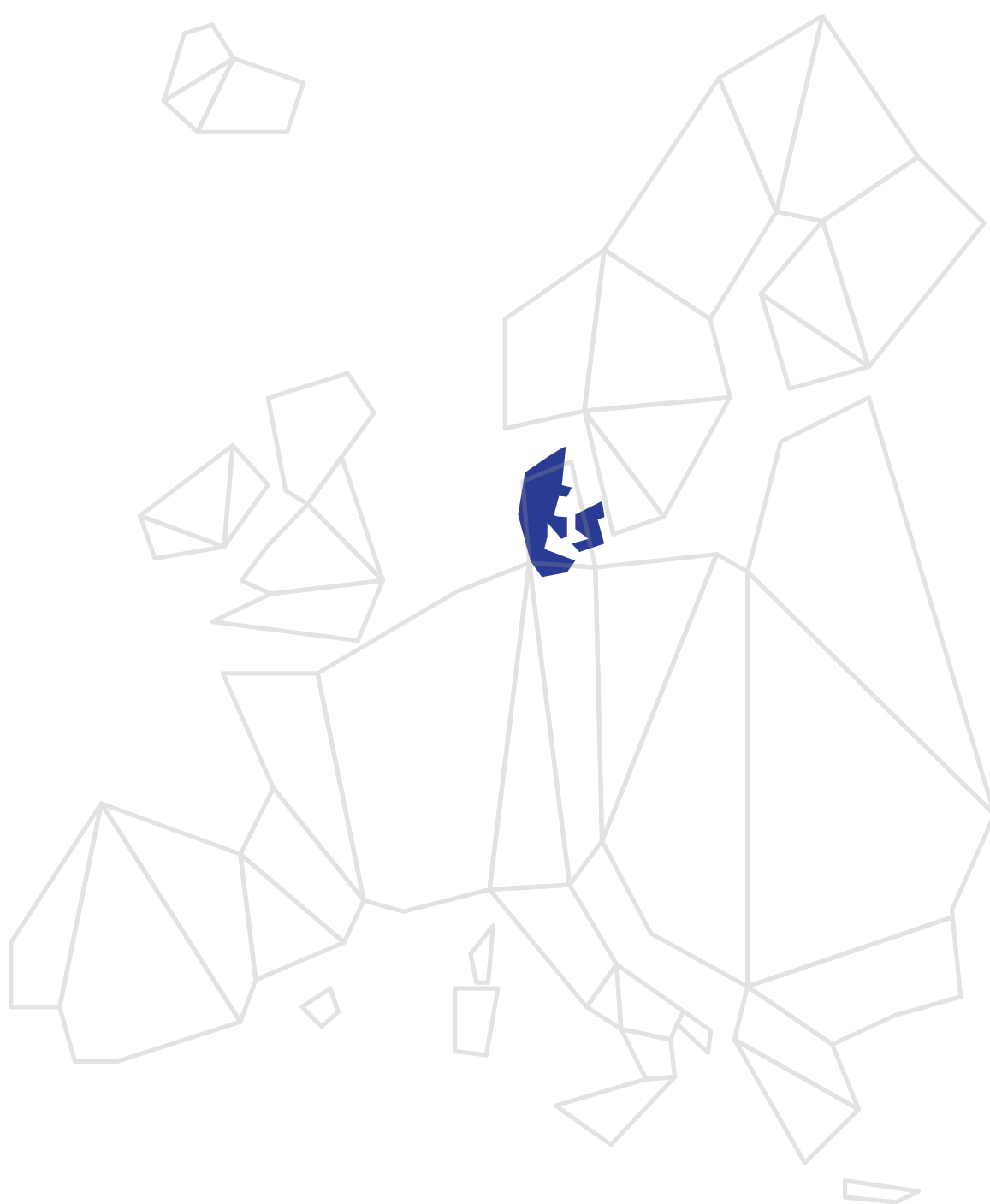
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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK



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Context: existing certification systems and organization of cancer care

All hospital and primary care facilities underwent a certification process until 2022

Between 2005 and 2022, the Department of Quality and Accreditation in the Health Service (**Institut for Kvalitet og Akkreditering i Sundhedsvæsenet – IKAS**) developed and operated the Danish Quality Model (**Danske KvalitetsModel – DDKM**). Its main objective was to monitor all publicly financed health care activities using certification.

In practice, DDKM consisted in a number of quality criteria, which the individual treatment centers had to fulfil. On-site survey teams deployed by IKAS evaluated compliance with these standards. Accreditation status was then granted for a three-year period by an independent Accreditation Board.

This system was, however, abandoned for hospitals in 2016 and primary care in 2021 after criticisms from regional authorities and health care professionals. A set of national goals and regional and locally adapted indicators, the National Quality Programme, have replaced the DDKM.¹

Organization of cancer care

Denmark has no stand-alone cancer centers, cancer care is delivered primarily in general hospitals. The system is centrally coordinated and highly structured, with five regions, each hosting a regional center, and three national highly specialised facilities. Cancer care is divided into categories (main, regional and highly specialised) and each facility is assigned the category of treatment they are allowed to provide. The National Board of Health, under the umbrella of the Ministry of Health, is responsible for setting up a **speciality plan** detailing which facility can provide which type of care.

An important reorganization of cancer care in Denmark occurred in 2006 with the 2nd National Cancer Control Plan: it resulted in the closure of 40 hospitals and the deployment of the current distribution of care services. This strong movement towards centralising procedures in fewer hospitals resulted in significant increases in survival rates.

With this reorganization, diagnostic pathways have been improved and as a result a larger fraction of patients are diagnosed at earlier stages of the disease. Moreover, surgeons are required to be highly specialised (lung cancer surgeon, brain tumour surgeon, etc.), which has positive effects on outcomes. Strict time thresholds are in place for cancer care in Denmark: no longer than 4 weeks should pass from a suspicion of cancer to beginning of treatment. This is measured and reviewed for every patient and implemented improvement plans based in complying with the required indicators.

The Danish Comprehensive Cancer Center aims to optimise cancer treatment²

The Danish Comprehensive Cancer Center, established in 2017, is a national network umbrella organization, under the responsibility of Danish regions, to foster cancer research, prevention and treatment³.

Its aims include:

- **Co-ordination of cancer research** by fostering collaboration among various research institutions, hospitals and universities in Denmark
- **Improvement of cancer treatment** by focusing on developing and implementing cutting-edge treatment protocols and technologies, and working to ensure that patients across Denmark have access to the latest and most effective cancer treatments
- Standardisation of care by **setting national standards and guidelines** for cancer care, thereby ensuring consistency in the quality of treatment and patient care across the country
- **Increasing numbers of clinical trials** by promoting and organising clinical trials and providing patients with access to experimental therapies
- **Education and training** of healthcare professionals, ensuring they are equipped with the latest knowledge and skills in oncology
- **Public health initiatives**, including supporting public health campaigns aimed at cancer prevention, early detection and awareness
- **Policy development** by providing expert advice to policy makers, helping to shape national cancer policies and strategies

However, while this network is called “comprehensive”, it has not received any certification as such yet. Originally, its creation was aimed towards OECI certifying the network as a whole. Since this was actually not possible, currently 2 hospitals are in the process of undergoing OECI comprehensive cancer center certification: Rigshospitalet (together with Herlev Hospital) in Copenhagen and Aarhus University Hospital.

Since 2017, 200 multidisciplinary thematic cancer groups across regions have been in place. They receive funding from the regions for logistical support (secretariat, meetings), related to areas such as patient reported outcomes, patient engagement, liquid biopsy, and immunotoxicity.

Identified barriers towards the implementation of EUCCC certification in Denmark

- Lack of interest of Danish cancer centers to undergo certification processes

Being accustomed to internal quality control systems that yield excellent results, Danish highly specialised cancer care facilities do not currently see the added value of undergoing a burdensome voluntary certification process.

- Hospitals in Denmark are completely integrated in the public administration and do not exist as a sole entity

Contrary to many other European countries, whose hospitals underwent processes of financial and legal autonomy in the 1990s (under the influence of “new public management” ideas), Denmark’s hospital system did not.

According to the CA, this major trait is not considered in the OEI process and is currently the source of difficulties during the ongoing OEI certification.

Identified enablers towards the implementation of EUCCC certification in Denmark

- Good communication between facilities and policy makers
- An already well-established structure with highly specialised centers
- High level of internal quality control mechanisms in the hospitals

Conditions for successful EUCCC certification implementation in Denmark

- **Gaining better political visibility** for the project and obtaining support from policymakers
- **Demonstrating the added value of the EUCCC certification process** for the hospital itself (opportunity to improve and therefore provide better care for the patients)
- **Recognition and collaboration of different CCC certifications** and a creation of a common network

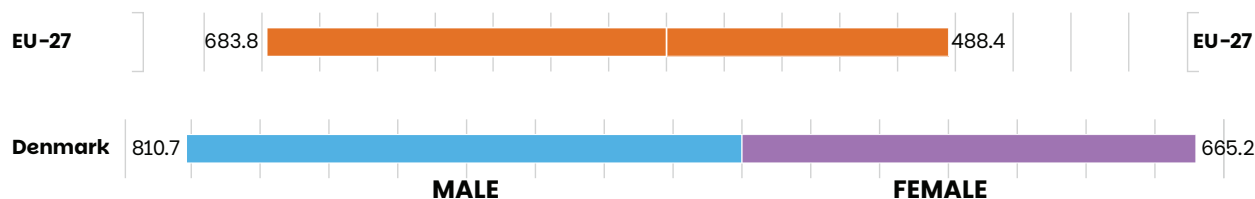
Number of OECI-certified CCCs: 0

Number of EUCCC pilot centers: 1

Epidemiology: incidence, mortality and survival rates

Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)



Mortality rate:

Cancer mortality
ASMR per 100 000 population



Survival rates:

For the selection of cancers:

Colon cancer 5-year survival
% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival
% survival for women diagnosed 2010-2014



Lung cancer 5-year survival
% survival for patients diagnosed 2010-2014



Screening performance

Breast cancer screening
% of target population



Cervical cancer screening
% of target population



Colorectal cancer screening
% of target population



Risk factors

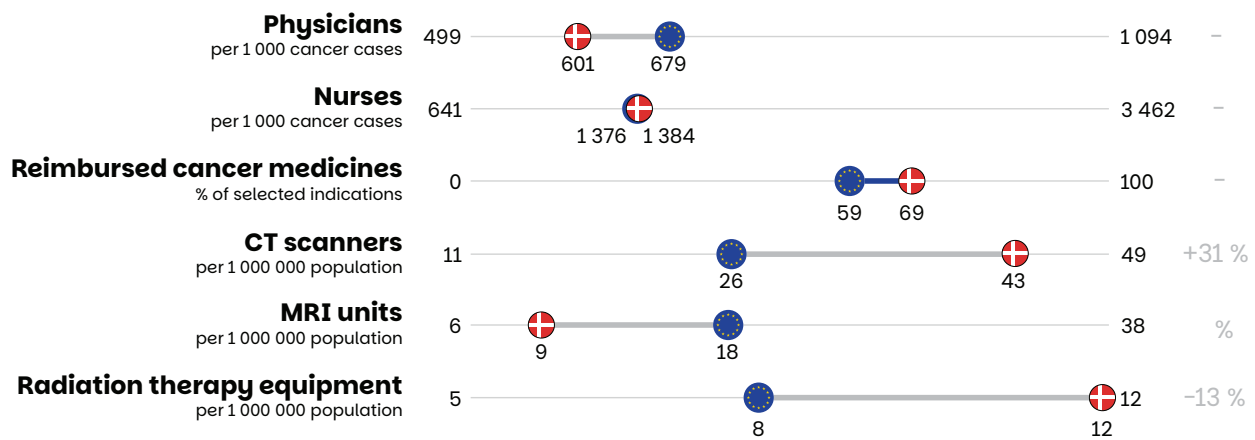
Daily smoking
% of population aged 15+



Alcohol consumption
Litres per capita, population aged 15+



Human resources and infrastructure



Number of clinical trials: 1051

Endnotes

1. 'Denmark: Health System Review 2024'. Accessed 23 December 2024. <https://eurohealthobservatory.who.int/publications/i/denmark-health-system-review-2024>
2. https://www.oecd.org/en/publications/eu-country-cancer-profile-denmark-2025_ffe5127e-en.html
3. DCCC - Danish Comprehensive Cancer Center



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