

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

NETHERLANDS COUNTRY PROFILE

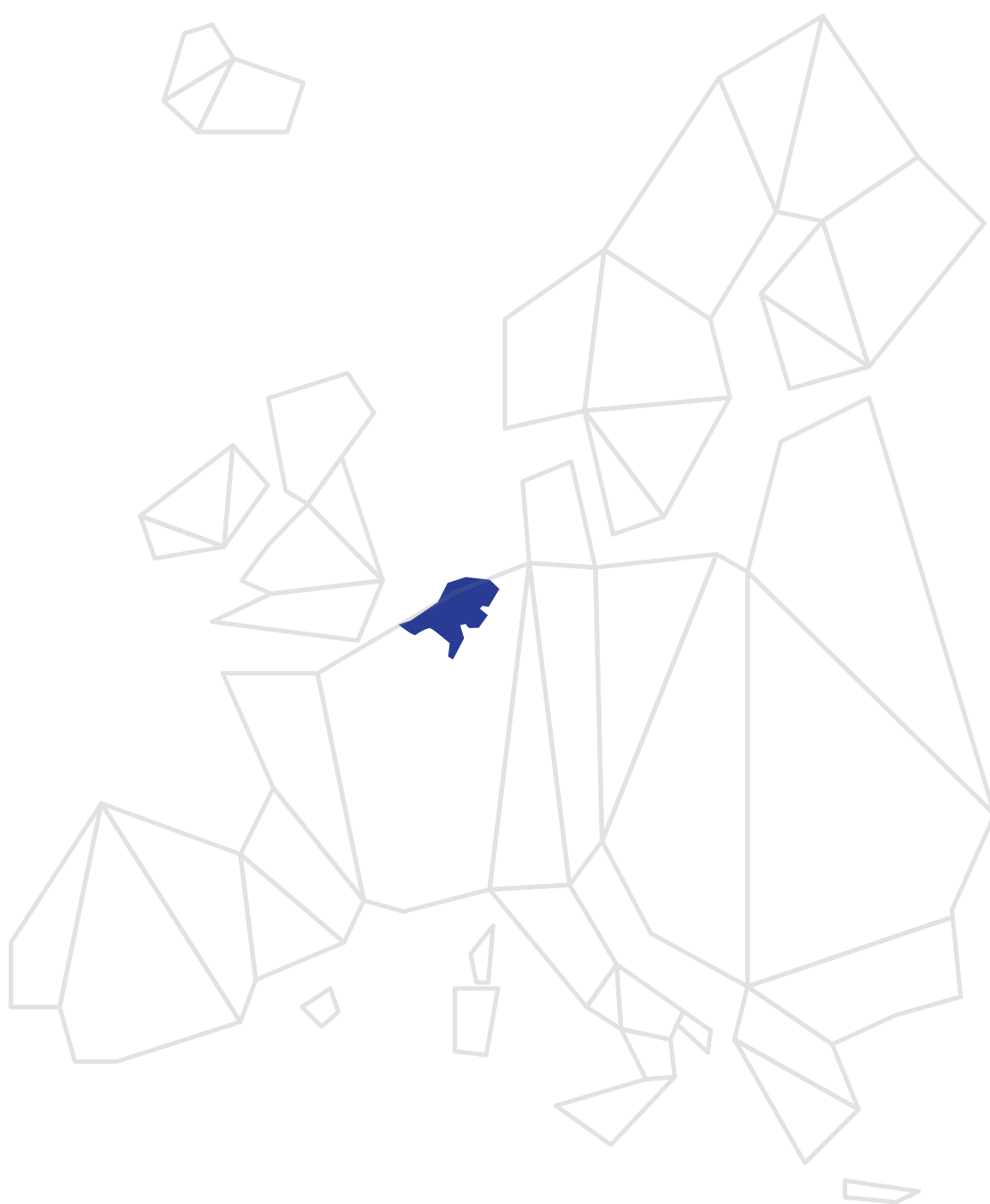


Co-funded by
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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





Context: existing certification systems and organization of cancer care

Cancer care in the Netherlands is of high quality and accessible

Hospitals in the Netherlands are required to monitor and improve the quality of care with a focus on patient safety, service quality, and incident reporting. However, the specific systems and methods used are not mandated. Some specific hospital department have a required certification system and professional societies use peer review systems. Furthermore, all hospitals in the Netherlands must comply with ISO 270001 for information security management systems.

Since there is no national certification in place specifically for cancer centres, the Netherlands Cancer Institute decided several decades ago to develop its own quality management system that is audited by an external company¹. Basic national requirements are included in the system but also adapted to specific needs of a cancer care facility.

Through self-reviews, site visits and on-site interviews the organization of cancer care in the hospital is evaluated and recommendations for improvement are given.

Organization of cancer care evolves around 7 oncology networks

In the Netherlands, regional Comprehensive Cancer Organizations were established in the eighties to disseminate specialised knowledge on cancer diagnosis and treatment and to improve service provision without having a treatment function themselves. They formed networks of health care professionals with the aim to improve cancer care and outcomes through research, guideline development, and implementation, knowledge exchange and organizational improvement, for instance, by promoting multidisciplinary care.

Today, the Netherlands has seven regional oncology networks², each integrating University Medical Centres, general hospitals, radiotherapy centres, and other healthcare institutions.³

These networks emphasise standardised procedures and methodologies across participating institutions, ensuring consistent and high-quality care for patients⁴. All complex patients are discussed in multidisciplinary oncology boards.

Whereas the networks used to be an initiative from clinicians, over the past three years their importance and utility was recognised by both hospital boards and the government. Indeed, with shortage of personnel and with limited financial resources, the government hopes the networks will ensure equal access to healthcare across the country⁵.

In the spring of 2024, the OncoZON (Oncology Network SouthEast Netherlands) Network, consisting of the Maastricht University Medical Centre (MUMC+), 8 other regional hospitals and a radiotherapy institute in Maastricht, has been accredited as an OEI Comprehensive Cancer Network⁶.

Regional networks are further divided into networks by tumour type that organise meetings and events to share best practices and set up healthcare projects together, with several meetings a year. Performance data is shared during the meetings and professionals take advantage to learn from hospitals that have better performance indicators in certain areas. Such cancer care performance data rests on the exploitation of the Dutch National Cancer Registry, in existence since 1989.

In 2022, the Dutch government signed with major providers of healthcare, including cancer care stakeholders, the Integral Care Agreement (IZA) aimed at tackling the rising challenges for health services in the near future.⁷ Cancer networks are a crucial element for providing care to cancer patients within the framework of this agreement.

Beyond counting on networks to promote quality of cancer care, the Netherlands focuses on centralising delivery of specific cancer care at certain centres to improve treatment outcomes. Indeed, there is a recent tendency to recentralise complex care in a smaller number of cancer centres (often CCCs).

Moreover, risk-based screening programs are organised in national settings.

Identified barriers against the implementation of EUCCC certification in the Netherlands

- Many systems are already in place on the national level in the Dutch context, and the added value of EUnetCCC certification is not clear in the Netherlands.
- **Important presence of OEI:** those who fulfil condition are either OEI accredited or in the process of obtaining the accreditation and do not see the added value of undergoing an additional accreditation process.
- So far, the government considered that certifications should be paid from already allocated funds for the functioning of cancer care facilities. **There are no indications they would be willing to allocate additional funding towards EUCCC certification.**
- **Shortages of paramedical staff:** mostly nurses and radiotherapy operators

Identified enablers towards the implementation of EUCCC certification in the Netherlands

- The Netherlands is one of the most advanced countries in terms of achieving access to CCCs for all its citizens
- Willingness of cancer care facilities to help aspiring European CCC achieve the required level of excellence

Conditions for successful EUCCC certification implementation in the Netherlands

- The competent authority wishes to make sure that the OEI certification is recognised within the EUnetCCC project, avoiding additional layers of administrative burden for its centres
- Demonstrate the appropriateness of the requirements of EUCCC certification for all areas of cancer care

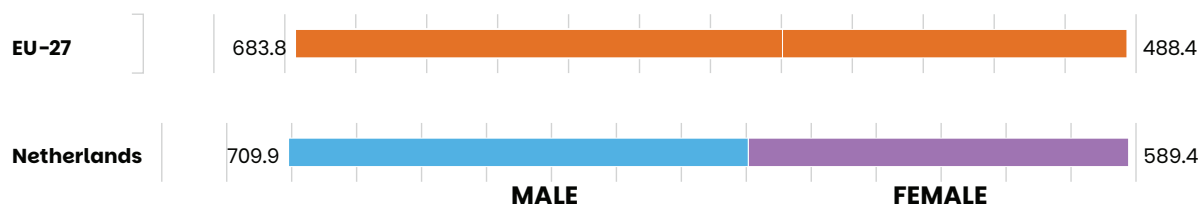
Number of OECI-certified CCCs: 4

Number of EUCCC pilot centres: 0

Epidemiology: incidence, mortality and survival rates

Incidence rate:

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

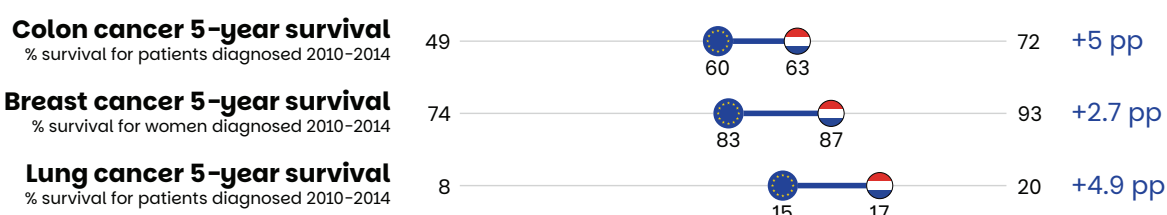


Mortality rate:

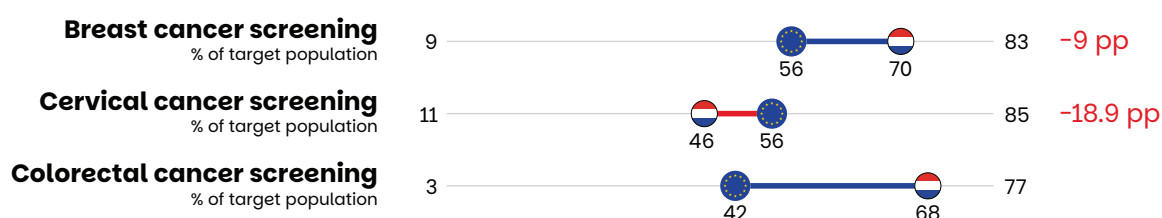


Survival rates:

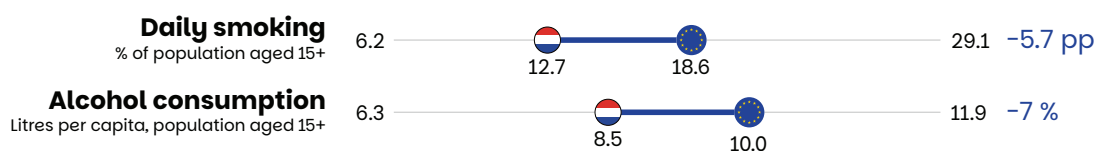
For the selection of cancers:



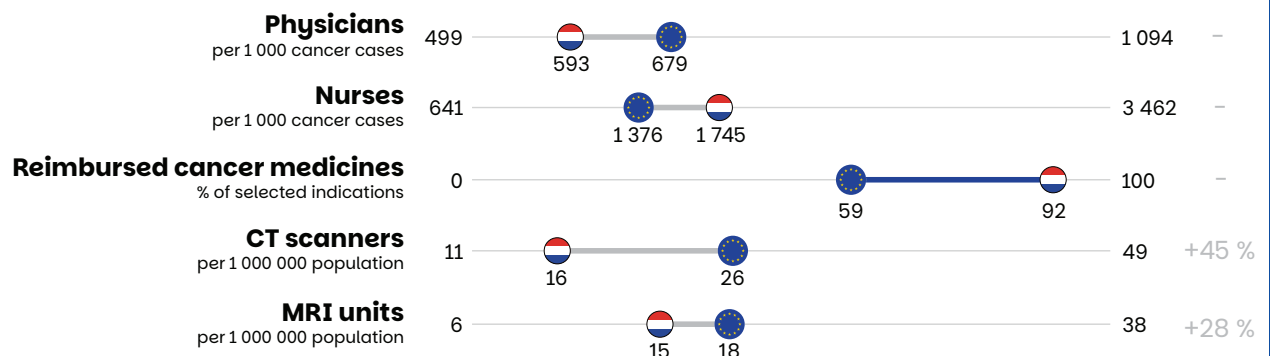
Screening performance



Risk factors



Human resources and infrastructure



Number of clinical trials: 2447

Endnotes

- https://www.dnv.nl/cases/ba_nl_25q1_kwaliteit-aantonen-is-meer-dan-alleen-vinkjes-zetten/
- CCN Northeast Netherlands, CCN Southwest Netherlands, Oncomid, OncoNoVo+, Onco East, OncoWest, OncoZON
- EU Country Cancer Profile: Netherlands 2025 | OECD
- Oncology Networks | Regional Oncology Networks
- The regional oncology networks | Oncology Networks Netherlands
- <https://accreditation.oeci.eu/news/oncozon-has-been-certified-as-an-oeci-comprehensive-cancer-network>
- Integral Care Agreement (IZA) | NFU



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