

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

PORTUGAL 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

A national voluntary system for hospital certification is widespread

While hospital certification is not mandatory, it is strongly encouraged by the Ministry of Health of Portugal, which has adopted the Andalusian system dispensed by Agencia de Calidad Sanitaria de Andalucía (ACSA)¹.

There is a strong and widespread certification culture in Portugal. An interesting feature of the Portuguese certification system is that it is broken down by services or departments rather than by health facility as a whole. Taking a more granular approach to accrediting or inspecting services recognises the fact that in large hospitals or other units of care, there may be substantial divergences between the quality of care offered between departments or units.

To be accredited, the unit must demonstrate respect for patient rights and effective care according to accepted clinical guidelines, have a rational organization of patient information and health records, usage of pharmaceuticals and technologies, demonstrate good professional competence, and have good support services. Importantly, the unit must also demonstrate engagement and consistency with a set of objectives and contractual obligations, have an internal strategy for following this, as well as have a system for evaluation of collected key performance indicators (which must also be communicated internally and publicly)².

Designation of reference centers for cancer involves documentation reviews

In 2014, Portugal's Directorate General for Health (DGS) initiated a programme to certify reference centers, aiming to enhance the quality of healthcare services. This was especially critical for cancer care, where there is a strong link between case volume and quality. By 2018, 47 reference centers were certified for various cancers: oesophageal (6), rectal (21), testicular (4), hepato-bilio-pancreatic (10), soft tissue and bone sarcomas (5), and ophthalmic (1). Some of these certified centers later joined European Reference Networks, further enhancing their capabilities.

The process for certification of reference centers involves documentation reviews³. It has been envisaged to also combine these with on-site visits in the near future, as the law permits this. **Centers have to be ACSA accredited to receive this designation.**⁴

However, no new cancer reference centers have been acknowledged since 2018.

Organization of cancer care: 3 national institutes of oncology and integrated responsibility centers (IRC)

Cancer care in Portugal is primarily delivered through the NHS at hospitals within one of the 39 local health units or at the three national institutes of oncology (Lisbon, Coimbra and Porto). **Porto is the only OECI certified CCC, the two others hold the “CC” certification.**

The 3 national institutes of oncology are specialised cancer centers that, in 2021, managed 27% of all new cancer cases, performed 44% of all oncology surgeries, and handled 57% of radiotherapy treatment plans in the country⁵.

Moreover, several hospitals have adopted integrated responsibility centers (IRCs) focused on cancer care, such as the breast cancer center at Local Health Unit (ULS) of São João and the oesophageal cancer center at the Institute of Oncology in Coimbra. IRCs are middle management structures that have agreed on performance goals linked to financial and non-financial incentives – both individual and institutional. Despite the potential benefits, adoption of IRCs for cancer care has not been widespread across hospitals in Portugal.

Identified barriers against the implementation of EUCCC certification in Portugal

- Although there is an inter-hospital referral network, **a cancer-specific referral network that focuses on cancer patients and addresses the multidisciplinary requirements of cancer care is yet to be created.**
- The closure of seven breast cancer centers in April 2024, due to factors such as insufficient case volume, lack of surgeons, or unavailability of the required expertise, highlighted the **challenge of balancing access and quality.**
- The **financial model of hospitals** was cited as detrimental to cooperation. Indeed, capitation means the hospital “loses” money by redirecting the patient to another healthcare facility.

Identified enablers towards the implementation of EUCCC certification in Portugal

- The National Strategy Against Cancer (cancer plan), published in 2023, is aligned with Europe's Beating Cancer Plan. It explicitly **aims to certify another CCC**.
- The National Strategy Against Cancer (cancer plan) aims to **establish the Oncology Referral Network by 2026**, aiming to treat over 90% of patients at certified centers, implement precision and genomic medicine services, and provide specialised psycho-oncology support.
- A **national cancer hub** is in place. It comprises 2 groups: 1) stakeholders' group (industry, hospitals, policymakers), and 2) policy group that meets once per month and discusses current issues

Conditions for successful EUCCC certification implementation in Portugal

Overall, it is hoped the introduction of EUCCCs in Portugal will:

- help create regional networks around CCCs
 - improve processes (for the networks)
 - set up a harmonised system to define quality
 - help motivate/convince policymakers, hospitals, etc. with the backing of the EU
 - open up to European networks and partnerships that will in turn allow access to treatments that are currently unavailable in the country
- A new reform is underway with the aim to create "local care units" linking primary and tertiary health care facilities merging them into one institution with the same board⁶. Cancer centers are not part of this reform, however they do receive patients from these hospitals, especially for rare cancers through informal channels. It is necessary to **formalise these networks to better streamline rare cancer patients**.

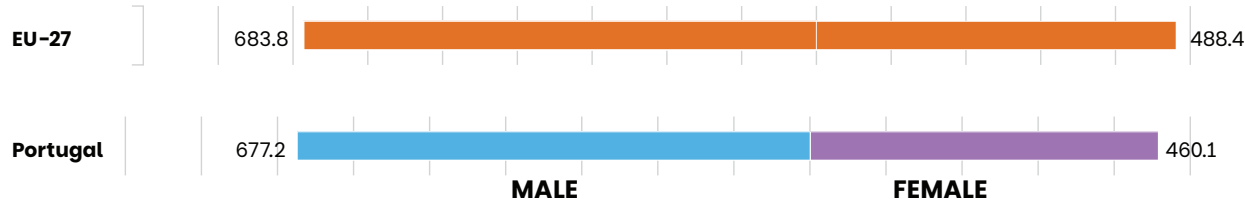
Number of OECI-certified CCCs: 1

Number of EUCCC pilot centers: 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:

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

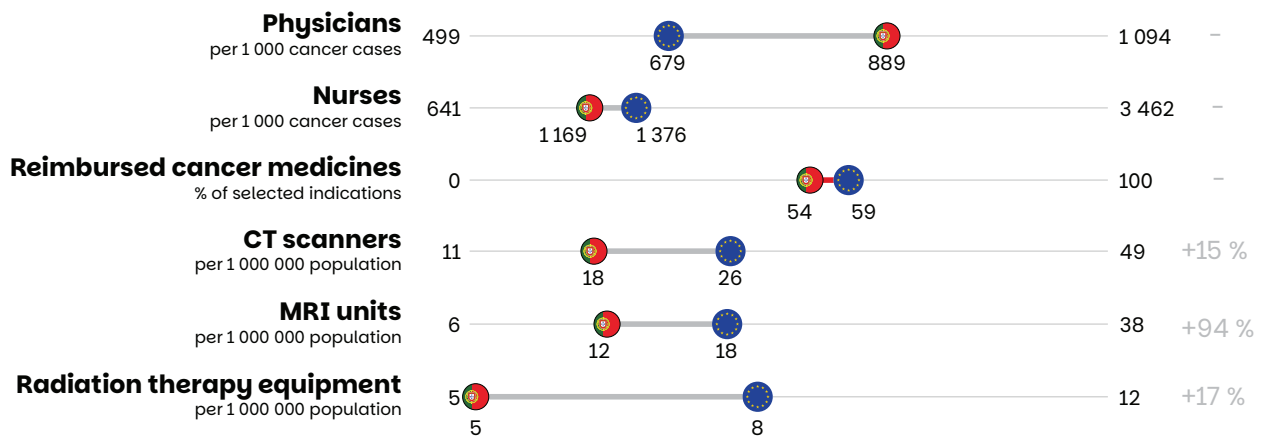
Daily smoking
% of population aged 15+



Alcohol consumption
Litres per capita, population aged 15+



Human resources and infrastructure



Number of clinical trials: 455

Endnotes

- <https://www.dgs.pt/qualidade-e-seguranca/reconhecimento-da-qualidade/acreditacao-em-saude.aspx>
- 'OECD Reviews of Health Care Quality: Portugal 2015', 26 May 2015. https://www.oecd.org/en/publications/oecd-reviews-of-health-care-quality-portugal-2015_9789264225985-en.html
- 0000800009.pdf example for esophageal cancer
- The ACSA for reference centers has been adapted to Portuguese context for this purpose (exception is for breast cancer reference centers which require EUSOMA certification)
- EU Country Cancer Profile: Portugal 2025 | OECD
- <https://www.sns.gov.pt/noticias/2024/01/01/arranca-nova-fase-da-organizacao-do-sns/>



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