

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

SPAIN COUNTRY PROFILE



Co-funded by
the European Union



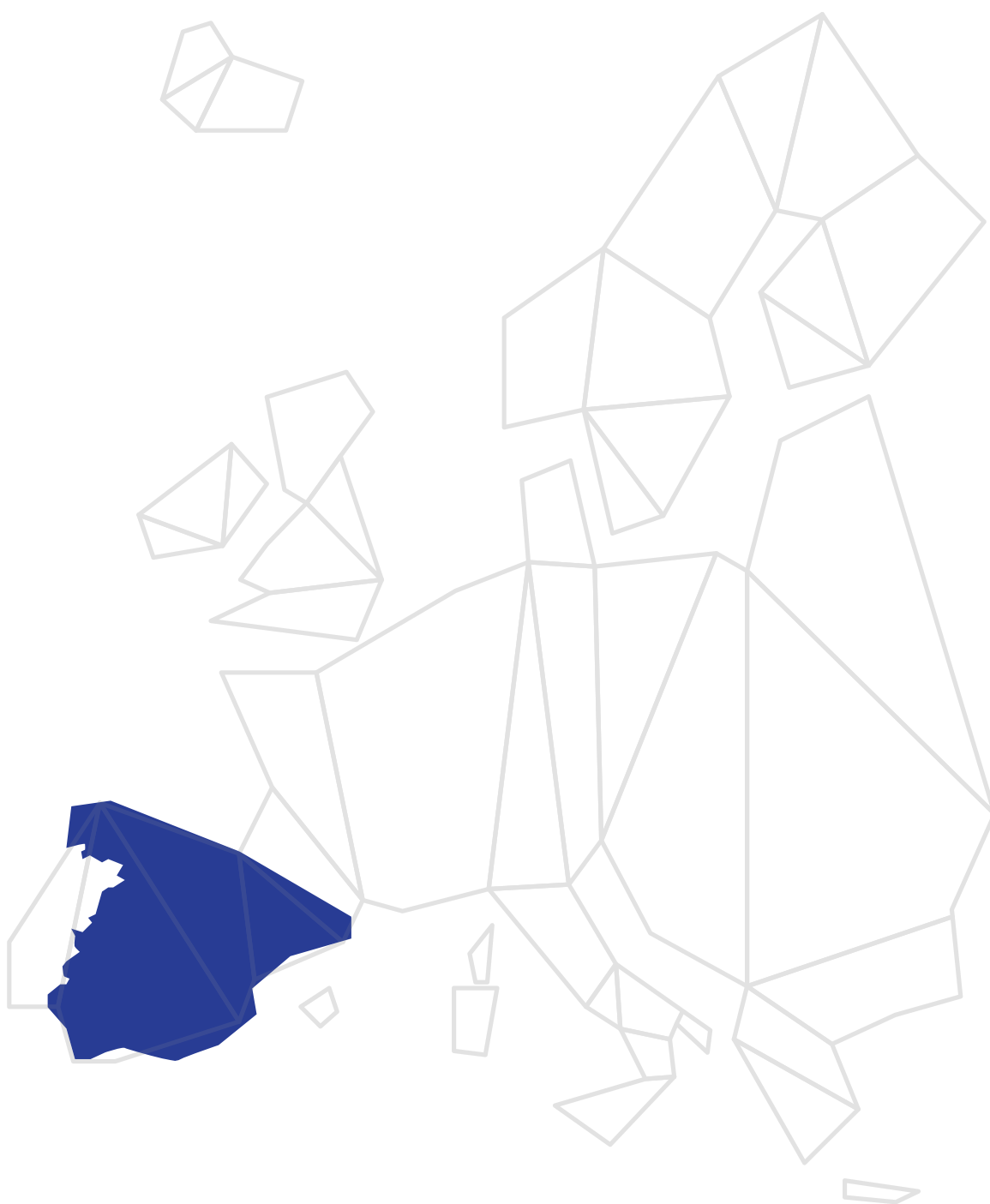
THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK



ONEFORALL



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Context: existing certification systems and organization of cancer care

In Spain, a variety of certification systems are in place in hospitals, whether for general quality and safety purposes, or for the designation of highly specialised reference centers

- **A mandatory authorisation process:** all hospitals nationwide must undergo an authorisation system in order to pursue clinical activity. It includes the guarantee of minimal safety and quality requirements¹.
- **Mandatory certification for acute healthcare providers exists in some regions.** Regions such as Andalucía, Asturias and Catalunya have set up a mandatory certification system for all acute care providers.

For example, in the Catalan system, in existence since 1981, certification is required for healthcare providers to be funded by Catsalut, the public payer and provider in the region^{2 3}. Its emphasis is on quality and safety of care. For a significant proportion of criteria, improvement over time is taken into account.

➤ **Reference centers for complex care**

Healthcare facilities (center, service or unit) that perform complex and highly specialised procedures (complex surgery), technologies or manage specific pathologies such as rare diseases (including paediatric tumours, rare tumours etc.) receive the label “reference centers, service or unit”^{4 5} (**Centros, Servicios y Unidades de Referencia del Sistema Nacional de Salud-CSUR**). The designation and accreditation of these facilities involve fulfilling certain criteria that are assessed during an auditing process.⁶ Despite the decentralised nature of the Spanish National Health Services, the CSUR provide coverage across the entire national territory.

By means of this initiative, 14 oncological conditions were identified to require the designation of reference centers, 57 healthcare providers, based in 6 out of the 17 regions, have been designated to provide highly specialised care related to such conditions.⁷

➤ **The designation of health research institutes**

To encourage research and its integration with care, 35 health research institutes are designated (**institutos de investigación sanitaria**) by the national Ministry of Science⁸. Centers that wish to receive this label and its associated funding must fulfil a list of criteria, that are verified with reviews and on-site visits.⁹

► European Reference Networks:

they are the main clusters for rare diseases and are formed by 24 hospitals from 9 regions. A facility must have the status of CSUR (“reference center, service or unit”, see above) in order to qualify to be an ERN.

Beyond the systems mentioned above, that are managed by the national or regional public healthcare administrations, voluntary certifications can be found such as the Joint Commission International, which can be found in 36 hospitals.

► Organization of cancer care

Spain has universal health coverage, covering healthcare for approximately 99.1% of the population through the national health service. The Ministry of Health is responsible for issuing healthcare proposals, planning and implementing national healthcare guidelines, and making decisions about pricing and reimbursement of medicines. Nevertheless, the Spanish National Health Services is decentralised, in which autonomous regions (**comunidades autonomas**) have full sovereignty over the organization of healthcare.

While there is a formal catalogue of services approved at a national level, the organization of care is the responsibility of the regions. Patients are not allowed to be treated outside their region of origin, except to receive care from a nationally recognised reference center (“CSUR”, see above), which has centralised funding, or in cases where healthcare supply can only be found outside the region of origin and for which the region of origin has authorised to release funding.

There is no competition between hospitals in the Spanish system because even within a region, one is ascribed to a territory. However, some regions have introduced some degree of choice and competition in the hospital system (quite strict in Catalunya, more flexible in the Community of Madrid).

In the cancer care system, there are university hospitals, general hospitals, and national reference centers (“CSUR”). Contrary to some other countries, no stand-alone cancer-dedicated centers can be found in Spain.

Spain’s National Care Plan, updated in 2021, underscores the importance of multidisciplinary teams and molecular tumour boards to improve diagnosis and treatment¹⁰. This implies improving coordination between cancer units within hospitals and also between hospitals and primary care (pathways). Currently, many of the relationships and collaborations between hospitals around patient pathways are of an informal nature and based upon personal relations. There is a need to formalise and institutionalise such cooperations into formal clinical pathways.

The plan also underlines the need for further centralisation of high-complex procedures, which implies setting minimum volume thresholds for treating paediatric patients or for complex surgical procedures. However, these volume thresholds are merely recommendations: they are not mandatory. While in some regions they are fully implemented, such is not the case in others (disparity between regions in this regard).

Identified barriers towards the implementation of EUCCC certification in Spain

The following challenges towards the implementation of EUCCC in Spain have been identified:

- **Finances and budgeting**, which is the main concern of hospital managers. Indeed, setting up such ambitious transformations of cancer care will require additional resources.
- **Reorganising cancer care is always a challenge**, individuals and organizations might resist change.

For a long time, the perceived solution to issues in healthcare was competition, and now it is more on cooperation. It is a welcome paradigm shift, but ultimately, reorganization of care and particularly the movement towards centralisation is about resource allocation between organizations (i.e. there will have to be a decision on who treats what, how many patients etc.).

- **Consortium-based or stand-alone CCC based model?**

A major challenge in the organization of cancer care is the coexistence of 17 autonomous regions with very different sizes (for example: Andalusia, Catalunya and Community of Madrid have around 8 million inhabitants, Rioja around 300 000 and Navarra around 600 000) and different population densities.

The model of CCCs varies from one autonomous community to another. While in some autonomous communities, the model is a single stand-alone CCC such as in the Navarra, in others, CCCs are formed on a multi-centric network model, with shared governance between the members of the consortium.

In the initial stage, 10 centers were listed to be affiliated entities of the Joint Action EUnetCCC “European Network on Comprehensive Cancer Centers”, with the potential for more centers to join as the European Commission establishes the certification process, allowing additional centers to participate.

Identified enablers towards the implementation of EUCCC certification in Spain

The following enablers towards the implementation of EUCCC in Spain have been identified:

- **Very high degree of political support** for EUCCC certification. In general, EU policies are well received in Spain.
- **Support from hospital top managers** who endorse the CCC concept.
- **Access to the EU network of cancer centers:** this opens opportunities for further EU-level clinical trials, research and collaborations. In the future, when EU funds will be allocated to cancer care, it could potentially be through that network, which makes the concept attractive.

Conditions for successful EUCCC certification implementation in Spain

- **More formal and structured training programmes**

Spain has a good system of post-graduate training, with virtually all cancer centers involved in post-graduate training.

- **Further centralisation to improve quality**

In Spain, establishment of comprehensive cancer centers will effectively reorganise cancer care, enhancing both quality and efficiency. This strategy aims to centralise procedures and to improve care standards, equity in access and patient outcomes.

The CCC concept is associated with further specialisation, integration of research and care, with CCCs being a focal point for training in highly specialised cancer domains.

In the past, the focus was on local access, intermediate hospitals, and now there is a shift with the understanding that developing high quality reference hospitals requires some degree of recentralisation. The challenge is to find the right balance between access and quality.

○ **Better integration between research and care**

Spain ranks high in terms of proportion of patients who have access to clinical trials within EU countries. Medical oncologists are fully aware of the need to integrate research into their care practice. There are groups specialised by tumor-types that gather researchers and clinicians, and they perform well.

However, clinical trial leaders tend to be concentrated in the largest hospitals (Madrid, Barcelona, Valencia and Sevilla). While they do recruit for clinical trials in smaller hospitals, leaders tend to be concentrated.

It is hoped that the establishment of CCCs in the country will lead to more homogeneous access to translational research.

○ **Incentives and financial sustainability for EUCCC certification**

In the opinion of the Competent Authority, it is not the role of Member States to set up financial incentives towards EUCCC certification, but for the EU Commission as the project is EU led.

The EU Commission could, for example, make EUCCC certification a prerequisite for a cancer center to receive grants in the future.

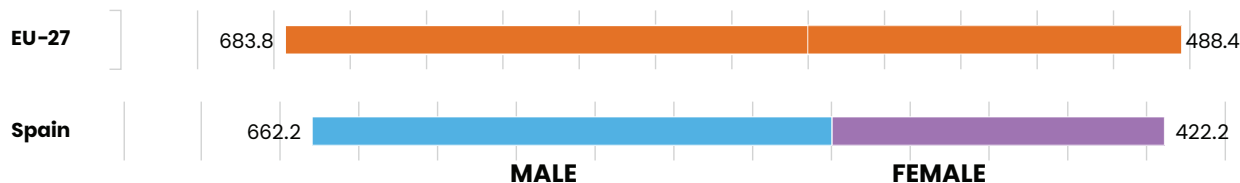
Number of OECI-certified CCCs: 3

Number of EUCCC pilot centers: 14

Epidemiology: incidence, mortality and survival rates

Incidence rate:

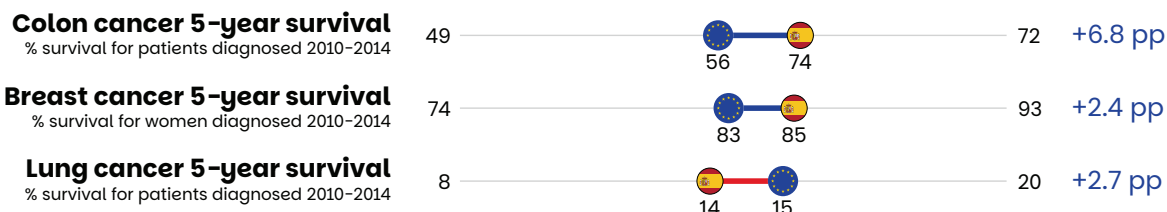
Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)



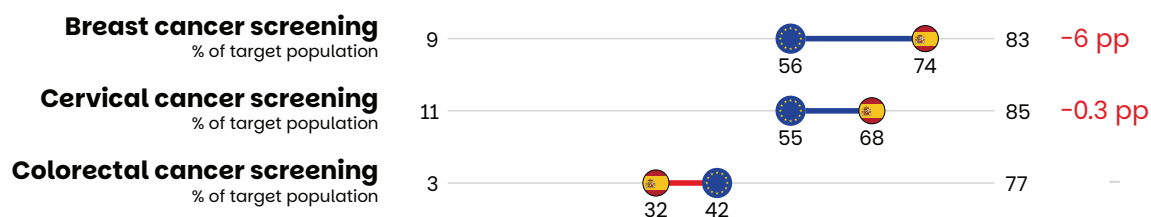
Mortality rate:



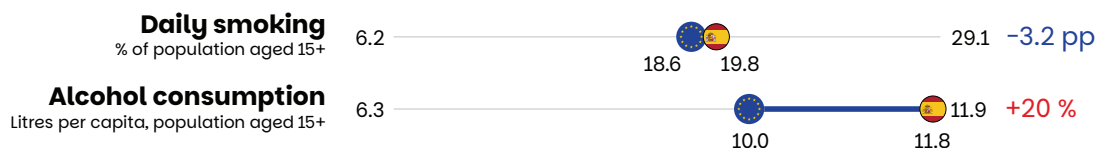
Survival rates:



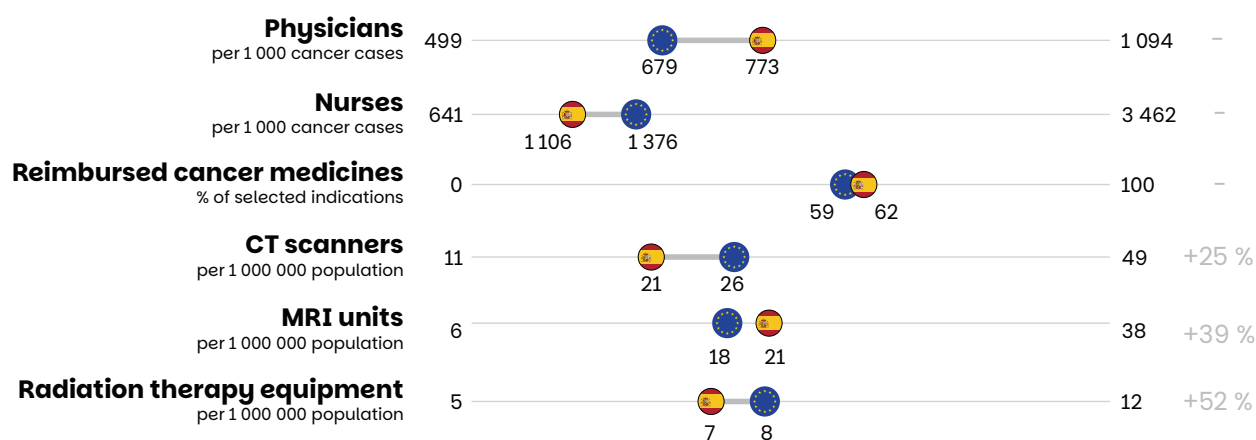
Screening performance



Risk factors



Human resources and infrastructure



Number of clinical trials: 2705

Endnotes

1. Real Decreto 1277/2003, de 10 de octubre, por el que se establecen las bases generales sobre autorización de centros, servicios y establecimientos sanitarios.
<https://www.boe.es/buscar/act.php?id=BOE-A-2003-19572>
2. https://scientiasalut.gencat.cat/bitstream/handle/11351/1683.4/acreditacio_centres_atencio_hospitalaria_aguda_catalunya_documents_estandards_avaluacio_2023_ca.pdf?sequence=5&isAllowed=y
3. Fortes, Maria Thereza, Ruben Araujo de Mattos, and Tatiana Wargas de Faria Baptista. 'Accreditation or Accreditations? A Comparative Study about Accreditation in France, United Kingdom and Cataluña'. Revista Da Associação Médica Brasileira (English Edition) 57, no. 2 (1 March 2011): 234–41. [https://doi.org/10.1016/S2255-4823\(11\)70050-9](https://doi.org/10.1016/S2255-4823(11)70050-9).
4. <https://www.sanidad.gob.es/profesionales/CentrosDeReferencia/CentrosCSUR.htm>
5. CSUR_designados_PTTP_enero25.pdf
6. <https://www.sanidad.gob.es/profesionales/CentrosDeReferencia/ProcedimientoCSUR.htm>
7. iPAAC Roadmap on Implementation and Sustainability of Cancer Control Actions – Reference Centers for Concentration of Expertise and Improving Equity in Accessing Highly Specialized Oncologic Services
8. <https://www.isciii.es/en/institutos-investigacion-sanitaria-presentacion>
9. https://www.isciii.es/documents/d/guest/gte_iis_2025
10. https://www.oecd.org/en/publications/eu-country-cancer-profile-spain-2025_1f6a5051-en.html



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