

Patient safety and quality of healthcare

Summary report

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SPECIAL EUROBAROMETER 327

Patient safety and quality of healthcare

Conducted by TNS Opinion & Social at the request
of Directorate-General for Health and Consumers

Survey co-ordinated by Directorate-General
for Communication

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Table of contents

INTRODUCTION.....	2
1. PERCEPTIONS OF PATIENT SAFETY	6
1.1 Perceived likelihood of being harmed by hospital- or non-hospital care.....	6
1.2 Claimed incidence of adverse events	9
1.3 Incidence of reporting adverse events	11
1.4 Where adverse events are reported	12
2. INFORMATION ON PATIENT SAFETY.....	14
2.1 Awareness of organisations responsible for patient safety	14
2.2 Written consent for surgical procedures	17
2.3 Information sources.....	20
3. AWARENESS REGARDING REDRESS IN OWN COUNTRY AND IN ANOTHER MEMBER STATE.....	21
3.1 Awareness of forms of redress	21
3.2 Seeking help if harmed when receiving healthcare	23
4. PERCEPTIONS REGARDING QUALITY OF HEALTHCARE	26
4.1 Healthcare quality	26
4.2 Comparing the quality of healthcare to other Member States	28
ANNEX	
TECHNICAL SPECIFICATIONS	

INTRODUCTION

When being treated, patients hope and trust that their health-related problems will be appropriately handled and that they will be well looked after. However, it is estimated that in EU Member States between 8% and 12% of patients admitted to hospitals suffer from adverse events whilst receiving healthcare.¹ In addition, the European Centre for Disease Prevention and Control (ECDC) estimates that healthcare-associated infections occur in 5% of hospitalised patients. This would equate to 4.1 million patients a year in the EU. They also estimate that 37 000 deaths are caused every year as a result of such infections.²

Since patient safety is such a serious concern, the Council of the European Union recently adopted the Recommendation on patient safety, including the prevention and control of healthcare-associated infections (hereafter referred to as the Council Recommendations). In brief, these recommendations cover measures to help prevent and reduce the occurrence of adverse events in healthcare, such as:

- *Greater reporting of patient safety events.*
- *Education and training of healthcare workers, focusing on patient safety.*
- *Greater awareness of patient safety amongst patients.*
- *Standardisation of patient safety measures, definitions and terminology.*³

Please note that this report offers a summary of the full report as it focuses on key findings and main conclusions only. Please consult the full report for the complete analysis of all questions included in this survey.

* * * * *

The results of this report come from the special Eurobarometer no 327 conducted by TNS Opinion & Social network from 11 September to 5 October 2009. All interviews were conducted face-to-face in people's homes and in the appropriate national languages. The methodology is consistent with that used in Standard Eurobarometer polls managed by the European Commission's Directorate-General for Communication ('Research and Political Analysis' unit). A technical note on the manner in which interviews were conducted is appended as an annex to this report. This note indicates the interview methods and the confidence intervals. In this report,

¹ Source: http://ec.europa.eu/health/ph_systems/patient_safety_en.htm

² Source: http://ec.europa.eu/health/ph_systems/docs/patient_rec2009_en.pdf

³ Source: http://ec.europa.eu/health/ph_systems/docs/patient_rec2009_en.pdf

the countries are represented by their official abbreviations. The abbreviations used in this report correspond to:

ABBREVIATIONS

EU27	European Union – 27 Member States
DK/NA	Don't know / No answer
BE	Belgium
BG	Bulgaria
CZ	Czech Republic
DK	Denmark
DE	Germany
EE	Estonia
EL	Greece
ES	Spain
FR	France
IE	Ireland
IT	Italy
CY	Republic of Cyprus*
LT	Lithuania
LV	Latvia
LU	Luxembourg
HU	Hungary
MT	Malta
NL	The Netherlands
AT	Austria
PL	Poland
PT	Portugal
RO	Romania
SI	Slovenia
SK	Slovakia
FI	Finland
SE	Sweden
UK	The United Kingdom

* Cyprus as a whole is one of the 27 European Union Member States. However, the “*acquis communautaire*” is suspended in the part of the country that is not controlled by the government of the Republic of Cyprus. For practical reasons, only the interviews conducted in the part of the country controlled by the government of the Republic of Cyprus are recorded in the category “CY” and included in the EU27 average.

The Eurobarometer web site can be consulted at the following address:

http://ec.europa.eu/public_opinion/index_en.htm

We would like to take the opportunity to thank all the respondents across the continent

who have given of their time to take part in this survey.

Without their active participation, this study would simply not have been possible.

KEY FINDINGS

- **Nearly half of the respondents feel they could be harmed by healthcare** in their country (both by hospital and non-hospital care). *Hospital infections or incorrect, missed or delayed diagnoses* are viewed as either fairly likely or very likely to occur when receiving healthcare in their own country.
- **Over 25% of respondents claim that they or a member of their family have experienced an adverse event with healthcare.** However, **these events largely go unreported.** Where adverse experiences were reported this was mainly to the *hospital management* or the relevant *doctor, nurse or pharmacist*.
- **Nearly one third of respondents do not know which body is responsible for patient safety in their country.** Others see the *ministry of health* or the *healthcare providers (clinic, hospital, doctor, nurse)* as the responsible bodies.
- Of the people who underwent surgery, **17% say written consent was never obtained**, though great variance across the Member States is evident.
- Most respondents **(73%) say television is their main source of information regarding adverse events in healthcare**, followed by *newspapers and magazines* (44%). **Only 9% would seek information in official statistics or in hospital.**
- Whether harm occurred in their own country, or another Member State, most respondents think that ***an investigation into the case or financial compensation* would be the most likely forms of redress.**
- Should they be harmed in their own country, most respondents anticipate that they would seek help from a *lawyer*, or else the *hospital management* or *ministry of health*. If the harm occurs in another Member State, they claim they would first contact their *embassy or consulate*. **More respondents do not know what sources of redress would be available in another Member States, compared to their own country (18% vs. 5%).**
- When thinking of **high quality healthcare**, the most important criterion is ***well-trained medical staff***, followed by ***treatment that works***.

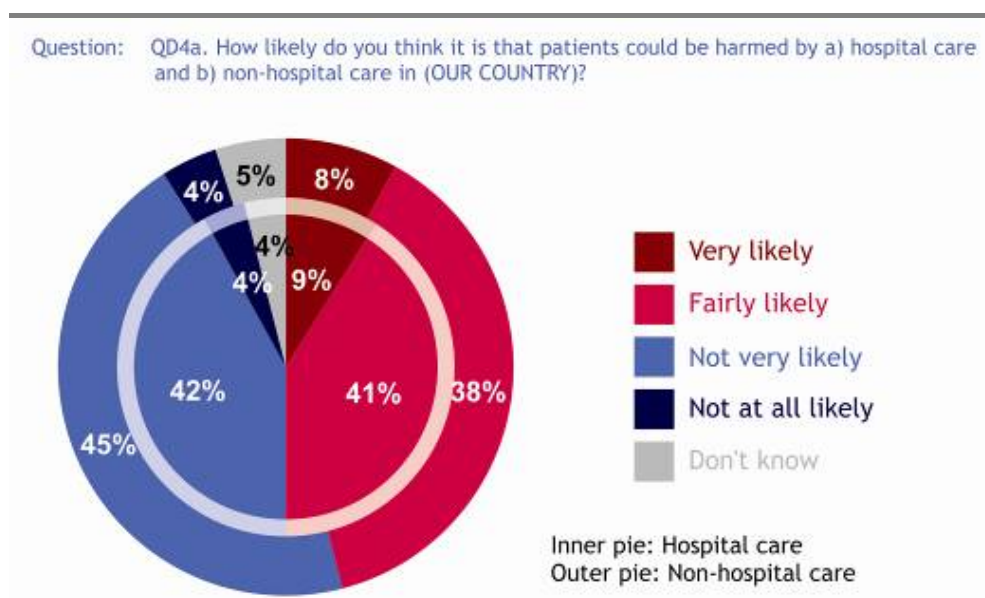
- Although on average, most respondents **rate the quality of healthcare** in their country as *good* or *very good*, **significant variation is observed at the country level**.
- **Respondents from 16 EU Member States consider the quality of healthcare in their country as worse than in other Member States**, whereas respondents from 11 Member States consider it as better.

1. PERCEPTIONS OF PATIENT SAFETY

1.1 Perceived likelihood of being harmed by hospital- or non-hospital care

- Fifty percent of citizens think there is a risk of patients being harmed by hospital care -

Half the respondents feel there is a risk they could be harmed by **hospital care** in their country⁴ – though only 9% feel it is *very likely*, 41% feel it is *fairly likely*. This result is very striking given that healthcare should be benefiting patients, not harming them. When asked about the likelihood of being harmed by **non-hospital care** in their country⁵ 8% feel it is *very likely* and 38% state it is *fairly likely*.

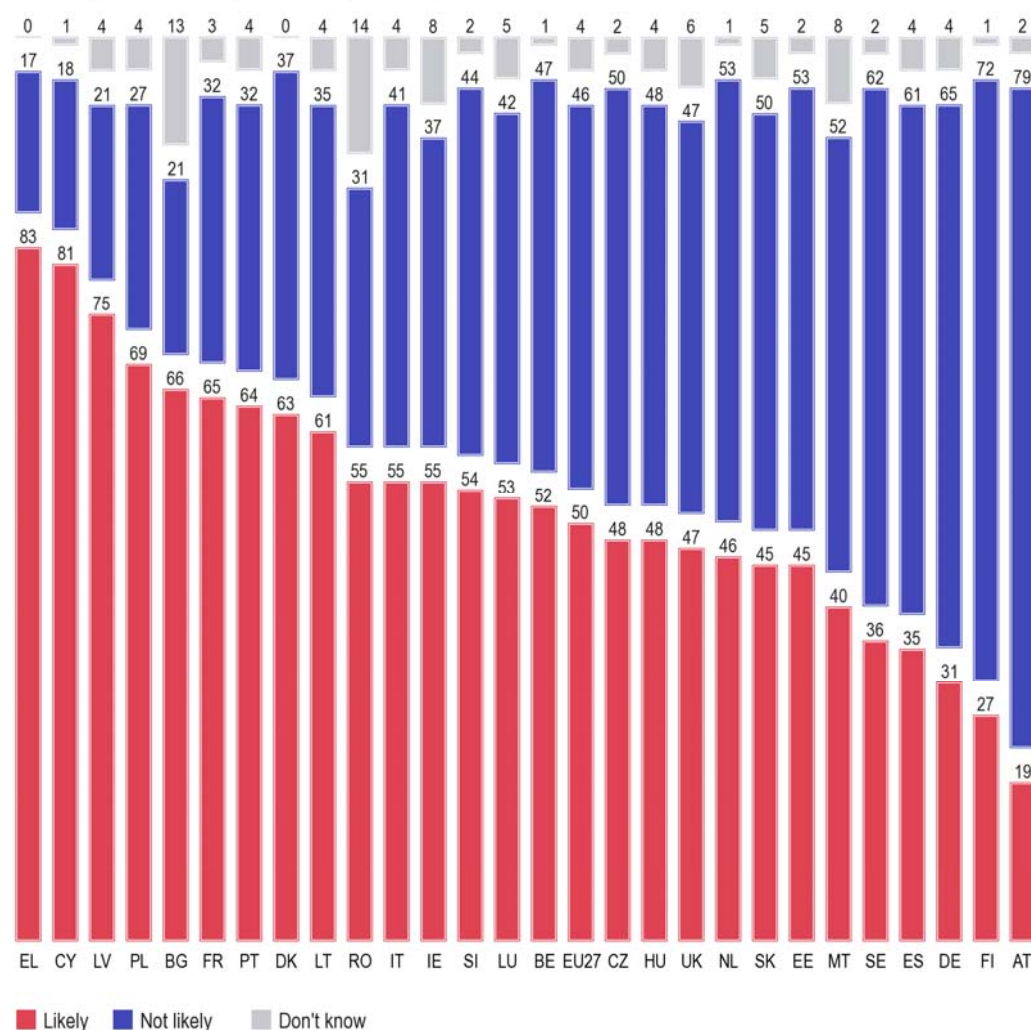


Turning first to the likelihood of being harmed by *hospital care*, an examination of the data shows that the perceptions of this differ greatly across the EU. Respondents in Greece (83%), Cyprus (81%) and Latvia (75%) feel that the risk of being harmed is much higher than respondents in Austria (19%), Finland (27%) and Germany (31%).

⁴ QD4a How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.

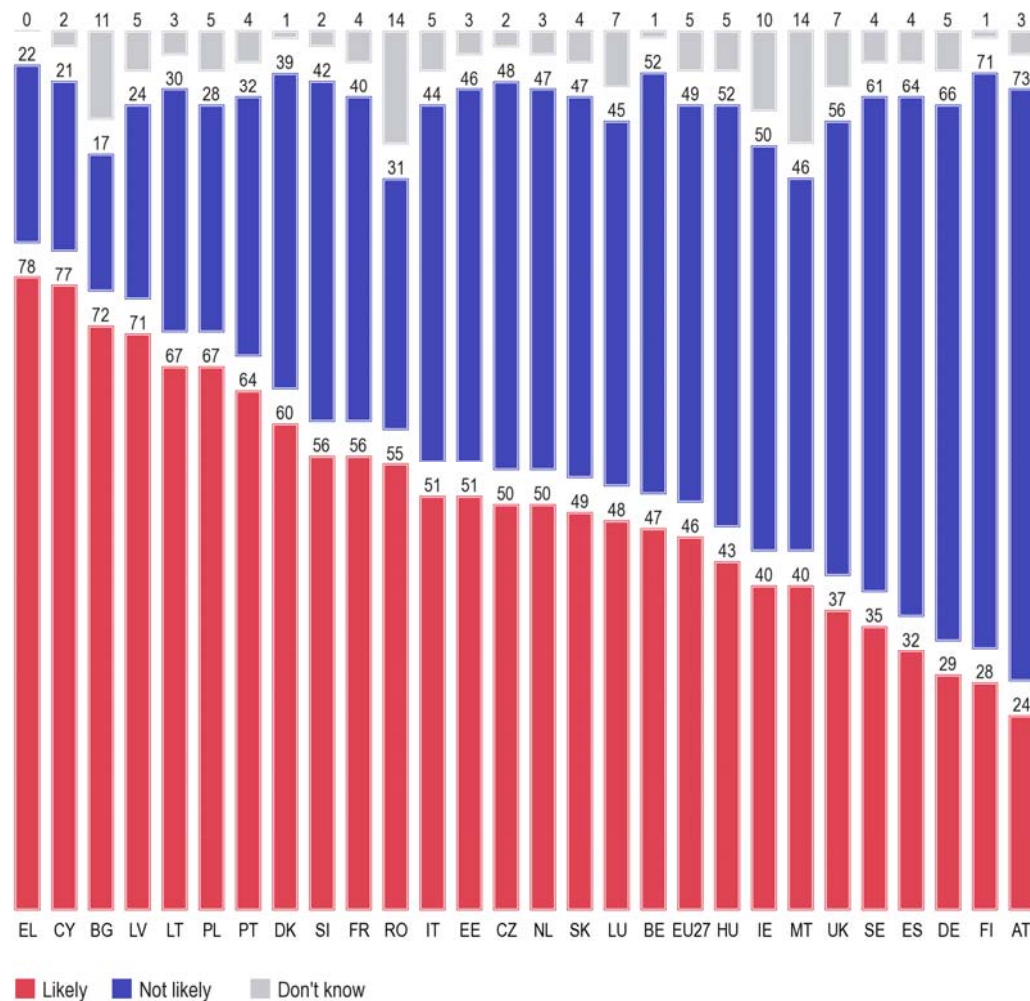
⁵ QD4b And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.

QD4a. How likely do you think it is that patients could be harmed by hospital care in (OUR COUNTRY)? By hospital care we mean being treated in a hospital as an outpatient or inpatient.



A similar pattern is found in perceptions of the likelihood of being harmed by *non-hospital care*. Again, respondents in Greece (78%), Cyprus (77%), and Latvia (71%), as well as those in Bulgaria (72%) feel that the risk of adverse events in connection to such care is much greater than respondents in Austria (24%), Finland (28%) and Germany (29%).

QD4b. And how likely do you think it is that patients could be harmed by non-hospital healthcare in (OUR COUNTRY)? By non-hospital health care we mean receiving diagnosis, treatment or medicine in a clinic or surgery of your general practitioner or from a pharmacy.



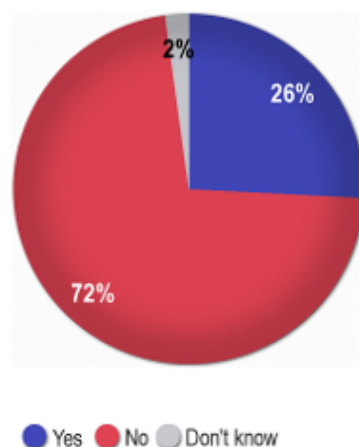
The results at the national level show a high correlation between perceived likelihood of being harmed by hospital- and non-hospital care. In Greece and Cyprus more than eight out of ten citizens feel it is likely they will be harmed by hospital care. After Greece and Cyprus, Latvians perceive the third highest probability of harm from hospital care (75% *likely*) and fourth for non-hospital care (71% *likely*). Countries where the majority of citizens feel it is *not likely* they will be harmed by hospital- or non-hospital care include Austria and Finland, where more than seven out of ten respondents feel it is *not likely* they will be harmed (by either hospital or non-hospital care).

1.2 Claimed incidence of adverse events

- Nearly a quarter of respondents say they have experienced an adverse event with healthcare -

Just over a quarter of respondents (26%) say they (or their family members) have experienced an adverse event when receiving healthcare.⁶ Here, it should be noted that the reported incidence includes family members as well as the respondents themselves and that the nature of the adverse event was not determined. Amongst those who have experienced an adverse event, this mostly took place in their own country (99%), with the remaining 1% experiencing the adverse event in another EU Member State.⁷





























QD6a. Have you or a member of your family ever experienced an adverse event when receiving healthcare?



On a national level, more than four out of ten respondents in Sweden, Denmark, Latvia and the Netherlands say they, or a member of their family, have experienced an adverse event. By contrast, more than eight out of ten respondents in Austria, Greece, Bulgaria and Portugal say they have *not* experienced an adverse event.

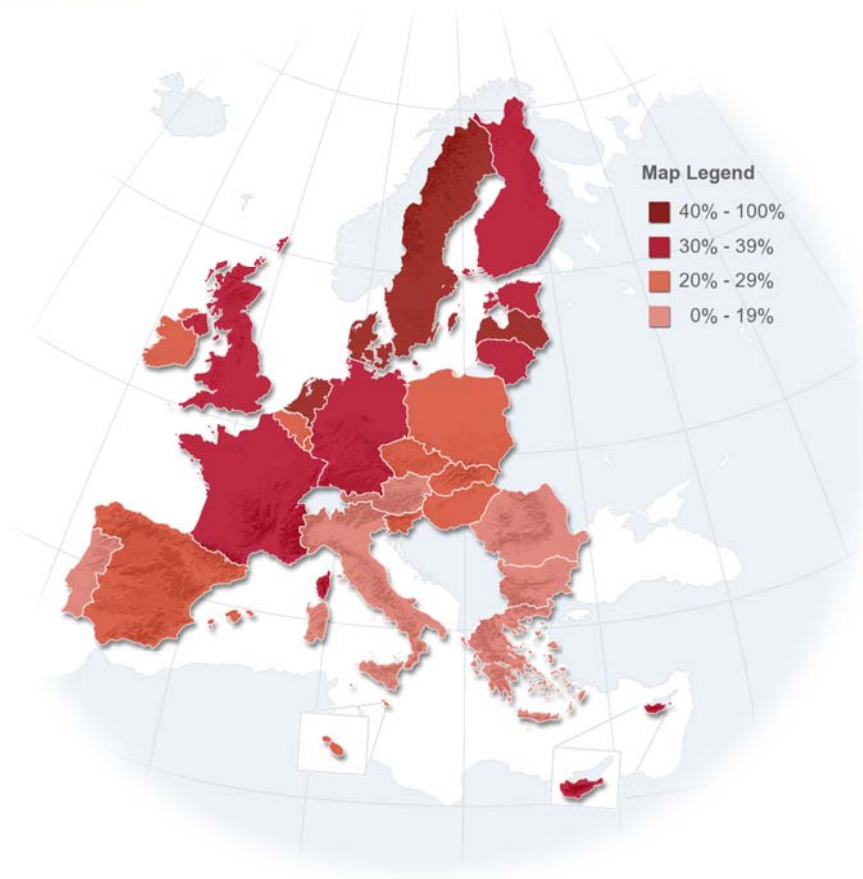
⁶ QD6a Have you or a member of your family ever experienced an adverse event when receiving healthcare?

⁷ QD6b Where did this adverse event take place?

 SE	49%
 DK	43%
 LV	43%
 NL	42%
 EE	39%
 FR	39%
 LT	36%
 CY	35%
 FI	34%
 UK	31%
 DE	30%
 SI	29%
 BE	29%
 LU	29%
 SK	29%
 EU27	26%
 HU	24%
 CZ	23%
 MT	23%
 ES	20%
 PL	20%
 IE	20%
 EL	16%
 RO	16%
 BG	15%
 IT	15%
 PT	13%
 AT	12%

Question: QD6a. Have you or a member of your family ever experienced an adverse event when receiving healthcare?

Answers: Yes

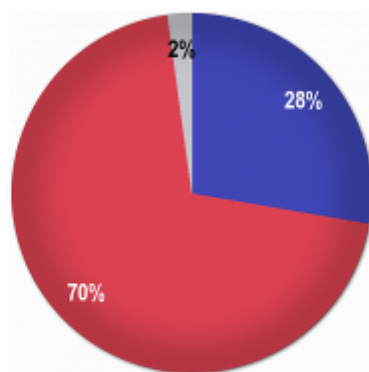


1.3 Incidence of reporting adverse events

- Adverse healthcare experiences are largely unreported -

Amongst the respondents who claim to have experienced an adverse healthcare event, seven out of ten *did not* report it, whilst only 28% did.⁸

QD6c. And did you or the member of your family report it?



● Yes ● No ● Don't know

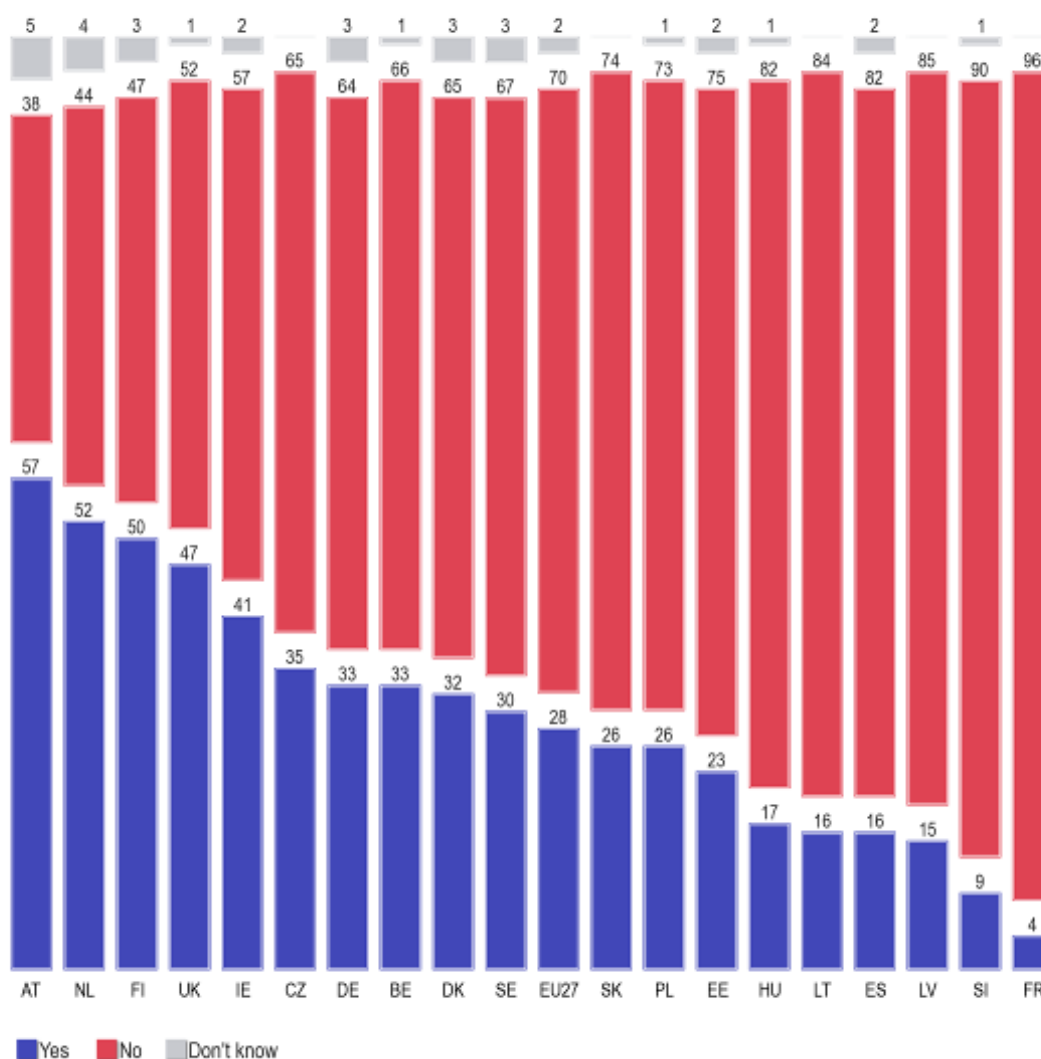
Base; those that had experienced an adverse event, n=7031

In order to secure reliable results from the following analysis, countries with a base size below 200 have been excluded.⁹ Five out of ten respondents in the Netherlands and Finland, and four out of ten in the United Kingdom and Ireland who experienced adverse events made a report. By contrast, 96% of affected French citizens did not report the event. Slovenia, Latvia and Lithuania also show lower reporting rates.

⁸ QD6c And did you or the member of your family report it?

⁹ That is, where fewer than 200 respondents claimed to have experience of an adverse event. Countries excluded from the analysis are: BG, CY, EL, IT, LU, MT, PT, RO

QD6c. And did you or the member of your family report it?



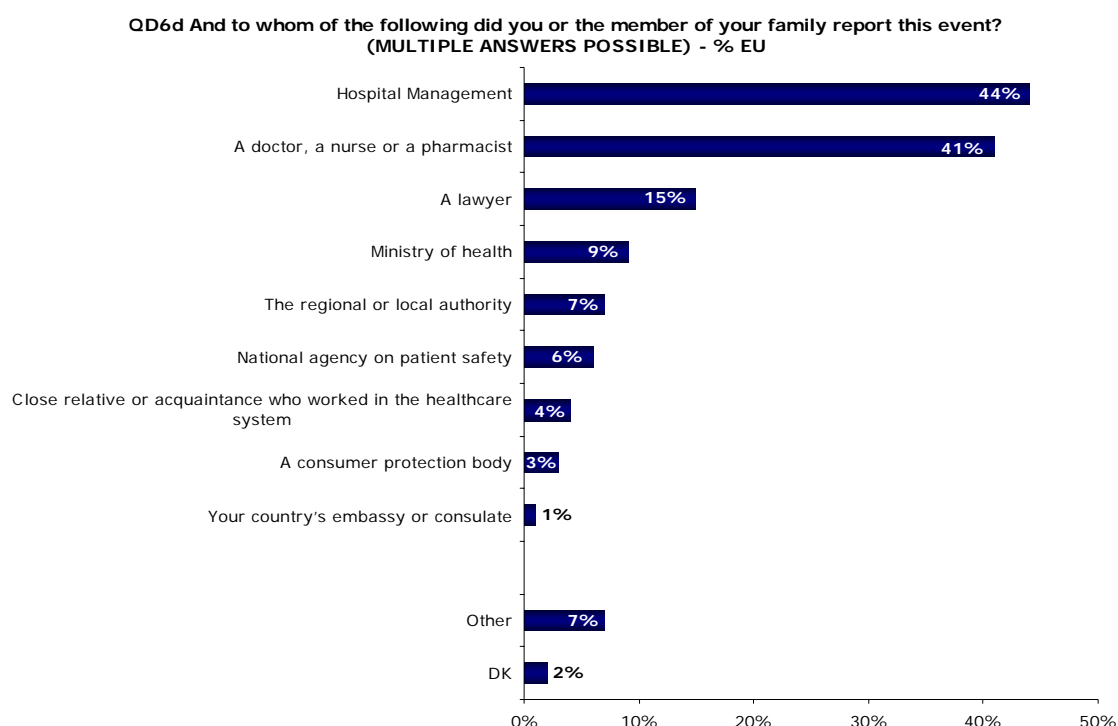
Base: those that had experienced an adverse event, EU27 n=7031, country level n>200.

1.4 Where adverse events are reported

- If adverse experiences are reported, it tends to be to the hospital management or medical staff involved -

As we have seen, only 28% of respondents who claim to have experience of an adverse event reported it. However, where the event was reported, this tended to be to the *hospital management* (44%) or the relevant *doctor, nurse or pharmacist* (41%).¹⁰ Fifteen percent of respondents who have experienced an adverse event and reported it, consulted with a *lawyer*. Less than one out of ten respondents reported the adverse event to an authority with direct oversight of health matters, such as

ministry of health, a regional or local authority or national agency on patient safety. Close relative who have worked in the healthcare system and a consumer protection body together with embassy or consulate are quoted less frequently. A further 7% of respondents opt for another body not mentioned here.



Base: those that had reported an adverse event, n=1949

Analysis of this data on a national level is not included since all the countries, barring one, have base sizes below 200, making such analysis insufficiently robust.¹¹

¹⁰ QD6d And to whom of the following did you or the member of your family report this event? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

¹¹ This question was filtered on both experience of an adverse event and reporting it.

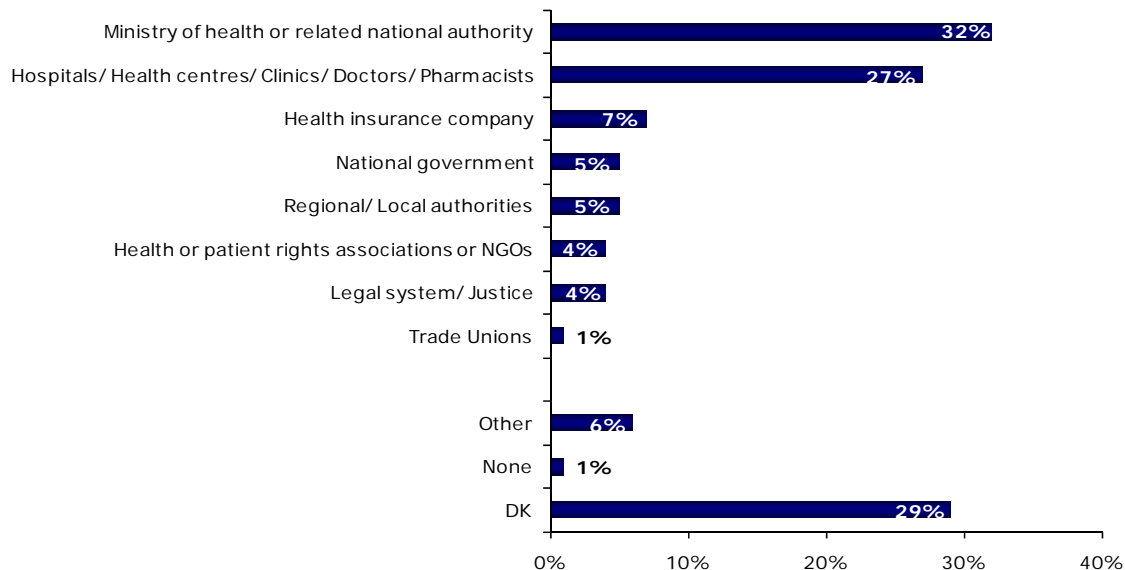
2. INFORMATION ON PATIENT SAFETY

2.1 Awareness of organisations responsible for patient safety

- There is a good deal of uncertainty about which body is responsible for patient safety -

Nearly one third (32%) of respondents believe that the responsibility for patient safety in their country lies with their *ministry of health or a related national authority*. About a quarter (27%) believes that the responsibility lies with the *hospitals, health centres, clinics, doctors or pharmacists*.¹² Levels of response for all other types of authority are relatively low: *health insurance companies* (7%), *national government* (5%) and *regional/local authorities* (5%). However, information on the matter is clearly missing as almost one third of respondents (29%) answers that they do not know which organisations are mainly responsible for patient safety in their country.

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE) - % EU































¹² QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

The proportion of respondents that are unaware where responsibility lies varies greatly across the EU. As many as half (50%) of the respondents in Luxembourg do not have an answer to this question. High levels of unawareness are also found in France (45%), Estonia (38%) and Sweden (36%). In Greece and Slovenia (both 13%) on the other hand, more people have an opinion on which body is mainly responsible for patient safety. Low levels of unawareness are also found among respondents from the Netherlands (14%), Cyprus (15%) and the Czech Republic (16%).

There are also some marked differences between countries concerning the different bodies identified. The *ministry of health or related national authorities* receive the highest number of responses in 16 countries; the highest proportions of respondents referring to this body are found in Ireland (62%), Denmark (60%), Cyprus (58%) and Romania (56%). Four countries post the highest levels of response for *hospitals, health centres, clinics, doctors and pharmacists* and the Dutch (63%), together with the Maltese (56%) produce the highest scores. The *legal system* is perceived as the main body in charge by respondents in Austria where 37% selected this answer. The most frequent answer from respondents in the remaining six countries is that they do not know, as noted above.

Only in Sweden (31%) and Germany (15%) are *regional and local authorities* selected to any significant extent. Similarly, *health or patient rights associations/NGOs* are rarely selected in most countries, with the exception of Slovenia (18%) and Austria (15%). Considerable proportions of respondents selected *other* options than those included in our questionnaire list, most notably, citizens in the Netherlands (28%) and Romania (27%). Lastly, *trade unions* (1%) are hardly ever selected with the largest proportion here being found in the UK (3%).

QD7 Which organisations, bodies or authorities are mainly responsible for patient safety in (OUR COUNTRY)? (OPEN ENDED QUESTION – MULTIPLE ANSWERS POSSIBLE)

		Ministry of health or related national authority	Hospitals/ Health centres/ Clinics/ Doctors/ Pharmacists	Health insurance company	National government	Regional/ Local authorities	Health or patient rights associations or NGOs	Legal system/ Justice	Trade Unions	DK
	EU27	32%	27%	7%	5%	5%	4%	4%	1%	29%
	BE	16%	49%	17%	7%	1%	4%	2%	0%	20%
	BG	48%	44%	10%	6%	0%	5%	0%	0%	20%
	CZ	49%	34%	5%	4%	6%	3%	1%	0%	16%
	DK	60%	10%	0%	8%	6%	2%	0%	0%	19%
	DE	11%	27%	19%	2%	15%	4%	5%	0%	34%
	EE	17%	31%	7%	1%	0%	6%	1%	0%	38%
	IE	62%	11%	0%	3%	2%	2%	0%	0%	21%
	EL	52%	27%	3%	6%	0%	2%	0%	0%	13%
	ES	33%	25%	4%	6%	3%	3%	2%	0%	27%
	FR	22%	23%	4%	5%	1%	2%	2%	0%	45%
	IT	51%	38%	0%	0%	4%	5%	6%	0%	18%
	CY	58%	30%	1%	7%	0%	2%	1%	0%	15%
	LV	33%	22%	1%	4%	0%	7%	3%	1%	29%
	LT	50%	25%	0%	6%	0%	1%	1%	0%	22%
	LU	23%	16%	8%	1%	0%	11%	1%	0%	50%
	HU	30%	23%	13%	5%	0%	5%	11%	0%	24%
	MT	20%	56%	0%	10%	0%	2%	0%	1%	18%
	NL	11%	63%	5%	15%	0%	0%	0%	1%	14%
	AT	15%	22%	10%	1%	3%	15%	37%	1%	33%
	PL	19%	29%	18%	5%	0%	2%	4%	0%	32%
	PT	43%	27%	0%	5%	0%	0%	1%	0%	30%
	RO	56%	3%	7%	7%	1%	13%	2%	0%	29%
	SI	39%	36%	11%	8%	0%	18%	1%	0%	13%
	SK	54%	26%	3%	6%	1%	3%	1%	0%	19%
	FI	21%	40%	1%	2%	5%	13%	4%	0%	28%
	SE	31%	9%	0%	3%	31%	4%	2%	0%	36%
	UK	39%	18%	1%	10%	5%	4%	1%	3%	32%

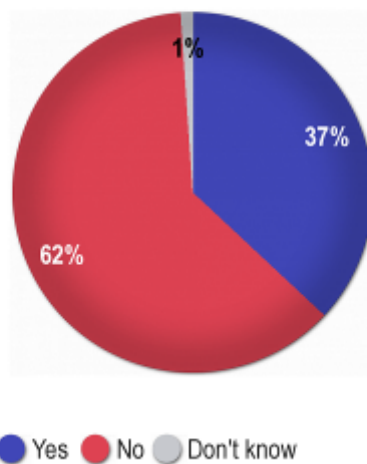
* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

2.2 Written consent for surgical procedures

- Almost a fifth of people claim they were not asked for written consent before undergoing a surgical procedure -

More than a third of respondents report that they, or a member of their family, have undergone surgery in the last three years (37%).¹³

QD8a. Did you or a member of your family undergo a surgical procedure(s) within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps at a doctor's surgery or clinic, or a major surgical procedure carried out in a hospital.

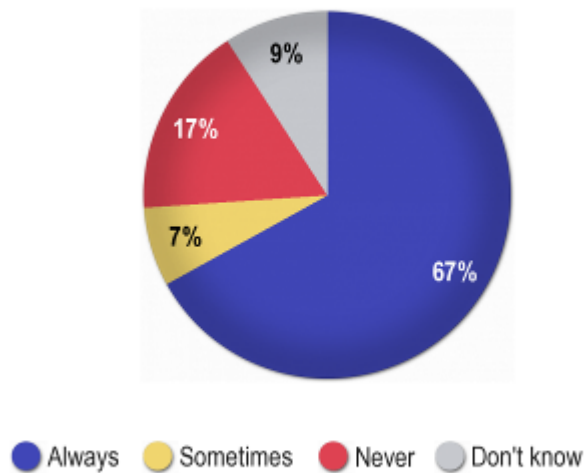


Of the people with experience of surgery, around two-thirds say their written consent was *always* obtained (67%).¹⁴ The remainder say written consent was *sometimes* obtained (7%) though close to a fifth say written consent was *never* obtained (17%). Just under a tenth of respondents are unsure whether or not written consent was obtained.

¹³ QD8a Did you or a member of your family undergo a surgical procedure(s) within the last three years? This can be any type of surgical procedure, ranging from minor surgery, perhaps at a doctor's surgery or clinic, or a major surgical procedure carried out in a hospital.

¹⁴ QD8b Were you or your family member asked for written consent before such a procedure(s)?

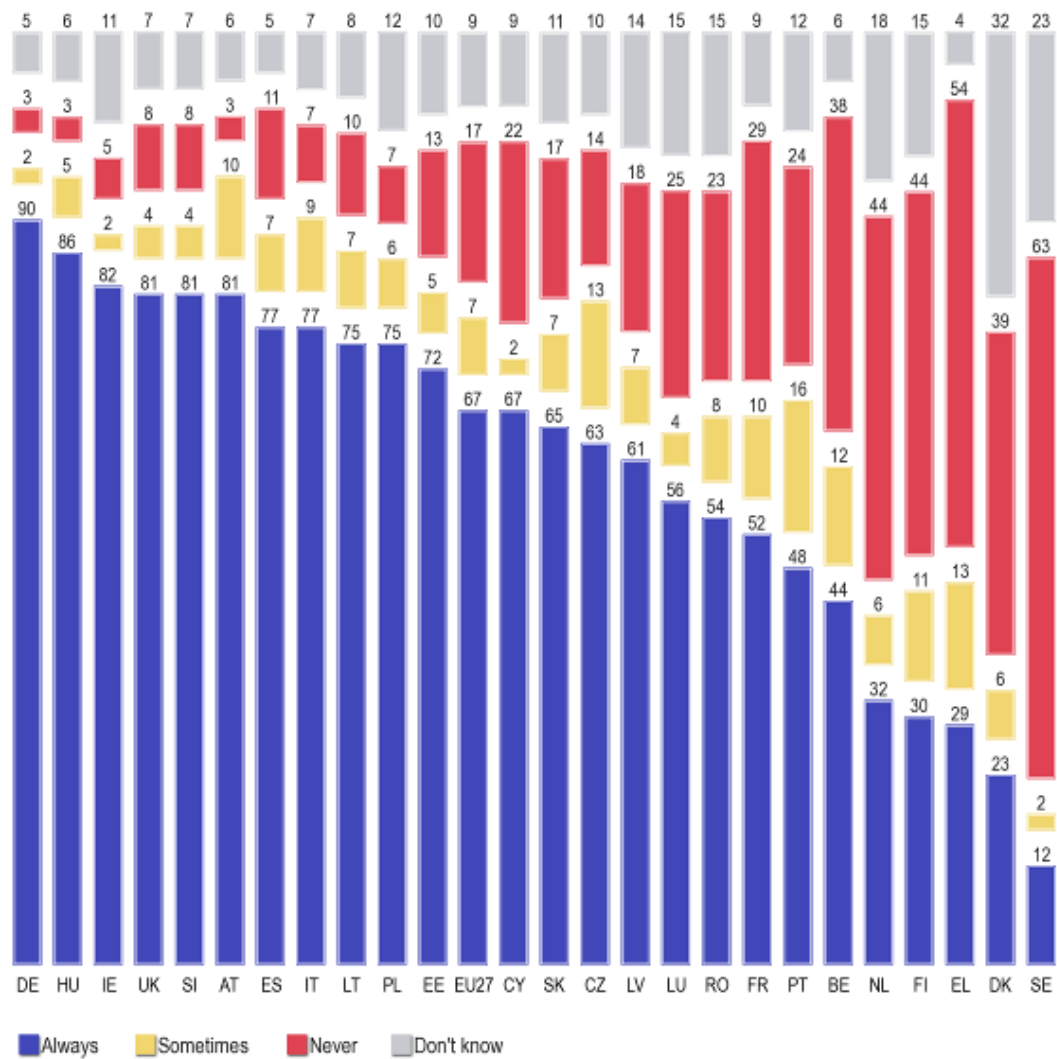
QD8b. Were you or your family member asked for written consent before such a procedure(s)?



Base: those that did undergo a surgical procedure, n=9891

The proportion of patients who were asked for their written consent varies widely across countries. In Germany written consent is almost *always* obtained (90%), with more than eight out of ten respondents in Hungary, Ireland, Austria, the United Kingdom and Slovenia stating the same. By contrast 63% of Swedes say written permission was *never* obtained (and a further 23% are unsure whether permission was obtained). More than four out of ten respondents in Greece (54%), the Netherlands (44%) and Finland (44%) say written permission was *never* obtained. Two countries, with base sizes of less than 200, have been excluded from the graph below (Malta and Bulgaria).

QD8b. Were you or your family member asked for written consent before such a procedure(s)?

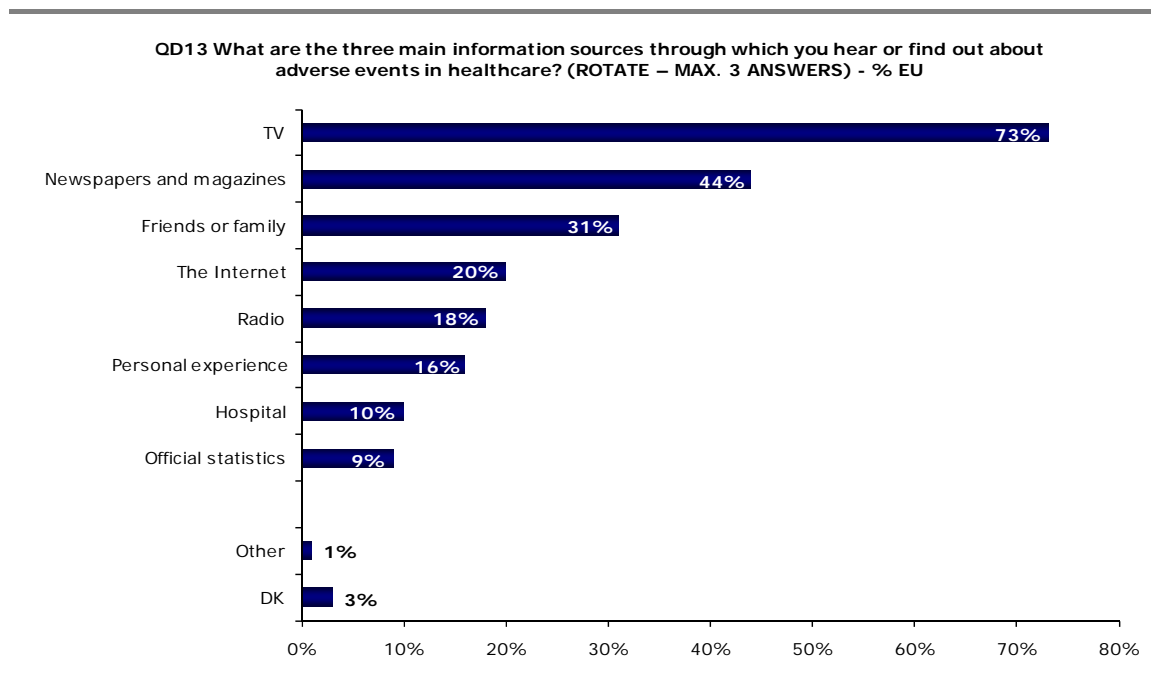


Base: those that did undergo a surgical procedure, n=9891. At country level >200 cases.

2.3 Information sources

- Television is the main route through which people find out about adverse events in healthcare -

When asked where they hear or find out about adverse events in healthcare 73% of people identify television as one of their main information sources¹⁵. After television, people state that *newspapers and magazines* (44%) or *friends or family* (31%) are their main sources of information. Around a fifth of respondents cite *the internet*, *radio* or *personal experience* as sources of information. Only around a tenth of respondents selected *hospital* or *official statistics*.



Little variation is found at the country level as respondents in all Member States, except two, mention TV as their primary information source. The two exceptions are respondents from Finland, who instead favour friends or family, and respondents from the Netherlands, who prefer to consult newspapers and magazines.

¹⁵ QD13 What are the three main information sources through which you hear or find out about adverse events in healthcare? (ROTATE – MAX. 3 ANSWERS)

3. AWARENESS REGARDING REDRESS IN OWN COUNTRY AND IN ANOTHER MEMBER STATE

3.1 Awareness of forms of redress

- *An investigation and financial compensation are the most widely known forms of redress* -

Respondents' perceptions regarding the forms of redress available to them in the event of harm by healthcare in their own country¹⁶ or another Member State¹⁷ were measured. We can note that the anticipated forms of redress for one's *own country* correlate strongly with those expected in *another Member State*, except that more respondents are unsure of what form of redress would be available in another Member State.

Indeed, the proportion of respondents that feels uncertain about what sources of redress might be available in other Member States is considerable. Almost a fifth (18%) of respondents cannot give an answer to this and this figure is much higher in several countries, including Bulgaria (29%), the United Kingdom (29%), France and Estonia (both at 27%) and Romania (26%).

In their own country, more than half of the respondents felt they would be entitled to *an investigation into the case* (53%). Half also felt they would be entitled to *financial compensation* (51%). These two forms of redress were also the most frequently identified in the context of an incident occurring in another Member State (45% and 44% respectively).

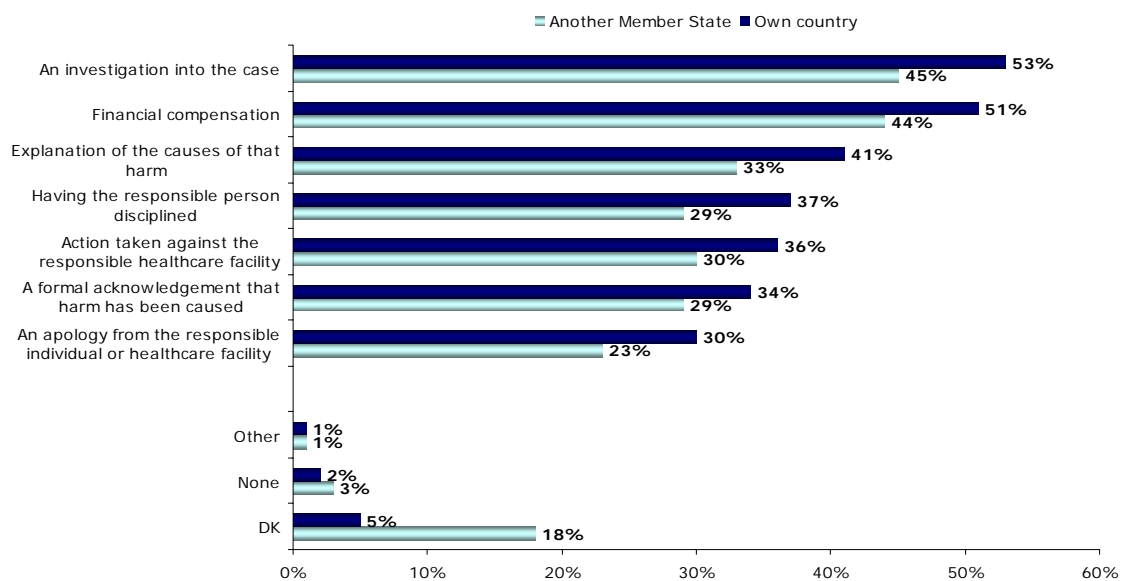
More than four out of ten (41%) respondents feel they would be entitled to receive an *explanation of the causes of that harm* in their own country and 33% state the same should the harm occur in another Member State.

Just over a third of respondents feel that *having the person disciplined* (37%), *action taken against the responsible healthcare facility* (36%) and *a formal acknowledgement that harm has been caused* (34%) are available forms of redress in their own country. Around three out of ten respondents identify these three forms

¹⁶ QD9 Which of the following forms of redress do you think you or a member of your family are entitled to if harmed whilst receiving healthcare in (OUR COUNTRY), no matter how serious or permanent the harm was? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

of redress as being available in another Member State. Finally, *an apology from the responsible individual or healthcare facility* is anticipated by 30% of respondents when the harm occurs in their own country and 23% if the harm occurs in another Member State. As already noted, more respondents are undecided about what redress would be available in another Member State (18%) compared to their own country (5%).

QD9 + QD10 Which of the following forms of redress are you or a member of your family entitled to if harmed whilst receiving healthcare in 1) (OUR COUNTRY) and 2) another Member State? (MULTIPLE ANSWERS POSSIBLE) - % EU

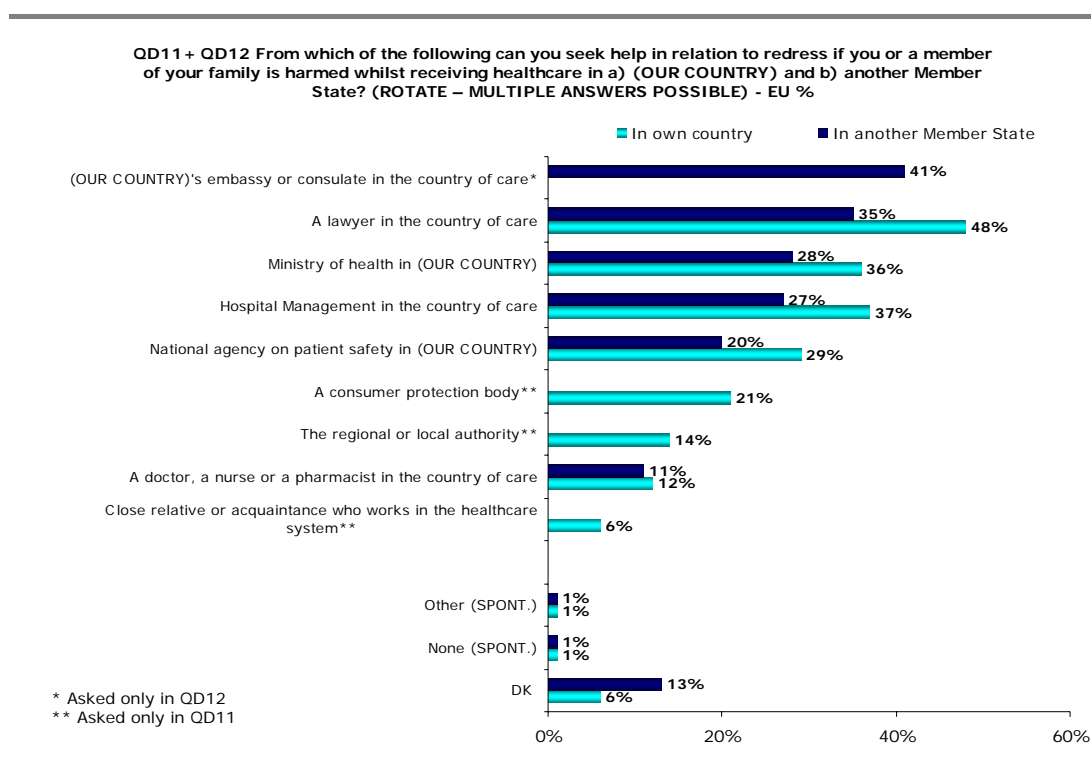


¹⁷ QD10 Which of the following forms of redress are you or a member of your family entitled to if harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

3.2 Seeking help if harmed when receiving healthcare

- Depending on where the adverse event takes place, the most frequently identified source of help in seeking redress is a lawyer or the embassy in the country of care -

Nearly one in two respondents (48%) say they would expect to be able to seek help from a *lawyer* if harm occurred in their own country.¹⁸ This is followed by the *hospital management* (37%) or the *ministry of health* (36%). The *national agency on patient safety* is selected by 29% of people, followed by a *consumer protection body* (21%). The individuals or institutions selected least frequently are *the regional or local authority* (14%), *a doctor, nurse or pharmacist* (12%) and *a close relative or acquaintance working in the healthcare system* (6%).



Countries where people are most likely to see a *lawyer* as a source of help include Germany (75%), Austria (65%) and the Netherlands (60%). The *hospital*

¹⁸ QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

management is selected most often in Greece and Malta (64%). Cypriots are more likely to identify their *ministry of health* as a source of help (71%), far more likely than even the country with the second highest response rate (Greece at 56%). Denmark stands out from all other Member States because 91% of Danes identify the *national agency on patient safety* – this is much higher than the EU average (29%) and the second highest response rate for this form of redress (Slovakia and Finland both at 68%). However, it should be noted that Finland, which shows very low levels of response for most other sources of redress, ranks high only on the *national agency on patient safety*.

QD11 From which of the following can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in (OUR COUNTRY)? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

		A lawyer	Hospital Management	Ministry of health	National agency on patient safety	A consumer protection body	The regional or local authority	A doctor, a nurse or a pharmacist	Close relative or acquaintance who works in the healthcare system	DK
	EU27	48%	37%	36%	29%	21%	14%	12%	6%	6%
	BE	53%	46%	39%	34%	27%	14%	27%	14%	1%
	BG	35%	55%	54%	27%	20%	11%	13%	7%	15%
	CZ	50%	53%	51%	23%	10%	12%	9%	2%	3%
	DK	35%	31%	26%	91%	15%	18%	24%	4%	1%
	DE	75%	28%	28%	30%	27%	15%	10%	4%	3%
	EE	21%	29%	45%	43%	15%	6%	16%	5%	13%
	IE	38%	49%	51%	22%	21%	12%	12%	7%	12%
	EL	46%	64%	56%	29%	21%	7%	12%	7%	1%
	ES	31%	51%	49%	23%	18%	15%	6%	4%	5%
	FR	49%	42%	28%	27%	31%	7%	19%	9%	4%
	IT	53%	18%	36%	28%	19%	20%	6%	6%	3%
	CY	47%	58%	71%	28%	21%	8%	18%	6%	2%
	LV	24%	29%	29%	34%	20%	3%	6%	4%	6%
	LT	26%	41%	48%	16%	14%	6%	7%	3%	6%
	LU	50%	39%	42%	34%	19%	8%	12%	7%	5%
	HU	39%	37%	29%	41%	10%	13%	8%	3%	5%
	MT	31%	64%	54%	27%	7%	8%	19%	10%	2%
	NL	60%	31%	23%	31%	34%	13%	15%	4%	4%
	AT	65%	56%	38%	50%	30%	27%	19%	11%	2%
	PL	44%	31%	25%	26%	17%	10%	9%	6%	10%
	PT	30%	41%	47%	12%	13%	11%	9%	7%	10%
	RO	23%	51%	45%	20%	15%	8%	6%	3%	15%
	SI	47%	44%	41%	36%	17%	4%	23%	9%	2%
	SK	23%	42%	48%	68%	9%	6%	12%	6%	2%
	FI	16%	23%	18%	68%	23%	16%	14%	4%	2%
	SE	27%	48%	15%	56%	15%	28%	12%	4%	5%
	UK	41%	38%	44%	23%	16%	20%	19%	5%	9%

* In bold, the highest results per country; in italics the lowest results per country; the grey rectangle shows the highest results per value; the rectangle with black borders shows the lowest results per value.

Respondents were also asked where they expect to be able to seek help should they (or a member of their family), be harmed whilst receiving healthcare in another Member State.¹⁹ Most respondents feel that their *country's embassy or consulate (in the country of care)* (41%) is the place they could seek help. Alternatively, *a lawyer* in their home country could be consulted (35%), which is the main source of help

¹⁹ QD12 And where can you seek help in relation to redress if you or a member of your family is harmed whilst receiving healthcare in another Member State? (ROTATE – MULTIPLE ANSWERS POSSIBLE)

identified for adverse events that take place in the own country. Just over a quarter of respondents selected the *ministry of health (in their own country)* (28%) or the *hospital management (in the country of care)* (27%). One out of five respondents refer to the *national agency on patient safety (in their own country)*, with a *doctor, nurse or pharmacist (in the country of care)* being the least frequently selected (11%). It is noted that 13% of respondents felt unable to offer an opinion.

Little variation exists at the national level as embassy or consulate is viewed as the main point of assistance by 19 countries. The majority in the remaining eight countries prefer either to contact a lawyer or ministry of health in their own country, or the hospital management in the country of care.

4. PERCEPTIONS REGARDING QUALITY OF HEALTHCARE

4.1 Healthcare quality

- There are significant disparities in perception of level of healthcare quality across EU -

Respondents were asked to evaluate the overall quality of healthcare in their country.²⁰ Although an average of 70% of people perceives quality of healthcare provided in their country as good, significant differences are observed among respondents: 97% of respondents from Belgium consider healthcare quality in their country as good, followed by respondents in Austria (95%) and Finland (91%), whereas only 25% of respondents in Greece and Romania state the same.

Across the EU27, 13% of respondents rate the quality of their national healthcare as *very good* and 57% say it is *fairly good*. Thus, seven out of ten respondents feel that their country's healthcare quality is *good*. Of the remaining respondents, 21% feel it is *fairly bad* and 7% rate it as *very bad*. The remaining 2% of respondents could not form an opinion.

The Austrians stand out in that 45% rate the healthcare in their country as *very good*. More than a third of Belgians (37%) and Swedes (34%) also feel their country's healthcare is *very good*. Combining the ratings for *very good* and *fairly good* shows at least nine out of ten respondents in Belgium, Austria, Finland, France, the Netherlands and Sweden rate their country's healthcare as *good*.

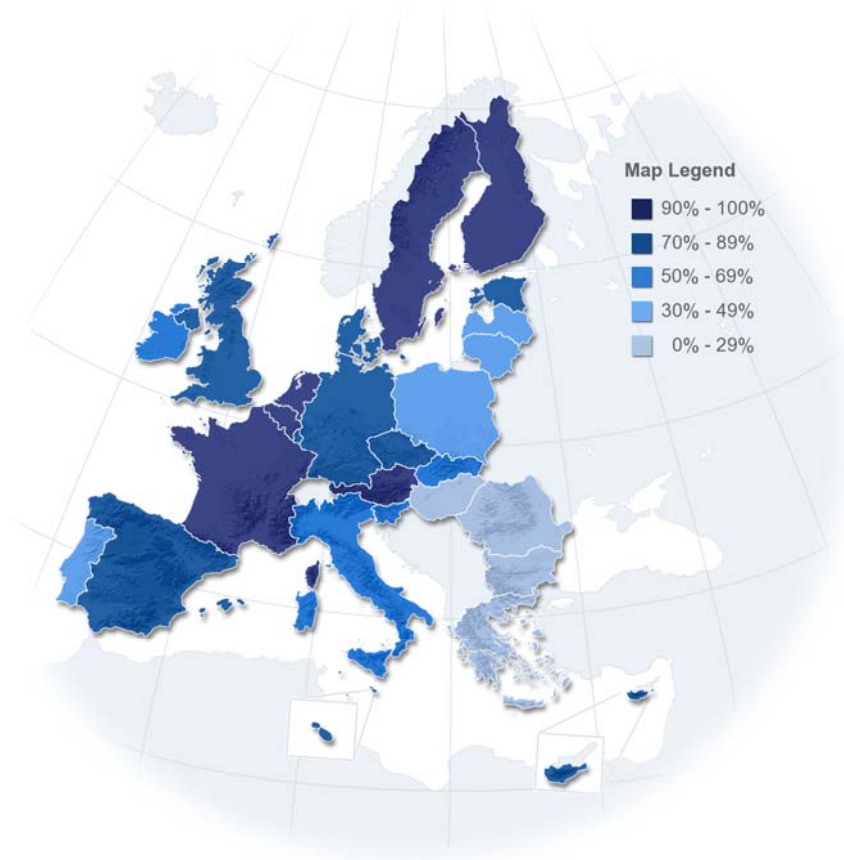
By contrast, at least a quarter of Romanians (26%) and Greeks (25%) see the healthcare in their country as *very bad*, while 24% of Bulgarians and 22% of Hungarians state the same. Countries where citizens provide the lowest ratings of the national healthcare system are Greece (75% saying fairly or very bad), Hungary (72%), Romania (69%), Bulgaria (68%), Poland (67%), Latvia (62%), Lithuania (58%) and Portugal (56%).

²⁰ QD2 How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

 BE	97%
 AT	95%
 FI	94%
 NL	91%
 FR	91%
 SE	90%
 LU	88%
 DK	87%
 DE	86%
 UK	86%
 ES	81%
 MT	81%
 CZ	78%
 CY	73%
 EE	70%
 EU27	70%
 SI	69%
 IT	54%
 IE	53%
 SK	53%
 PT	42%
 LT	40%
 LV	37%
 PL	30%
 HU	28%
 BG	28%
 RO	25%
 EL	25%

Question: QD2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

Answers: **Good**

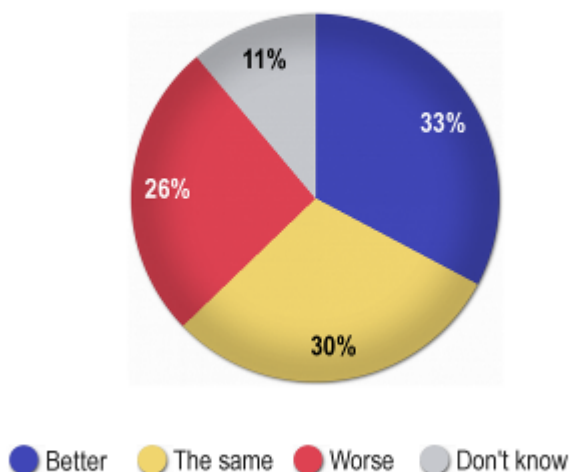


4.2 Comparing the quality of healthcare to other Member States

- Europeans are divided in their views when comparing their own country's healthcare system with that in other Member States -

After rating the healthcare in their own country, respondents were asked to compare the quality of their country's healthcare with that in other Member States.²¹ Respondents are divided almost equally between perceiving their country's healthcare to be better (33%), the same (30%) or worse (26%) than that offered in other Member States. The remaining 11% of respondents could not form an opinion.

QD3. Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?

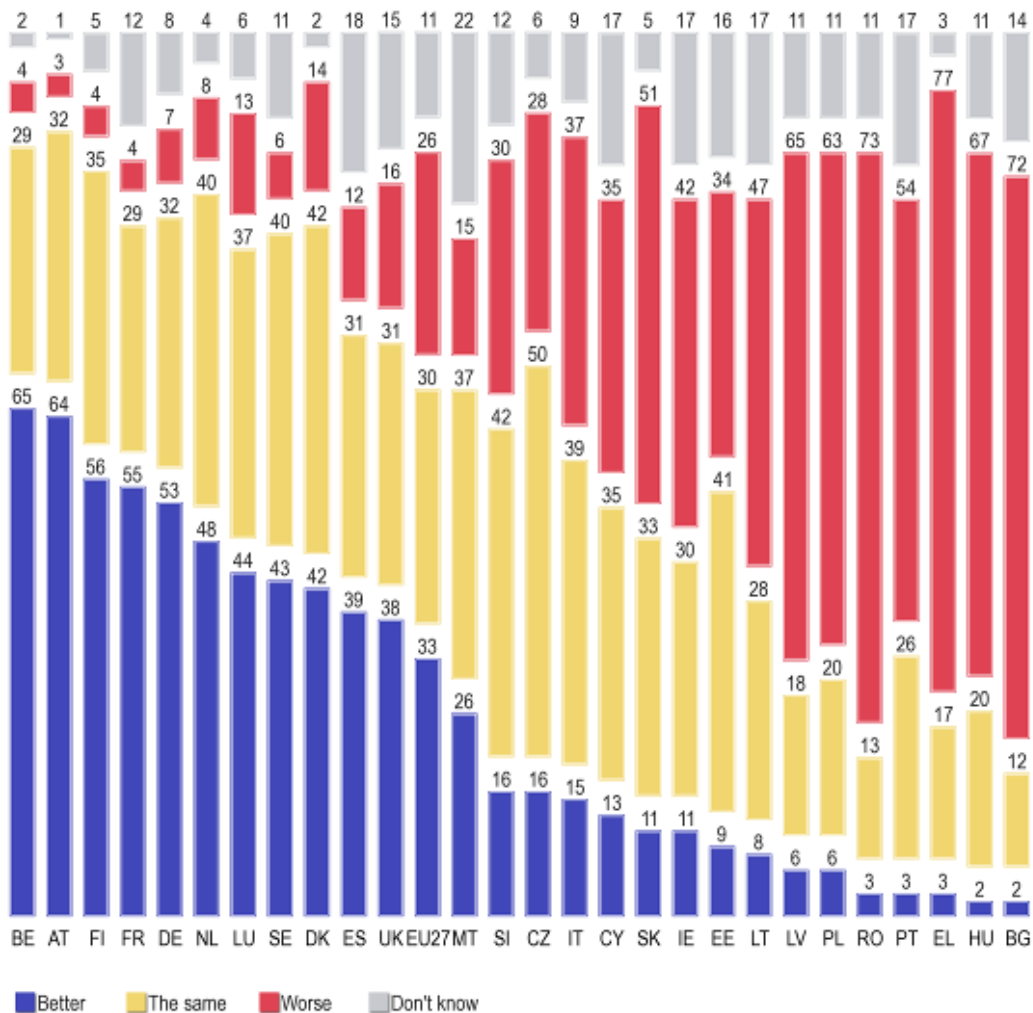


Analysis on a national level shows a high correlation, as would be expected, between those who rate the quality of healthcare in their country as *good* and who feel that healthcare is *better* than is available in other Member States. The countries where this is the case are Belgium (65%), Austria (64%), Finland (56%), France (55%) and Germany (53%).

A similar correlation exists in countries where people rate the quality of healthcare in the country as *bad*. They will tend to say the quality is *worse* than in other Member States: Greece (77%), Romania (73%), Bulgaria (72%), Hungary (67%) and Latvia (65%) all fall into this category. For the first four of these countries, it should be

noted that no more than 3% of citizens feel the healthcare in their country is *better* than in other Member States.

QD3. Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?



²¹ QD3 Based on what you know, do you think that the quality of healthcare in (OUR COUNTRY) compared to other Member States is ...?

ANNEX

SPECIAL EUROBAROMETER N° 327

“Patient safety and quality of care”

TECHNICAL SPECIFICATIONS

Between the 11th of September and the 5th of October 2009, TNS Opinion & Social, a consortium created between TNS plc and TNS opinion, carried out wave 72.2 of the EUROBAROMETER, on request of the EUROPEAN COMMISSION, Directorate-General for Communication, “Research and Political Analysis”.

The SPECIAL EUROBAROMETER N°327 is part of wave 72.2 and covers the population of the respective nationalities of the European Union Member States, resident in each of the Member States and aged 15 years and over. The basic sample design applied in all states is a multi-stage, random (probability) one. In each country, a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

In order to do so, the sampling points were drawn systematically from each of the “administrative regional units”, after stratification by individual unit and type of area. They thus represent the whole territory of the countries surveyed according to the EUROSTAT NUTS II (or equivalent) and according to the distribution of the resident population of the respective nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses (every Nth address) were selected by standard “random route” procedures, from the initial address. In each household, the respondent was drawn, at random (following the “closest birthday rule”). All interviews were conducted face-to-face in people’s homes and in the appropriate national language. As far as the data capture is concerned, CAPI (*Computer Assisted Personal Interview*) was used in those countries where this technique was available.

ABBREVIATIONS	COUNTRIES	INSTITUTES	N° INTERVIEWS	FIELDWORK DATES		POPULATION 15+
BE	Belgium	TNS Dimarso	1.015	11/09/2009	27/09/2009	8.866.411
BG	Bulgaria	TNS BBSS	1.000	11/09/2009	24/09/2009	6.584.957
CZ	Czech Rep.	TNS Aisa	1.073	12/09/2009	25/09/2009	8.987.535
DK	Denmark	TNS Gallup DK	1.007	11/09/2009	27/09/2009	4.503.365
DE	Germany	TNS Infratest	1.537	11/09/2009	28/09/2009	64.545.601
EE	Estonia	Emor	1.003	11/09/2009	28/09/2009	916.000
IE	Ireland	TNS MRBI	976	11/09/2009	27/09/2009	3.375.399
EL	Greece	TNS ICAP	1.000	11/09/2009	27/09/2009	8.693.566
ES	Spain	TNS Demoscopia	1.004	13/09/2009	27/09/2009	39.059.211
FR	France	TNS Sofres	1.017	11/09/2009	27/09/2009	47.620.942
IT	Italy	TNS Infratest	1.040	11/09/2009	27/09/2009	51.252.247
CY	Rep. of Cyprus	Synovate	505	11/09/2009	27/09/2009	651.400
LV	Latvia	TNS Latvia TNS Gallup	1.006	11/09/2009	29/09/2009	1.448.719
LT	Lithuania	Lithuania	1.026	12/09/2009	27/09/2009	2.849.359
LU	Luxembourg	TNS ILReS	500	15/09/2009	05/10/2009	404.907
HU	Hungary	TNS Hungary	1.000	11/09/2009	27/09/2009	8.320.614
MT	Malta	MISCO	500	11/09/2009	26/09/2009	335.476
NL	Netherlands	TNS NIPO Österreichisches	1.006	11/09/2009	29/09/2009	13.017.690
AT	Austria	Gallup-Institut	1.001	11/09/2009	27/09/2009	6.973.277
PL	Poland	TNS OBOP	1.000	12/09/2009	28/09/2009	32.306.436
PT	Portugal	TNS EUROTESTE	1.009	17/09/2009	27/09/2009	8.080.915
RO	Romania	TNS CSOP	1.007	11/09/2009	21/09/2009	18.246.731
SI	Slovenia	RM PLUS	1.026	11/09/2009	30/09/2009	1.748.308
SK	Slovakia	TNS AISA SK	1.029	12/09/2009	27/09/2009	4.549.954
FI	Finland	TNS Gallup Oy	1.026	14/09/2009	01/10/2009	4.412.321
SE	Sweden	TNS GALLUP	1.005	13/09/2009	30/09/2009	7.723.931
UK	United Kingdom	TNS UK	1.345	11/09/2009	27/09/2009	51.081.866
TOTAL			26.663	11/09/2009	05/10/2009	406.557.138

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics offices. For all countries surveyed, a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. In all countries, gender, age, region and size of locality were introduced in the iteration procedure. For international weighting (i.e. EU averages), TNS Opinion & Social applies the official population figures as provided by EUROSTAT or national statistic offices. The total population figures for input in this post-weighting procedure are listed above.

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

Observed percentages	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Confidence limits	± 1.9 points	± 2.5 points	± 2.7 points	± 3.0 points	± 3.1 points