

Health service delivery before and after the pandemic

Episode 5 of the webinar series

'Health Management in action: Fostering health systems' resilience'

Speakers

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The fifth episode of the webinar series *'Health Management in action: fostering health systems' resilience'* focused on health service provision and how it has changed after COVID-19, with a specific focus on the role of informal carers.

Health services after COVID-19

Since the 70s, the health service landscape has been characterised by fragmented delivery. Underfunded social care and community services caused backlogs with hospital discharge. The workforce shortage is another chronic problem for all health services in Europe. Prior to the COVID-19 pandemic, healthcare data was used to detect and treat patients more effectively. In the UK, the National Health System (NHS) started collecting health population data in 2015-16, while the private sector started with diagnostics data.

The COVID pandemic radically transformed health services. While the fragmentation persists, emergency legislation in most countries ordered healthcare facilities to provide Intensive Care Unit (ICU) capacity. During the pandemic, social and community care was cut off from hospital care provisions due to infection control measures. ICU and nursing capacity were increased through the redeployment of staff. Healthcare data focused on detecting infections and diagnostics and analysis capacity was increased dramatically. Access to personal data and early warning systems were developed, often based on emergency legislation that elapsed without leaving a lasting legacy.

Two perspectives emerged with regards to the legacy COVID-19 left in health services. One belief is that COVID left limited learnings as it was an emergency underpinned by emergency legislation. The second perspective considers the legacy significant, especially about the power of data, resilience, workforce deployment and service collaboration. COVID showed that the adoption of rapid learning cycles in healthcare services and adaptation and increased resilience of staff are possible. While exacerbating the previous situation, the COVID pandemic also increased awareness of innovative approaches and novel use of data for health service delivery.

Addressing the situation and needs of informal carers across the EU

An informal carer is any person who provides - usually unpaid - care to someone with a chronic disease, disability or any other long-lasting care needs outside of a professional context. Informal carers are the largest providers of health and social care support. They account for about 10-20% of the total EU population and are mainly women. The estimated value of informal care is between €320 and €368 billion. To keep a work-life and care balance, informal carers are often forced to work part-time to the detriment of

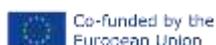
their financial stability and may suffer from social exclusion. Informal care also impacts the mental and physical health of carers, with a higher incidence of anxiety and depression. As a result of COVID-19, informal care increased both in terms of weekly hours, intensity, and number of carers.

A better interface between formal and informal care can be beneficial, for instance, to identify possible other informal carers in Europe. During the pandemic, civil society organisations were extremely supportive of informal carers. Technology, if properly boosted, could offer support. For example, a phenomenon that emerged with the pandemic is long-distance and cross-border informal care.

In September 2022, the European Commission published the European Care Strategy. The Strategy aims to ensure accessibility, affordability and quality of care, adequacy of care systems and to strengthen care professions' attractiveness by improving working conditions. Moreover, the European Commission calls on Member States to establish mechanisms to identify and support informal carers by providing them with access to information, training, work-life balance solutions, social protection, and financial support.

Key messages

- Before the pandemic, fragmentation, workforce shortage, and a limited use of health data characterised the health service landscape.
- While exacerbating the previous situation, the COVID pandemic increased awareness of innovative approaches and novel use of data for health service delivery.
- An informal carer is any person who provides - usually unpaid - care to someone with a chronic disease, disability or any other long-lasting care needs outside of a professional context.
- Informal carers account for about 10-20% of the total EU population and are mainly women. The estimated value of informal care is between €320 and €368 billion, which means that without informal carers, health systems would collapse.



This webinar is co-funded by the EU4Health Programme of the European Union under Grant Agreement no. 101082904. Views and opinions are of the speakers and authors only and do not necessarily reflect those of the European Union or HADEA. Neither the European Union nor HADEA can be held responsible for them.