



D5.3 Governance Model of the EU Network of CCCs

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Project Information

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Abbreviations and Acronyms

CCC	Comprehensive Cancer Centre
EC	European Commission
EU	European Union
ERN	European Reference Networks
MS	Member State
PCN	Primary Care Network
OECI	Organization of European Cancer Institutes
ECIS	European Cancer Information System
CANCON	Joint Action on Cancer Control
EPAAC	European Partnership for Action Against Cancer
ESIF	European Structural and Investment Funds
COST	European Cooperation in Science and Technology
EHDS	European Health Data Space





Executive Summary

The CraNE project aims to lay the groundwork for establishing a European Network of Comprehensive Cancer Centres (CCCs). One of the important elements that have been discussed during the project is the Governance Model: bodies, functions and decision processes of the future Network. This report describes methodologies and results of a participative process which involved CraNE WP leaders and led to a proposed Governance Model for the Network.

It is important to note that the new EUNetCCC Joint Action, aimed at finalising what was proposed in Crane, was designed and approved when the CraNE WP5 was still in progress. Therefore, the governance model defined in this task takes into account the transition from EUNetCCC JA to EU Network of CCCs.

A five-stage methodology was adopted. In the first phase, we outlined a preliminary draft based on the specific project objectives and contextual factors. This first draft was updated in the second phase by incorporating insights from preliminary discussions, incorporating feedback from key stakeholders gathered at the CraNE Stakeholder Forum in 2023, and considering models used by other networks in the health sector.

In the third phase, we interviewed the leaders of the CraNE WPs and small Member State key stakeholders. These interviews offered valuable insights and perspectives and highlighted the need to develop alternative governance models. Based on the information gathered from the interviews, three governance models were developed: Clinical and Research-Centered approach, Policy-Centered approach and Mixed approach

The objective of the fourth phase was to evaluate the advantages and disadvantages of three different governance models, assessing their suitability for the specific context and objectives. By this stage, the work plan of the EUNetCCC Joint Action was well-defined and provided valuable input for our analysis. We derived relevant decision-making processes from both the CraNE and EUNetCCC Joint Actions. Additionally, the role of Member States was further clarified, and the clinical approach was deprioritized.

We identified five key decision-making processes that will shape the Network's activities, and outlined the roles that various bodies will play within each governance model. These processes are:

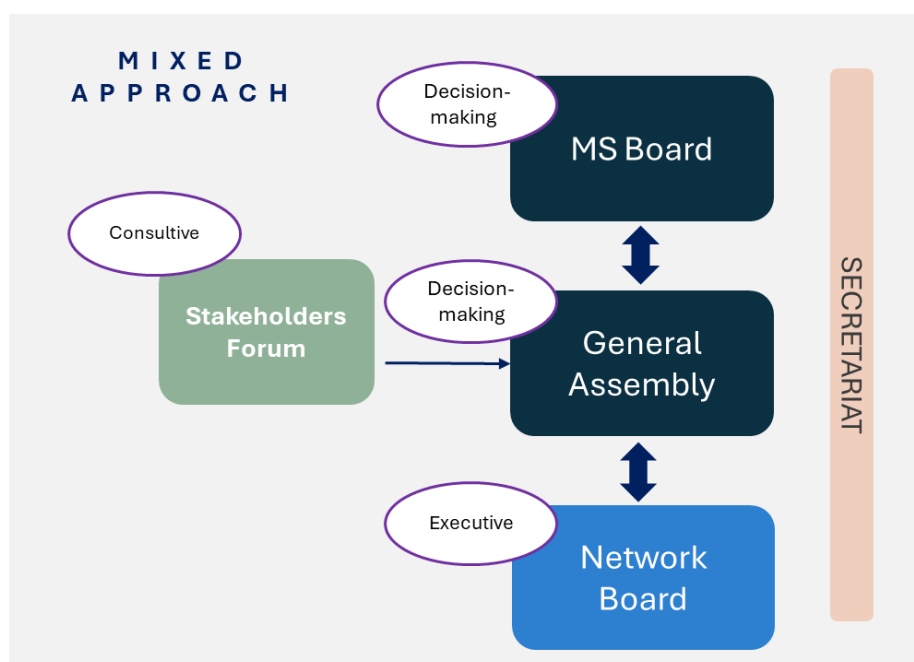
1. **Communication:** Maintaining and enhancing communication tools to effectively engage patients and other stakeholders.





2. **Development of a European Cancer Ecosystem:** Creating and fostering a collaborative environment to address cancer challenges across Europe.
3. **Evaluation of EUNetCCC:** Assessing the network's performance in terms of its effectiveness and efficiency.
4. **Strategy for Sustainability:** Implementation of inclusive integration strategies for the sustainability of small Member States and for Member States without a CCC.
5. **Admission to the Network:** Assessing CCCs applying for certification and membership decisions.

In June 2024, we presented our findings to both the Steering Committee and the Governmental Board, where the mixed-method governance model was selected as the most appropriate. The main governance bodies include the MS Board and the General Assembly, which hold decision-making roles; the Network Board and the Secretariat, which have executive functions; and the Stakeholder Forum, which serves in a consultative capacity.





1. Introduction

In response to Flagship n.5 of the Europe's Beating Cancer Plan which calls for the creation of a European Network of Comprehensive Cancer Centres (CCCs), the CraNE project aims to lay the necessary groundwork for establishing the network. Within the framework of work package 5 (WP5), the objective of Task 5.2 is to develop the governance model that best responds to the needs and functions of the EU Network of CCCs. The Network's governance model should ensure efficient coordination of the Network's activities and guarantee effective collaboration among members.

The process to identify such a model involved a review of both governance models of existing EU Networks, such as the ERNs, and conclusions of similar projects such as 4.UnCan.eu. Moreover, the design of a governance system for the EU Network emerged from a participatory process including close collaboration and consultation with CraNE's partners and stakeholders. To this effect, WP5 designed a methodology including five key steps to derive and compare three alternative governance models. The aim of the methodology is to inform the definition of the governance models by leveraging existing governance frameworks and recent literature, but also to guarantee that the perspectives of different stakeholders are considered.

It is important to notice that a new Joint Action (EUNetCCC) has been designed and approved when CraNE WP5 was still in progress. EUNetCCC JA is aimed at implementing the network of CCCs in Europe, finalizing what has been proposed in CraNE. For this reason, our work had to align the input from CRANE partners with the governance structure defined for the upcoming Joint Action. This alignment is crucial to maintain consistency, ensure accountability, and leverage the established frameworks and relationships. The governance design defined in WP5 has considered CraNE's governance structure and its transition to the EUNetCCC JA, which needs to be managed smoothly and effectively, with careful planning to avoid any overlaps in roles and responsibilities.

The deliverable is structured as follows. Section 2 presents the background in terms of governance configurations for networks in healthcare. This chapter includes cross-border health policy at the EU level, healthcare networks, and the development of European Reference Networks (ERNs), as well as network governance. Section 3 describes the methodology in its five main steps. Section 4, 5, 6, 7 and 8 detail the results of the five methodological steps, respectively.





2. Background - Governance Configurations for Networks in Healthcare

2.1 Cross-border health policy at the EU level

To harmonize efforts across member states and enhance the overall quality of care and impact of research in the cancer sector, the EU Commission (EC) has allocated funding and established collaborative platforms and networks, such as the European Cancer Information System (ECIS), the Joint Action on Cancer Control (CanCon), the European Partnership for Action Against Cancer (EPAAC), and the European Reference Networks (ERNs) (Sanco, 2014; Jelenc et al., 2012; Wijnen et al., 2017). Moreover, to support a coordinated and data-driven approach in the fight against cancer, the EC has implemented policy initiatives such as Europe's Beating Cancer Plan.

In addition to the mentioned efforts, the European Union (EU) has actively supported numerous projects in the field of cancer research and treatment, aimed at advancing cancer prevention, prediction, diagnosis, treatment, and improving the quality of life for cancer patients and survivors. These efforts are bolstered by funding from a variety of EU programs such as Horizon Europe, European Research Council (ERC), European Structural and Investment Funds (ESIF), Joint Programming Initiatives (JPIs), and European Cooperation in Science and Technology (COST) (Berns et al., 2019; Pérez et al., 2014).

There is a pressing need for these projects to align more closely with major EC policy initiatives, such as Europe's Beating Cancer Plan, the Cancer Mission, and the European Health Data Space (EHDS). This alignment should involve leveraging existing infrastructures to effectively address the objectives outlined in these policy agendas (European Commission, 2024). Additionally, to ensure optimal utilization of resources and maximize impact, it is crucial for these EU-funded cancer projects to leverage existing synergies and complementarities. This entails avoiding duplicative efforts and identifying opportunities for collaboration.

In order to foster coordinated efforts and maximize the impact of EU-funded cancer projects, implementing an effective governance model to organize collaborative networks is essential. This model aims at ensuring optimized resource allocation, alignment of cancer projects with major EC policy initiatives, fostering complementary efforts rather than duplication, and managing the collaborative networks in cancer sector across Europe.

2.2 Research and Healthcare Networks

Networks in healthcare serve as platforms that enable seamless collaboration among healthcare professionals across different roles and locations. They support effective decision-making and streamline workflows among various participants by facilitating the exchange of treatment methods, research findings, resources, and staff





information. Moreover, networks foster enhanced communication between different healthcare providers, ensuring that patients receive integrated and holistic care. Medical practitioners benefit from optimized interconnectivity within the networks, which empowers them to deliver higher quality care through shared knowledge and coordinated efforts. Therefore, collaborative networks in healthcare contribute significantly to improving healthcare delivery by promoting efficiency, innovation, and the collective expertise of stakeholders dedicated to patient well-being (Rajamani & Iyer, 2023).

The evolution of collaborative networks within the healthcare sector in Europe demonstrates how healthcare systems have increasingly leveraged collaborative structures to enhance coordination, efficiency, and patient care outcomes. In the early stages, European healthcare systems operated largely in silos, with minimal coordination between various entities such as hospitals, general practitioners, and specialist clinics.

The 1990s marked a pivotal era as European healthcare systems began to recognize the importance of integrated care models. These models aimed to improve patient outcomes by fostering seamless collaboration among different healthcare providers. Notable developments included the creation of regional health authorities and the establishment of integrated care pathways. These pathways streamlined patient care across various providers, enhancing continuity of care and reducing service duplication (Busse & Syahl, 2014; Knežević & Marinković, 2019). During this period in the UK, the concept of Primary Care Networks (PCNs) began to develop. PCNs encouraged general practitioners to collaborate more closely with each other and with other healthcare professionals to manage patient care more effectively at a community level (Fisher et al., 2019).

The early 2000s saw a further expansion of collaborative networks through the formal establishment of multidisciplinary teams. These teams brought together various healthcare professionals, including doctors, nurses, social workers, and therapists, to plan and deliver coordinated care. The focus was on improving chronic disease management and ensuring that patients received comprehensive care that addressed their multiple needs. European countries also began to adopt more sophisticated organizational governance structures to support these teams. For example, Sweden implemented reforms that promoted collaboration between municipal health services and regional health authorities, fostering a more integrated approach to elderly care and disease management (Taberna et al., 2020; Øvretveit et al., 2010).

An example is the European Reference Networks (ERNs) established in 2017 to unite European healthcare professionals to enhance the diagnosis and treatment of rare diseases through cross border collaboration. ERNs serve as focal points for medical research and training in rare or low prevalence complex diseases, bringing specialized





knowledge closer to patients and fostering knowledge sharing and expertise exchange (Kamel, 2016).

Another example is the OECI Network. The Organization of European Cancer Institutes (OECI) is a non-governmental Organisation founded in Vienna in 1979 and remodelled in 2005 into OECI-EEIG, a European Economic Interest Grouping. OECI focuses on facilitating the adoption of multidisciplinary personalized care to reduce cancer mortality and promote equitable access to treatment. The organization emphasizes comprehensive, multidisciplinary approaches, supports quality improvement in cancer care, and fosters collaboration among its members and other cancer organizations.

2.3 Network governance

Governance is described as a system that establishes a framework for managing organizations. It defines who has decision-making authority, who can act on behalf of the organization, and who is accountable for the organization's conduct and performance. Governance ensures that the management team and the board operate the organization legally, ethically, sustainably, and effectively, for the benefit of stakeholders, including shareholders, staff, clients and customers, and for the good of wider society. Governance models can differ, characterized by variations in organizational structure, decision-making processes, and distribution of authority. The selection of a governance model is contingent upon the specific objectives, contextual factors, and stakeholder composition of the network. Often, in designing a governance model, a mixed approach that integrates elements from multiple governance frameworks is tailored to address the heterogeneous requirements of the network. Factors like network participation, leadership models, and the level of centralization or decentralization contribute to the diversity in governance systems, reflecting the complexity of coordinating collaborative efforts among different entities.

Network governance addresses coordination challenges within complex multi-sector systems and it seeks to establish robust strategic partnerships with external agencies. Unlike traditional governance models, the network approach is characterized by less reliance on rules and supervision. Instead, it prioritizes the development of mutual action and trust among collaborative actors (Considine & Lewis, 2003).

In 1996, Rhodes described network governance as an alternative to hierarchical government bureaucracy and market models and emphasized its role in fostering partnerships among government, private, non-profit, and other organizations and individuals for effective service delivery (Rhodes, 1996).





3. Methodology

The methodology adopted to develop the rules and governance framework for the efficient coordination of network activities involved five main steps:

3.1 Identification of main bodies and general composition of the governance models

In the first phase, we outlined a preliminary governance draft based on the project's specific objectives and contextual factors. This draft included the main decision-making bodies and their interrelationships. It was shared with project partners in September 2023 to initiate preliminary discussions.

3.2 Identification of functions and membership composition of the governing bodies

During the second phase, we refined the governance framework by incorporating insights from preliminary discussions, analysing the governance of European Reference Networks (ERNs) as a model, and integrating feedback from key stakeholders gathered at the CraNE Stakeholder Forum in 2023 to align with their expectations. Additionally, a literature review was conducted to understand the current state of network governance in the healthcare sector. This led to the development of a second draft, completed in February 24, detailing the governance bodies, their functions, and their composition.

3.3 Alternative governance models definition

In the third phase, we defined different governance models. Building on the second draft, we created a questionnaire for interviews with WP leaders and key stakeholders. These interviews, conducted in March and April 2024, offered invaluable insights and perspectives, guiding our ongoing discussions and decision-making. The diverse viewpoints highlighted the need to develop alternative governance models. Through a collaborative effort involving coding and analysis of the interviews, three alternative governance models were developed. At this stage, the governance structure of EUnetCCC JA became clearer and the demand for a stronger alignment.

A list of the interviewed actors is provided below:

- **WP1:** Tit Albrecht - CraNE Coordinator.
- **WP4 Sustainability:** Marc Van Den Bulcke (Leader, Sciensano, Belgio), Régine Kiasuwa Mbengi (Sciensano, Belgio), and Dorota Dudek-Godeau (Co-leader NIZP-PZH PIB, Polonia)- sustainability and maturity model concept.





- **WP6 Organization in comprehensive, high-quality cancer care in comprehensive cancer care networks (CCCNs):** Simone Wesselman (Leader, German Cancer Society) and Ellen Griesshammer (German Cancer Society).
- **WP7 Framework and criteria to enable the implementation of CCCs in the EU Network:** Per Magnus Mæhle (Leader, Oslo University Hospital, Norway) and Thomas Dubois (Leader, InCa, France).
- **WP8 Equitable Access to high-quality care and research: network in the context of CCCs:** Josep Maria Borrás (Leader, ICO, Spain) and Joan Prades (ICO, Spain).
- **Nikolai Goncharenko and Miriam Dalmas-** Perspective of Small MSs (Luxembourg and Malta, respectively).
- **Miriam Dalmas** – previous member of ERN Member States Board.

3.4 Model discussion and definition of decision-making processes

In the fourth phase, our focus was to highlight the pros and cons of the three different governance models and their suitability to the specific context and objective. At this stage the EUnet CCC Joint Action workplan was well defined and provided an important input. We decided to design a governance structure that will be in place during the development and after the conclusion of the Joint Action.

The relevant decision-making processes, which we used to test the different governance models and highlight their respective pros and cons, were selected based on the following criteria:

1. **Drawing inspiration from activities and objectives of both Crane and EUnetCCC joint action:** We analyzed the activities and objectives of the joint action to identify the most relevant processes. This approach ensures that the selected processes align with the core goals and initiatives of the joint action.
2. **Selecting processes related to ongoing and post-project activities:** We chose processes associated with activities that cannot be completed during the joint action or that will continue beyond the project's end. These processes focus on structural rather than project-specific activities and are significant for the network that will be established after the joint action.
3. **Focusing on processes with a decision-making component:** We selected processes that involve decision-making elements to highlight the differences between various governance models. This mapping aims to reveal how decision-making processes vary under different governance frameworks, providing insights into the most effective models for the network's future operations.





By applying these criteria, we ensure that the mapped decision-making processes are relevant, sustainable, and capable of providing valuable insights for the development of a robust governance model for the EU CCC Network.

These processes were mapped in terms of involved actors, steps, and roles at each step. The three governance models and the decision-making process maps were presented during a panel session with all WP representatives in June 2024 to stimulate discussion and outline the final governance model.

3.5 Selection of the governance model and proposal

In the last phase the work done was presented both to the Steering Committee and to the Governmental Board in June 2024 and the mixed method was selected as the most appropriate governance model. Based on this decision, a detailed outline has been developed, encompassing a detailed description of the governing bodies and a comprehensive agenda of key open issues to be addressed within the first 24 months of the EUNetCCC JA.

4. Phase 1: 1st draft of the governance model

The initial governance model draft included a decision-making body (the General Assembly), an executive body (the Network Board), and an operational body (the Secretariat). It defined their composition and main roles, as detailed in Annex 1.

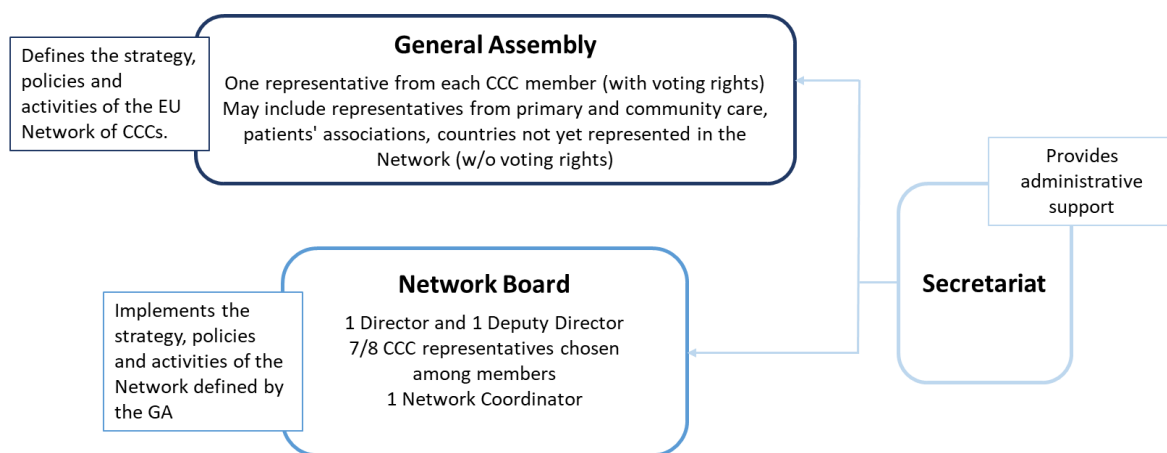


Figure 1 – Initial governance model

5. Phase 2: 2nd draft of the Governance Model

The second draft refined the governance structure by introducing the MS Board as a new decision-making body, sharing authority with the General Assembly. An advisory Stakeholder Forum was also established, operating independently from the General





Assembly. This revised model comprehensively outlined the composition, leadership, voting procedures, and responsibilities for all decision-making and executive bodies. Detailed descriptions of the boards and their functions are in Annex 2.

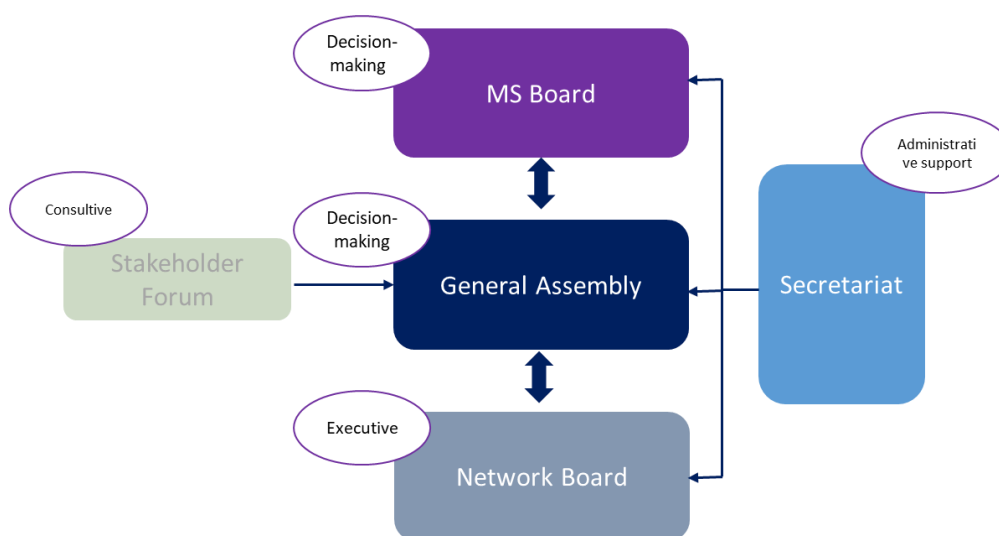


Figure 2 – Second draft

6. Phase 3: the three alternative governance models

Based on the interviews with CraNE WP Leaders, three alternative governance models were designed:

- **Clinical and research-oriented:** This model is centered on scientific and clinical excellence, vesting primary decision-making authority in the Network Board. Composed of leading experts, the Board ensures that the network's strategies and activities are driven by cutting-edge research and clinical best practices. By prioritizing the input of researchers and clinicians, the model aligns network activities with ongoing research initiatives and clinical needs, fostering innovation and continuous improvement in cancer care. The MS Board and General Assembly serve in advisory capacities, offering insights and recommendations, but the Network Board maintains strategic leadership.
- **Policy-centered:** This approach emphasizes the role of the MS Board in integrating the network's strategies and activities with national policies. Member States and Associated Countries have a central role in decision-making, while receiving advisory input from the General Assembly and the Stakeholder Forum, so that the network's initiatives are harmonized with national healthcare systems and regulatory frameworks. The Network Board assumes an executive role, ensuring the implementation of policies and directives established by Member States. This



model, by centralizing the decision-making power within the MS Board, allows for streamlined and cohesive policy implementation.

- **Mixed approach:** this model entails a hybrid approach that distributes decision-making authority between the MS Board and the General Assembly, which includes representatives from Comprehensive Cancer Centers. This model aims to strike a balance between expert guidance and broader stakeholder involvement, leveraging the collective expertise and perspectives of both bodies to inform strategic decisions and initiatives.

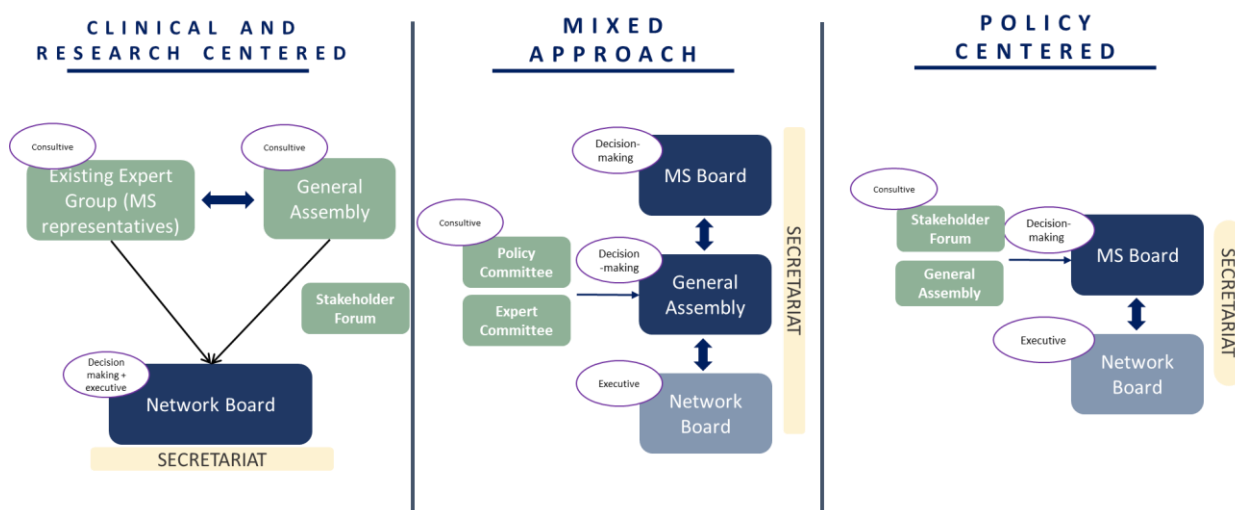


Figure 3 – The three governance models derived from the interviews

Membership composition and the functions of MS Board, General Assembly and Network Board in each model are detailed in Annex 3.

Following discussion within the CrANE Steering Committee at the conclusion of phase 3, we determined that the Policy-Centered and Mixed Approach models warranted further exploration. Importantly, we acknowledged the need for Member State involvement in decision-making.

7. Phase 4: EUNetCCC network decision-making processes and Governance Models

Following the criteria defined in section 3.4, we identified the following key decision-making processes that will be managed by the EUNetCCC Network, which are crucial to test the models’ pros and cons and ensuring the models’ long-term sustainability beyond the joint action’s lifespan.





1. **Communication:** maintain and enhance communication tools to effectively engage patients and other stakeholders.
2. **Development of a European cancer ecosystems:** creating and enhancing a collaborative ecosystem to address cancer challenges in Europe.
3. **Evaluation of the EUNetCCC:** assessment of performances in terms of effectiveness and efficiency of a network
4. **Fostering the strategy for sustainability:** implementation of inclusive integration strategies for the sustainability of small Member States and for Member States without a CCC.
5. **Admission to the network:** Assessment of CCCs applying for certification and memberships decision.

For each of the above, we defined a “starting point” built upon the objectives of the WPs of the EUNetCCC JA. Then, we defined subsequent steps, based on our understanding and projections. Finally, we determined the roles of the different governing bodies within the two selected models from phase 3. In the following, a short description of the five decision-making processes is provided and decision roles depicted.

7.1. Communication: maintain and enhance communication tools to effectively engage patients and other stakeholders

The starting point of this process is the comprehensive communication strategy developed in WP2 by partners of the JA. The EUNetCCC corresponding process is schematized in the following 4 steps and the role of different boards shown in picture 4 for the Mixed approach and picture 5 for the Policy Centered approach.

STEPS	DESCRIPTION
1	UPDATE OF COMMUNICATION STRATEGY: Regularly updating the communication strategy to ensure it remains relevant and effective. This process includes incorporating feedback from stakeholders and adapting to any changes in the external environment and organizational goals.
2	PLANNING ACTIVITIES AND BUDGETING: Developing plans for communication activities, specifying timelines, responsibilities, and required resources
3	IMPLEMENTATION AND MEASURING RESULTS: Executing the communication plans, using the selected tools and channels to engage with patients and other stakeholders. Monitor and measure the effectiveness of communication activities.
4	FOLLOW UP: Conducting follow-up activities to assess the impact of the communication efforts and gather additional feedback from stakeholders



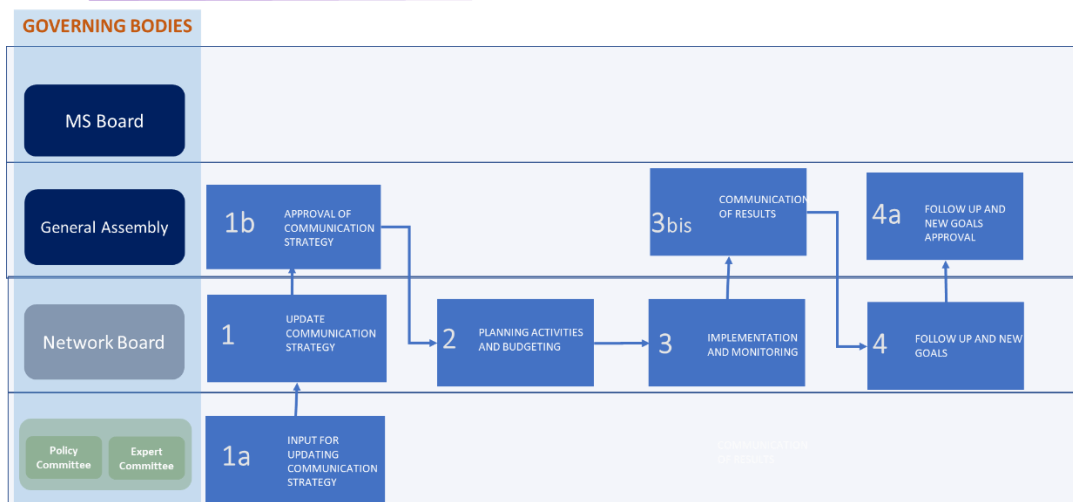


Figure 4 – Communication process in the Mixed approach

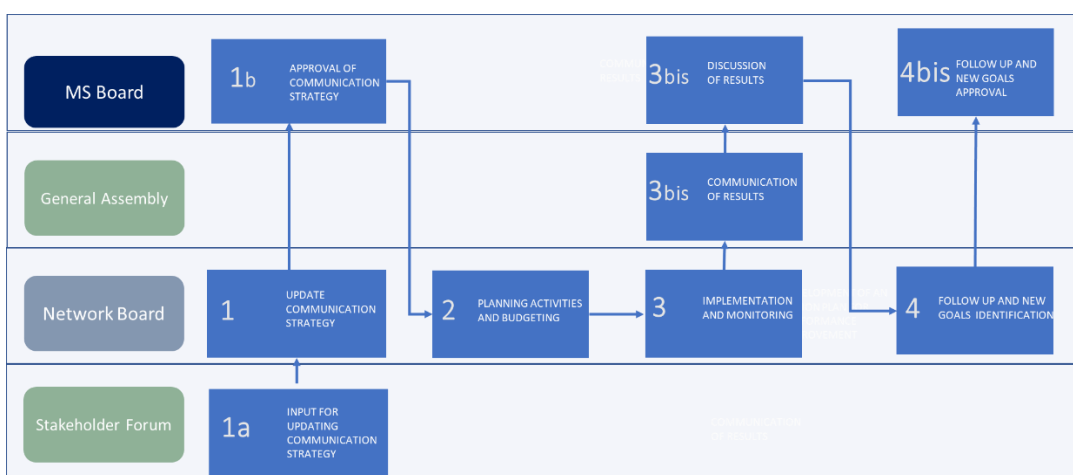


Figure 5 – Communication process in the Policy Centered approach

7.2 Development of the European cancer ecosystems: creating and enhancing a collaborative ecosystem to address cancer challenges in Europe

The starting point is the ecosystem framework that will be developed in the EUNetCCC JA by partners in WP1 and WP7. The goal of decision-making process of the Network is to maintain and update a structured environment that facilitates collaboration within Europe. Five steps have been identified and the role of different boards shown in picture 6 for the Mixed approach and picture 7 for the Policy Centered approach.

STEPS	DESCRIPTION
1	IDENTIFICATION OF NEW RELEVANT INITIATIVES: Surveying the landscape to identify existing cancer research-related initiatives across and beyond Europe. The goal is to update the map of current projects, organizations, and stakeholders in the field, assessing their relevance.





2	ESTABLISHMENT OF CONTACT: Taking care of relationships already established and building new ones by developing an outreach strategy that includes personalized emails, phone calls, and attending or organizing networking events.
3	EXPLORATION OF SYNERGIES AND PROPOSAL OF COMMON GOALS: Finding common ground and mutual interests among the identified initiatives. Through needs assessments, joint workshops, and discussions, this phase aims to identify synergies and set common goals.
4	DEVELOPMENT OF COLLABORATION FRAMEWORK: Formalizing collaboration by creating partnership agreements and allocating resources. By setting up these structures, the network creates a solid foundation for sustained and effective collaboration.
5	PROMOTION OF COLLABORATION AT NATIONAL LEVEL: Expanding and advocating for collaborative efforts at the national level. This includes launching advocacy campaigns to raise awareness, engaging with policymakers to secure support, and forming local partnerships with national research institutions.

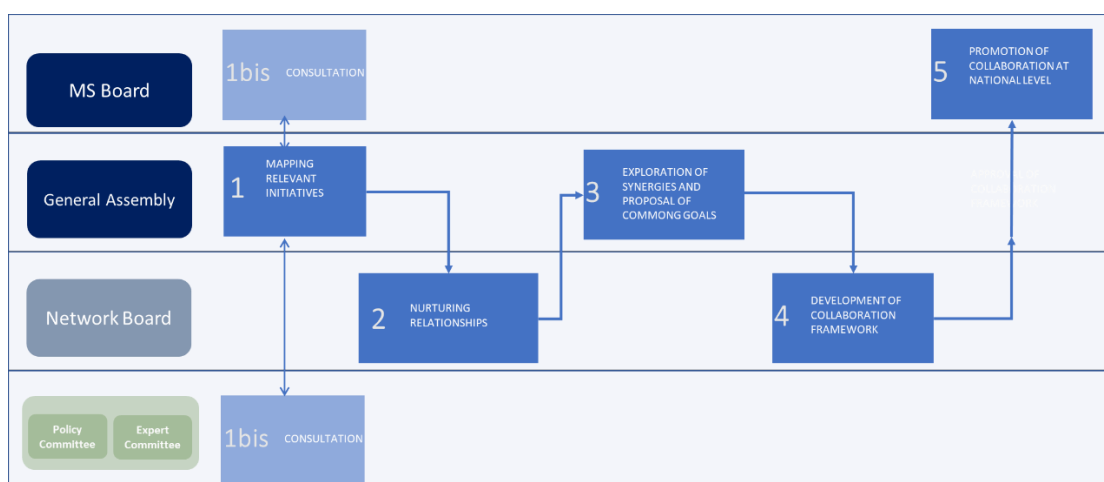


Figure 6 - Development of the European cancer ecosystems in the Mixed approach

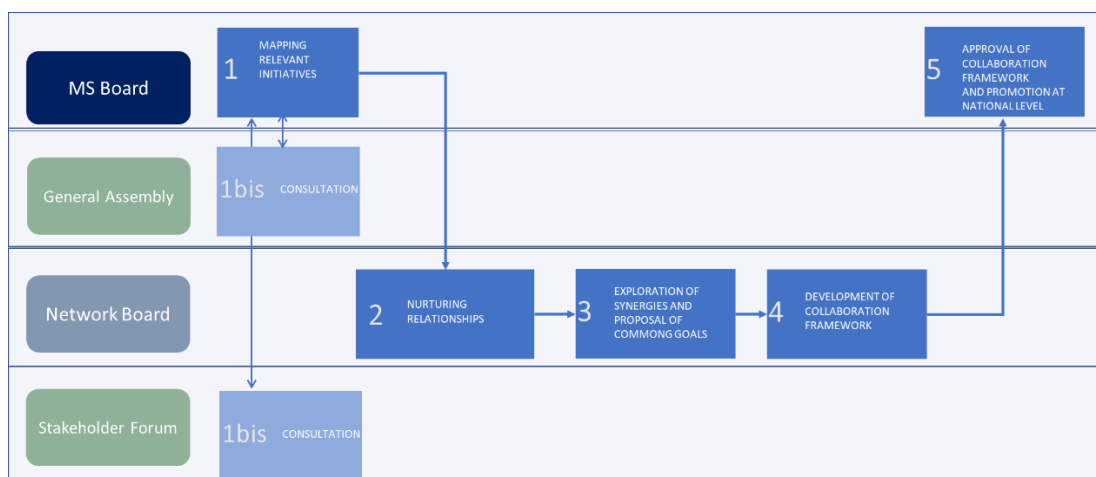


Figure 7 Development of the European cancer ecosystems in the Policy Centered approach





7.3 Evaluation of the EUNetCCC Network: assessment of performances in terms of effectiveness and efficiency of a network

During the EUNetCCC an evaluation framework will be developed to assess the progress of the JA and the effectiveness of the EUCCC network itself. Starting from these results the process outlined here is related to the evaluation of the network.

STEPS	DESCRIPTION
1	MONITORING RESULTS: Analysis of data related to the network’s performance. This involves continuous monitoring using predefined criteria to measure effectiveness and efficiency, employing tools like performance dashboards and regular reports.
2	COMMUNICATION OF RESULTS: Communicating the findings by preparing evaluation reports that highlight the network’s strengths, weaknesses, and areas for improvement. The results are shared through formal presentations and written reports to ensure transparency.
3	DEVELOPMENT OF AN ACTION PLAN FOR PERFORMANCE IMPROVEMENT: Developing an action plan aimed at improving the network’s performance by providing specific recommendations, timelines, and responsibilities for implementing changes.
4	IMPLEMENTATION AND FOLLOW UP: Putting the proposed improvements into practice and monitoring their impact over time. Regular follow-up assessments and adjustments are made to address any emerging challenges and to refine strategies.

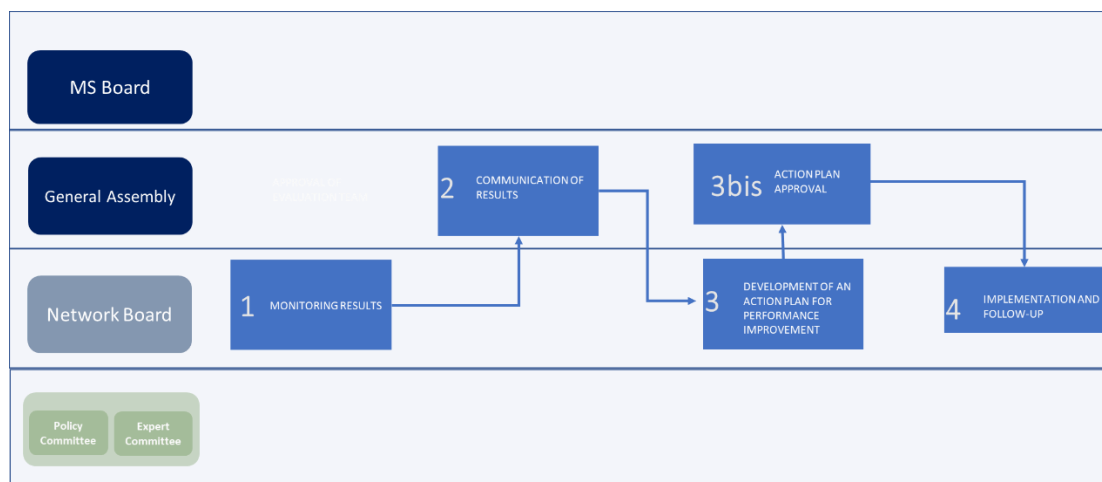


Figure 8 - Evaluation of the EUNetCCC Network in the Mixed Approach



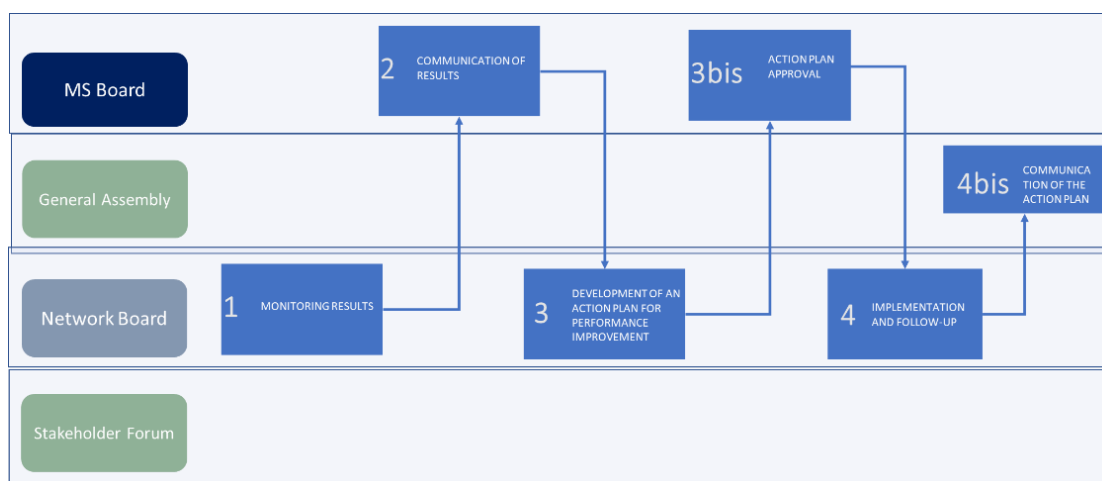


Figure 9 - Evaluation of the EUNetCCC Network in the Policy Centered approach

7.4 Fostering the strategy for sustainability: implementation of inclusive integration strategies for the sustainability of small Member States and Member States without a CCC

In the EUNetCCC JA several pilots will be conducted to test various CCC models and evaluate their adaptability and effectiveness across Member States. Starting from pilots and use case insights, a sustainability strategy will be developed for including in the network small Member States and Member States without a CCC. The process described here outlines the steps for monitoring and updating this strategy and highlights the role of governance bodies.

STEPS	DESCRIPTION
1	REGULAR UPDATING THE SITUATION OF SMALL MEMBER STATES AND MEMBER STATES WITHOUT A CCC: Collection information, including infrastructure, resources, research capabilities, and collaborations with the aim of understanding the strengths and weaknesses of these networks to identify areas that need support.
2	REPORTING: highlight and present the specific areas where small Member States or States without a CCC require additional support, time or resources.
3	ACTION PLAN FOR IMPROVING INTEGRATION: define and approve a set of actions to improve the integration of small Member States and States without a CCC into the broader European network.
4	IMPLEMENTATION AND FOLLOW UP: Putting the proposed improvements into practice and monitoring their impact over time. Regular follow-up assessments and adjustments are made to address any emerging challenges and to refine strategies.



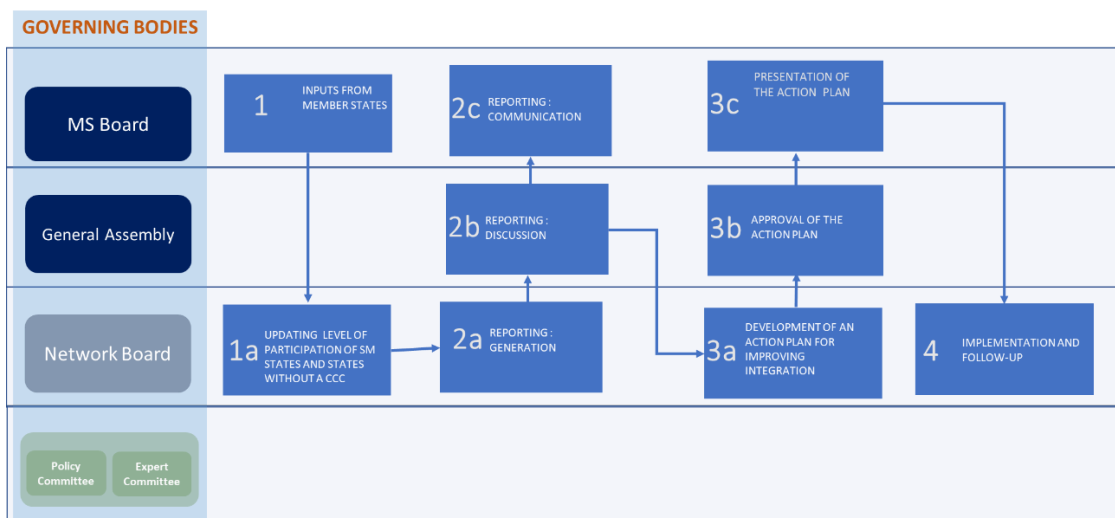


Figure 10 Fostering the strategy for sustainability in the Mixed approach

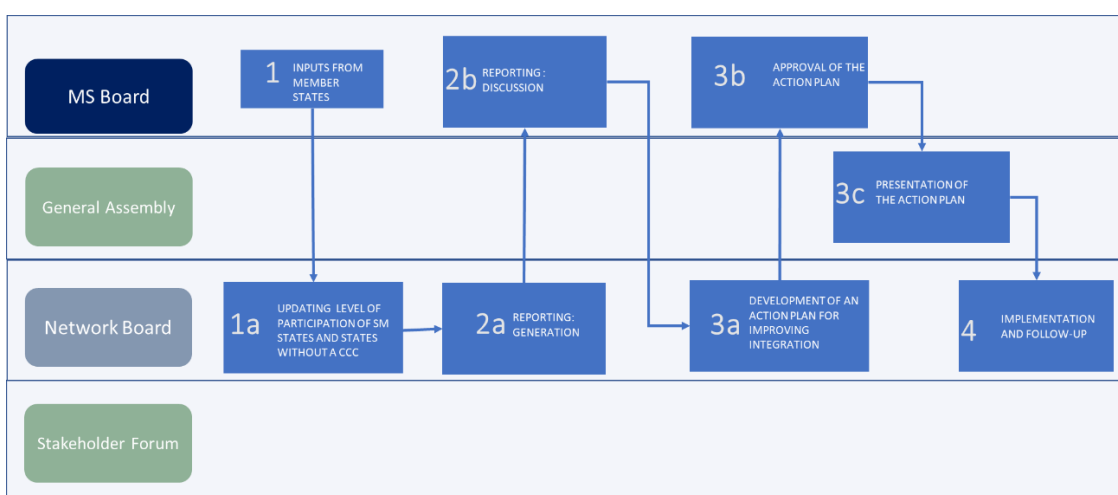


Figure 11 Fostering the strategy for sustainability in the Policy Centered approach

7.5 Admission to the network: Assessment of CCCs applying for certification and memberships decision

The certification scheme proposed by Crane JA will be further improved in the first part of the EUnetCCC JA action and a detailed evaluation process, covering key domains such as governance, research and patient care, will be defined. The process described here builds on this and illustrates how the admission process will be managed in the EUnetCCC, ideally every 3 years.

STEPS	DESCRIPTION
1	DEFINITION OF TIMING AND PROCESS FOR CERTIFICATION: Establishing clear criteria for evaluating the applicants. This includes defining the timing, process, and methodology for the evaluation.





2	PREPARATION AND ISSUING OF A TENDER TO SELECT EXTERNAL CERTIFICATION SERVICE PROVIDERS: This involves drafting detailed specifications for the tender, outlining the required qualifications, experience, and methodologies that external evaluators must possess.
3	MONITORING THE EXTERNAL CERTIFICATION ACTIVITIES: Ensuring that the evaluations are conducted according to the established criteria and timelines. Continuous monitoring involves regular check-ins with the evaluators, reviewing their progress reports, and addressing any issues that arise during the evaluation process.
4	SHARING THE RESULTS OF THE EVALUTATION: The results of the evaluation process are discussed with applicants and integrations/adjustments done if necessary. When standards are not satisfied a plan for improvement, which outlines objectives and timelines, is proposed.
5	FINAL DECISION ON ADMISSION OR IMPROVEMENT PLAN: based on the previous steps admission of newly certified CCCs or improvement plan agreed.

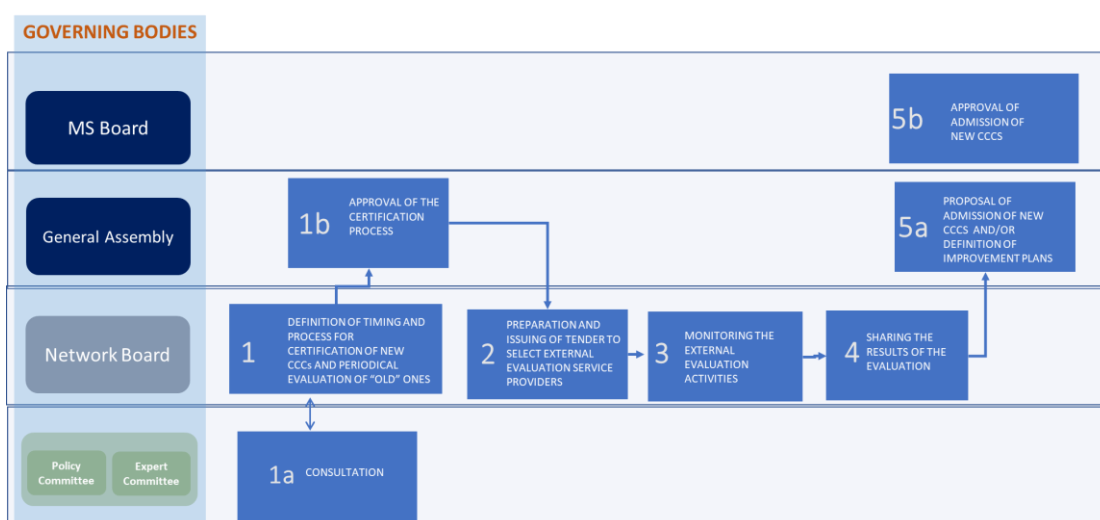


Figure 12 Admission to the network in the Mixed approach

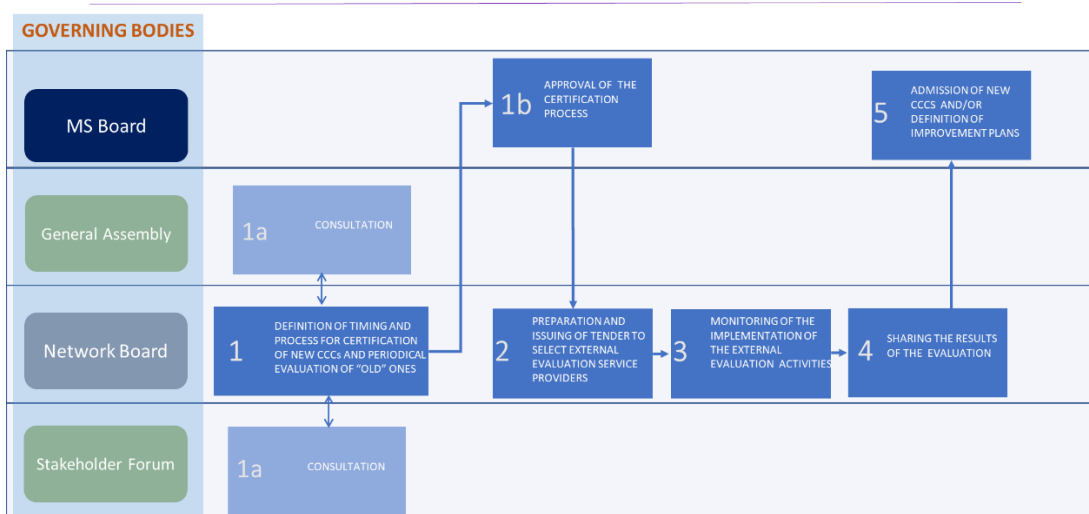


Figure 13 - Admission to the network in the Policy Centered approach





8. Phase 5: The proposal, interim governance and open issues

The last phase focuses on the selected mixed-approach governance model, with the aim of defining the provisional Network governance during the EUnetCCC JA and highlighting key open issues that should be addressed within the first 24 months of the new project. In this final Governance model, the two consulting bodies (Expert Committee and Policy Committee) have been replaced by a wider Stakeholders Forum taking into account that this body will be nominated for the EUnetCCC JA.

8.1 The CRANE governance model

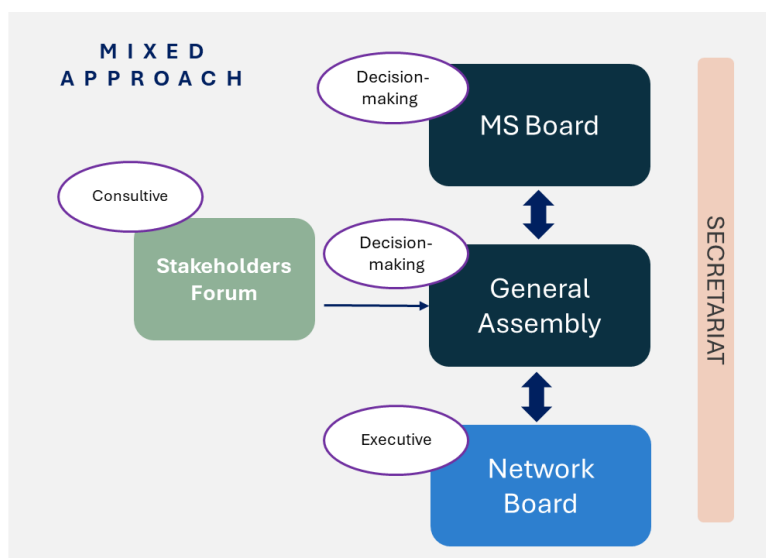


Figure 14 – The CRANE Governance Model

MS BOARD

Composition: 1 or 2 EU representatives from DG Santé e DG RTD + two representatives from each Member State. At least one representative must be an expert from the Ministry of Health or other competent National Institutions. Each state has one vote.

The MS BOARD:

- evaluates funding opportunities for the Network at the EU and national level;
- advises the GA on opportunities and limitations for the integration between EUnetCCC and MS policies;
- approves the admission of newly certified CCCs and CCC evaluation outcomes (positive, negative or new evaluation) proposed by General Assembly
- approves Certification Schemes proposed by General Assembly.





GENERAL ASSEMBLY

Composition: One representative from each CCC and equivalent entities (network of cancer centers) with voting rights.

The GENERAL ASSEMBLY:

- approves the strategy, policies and activities of the EU Network of CCCs.
- selects and appoints members of the Network Board, including the Director and Deputy Director of the Network Board;
- approves the working methods of the Network Board;
- approves the process, methodologies and criteria for the external evaluation service providers;
- approves the budget and advises the MS Board on funding opportunities;
- transfers the policy priorities to the MS Board.

NETWORK BOARD

Composition: 1 Director and 1 Deputy Director, 7/8 CCC representatives, 1 Network Coordinator.

The NETWORK BOARD:

- implements the strategy, policies and activities of the Network approved by the General Assembly;
- identifies and periodically reviews KPIs of the Network in line with the strategy put forward by the GA;
- Drafts the Annual Review (covering areas such as achievement of objectives, results etc.) to be submitted to the General Assembly; defines the working methods of the Network Board and the budget;
- collects and analyses data provided by members;
- Manages communication with members.

SECRETARIAT

Composition: staff members with administrative competences.

The SECRETARIAT:

- Supports the functioning of the GA, the Network Board and Stakeholder Forum.
- Organizes the Annual Meeting of the GA and the meetings of the Network Board;





- Prepares the meeting reports and shares them with the members of the Network;
- Acts as a contact point of the Network, including correspondence with members, invitations to meetings, etc.;
- Supports the management of the network website;
- Collects and stores the administrative and financial data related to the Network, i.e. for the preparation of the annual balance;
- Supports the preparation of the strategic plan of the Network;
- Supports the preparation of the annual reports of the Network;
- Relates with the EC and with EU General Directorates, such as DG Sante and DG Research;
- Manages applications to new projects, grants, etc;
- Maintains contacts with external experts hired for special needs of the Network (i.e. legal aspects, etc.).

THE STAKEHOLDER FORUM

Composition: representatives from key European and international organizations.

The STAKHOLDER FORUM:

- is consulted on relevant topics to foster collaboration with major stakeholders
- acts as a platform for exchanging insights and best practices.

8.2 The transition from the Governance of EUnetCCC JA to the Governance of the EUnetCCC Network

At the time of writing this deliverable, it is not yet entirely clear what the evolutionary scenario of EUnetCCC will be. Two options have been envisaged: 1) a new JA will finance the preservation of the network, 2) EUnetCCC will be an Independent Entity. The transition between the Governance model of JA and both the identified scenarios is described below.

The Role of the Coordination and PM Team

Bodies	Governance of EUnetCCC JA	Governance of EU Network (> 48 ^o month)	
		Scenario 1: new joint action	Scenario 2: independent body
Coordination Team	Includes a principal coordinator and three scientific coordinators. Convenes fortnightly to oversee strategic direction and ensure project alignment with objectives	A new Coordination Team will be appointed	The Coordination Team will cease to exist after the project.
Project Management Team	Each WP has a dedicated Project Manager which form the form the project management team (PMT). PMT meets weekly to monitor activities, identify issues, devise solutions and ensure the WP is aligned with the project's goals	A new PM team will be appointed	The Project Management Team will cease to exist after the project.

Figure 15 – The transition from the Joint Action to the EU Network – Coordination and PM bodies





The Role of the Decision Bodies and Secretariat

Bodies	Governance of EUnetCCC JA	Governance of EU Network (> 48 ^o month)	
		Scenario 1: new joint action	Scenario 2: independent entity
Consortium Meeting	Held quarterly, involving all consortium partners. Serves as a platform for updates, decision making, and strategic planning	A new Consortium meeting will be in place involving all new partners	The Consortium Meeting will transition into the General Assembly .
Steering Committee	Comprises the coordination team, WP leaders and co-leaders, and Competent Authorities (CA). Meets quarterly to prepare for consortium meetings, ensuring strategic alignment and effective project implementation.	A new Steering Committee will be in place	The steering committee will transition into the Network Board and the General Assembly
Secretariat	The functions and personnel are in the WP7	A Secretariat will be appointed in order to support the evolution of the EU Network of CCCs	A Secretariat will be appointed in order to support the evolution of the EU Network of CCCs

Figure 16 – The transition from the Joint Action to the EU Network – Decision Bodies and Secretariat

The Role of the Stakeholder Forum, Policy Board/Member State Board and General Assembly

Bodies	Governance of EUnetCCC JA	Governance of EU Network (> 48 ^o month)	
		Scenario 1: new joint action	Scenario 2: independent entity
Policy Board	Representatives from Member States and associated countries (Ministries of Health), the EU Commission, and the Steering Committee. To align project objectives with national and EU health policies, ensuring regulatory compliance and support. Facilitates the integration of project outcomes into public health strategies.	The Member State Board will replace the Policy Board.	The Member State Board will replace the Policy Board.
Stakeholder Forum	Key European organizations and programs involved in the EBCP. To foster collaboration with major stakeholders, ensuring the project’s alignment with broader cancer care and research initiatives. Acts as a platform for exchanging insights and best practices.	A renewed Stakeholder Forum will be nominated	A renewed Stakeholder Forum will be nominated
Annual General Assembly	All consortium partners, the Policy Board, the Stakeholder Forum, and network governance bodies. To review annual progress, set future directions, and engage in high-level policy and strategic discussions.	An annual general assembly will be organized to meet all the Bodies of the Governance	An annual general assembly will be organized to meet all the Bodies of the Governance

Figure 17 – The transition from the Joint Action to the EU Network – Stakeholders Bodies





ANNEXES

ANNEX 1. First draft

The General Assembly

The General Assembly acts as the **decision-making** body of the EU Network; it represents all members of the Network, takes the final decision on every matter related to the Network to reach the goals of the EU Network.

Composition:

The General Assembly is composed of all members of the EU Network of CCCs. It therefore includes one legal representative per CCC. Each CCC representative has voting rights (one vote per member). In addition, the General Assembly also includes representatives of primary and community care, representatives from patients' associations and countries or regions not yet represented by the EU Network, members of the EU Commission, representatives from CCC certification schemes, representatives from ERNs and other representatives from EU initiatives related to the mission of the EU Network of CCCs. However, these representatives do not have voting rights and they can act as either invitees or advisers to the General Assembly.

Scope and duties of the General Assembly:

- The GA defines the strategy, policies and activities of the EU Network of CCCs. It ensures its continuous development and its sustainability;
- It selects and appoints members of the Network Board, including Director and Deputy Director of the Network Board;
- It defines the working methods of the Network Board;
- It makes the final decision on new members;
- It defines and approves the budget;
- It represents the Network to external bodies and deals with Member States, EU Commission and certification schemes.

Other points:

- The working methods of the General Assembly are defined in the operating procedures and specify matters such as: duties and responsibilities of members, voting allocation, decisions taken at simple majority, qualified majority or unanimously, procedures related to regular and extraordinary meetings etc.

The Network Board

The Network Board acts as the **executive body** of the EU Network.





Composition:

- One Director and one Deputy Director appointed by the General Assembly. The Director is in charge to preside the meetings of both the GA and Network Board. In his/her absence, the Deputy Director will act upon his/her behalf;
- 7/8 representatives of CCCs members of the Network appointed by the General Assembly for 3 years;
- One Network Coordinator appointed by the Director of the Board who oversees the daily management of the Network.

Scope and Duties of the Network Board:

- It implements the strategy, policies and activities of the Network defined by the General Assembly;
- It identifies and periodically reviews KPIs of the Network in line with the strategy put forward by the GA;
- It collects and analyses data provided by members;
- Drafts the Annual Review (covering areas such as achievement of objectives, results etc.) to be submitted to the General Assembly;
- Communication with members.

Other points:

- The working methods of the Network Board are defined by the General Assembly and are expressed in the operating procedures, which include matters such as: regular and extraordinary meetings, Network Coordinator duties and appointment, rules and methodology related to the collection and analysis of data etc.

The Permanent Secretariat

The Permanent Secretariat supports the Network Board, General Assembly and Expert Group and includes professionals who deal with the administrative, operational and financial aspects of the Network. The Secretariat will be divided into several task forces, each including a Programme Manager in charge of daily operations and communication with other task forces as well as with the General Assembly, Board and Expert Group.

Main Functions:

- The Secretariat collects new applications and ensures that all documentation is correct and complete;





- The Secretariat provides administrative support to the GA, the Network Board and the Expert Group (e.g. organization of meetings, writing of minutes of meetings, reports etc.);
- The Secretariat acts as a first point of contact for members and prospective applicants;
- It is in charge of daily communication with Network members (newsletters, knowledge materials etc.);
- The Secretariat's Programme Managers will ensure the smooth operation of the activities of the Network (e.g. Research, Education, etc.);
- The Secretariat collects data from the Network members. Data will feed the Annual Report, databases, newsletters, infographics, website.

ANNEX 2. Second draft

MS BOARD - MEMBERSHIP COMPOSITION and CHAIR

Members primarily consist of representatives from the ministries of the member states and key national healthcare institutions across various states. The Board features co-chairs from a Member State and the Commission's Director for Health systems. The chair rotates among Member States every two years, and while the Chair, including the Commission, lacks voting rights, the Member State holding the chair nominates another representative, retaining its voting rights.

MS BOARD - NOMINATION, VOTING and FUNCTION

- Member States and EEA countries, two representatives per country, are invited to be members of the Board. Each Member State represented in the Board shall have one vote. To nominate representatives, Member States inform the Board's secretariat in writing.
- The primary role of the Board is to approve requests for new organizations within the network.
- Additionally, the Board will be tasked with evaluating existing organizations within the network. In the event of a negative assessment, the Board can suggest an improvement plan and grant a one-year extension before a reevaluation.

GENERAL ASSEMBLY – NOMINATION and FUNCTIONS

The GA approves the strategy, policies and activities of the EU Network of CCCs.

- It selects and appoints members of the Network Board, including Director and Deputy Director of the Network Board;



- It approves the working methods of the Network Board;
- It approves the process, methodologies and criteria for the external evaluation service providers (similar to ERNs)
- It approves the budget;

The representatives of the General Assembly (GA) will be nominated by the Comprehensive Cancer Centers (CCCs) – Each CCC has 1 vote.

NETWORK BOARD - COMPOSITION AND NOMINATION MECHANISMS

- One Director and one Deputy Director appointed by the General Assembly. The Director is in charge to preside the meetings of both the GA and Network Board. In his/her absence, the Deputy Director will act upon his/her behalf;
- 7/8 representatives of CCCs members of the Network appointed by the General Assembly for 3 years;
- One Network Coordinator appointed by the Director of the Board who oversees the daily management of the Network.

NETWORK BOARD - FUNCTIONS

- It implements the strategy, policies and activities of the Network approved by the General Assembly;
- It defines the working methods of the Network Board;
- It defines the budget;
- It identifies and periodically reviews KPIs of the Network in line with the strategy put forward by the GA;
- It collects and analyses data provided by members;
- It drafts the Annual Review (covering areas such as achievement of objectives, results etc.) to be submitted to the General Assembly;
- It is responsible for communication with members.

STAKEHOLDES FORUM - COMPOSITION

- primary and community care
- patients' associations
- countries or regions not yet represented by the EU Network
- members of the EU Commission





- representatives from CCC certification schemes
- representatives from ERNs
- other representatives from EU initiatives

ANNEX 3: THE GOVERNANCE MODELS

Clinical and research-centered model

Composition of the main bodies:

- The MS Board consists of representatives from Member States (MS), leveraging existing expert cancer groups operating at a European level.
- General Assembly (GA) representatives are nominated by the Comprehensive Cancer Centers (CCCs) themselves. The selection process is adaptable to the discussion topic. For managerial issues, general directors are typically nominated, while topics like standards and certification often require scientific directors, research heads, or similar experts. This flexible approach ensures that the GA comprises the most suitable representatives for each agenda item, rather than relying on fixed individual memberships.
- The Network Board includes one Director and one Deputy Director appointed by the General Assembly. The Director presides over the meetings of both the GA and Network Board, with the Deputy Director acting in their absence. Additionally, the Network Board comprises up to 20 experts with disease-specific expertise, appointed by the General Assembly for a three-year term, and one Network Coordinator, appointed by the Director of the Board, who oversees the daily management of the Network.

Functions of the main bodies:

- The MS Board advises on the process, methodologies, and criteria for the external evaluation service providers, and provides guidance on the strategy, policies, and activities of the EU Network of CCCs.
- The General Assembly (GA) offers advice on the strategy, policies, and activities of the EU Network of CCCs, as well as recommendations on the process, methodologies, and criteria for the external evaluation service providers. Additionally, the GA may propose actions to the Network Board and endorses decisions made by the Network Board.
- The Network Board, in turn, defines and implements the strategy, policies, and activities of the Network, identifies and periodically reviews Key Performance Indicators (KPIs), and prepares the Annual Review, which covers areas such as the achievement of objectives and results.





Mixed model

Composition of the main bodies:

- For the MS Board, each Member State and EEA country is invited to have two representatives, with each state having one vote. At least one representative must be an expert from the Ministry of Health or other competent National Institutions.
- General Assembly (GA) representatives are nominated by the Comprehensive Cancer Centers (CCCs) themselves. The selection process is adaptable to the discussion topic. For managerial issues, general directors are typically nominated, while topics like standards and certification often require scientific directors, research heads, or similar experts. This flexible approach ensures that the GA comprises the most suitable representatives for each agenda item, rather than relying on fixed individual memberships.
- The Network Board includes one Director and one Deputy Director, both appointed by the General Assembly. The Director presides over meetings of both the GA and the Network Board, with the Deputy Director acting in their absence. Additionally, the Network Board comprises 7-8 representatives of CCC members of the Network, appointed by the General Assembly for a three-year term, and one Network Coordinator, appointed by the Director of the Board and approved by the General Assembly, who oversees the daily management of the Network.

Functions of the main bodies:

- The MS Board evaluates funding opportunities for the network at both the EU and national levels and advises the General Assembly (GA) on the integration opportunities and limitations between EuNetCCC and member states' policies. It also approves the admission of newly certified Comprehensive Cancer Centers (CCCs) and the CCC evaluation outcomes proposed by the GA, whether positive, negative, or requiring new evaluation. Additionally, the MS Board approves the Certification Schemes proposed by the GA.
- The GA is responsible for approving the strategy, policies, and activities of the EU Network of CCCs. It selects and appoints members of the Network Board, including the Director and Deputy Director, approves the working methods of the Network Board, and sanctions the process, methodologies, and criteria for the external evaluation service providers. Furthermore, the GA approves the budget and advises the MS Board on funding opportunities while transferring policy priorities to the MS Board.





- The Network Board implements the strategy, policies, and activities approved by the GA. It identifies and periodically reviews the Key Performance Indicators (KPIs) of the Network in alignment with the strategy set forth by the GA and drafts the Annual Review, which covers areas such as the achievement of objectives and results, to be submitted to the General Assembly.

Policy-centered model

Membership composition:

- For the MS Board, each Member State and EEA country is invited to appoint two representatives, with each state having one vote. The board operates by consensus, and members are appointed by each Member State's Competent Authority or Ministry of Health, with terms to be determined.
- General Assembly (GA) representatives are nominated by the Comprehensive Cancer Centers (CCCs) themselves. The selection process is adaptable to the discussion topic. For managerial issues, general directors are typically nominated, while topics like standards and certification often require scientific directors, research heads, or similar experts. This flexible approach ensures that the GA comprises the most suitable representatives for each agenda item, rather than relying on fixed individual memberships.
- The Network Board includes one Director and one Deputy Director appointed by the MS Board. The Director presides over meetings of both the Member State Board and the Network Board, with the Deputy Director acting in their absence. Additionally, the Network Board comprises 7-8 representatives of CCC members of the Network, proposed by the MS Board to represent different geographical areas for a three-year term. A Network Coordinator, appointed by the Director of the Board and approved by the MS Board, oversees the daily management of the Network.

Functions:

- The MS Board is responsible for evaluating funding opportunities at both the EU and national levels, approving the budget, and deciding on the admission of newly certified Comprehensive Cancer Centers (CCCs). It also approves the process, methodologies, and criteria for the external evaluation service providers, as well as evaluation outcomes and Certification Schemes. Furthermore, the MS Board approves the strategy, policies, and activities of the EU Network of CCCs, ensuring their integration into Member State policies. It selects and appoints members of the Network Board, including the Director





and Deputy Director, and approves the working methods of the Network Board.

- The General Assembly (GA) advises on the strategy, policies, and activities of the EU Network of CCCs and on the process, methodologies, and criteria for the external evaluation service providers. It may propose actions to the MS Board and endorses the decisions made by the MS Board.
- The Network Board is tasked with implementing the strategy, policies, and activities approved by the MS Board, identifying and periodically reviewing Key Performance Indicators (KPIs) in line with the MS Board's strategy, and drafting the Annual Review, which covers areas such as the achievement of objectives and results, to be submitted to the MS Board.





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