Swiss-Czech Cooperation Programme

Annex A: Final version of the Support Measure Proposal 12.02.2025, including Logframe

on

the Support Measure

'Home Care Programme'

Second Swiss Contribution

Czech Republic

12.02.2025

Support Measure Proposal

Title	Home care Programme
Executing Agency	Ministry of Health of the Czech Republic
Partner State Support Measure Code (if any)	HCP
Support Measure Type	Programme

Content

1. Basic information

Title	Home Care Programme
Support Measure Type	Programme
Objective	Strengthening social systems
Primary Thematic Area	Health and social protection
Planned Duration [months]	54 months
Requested Swiss contribution (CHF)	10 000 000
Requested co-financing rate of Switzerland [%]	85

Name of the Executing Agency	Ministry of Health of the Czech Republic
Type of entity	National administration
Correspondence address	Palackého náměstí 375/4 128 00 Praha 2
Webpage and social media (if any)	https://www.mzcr.cz/
Name of contact person	Mgr. Matouš Duraj
Position	Head of the Financial Mechanisms Unit
E-Mail	matous.duraj@mzcr.cz
Phone	Mobile +420 725 859 076
Name of statutory representative	prof. MUDr. Vlastimil Válek, CSc., MBA, EBIR
Has the Executing Agency previously received funding from the Swiss Contribution?	Yes☒ No☐

List of Abbreviations

CR	Czech Republic
EFI	Department of European Funds and Investment Development of the Ministry of Health
MoH	Ministry of Health
EFI/4	Financial Mechanisms Unit
National Centre	National Centre National Centre for Nursing and Non-Medical Health Professions
NCU	National Coordination Unit
NHIP	National Health Information Portal
NHIS	National Health Information System
NIKEZ	National Institute for Quality and Excellence in Healthcare
OPE+	Operational Programme Employment Plus
PDP	Pre-defined project
SCO	Swiss Contribution Office
SMSC	Support Measure Steering Committee
MCS	Management and Control System
IHIS CR	Institute of Health Information and Statistics of the Czech Republic

2. Strategic Support Measure description

2.1 Lead

The Programme will support the implementation of systematic measures intended to strengthen the role of home care while stabilising this area, creating the prerequisites for an effectively functioning complex network and optimising processes and communication in the home care segment. The implementation of the Programme will create the conditions for better coordination of the social and health areas of care.

2.2 Context and relevance

The trend of population ageing in the Czech Republic is supported by data from several studies. We know from the data of the Czech Statistical Office[1] that the age structure of the population is changing, and this trend will continue; the biggest changes will take place in the category of seniors. In 2012, there were four people of working age for every person over 65. By 2050, the number is estimated to fall to two people of working age. Another risk factor that further burdens the health system is the increase in people of working age with multiple comorbidities. These patients are another potential group that will benefit from home care. Another risk, according to a statistical prediction of the prevalence of selected diseases by 2030[2], is that the number of people with diabetes will increase by 20 %, cancer by 27 %, heart failure by 68 % and Alzheimer's disease by up to 115 %. In view of these facts, it can be assumed that the requirements for healthcare will increase. The natural approach to ensure the effectiveness of health and social services is to keep patients in their natural social environment for as long as possible during their illness.

Home care in the Czech Republic has its irreplaceable function and is carried out by experienced medical staff. Quality medical staff is a strength of the healthcare system in the

[1] Data source: Czech Statistical Office – ISDEM, https://www.czso.cz/csu/czso/projekce-obyvatelstva-ceske-republiky-2018-2100

[2] Data source: NRHZS 2010-2021, Czech Statistical Office - Population Projections of the Czech Republic; Methodology. Poisson generalized linear model, prediction basis 2010-2018

Czech Republic at all levels of care. However, the health sector also has a number of problematic areas.

Main problematic areas

- There are major risks associated with the burden on the healthcare system, including the demographic ageing of the medical workforce, the training of a new generation of staff, and the sub-optimal distribution of capacity between health care segments coupled with inefficient reimbursement mechanisms. The OECD[3] data shows that in a global comparison, the Czech Republic had 8.9 active nurses per 100,000 inhabitants in 2022 (compared to Switzerland, which ranks second in the comparison with 18.4 nurses per 100,000 inhabitants). Czech health care is already preparing for these changes and the implementation of the Home Care Programme fits into number of measures that will help to eliminate the impacts of demographic changes.
- A major problem is the staffing of health services by healthcare professionals, there is no planning of personnel capacity and health care is already being provided by healthcare workers in retirement or pre-retirement age.
- There is no uniform approach to the indication of home care by individual general practitioners and specialists. The consequence can be either an unnecessary burden on inpatient care, even in cases where the patient could be treated in their social environment; or, on the contrary, the patient uses no healthcare at all, and their health deteriorates significantly.
- The potential of informal carers who can become a full-fledged alternative to care provided by social services and professionals is not sufficiently exploited. This is especially true when a person requires very complex and long-term care. The problem of the quality of life of the carers themselves is being overlooked.
- The current capacities of home care in the Czech Republic do not cover the whole area of the Czech Republic, especially rural areas or the borders between individual regions.
- Information inaccessibility – both the professional public (employees of inpatient medical facilities, primary care segment, etc.), but especially the general public (potential recipients of care and informal caring persons) do not have sufficient information or experience.
- Detailed and specific data on the structure of nursing and social problems are missing, there is no uniform standard for measuring nursing burden and no indicators of quality of home care, including uniform reporting of adverse events that contribute to the deterioration of the health of the population, and the consequent need for care.
- There is no cost analysis, regional cost and capacity comparison with respect to the current, potential and future target group of providers of field health (and field social) services. Much-needed and diversified cost and reimbursement models are not being developed and optimised for home care, which is and will be required by the increasing volume of care, especially for patients with serious health conditions.
- Currently, there is no concept of reimbursement for (home) care in the Czech Republic that reflects the principle of motivation for efficiency of care. The current state leads to a situation where the payment system does not encourage providers to deliver quality, efficient and economically sustainable services.

These challenges will be addressed through the Home Care Programme which will focus on improving patient care coordination, increasing the efficiency and quality of home care

[3] OECD Library 2023; https://data.oecd.org/healthres/nurses.htm

provision, and strengthening the systematic framework for evaluation and funding of home care.

Legislative and political framework

In the Czech Republic, home care providers cooperate with state administration and self-government bodies, non-governmental non-profit organisations and other entities in the health and social sphere. The Ministry of Health defines the objectives of the development of home care in its Concept of Home Care (hereinafter referred to as the "Concept"). The Concept defines home care as healthcare provided to patients on the basis of a referral from their registering general practitioner, their registering doctor for children and adolescents or their treating doctor during hospitalisation in their own social environment.

Home care is healthcare provided by general nurses in the patient's own social environment (including the environment of residential social services, if the patient lives there), as indicated by the doctor. Home care is suitable for patients whose health condition no longer requires hospitalisation and patients are discharged into home care. It is indicated especially in patients who are fully or partially dependent on the help of another person, for whom it is necessary to ensure the continuation of long-term or follow-up care, or after-treatment due to chronic and acute diseases. Home care is intended for patients of all ages, including patients in the terminal stage of life. Home care is fully covered by the public health insurance budget. Therefore, the patient does not pay for health care if it is indicated by a medical doctor.

The Concept further states that home care is an irreplaceable form of healthcare and – together with social care including lay care – forms the overall basis of patient care. It is based on close team cooperation between doctors and non-medical healthcare professionals in the healthcare system, where the role of each team member is irreplaceable.

The Home Care Programme will meet the Strategic Objective of Concept 1.3. Strengthening the role of nurses in home care and evaluating the quality of home care provision and Strategic Objective 2 – Financing Home Care.

At the national level of the Czech Republic, the area of home care is further defined in accordance with the following documents:

Act No. 372/2011 Coll., on health services and conditions of their provision, as amended. This act defines home care as healthcare provided in the patient's own social environment, which is nursing care, therapeutic rehabilitation care or palliative care.

Act No. 96/2004 Coll. on the conditions for obtaining and recognition of qualification for the performance of non-medical health professions and for the performance of activities related to the provision of healthcare and amending certain related acts, which define qualification for the performance of non-medical health professions, obtaining qualification, forms of education and others, as amended.

Act No. 48/1997 Coll., on public health insurance, as amended, specifies home care as a special type of outpatient care, through which it is provided to insured persons with acute or chronic disease, to insured persons physically or mentally disabled and dependent on assistance of another person, professional care in their own social environment.

Act No.108/2006 Coll. on Social Services (hereinafter referred to as the Social Services Act), which regulates the criteria for providing assistance and support to individuals in disadvantageous social situations.

Strategic Framework for the Development of Health Care in the Czech Republic by 2030 (Health 2030); Strategic Objectives: Protection and improvement of the population's health. Optimisation of the health care system. Specific objective: Implementation of integrated care models, integration of health and social care, reform of mental healthcare (sub-objective: Strengthening the care provided in the home environment of patients)

The Social Inclusion Strategy 2021-2030 states that reduced quality of life due to health problems, together with impaired access to healthcare, are listed as one of the characteristics of social exclusion. To increase access to care, there will be a focus on outputs including the use of case management and telemedicine and the introduction of case management into interdepartmental cooperation (planning of health and social services in the territory – network of health and social services in municipalities with extended competence).

The Home Care Programme funded by the Swiss Contribution II is based on the Recommendation on Access to Affordable and High Quality Long-term Care - AGE Platform Europe (age-platform.eu) and on the information provided in the Long-Term Care Report (Joint report prepared by the Social Protection Committee and the European Commission).

Situation analysis for the project called "Improving the Quality and Accessibility of Home Care Through the Introduction of Methods and Technologies", developed by the National Centre for Nursing and Allied Health Professions (hereinafter referred to as the "National Centre"). The situational analysis defines the principles of home care, the organisation, the target group and other essential aspects of care. It analyses the current state and possibilities for training and funding.

Synergy with other activities

The Home Care Programme is preceded by the Project *Improving the quality and availability of home care through the introduction of new methods and technologies*, CZ.03 .02.02/00/22_046/0004250, funded from the Operational Programme Employment Plus (hereinafter referred to as the "OPE+ Project"). The implementation of the OPE+ Project started on April 1st 2024 and the project is planned to be completed by September 30th 2026. The National Centre is the implementing institution of this project. The OPE+ Project is focused only on the health aspect of home care. The main objective of the project is to develop and pilot test a proposal for a systemic solution to improving the quality, accessibility and efficiency of home care as a part of healthcare provision in accordance with the principles of patient-centred care over a period of 30 months in 5 regions.

Five selected health service providers, mainly inpatient care, about 32 home care providers and about 320 patients and 70 informal carers will be involved in the development and pilot testing. The criteria for selecting the entities involved are based on the criteria for the future reference network in the pre-defined projects (hereinafter referred to as PDPs). The pilot evaluation includes an assessment that will result in a cost-effectiveness analysis (hereinafter referred to as CEA). The CEA is a type of economic appraisal in which results, such as life years gained, clinical cases avoided or achieved, are measured in proxy health units. This analysis will serve as a key basis for the subsequent implementation of verified outputs in the PDP funded by the Second Swiss Contribution. Their implementation will be carried out in accordance with the Home Care Concept and other strategic documents of the Ministry of Health (hereinafter referred to as MoH). The Second Swiss Contribution will therefore play an important role in promoting innovative and effective solutions in the field of home care with the aim of improving the quality and accessibility of care for patients in the Czech Republic.

The outputs of the OPE+ Project, which will be followed up by the PDP of the National Centre from the Second Swiss Contribution, and their approximate timeframe:

- Establishing categorization of the patient in his/her own social environment and related methodological material. This output will be followed up in the Home Care Programme from January 2026 onwards. The classification of the patient will be a prerequisite for the establishment of a reference network and the drafting of recommended practices in the Home Care Programme.

- Proposal for a classification system for nursing concerns and related methodological material. The Home Care Programme will follow up from January 2026.
- Competency model and catalogue of competencies for home care nurses developed. This output will follow up in the Home Care Programme from June 2025 onwards. The

competency model will serve as a basis for determining the scope and focus of training for home care workers, including certification of improved knowledge.

- 3 new training programs focused on the development of knowledge and skills of nurses in relation to the requirements of the implementation of telemonitoring, case management and the required level of knowledge according to the competency model. The Home Care Programme will be followed up from October 2025, by training additional home care workers and expanding further into areas that were not covered by the pilot training through the OPE+ Project.
- 1 set of educational materials for informal carers to ensure awareness of case management, telemedicine and opportunities to engage in the care process. The Home Care Programme will be followed up starting in October of 2025 with additional sets of educational materials.
- Development of a draft set of home care quality indicators. The Home Care Programme will follow up from February 2026 with the development of recommended practices and additional quality indicators.
- CEA - Partial outputs will be available from August 2025 and the full final version in August 2026. The outputs of the CEA will be used for the continuous adjustment of the Programme's activity design.

The quality and expertise of the outputs of the OPE+ Project is ensured by an extensive multidisciplinary team of medical experts, including representatives from the Institute of Health Information and Statistics of the Czech Republic (hereinafter referred to as “IHIS CR”), the Ministry of Health, the National Telemedicine Centre, health insurance companies, expert associations as well as a number of prominent figures from the ranks of doctors, nurses, quality managers, experts in telemedicine, etc. The OPE+ Project also includes a blended evaluation, i.e. a combination of an internal evaluation and an external CEA contractor, which gives the guarantee of quality continuous feedback to the team, availability of interim outputs and quality final CEA.

The National Centre's PDP will be initiated with a key activity aimed at contractually anchoring a referral network of home care providers.

According to the plan of individual interventions and on the basis of the concluded cooperation contracts with the network members, the training activities for health workers and for informal carers, which have been developed and piloted in the OPE+, will be gradually implemented from November 2025.

As of March 2026, methodological support for the introduction of new work methodologies and technologies in connection with the introduction of case management in home care will be launched for all contracted members of the network, with an overlap to other health and social services and inpatient healthcare facilities. The methodological support will focus on the introduction of the patient category and related measures to eliminate the problems of nursing, the monitoring of related indicators of quality and the evaluation of the quality of care. In the area of telemedicine and assistive technologies, a secure communication platform will be tested and implemented to test widely applicable technologies and to develop and implement related training programs. This platform will be used for communication between home care workers, inpatient facilities, physicians and patients with possible overlap in the health and social care interface. Based on the outputs from the CEA, support will be targeted effectively. The Home Care Programme will be followed up with Key Activity 4 where new technologies will be implemented in practice within the referral network.

Internal evaluation will be provided throughout the project and the team will work closely with the external evaluator of the Programme.

Follow-up to other projects:

Support for Planning the Development of Integrated Health and Social Care Reg. No.: CZ.03.02.02/00/22_046/0003791, financed by OPE+. The Programme will use established recommended practices for regional health social plans for health social services.

Project of the National Telemedicine Centre "Support of Projects for Innovative Technologies in Healthcare – Telemedicine" (Reg. No. CZ31.1.01/MV/23_44/0000044). The project is implemented within the framework of the National Recovery Plan, component 1. 1 Digital Services to Citizens and Businesses, call No. 20. The plan is to use the knowledge in the area of changes in legislation in telemedicine and in securing the environment for sharing data and information about the patient, to use recommended clinical procedures, their integration into the system of health services and the determination of reimbursement for procedures and medical devices + the related proposal of a system solution for registration and reimbursement using mobile health applications (mHealth).

In the first Swiss contribution, a total of 57 projects were supported from the Swiss-Czech Cooperation Programme, the Health Programme, contributing to the achievement of outputs that led to the improvement of the availability of nursing and hospital care, home care for the elderly, long-term ill patients, disadvantaged citizens, and the dying patients. Out of these, 7 projects were focused on the modernization and renovation of the infrastructure of facilities providing long-term, palliative, and geriatric care, 23 projects were implemented by non-profit organizations providing services in the given area, 1 project led to the improvement of the regulatory framework in the field of health care for patients with long-term illnesses. The remaining 24 projects were focused on providing nursing home care.

One of the supported activities was "Modernization and renewal of medical devices including the construction of technical facilities for their installation and use to support the development of home nursing care with special emphasis on geriatric and palliative care in the Czech Republic". The activity was supported by the acquisition of equipment for the provision of care (e.g. mobile compensatory aids, rehabilitation aids, communication aids) and subsequent extension of services. The condition for obtaining the subsidy was that health care supported by this activity was covered by public health insurance. The possibility of acquiring modern therapeutic medical devices was mentioned by the project beneficiaries as one of the most significant positive effects and brought a significant direct effect in the form of increased availability of services aimed at renting these devices. This activity was a necessary step towards the effective functioning of home care, which can be further built upon by improving the efficiency of the functioning of the already equipped home care providers.

According to the impact and process analysis of the First Swiss Contribution, it was found out that the Health Programme lacked a Swiss partner at the programme level, which could have contributed to linking the Health Programme more strongly to the activities of the Ministry of Health and thus obtaining more pervasive systemic changes. Based on this experience, a partnership with a Swiss entity will now be established at the level of a pre-defined project.

Addressing cross-cutting topics

The Programme will focus on the social inclusion of the target population. The principle of home care described in the Concept will be respected so that home care is conditioned by the principle of a firm bond and interaction of the human being with their own social environment. The support measure will contribute to better orientation in the care system to maintain or improve health and thus to promote the social inclusion of persons back into society. The Home Care Programme will reflect the emphasis on social inclusion as a process of improving society's capacity and opportunities to engage disadvantaged people in activities to enhance their dignity. There will be no discrimination in relation to sex, age, ethnicity, religion, language, disability, place of residence, etc. The Home Care Program will not have a negative impact on the environment and climate change. Its implementation will be carried out in compliance with

the principles of environmental protection, sustainability and consideration. Electronic and on-line communication will be used to the maximum extent possible.

Analysis of Stakeholders

The Ministry of Health of the Czech Republic develops the Home Care Programme, coordinating the interests of all stakeholders in the context of national policy needs in this area. The Home Care Programme, financed by Swiss Contribution II, is included in the scheme of measures in the context of demographic changes.

Ministry of Finance – National Coordination Unit

Ministry of Labour and Social Affairs – its involvement is essential for the successful achievement of the objectives of setting up an effective health-social border. A representative of the Ministry of Labour and Social Affairs will be involved in the implementation of round tables and panel discussions, in interviews within the framework of upcoming webcasts/podcasts and will be given space for information sharing and dissemination with the help of a newsletter. Only with the support of the social sphere will it be possible to create a complete catalogue of services from the social and health area.

Regions and municipalities have a major impact on the provision of home care in practice. Case managers will be trained at the level of the municipalities. They will be in direct contact with people using home care and their informal carers (Union of Towns and Municipalities, regional authorities)

Health insurance companies are an important stakeholder. Home care is primarily funded by public health insurance and any systemic changes need to be agreed with health insurance companies. Based on the analysis of the data of the reference network, a proposal for a payment model will be developed with the participation of health insurance companies. They will be an integral stakeholder and their representative will be included in the data collection set-up of the reference network and the collaboration will be reflected in the design of the reimbursement model. The cooperation will also include a representative of the Prices and Reimbursement Department of the Ministry of Health of the Czech Republic.

Home care service providers are registered at the regional office. The guarantor of care is a general nurse with 5 years of experience at the bedside i.e. in a hospital (required level of education – higher vocational school or university). One provider can also have just one nurse. They join professional organisations; there are currently 4 large organisations (associations that work together and defend the interests of their members). In the Czech Republic, about 450 home care providers (about 3 700 home care nurses) provide home care. In 2020, 145 796 patients took home care, i.e. 14 patients per 1 000 people in the population.

Specialist doctors and general practitioners who indicate home care. A physician's indication means that a request is made on the home care form for examination/ treatment, clearly stating the scope and content of care, information about the residence, allergies, sensory limitations, medications, diets, and the goal of nursing care.

General nurses create a nursing plan. They assess the situation on the spot, perform procedures according to the doctor's indication and inform the doctor of the current findings directly from the place, e.g. decubitus, patient disorientation, etc. Accordingly, the doctor may extend the procedures.

The final beneficiaries of home care who find themselves in a difficult situation due to the deterioration of their health condition.

Informal carers who often provide care for a loved one, consulting with doctors and nurses. In many cases, they take care of people with mental illness; and it is they who need enough information to decide on health care options.

Other stakeholders: Czech Society of Palliative Medicine, patient organisations, associations of social services providers, Czech Gerontological and Geriatric Society.

Prerequisites for the Implementation of the Programme

The main prerequisite for the successful implementation of the Home Care Programme is the cooperation of interested parties, whose participation is relevant to specific issues on the Programme. All parties will communicate and cooperate on agreed procedures for the implementation of the activities.

Other prerequisites:

Amendment to Act No. 240/2024 Coll. on Health Services, amending Act No. 372/2011 Coll., in the part regulating telemedicine services, i.e., Section 11c, effective from October 1, 2024.

In conjunction with the approval of the amendment to the Health Services and conditions for their provision in the section on telemedicine health service, the technical requirements for the quality and security of communication and encryption of the communication channel, the method of confirming the identity of the communicating parties, and the manner of expressing and recording the patient's consent or disagreement with the recording of the communication between the provider and the patient have been defined.

Home care providers will be interested in joining the referral network, which will carry data requirements and regular reporting. The prerequisite is the establishment of an effective bilateral cooperation between home care providers and the Programme Component Operator of the pre-defined project, thanks to which there will be a willingness on the part of the home care providers to record the necessary data and report it in a quality manner.

After the creation of recommended procedures for health professionals cooperating in home care a suitable form of presentation will be chosen for doctors indicating home care and for health professionals providing it. The procedures will be processed at a level that explains and straightens the communication gaps in the current relations of these groups.

The best practice of the Swiss partner will be used and implemented, which will help to set up already proven procedures in the field of home care that are applicable in the Czech Republic. It will be reflected in outputs including case management – effective planning of health-social borders, setting of a reference network, using technologies, linking quality indicators to financing, implementation by providers and staff motivation. It is also assumed to use the partner's practice in the field of ethical aspects of the use of assistive technologies. At the level of municipalities with extended competence, there will be an interest in training existing employees as case managers for the given area.

Existing staff from municipalities with extended competence will increase their qualifications. Trained case managers will work with health and social service providers and will have up-to-date data (map of providers) available.

A high-quality database the analysis of which will be the basis for strategic decision-making. Work with evidence-based studies, their evaluation with regard to the specifics of the environment in the Czech Republic and implementation of relevant measures.

The area of home care providers will be sufficiently mapped (initial evaluation), which will build on the results of the OPE+ Project in five regions. The Home Care Programme uses the methodology and builds on the data obtained in other regions. As the partial results of the OPE+ Project will be known in mid-2025, it is realistic to set the schedule of the Home Care Programme so that the above-mentioned activities of the OPE+ Project are smoothly linked.

Follow-up and cooperation with the social services system

In the Czech Republic, the provision of social services and health care is separate. The provision of social services is handled by the Ministry of Labour and Social Affairs and the provision of health services by the Ministry of Health. Between these two ministries there is a

person-patient for health services and a client for social services. The view of the person differs in terminology (in the health field = patient; in the social field = client), but also in legislation. In the health sector, care is primarily governed by the Health Services Act and social services are provided under the Social Services Act.

Despite these differences, both ministries agree on the need to provide comprehensive care for people with a wide range of needs. The Home Care Programme therefore focuses on the integration of health and social services, with case management and telemedicine playing an important role. Because of the overlap in the needs of patients from both areas, it is essential to ensure effective linkage by introducing a single care coordinator to provide information to the patient and their informal carers and to ensure that health and social care services are tailored and continuous.

Both ministries agree on the need for comprehensive care for the diverse needs of patients. The Programme therefore supports the integration of health and social services through case management and telemedicine. The case manager will play a key role in ensuring that the patient and their informal carers receive the necessary information and relevant services.

There is currently a limited number of providers delivering both health and social services. Concurrently, there is no coordination of care between outreach health and social services for a single patient/client provided by multiple providers. The situation is complicated by the fact that case management and telemedicine are not routinely employed in home care. In order to register a residential social service, it is necessary to ensure the provision of health care, either by the general nurse practitioner of the individual client, home care nurses (expertise 925 - home care) or the client's own health care professionals (general nurses expertise 913 - nursing care in social services).

In recent years, the transformation of large inpatient social services facilities into smaller so-called community services with a capacity of up to 6 persons has been discussed in the Czech Republic. In these smaller facilities (up to 6 clients), however, the financing of nurses' work is significantly reduced and requires additional resources.

For these and other reasons, the analysis of home care needs to be conducted in the context of social services and data needs to be collected from both areas. The Programme will address social services in the data analysis part (by including expertise 913 - nursing care in social services) and in the case management training part.

2.3 Results

The impact of the Programme will be to improve the quality of life of patients as well as informal carers by providing an accessible, high-quality and financially sustainable network of home care services.

Such a system will support home care as an integrated part of health and social services. The Programme will lead to the development of a high-quality and financially stable home care network and to the strengthening of the role of nurses in this area. It will improve the local and temporal availability of care, which will enhance the well-being of patients and their carers. More patients will be able to remain in their social environment, which will positively impact their mental well-being and physical recovery. Effective use of home care will reduce hospital admission times and free up beds for acute cases. It will also reduce the burden on economically active informal carers, who will be able to keep their employment in more cases than previously. The Programme will also provide the Ministry of Health with tools to improve the management and financing of home care.

The expected outcomes are:

Outcome 1: Improving coordination of care for patients in their own social environment

Outcome 1 will be aimed at improving the coordination of care for patients in their own social environment through methodological support and training of health and social workers, raising the awareness of informal carers about home care and introducing a clear catalogue of services in home care.

Outcome 2: Increasing efficiency and quality of home care

Outcome 2 will be aimed at increasing the efficiency and quality of home care provision by providing methodological support and updating educational programmes from OPE+ in the area of safe and effective use of telemedicine and assistive technologies, introducing standardized procedures and quality indicators and training healthcare workers in these areas.

This outcome will also lead to a higher standard of communication among healthcare professionals working together to care for patients at home. Higher efficiency of such communication and optimised processes will reduce unnecessary administration, which has a direct impact on the well-being of patients and the satisfaction of healthcare professionals.

Outcome 3: Strengthening the systematic framework for home care evaluation and financing

Outcome 3 will be aimed at strengthening the systematic framework for the evaluation and financing of home care with a view to sustainable financing, which will reflect the principle of motivating the efficiency of care. This will be achieved by creating a reference network of providers, health and social services introducing a system of secondary classification of cases with regard to the content and costs of care provided, and the subsequent proposal of a reimbursement model for the home care segment.

To fulfil Outcome 1, the following outputs will be implemented:

Output 1.1: Developed/updated training programmes for health and social service providers in case management and knowledge development

The output will be the creation of new training programmes based on the needs analysis and updating of training programmes or courses from the OPE+ Project. Their specification will be based on the individualized intervention plan of the involved members in the reference network. Areas of support will be case management, telemedicine and the use of new technologies including a communication platform, quality assessment, deepening of knowledge in relation to the development of the field and the requirements set by the competence model and the area of psychosocial support. Participation in internships to share good practice and sustainability of the introduction of new working methods and technologies (learning by doing) will also be considered as support.

The persons supported will be health workers in home care providers, social workers, health and social workers and relevant staff in health and social service providers.

Output 1.2 Comprehensive tool created for orientation in health and social care services

A tool will be created for the orientation of patients, informal carers and health and social service providers in health and social care services in the territory. The tool will be a catalogue of health and social services in the form of an interactive map, which will contain a complete and updated overview of services (home care, rehabilitation, respite, social services, etc.).

Output 1.3 Set of educational activities and materials to support informal carers created

The Home Care Programme will support activities that are directly related to supporting informal carers. Through selected educational activities and created materials, the role of informal carers will be strengthened.

To fulfil Outcome 2, the following outputs will be implemented:

Output 2.1: Developed methodology for the implementation of measures for the safe and effective use of new technologies and the introduction of secure communication.

The Programme will update the methodological material for home care providers on the introduction of telemonitoring based on the outputs of the OPE+ Project. The update will consist mainly in incorporating current good practice in the use of new technologies in health care with an emphasis on cybersecurity not only in data sharing but also in communication at the health-social border in accordance with the currently applicable legislation and the outputs of the analysis of intervention plans in contracted entities.

Output 2.2: Home care provider organizations supported in the implementation of home care quality assessment and related topics.

Developed methodology for the implementation of measures for the safe and effective use of new technologies and the introduction of secure communication. The Home Care Programme will support the introduction of standardised home care quality assessment procedures into practice among home care providers by providing methodological support and using the updated methodological material for assessing and monitoring the quality of home care developed under the OPE+ project. The methodological support will also focus on learning the procedures for identifying risks associated with the provision of health services, implementing measures to prevent adverse events, their recognition and classification. The assessment of the quality of care (including quality indicators) will be one of the tools for setting requirements for the provision of home care in the long term in terms of material and personnel capacities.

Output 2.3: Recommended practice guidelines and quality indicators for home care developed.

The Home Care Programme will support the development of selected guidelines for recommended practices that will define quality indicators for home care that will contribute to improving the quality, safety and equity of the care provided. The recommended procedures will be developed as a follow-up to the activities carried out by the National Centre team as part of the Operational Programme Employment Plus project.

To fulfil Outcome 3, the following outputs will be implemented:

Output 3.1: Reference network of home care providers created

The reference network of home care providers will serve as a tool for monitoring the availability, complexity of care and costs of care, based on the analysis of data from this network and the social services segment. The network of providers will be fully representative of the home care segment and all relevant types of providers. The aim of creating a reference network of home care providers is to obtain the basis for the proposal of a new reimbursement model that will reflect the real needs and costs of providing home care. Members of the network will be actively involved in educational activities that will contribute to their professional growth and improve the quality of the services provided.

Output 3.2: System of secondary classification of cases created according to the content and cost homogeneity of the nursing care cases

The classification of cases will be based on the description of the content of home care cases created by National Centre in the OPE+ Project and on primary classification systems, which are standardly used in the Czech Republic. The classification of cases will serve to standardize the reporting of care provided by individual members of the reference network and will be the basis for the calculation of the reimbursement model.

Output 3.3: Proposal of the reimbursement model for the home care segment developed

The proposed reimbursement model will reflect the specificity of individual types of home care providers and care in their own social environment and will be designed to correctly and fairly cover the costs associated with the provision of home care. The reimbursement model can then be used in the next phase, after the end of the project, for negotiations with regulators and payers of this care, and can ultimately lead to changes in financing and an increase in the availability of home care for the citizens of the Czech Republic.

Theory of change

The proposed changes have the potential to optimise the costs associated with the provision of home care (e.g. better scheduling of visits and coordination of care means a reduced amount of time spent by health care staff on administration and also minimises unnecessary costs). Using data from the social services system and from the provider reference network, sufficient quality information will be gathered to design a new reimbursement model that will contribute to an efficient home care financing model. All proposed changes and activities across all levels of the Programme will aim to ensure that each patient, taking into account their health condition, has the option to remain in home care. Home care providers will be fairly remunerated for the services they provide and will and have sufficient relevant information to adopt modern care methods in their work. The design of home care processes will prioritize both well-being of patients and satisfaction of health professionals in their work.

If the following outcomes are achieved:

Outcome 1: Improved coordination of care for patients in their own social environment

Outcome 2: Increased efficiency and quality of home care provision

Outcome 3: Improved coordination of care for patients in their own social environment

The overall impact will then be as follows:

The development of an accessible, high quality and financially sustainable network of home care services that will enhance the quality of life and wellbeing of patients and informal carers.

This is because:

Impact level prepositions:

Improved care coordination will lead to increased patient comfort and reduced hospital admissions through more efficient and effective utilisation of resources and modern technology, including the fostering of information accessibility for patients and informal carers.

Unification of home care referral procedures will lead to increased efficiency and quality of home care delivery and will further contribute to the establishment of coordination between health and social service providers, with an emphasis on equity in health care delivery.

A strengthened systematic framework for assessment and financing will ensure sustainable and equitable home care provision and support the long-term viability of the health and social services provider network.

Assumptions at the outcome level:

Methodological support and training will improve the skills of health and social workers, leading to better coordination and quality of care delivery, and help in the introduction of new technologies into practice. Simultaneously, the creation of a catalogue of home care providers, together with the implementation of educational activities and the development of materials, will lead to better understanding of care options of patients and informal carers.

The introduction of new technologies and standardised procedures will improve the efficiency and quality of care, reduce costs and increase patient satisfaction.

The reference network and the secondary case classification system will provide a solid basis for a sustainable reimbursement model that will provide adequate funding for home care services.

The development and implementation of guidelines for the safe and effective use of new technologies and the introduction of secure communication will increase the efficiency and comfort of home care for health professionals, patients and informal carers, even assuming that the number of patients using home care will increase.

The developed recommended practices and quality indicators for home care will be a prerequisite for the standardisation of home care to achieve greater efficiency and quality. The recommended practices will have a practical impact and will be primarily addressed to referring physicians and home care workers but can also be used as a quality resource for social workers.

In order to strengthen the systematic framework for evaluating and financing home care, a reference network of health and social service providers must be created to provide a high-quality data base. A system of secondary classification of cases according to the content and cost homogeneity of nursing care case will be established in order to standardise the reporting of the care provided by each member of the reference network. An overarching prerequisite for strengthening the systematic framework for the evaluation and financing of the home care sector will be the development of a reimbursement model design that is specific to each type of home care provider.

Achieving the impact: By developing an accessible, high quality and financially sustainable network of home care services to improve the quality of life of patients and their carers, improvements in the functioning of the whole home care system will be achieved under the above assumptions. Therefore, the defined outcomes cover all levels of the home care field, from the analysis of the data base and the design of effective financing through to the level of methodological support and the establishment of a uniform indication of home care among the relevant health professionals. The implemented activities will reach to the training level of health and social service workers who are in direct contact with patients and informal carers. Last but not least, the whole process will be completed by supporting patients and informal carers themselves and helping them to navigate the options for the care they require.

2.4 Intervention Strategy

In context of the implementation of the Home Care Concept, the Health 2030 Strategic Framework and the identified thematic priorities of the Swiss Contribution II, funding from this Contribution will be directed towards improving home care.

The National Centre will be responsible for Outputs 1.1, 1.3, 2.1 and 2.2 and the IHIS CR for Outputs 1.2, 2.3, 3.1, 3.2 and 3.3. Regular working meetings will be held to maximise synergies between the two PDPs.

Principles for achieving impact, results and outcomes

The Home Care Programme presents comprehensive set of interventions based on the creation of tools for the effective functioning of home care and its evaluation and specialist training to support the implementation of these tools.

The National Centre's PDP will design a theory-driven evaluation that will test the theory of change at the level of individual processes and outcomes, as well as the overall impact on target groups. The initial evaluation of the PDP will focus on an analysis of the current state of home care in the country, including the structure and number of providers, the capacities of different types of facilities, and the identification of problem areas. The evaluation will include the adaptation and evaluation of self-assessment questionnaires (e.g. The Assesment of

Quality of Life (hereinafter referred to as AQoL)), which will serve as a source of verification of outcome indicators. The evaluation will also include a questionnaire survey of home care workers to assess improvements in their with home care coordination.

Objectives of Political Dialogue

The Programme will work with the social and health component of care. For this reason, the political dialogue will take place at the level of the Ministry of Health, the Ministry of Labour and Social Affairs, as well as at the level of regions and municipalities. The Ministry of Health and the Ministry of Labour and Social Affairs will be responsible for the management of political dialogue.

Cooperating Parties of the Programme

The National Centre is a dynamically developing educational organisation with a long tradition. It is active in the field of human resources development, responding flexibly to current legislative changes and to the educational needs of healthcare practitioners. Through its range of activities, the National Centre substantially influences the quality of health services at the patient's side, increasing the competences of graduates of non-medical health professionals, thus significantly contributing to the streamlining of the activities of healthcare facilities and social services. The founder is the Ministry of Health of the Czech Republic. The National Centre is a professional educational institution for the promotion and development of lifelong education of health workers, an accredited institution with a nationwide competence, providing a wide range of training programs for specialist education, qualification courses, including other forms of lifelong learning for health professionals and the general public. It is a centre for supporting the professional development of healthcare professionals, a coordination, advisory and information centre for the solution of specialist training issues and participates in the continuous improvement, support and development of education especially of healthcare workers.

The Institute of Health Information and Statistics of the Czech Republic (IHIS CR) is an organisational unit of the state, the founder of which is the Ministry of Health. It is the administrator of the National Health information System (hereinafter referred to as “NHIS”) and has the data needed to analyse the area of home care.

The Institute cooperates with the state statistical services authorities, especially with the Czech Statistical Office, provides links between the NHIS and individual providers of health services and cooperates with the operators of information systems of other organisations in the resort and beyond.

Cooperation with a Swiss partner

When cooperating with a partner, the Czech side would benefit from sharing good practice in the following issues and areas:

Fundamental thematic areas

- How is home care integrated into primary care?
- Is there a national network or is there a different approach and coverage of care on canton level?
- Is there a functional network of home care services linked to social services?
- What is the mechanism of cooperation in patient transfer and indication of care from acute to subsequent care and home care?
- Is there a set criterion for how to distinguish whether a patient has been discharged from inpatient care to home care at the right time or too soon?
- How are competences divided in complex care and how is case management used?

- What are the competencies of nurses in home care and what is the scope of their care; who indicates care and how, what procedures are indicated by a doctor and are there any procedures that a nurse can indicate?

What is the overall vision of Switzerland, where are the Swiss currently heading and how do they think the care system should work.

Focus areas based on results

Cooperation between providers of health and social services at regional and national level

- Setting criteria for the network of home care services in the territory – how does the registration/establishment of home care works; and on what basis contracts with health insurance companies are concluded.
- Coordination of services from acute care in hospitals to follow-up and long-term care (acute beds – post-care beds – home care)
- Categories of patients for whom home care is most often indicated.
- Planning of staff capacity taking into account demographic trends.
- Is the model of people-centred health care and case management implemented as a method of social work?
- Who is the main case manager of patient care, especially in the context of moving the patient from the bedside and who is responsible for setting up care in their own social environment, so as not to duplicate activities, but to ensure comprehensive care.
- Competencies of nurses (care plan development, prescribing) and workers in social services
- Organisation of education –multidisciplinary teams, consideration of the use of technology, telemedicine, specifics of communication with geriatric patients, with the family, course and duration of education of informal carers and family.
- Who indicates home care and for how long – general practitioner, attending physician.
- How the financing of the home care system and its functionality is ensured.
- Use of DRG or case mix or other funding model.
- Whether a single SW reporting of undesirable events is implemented and whether it is on a local or national basis. Linking to quality indicators and provider bonuses for correct reporting and implementation of changes to prevent adverse events.
- Are there recommended procedures for the use of telemedicine and is there patient education in the use of telemedicine tools?
- What are the experiences with the use of assistive technologies in home care and the link to legislation and funding.

2.5 Beneficiaries

The impact of the measure will be nationwide, and the Home Care Programme aims to cover the entire network of home care providers. The sample of the reference network will examine the actual costs of home care providers. The proposed measures will cover all home care providers and all home care providers will be able to participate in all training sessions.

When comparing the number of patients reported per home care speciality, there is a significant difference between regions at NUTS-2 level. In the Northeast region in 2022, home care was reported at 6,407 people/100,000 population, with the North-West next in line at

3,284 people/100,000 population. The lowest number of "home healthcare" was reported in the Prague region - 1 181 persons/100,000 inhabitants[4]

Direct Beneficiaries:

Providers of health services according to Act No. 372/2011 Coll., on health services and conditions of their provision, and their employees (inpatient care providers and home care providers).

Providers and commissioners of social services and other services to support social inclusion – providers of social services registered in the register of social service providers according to Act No.108/2006 Coll., on social services, and employees of regional and municipal authorities who work in the field of social services and social inclusion.

Health social workers carry out activities in the field of preventive, diagnostic, palliative and rehabilitation care in the field of health social care and participate in nursing care in the area of meeting the social needs of the patient.

Workers in social services covered by Section 116 of Act No. 108/2006 Coll., on Social Services and social workers covered by Sections 109 and 110 of Act No. 108/2006 Coll., on Social Services.

Patients – people most at risk of exclusion and discrimination due to their health condition.

Informal carers – in particular those who carry out the necessary care for another natural person who is dependent on such assistance, in particular family members as well as other persons.

General practitioners and specialists

Indirect beneficiaries

Public administration bodies – state authorities, territorial self-government units and natural or legal persons entrusted by law or on the basis of law with competence in the field of public administration.

Providers of acute care, for whom higher use of home care will make the work more efficient. Procedures that do not require the patient to go to hospital will be able to be transferred more frequently to home care. For the same reason, it will be possible to use the medical emergency service more effectively.

Health insurance companies – if there are systemic changes in home care, there will also be an impact on the funding structure.

The Home Care Programme will support the care of persons regardless of their gender, age, religion, language and ethnic origin. Reduced quality of life due to health problems is a potential risk of social exclusion. By remaining in the patient's own social environment for the duration of treatment, this risk is reduced.

2.6 Programme Component Characteristics and regional focus

Is the benefit of the pre-defined Programme Component national or regional?	National ☒ Regional ☐

[4] data source: IHIS CR

If regional, indicate the benefiting NUTS-2 region(s):

2.7 Overview Swiss Support Measure Partners

Is/are a/several Swiss Support Measure Partner(s) foreseen to be involved in and contributing to the implementation of the Programme / Programme Components?	Yes☒ No☐

Name of the partner organisation	Not yet identified	
If collaboration foreseen in Programme Component, indicate name of Component		
Partnership status	Choose an element.	
Type of organisation	Choose an element.	
Type of support or partnership	Choose an element.	
Correspondence address		
Webpage and social media (if any)		
Name of contact person		
Position		
E-Mail		
Phone	Mobile	
Has the partner organisation been previously involved in the Swiss Contribution?		Yes☐ No☐

The exact definition of the roles, responsibilities and added value of each partner, as well as the mode of their cooperation within the Programme, will be the subject of further discussions.

2.8 Sustainability

In terms of financial sustainability - this issue will be addressed at the level of health insurance companies. By supporting the streamlining of the provider network, inpatient care will be alleviated. The established provider network will meet the requirement for sustainability by being formally anchored and will include the possibility for home care providers to enter and exit the network, thus keeping it timely. Collaboration at the level of the health and social border will be set up. Recommended practices will be regularly updated according to mandatory deadlines. With these changes, the financial sustainability of the home care segment will be systematically addressed in the long term. The sustainability of the catalogue of services will be ensured by the IHIS CR. The data in the catalogue will be updated from the position of the state organisation. The catalogue will be part of the already functioning the National Health Information Portal (hereinafter referred to as the “NHIP”). The sustainability of the training activities will be ensured in the medium term. The sustainability of the training will be

determined by the length of time that the information will be up to date. The training plan will include elements that will motivate the trained participants to apply their knowledge in practice. The training documents produced under the Programme will be intended for teaching at training events and will be provided free of charge. Depending on their nature, they will be published on the websites of the NHIP, the MoH and the National Centre.

In terms of capacity building – creating an offer of educational programs and setting up recommendations for cyclical educational programs in pre-graduate and lifelong learning for workers in services on the health-social border. According to the identified need to optimise the number of staff.

In terms of the necessary legislative and political changes – the Czech Government has committed itself to integrating health and social services in long-term care in its programme statement. The sustainability of the outcomes will also be ensured with regard to the fulfilment of the above-mentioned strategic documents.

Monitoring after implementation – monitoring will take place at the level of home care providers and related services. The catalogue of providers will be automatically supplemented even after the completion of the Home Care Programme.

Sustainability challenges and risks – the risk of sustainability exists in the maintenance and updating of data in the provider's catalogue. It is necessary to specify a mechanism to ensure that the catalogue is regularly updated while adapting it to current needs. One option is to customise an existing map of providers administered by the NHIP. This map would be supplemented by new functionalities.

With regard to the impact of the Programme on informal carers - a catalogue of home care providers will be prepared in the form of a clear map, which will not only serve health professionals but also patients and informal carers. The catalogue will contain updated information on care options. Informal carers will be supported by the option of consultation with trained case managers in local municipalities with extended competence. These locations can serve as a primary source of information about care options for patients. Informal carers will also be the focus of activities under Outcome 1 in the form of webcasts, podcasts, and instructional videos to support caregiving

2.9 Overview tentative budget

Management costs: Indicative Budget is 611 722,80 CHF.
The item contains:

- Personnel costs for 1 full-time position (Programme Manager) and 4 contracts for a total of max 130 hours/month (total maximum of 1.8 FTE for all Programme personnel),
- remuneration for other staff of the Financial Mechanisms Unit (hereinafter referred to as the "EFI/4") - head + 1 clerk (programme management, review of PDP reports),
- remuneration for the Department of European Funds and Investment Development of the Ministry of Health (hereinafter referred to as the "EFI") - department staff (control department, project financing and administration department) - calculated as remuneration for 2 persons, in reality the amount will be divided among several persons according to the actual situation (depending on the current needs of the Programme),
- remuneration for the MoH staff who will be involved in the Programme agenda on an ad-hoc basis (the legal in the preparation of contracts, the finance and expert departments in the assessment of e.g. changes, review of the PDP reports, etc.),
- travel expenses;
- publicity;
- translation and interpretation.

Pre-defined project: Indicative Budget is 11 152 933,08 CHF

3. Support Measure readiness

3.1 General

Is the Support Measure proposal a continuation of a Project or Programme supported under the Swiss Contribution (I)?	Yes☒ No☐
Was the Support Measure proposal declined during a funding-application process by other donors (e.g. EU, Norway/EEA)?	Yes☐ No☒
If it was declined, explain why.	

3.2 Preparation process and documents

The main steps in the preparation of the Home Care Programme are to identify the biggest shortcomings in the field of home care and the way to eliminate them. There is a mapping of the largest needs in the field of home care including whether this issue is not addressed by other measures (a different program). The selection of the PDP applicant, which is the National Centre, has taken place.

The intention to implement the Programme was approved by the Board of Directors of the Ministry of Health and, on the recommendation of the Minister of Health and in his presence, a round table was held with representatives of the main stakeholders (Institute, the Association of Home Care Czech Republic, the Patient Board, the Managers of Home Care Association, the Association of Social Service Providers, the Union of Towns and Municipalities, Committee on Health Care, Czech Society of Palliative Medicine, Czech Gerontological and Geriatric Society, the National Centre, Ministry of Labour and Social Affairs, Council of providers). The identified risk areas of home care have led to the conclusion that it is expedient to establish a reference network of providers and to obtain data that are not yet available from any sources and are necessary for the design of a new reimbursement model. The main areas to be addressed in the stakeholder consultations were defined (parameters to be reported by home care providers within the reference network, form of reporting, what training will be offered to stakeholders to effectively cover as many participants as possible, modification of the health care map to match the parameters set in the Programme). The established parameters will be used in the direct call for a grant application for a PDP.

The expected start of the Programme is planned for May 1st, 2025, with an approximate start of implementation of the PDPs on July 1st, 2025. The exact definition of the roles, responsibilities and added value of the Swiss partners, as well as the manner of their involvement in the individual PDPs will be the subject of further negotiations.

Justification for the selection of the National Centre

The National Centre is an active member of the Working Group on conceptual solutions for the provision of home care in the Czech Republic under the order of Minister No. 3/2021, the Director of the National Centre is the Guarantor of creating a Strategic Document called ACTION PLAN for the years 2021-2024, and the Guarantor of creating an Assessment Report during the implementation of the concept of home care in individual years. The National Centre is a state-funded organisation established by the MoH. It provides the following services and products: Training programs tailored to the needs and requirements of clients, the creation and implementation of educational programs, the creation and amendment of draft laws and other implementing regulations related to lifelong education and the performance of the profession of non-medical healthcare professionals, methodological, organisational and coordination activities in the field of specialisation education, assessment of study and educational programs of schools for the education of non-medical health disciplines, creation of

educational programs for the fields of specialised education, qualification and certified courses, or other partial pedagogical documents, research and development activities. It has experience in the implementation of projects financed from the European Structural and Investment Funds and the state budget of the CR; it has an experienced team of managers. It has been involved in the implementation of international, national and regional projects since 2007.

Justification for the selection of the Institute of Health information and Statistics of the Czech Republic:

The IHIS CR is an organisational component of the state, the founder of which is the Ministry of Health. According to Act No. 372/2011 Coll. On Health Services and Conditions of their Provision, the Institute is the administrator of the NHIS. For this reason, it is the only entity that has the required data from the health, but also social areas.

For the Support Measure please indicate if any legislative and/or other changes are foreseen.

Are legislative changes necessary to implement the Support Measure?	Yes☐ No☒
If legislative changes are necessary, explain and note when the corresponding change is expected to have been made.	
Are other (political) decisions necessary to implement the Support Measure?	Yes☐ No☒
If other (political) decisions are necessary, explain and note when the corresponding decisions are expected to have been taken.	The data obtained by examining the reference network will be used to design an adjustment of the reimbursement model that will be more effective and will correspond to the current situation of the funding of home care.
Is State Aid expected to be present in the Support Measure?	Yes☐ No☒ The implementation of the Home Care Programme will not favour any entity and there is no risk of distortion of competition in the EU internal market. The planned training will be provided to all relevant home care providers who will be interested in it. The involvement in the reference network will also take place transparently, according to predetermined parameters.
If yes, please outline how the state aid will be handled.	

For the pre-defined Programme Components please indicate if any studies, tender dossiers and/or permits are foreseen.

Feasibility study	None necessary / Not applicable
Baseline study, assessment or analysis	Still to be completed

An analysis of the current state of home care in the Czech Republic will be conducted as part of the initial evaluation of the National Centre's PDP, as well as an analysis of data from a reference network of home care providers.

Estimated number of tender dossiers to be prepared	# of dossier not yet prepared	2
	# of dossier provisionally prepared	
	# of dossier completely prepared	
Permit(s)/Authorisations required and pending?	Yes☐ No☒	
If permit(s)/authorisation(s) required, specify (e.g. building, environmental, purchase of land etc.) and note when the corresponding permit(s)/authorisation(s) are expected.		

In order to ensure that the implementation of the Home Care Programme is not delayed, it is a fundamental prerequisite that the OPE+ Project is implemented. This project started its implementation in April of 2024, which is sufficient time to start the activities that will be followed by the Programme.

The amendment to Act No. 240/2024 Coll., which amends the Act on Health Services in the part regulating telemedicine services, i.e., Section 11c, came into force during the preparation of the Programme (effective from October 1, 2024).

The estimated time for the preparation of the procurement for the conferences is 4 months. Given that these will be contracts with an estimated value of up to 750 thousand CZK (30 000 EUR). This is sufficient time for the procurement of contracts with a value of up to 750 thousand CZK, which will be put into competition under the small-scale public procurement regime of category 1. The contracts will include expenses for the complete organisation of the opening and closing conferences, rental of premises and equipment, refreshments and printed materials. Annex D contains the procurement plan.

Before the start of the implementation of the Programme, matchmaking is necessary to establish partnerships with Swiss entities for each PDP. The detailed definition of the roles, responsibilities and added value of the partners will be specified in further negotiations.

4. Operational Support Measure description

4.1 Applying organisation (Executive Agency)

4.1.1 Organisation structures of Executive Agency and Support Measure

The Ministry of Health (MoH), a central state administration authority for health care and public health protection established by Act No.2/1969 Coll., on the establishment of ministries and other bodies of the CR, will act as the Programme Operator of the Home Care Programme.

The organisational structure of the MoH is defined by the Organisational Code, which regulates the functional content of the Ministry's individual organisational units, their mutual relations and

the staff responsibilities. The Ministry employs a four-level management structure. The Ministry is headed by the Minister for Health and is further divided into sections led by the section directors. Department directors and heads of the units report to these section directors. The Chief Director of the Section manages the independent departments.

The MoH is the founder of 68 directly managed organisations, which are institutions directly subordinate to the MoH and carry out specific tasks for the benefit of the State and its citizens. The National Centre for Nursing and Non-Medical Health Professions, one of these organisations, will be the Programme Component Operator of one PDP.

Within the organisational structure of the MoH, there are also state organisational units that represent the state in specific areas of public administration. The Institute of Public Administration, founded by the MoH, is one such unit.

The management mechanisms are determined by the hierarchical structure of the Ministry of Health. The organisational chart in Annex G outlines the organisational structure. The current Organisational Regulations of the MoH, first appearing in the version of Ministerial Order No 64/2021, define the functional roles of the MoH units.

The Financial Mechanisms Unit, part of the European Funds and Investment Development Department in the Economics and Health Insurance Section, will manage and coordinate the Health Care Programme. This department will be responsible for the overall implementation of the Programme and its monitoring. The Financial Mechanisms Unit works closely with other departments involved in the Programme (see Chapter 4.1.3 for details).

4.1.2 Support Measure management team

Will external management personnel be hired to implement the Support Measure?	Yes☐ No☒	
What personnel capacity will be dedicated for the management of the Support Measure implementation (in full-time equivalents FTE)?	Internal resources 1 full-time worker Head of Department (to the extent required by the Programme) Contract staff (to the extent required by the Programme)	External resources

The highest management authority of the Programme on the part of the MoH in the phase of conceptual planning, preparation and implementation is the Management Board, which coordinates projects and programmes and their interconnection with other projects and strategic objectives of other ministries or departments. It is continuously informed about the status of the Programme implementation, determines and delegates, if necessary, measures to achieve the planned objectives, if they cannot be taken at a lower level (especially if there are critical risks to the Programme implementation), and approves major changes to the Programme.

The Steering Committee will oversee the implementation of the Programme. Its competences and procedures will be regulated by the Statutes and Rules of Procedure and will be in line with the National Coordination Unit's Guidelines for Programme Operators and the Regulation. The members of the Steering Committee will be representatives of the MoH, the SCO and the NCU.

The following parties will be involved in the management of the Programme on behalf of the Programme Operator:

- European Funds and Investment Development Department of the MoH:

- Financial Mechanisms Unit,
- Financing and Project Administration Unit,
- Project Control and Coordination Unit,

- Relevant expert departments (Department of Nursing and Non-Medical Professions, Department of Legal Affairs),
- Department of Finance

European Funds and Investment Development Department

- The Director of EFI is authorised by the Minister to carry out legal acts related to the Programme. They are responsible for the substantive and conceptual design and its implementation in all phases of the Programme.
- The Financial Mechanisms Unit will be responsible for preparing and announcing the targeted call for PDP grant applications, overseeing the assessment process, preparing and issuing legal acts, monitoring and controlling PDP Programme Component Operators, developing the Programme implementation documentation, promoting the Programme on the MoH website and through other media channels, and regularly reporting on the technical and financial implementation of the Programme. The staff of the Unit will manage the Programme administration, including the financial aspect, and will also administer payments. One staff member of the Unit will act as the secretariat of the Steering Committee.
- The Head of the Financial Mechanisms Unit will coordinate the various steps of the Programme implementation, manage the management team and chair the Steering Committee.
- The Financing and Project Administration Unit will manage and approve the financial flows of the Programme and budgeting of funds in relation to the state budget.
- The Project Control and Coordination Unit will ensure that procedures are in place to prevent discrepancies, such as double funding, conflicts of interest and fraud, in accordance with the Management and Control System, and relevant legislation. It will also ensure that such discrepancies are detected, corrected and that any unduly paid or incorrectly used amounts are recovered.

The Department of Nursing and Non-Medical Professions will act as the Programme's technical coordinator, ensuring the control of the expert inputs.

The Legal Department will implement the contracts, process contracts and ensure their registration.

Finance Department - The Director of the Department will act as the budget administrator.

The Department of Public Communications will participate in press conferences, publish posts on the MoH social networks and cooperate in events involving the MoH management.

The Programme Management Team will be established to achieve the Programme's objectives through time-bound activities. It will be composed of staff from the EFI Department: the Head of the Financial Mechanisms Unit, the Project Manager, the Finance Manager. These persons will work together to manage the Programme, with additional support from the Financial Mechanisms Unit staff as needed. An internal evaluator and a communication officer will also be involved in the Programme implementation.

The Programme Management Team will coordinate the Programme on a day-to-day basis, in accordance with its schedule. The main tasks of the team include:

- preparation of the Programme implementation documentation;
- communication with the PDP Programme Component Operators;
- ensuring the PDP call for proposals and assessment process;
- preparation of legal acts;
- ensuring that the necessary funds are included in the budget for pre-financing and co-financing of Programme expenditure;
- overseeing the implementation of both PDPs, including approving monitoring reports and ensuring timely transfer of funds and implementation of controls;

- communication with representatives of the NCU, the Paying Authority, control bodies, and other relevant institutions involved in the Programme implementation phase;
- communication and cooperation with relevant internal departments of the MoH;
- ensuring publicity of the Swiss Contribution II in media and on the Ministry's website, in accordance with the Regulation and on the basis of the Programme's communication plan;
- establishing the Steering Committee, acting as chair and secretariat and providing inputs to the Steering Committee meetings including requests for project modifications that are within the Steering Committee's remit;
- ensuring regular monitoring and ongoing evaluation of the progress of the Programme, including outputs and outcomes achieved;
- administering changes to the Programme;
- other tasks as set out in the National Coordination Unit's Guidelines for Programme Operators.

Financial management of the Programme:

A qualified person (project or financial manager of the EFI) will verify the correctness of the implementation, ensuring that grants, work, services, or supplies have been carried out in accordance with issued purchase orders or signed contracts.

The Disponent will be a MoH employee authorised by the operation's principal to manage the receipt and disbursement of budgetary funds.

The authorising officer, Director of the EFI, will be responsible for managing public funds and issuing and approving payment instructions from the budget.

The accounting officer will verify the formal correctness of invoices and credit notes, ensuring they contain the mandatory elements defined in Act No 235/2004 Coll., on value added tax, as amended. This verification will be confirmed by the officer´s signature on the invoice liquidation form upon entry into the accounting records.

Are CVs attached to this documentation?	Yes☐ No☒
Are terms of reference for the management functions to be established attached to this documentation?	Yes ☐ No ☒

4.1.3 Programme and project management experience

In the 2014-2020 programme period, the MoH was the substantive gestor, coordinator and implementer of projects under the Operational Programme Employment, the Integrated Regional Operational Programme and the Operational Programme Environment. Since 2020, the MoH has also been implementing two projects co-financed by the EEA and Norway Grants under the Health Programme. In the 2021-2027 programme period, it is the substantive manager and coordinator of the Operational Programme Employment Plus, the Integrated Regional Operational Programme, and the Operational Programme Environment. Since 2021, the MoH is the holder of components 6.1 and 6.2 of the National Recovery Plan.

The MoH also implements system projects under the OPE+ and participates in EU-managed joint actions. As the Programme Partner in the EEA and Norway Grants Health Programme, the MoH focuses on improving prevention and reducing health inequalities through three pre-defined projects, open calls and a small grant scheme. The calls for project proposals focused on the following specific objectives and areas of support:
1. Prevention of mental illness in children;
2. Prevention of communicable and non-communicable diseases with a special focus on reducing social inequities in health and improving access to health for marginalised groups living in socially excluded localities. Activities targeting antimicrobial resistance.
3. Strengthening the role of patients and patient organisations.

The Financial Mechanisms Department, which administers the Health Programme, including calls, assessment of project applications and the NGO support, will also administer the Home Care Programme. The Programme agreement was approved on the 24th of August 2019, and the implementation will last until the 30th of April 2025. It is funded 85% by the EEA Grants 2014-2021 and 15% by the state budget.

The National Recovery Plan, in implementation since 2021 to 31 December 2025, allocates EUR 497.6 million to the health sector. The National Recovery Plan aims to restart the economy following the COVID-19 pandemic. The MoH is responsible for components 6.1 ´Increasing the resilience of the health care system´ and 6.2 ´National plan to strengthen cancer prevention and care´ under the pillar "Health and resilience of the population". The National Recovery Plan is administered by the National Recovery Plan Implementation Unit, which, like the Financial Mechanisms Unit, is part of the European Funds and Investment Development Department. There is regular sharing of experience in project management and in dealing with specific implementation issues between the departments.

In the 2014-2020 programme period, the MoH administered projects funded by the Operational Programme Employment, through which an amount of EUR 48.5 million was drawn with co-financing from the State Budget. These projects, focused on palliative care, paediatric neurology training, establishment of Mental Health Centres, streamlining disease care through volunteering, primary care for the homeless, mental health advocacy, and regional health stations and quality management of the MoH, have achieved positive results, initiating further initiatives in the supported areas.

The staff of the Financial Mechanisms Unit, who will be administering the Home Care Programme, have experience in project administration under the Operational Programme Employment and the Health Programme funded by the EEA and Norway Grants 2014-2021.

4.2 Detailed intervention strategy and activities

4.2.1 Detailed description of activities and intervention strategy

The overarching reason for all the activities implemented under the Home Care Programme is the fact that in the coming years, the demographic structure of the population of the Czech Republic will change. As a result, home care will become more and more important to patients. An increase in the prevalence of chronic diseases, frailty, addiction and loneliness is inevitably associated with longer life expectancy and demographic development. Lonely seniors in particular often have no one to turn to in the later stages of their life.

Due to the increased proportion of elderly people in the population, it is possible to assume that the effects of demographic changes will be reflected in such a way that the demand for long-term care, and especially for home care, will increase in the coming decades. As part of planning the development of long-term care, it is therefore evident that the need for a conceptual approach to home care is absolutely crucial for the quality of life of the residents of the Czech Republic. After all, in a number of European countries (Genet et al., 2012), long-term care is conceptually based on home care. In the Czech Republic, home care has been provided since 1990.

For these reasons, it is necessary to implement a number of related measures that will support the home care segment at all its levels. The outputs of the Home Care Programme will affect all the main stakeholders in the field and will follow logically from one to another.

The level of patients and informal carers will primarily be supported by activities related to Outcome 1.

Activities will focus on increasing the awareness of patients and informal carers about home care options with the aim of improving care coordination. The main sources of information for patients and informal carers will be trained workers in municipalities with extended coverage

and a catalogue of home care service providers. Many patients prefer to be treated at home rather than in hospital. Being treated at home gives them a sense of security and they are more satisfied with such care. However, there is still a group of patients and informal carers who do not receive information about home care options from their general practitioner and do not know where to get it. For this reason, activities in this area will be conducted in such a way as to create a system of complex and well-organized services in which patients and informal carers can easily find their way. The introduction of the case manager role will significantly improve the availability of information about home care. The training of these experts will take place at the level of municipalities with extended coverage within all NUTS 2. Such a wide impact will be possible thanks to the use of outputs from the OPE+ Project and the support of stakeholders on the health and social border within the entire CR.

The Home Care Programme will also provide informal carers with support through educational materials. Supporting seminars, webcasts, podcasts, and educational instructional videos will be created and implemented to support a thorough understanding of the issues raised by the patient and informal carers. The focus will be in particular on the introduction of specific procedures and practical demonstrations such as the correct use of compensatory aids, positioning, correct replacement of the insulin reservoir in the insulin pump, rehabilitation exercises, etc. The focus and form will depend on the category of the patient, the nursing care problem to be solved, and the identified needs. The videos will also focus on new technologies, telemonitoring, and the use of assistive technologies, which will be new to most patients and informal carers. All materials will be available free of charge on the National Centre´s website and will be promoted through links on the MoH website. Informal carers receive important training from nurses. Education of patients and informal carers leads to greater patient self-sufficiency and health promotion. Education is not a one-time transfer of information, but a process aimed at achieving acceptance of change and thorough understanding by the patient and informal carers. The instructional videos as part of the educational materials will be complementary material that will give patients and informal carers the opportunity to return to the topic that was the subject of the education.

The map of providers will be created by the IHIS CR and will serve as an orientation tool for health and social care services. This tool will be intended not only for patients and informal carers, but also for professionals such as case managers. Currently, there is no comprehensive and automatically updating orientation tool for patients, informal carers and health and social service providers in individual regions. The PDP of the IHIS CR will therefore create a catalogue of home care providers based on international standards for the description of health and social interventions, including a coding mechanism. This catalogue will be visualized in the form of an interactive map, which will offer an up-to-date and complete overview of home care services. The key element of this tool is its automatic connection to the data sources of the IHIS CR. Thanks to this integration, the map will be continuously updated with the latest information from the relevant registers, thus ensuring it is up-to-date and reliable.

Cooperation with partners is expected at the level of the following key activities:

KA 3 in the definition of educational activities for informal carers.

KA 4 in setting up the integration of telemedicine and assistive technologies into home care services.

KA 5 in the development of recommended practices and quality indicators.

The precise definition of the roles, responsibilities and added value of the Swiss partners, as well as their involvement in the key activities of each PDP, will be the subject of further discussions.

The level of home care service providers and doctors will primarily be supported by activities related to Outcome 2.

Specific attention will be paid to the challenges posed by the worsening demographic situation, with an increase in the number of people of retirement age and a decrease in the number of nurses, increasing pressure on the effective use of modern technologies in home care, as well as the need to introduce guidelines and quality indicators to improve the overall quality of the provided home care.

In order to increase the efficiency and quality of providing home care, it is necessary to describe and analyse the so-called "passage of the patient through the system" in detail. It is necessary to compile categories of patients and develop guidelines for each category with associated quality indicators. Evaluating the quality of care based on these indicators is key to streamlining and improving the quality of the entire home care system. There is currently a lack of guidelines in the home care sector, which would outline the optimal passage of the patient through the system, define the competencies and responsibilities of medical and non-medical health workers, and set the framework for cooperation and communication between all care providers involved. The need for guidelines was previously consulted with the Swiss JBI Centre of Excellence and the Swiss Cochrane Centre, which confirmed their usefulness. Improving the quality, safety and equity of care provided is a long-term goal of both the Czech Republic and Switzerland. The creation of guidelines and quality indicators based on them is the only way to achieve this goal. Comprehensive interdisciplinary guidelines and quality indicators will be created according to the national methodology of NIKEZ in cooperation with professional home care organizations, other relevant non-medical professional organisations and professional companies involved in this care.

Furthermore, a training programme focusing on the implementation of new technologies in home care will be created. Health workers will be trained in the safe and effective use of technology in accordance with the amendment to the Health Services Act. The level of health professionals will be further supported through the processing of selected guidelines and the related quality indicators. Medical staff of home care providers will be trained in the methodology of quality assessment in home care and related topics. The use and implementation of guidelines in practice aims to improve the quality and care provided. At present, some procedures are not consistent across different home care providers, which can lead to uncertainty for patients and informal carers.

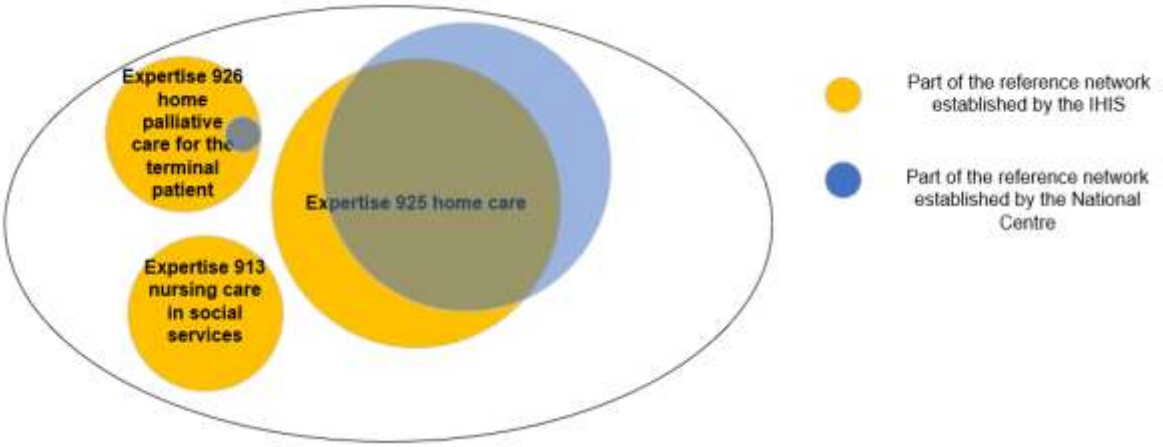
The level of the home care system and its financing will primarily be supported by activities related to Outcome 3.

In order to strengthen the systematic framework of home care from the point of view of sustainable financing, the PDP of the IHIS CR will create a contractually anchored representative reference network of care providers in the patient/client´s home environment (expertise 913 - general nurse in social services, 925 - home care and 926 - palliative home care for terminally ill patients). This network will follow on from the numerically smaller list of providers (expertise 925 - home care) from the National Centre project, implemented as part of the Operational Programme Employment Plus, and will cover a statistically significant number of providers of the given care in a qualified way (approx. 100-120 organizations across all regions of the Czech Republic). They will provide data on the care provided, which will be further analysed and used to create a reimbursement model.

Data collection and registration system within the home care will be enhanced to ensure ongoing monitoring and control of key aspects. A comprehensive system will be established to capture and analyze data related to the home care delivered, including relevant expenses associated with home care delivery and relevant demographic information of individuals receiving home care. This data will be used for the development of a sustainable reimbursement model that reflects the cost, complexity, and quality of care provided by different home care providers. Ongoing data collection and analysis will enable continuous monitoring of key performance indicators, such as access to care and patient satisfaction. The data collected will provide valuable insights for policymakers, researchers, and healthcare professionals to make informed decisions about the future of home care in the Czech Republic.

In the PDP of the National Centre, the reference network of home care services will be further expanded to include other entities (expertise 925 and 926) so that it covers ideally one third of home care providers in the Czech Republic. They will then receive training and methodological support. In both PDPs (the National Centre and the IHIS CR), cooperation agreements will be concluded with home care providers.

Diagram of the reference network



Key activities within the pre-defined projects:

In the pre-defined project of the National Centre, the main part of the budget will be allocated to the creation and implementation of educational events, namely in the field of case management and telemedicine, testing of new technologies in relation to the connection of health and social border services and a unified secure communication platform, quality assessment, and the development of support programmes for informal carers. There will be methodological support for the introduction of case management and telemedicine, publicity and work with stakeholders. Part of the personnel expenses will be directed to cooperation with the pre-defined project of the IHIS CR in the preparation of networks of home care providers.

In the pre-defined project of the IHIS CR, most of the funds will be allocated to the creation of guidelines and quality indicators in the field of home care, to the creation of a classification and methodology for case assessment, the modification of data interfaces for data collection from members of the reference network and the design of a suitable reimbursement model.

Annex C contains a more detailed description of each PDP.

Key activities	Reason for implementation	Related outputs
1. Update and implementation of training programmes created in the Operational Programme Employment Plus, creation and implementation of new, expanding training programmes	Quality nursing care in one's own social environment includes not only performing the indicated procedure, but also preventing the occurrence of complications that may result in repeated hospitalization of the patient, his traumatization and prolongation of the hospital stay. In the CR, it is necessary to connect the social and health care sectors and to create and implement both educational events aimed at acquiring and developing new knowledge and skills in connection with the development of the field and changes in legislation, as	The activity leads to Outputs 1.1 and 2.2 (both provided by the National Centre).

	well as preparing all actors in the care system to work in multidisciplinary teams. The initial evaluation will serve as the basis for the creation of training programmes that will respond to the current needs of practice in the field of home care. In order to train health and social workers, training programmes will be created or updated in case management, knowledge development in relation to the competence model, quality indicators or quality assessment of home care, recommended practices, safe and effective use of new technologies, the work of multidisciplinary teams, the area of wellbeing and psychosocial support of nursing teams. The application of newly acquired knowledge in practice will be verified through the evaluation of the National Centre´s PDP.	
2. Processing and publication of the catalogue of health and social services	There is no comprehensive and automatically updating tool for the orientation of patients, informal carers and health and social service providers in health and social care services in individual regions. As part of the PDP of the IHIS CR, a catalogue of health and social services based on international standards for the description of health and social interventions, including a coding mechanism, will be created. An interactive map will be developed and published to provide a user-friendly and comprehensive overview of the range of home care services offered by individual providers across the regions. The new catalogue that will be created will be a more effective alternative to existing maps, that were primarily designed to maintain a list of home care service providers. However, these existing materials are not only incomplete but also fail to provide regular updates.	The activity leads to Output 1.2 (provided by the IHIS CR).
3. Educational and informative activities for informal carers	When monitoring the quality of care provided, it is important to approach the carers, who, together with the home care nurses, are an integral, unofficial part of the nursing care team, and to take their needs and burdens very seriously, as they are often the ones who help in the patient's recovery. One-off instructions on how to proceed in specific situations will be prepared to provide better guidance in caring for their loved ones.	The activity leads to output 1.3 (provided by the National Centre).
4. Updating existing and creating expanding training programme for the integration of new technologies into the practice of home care providers and methodological support	The integration of telemedicine and assistance and assistive technologies into home care services will contribute to improving the quality and efficiency of care provided to patients in their own social environment. Telemedicine will enable better monitoring of patients, improved communication between health professionals and patients, and enable remote consultations and diagnosis. Assistive technologies will then provide patients with the necessary support in their home environment.	The activity leads to output 2.1 (provided by the National Centre).

	Many patients prefer to be treated at home rather than in hospital, are more satisfied with such care and have fewer complications. Technology is becoming an integral part of our lives and will play a key role in home care as well. The new legislation will support the use of technology, but it is necessary to ensure quality methodological support. The methodological support for workers in home care will increase the likelihood that technology will be used in practice, which will also increase the efficiency of care. Long-term sustainability and effective use of appropriate technologies will be supported by methodological support and partial testing of technologies to eliminate nursing care problems.	
5. Creation of guidelines and quality indicators for home care	Improving the quality, safety and equity of care provided is a long-term goal of both the Czech Republic and Switzerland. The creation of guidelines and quality indicators is the way to achieve this goal. Quality indicators will be based on a standardized content of care, which will be ensured by the guidelines, but also national standardized operational protocols, operational recommendations, outputs from the Adverse Events Reporting System, and also sources from NHIS within process and performance indicators. Practice guidelines will be developed according to national methodologies approved by the NIKEZ in collaboration with professional organizations of home care and expert societies involved in the care.	The activity leads to Output 2.3 (provided by the IHIS CR).
6. Establishment of a reference network of home care service providers/care in one's own environment in the Czech Republic	In order to achieve effective cooperation with home care providers, social service providers and palliative care providers, a contractual relationship must be ensured. Through cooperation contracts/agreements, a reference network of home care service providers and care in one´s own environment will be established, whose members will be involved at two levels: Home care providers (mainly expertise 925 and partly also 926) will be the recipients of education within the PDP of the National Centre (assumption of 100 - 120 network members), Providers of home care and care in the patient/client's own environment (expertise 913, 925 and 926), who will submit cost data about their activities through a secure data interface (PDP of the IHIS CR, approx. 100-120 providers)	The activity leads to Output 3.1 (provided by the IHIS CR and the National centre).and is a prerequisite for the implementation of Outputs 1.1 and 3.3

7. Creation of a secondary case classification system	Currently, it is uncertain whether reimbursements are adequately allocated according to the complexity of care, because there is a lack of an objective tool in the form of a standardized classification system for cases in home care and a realistic assessment of the costs of care. This is reflected in the following facts: • Reimbursements for home care are progressively increasing, but production is not increasing in the same way. After 2030, the demand for home care is expected to skyrocket. • The burden of health care provided in one's own environment to nursing-demanding patients is increasing. • At the social-health border of services, the social and health components are not differentiated in terms of cost or content. There is a lack of interface between inpatient care and health care provided in the patient's own environment.	The activity leads to Output 3.2 (provided by the IHIS CR).
8. Creation of a variant reimbursement model for the home care segment	Currently, there is no reimbursement model that reflects the specificities of different types of home care providers. The current system is not fair to all types of providers.	The activity leads to Output 3.3 (provided by the IHIS CR).
9. Programme publicity	To raise awareness of the use of funds from the Swiss Contribution II, the public will be informed about the educational materials created, the catalogue of health and social services and case managers who will provide patients and carers with the necessary information about care options.	The activity leads to the promotion of Outputs 1.1, 1.2, 1.3 (provided by the IHIS CR and the National centre).

4.2.2 Detailed description of selection process for Programme Components

Two PDPs will be implemented within the Home Care Programme. Both PDP Programme Component Operators have been pre-selected by the MoH and the total costs of their projects have been set. A targeted call for PDP grant applications (hereinafter referred to as the “Call”) will be sent to both entities. This Call will be subject to prior approval by the NCU as part of the preparation of the Programme and by the Management Board of the MoH. The Call will include a grant application form and a template for a legal act.

The assessment of the PDP will be carried out in a consistent, transparent, and non-discriminatory manner in accordance with pre-established criteria. Grant applications will be submitted via a data box in compliance with requirements stipulated in the Call. EFI/4) will be responsible for the administration of the PDP assessment process based on the submitted applications. Applications will be assessed on two levels:

1) A review of formal and eligibility requirements will be carried out by EFI/4 staff. The following criteria will be applied in the assessment of applications:

- The grant application is prepared in both Czech and English.
- The grant application is completed with all required information.

- The application is signed by the legal representative or authorised person.
- All mandatory annexes are provided and are in the required form and content.
- The total estimated grant amount is in accordance with the Call.
- The total estimated duration of implementation is in accordance with the Call.

If the documents submitted are incomplete, incorrect or do not comply with the formal requirements, applicants will be asked to complete or correct them.

2) The expert evaluation, which will be conducted by external independent evaluators, will focus on:

- the content and quality of the PDP in relation to the Programme and its objectives,
- the compliance of the PDP with relevant national and European legislation, including public aid rules, and with the approved Programme design,
- the coherence of the activities with the budget,
- the alignment of activities with indicators,
- appropriateness of the budget considering the 3E criteria,
- readiness of the PDP for implementation,
- feasibility of the proposed timeline.

Following the assessment of the grant applications, EFI/4 will convene the Support Measure Steering Committee (hereinafter referred to as the “SMSC”) meeting to inform the SMSC members of the results of the assessment, and at the same time to present the recommended PDPs for SMSC consideration and approval.

The SMSC will carry out an ex-post verification of the PDP assessment process. The meeting minutes will provide a summary of the verification process conducted on the PDP assessment and outline next steps. If the SMSC identifies errors or inconsistencies in the assessment process, a corrective procedure will be discussed within the SMSC to address the identified shortcomings. The SMSC will carefully review the PDP proposals and may, if necessary, impose additional conditions for financial support. The conclusion of the discussion of the PDP will be recorded in the minutes of the SMSC meeting, prepared by the SMSC Secretariat. The decision of the SMSC will be communicated to the Management Board of the MoH.

Following the positive PDP assessment and subsequent approval of the PDP by the SMSC, the MoH will issue a legal act granting Programme funds for the implementation of the PDP, including any applicable conditions. The legal act will be issued in accordance with the template included in the documentation of the Call.

4.2.3 Communication activities

Over the course of the Programme, communication activities will be carried out in order to inform the public about Switzerland's contribution and about activities that the Programme will finance. The communication activities will be in line with the Regulations and the NCU Guidelines. The target groups of the Programme will be informed of the results achieved through the appropriate means of communication. Communication activities will be elaborated in annual communication plans. The communication activities will be primarily carried out by the Communication Officer and the Project Manager.

Planned communication activities.

- The launch conference, intended for the professional public including representatives of home care, general practitioners and specialists, palliative care, the Association of Regions, the Association of Towns and Municipalities, the Association of Social Service Providers of the Ministry of Labour and Social Affairs and other stakeholders, will take place within 4 months of the start of the Programme. Representatives of the Swiss side and the NCU will also be invited. The conference will include networking of stakeholders and those interested in learning more about the topic of home care.
- The final conference, intended for a similar range of participants as the launch conference, but also for participants of the conducted trainings, will be open to as many participants as possible to ensure that the outcomes of the Home Care Programme have the greatest possible impact. It is anticipated that a significant topic of the final conference will be information on the proposed home care funding model, and a space for stakeholder feedback will also be provided. Both conferences will be followed by a press release. The specific procurement method for the conferences, whether a purchase order or a small-scale contract, will be determined based on the total costs and in compliance with the relevant MoH regulations.
- A press conference will be held by the Minister of Health. The target audience will be the general public.
- Portable roll-up banners will be produced for use at press conferences, conferences and other relevant events. One banner will be displayed in the lobby of the MoH during periods when no specific events are scheduled. In addition, promotional items will be procured, bearing logos in accordance with the Communication and Information Manual. The choice of promotional items will align with the health theme of the Programme. The Public Communication Department will cooperate with the participation of the MoH management in the press conference.
- MoH website - information on the Programme will be posted on the MoH website and MoH social media. The target audience will be the general public.
- During the implementation of the Programme, further communication events will be held, which will be aimed at specific target groups. Through the PDP of the National Centre, communication activities will be carried out targeting home care workers and municipalities with extended competence, patients and informal carers. There are plans to participate in a health-focused podcast, and to post instructional videos for informal carers on the websites of the NHIP and the National Centre. For informal carers who do not use social media or the internet, alternative information channels such as leaflets distributed at general practitioner practices or government offices, will be employed. The map and the information available in the NHIP system will be disseminated through the IHIS CR project. Communication activities will be evaluated for their potential impact prior to implementation and selected based on their potential to reach the target audience.

- Additional information events related to home care, presentations at professional conferences and media outreach activities related to the topic of home care are also planned.

4.2.4 Detailed implementation schedule

Main activities of the Programme	**From date of validity Support Measure Set-Up**
Preparation of targeted calls and PDP assessments	1st - 2nd month
1st Steering Committee meeting	1st - 2nd month
Launch Conference	4th - 6th month
KA1 Update and implementation of training programmes developed in OPE+, development and implementation of new, expanding training programmes	3rd - 49th month
KA2 Processing and publication of a catalogue of health and social services	5th - 49th month
KA3 Educational and informative activities for informal carers	11th - 49th month
KA4 Updating existing and creating expanding training programme for the integration of new technologies into the practice of home care providers and methodological support	11th – 49th month
KA5 Development of recommended practices and quality indicators for home care	9th - 44th month
KA6 Establishment of a reference network of home care/care providers in the Czech Republic	3rd - 49th month
KA7 Establishment of a secondary case classification system	5th - 18th month
KA8 Creation of a variant reimbursement model for the home care segment	34th - 49th month
KA9 Publicity of the Programme	1st - 54th month

A more detailed timeline for the implementation of the Programme, with the link to the OPE+ project, is given in Annex I.

4.3 Logframe

Hierarchy of objectives Strategy of Intervention	Key Indicators (incl. target values and baseline)	Sources & Means of Verification	Assumptions & Risks (External Factors)
Impact	**Impact Indicators**	**Impact** **Sources and Means of Verification**	
Improving the quality of life of patients as well as informal carers by providing an accessible, high-quality and financially sustainable network of home care services	Number of territories at NUTS 2 level in which home care services are available and in which trained/newly trained staff have integrated approved guidelines into their practice. Baseline: 0 Target: 8 Percentage of people in need of care who report improved quality of life after receiving home care services Baseline: 0 % Target: 65 %	Target group research/evaluation Monitoring reports of pre-defined projects Final evaluation of self-assessment questionnaires (e.g. AQoL) in the final evaluation of the PDP	

Outcomes (Support Measure objectives /purpose)	**Outcome Indicators**	**Outcome: Sources and Means of Verification**	**Outcome Assumptions & Risks**
Outcome 1: Improving coordination of care for patients in their own social environment	1.1 Satisfaction of patients and informal carers with the provision of home care services (HEA_CI_2) Baseline: 0 Target: 65%	PDP progress reports Questionnaire to measure health-related quality of life (e.g. AQoL)	**Prerequisites**: Collaboration within expert teams to compile a list of home care providers. Motivation of workers to be trained in case management. Continuation in the already implemented training of health and social workers in the field of case management. The use of outputs from the Operational Programme Employment Plus project and their implementation with the support of the involvement of stakeholders at the health and social border throughout the Czech Republic. Involvement of a sufficient number of home care services that will report data on a regular basis.
Outcome 2: Increasing efficiency and quality of home care	2.1 Number of people reached with improved healthcare measures (HEA_CI_1) Baseline: 0 Target: 6500 persons 2.2 Satisfaction of health care professionals with home care coordination Baseline: result of the survey at the beginning of the Programme Target: increase in health worker satisfaction by 20%	Counterfactual questionnaire survey of healthcare workers (with intervention and control groups at the beginning of implementation and after one year of implementation of the Programme)	**Risks**: Lack of interest on the part of health and social service providers in training in case management and in implementing procedures into their work. Institutional deficiencies in communication between all disciplines involved in home care and failure to adopt recommended procedures. The shortage of healthcare workers in home care will lead to low utilization of training opportunities. High administrative burden on respondents leading to inconsistent reporting or even termination of reporting during the monitoring period.
Outcome 3: Strengthening the systematic framework for home care evaluation and financing	3.1 Number of home care providers reporting the required data Baseline: 0 Target: 80	Analytics data on home care providers	

	3.2 Number of developed/improved and successfully verified data collection and home care registration systems Baseline: 0 Target: 1		

Outputs: Support Measure deliverables/results per outcome	**Output Indicators**	**Output:** **Sources and Means of Verification**	**Output** **Assumptions & Risks**
Output 1.1: Developed/updated training programmes for health and social service providers in case management and knowledge development	1.1.1 Number of supported persons who have deepened their knowledge on the basis of training programmes. Baseline: 0 Target: 2000 persons	Records of trainings, attendance sheets, monitoring reports of pre-defined projects, internship reports Monitoring of the increase in the level of knowledge according to the catalogue of competences - comparison of the status from the initial survey to the intervention plan before and after the completion of the training / intervention.	**Prerequisites:** Conducting an initial evaluation focused on analysing the current state of home care in the Czech Republic and identifying problem areas, so that training programmes are up-to-date and practical. **Risks:** Low interest in training.
Output 1.2 Comprehensive tool created for orientation in health and social care services	1.2.1 Number of home care providers registered in the catalogue of home care providers Baseline: 0 Target: 100	Web access to an interactive map of home care services	**Prerequisites:** Availability of current and up-to-date data on providers, cooperation with providers, compliance with legislation on the protection of personal data and provision of technical background for the development and maintenance of the tool. **Risks:** Insufficient updating of data on individual service providers in basic registers.

Output 1.3 Set of educational activities and materials to support informal carers created	1.3.1 Number of published educational materials, including interactive videos. Baseline: 0 Target: 30	Published materials on the website of the National Centre and the Ministry of Health.	**Prerequisites:** Creation of educational activities and communication channels that meet the needs of the target group. **Risks:** Choosing an ineffective communication channel, lack of interest in education on the part of informal carers, insufficient promotion of educational activities.
Output 2.1: Developed methodology for the implementation of measures for the safe and effective use of new technologies and the introduction of secure communication	2.1.1 Number of draft methodologies developed and validated. Baseline: 0 Target: 1	Monitoring reports of pre-defined projects	**Prerequisites:** Collaboration of experts on safety and effectiveness of new technologies. Availability of relevant data and analysis for the development of methodologies. Support for the adoption of new technologies and secure communication by home care providers. **Risks:** Lack of interest in the use of technology. High acquisition costs of software. Lack of support for implementation of new technologies and secure communication practices.
Output 2.2: Home care provider organizations supported in the implementation of home care quality assessment and related topics	2.2.1 Number of health care providers supported in implementing home care quality assessment and related topics. Baseline: 0 Target: 80	Monitoring reports of pre-defined projects	**Prerequisites**: The OPE+ Project will develop and provide methodologies for evaluating and monitoring the quality of home care. **Risks:** Time risk – the quality assessment methodology will not be created in time within the OPE+ Project.

Output 2.3: Recommended practice guidelines and quality indicators for home care developed	2.3.1 Number of guidelines with recommended practices for home care issued Baseline: 0 Target: 2 2.3.2 Number of quality indicators issued for home care Baseline: 0 Target: 10	Recommended practices published in the NIKEZ Central Registry and published in the Journal of the MoH	**Prerequisites:** Collaboration between the two PDPs in the development of recommended practices and National Standardized Operational Protocols on the content of care leading to the development of quality indicators. Collaboration with other health service providers in relation to patient flow through the health system. **Risks:** Disagreement between non-medical and medical professional societies and professional organisations over specific procedures and specific indicators in real practice. Disagreement between non-medical and medical professional societies and professional organisations over the competence framework of the different actors. The timeframe of the programme may not be sufficient for this output.
Output 3.1: Reference network of home care providers created	3.1.1: Number of concluded contracts/agreements with home care providers, social service providers and palliative care providers Baseline: 0 Target: 100	Concluded contracts with care providers according to expertise Regular reports from members of the reference network Monitoring reports of pre-defined projects	**Prerequisites:** The interest of individual home care units and care in one´s own environment to participate in the project. Representativeness of the selection of network members. **Risks:** Insufficient interest in network membership.
Output 3.2: System of secondary classification of cases created according to the content and cost	3.2.1 Number of documents issued with secondary classification of cases in home	Publication of documents on the official website of the IHIS CR /insurance companies	**Prerequisites:** Good cooperation with the National Centre and follow-up of patient classification, created in a project

homogeneity of the nursing care case	care and care in one's own environment Baseline: 0 Target: 1		funded by the Operational Programme Employment Plus **Risks:** Time risk - the need for timely completion to enable data collection within the reference network.
Output 3.3: Proposal of the reimbursement model for the home care segment developed	3.3.1 Number of proposed new reimbursement models incorporating quality of care Baseline: 0 Target: 1	Developed and opposed model submitted to health care contracting authority (Ministry of Health of the Czech Republic) to decide on its use in reimbursement mechanisms	**Prerequisites:** Collected data on the care provided, from a sufficient number of members of the reference network. Proposal of a home care financing model that will reflect the real economic needs of this segment and will be prepared for the future negative effects of demographic change. **Risks:** Inaccuracy of the model due to insufficient number of evaluated cases and/or their large cost heterogeneity.

4.4 Swiss Support Measure Partner(s)

Collaboration with a Swiss partner is not foreseen at the Programme level. Collaboration is planned at the PDP level.

In the PDP of the IHIS CR, consultations with the Swiss JBI Centre of Excellence and the Swiss Cochrane Centre will be held on the issues of improving quality, safety and equity of care through recommended practices.

No partner has yet been identified for the National Centre's PDP, but topics for future consultations are listed in Section 2.4.

The exact roles, responsibilities and added value of the Swiss partners, as well as how they will be involved in the key activities of the PDP, will be the subject of further discussions.

4.5 Stakeholder consultations

Stakeholder consultations were held during Programme preparation, including three meetings at the MoH. The first two meetings were hybrid, while the last meeting was held online with the participation of the Swiss side.

The first two meetings were dedicated to the presentations of future PDPs by the respective project teams. These presentations were followed by in-depth discussions, allowing for a comprehensive exchange of ideas and feedback on the proposed activities. The last meeting summarised the key points from the previous meetings and introduced proposed revisions to the draft PDPs. Following each meeting, individual consultations were held with representatives of the future PDPs to discuss the feedback received from stakeholders and to incorporate necessary modifications into the draft PDPs.

The stakeholder group included representatives of the following organisations: the Czech Society of Palliative Medicine, the Association of Social Service Providers, the Association of Towns and Municipalities, the Association of Regions, the Ministry of Labour and Social Affairs, the National Telemedicine Centre, the Association of General Practitioners, health insurance companies, the Home Care Agency Managers' Group and other home care providers, Hospice Care, the Czech Gerontological and Geriatric Society, the Pallium Institute, the Home Care Association of the Czech Republic, Charity Czech Republic, General Health Insurance Company, Regional Office of Olomouc Region, Department of Social Affairs, Hradec Králové Region, Department of Planning and Financing of Social Services, Regional Office of Vysočina Region, Department of Social Affairs, and five home care agencies. The following departments were represented on behalf of the MoH: the European Funds and Investment Development Department, the Health Care Department, the Nursing and Non-Medical Professions Department and the Price and Reimbursement Regulation Department. Representatives of the National Coordination Unit and the Swiss Funds Office were also present.

While the meetings did not result in any major changes to the design of the future PDPs, participants expressed broad consensus on the Programme's overall plan and its importance in addressing the identified needs. The comments made primarily focused on procedural aspects of implementation, particularly the introduction of case management at the level of health and social service providers. Participants shared their experiences and provided contact information of individuals who could offer practical support in implementing the Programme. Based on participant feedback, the need for adding an activity to issue recommended practices in home care was identified. The recommended practices will help to standardize specific nursing practices and the corresponding quality indicators.

Discussions on the IHIS CR PDP:

The meeting centred on three main parts: the creation of a secondary classification system of cases according to content and cost homogeneity, the acquisition of reference data on the actual intensity of cases and the creation of a catalogue of services. The discussion also covered the composition of the reference network and data reporting from different specialties.

The possibilities of a system for classifying cases according to content and cost homogeneity were presented. As this represents a unique approach to integrating social and health data, limited comments were received. This system is anticipated to optimise reimbursement mechanisms and facilitate the exploration of alternative payment models. The meeting also addressed the issue of setting up cooperation with home care services, which will have to report additional specific data not currently collected for the health insurance purposes. The meeting also covered the composition of the reference network and data reporting not only from expertise 925 (home care) but also 913 (nursing care in social services) and 926 (home palliative care). The discussion centred on the optimal representation of each expertise in the sample. It was agreed that the aim would be to establish a reference network where the 925 expertise would predominate.

Discussions on the PDP of the National Centre:

The preparation of the PDP was outlined in the context of the project funded by the OPE+, which precedes the project funded by the Swiss contribution II. This part of the meeting generated significant discussion, centred mainly around sharing case management experiences and planned training events. The risk of motivating case managers to pursue further education was discussed. Two specific constraints in case management were emphasised: communication across the health and social care system and access to accurate and up-to-date information on the capacity of a particular service to admit a patient. The capacity issue is addressed by another project of the MoH (Support for planning the development of integrated health and social care, funded by OPE+).

The presentation of the possibilities of the involvement of telemedicine and assistive technologies and specific possibilities of their use was part of the second meeting. Participants agreed that telemedicine and assistive technologies will be integral to the provision of home care services in the years to come. At the moment, it is advisable to inform home care workers about the topic and provide them with a secure environment for sharing and transferring patient information. The participants were informed about the amendment to the Health Services Act and Act No. 325/2021 Coll., on the electronicisation of health care. To facilitate the effective utilization of the new telemedicine possibilities, training events shall be organized to educate home care professionals. During all the meetings, no proposals were made that were not relevant to the implementation of the Programme.

The detailed report on stakeholder consultations is provided in Annex H.

4.6 Tentative Budget

4.6.1 Detailed tentative budget

Programme management costs

Personnel costs: CZK 11,935,758.94

MoH staff

Project Manager - The Programme will provide salary and remuneration for the Project Manager (classified in pay grade 13), who will be responsible for the management of the Home Care Programme in the Financial Mechanisms Unit of the European Funds and Investment Development Department. This full-time position (40 hours/week) will involve overseeing both PDPs in accordance with the established Home Care Programme Management and Control System. The Project Manager will be eligible for personal remuneration and performance-related bonuses for exceptional performance.

Bonus for MoH staff - Remuneration for seven MoH core staff members in the Finance Department, Legal Department, Nursing and Non-Medical Professions Department, Health Care Department and four staff members in the European Funds and Investment Development Department, who will be assigned to work on the Home Care Programme, beyond their regular duties, during a specific time period.

Staff hired on under civil law contract basis (work activity agreement or work performance agreement)

Finance Manager - will be involved in the financial management of the Programme and complex financial processes, both towards the National Coordination Unit, the Ministry of Health and the State Budget. The agenda will include processing of payment requests, managing potential changes and participating in audits. The Finance Manager will work on a contract basis (work activity agreement or work performance agreement), not to exceed 40 hours per month.

Internal evaluator - will be part of the Programme team in order to streamline the evaluation process and enhance the quality and relevance of the PDP evaluation. This role will help to coordinate the evaluation and provide essential data for the Programme evaluation to be carried out by the NCU. By aligning these two evaluations, overlap will be avoided and continuity facilitated. The internal evaluator will be engaged to work for a maximum of 20 hours per month on a work activity or work performance agreement.

Communications Officer - will be responsible for managing media relations, preparing press releases, organising MoH conferences, press conferences and other public events, and creating social media content on the MoH social networks. This role will contribute to the overall public awareness and promotion of the Programme. The Communications Officer will work a maximum of 30 hours per month on a work activity or work performance agreement.

Programme Operator Administrator - will be involved in the administration of processes related to the implementation of the Programme. This role will be responsible for the control and review of PDP monitoring reports, the preparation and implementation of procurement procedures for the Programme conferences and other administrative processes in accordance with the Programme Management and Control System and internal MoH directives. The Administrative Officer will work for a maximum of 40 hours per month on a work activity or work performance agreement.

Cost of external services: CZK 1,800,480.00

Expert analyses and assessments, legal consultancy - the planned scope is 100 hours for the entire duration of the Programme.

Interpretation for an estimated duration of 60 hours.

Translations from Czech into English of 400 pages.

The launch and closing conferences of the Programme will be contracted out and, depending on the estimated value, will be procured either through direct approach or through a small-scale tender.

Travel costs: CZK 617,100.00

International travel includes airfare, accommodation and meal expenses for up to four trips to Switzerland involving a team of 2-3 people. The budget includes the price including tax for one person and one trip.

Domestic travel expenses cover transportation, accommodation and meals for business trips within the CR. The trips will be made for the purpose of carrying out inspections and monitoring visits, participating in conferences and meetings related to the implementation of the Programme.

IT equipment and systems: CZK 22,104

Purchase of mobile phones for the Project Manager and Finance Manager.

Publicity: CZK 1,349,150.00

In order to promote the implementation of the Home Care Programme under the Swiss Contribution II, roll-up banners and promotional items will be purchased. Information about the implementation of the Programme and its outcomes will be disseminated through press releases and other relevant media channels, in accordance with communication plan. Short video clips highlighting the Programme´s results will also be produced and shared on social media platforms and other appropriate channels.

Other expenses: CZK 181,500.00

Catering for meetings related to the implementation of the Programme.

PDP No. 1 of the National Centre: CZK 153,976,260.00

PDP No. 2 of the IHIS CR: CZK 136,000,000.00

A detailed preliminary budget is provided in Annex B.

4.6.2 Tentative Disbursement Plan

Reimbursement Period	1.-4.Q 2025	1.-2.Q 2026	3.-4.Q 2026	1.-2.Q 2027	3.-4.Q 2027	1.-2.Q 2028	3.-4.Q 2028	1.-3.Q 2029
Estimated reimbursement of Swiss Contribution in CHF	1,152,727.77	1,241,764.50	1,241,764.50	1,330,708.96	1,330,708.96	1,225,131.38	1,225,131.38	1,252,062.55

4.7 Risk Analysis and Risk Management

Risk	Impact [1 – 5]	Likelihood [1 – 5]	Risk level	Mitigation measure(s)
Basic risks				
Complexity of the Programme	3	3	Low-Medium	The risk will be mitigated by establishing transparent processes and mechanisms for coordination and communication, such as document sharing and regular working meetings.
Lack of administrative capacity	3	1	Low	The size of the team has been determined based on the experience of managing similar projects in the Ministry of Health. The risk will be mitigated by regular sharing of experience with project level management.
Failure of the management and control system ("MCS")	5	1	Low-Medium	The MoH has experience of setting up MCS from other projects and there has been no major failure to date. Therefore, the Home Care Programme's MCS is based on previous experience of similar projects. The MCS will be continuously updated and revised to reflect current needs and risks.
Failure to meet set objectives	4	2	Low-Medium	The risk will be minimised by setting up a monitoring system through which the risk of non-fulfilment of the set indicators will be detected in a timely manner. If this risk is threatened, it will be addressed in a timely manner and, where appropriate, alternative procedures will be proposed to meet the outputs and outcomes.
Insufficient provision of funds	4	1	Low-Medium	The funds for pre-financing and co-financing of the Programme are fully secured from the state budget.
Insufficient efficiency in the use of funds	4	2	Low-Medium	The Ministry of Health will manage the Programme by adhering to valid internal documents and methodological documents for Programme Operators. When managing projects, the staff are obliged to follow the Minister's Order No. 3/2023/ and 39/2024, which sets out basic powers, principles of action and responsibilities of the entities involved in the preparation, approval, implementation, sustainability and evaluation of the projects co-financed by the European Union financial resources and financial mechanisms.
Irregularities and misuse of funds	4	1	Low-Medium	The Programme has strong prevention and control mechanisms in place to minimise the risk of irregularities and misuse of funds. There is a strong culture of ethical behaviour and zero tolerance for fraud and corruption. The Programme will support two credible Programme Component Operators with no prior history of irregularities and misuse of funds. Control and monitoring systems are

				effective and potential risks of irregularities and misuse of funds are avoided.
Insufficient information, negative perception and reputation of the Programme	3	2	Low-Medium	The good reputation of the Programme is one of the priorities of the whole MoH and PDP teams. The quality of the results of the whole Programme depends on the involvement of the general professional public, which is directly related to the positive perception of future benefits.
Specific risks				
Insufficient number of providers involved in the reference network	3	2	Low-Medium	The risk will be minimised through appropriate motivation of providers to cooperate (e.g. financing an administrative worker who will report the data). In addition, when creating the reporting system, user-friendliness will be taken into account.
Low motivation of future case managers to train and use this method in practice	3	3	Low-Medium	The training will be designed to complement the existing knowledge of staff on the topics of case management in the health sector. There will be a sharing of best practices with motivated workers who are already practicing the approach.
Lack of political support	3	1	Low	Sufficient policy support is ensured as the outputs of the Programme will help to stabilise the health system facing demographic pressure.
Threats to confidentiality and data integrity	3	2	Low-Medium	The Programme will work with both social and health data of citizens. These data will be processed and published in the form of analyses. Data will always be anonymized in case of the need to share or demonstrate data basis.
Overall Risk Level Support Measure			Medium-low	
Comments on the overall risk level (if any)			Given the successful implementation of similar projects in the past, the expertise of key stakeholders and the current public awareness of the need for this type of intervention, the risk of the Programme can be assessed as medium-low.	

4.8 Monitoring and Steering

The Home Care Programme will use a logical framework to monitor and evaluate progress. Monitoring will take place at two levels: project activities in relation to pre-defined projects and overall achievements of the Home Care Programme.

The specific outputs and outcomes of the Programme are divided between the two PDPs and aligned with key activities. While some key activities require cooperation between the two PDPs, progress and performance will be tracked and reported individually by the PDP responsible for the specific key activity. PDP monitoring reports will track progress achieved during the monitoring period, adherence to the project timeline, risks to implementation and any necessary changes. The PDP Programme Component Operators will report the required

information as specified in the management documentation and legal act. The length of the monitoring period will be set at 6 months (the first and last periods may have a different length). In addition to the monitoring reports, regular meetings of the Programme implementation team will be held to monitor implementation progress, identify potential risks and promote cooperation between the two PDPs.

The Annual Report of the Programme will provide an overview and assessment of the current status of the Programme, based on the findings of the PDPs, the achievement of the Programme objectives in relation to the implementation schedule and the context of national trends and political, economic and social development objectives. On-site verification of the PDPs conducted by the Ministry of Health, in accordance with the Programme monitoring system, will provide additional information for the Annual Report.

Monitoring of results at both levels will be carried out by the staff of the Financial Mechanisms Unit. The checking of monitoring reports, the preparation of Annual Reports and payment requests will be administratively split between the Project Manager and the Finance Manager and approved by the Head of Unit. On-the-spot verification will be provided at the MoH level by the Control and Project Coordination Unit.

The objective of the monitoring will be to verify that the expenditures reported under the PDPs have actually been incurred, are eligible, do not duplicate funding from other sources and comply with all relevant rules and conditions of the Programme.

Evaluation within the Programme will be carried out on two levels. Evaluation at the PDP level will test the theory of change at the level of individual processes and their outcomes. The initial part of the PDP evaluation will map the current state of home care in the Czech Republic, including the structure and number of providers, the capacity of each type of facility and identify problem areas. The evaluation will also include the adaptation and evaluation of self-assessment questionnaires, which will be the source of verification for indicators 1.1 and 2.1.

The second level of evaluation will be the Programme level evaluation, which will be carried out by the NCU. In order to achieve the highest quality and consistency of information, the Programme team will include an internal evaluator who will set the parameters of both evaluations and will participate in their coordination. Both evaluations will build on each other and complement each other.

Progress in the implementation of the Programme will be presented at the Programme Steering Committee meetings, which will be organized according to the Statutes and Rules of Procedure of the Steering Committee.

5. List of Annexes

#	Annex
A.	Signatures
B.	Budget
C.	Detailed Information to pre-defined Programme Components
D.	Procurement Plan
E.	Programme Characteristics
F.	Overview Implementation Locations
G.	Organisational Structure - Ministry of Health
H.	Report of Stakeholder Consultations
I.	Detailed Implementation Schedule
J.	Organisational Structure – IHIS CR

Annex A: Signatures

The first stage proposal

(Signed per electronic signature in English)	(Signed per electronic signature in English)
For the Ministry of Health as the Programme Operator	For the Ministry of Finance as the National Coordination Unit
Kateřina Grygarová / Director – European Funds and Investment Development Department	Zuzana Matyášová / Director – Department of International Relations

The second stage proposal

(Signed per electronic signature in English)	(Signed per electronic signature in English)
For the Ministry of Health as the Programme Operator	For Ministry of Finance as the National Coordination Unit
Jan Michálek / Acting Director - European Funds and Investment Development Department	Zuzana Matyášová / Director – Department of International Relations

Swiss-Czech Cooperation Programme

Annex B: Budget

on

the Support Measure

'Home Care Programme'

Date: 12.02.2025

Home Care Programme — Budget

No	Budget items	CZK Unit costs	CZK Quantity	CZK Indicative Budget 100%	% Co-financing rate (CH co-financing)	CHF Swiss contribution (co-financing)	CZK Quantity	CZK Budget Year 2025	CZK Quantity	CZK Budget Year 2026	CZK Quantity	CZK Budget Year 2027	CZK Quantity	CZK Budget Year 2028	CZK Quantity	CZK Budget Year 2029
	Exchange rate CHF/CZK	**26,00**														
1	**Management Costs**			**15 906 092,94**	**85,00%**	**520 006,88**		**3 312 461,38**		**3 168 813,62**		**3 110 122,22**		**3 011 258,82**		**3 303 436,90**
1,1	Personnel			11 935 758,94				1 912 167,38		2 673 439,62		2 632 898,22		2 592 356,82		2 124 896,90
1,1,1	Project Manager (1.0 FTE)	75 702,31	54,00	4 087 924,74			8,00	605 618,48	12,00	908 427,72	12,00	908 427,72	12,00	908 427,72	10,00	757 023,10
1,1,2	Finance Manager (0.25 FTE)	545,11	2 160,00	1 177 437,60			350,00	190 788,50	470,00	256 201,70	470,00	256 201,70	470,00	256 201,70	400,00	218 044,00
1,1,3	Internal Evaluator (0.125 FTE)	681,39	1 080,00	735 901,20			190,00	129 464,10	230,00	156 719,70	230,00	156 719,70	230,00	156 719,70	200,00	136 278,00
1,1,4	Communications Officer (0.1875 FTE)	602,10	1 650,00	993 465,00			300,00	180 630,00	350,00	210 735,00	350,00	210 735,00	350,00	210 735,00	300,00	180 630,00
1,1,5	Programme Operator Administrator (0.25 FTE)	545,11	2 160,00	1 177 437,60			350,00	190 788,50	470,00	256 201,70	470,00	256 201,70	470,00	256 201,70	400,00	218 044,00
1,1,6	Bonus - In-house legal services	40 541,40	5,00	202 707,00			1,00	40 541,40	2,00	81 082,80	1,00	40 541,40	0,00	0,00	1,00	40 541,40
1,1,7	Bonus - In-house accounting services	54 055,20	5,00	270 276,00			1,00	54 055,20	1,00	54 055,20	1,00	54 055,20	1,00	54 055,20	1,00	54 055,20
1,1,8	Bonus - In-house health care, nursing and non-medical professions services	60 812,00	5,00	304 060,00			1,00	60 812,00	1,00	60 812,00	1,00	60 812,00	1,00	60 812,00	1,00	60 812,00
1,1,9	Bonus - Programme Operator staff	229 734,60	13,00	2 986 549,80			2,00	459 469,20	3,00	689 203,80	3,00	689 203,80	3,00	689 203,80	2,00	459 469,20
1,2	External expertise and services			1 800 480,00				825 220,00		75 504,00		57 354,00		41 382,00		801 020,00
1,2,1	External legal, public procurement and advisory services	1 210,00	100,00	121 000,00			30,00	36 300,00	30,00	36 300,00	20,00	24 200,00	10,00	12 100,00	10,00	12 100,00
1,2,2	Interpretation	1 210,00	60,00	72 600,00			20,00	24 200,00	10,00	12 100,00	5,00	6 050,00	5,00	6 050,00	20,00	24 200,00
1,2,3	Translations	387,20	400,00	154 880,00			100,00	38 720,00	70,00	27 104,00	70,00	27 104,00	60,00	23 232,00	100,00	38 720,00
1,2,4	Conference (launching, closing)	726 000,00	2,00	1 452 000,00			1,00	726 000,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00	726 000,00
1,3	Swiss experts and partners			0,00				0,00		0,00		0,00		0,00		0,00
1,4	Travel costs			617 100,00				135 520,00		135 520,00		135 520,00		105 270,00		105 270,00
1,4,1	International travel costs	37 510,00	10,00	375 100,00			2,00	75 020,00	2,00	75 020,00	2,00	75 020,00	2,00	75 020,00	2,00	75 020,00
1,4,2	Domestic travel costs	6 050,00	40,00	242 000,00			10,00	60 500,00	10,00	60 500,00	10,00	60 500,00	5,00	30 250,00	5,00	30 250,00
1,5	Equipment and IT system			22 104,00				22 104,00		0,00		0,00		0,00		0,00
1,5,1	Mobile phone	11 052,00	2,00	22 104,00			2,00	22 104,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
1,6	Publicity and visibility			1 349 150,00				381 150,00		242 000,00		242 000,00		242 000,00		242 000,00
1,6,1	Promotional items	121 000,00	1,00	121 000,00			1,00	121 000,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
1,6,2	Press advertising and video spots	121 000,00	10,00	1 210 000,00			2,00	242 000,00	2,00	242 000,00	2,00	242 000,00	2,00	242 000,00	2,00	242 000,00
1,6,3	Roll-ups (including graphic design)	18 150,00	1,00	18 150,00			1,00	18 150,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
1,7	Miscellanous			181 500,00				36 300,00		42 350,00		42 350,00		30 250,00		30 250,00
1,7,2	Catering/refreshments at meetings	6 050,00	30,00	181 500,00			6,00	36 300,00	7,00	42 350,00	7,00	42 350,00	5,00	30 250,00	5,00	30 250,00
2	**Programme Component 1 (National Centre project)**			**153 976 260,00**	**85,00%**	**5 033 839,27**		**12 233 160,00**		**39 716 324,00**		**44 716 323,00**		**38 356 323,00**		**18 954 130,00**
2,1	Management costs			16 265 290,00				2 033 160,00		4 066 324,00		4 066 323,00		4 066 323,00		2 033 160,00
2,2	Swiss experts and partners			1 950 000,00				200 000,00		650 000,00		650 000,00		290 000,00		160 000,00
2,3	Activites			135 760 970,00				10 000 000,00		35 000 000,00		40 000 000,00		34 000 000,00		16 760 970,00
3	**Programme Component 2 (IHIS CZ project)**			**136 000 000,00**	**85,00%**	**4 446 153,85**		**19 714 287,00**		**33 081 632,00**		**33 581 632,00**		**33 581 632,00**		**16 040 817,00**
3,1	Management costs			14 000 000,00				2 000 002,00		3 428 571,00		3 428 571,00		3 428 571,00		1 714 285,00
3,2	Swiss experts and partners			5 000 000,00				1 000 000,00		1 000 000,00		1 500 000,00		1 500 000,00		0,00
3,3	Activites			117 000 000,00				16 714 285,00		28 653 061,00		28 653 061,00		28 653 061,00		14 326 532,00
	TOTAL			**305 882 352,94**	**85,00%**	**10 000 000,00**		**35 259 908,38**		**75 966 769,62**		**81 408 077,22**		**74 949 213,82**		**38 298 383,90**

Swiss-Czech Cooperation Programme

Annex C: Procurement Plan

on

the Support Measure

'Home Care Programme'

Swiss-Czech Cooperation Programme

Procurement Plan

To be filled in by Programme Operator

Programme Component or Project Ref. No	Contract Name	If applicable, planned deadline for submitting documentation to Swiss "non objection"	Launch of tender planned	Tender notice will be submitted to Swiss side before publication	English translation of tender documents will be made available to bidders	Actual launch of tender (publication of tender notice)	Contract signature planned	Actual contract signature	Contract completion planned	Actual contract completion	Initially estimated costs		Actual costs based on signed contracts		Contractor	Expenditures incurred based on signed contracts		Comments
		quarter / year	quarter / year	yes/no	yes/no	date	quarter / year	date	quarter / year	date	CZK	CHF	CZK	CHF	name	CZK	CHF	status/ appeals/ cancelling or repetion of tender (incl. reason)/ numbers of bidders and rejected bids/risks/ irregularities related to the tender/ difficulties with the the Contractor/ suspension of works etc.
Programme	Launching conference	I/2025	II/2025	no	no		III/2025		III/2025		762000	29308						
Programme	Closing conference	IV/2028	I/2029	no	no		II/2029		III/2029		762000	29308						

Swiss-Czech Cooperation Programme

Annex D: Decision Letter from SDC

on

the Support Measure

'Home Care Programme'

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Foreign Affairs FDFA

Swiss Agency for Development and Cooperation SDC
MENA-Europe Division

CH-3003 Bern, DEZA

Email

Ms. Zuzana Matyášová
Director
Department of International Relations
Ministry of Finance
Letenská 15
118 10 Prague 1
Czech Republic

Your reference:
Our reference: **7F-11163.01/** CHD
Bern, 19 December 2024

Subject: **2nd Swiss Contribution to Czech Republic**
Decision Letter on 2nd stage Support Measure proposal
Support Measure Name: Home Care Programme
Support Measure N°: 7F-11163.01
Swiss Contribution: CHF 10'000'000

Dear Ms Matyášová,

We are pleased to inform you that the 2nd stage proposal of the Support Measure mentioned above, which was submitted by the NCU on 27 November 2024, has been approved subject to the following conditions:

Condition	Indicator of fulfilment	Date/period
The **Steering Committee (SC)** should enable participation from a range of relevant stakeholders, including notably the two Programme Component Operators (the National Center for Nurses and Allied Professions; the Institute for Health Information and Statistics) and the possible Swiss partner. Such stakeholders should be permanently represented in the SC (as non-voting members).	Art. 5.2. SMSU; statute of the SC.	1st Steering Committee
The **logical framework** while considered of good quality, should undergo a minor review of outcome level indicators, and overall some more attention should be given to qualitative indicators. The theory of change has to be explicit that intended	Respective chapter/annex of the SMP.	1st Steering Committee

Swiss Agency for Development and Cooperation SDC
Didier Chassot
Eichenweg 5, 3003 Bern
www.deza.admin.ch

change is broad and not limited to informal care givers.		
Budget: A detailed budget for Programme Components 1+2 needs to be developed after completing the "targeted call" for the two PCOs.	Updated budget	1st SC following closure of call process
Some budget lines need further details and explanations. The SCO will be in contact with you on the needs	Updated budget	Before issuance of SMSU

With regard to **Swiss Partnerships**, we are aware that the discussions with potential Swiss Partner organization like Spitex could not be concluded during the finalization of the SMP, as they have taken more time than expected. SDC will facilitate further exchanges with potential Swiss partners and the Programme Operator; once we will have concluded that process, we recommend that the PO update the relevant documents and proposes them for approval to the SC.

With regard to the current end date (31.10.2029), we would like to ask you to reconsider if this date leaves enough time for termination and closure procedures. Switzerland is seeking reassurance from the PO that this end date is indeed feasible, given the complexity of the programme and the many tasks to be completed at programme closure.

We would like to thank you for the excellent cooperation and are looking forward to implementing this important and very relevant programme.

Yours sincerely,

Swiss Agency for Development and Cooperation (SDC)
MENA-Europe Division

Didier Chassot
Assistant Director General, Ambassador, Head of Division

Copy:
SECO Swiss Contribution to EU Member States / Cohesion Division
Swiss Contribution Office Czech Republic