

(English version)

Question for written answer E-000983/26
to the Commission
Giuseppe Antoci (The Left)
(10 March 2026)

Subject: Treatment waiting times, waiting list transparency and pressure on emergency services in Sicily

According to press reports, in the province of Syracuse, a person with a very serious disability apparently waited 13 months before they were given an appointment. The delay was due to an operational issue in the relevant medical commission ⁽¹⁾.

Meanwhile, a report by the Court of Auditors in Sicily has highlighted problems with waiting lists, data governance and transparency, as well as shortcomings in the regional booking system ⁽²⁾.

At national level, the General Prosecutor's Office of the Court of Auditors points to persistently long waiting times for accessing treatment and therapies.

Regarding emergencies, the SIMEU scientific association has long pointed to a structural medical staff shortage in the Sicilian emergency services.

While the organisation of healthcare remains the competence of the Member States, under Article 168 TFEU, the Union contributes to the improvement of public health and, in line with Article 35 of the Charter of Fundamental Rights of the EU, timely access to treatment and the transparency of healthcare processes influence the effectiveness of rights.

In the light of the above, can the Commission answer the following:

1. Does it intend to promote comparable and public minimum standards for monitoring real waiting times for services ⁽³⁾, as well as for data quality/transparency and the interoperability of booking systems?
2. What support and coordination tools ⁽⁴⁾ does it intend to strengthen to help Member States reduce extreme waiting times and the pressure on emergency services linked partly to staff shortages, focusing on the needs of the most vulnerable?

Submitted: 10.3.2026

Answer given by Mr Várhelyi on behalf of the European Commission
(11 May 2026)

The Commission does not envisage establishing standards to monitor waiting times. According to Article 168(7) of the Treaty on the Functioning of the European Union ⁽¹⁾, Union action shall respect the responsibilities of the Member States for the organisation of health services. This includes the management of waiting times and booking systems.

That said, the implementation of the primary use aspects of the European Health Data Space Regulation ⁽²⁾ can lead to efficiency gains in healthcare systems, freeing up time of health professionals.

The Commission supports Member States through EU4Health projects aimed at systemic improvements of accessibility of health systems, especially for vulnerable groups ⁽³⁾ and actions focused on health workforce challenges ⁽⁴⁾.

In addition, the Commission supports cooperation on measuring performance of health systems through the Health Systems Performance Assessment (HSPA) Expert Group.

The 2021 report 'Improving access to healthcare through more powerful measurement tools' ⁽⁵⁾ collected specifically examples of indicators used at national level to measure waiting times.

¹ <https://www.siracusaoggi.it/disabile-gravissima-13-mesi-di-attesa-per-una-visita-il-codacons-scrive-al-ministro-e-alla-regione/>.

² 'SovraCUP' system.

³ Including disability-related medical procedures.

⁴ Guidelines, technical assistance and relevant EU tools.

⁽¹⁾ <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=en>.

⁽²⁾ Regulation (EU) 2025/327 of the European Parliament and of the Council of 11 February 2025 on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847, OJ L, 2025/327, 5.3.2025, ELI: <http://data.europa.eu/eli/reg/2025/327/oj>.

⁽³⁾ Guidelines on access to healthcare for people with disabilities: <https://op.europa.eu/en/publication-detail/-/publication/c2959f58-d63d-11f0-8da2-01aa75ed71a1/language-en>; The role of healthcare in reducing poverty: <https://op.europa.eu/en/publication-detail/-/publication/e86e91df-a97a-11f0-89c6-01aa75ed71a1>; Affordability of healthcare: WHO Barcelona Office for Health Systems Financing (Spain): [https://www.who.int/europe/teams/office-for-health-systems-financing-\(barcelona\)](https://www.who.int/europe/teams/office-for-health-systems-financing-(barcelona)).

⁽⁴⁾ Joint Action Heroes on health workforce planning <https://healthworkforce.eu/>; Nursing Action <https://www.who.int/europe/news/item/17-06-2025-countries-advance--nursing-action--initiative-to-tackle-nurse-shortages-across-the-eu>; BeWell <https://bewell-project.eu/>.

⁽⁵⁾ https://health.ec.europa.eu/health-systems-performance-assessment_en.

Issues related to access to healthcare are regularly discussed and addressed within the framework of the European Semester, where the Commission analyses national health systems, identifies challenges such as accessibility, effectiveness and resilience.

The challenge of waiting times in Italy is stressed in the 2025 European Semester Country Report ⁽⁶⁾. Member States can use funding under the Recovery and Resilience Facility ⁽⁷⁾, the Technical Support Instrument ⁽⁸⁾ and the Cohesion Policy ⁽⁹⁾ to improve access to healthcare. Italy benefits from these funding opportunities.

⁽⁶⁾ https://economy-finance.ec.europa.eu/publications/2025-european-semester-country-reports_en.

⁽⁷⁾ Recovery and Resilience Facility: https://commission.europa.eu/business-economy-euro/economic-recovery/recovery-and-resilience-facility_en.

⁽⁸⁾ Technical Support Instrument (TSI): https://commission.europa.eu/funding-tenders/find-funding/eu-funding-programmes/technical-support-instrument/technical-support-instrument-tsi_en.

⁽⁹⁾ Cohesion Policy: https://ec.europa.eu/regional_policy/2021-2027_en.