



## **European Forum for Primary Care**

### **Activity Report, July 2016 – June 2017**

#### **Introduction**

After having operated for more than 6 years as an informal network, the European Forum for Primary Care (EFPC) was formally established as an Association under Dutch law in September 2011. The Association year runs from July to June.

This Activity Report covers the period July 2016 - June 2017, presented to the members by the Executive Board, Advisory Board and the General Assembly of the EFPC.

#### **General Reflection**

The EFPC has had a difficult year becoming administratively independent from NIVEL with all the administrative, management and financial consequences. A lot of energy of the secretariat has been put into this to make the secretary ready for the years to come including finding a new younger colleague to be the junior coordinator of the EFPC.

The young Primary Care experts continued their activities resulting in a specific day prior to the EFPC Porto conference for the You&EFPC.

The current Executive Board remained highly influential on policy making in Europe with chairman Jan De Maeseneer as chair of the EU Expert Panel on effective ways of investing in health, Tino Marti being part of the WHO Primary Health Care unit for the European region in Almaty until January 2017 and Peter Groenewegen as co-director of the prestigious European Observatory Venice summer school, in July 2016 on “Primary care: innovating for integrated, more effective care!”

The drop in numbers of members in 2015/2016 has been re-directed into a growth of institutional members.

Due to the managerial changes, there has been insufficient time for the secretariat to work on profound topics and assignments like more Position Papers and the failure to act on the need to do an additional effort to make Position Papers again a vivid tool for the network. The secretariat is too busy to respond to all request for activities by external partners (e.g.: Study Visits, EU/WHO Consultations, conference presentations) that it lacks time for sufficient pro-active action.

Nevertheless the SWOT analysis and the DELPHI survey in close collaboration with the Executive and Advisory Board has been given a proper follow up resulting in a first attempt of a multi-annual plan for the upcoming 4 years. In the brief preview (page 3) already a glimpse of the first year of this multi-annual plan.

The activities performed are all received well. In particular we can mention the series of lunch-webinars every third Tuesday of the month and the Study Visit organized for visitors from Styria. Also the Riga conference was evaluated well, although with less interactive session than the previous conferences. Also the number of local Latvian/Baltic delegates was limited and seen as a missed opportunity to connect with the local primary care

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community. In Porto we will return again to the formats we have been exploring in Amsterdam and Barcelona and invest more in the connection with the Portuguese primary care representatives. The previous year there has been a focus on the topic of Primary Care and the care for refugees with a role in the EU funded EUR-HUMAN and ORAMMA projects.

In the framework of the WHO European Framework for Action on Integrated Health Services Delivery, comments made by the EFPC on the academic approach in this process, were taken into account and due to these interventions the perspective and experiences of the Primary Care professionals has been increased. WONCA Europe and WHO European office have appreciated this role very much and will foster our involvement in those discussions in the coming years.

The EFPC Mental Health Working Group developed an additional paragraph on Primary Care to be included in the EU Health Policy Platform Mental Health statement. The paragraph was endorsed by the EFPC membership and has been uploaded at the EU Health Policy Platform website. At a Platform meeting in Brussels it was accepted as a crucial part of providing Mental Health care for EU citizens.

We will continue this approach attempting to influence policy making at national and international level.

### Highlights 2015-2016 according to the EFPC Executive Board members

- During the association year 2016-2017 the EFPC became fully independent, employing its' own staff; a rather huge operation which took some energy and time but will pay-off in the coming years in bringing us even more independence in our operations and decisions
- The development of the first You&EFPC meeting prior to the #EFPC2017 Porto conference assuring the involvement of a younger generation Primary Care experts within the EFPC <http://www.euprimarycare.org/news/young-primary-care-experts-group-gets-started>
- A series of EFPC lunch-webinars <http://www.euprimarycare.org/efpc-webinars> tackling topics like Primary Care in the USA, World Family Doctor day, Public Participation in Health Care, Austrian Primary Care, Primary Care teams and Working Together towards integrated primary care
- The acceptance of the EFPC as a registered EFSA (European Food Safety Authority) stakeholder <https://www.efsa.europa.eu/en/partnersnetworks/stakeholder> and to become a Member of the HTA (Health Technology Assessment) Network Stakeholder Pool [https://ec.europa.eu/health/technology\\_assessment/consultations/call\\_htastakeholderpool\\_en](https://ec.europa.eu/health/technology_assessment/consultations/call_htastakeholderpool_en)
- The start of the WHO Primary Health Care Advisory Group with a first meeting 20–21 June 2017, Almaty, Kazakhstan at the WHO European Centre for Primary Health Care (WECPHC) including important contributions by Jan De Maeseneer and Anna Stavdal <http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/news/news/2017/06/new-who-advisory-group-launched-in-almaty-to-shape-the-future-of-primary-health-care>
- Partnering in the EU funded EUR-HUMAN and ORAMMA projects on the issue of Primary Care and maternal care for the refugee populations in Europe. <http://eur-human.uoc.gr/> and <https://oramma.eu/>
- The re-election of EFPC Chairman Jan De Maeseneer and the election of long-time EFPC members Sabina Nuti (Sant'Anna School of Advanced Studies) and Dionne Kringos (Academic Medical Center, University of Amsterdam) for the renewed EU Expert Panel of Effective Ways of Investing in Health [https://ec.europa.eu/health/expert\\_panel/experts/members\\_en](https://ec.europa.eu/health/expert_panel/experts/members_en)
- Extra Primary Care paragraph for EU Health Policy Platform Mental Health statement developed by EFPC Mental Health Working Group [http://www.euprimarycare.org/sites/default/files/paper\\_for\\_eu\\_health\\_policy\\_platform.pdf](http://www.euprimarycare.org/sites/default/files/paper_for_eu_health_policy_platform.pdf)

## **Brief pre-view of the next Association year, July 2017 – June 2018.**

The current Executive Board of six members will be reduced to five members the next association year, saying goodbye to Prof Jan De Maeseneer after more than 10 years of presidency. Prof Sally Kendall will take over as president.

In the Advisory Board some changes will come whereas current member Anna Stavdal will step down

An invitation for submission of CV's and letters of intention has been issued to all members to fulfil two vacancies. The candidates will be nominated after CV's and background have been checked by the current Executive Board. At the Porto General Assembly a voting procedure will select the candidates for the open places.

For the period 2018-2021 EFPC has three strategic objectives:

1. To intensify the advocacy for the importance of strengthening primary care,
2. To consolidate and expand the network of primary care policy, research and practice stakeholders in European countries,
3. To take a position in relevant primary care related discussions, based on research and practice evidence.

### Objective 1: EFPC will contribute to and improve advocacy in relation to promoting the importance of strengthening primary care.

The rationale behind this objective is that Primary Care does not develop without specific policy investment. The current trend in many European countries is increasing specialization and commodification. Patients often expect to get the best possible care from the most specialized providers, where the focus is often disease orientated rather than public health or community based. Strong Primary Care functions best when it is responsible for a defined group of patients, a patient list or a community, and where generalist care controlled by gatekeeping to specialist services is in place. By advocating for active policies that restrict the access to specialist care, EFPC intends to influence policy and service provision at local and country level.

EFPC will provide and use information and intelligence to stakeholders at different levels. At the European level, EFPC focuses on the European Union and WHO Europe; at national and regional level the focus is on policy makers, patient organisations and professional bodies.

The general inputs to this consists of the work of the secretariat of the EFPC which is a professional, salaried secretariat, currently consisting of a senior coordinator who acts as director and a junior coordinator. Much of the general inputs come from the individual members, the Advisory Board members, and Executive Board members (all voluntary).

The overall impacts to be expected from activities focused on the first objective are that we create awareness of the importance of strong primary care for population health and equity amongst relevant stakeholders. We also aim to contribute to stronger primary care policies at European and national levels. Finally, the EFPC will contribute towards the implementation of results of international research projects in which the EFPC participates.

### Objective 2: Consolidating and expanding the network of policy, research and practice stakeholders in European countries.

There is a need for a stable and extended European Forum that can increase its capability to influence policy and practice through the network and advocacy work at different levels across EU countries. As primary care policy expands, there will be even greater need to work closely with national and local stakeholders in the implementation of evidence informed policy and practice. Supported by the EFPC secretariat, the EFPC will create a sustainable network and increase capacity and capability in the following ways:

- Promote the organisation across country-based health care systems, universities and NGOs using social media, word of mouth, regular newsletters and a well maintained website.
- Offer networking opportunities to members and stakeholders including webinars on a monthly basis and an annual conference.
- Cross-country study tours by key members of EFPC in specific areas of expertise
- Information and debate opportunities through seminars and published papers
- Development of special interest groups to both widen and intensify the core areas.
- Increase capacity and capability to influence and inform policy decisions at local level.

The general inputs used to further this objective are the same as in the previous objective (activities of the secretariat, the members, the Advisory Board and the Executive Board). As a result of the activities towards this objective we expect that the larger health care community is aware of EFPC positions and opinions and is forwarding and using our messages. By increasing the network with more members, influence will increase, the number of people getting our messages will grow and the financial position of the EFPC will be maintained. The latter is important from the point of view of providing independent evidence to stakeholders.

Objective 3: Taking position in relevant discussions, based on research and practice evidence.

To enable evidence-informed policymaking and to connect policy, practice and research in order to create knowledge exchange, the EFPC regularly develops Position Papers. The Position Papers are written by working groups consisting of members from different professional and geographic backgrounds. They bring together research evidence as well experience from practice. The Position Papers are published on the website as well in the official journal of the EFPC Primary Health Care Research & Development.

Apart from general inputs previously mentioned, the emphasis lies here with the active members of the EFPC. The Position Papers have a measurable impact as they are published in an official journal. Consequently the normal metrics (and altmetrics) of scientific articles can be counted. From the past these show that the position of primary care is widely known in the health care field and beyond and knowledge about European developments in primary care is available and used.

These objectives guide our activities during the next four year period.

In 2018 we will start the **development of a strategy for citizen involvement and engagement in EFPC and primary care** in their countries.

Citizen engagement in health care is now imperative, not just an option. To strengthen primary care, both in its delivery and its ethos, the engagement of citizens is critical. In most countries a publicly funded health care system should be democratically underpinned by the full participation of the people, as declared at Alma Ata in 1978. EFPC will work with the Executive board, the Advisory Board, the wider membership and organisations such as INVOLVE in the UK and the European Patients Forum to develop an inclusive strategy to engage the public in consultations and debates about strengthening primary care in Europe. This will entail bringing citizens onto the Advisory Board, providing mentorship and funding to support them and networking with patient and public involvement and advocacy groups within countries.

The Citizen engagement strategy will be commenced after the 2017 conference in Porto, circulated for discussion during the winter of 2017/18 and ready for field testing and development in Spring 2018. The strategy will be published and fully operational by the end of 2018.

In 2018, to be continued in 2019, we will start the **development of capacity building towards a primary care research network**. This will strengthen the link between policy, practice and research in the domain of interprofessional primary care by leading a European *interprofessional* primary care research network for information and knowledge exchange. We are aware of the existence of single profession networks, such as EGPRN (European General Practice Research Network). However, these networks have a different approach and often focus on clinical subjects. We see a niche in bringing together researchers and building capacity in areas, such as community oriented primary care, goal oriented primary care and patient/citizen participation. Such areas require a multi-professional and interdisciplinary approach.

The scientific programme of the network will firstly be multi-professional, bridging the mono-disciplinary (nurses, physiotherapists, general practitioners, pharmacists etc.) and multidisciplinary approaches (researchers from different disciplinary backgrounds and open for different theoretical and methodological approaches) prevailing in primary care research. Secondly, it will promote research in areas of primary care that have been poorly studied until now, such as community oriented primary care, goal oriented primary care, patient/citizen participation and the equity effects of strong primary care. Thirdly, it will be cross-sectoral, for example by working together with researchers of human resources for health on the issue of recruiting and retaining a competent workforce and good employment and integration of an increasingly multi-cultural workforce within the primary care services.

Regular meetings will be organized for members of the network, including master-classes and a summer-course for early career researchers to further develop their professional and research skills. Besides we will organize an early spring international seminar each year for 50 to 80 senior researchers in the field of primary care to discuss future perspectives and develop strategies to provide guidance how to proceed in the field of primary care research. The first of these is planned to take place at the University of Kent, UK, in March 2018. This will result in a statement that provides guidance to the multi-professional primary care research community.

## Report 2015 - 2016

The objectives and vision of the EFPC are described in the Statutes and basic documents. They feature on the website of the EFPC. This report details the activities of the EFPC in these 12 months, against the background of its organisational aims.

### Activities.

The EFPC prioritised in the past the following general organisational aims:

1. Balanced involvement of and support to research, the health care field and national and international policy makers.
2. Broadening membership of the EFPC to other target groups than general practitioners and an equal distribution of members throughout Europe.
3. Governance, growth and (financial) sustainability of the organization.

**1. Balanced involvement of and support to research, the health care field and national and international policy makers. The following domains have been defined as key to an effective support to primary care by the EFPC:**

- a) Patients / Citizens. The involvement of patient associations and citizens networks in setting the policy and research agenda by providing them the possibility for expressing their views on issues like quality assurance, the navigation function of primary care, transparency in care, etc. EFPC offers its own network and activities and contributes to Patient / Citizen organisations, where possible.
- b) Policy developers. Eventually, all initiatives developed by the EFPC lead to a maximum influence on policy development at European and National level. By bringing policy makers together with renowned research institutes, the healthcare consumers and the professionals' active in Primary Care, the EFPC maximizes its influence on the policy making in health systems throughout Europe.
- c) Professionals. Professional associations but also professionals at the implementation level (e.g.: the workforce of Health Centres) provide best practices from their own day to day practice. The EFPC disseminates these experiences to all the stakeholders involved, including context analysis, to stimulate adoption of these best practices throughout Europe
- d) Technology and organization. The EFPC believes that the proper use of ICT systems within Primary Care and between the different care levels, like Electronic Patient Files and domestic appliances (they include non-electronic devices as well), are an important asset of primary care and organizes discussion sessions and conferences with themes related to these issues.
- e) Generic. The organization of primary care varies from separately organized services to integrated organizations and network organizations, depending on local and national context and historical developments. The EFPC supports integrated and network forms of organization by providing professional groups and managers with information on experiences and practices at an international level.

In support of these domains, a series of activities is on-going:

- EFPC two-weekly newsflash (already running from May 2006 onwards), EFPC webinars and the use of Social Media like LinkedIn PC Forum (6400 members) and an EFPC Twitter account with 1765 followers.
- Position Papers

- Europe-wide research
- EFPC yearly conference

Specific between June 2015 – July 2016:

- The EFPC conference in Riga, Latvia (5/6 September 2016) with 150 delegates including strong and relevant contributions of European Medicine Agency, EUR-HUMAN project, COTEC Europe, EuroCarers and other international networks. With a limited presence of Latvian and Baltic delegates, it has become clear that for future EFPC conferences we have to make sure that a firm basis is achieved in the hosting country of the conference. It is a missed opportunity if we fail to connect with the local primary care community.
- Workshops and presentations at various international conferences of related networks such as WONCA Europe (GPs) conference in Prague, European Cancer Organisation congress 2017 in Amsterdam, Kent conference of International Collaboration for Community Health Nursing Research (ICCHNR), 13th Baltic Policy dialogue in Tallinn, Estonia exploring approaches to effectively strengthen the role of primary care and WHO Primary Health Care Advisory Group first meeting in Almaty.
- Joint statements together with a number of likeminded NGO's (WONCA, COTEC, EPHA, WFOT, IFMSA, WHPCA, IAHPC, EFMA & EFPC) have been made at the WHO Regional Committee 66 in Copenhagen: one on "Strengthening People-Centred Health Systems" and a second on "Refugee and Migrant Health" . EFPC was represented at the RC66 by Anna Stavdal, Advisory Board member of the EFPC.
- EFPC webinars about Primary Care in the USA, World Family Doctor day, Public Participation in Health Care, Austrian Primary Care, Primary Care teams and Working Together towards integrated primary care
- The Primary Care and Mental Health Working Group organized a workshop at the Riga conference and a Primary Care paragraph was secured for the EU Health Policy Platform Mental Health statement.
- EFPC has been involved in EU funded projects:
  - PACE project (comparing the effectiveness of Palliative Care for Elderly people in long-term care facilities in Europe),
  - EUR-HUMAN (EUropean Refugees-HUman Movement and Advisory Network)
  - ORAMMA (Operational Refugee and Migrant Maternal Approach)
- The new Working Group You&EFPC with a focus on the involvement of Young Primary Care experts in the EFPC has developed its' first meeting in Porto on Saturday 23 September.
- Responses to international consultations like the DG Sante Third Health Programme 2014-2020 open consultation, DG SANTE consultation on Anti-Microbial Resistance (AMR) and EU interim evaluation of the Horizon 2020 program with a document called: "Research priorities in the area of health care: The position of the European Forum for Primary Care".
- Meeting with EC DG Sante and DG Social Affairs in Brussels together with the partners from: Health First Europe, EuroCarers and European Social Network.

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	<b>Patients / Citizens</b>	<b>Professionals</b>	<b>Technology &amp; Organization</b>	<b>Policy</b>	<b>Generic</b>
<b>Balance between research, health care field and policy makers</b>	<ul style="list-style-type: none"> <li>▪ Position Paper on Patient/Community Participation</li> <li>▪ Involvement in PiSCE (pilot project on the promotion of self-care systems in the EU)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Position Papers on Interprofessional Education and Palliative Care</li> <li>▪ Newsflashes</li> <li>▪ Working Groups Mental Health, EMA and Palliative Care with a multi-professional composition</li> <li>▪ Presentations at international conferences ( ECCO2017 Amsterdam, WONCA2017 Prague, ICCHNR2016 Kent)</li> <li>▪ Establishment of the You&amp;EFPC Working Group for young Primary Care experts</li> </ul>	<ul style="list-style-type: none"> <li>▪ PACE, FP7 project on Palliative Care</li> <li>▪ EUR-HUMAN, DG Sante project on Refugee Care</li> <li>▪ ORAMMA, DG Sante project on maternal care for refugees</li> <li>▪ Series of EFPC webinars.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Responses to International Consultations (WHO, EU, EMA)</li> <li>▪ Involvement in European funded projects (EUR-HUMAN, PACE, ORAMMA)</li> <li>▪ Involvement in Primary Health Care Advisory Group with a first meeting in Almaty</li> <li>▪ Official recognition as member EFSA stakeholder group and HTA Network Stakeholder Pool</li> <li>▪ EU Expert Panel of Effective Ways of Investing in Health with three EFPC members involved including the chairman position.</li> </ul>	<ul style="list-style-type: none"> <li>▪ EFPC2016 Riga conference</li> <li>▪ Twitter @PrimaryCare4um</li> <li>▪ LinkedIn Primary Care Forum with more than 6400 members in June 2016</li> <li>▪ Organizing a Study Visit in the Netherlands for Austrian Primary Care experts</li> </ul>

## 2. Broadening membership of the EFPC towards an equal distribution of members throughout Europe .

Over the years, the EFPC has continuously emphasised the need for primary care that is multidisciplinary and community based. With General Practitioners as the key professional, a series of other medico-social professions in various constellations help to form primary care teams. Gradually, the EFPC succeeds in involving members from various disciplines. Establishing mutual association membership<sup>1</sup> is one of the strategies. Now in June 2017, the EFPC has 31 associated members.

The EFPC attracts members throughout Europe; see the institutional membership list on the EFPC website.

<http://www.euprimarycare.org/members/institutional-members>.

The EFPC succeeds to facilitate participation of members with limited resources in activities like conferences and webinars. Keeping the membership fees low for those groups helps them to maintain the connection with other members. For the current number of members see below the graph on page 14.

	Patients / Citizens	Professionals	Technology & Organization	Policy	Generic
<b>Broadening membership among target groups and equal geographical distribution</b>	<ul style="list-style-type: none"> <li>▪ Position Paper on Patient/Community Participation</li> <li>▪ Accepted invitations by several patient/citizen networks for the Porto conference (European Patients Forum (EPF), European Patients' Academy on Therapeutic Innovation (EUPATI))</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liaison group WONCA/UEMO/EFPC meeting in Prague</li> <li>▪ Key-Note presentation at the International Collaboration for Community Health Nursing Research Symposium</li> <li>▪ Position Papers on Interprofessional Education &amp; Palliative Care</li> <li>▪ Linking up with International Professional Associations (International Network for Health Workforce Education, European Region of the World Confederation for Physical Therapy)</li> </ul>	<ul style="list-style-type: none"> <li>▪ International Federation of Community Health Centres, development of innovative Communication channels</li> <li>▪ Links with EMA, EFSA, HTA stakeholder pool</li> </ul>	<ul style="list-style-type: none"> <li>▪ Responses to International Consultations (WHO, EU, EMA)</li> <li>▪ EFPC chairman as chairman of the EU Expert panel on effective ways of investing in health</li> <li>▪ Involvement in European research projects (PACE, ORAMMA &amp; EUR_HUMAN)</li> <li>▪ Official membership of the Health Care Professional Working Party of the European Medicine Agency</li> <li>▪ Attending WHO meetings (European Regional meeting, WHO Primary Health Care Advisory Group)</li> <li>▪ Shared letter with Health First Europe to EU Commissioners on Health and Leading advocates in health and social care policy call on Commissioners to do more on community care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Newsflashes</li> <li>▪ Workshops Istanbul &amp; Copenhagen (WONCA Europe)</li> <li>▪ Twitter @PrimaryCare4um</li> <li>▪ Linking with global networks: Primary Health Care Performance Initiative (PHCPI), World Federation of Public Health Associations (WFPHA) and International Collaboration for Community Health Nursing Research (ICCHNR)</li> </ul>

<sup>1</sup> Associated membership: mutual recognition as a member without charging membership fee and without voting rights in each other's General Assemblies.

### 3. Governance, growth and (financial) sustainability of the organization

#### Governance, Executive & Advisory Board

The EFPC held its 2016 General Assembly on September 5 in Riga, Latvia.

The current Executive Board (Jan De Maeseneer, chair; Danica Rotar, vice-chair; Tino Marti, treasurer; Peter Groenewegen, member; Cagri Kalaca, member; Sally Kendall, member) has met 5 times (1 on-site & 4 on-line meetings). The agenda covers, amongst others, EFPC's response to invitations from other organisations, profit and non-profit, for collaboration, practical planning of activities and the financial situation of the EFPC. The Advisory Board, consisting of 19 members met in Riga (4/9/16) and once via a teleconference (17/1/17).

Name	Country	Profession
Leen De Coninck	Belgium	Occupational Therapist
Lorna Hall	UK	Dietitian
Mehmet Akman	Turkey	GP
Aigars Miežitis	Latvia	Health Economist
Victoria Vivilaki	Greece	Midwife
Henk Parmentier	UK/NL	GP/Mental Health
Imre Rurik	Hungary	GP/Occupational Medicine
Kathryn Hoffmann	Austria	GP/Public Health
Katerina Venovska	Macedonia	GP/Public Health
Anna Stavdal	Norway	GP
Jamie Wilkinson	Belgium/UK	Pharmacist
Tiago Pinto	Portugal	Nurse
Antoni Peris	Spain	GP/Manager
Robin Miller	UK	Social Worker
Metka Žitnik Šircelj	Slovenia	GP
Alessandro Mereu	Italy	GP
Harry Longman	UK	Engineer
Helene Colombani	France	GP
Kate (Catherine) O'Donnell	UK	GP/Public Health

The role of the Advisory Board members showed its' added value for international consultations. The Advisory Board members succeeded to mobilize their network, making sure many and valuable contributions were communicated with for example the European Commission.

The 2016 SWOT analysis and DELPHI survey conclusions like "We are not powerful enough to influence health policy at EU level", "We have to increase the contacts and exchanges among EFPC members" and "Primary care is not an attractive subject for many health professionals" were taken further and brought into an EU proposal for an operating grant for the upcoming 4 years.

At the teleconference in January the involvement of Advisory Board members in a range of EFPC webinars was discussed, resulting in already 6 webinars in the first half of 2017 with Advisory Board involvement.

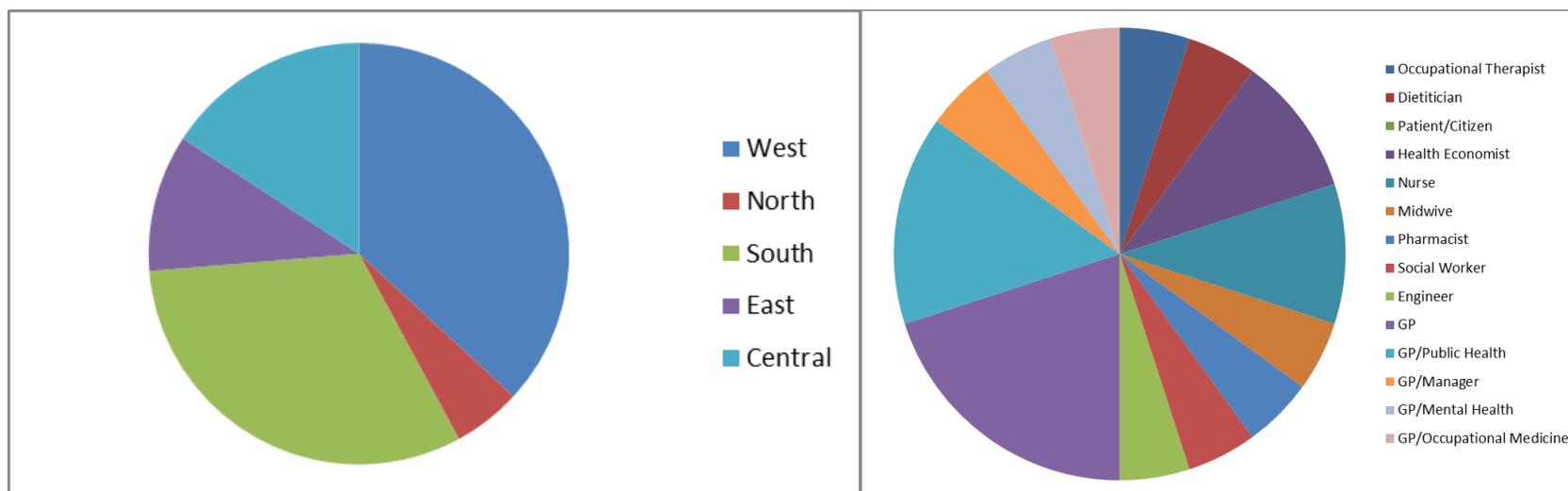
The next onsite Advisory Board meeting is scheduled for the 24<sup>th</sup> of September in Porto in which the plans for the operating grant will be further discussed and put into operational plans for the coming years.

A balanced geographical and professional, including patients/citizens representatives, distribution among the Advisory Board members is important and will have its' positive effect on acquiring new members, an increase of discussion leading to more profound ideas on how to move forward in developing health systems and also in invitations from other networks to present our vision.

In the past Association year Secretariat, Executive Board and Advisory Board members held presentations or represented the EFPC at various conferences/meetings:

- Anna Stavdal at the Sixty-sixth session WHO Regional Committee for Europe; 14–17 September 2016 Copenhagen, Denmark;
- Cagri Kalaca and Sally Kendall at the International Collaboration for Community Health Nursing Research Symposium on Changing populations, changing needs: Directions and models for community orientated primary care at the University of Kent, 15-16 September 2016
- Diederik Aarendonk, Pim de Graaf and Diana Castro Sandoval at the evaluation meeting of the EUR HUMAN project in Athens, 7 December, 2016;
- Peter Groenewegen and Jamie Wilkinson at the European Cancer Congress (ECCO2017) "From evidence to action in multidisciplinary cancer care" in Amsterdam from 27-30 January 2017
- Diana Castro Sandoval and Tino Marti at the EHTEL meeting in Brussels on 14-15 March 2017
- Diana Castro Sandoval and Diederik Aarendonk at a MedTech meeting in Brussels on the 16<sup>th</sup> of March 2017
- Jan De Maeseneer and Diederik Aarendonk at the WHIG symposium on "danger, diversity & drugs" in Utrecht, The Netherlands on the 5<sup>th</sup> of April 2017
- Jan De Maeseneer and Anna Stavdal at the first meeting of the WHO Primary Health Care Advisory Group in Almaty on 20-21 June 2017;
- WONCA Europe conference in Prague, 28-30 June 2017
  - Diederik Aarendonk and Danica Rotar organized a workshop about Palliative Care
  - Anna Stavdal and Diederik Aarendonk organized a workshop Primary Care and vaccination
  - Diederik Aarendonk and Sally Kendall organized a workshop in Nursing Care in Primary Care

The current geographical (Europe) and professional distribution within the Advisory Board is presented in the graphs below:



There are still no representatives from patient/citizen groups in Europe, although attempts have been made. At the 2017 Porto conference, “The Citizen Voice in Primary Care; a social commitment to 'health for all!'”, we might be successful to establish stronger relationships with patient/citizen groups resulting in an advisory board role. There is still an over-representation from the Western part of Europe. In particular we need more Northern and Eastern European representatives.

With two vacancies for new Advisory Board members at the Porto General Assembly the diversity can further grow.

### Governance, secretariat

Diederik Aarendonk continued his role as coordinator within the EFPC secretariat at the NIVEL premises in Utrecht, the Netherlands, for 2016/2017. He is supported by Junior Coordinator Ms Diana Castro Sandoval from the 1<sup>st</sup> of September 2016, first with a contract for one year that will be prolonged and changed into a fixed contract from the 1<sup>st</sup> of September 2017. A new structure of the EFPC secretariat including more administrative independence from the NIVEL institute has been prepared and put into force from the 1<sup>st</sup> of September 2016. From that date onwards the staff of the secretariat is employed directly by the EFPC, using an administrative firm, Harte accountants, to pay the salaries. Internal regulations are developed and accepted by the Board. The relationship with NIVEL is reduced to renting the office at the NIVEL premises. On the first of January 2017 Irene Cubells based in Barcelona, took over from Marianne Van Lancker, providing the secretarial support to the EFPC secretariat.

### Growth

The growth of the EFPC is mainly measured in terms of number of members. This year an increasing number of institutional members was seen. (See below ad 3, membership fees)

## Financial sustainability of the EFPC

The separate financial report details the financial status of the EFPC. Balancing income and expenses will be a particular challenge during the coming years.

On the expenses side: the EFPC has operated with a secretariat of 1.1 FTE for the year 2016/2017 based at NIVEL, the Netherlands Institute for Health Services Research in Utrecht. The secretariat spends 30 % of its time on purely administrative matters and 70 % on organising

	Patients / Citizens	Professionals	Technology & Organization	Policy	Generic
<b>Growth &amp; Financial sustainability</b>	<ul style="list-style-type: none"> <li>▪ Involvement patient &amp; citizen networks in #EFPC2017 Porto conference</li> <li>▪ EU funded project PROSTEP on promotion of self-care systems in the EU</li> <li>▪ Invitations for participating in relevant EU meetings (Health First Europe)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased collaboration with linked professional networks (European Region of the World Confederation for Physical Therapy, International Network for Health Workforce Education</li> <li>▪ Global collaboration with International partners on Community Oriented Primary Care provision</li> <li>▪ Presentations at WONCA, PGEU, WHO meetings</li> <li>▪ Working Group on Young Primary Care Experts (You&amp;EFPC)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Newsflashes</li> <li>▪ Twitter @PrimaryCare4um</li> <li>▪ LinkedIn Primary Care Forum</li> <li>▪ Web-based search machine for country specific PC publications</li> <li>▪ Webinars</li> </ul>	<ul style="list-style-type: none"> <li>▪ Development of Position Papers on Interprofessional Education, Patient participation and Palliative Care</li> <li>▪ Increased collaboration with policy making bodies at EU level (EXPH, EMA, EFSA, WHO, HTA stakeholder pool)</li> <li>▪ Invitations for participating in relevant EU meetings (WHO, EFAD)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaboration in EU projects (PROSTEP, EUR-HUMAN, ORAMMA &amp; PACE)</li> <li>▪ A stable income from membership-fees</li> <li>▪ Active role of Advisory Board members</li> </ul>

(contributions of) members and content matters of the EFPC. This includes attendance of conferences and network events, preparation of policy statements and development of project proposals. Other expenses are the organisation of conferences and facilitation of Board activities and project implementation. .

In general, the EFPC has the following sources of income:

1. Institutional funding
2. Project activities
3. Membership fees.

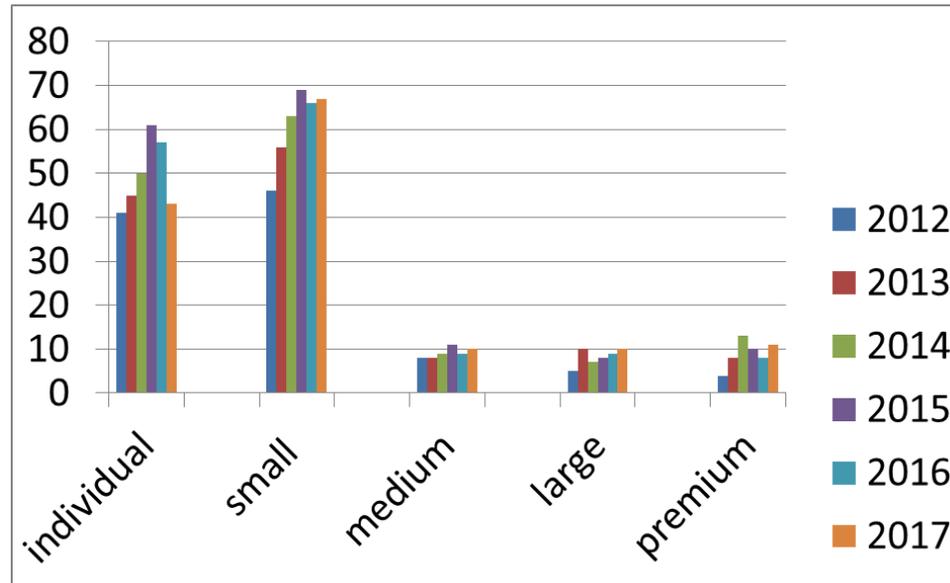
The income from membership fees provides the EFPC a guaranteed and long-lasting income with a large freedom in the way EFPC operates in comparison with institutional and project funding.

Ad 2

The EFPC's conferences, study visits and development of Position Papers are main activities for which project funding is being applied for. The EFPC is partner in a FP7 project on Palliative Care led by the Free University of Brussels which runs for another 2 years and in a DG Sante project on refugee care (ORAMMA) led by the TEI Athens for 2017 and 2018.

Ad 3

The number of members now counts 98 institutional members. The total number of individual members is 43. (see below the graph of the number of the different member groups for the EFPC Association). All together it provided an income from membership fees of approximately 80.000 euro.



After a slight decrease of members in the different membership categories last year, in 2016-2017 the institutional membership has gone up again, in particular for the larger institutional members. The number of individual members has gone down but is less important from a financial perspective. The “wake-up-call” last year to invest in the retention of members and getting new members in all parts of Europe has worked apparently and we might be confident if we continue the same policy that we can grow further in the coming years.

Already in Autumn 2015 the EFPC has established a collaboration with the owner of Primary Health Care Research & Development (PHCR&D), Cambridge University Press (CUP). This collaboration provides the EFPC the possibility to publish its' Position Papers and editorials. We expect to have an increased interest from members, due to the fact that PHCR&D has achieved an increased impact factor in 2017. Prof Sally Kendall, editor in chief of PHCR&D, is our liaison with also Prof Peter Groenewegen (EFPC Executive Board) and Dr Mehmet Akman (EFPC Advisory Board) taking part in the editorial board.