

Strategic policy plan for EFPC – 2015-2017



Mission

Established in 2005, the Forum intends to improve equity in health care and the health of the population of Europe by strengthening Primary Care. In several countries of Europe Primary Care is well developed, in others there is a growing development. We all can learn from each other however and create and seize the opportunities there are to make sure that all countries enjoy the benefits of Primary Care.

Key elements within the mission of the European Forum for Primary Care are:

- *relevance,*
- *equity,*
- *quality,*
- *cost-effectiveness,*
- *sustainability,*
- *patient-person-population centeredness and*
- *innovation.*

The vision and objectives of the Forum have been firmly established in 2006 and 2007 and appeal to many policymakers, practitioners and researchers in Europe:

Strong Primary Care (PC) produces better health outcomes against lower costs in a sustainable health system. That is the briefest summary of available scientific evidence. By promoting strong PC the population's health can be improved. Strong PC does not emerge spontaneously. It requires appropriate conditions at the health care system level and in actual practice to make PC providers able and willing to take responsibility for the health of the population under their care. A key element is effective collaboration with well organised secondary care related to a whole system approach in which health care is not seen only as a cost but also as an important economic factor. Everywhere in Europe the process of strengthening PC is ongoing, with a large diversity in the way PC is organised. Therefore, Europe is in a sense a laboratory landscape of experiments for organising primary care. There is a strong need to collect and share information about what structures and strategies matter. This is a support to practitioners but will also provide the evidence to convince policy makers at different levels that PC needs to be strengthened.

Strategy for a time frame of 3 years

General organisational aims:

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

4. Enhancing the capacity for exchange of knowledge and experiences between members and linked stakeholders

Based on the vision and objectives which require the involvement of different levels in the realization of sound health systems the Forum wants to focus on the following Domains:

- 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, navigation, transparency in care, etc. EFPC will use its own network and activities to provide them with the means to act in this direction. The European Parliament provides a platform to integrate patient/citizen views and primary care policy.

- b. Policy development and research

In the end all initiatives developed by the Forum should 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 Forum will maximize 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 Centers) will be asked to provide proof for best practices from out of their own day to day practice. A maximum effort will be given by the Forum to disseminate these experiences to all the stakeholders involved to get more duplication of these best practices throughout Europe. This should lead to new ways of collaboration between professionals and subsequently a change in professional education taken into account the changed society and needs of patients/citizens.

- d. Technology and organization

In order to get more influence on the development of ICT systems within Primary Care and between the different care levels, like Electronic Patient Files and domotica used at household level, the Forum wants to focus on these issues by organizing discussion sessions and conferences with themes related to these issues. The network will be challenged to think about mobile health, self-monitoring or virtual consultations.

- 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.

The exploration of these domains and its' underlying aspects will help the EFPC members and linked networks / stakeholders like professional associations and policy developing bodies like WHO and EC to come to more sustained and evidence based choices in policy making.

This results in the following Matrix projection for the aims / domains and what instruments are used for achieving these aims on the different domains. The Matrix will function as a check if instruments are relevant to the strategy of the forum.

	Patients / Citizens	Professionals	Technology & Organization	Policy & Research	Generic
Growth & Financial sustainability					
Broadening membership among target groups and equal geographical distribution					
Balance between research, health care field and policy makers					

Specific aims:

Additional funding up to an amount of €100.000 will be realised. This will enable the financial support for an EFPC secretariat with adequate staffing. Sponsorships from regional, national and international authorities, charities and industry will be explored, structured by the 4 domains the EFPC is focussing on.

The number of institutional members should reach a total number of approximately 200, covering 85% of the countries of the WHO Europe region, addressing the different professional-, management- and patient groups. Involve these three audiences in a recognizable way in the organization of future activities. Contact with national and local organizations of the following core professional groups in primary care: general practitioners, nurses, pharmacists, physical therapists, ambulatory/pc mental health workers, occupational therapists, midwives, nutritionists and dentists. Publication of short articles in the professional journals of these groups. Involve these professionals wherever possible in activities, such as drafting and discussing position papers. The EFPC will manifest itself as the platform where the different professional groups can meet and find new ways of collaboration.

Networking and alliances

The Forum seeks to reinforce its position and impact by closely working together with organizations that are active in neighbouring domains: WHO Europe, WONCA Europe, EuroHealthNet, ECDC, EMA and others. The Forum will offer its professional expertise to these partners. A relation with Integrated Care will be established, in particularly through the contacts with secondary care networks.

Instruments

Current instruments:

- EFPC yearly conference
- topic or audience specific meetings
- position papers: planning of new ones and dissemination
- pre-conference or in-conference workshops at conferences of linked networks
- training seminars
- participation in international projects
- organising study visits
- two-weekly newflash
- member columns on country specific information on PC
- publication of articles on PC (sub-)themes
- free subscription for Quality in Primary Care for EFPC members
- participating in international research activities
- Specific working groups on sub-domains as Mental Health, Roma Health, etc

Possible new instruments

- EFPC interactive online platform including
 - options for web conferencing and conducting webinars
 - optimal use of social media
- Increased capacity for lobby/advocacy at EC, WHO and EMA level
- Financial support via institutional funding like an EC operating grant
- A theme for every year for inspiring and inviting different groups to think on, make a research or a simple survey, to be a part of a yearly thematic document (similar to a position paper; yearly report of EFPC) ; and/or contribute to the development/preparation of simple, innovative and applicable tools related to the topic, ... etc
 - such as:
 - Communication and/or language
 - Engagement and/or motivation
 - Trust and/or power
 - Hope and/or future
- Medical Humanities
 - Documenting case studies
 - Human centred health care
 - Arts & cure/care

For the EFPC Online Platform the following features are listed:

Social Functions

- All EFPC members should become a participant on the online platform without too many complex steps; access via a light login option, preferably based on the EFPC member database
- Messaging of new ideas at the front page to be seen by all members
- Members should be able to provide comments on pages with content
- Based on the basic profile which can be distracted from the member database, members should be able to modify their profile for example by adding their photograph or publication lists
- Members should be able to share content like photographs, videos, publications
- A search option to find likewise members, based on key-words in their profile
- Within working Groups members of such working groups should be able to create their own events or surveys
- Members should be able to send each other private messages which will also appear in their normal mailbox
- Live streaming of meetings and conferences like the EFPC General Assembly (one way direction of information)
- Webinars, mainly initiated by Working Groups, in which information is provided orally by one speaker and comments are provided in written through for example a chat box
- Web conferencing with groups up to 25 persons with two way direction of orally input
- Voting option, may also be used during the General Assembly

Content

- Creating Cases, Questions, Skills, Tools
- Blog option
- Creating Groups
 - Research Group
 - Project Group
 - Discussion Group
- Content Search
- Uploading of all EFPC material, from the past and new material including all two-weekly newsflashes of 8 years history

Yearly evaluation and update

Indicators for evaluation:

- Growth in the yearly budget
- Staff number (#FTE) and workload of the EFPC secretariat
- Membership growth
- Geographical distribution of the members (increase of the number of countries represented)
- Professional background of the members (increase of the number of different professional groups represented)
- Number of articles published in national and international relevant journals
- Recognitions at social media like LinkedIn and Twitter
- Number of invitations for joining and/or speaking at linked network meetings
- The Matrix used as an evaluation tool with all the instruments used in the previous year with:
 - Number of activities related to each of the 4 domains
 - Number of activities related to each of the three aimsCells that remain empty need extra attention for the following year(s).

Financial, organizational and quality policy

- A audit committee of three members has been formed to check the financial reports prepared by the EFPC secretariat and treasurer of the Executive Board; the audit committee reports to the General Assembly every year
- Quality control of products of the Forum, such as position papers
- In 3 years from now a viability check will follow, evaluating the way the Forum has developed and is able to play the role that has been foreseen.

Running the organization

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.

The EFPC held its first formal General Assembly in September 2012 in Gothenburg and its second on September 9 in Istanbul, Turkey.

A new Governance structure of the EFPC with a lean Executive Board and a broader Advisory Board has been installed at the Istanbul conference. This initiative has resulted in an Advisory Board representing a large range of disciplines who want to provide their support and guidance to the EFPC. The governance structure now is more balanced in terms of geographical, gender and age distribution. It has been a successful move to broaden the EFPC membership and acting as a platform for those different professional networks.

The pre-existing 8 member Executive Committee of the EFPC which was transitioned to the Executive Board of the EFPC, when the Association was established in September 2011, met in person in Istanbul, where, approved by the General Assembly, 4 members (Niro Siriwardena, Marianne Samuelson, Giorgio Visentin and Val Lattimer) stepped back. Since then the current Executive Board consist of 4 members: Jan De Maeseneer, chair; Danica Rotar, vice-chair; Pim de Graaf, treasurer; Peter Groenewegen, member.

Two new members are foreseen for the next Association year, Cagri Kalaca from Turkey and Tino Marti from Spain. The latter will replace Pim de Graaf as treasurer in the Board.

For the coming years more Executive Board members might be replaced because of their long-lasting involvement. A strategic thinking has to be started how to identify well placed new Executive Board members, including a new chairman.

The newly formed Advisory Board consist of 18 members.

Name	Country	Profession
Marije Bolt (official COTEC representative)	Netherlands	Occupational Therapist
Sophie Rodebjer (official EFAD representative)	Sweden	Dietitian
Mehmet Akman	Turkey	GP
Aigars Miežitis	Latvia	Health Economist
Jan De Lepeleire	Belgium	GP
Victoria Vivilaki	Greece	Midwife
Henk Parmentier	UK/NL	GP
Imre Rurik	Hungary	GP
Kathryn Hoffmann	Austria	GP/Public Health
Katerina Venovska	Macedonia	GP/Public Health
Anna Stavdal (official WONCA Europe representative)	Norway	GP
Balazs Hanko (official EuroPharm Forum representative)	Hungary	Pharmacist
Tiago Pinto	Portugal	Nurse
Tino Marti	Spain	Health Economist
Marianne Samuelson	France	GP
Niro Siriwardena	UK	GP
Giorgio Visentin	Italy	GP
Val Lattimer	UK	Nurse

The Advisory Board has a maximum number of 20 members who can stay in the Board for a maximum of 3 years in order to guarantee a vivid network with fresh ideas from each stakeholder involved. At each General Assembly new members will be elected if places are vacant.

At the end of 2014, the size of the secretariat is approximately 1 FTE altogether, comprising 2 different part time functionaries: one coordinator (0,8 FTE) and one officer for administrative support (0,2 FTE). These functions and functionaries continue in 2015.

The size and composition of the secretariat will evolve in 2016/2017 and depend on scope and amount of activities of the Forum.