Online public consultation on the draft WHO global strategy on people-centred and integrated health services

| Response ID | 314 |

A new vision for service delivery

1. Do you agree with the proposed vision?
I agree [5]

Definitions of “people-centred health services” and “integrated health services”

2. Do you agree with the definitions of “people-centred health services” and “integrated health services?”
I agree [5]

The five strategic directions

3. Do you agree with the five proposed strategic directions?
Yes [Y]

4. Do you think there are any missing strategic directions that should be added?
No [N]

5. Regarding each of the five proposed strategic directions, do you think that any of them should be modified or improved?
Yes [Y]

If YES, please provide your proposals for the improvement of each strategic direction: [1. Empowering and engaging people]

If YES, please provide your proposals for the improvement of each strategic direction: [2. Strengthening governance and accountability]

If YES, please provide your proposals for the improvement of each strategic direction: [3. Reorienting the model of care]

If YES, please provide your proposals for the improvement of each strategic direction: [4. Coordinating services]

As hospital care and their staff is undoubtedly always very disease oriented due to their clinical orientation and their educational background. For this reason it will be rather difficult for them to make changes in coordination into a more holistic approach. For this reason the coordination should be concentrated at community level, involving and with leadership of Primary Care and Social Care providers next to the patient and his/her carers.

If YES, please provide your proposals for the improvement of each strategic direction: [5. Creating an enabling environment]

6. Could you provide further examples of programmes, interventions or case studies of good PCIHS practice for any of the proposed strategic directions?

[1. Empowering and engaging people]
The Community Health Centre Botermarkt, Ghent, Belgium
http://www.wgcbotermarkt.be/eng/

COMMUNITY HEALTH CENTRE LJUBLJANA
http://www.zd-lj.si/en/
6. Could you provide further examples of programmes, interventions or case studies of good PCIHS practice for any of the proposed strategic directions?

[2. Strengthening governance and accountability]
COMMUNITY HEALTH CENTRE LJUBLJANA
http://www.zd-lj.si/en/

6. Could you provide further examples of programmes, interventions or case studies of good PCIHS practice for any of the proposed strategic directions?

[3. Reorienting the model of care]
CASAP (Castelldefels Atencio Primaria)
http://www.casap.cat/
The Community Health Centre Botermarkt, Ghent. Belgium
http://www.wgcbotermarkt.be/eng/

6. Could you provide further examples of programmes, interventions or case studies of good PCIHS practice for any of the proposed strategic directions?

[4. Coordinating services]
CASAP (Castelldefels Atencio Primaria)
http://www.casap.cat/

6. Could you provide further examples of programmes, interventions or case studies of good PCIHS practice for any of the proposed strategic directions?

[5. Creating an enabling environment]
The Community Health Centre Botermarkt, Ghent. Belgium
http://www.wgcbotermarkt.be/eng/
COMMUNITY HEALTH CENTRE LJUBLJANA
http://www.zd-lj.si/en/

Good practices in Europe
http://www.euprimarycare.org/good-practices-around-europe

Southcentral Foundation’s Nuka System of Care, Alaska, USA
https://primarycare.hms.harvard.edu/what-we-do/education/southcentral-case-studies

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Leading and managing change towards PCIHS

7. Do you agree with the implementation approach?
I agree [5]

8. In order to contribute to the Strategy implementation, please provide tools, techniques and methodologies (such as research and assessment tools, guidelines, etc.) that can promote capacity building towards effective and sustainable country PCIHS performance.

- Curriculum in Palliative Care for undergraduate students - European Association for Palliative Care
http://www.eapcnet.eu/Themes/Education/Publicationsdocuments.aspx

- Primary Palliative Care Toolkit - European Association for Palliative Care
Murray et al: Promoting palliative care in the community: Production of the primary palliative care toolkit by the European Association of Palliative Care Taskforce in primary palliative care. Palliative Medicine, 29(2), 101-111, 2015
http://www.eapcnet.eu/Portals/0/Clinical/Publications/PM201529(2)Murray.pdf

- The Ten Building Blocks of High Performing Primary Care: A Framework for Achieving the Patient-Centered Medical Home
Bodenheimer et al; Ann Fam Med March/April 2014 vol. 12 no. 2 166-171
http://www.annfammed.org/content/12/2/166.full
9. From your perspective, what are the main barriers to implementation that should be considered? How can these be overcome?

There is a huge barrier within the educational system for care providers in all countries in the world. There are hardly any educational programs that invest in Interprofessional Collaboration through Interprofessional Education, starting at the basic curricula of care providers. This creates large obstacles later in professional life like not knowing each other capacities and added value towards distrust among professionals from different backgrounds. This is rather getting worse than getting less prominent because of the ongoing specialization of medical professionals. The super-specialization of health care provision influenced by disease oriented thinking will hamper even more the opportunities for more interprofessional collaboration.

In addition there is still a huge problem in the way power and income is structured within the health care system; the hierarchical system starts in the top of the tree with surgeons and other highly sophisticated medical oriented professions and end at the bottom of the tree with Social Workers. In the light of the work of the Institute of Health Inequalities of prof Michael Marmot it becomes clear that social determinants of health are as important as the diseases itself and so from a prevention perspective the Social Worker who prevents the heavy drinker to lose the function of his liver is as important as the surgeon who will help the heavy drinker to survive after he has lost the function of his liver. People-centred and integrated care provision is requesting more power and income for those professionals who can make a difference in people’s life.

Quoting Prof Alan Maynard, University of York at the WHO Oslo conference 17-18 April 2013, Health Systems in Times of Global Economic Crisis: “the re-distribution of income & power of health professionals is key to create solutions for the future”

The role of key stakeholders

10. In addition to countries, WHO and national and international partners, are there any specific key stakeholders not mentioned in the draft that should be taken into account?

Yes [Y]

If YES, please suggest up to three key stakeholders and propose roles and responsibilities to be undertaken by them.

The professional unions and educational/training institutes play a very important role. As long as they do not move into a different approach and will defend mainly their own interests progress will be rather slow.

There is a clear need to bring those different stakeholders together in a neutral platform at international, national and local level whereas the most progress currently is booked at some local places which is not brought further to national and international policy making

11. Regarding countries, WHO and national and international partners, please provide your suggestions on proposed roles and responsibilities that are missing in the draft to support broad dissemination and implementation of the Strategy.

As above: bringing together the different stakeholders to learn the added value of each-others strength in people-centered and integrated care provision

12. As far as national and international partners are concerned, are there specific health organizations or initiatives relevant to PCIHS that are not mentioned and should be engaged?

Yes [Y]

If YES, please suggest up to three key health organizations or initiatives and propose potential ways in which they could be involved and the roles to be developed.

European Forum for Primary Care (EFPC) - http://www.euprimarycare.org
International Federation of Community Health Centers (IFCHC) - http://www.ifchc2013.org
European Interprofessional Practice and Education Network (EIPEN) - http://www.eipen.eu

All three should play a crucial role in bringing together all the key-stakeholders, including patient/citizen organisations in discussing the way how to collaborate at practice level. As these are bottom-up initiatives, solely financed by the stakeholders themselves, rather than EU or WHO funded initiatives like European Innovation Partnership on Active and Health Ageing or WHO European Region’s Framework for Action towards Coordinated/Integrated Health Services Delivery they provide a much better platform for discussion and the continuation of these initiatives is much more secured as they are not depending on institutional funding.

Monitoring, learning and evaluation

13. Do you agree on the monitoring and evaluation approach?

I agree [S]
14. In order to facilitate the ongoing monitoring and evaluation of PCIHS strategies, please recommend tools, techniques and methodologies to support the gathering of evidence and learning.

EU funded projects like PHAMEU and QUALICOPC should be used as well as the WHO Primary Care Evaluation Tool (PCET)


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The future

15. From your perspective, what would be the best way to promote sustainability for the Strategy implementation?

Investing in existing bottom-up developed networks instead of inventing new ones based on project money and initiatives of political leaders or civil servants serving for a short period of time.

Overall assessment

16. Please provide any additional comments on the draft Strategy (including writing, wording, style etc.)

Fine document, interesting to read and with many good ideas. Now the implementation which is the most difficult part for which we once again emphasise the need to connect with existing networks.

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About you (optional)

Which of the following statements best defines your current position? [I work as a clinician/health provider ]

Which of the following statements best defines your current position? [I am a national or regional programme manager/officer ]

Which of the following statements best defines your current position? [I work for a non-governmental and/or civil society organization and/or community based organization ]

Yes [Y]

Which of the following statements best defines your current position? [I work at a university or academic institute ]

Which of the following statements best defines your current position? [I am involved in fundraising, a national or international donor agency, a development agency or advocacy ]

Which of the following statements best defines your current position? [I am a public health policy maker/manager ]

Which of the following statements best defines your current position? [I work for a national or international public health organization/agency ]

Which of the following statements best defines your current position? [I work with communities and people living with and impacted by this issue ]
| Which of the following statements best defines your current position? [I work for a private sector organization ] |
| Which of the following statements best defines your current position? [Other] |
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