



Created in 2005

Content

- The European Forum for Primary Care, history, facts and activities
- Primary Care according the EFPC
- Community Oriented Primary Care, best practices



The main objectives

- To provide information to and share the information between the members
- Advocacy for Primary Care towards policymakers and politicians
- Support to the development of research and establishment of a research agenda

- The European Forum for Primary Care is situated at the NIVEL institute in the Netherlands.

- Advisory Board members from Belgium, UK, Italy, France, Slovenia, Moldova and the Netherlands.



Forum coördinator: Diederik Aarendonk

- Nursing background,
- International Master in Public Health
- Large experience in Public Health projects in CEE countries

Forum chairman: Jan De Maeseneer

- Professor at the Ghent university
- 5***** doctor award WONCA world
- Well known expert in Community Oriented Primary Care



Institutional members

- ± 130, originating from a large range of European countries and different professional groups
- International institutional members:
WONCA Europe, EUPHA, WHO Europe, EUSP, ENOTHE, etc

■ Finances

- Membership fees
- Governmental support (Dutch MoH, DoH UK, NIHDI Belgium)
- Insurance institutes
- European associations
- Research funds
- Publishers

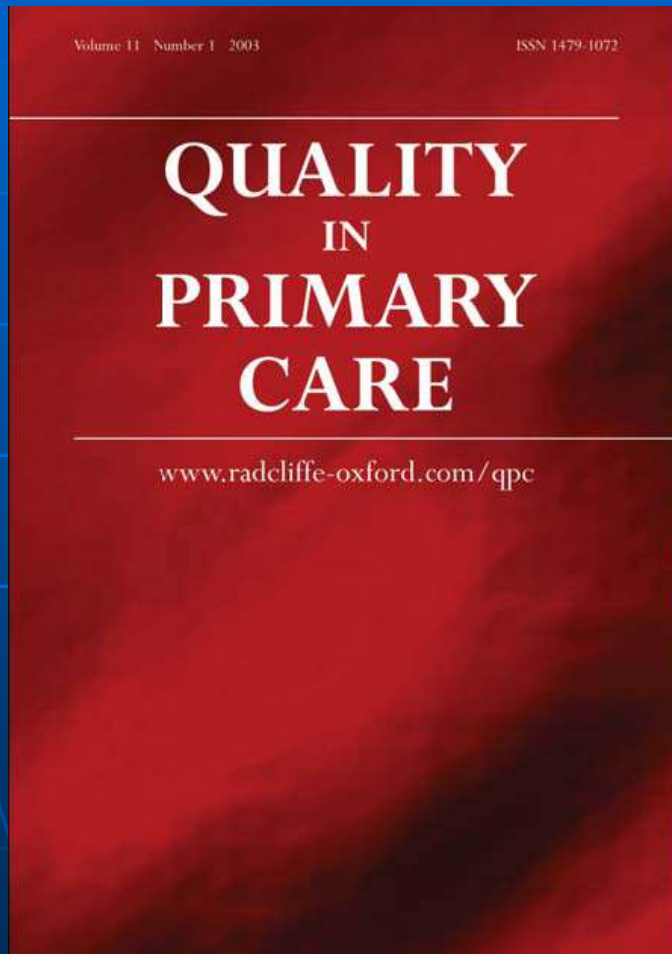
Activities of the Forum:

- Website
- Newsflash
- Position Papers in development
 - Disease Management
 - The Organization of Primary care in Europe
 - Sexual & Reproductive Health
 - PC and the care for chronic cancer patients
 - PC and the care for elderly
 - PC and interdisciplinary collaboration within PC teams
- Study Visits
- Conferences/training seminars
 - Pisa, Italy 30/31 August 2010
- Advocacy (EU, National Governments, WHO)

The Position Papers support practitioners, researchers and policymakers in PC by:



- Clarifying concepts
- Clarifying why this subject is a concern in/of Primary Care, and why it is (or should be) a concern at international (EU) level.
- Describing experiences and good practices; country or system characteristics that are (un)favourable to these results.
- Formulating lessons learned and the conditions under which good practices can function.
- Recommending policy measures on national and European level and identifying areas for research.



*Official journal of the
European Forum for
Primary Care*

- 50% discount to EFPC members
- Medline accreditation
- EFPC Position Papers published in QPC

The Future of Primary Health Care in Europe (II) Promoting co-operation, collaboration and organization

15, 16 and 17 September 2008 University of
Southampton, England



The 2010 conference of "The Future of Primary Healthcare in Europe III" in Pisa, Italy (August 30/31, 2010)



In collaboration with
Sant'Anna School of Advanced Studies, Pisa

A **public university of excellence** specialized in applied sciences (including **healthcare management research** lead by Mes - Management & Health Lab.)



Visit Sant'Anna School of Advanced Studies at: www.sssup.it
and Mes Lab website at: meslab.sssup.it

Advocacy in 2009



Influencing the World
Health Assembly 2009
for putting Primary Care
high on the Health Care
agenda

Using the World Health
report 2008
“PHC Now More than Ever”

(editor in chief: Dr Wim van
Lerberghe at the
Southampton EFPC
conference)



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you are welcome to join

What does the EFPC mean with Primary Care?

- A function in the health care system
- First point of contact (professional care)
- 'Easy' to access
- Organized within the community (near people's homes)
- Generalistic, comprehensive approach
- Broad range of services (health promotion – palliative care)

Accessibility



The ideal Primary Care set-up

- The health care triangle
Insurance and funding



- Quality assurance through involvement of Patients and Professionals when it comes to decisions on further financing

Strong Primary Care; some relevant conditions

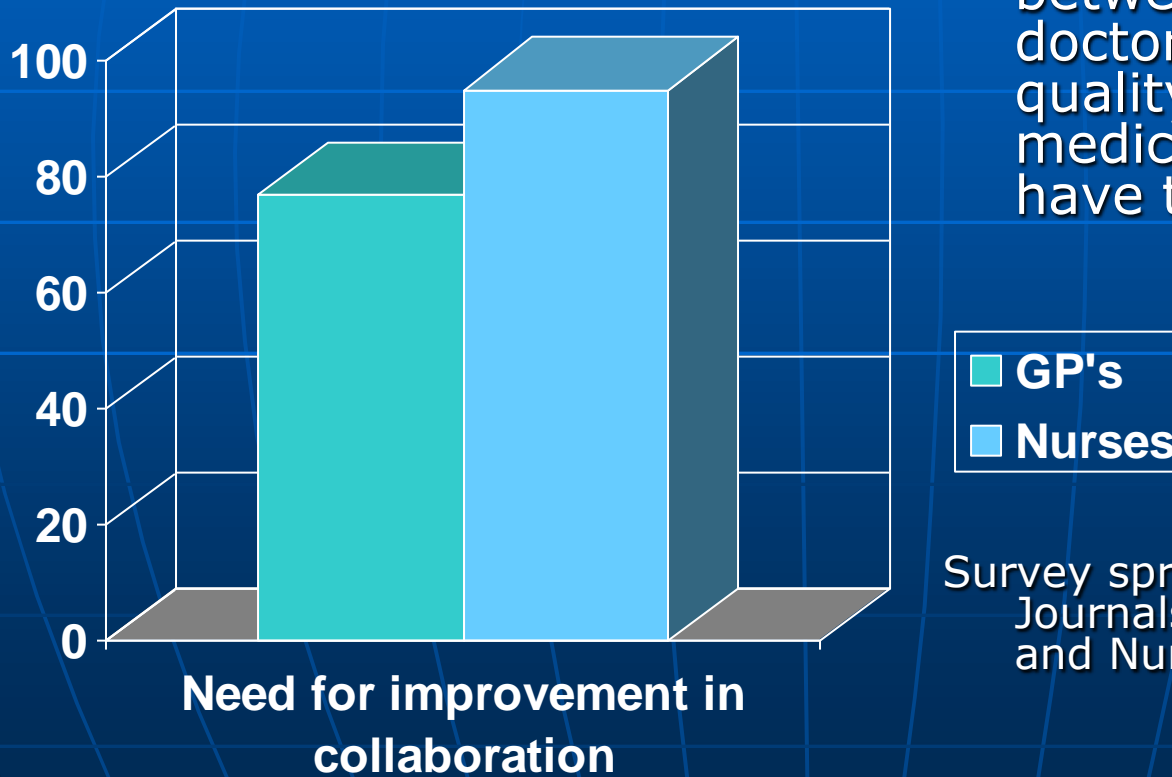
- Primary care teams
- Insurance / Funding
- Patients / Clients
- Relation primary care team and patients
- Relations between primary care team and insurance/funding
- Health system and organisational conditions

Primary Care, challenges:

- Increasingly, primary care is long term care
- (Nearly) all ambulatory care is considered primary care
- Ideally: first contact care with patients on a list.
- Ideally: All specialists work in hospital, no more independently working specialists
- Transmural care or integrated care: arrangements between primary and secondary care
- Professions in primary care: GP's, nurses, psychologists, midwives, pharmacists, physiotherapists, occupational therapists, social work, dentists
- Due to the large amount of professionals in primary care: co-ordination problems and need for integrated care is increasing

Primary Care, challenges:

Just now in the Netherlands it appears that 95% of the nurses do have the opinion that the collaboration between nurses and doctors is of a bad quality and 77% of the medical doctors do have the same opinion



Survey spring 2008: Dutch Journals for Medical Doctors and Nurses (joint effort)

Tallinn, WHO European Ministerial Conference on Health Systems, Health and Wealth (June 2008)

Prof Sir Michael Marmot:

- “Common ground of Primary Health Care and social determinants of health is equity – they need each other”

Community Oriented Primary Care

- Population based: defined community
- Uses epidemiologic methods to determine needs
- Includes interventions for individuals *and* population at large
- Providers play multiple roles
- Community involved in decisions

Community-Oriented Primary Care: Health Care for the 21st Century



Edited by Robert Rhyne, M.D., Richard Bogue, Ph.D.,
Gary Kukulka, Ph.D., Hugh Fulmer, M.D.

Concluding: A stronger PC is needed

- More cooperation in PC: coordination and integration of care
- Smarter, professional organization of services
- More and diverse supply
- Focus on preventive activities
- Population-oriented



Some examples in Europe of Community Oriented Primary Care



bromley by bow centre

bromley by bow centre
www.bbbsc.org.uk













CASE DELLA SALUTE

Empoli, Toscana

Opening September 2008



Community Health Centre “Casa della Salute” in Empoli

- 8 internal GP's, 22 external GP's, 8 GP's who work nights and holidays and 2 social healthcare assistants.
- specialists for consultation on request.
- Home care will be provided by GP's, nurses, health care assistants and medical assistants. An electronic patient file is used.
- Operating hours: five days a week, twelve hours a day,
- Also included are some charity organizations that provide assistance on cancer, diabetes, alcoholism, environmental issues and public assistance

PRIMARY CARE HEALTH TEAM Larrard, Barcelona

Projecte comunitari Cap Larrard. Juny 2007

Clàudia Cardoner, Anna Oliver, Sílvia Roig, Jose Casermeiro, Olga Alonso,
Clara Maragall, Sílvia Barro, Elisenda Guarné
CAP Larrard. Barcelona

Participants

CAP Larrard



Casal Cardener i Casal la Miranda



Agència Salut Pública de Barcelona



Districte de Gràcia



CEC i UEC



Objectius

- Conèixer els problemes prioritaris de salut i no salut de la gent gran del Barri de Gràcia.
- Iniciar activitats comunitàries orientades a les seves necessitats.

Justificació

L'enquesta a 50 usuaris l'any 2003 i l'índex d'envelliment del Barri de Gràcia més alt que l'índex global de la ciutat de Barcelona confirmen que la gent gran són uns grup prioritari al barri. Des del 2006, el grup de Comunitària del CAP Larrard se centra en la gent gran.

Mesures

- Enquesta a 40 usuaris any 2003.
- Dades epidemiològiques ASP Barcelona i CAP Larrard 2005.
- Tècnica qualitativa Grups Nominals 2007.

PRIMARY CARE HEALTH TEAM Larrard

Needs detected (Prioritized)

- Arthrosis, pain and mobility problems
- Ageing and loneliness
- Loss of memory
- Insufficient social help
- Waiting lists for elderly people for secondary care and hospitals
- Other problems detected:
 - Pollution and traffic
 - Insecurity in the streets
 - Insufficient public transport in some areas of the district

PRIMARY CARE HEALTH TEAM Larrard

■ Projects:

- **Mobility problems:**
'Walks for health'
- 'Caring for the Carer'
- 'Healthy ageing'

Problemes prioritzats


- **Problemes de salut:**
 - Artrosi, dolor i problemes de mobilitat.
 - Envel·liment, soledat i tristesa.
 - Alzheimer i problemes de memòria.
 - Manca d'ajudes socials a domicili per a la gent gran.
 - Hipertensió.
 - Llistes d'espera massa llargues per a la gent gran a l'atenció especialitzada i hospitalària.
- **Altres problemes:**
 - Contaminació, brutícia i soroll. Trànsit excessiu.
 - Manca de transport públic a algunes zones del barri.
 - Inseguretat als carrers.

Intervencions


Problemes relacionats amb la mobilitat:
Projecte "Caminem per fer salut"



Problemes relacionats amb l'Envel·liment i la Soledat:
Projecte "Xerrades envelliment saludable"



Problemes relacionats amb l'Alzheimer, la memòria i la falta d'ajudes socials a domicili:
"Taller: Cuidem el cuidador"



Larrard

Primary Health Centre Botermarkt Ghent, Belgium

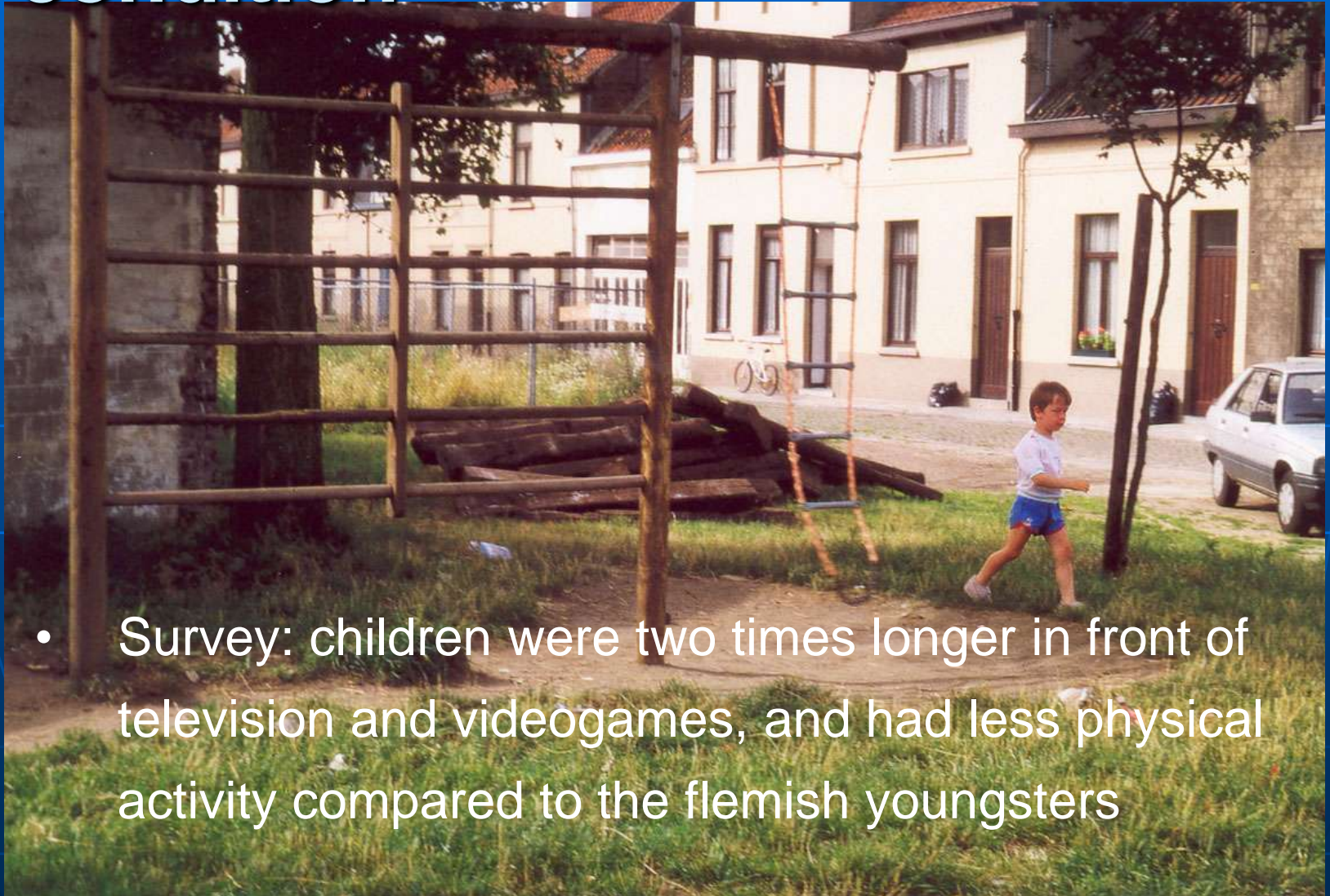


COPC-project: children's physical condition

- Consultation: problematic physical condition



COPC-project: children's physical condition



- Survey: children were two times longer in front of television and videogames, and had less physical activity compared to the flemish youngsters

COPC-project: children's physical condition

- Community diagnosis: lack of playgrounds

COPC-project: children's physical condition

- Intervention 1: construction of playgrounds



COPC-project: children's physical condition

- Intervention 2: organisation of activities



COPC-project: children's physical condition

- Evaluation:
 - ↓ street criminality
 - ↑ social cohesion
 - ↑ physical activity







Discussion themes

- How can health centres be community oriented and contribute to social inclusion? For example, how do they ensure that access to services is equal for both genders, for minority groups and children?
- Primary Care teams: how far have they been developed and how do they function in practice; how can benefits be described and assessed in particular regarding social inclusion?

- What have been the developments in terms of new professions and distribution or delegation of responsibilities within Primary Care settings? What are minimum levels of collaboration to ensure involvement in tackling social exclusion problems at community level?
- The optimal skill mix and its' implementation!
- How can the European Forum for Primary Care provide further support to its members and advocate for policies in Europe that are supportive to Primary Care in combating social exclusion?

Hope to see you again for further discussion on how to shape a social environment for adequate Primary Care in Europe.

Thank you for your attendance!

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