



European Forum for Primary Care

Activity Report, July 2015 – June 2016

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 2015 - June 2016, presented to the members by the Executive Board and the General Assembly of the EFPC.

General Reflection

The EFPC has arrived again in a crucial period with changes in the governance and activities. The secretariat has become administratively independent from NIVEL and had already the involvement of a younger colleague in the previous association year and this will be further developed in the coming years. Young Primary Care experts have established their own group which will be influential for the future. The current Executive Board has reached a high level of influence 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 and Peter Groenewegen as co-director of the prestigious European Observatory Venice summer school, this year on “Primary care: innovating for integrated, more effective care!”

The growth in numbers of the previous years has dropped a little and we should take this as a wake-up-call to invest more in retention of members plus engaging with new members, in particularly in areas and regions where we have little members. Still 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. A first step for more pro-active action has been launched via the SWOT analysis and the DELPHI survey in close collaboration with the Executive and Advisory Board which needs a proper follow up in Riga and the coming year.

The activities performed are all received well. In particularly we can mention the Study Visits organized for visitors from Singapore. Also the Amsterdam conference was evaluated well and the impact we do have via our social media interventions are clear and very cost (energy/time)/effective. In the aftermath of the Amsterdam we have been able to focus on the topic of Primary Care and the care for refugees, resulting in a role in the EU funded EUR-HUMAN project. In the side-line of this project and other initiatives on this topic, we are working on a Position Paper which emphasises again for the values as we have formulated these from our onset. On highly debated topics at EU level, like the

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discussion about how to respond to the rise of chronic diseases and more specifically patients with multi-morbidity, we have repeated our messages that care should be provided near patients homes and should be based on goal oriented care with patient focus. In the discussion around new terminology as patient-centred care and personalized medicine we have been again very critical in statements towards the European Commission and WHO. In the framework of the WHO European Framework for Action on Integrated Health Services Delivery we have made several comments on the academic approach in this process, not enough taking into account the perspective and experiences of the Primary Care professionals. New terminology is introduced as the world should get used to these instead of what they are used to. It becomes very clear in the evaluation of this process that Primary Care remains a key term and a cornerstone in the wish and need to develop Integrated Care. In the context of implementing Horizon 2020 (H2020), the European Union's Research and Innovation Framework Programme, the EFPC has provided its' very critical comments to the development of the work programme 2018-2020, as we came to the conclusion that the document contains mainly short-sighted visions and opinions and need a lot of re-phrasing for having a useful strategy for 2018-2020. These critical viewpoints have been picked-up regularly in the social media including powerful entities like the European Medicine Agency and Health First Europe or by influential individuals in Europe. We will continue this approach to continue our attempts to influence policy making at national and international level.

Highlights 2015-2016 according to the EFPC Executive Board members

- During the association year 2015-2016 a more balanced membership from a professional perspective has been achieved, clearly expressed in the current governance structures of the EFPC; as well in the Executive as in the Advisory Board a broad range of Primary Care professionals are included <http://www.euprimarycare.org/efpc-advisory-board>
- The constitution of the You&EFPC working group, 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>
- The critical EFPC response to the upcoming research agenda EU Horizon2020 Work Programme 2018-2020 which got applauds by several other European stakeholders <http://www.euprimarycare.org/news/eu-horizon2020-work-programme-2018-2020-efpc-response-upcoming-research-agenda>
- An important document published in 2016, was the opinion by the Expert Panel on effective ways of investing in health: "Access to health services in the European Union". The opinion concluded that there is need for more "policy analysis to enable a deeper understanding of the causes of access problems and to identify cost-effective policy responses, underpinned by research targeting groups of people facing multiple vulnerabilities. Policy responses should reflect the multi-dimensional nature of access problems, the importance of intersectoral action and the specificities of national and regional context". Applying this insights to the actual difficult health situation of migrants and refugees, is an urgent challenge for European health systems. <http://www.euprimarycare.org/newsflash/newsflash-2016-%E2%80%93-13-exph-seeks-new-members-published-new-reports-ho2020-primary-care-input>
- The acceptance of the EFPC as an official member for the Health Care Professionals Working Party of EMA for the period 2016-2019. <http://www.euprimarycare.org/news/efpc-accepted-member-ema-hcpwp>
- Global & Local, public health & primary care in action!, the side event on Primary Care at the World Health Assembly 2016 with a key-note by Jan De Maeseneer and organized by the EFPC secretariat: <http://www.euprimarycare.org/news/world-health-assembly-2016-global-local-public-health-primary-care-action>

Brief pre-view of the next Association year, July 2016 – June 2017.

The current Executive Board of six members will continue the next association year.

In the Advisory Board some changes will come whereas four current members, Jan De Lepeleire, Marije Bolt, Giorgio Visentin and Niro Siriwardena have ended their term or indicated not to prolong their advisory board membership.

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

The Advisory Board will start the 3 next association year with 16 members who will continue their involvement. At the General Assembly in Riga (5 September) 4 new members will be chosen if a sufficient number of candidates will have send their applications. The next onsite Advisory Board meeting is scheduled for the 4th of September in Riga, which will be followed by a web conference in the first months of 2017. The Advisory Board will follow up the work on the SWOT analysis and the DELPHI survey which has to provide more guidance for the future directions of the EFPC.

Our goal is to gain more financial support from the efforts in organising our yearly conference. The Amsterdam 2015 conference had a fine surplus of approximately 10.000 euro but unfortunately the expectations for Riga are less positive. For Porto 2017 we are more positive and have found already a good theme to engage with our members and stakeholders: "The Citizen Voice in Primary Care: a social commitment to 'health for all'" New Study Visits are planned to be organized in autumn for visitors from Kazakhstan which we will organize in close collaboration with our Dutch and Belgian members.

Planned activities are similar to those in previous years whereas our impact on EU policy-making level should be further strengthened. New Position Papers on relevant topics will be launched, member columns about Primary Care in specific European countries or regions will be written and meetings will be organised bringing together members from different countries and different professional groups to stimulate the exchange of knowledge within Europe regarding the organisation of Primary Care.

Important subjects will be:

- Care for refugees
- Patient/Community participation
- New Professionalism
- Interprofessional Collaboration (IpC)
- PriPHECi: Primary Care and Population Health for European Cities; further development of the PIE-APP
- Informal Care and Primary Care: the interlink
- Bridging the gap between medicines development and clinical practice: need for independent research for medicine development
- Integrated Primary Care: Research, Policy & Practice
- More evidence for cost-effectiveness of Primary Care; secondary care acts as an autonomous cost driver that does render the cost-effectiveness benefits of primary care unimportant or even irrelevant.
- Palliative care

- Mental Health and Primary Care and linking practice with research
- Increased involvement of the social workers profession within EFPC activities and discussions
- Interprofessional Education (IpE)

A major future project for the EFPC in the coming years is the use of innovative instruments and technology for communication with our members and stakeholders. Part of this challenge is involving more young people in the network, representing the different levels of academics, policy makers and professionals. The EFPC secretariat will engage a new young colleague as coordinator of the EFPC from the first of September to support the current coordinator. He/she is familiar with social media but also with web based communication tools which should be actively used by the EFPC secretariat to inform its members and disseminate information from members. Webinars have to be organized on a regular basis, using the experience and knowledge of our Executive and Advisory Board members on various topics.

By involving more young people in the governance structure of the EFPC we believe more young members will follow automatically as they will feel more attracted by what is offered by the network. The recently formed You&EFPC Working Group with young Primary Care experts is now operational and has already started a LinkedIn forum to exchange experiences.

The administrative organization of the EFPC secretariat will change. From the first of September the staff, coordinator and junior-coordinator will be contracted directly by EFPC where up till now they were contracted via the NIVEL institute. This change includes a lot of conditions to be arranged like EFPC internal regulations, insurances, contracts and a salary administration by a firm which can provide these services. The EFPC will have a contract for one year with Harte Accountants, based in a small village near Utrecht, the basis of the EFPC. This change is a next step in the independence of the EFPC and being a mature network with its own staff. It enforces the power of the association and its messages towards European policy makers, our ultimate goal in our work.

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 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 newflash (already running from May 2006 onwards), EFPC member column (Ukraine) and the use of Social Media like LinkedIn PC Forum (currently with more than 6400 members), a new LinkedIn platform of the You&EFPC group and an EFPC Twitter account of almost 1600 followers.

- In 2015/2016, a number of Position Papers are in development (Patient/Community participation, Palliative Care, Refugee care). The Position Paper “The health of Roma and Primary Care” has been published in The Slovenian Journal of Public Health.
- Europe-wide research, such as the PACE project (comparing the effectiveness of Palliative Care for Elderly people in long-term care facilities in Europe), with the EFPC role mainly concentrated on dissemination and contributing from a Primary Care perspective.

Specific between June 2015 – July 2016:

- The EFPC conference in Amsterdam (31 August /1 September 2015) with 225 delegates including strong and relevant contributions of Center for Excellence in Primary Care California University, IMPLEMENT, Dutch Ministry of Health, European Medicine Agency, European Association for Palliative Care and other international networks.
- Workshops and presentations at various international conferences of related networks such as WONCA Europe (GPs) conference in Istanbul and Copenhagen, COTEC/ENOTHE (Occupational Therapists) conference in Galway and the EUREGHA (European Regional and Local Health Authorities) conference in Brussels.
- A second EFPC webinar about “Understanding demand in Primary Care practices ... how to deal with workload pressures!” presented by Advisory Board member Harry Longman
- The EFPC and its members responded to a number of EC, WHO and other consultations of which the most important were the EU Expert Panel on Effective Ways of Investing in Health (EXPH) opinion on 'Disruptive Innovation. Considerations for health and health care in Europe', the WHO consultation on its' consultation for the Interim Report on the Implementation of the “European Action Plan for Strengthening Public Health Capacities and Services”, EU Horizon2020 Work Programme 2018-2020 with a critical EFPC response to the upcoming research agenda and several European Medicine Agency (EMA) consultations.
- The PriPHECi Working Group introduced the PIE APP at the EFPC 2015 Amsterdam conference. The APP collects “Problems, Ideas, Experiences” from EFPC members in the development of Primary Care at Community level.
- The Primary Care and Mental Health Working Group organized a workshop at the Amsterdam conference.
- The Network of Primary Health Care to European Medicines Agency (EMA) as European Forum for Primary Care (EFPC) Working Group has been accepted by EMA to be official member of the Health Care Professionals Working Party (HCPWP) to represent the Primary Care perspective and to increase the interest from Primary Care professionals in the work and decisions of the EMA.
- The International Federation of Community Health Centres has continued its' activities to disseminate the concept of Community Oriented primary Care provision at a global level.
- An agreement has been signed for a collaboration with Primary Health Care Research & Development (PHCR&D) which makes the journal now the official journal for the EFPC to publish its' Position Papers and editorials.
- Joint letter by Health First Europe (HFE), EuroCarers, European Social Network (ESN) to Leading advocates in health and social care policy call on Commissioners Andriukaitis and Thyssen to do more on community care. A follow up with EU Commissioners cabinet representatives is scheduled for September 2016
- Side-event on the 24th of May with the title “Global and local: Public Health and Primary Care in action!” at WHA16 in Geneva in close collaboration with the World Federation of Public Health Associations (WFPHA) with a crucial role of EFPC chairman Prof Jan De Maeseneer in presenting the Primary Care perspective

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- Primary Health Care Performance Initiative (PHCPI); links have been established with the new UN, World Bank and Gates Foundation initiative to promote Primary Care in the world; EFPC chairman Prof Jan De Maeseneer was invited as expert for their Primary Health Care Improvement Global Stakeholder Meeting in Geneva, 7 & 8 April 2016
- EFPC has been involved in the development and execution of the EU funded (DG Sante) project for improvement of health care for refugees; the project EUR-HUMAN was awarded together with 3 other projects and is now halfway with our role concentrated on WP7, Monitoring and Evaluation; our main expert involved is former Executive Board member Dr Pim de Graaf
- A new Working Group has been established: You&EFPC which has a focus on the involvement of Young Primary Care experts in the EFPC; it is a truly cross-professional and cross-sectorial groups which brings the young enthusiastic researchers, policy makers and practitioners together; it has developed its' own business plan and has launched a LinkedIn group recently.
- EFPC Executive Board member Prof Peter Groenewegen is co-director of this years' European Observatory Summer School in Venice "Primary care: innovating for integrated, more effective care!"

	Patients / Citizens	Professionals	Technology & Organization	Policy	Generic
Balance between research, health care field and policy makers	<ul style="list-style-type: none"> ▪ Position Paper on Patient/Community Participation ▪ Shared WHA16 side event with International Alliance of Patients' Organizations (IAPO) ▪ Involvement in PiSCE (pilot project on the promotion of self-care systems in the EU) 	<ul style="list-style-type: none"> ▪ Position Papers on Interprofessional Education, Palliative Care and Roma Health Newsflashes ▪ Editorial EFPC in Primary Health Care Research & Development ▪ Working Groups Mental Health and Palliative Care with a multi-professional composition ▪ EC Consultation on EXPH preliminary opinion on "Disruptive Innovation. Considerations for health and health care in Europe" ▪ Presence at EMA workshop with EFPC, UEMO and WONCA-Europe general practitioners/family physicians in London ▪ Establishment of the You&EFPC Working Group for young Primary Care experts 	<ul style="list-style-type: none"> ▪ Web-based search machine for country specific PC publications ▪ PriPHECi PIE APP: web-based learning environment for local governments and health care experts ▪ PACE, FP7 project on Palliative Care ▪ EUR-HUMAN, DG Sante project on Refugee Care ▪ Second EFPC webinar on "Understanding demand in Primary Care practices ... how to deal with workload pressures!". 	<ul style="list-style-type: none"> ▪ Position Paper on Roma health published ▪ Responses to International Consultations (WHO, EU, EMA) ▪ Involvement in European funded projects (EUR-HUMAN, PACE) ▪ Involvement in WHO Primary Health Care Improvement Global Stakeholder Meeting ▪ Official recognition as member of the European Medicine Agency Health Care Professional Working Party (HCPWP) ▪ Joint letter on Community Care development to EU Commissioners for Health (Andriukaitis) and Social (Thyssen) policies ▪ Involvement in the development of 2016 European Observatory Summer School ▪ EU Horizon2020 Work Programme 2018-2020, EFPC response to the upcoming research agenda! 	<ul style="list-style-type: none"> ▪ EFPC Amsterdam conference ▪ Twitter @PrimaryCare4um ▪ LinkedIn Primary Care Forum with more than 6400 members in June 2016 ▪ A new collaboration has been developed with the journal Primary Health Care Research & Development of Cambridge University Press being the official journal of the EFPC ▪ Organizing Study Visits in the Netherlands for Singapore Primary Care experts

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 membership¹ is one of the strategies. Now in June 2016, the EFPC has 27 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. Keeping the membership fees low for those groups helps them to maintain their link. We deliberately organize our upcoming 2016 conference in Riga to attract more members from Eastern European countries and the Baltic in particular. For the current number of members see below the graph on page 10.

	Patients / Citizens	Professionals	Technology & Organization	Policy	Generic
Broadening membership among target groups and equal geographical distribution	<ul style="list-style-type: none"> ▪ Position Paper on Patient/Community Participation ▪ Shared WHA16 side event with International Alliance of Patients' Organizations (IAPO) 	<ul style="list-style-type: none"> ▪ Liaison group WONCA/UEMO/EFPC meeting in Amsterdam and Copenhagen ▪ Key-Note presentation at the WONCA Europe and COTEC/ENOTHE conferences ▪ Position Papers on Interprofessional Education, Palliative Care and Roma Health ▪ Editorial EFPC in Primary Health Care Research & Development ▪ Linking up with International Professional Associations (COTEC/ENOTHE, WONCA Europe, WFPHA) 	<ul style="list-style-type: none"> ▪ Web-based search machine for country specific PC publications ▪ International Federation of Community Health Centres, development of innovative communication channels ▪ Links with EMA 	<ul style="list-style-type: none"> ▪ Publication of Position Paper on Roma Health ▪ Responses to International Consultations (WHO, EU, EMA) ▪ EFPC chairman as chairman of the EU Expert panel on effective ways of investing in health ▪ Involvement in European research projects (PACE & EUR_HUMAN) ▪ Official membership of the Health Care Professional Working Party of the European Medicine Agency ▪ Attending WHO meetings (European Regional meeting, Final Consultation of the European Framework for Action on Integrated Health Services Delivery, WHA16, Primary Health Care Improvement Global Stakeholder Meeting ▪ 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 	<ul style="list-style-type: none"> ▪ Newsflashes ▪ Workshops Istanbul & Copenhagen (WONCA Europe) ▪ Twitter @PrimaryCare4um ▪ 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)

¹ 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 2015 General Assembly on August 30 in Amsterdam, The Netherlands.

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 20 members met in Amsterdam (30/8/15) and once via a teleconference (4/2/16).

Name	Country	Profession
Marije Bolt (official COTEC representative)	Netherlands	Occupational Therapist
Dimple Thakrar (official EFAD representative)	UK	Dietitian
Mehmet Akman	Turkey	GP
Aigars Miežitis	Latvia	Health Economist
Jan De Lepeleire	Belgium	GP/Mental Health
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 (official WONCA Europe representative)	Norway	GP
Jamie Wilkinson (official EuroPharm Forum representative)	Belgium/UK	Pharmacist
Tiago Pinto	Portugal	Nurse
Antoni Peris	Spain	GP/Manager
Robin Miller	UK	Social Worker
Niro Siriwardena	UK	GP
Giorgio Visentin	Italy	GP
Harry Longman	UK	Engineer
Kate O'Donnell	UK	GP
Helene Colombani	France	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. It has been involved in the SWOT analysis and DELPHI survey which provided some more insight in the Strengths, Weaknesses, Opportunities and Threats of the EFPC. In the last Advisory Board meeting on the 4th of February it became clear that the following aspects were most important looking at future strategies:

- Internal Weakness 10 - "We are not powerful enough to influence health policy at EU level":
- External Opportunity 5 - "We have to increase the contacts and exchanges among EFPC members"
- External Threat 9 - "Primary care is not an attractive subject for many health professionals."

The next onsite Advisory Board meeting is scheduled for the 4th of September in Riga in which this search for the possible strategic choices will get a proper follow-up.

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.

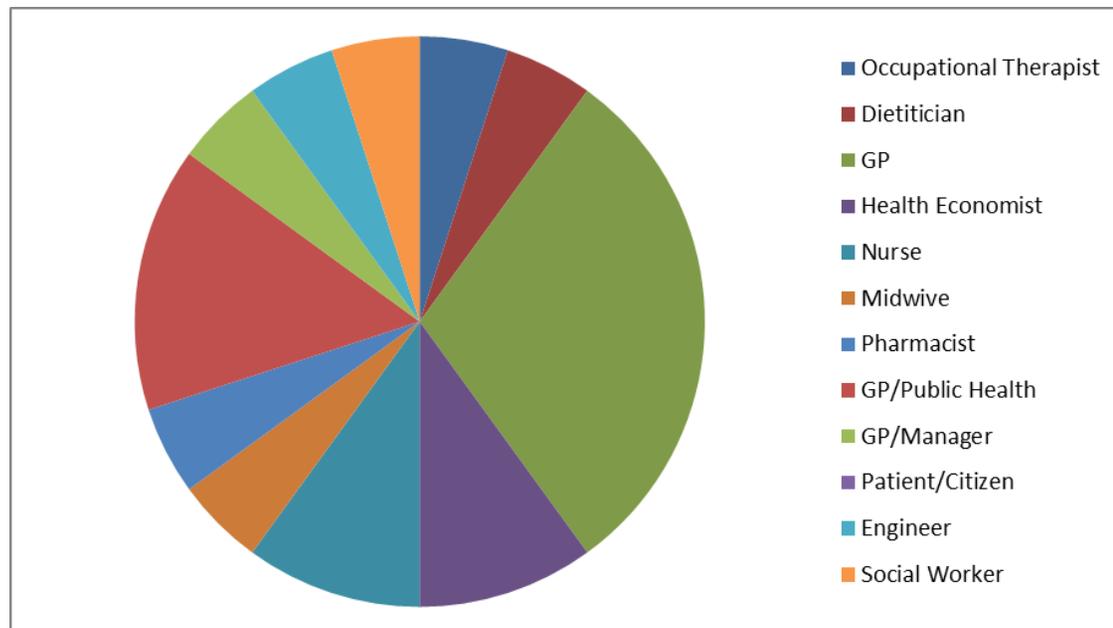
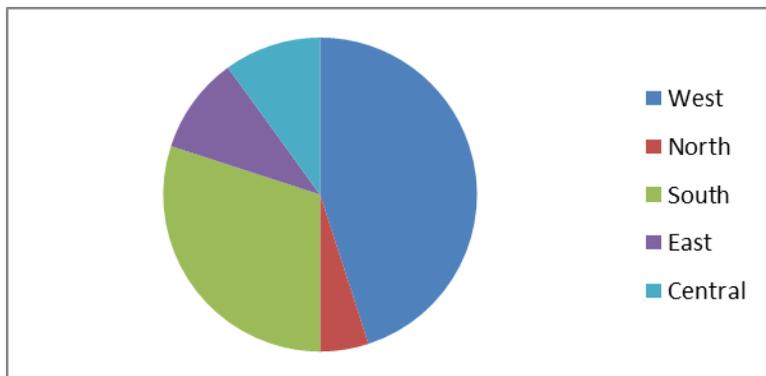
In the past Association year Secretariat, Executive Board and Advisory Board members held presentations or represented the EFPC at various conferences/meetings:

- Anna Stavdal at the Sixty-fifth session WHO Regional Committee for Europe; 14–17 September 2015 Vilnius, Lithuania;
- Jan De Maeseneer at the WONCA Europe conference in Istanbul with a key-note on "What has changed in the role of family physician and general practitioner", October 25, 2015; at the same conference Danica Rotar, Cagri Kalaca, Mehmet Akman and Diederik Aarendonk were involved in several workshops;
- Diederik Aarendonk with a key-note at the PORT "Patient-Oriented Centers for Primary and Long-Term Care" meeting in Berlin, 6 November 2015;
- Jan De Maeseneer at the EUREGHA conference, Brussels, 11 December 2015
- Sanne Snoeijs and Diederik Aarendonk attended the OSE conference "Health systems and EU law and policy", held in Brussels, 28th of January;
- Jan De Maeseneer at the WHO Primary Health Care Improvement Global Stakeholder Meeting in Geneva, 7 & 8 April 2016;
- Diederik Aarendonk, Anna Stavdal and Giorgio Visentin at the joint EMA workshop with EFPC, UEMO and WONCA-Europe with general practitioners/ family physicians (GPs/FPs) in London, 19 April 2016;
- Sally Kendall went to the Final Consultation of the European Framework for Action on Integrated Health Services Delivery, 2-4 May 2016, Copenhagen, Denmark;
- Tiago Pinto at the Health 2.0 Europe, Barcelona 12 May 2016;
- Jan De Maeseneer at the WHA16 in Geneva leading a side event on Monday 23 May 2016 with the title: Global and local: Public Health and Primary Care in action!;
- Dimple Thakrar, Victoria Vivilaki, Kathryn Hoffmann, Imre Rurik, Diederik Aarendonk and Jan De Maeseneer at the expert consensus meeting of the EUR HUMAN project in Athens, 8 & 9 June, 2016;

- Diederik Aarendonk and Danica Rotar organized a workshop about Palliative Care at the WONCA Europe conference in Copenhagen, 15-18 June 2016.

From EFPC side we could assist Jamie Wilkinson and his PGEU in connecting with the WHO European Regional Office and Marije Bolt and her COTEC/ENOTHE with a key-note presentation at their yearly conference by Jan De Maeseneer.

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



This distribution has improved from the professional perspective with less than half of the members now having a General Practitioners background. Still no representatives from patient/citizen groups in Europe, although attempts have been made but due to time-constraints did not result in an Advisory Board membership. An increase has been seen for Advisory Board members from the UK with now an over-representation from the Western part of Europe. In particular we need more Northern and Eastern European representatives. With a few vacancies to be taken over by new candidates at the General Assembly during the Riga conference the diversity can further grow.

Governance, secretariat

Diederik Aarendonk continued his role as coordinator within the EFPC secretariat at the NIVEL premises, for 2015/2016. He was supported by Junior Coordinator Ms Sanne Snoeijs from the 1st of November 2015. Unfortunately the contract of Sanne ended at the 1st of May 2016. Diederik Aarendonk took over for the rest of the association year, preparing a new structure of the EFPC secretariat including more administrative independence from the NIVEL institute.

Marianne Van Lancker based at the University of Ghent, department of Family Medicine and Primary Health Care, provides secretarial support to the EFPC secretariat.

	Patients / Citizens	Professionals	Technology & Organization	Policy	Generic
Growth & Financial sustainability	<ul style="list-style-type: none"> ▪ New associated memberships with related European networks ▪ EU funded project PiSCE on promotion of self-care systems in the EU ▪ Invitations for participating in relevant EU meetings (Health First Europe) 	<ul style="list-style-type: none"> ▪ Increased collaboration with linked professional networks (PGEU, COTEC/ENOTHE, WONCA) ▪ Global collaboration with International partners on Community Oriented Primary Care provision ▪ Presentations at GP and occupational therapists conferences. ▪ Development of Working Group on Young Primary Care Experts (You&EFPC) 	<ul style="list-style-type: none"> ▪ Newsflashes ▪ Twitter @PrimaryCare4um ▪ LinkedIn Primary Care Forum ▪ Web-based search machine for country specific PC publications ▪ Development of PIE APP ▪ Webinars 	<ul style="list-style-type: none"> ▪ Position Papers on Interprofessional Education, PC for Roma Patients, Patient participation and Palliative Care ▪ Increased collaboration with policy making bodies at EU level (EXPH, EMA, WHO) and international level (World Bank, Gates Foundation) ▪ Invitations for participating in relevant EU meetings (EUREGHA, Health First Europe) 	<ul style="list-style-type: none"> ▪ Collaboration in EU projects (PiSCE, EUR-HUMAN & PACE) ▪ A stable income from membership-fees ▪ Active role of Advisory Board members

Growth

The growth of the EFPC is mainly measured in terms of number of members. This year a decreasing number of members was seen and provides a warning for the coming years. (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 1.0 FTE for the year 2015/2016 based at NIVEL, the Netherlands Institute for Health Services Research in Utrecht and the University of Ghent, department of Family Medicine and Primary Health Care. The secretariat spends 30 % of its time on purely administrative matters and 70 % on organising (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 1

The EFPC enjoyed additional finances from the International Federation of Community Health Centres in 2015/2016.

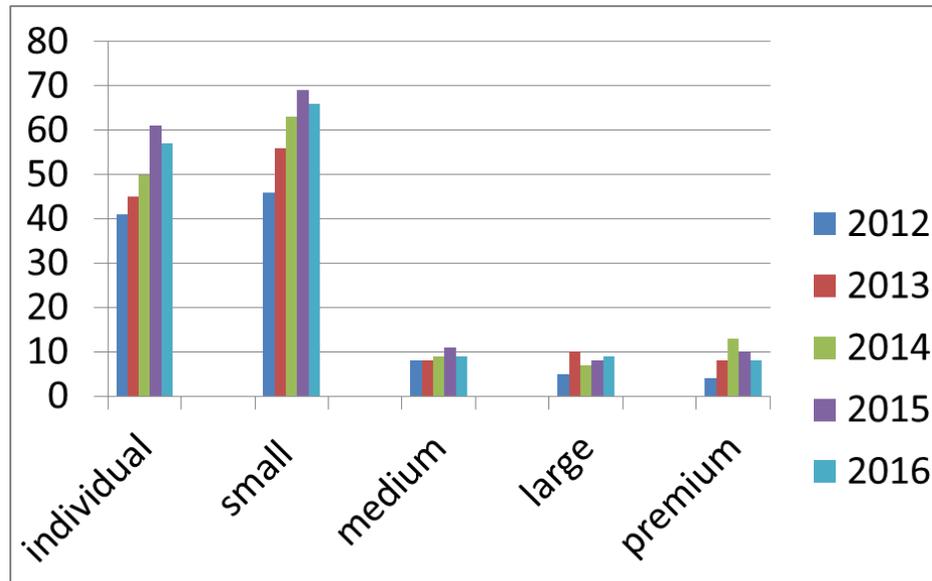
Ad 2

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 (EUR-HUMAN) led by the University of Crete for 2016 only.

Ad 3

The number of members now counts 92 institutional members. The total number of individual members is 57. (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 60.000 euro.

	2012	2013	2014	2015	2016
individual	41	45	50	61	57
small	46	56	63	69	66
medium	8	8	9	11	9
large	5	10	7	8	9
premium	4	8	13	10	8



For the first time in a few years we see a decrease of members in the different membership categories. Thanks to the small increase of the institutional fee levels (10% agreed at the 2015 General Assembly) the financial contribution from members on the total budget of the EFPC remains stable. But the decrease of members should be taken as a “wake-up-call” for the governance of the EFPC to invest in the retention of members and getting new members in all parts of Europe.

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 its' first impact factor and has increased the number of issues per year. Prof Sally Kendall, editor in chief of PHCR&D, is our liaison with also Prof Peter Groenewegen taking part in the editorial board.