

## **Annual plan association year, July 2020 – June 2021.**

Of the current Executive Board of six members two members have reached the end of their second term, Tino Marti and Cagri Kalaca and are replaced by Mr Harry Longman for the treasurer position and Ms Maria van den Muijsenbergh as normal member. The other members will continue their Executive Board membership.

In the Advisory Board some changes have occurred as well due to the fact that members Jill Long, Antoni Peris, Helene Colombani and Maria van den Muijsenbergh have stepped down.

An invitation for submission of CV's and letters of intention was issued to all members to fulfil the vacancies. Candidates have been nominated after CV's and background were checked by the current Executive Board. The General Assembly 2020 has selected the following candidates for the open places:

- Alexandre Barna
- Paula Vassallo
- Yann Lefeuvre
- Maria-Louisa Busuttill

At the secretariat no changes are foreseen with Diederik Aarendonk as the coordinator, Tom Walker junior coordinator and Irene Cubells as assistant for the coordination and finances.

Based on the three strategic objectives for the period 2018-2021:

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,

the EFPC has identified the following plans for the upcoming association year:

### Public participation in Primary Care

Started in 2017 the EFPC will continue its work for patient/citizen participation in 2020/2021.

This in order to guarantee that public participation initiatives are directly linked with decision and policy making. Based on several European examples collected via the online platform PIE, the EFPC wants to elaborate on the awareness and willingness to involve patients, their representatives, and users of health services. This can lead to projects related to citizens' participation in health education activities or to empower communities to build innovative strategies of participation in health planning, care delivery and health research. One important initiative for 2020/2021 is the application for a COST action with the working title:

“Promoting sustainable integrated healthcare by digital interprofessional platforms/tools for Inter-professional collaboration as a means of achieving patient-centred care.”

The COVID19 crisis has showed us how inter-professional collaboration via on-line tools could support

integrated care. In many countries this is already in place, for example to serve remote areas or to support task delegation. However 'digitalization' is a tool among other tools. Important is the underlying vision for integrated healthcare: how this can serve patient-centred healthcare and contribute to sustainability of our healthcare systems?

The objective would be to link stakeholders in primary care and public health including patient involvement in order to identify best practices, as well as for research, practice, and policy implementations. The network will create a knowledge hub for design based research.

Interdisciplinary: a broad variety of health professionals, IT specialist, educational scientists, sociologists. Furthermore education of both professionals and students will be an aim.

The EFPC as an existing network is well placed as a starting point for such a network bringing

together the different professional associations and the different levels (policy, practice & research) as well as having started already the PRIMORE project with the first steps for a European Primary care Multi-professional Researcher network.

There is a need to reorientate health services, putting individuals, families, carers and communities at their centre, supported by responsive services that better meet their needs, and that are coordinated both within and beyond the health sector. These reforms should also incorporate a human rights approach, enshrining access to health care as a basic right. Realising care that is people-centred needs to be able to optimally support people with complex health and care needs, by addressing both their health care, social care and support needs and preferences.

To achieve this goal we have joined the Erasmus+ project proposal “Alliance for Improved Access to Health” (ALTHEA).

This project aims to create an enabling environment that brings together all stakeholders to undertake transformational change to improve access to health care for people with disabilities with three main objectives:

1. To promote exchange of knowledge and competencies between health professionals, social care & support providers and the education sector
2. To co-produce an innovative training programme on Integrated people-centred care services for persons with disabilities
3. To create a cross-sectorial learning network on human rights-based care service delivery

#### Interprofessional Primary Care research

In 2019, to be continued in 2020/2021, we have started the development of capacity building towards a primary care research network. This is strengthening the link between policy, practice and research in the domain of interprofessional primary care by leading a “European Primary care Multi-professional Researcher network” (PRIMORE) funded by the Norwegian Research Council. For this we actively engage with the single professional networks, such as EGPRN (European General Practice Research Network), EFAD, OTEurope, PGEU, etc. These networks partly focus on clinical subjects but also have their interest in organizational aspects of health care provision. 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.

In addition to the application for a COST action (see above), a consortium initiated by the EFPC and including a majority of EFPC members, has submitted a H2020 proposal called RESET-ID. The overall goal of RESET-ID is to implement innovative research as well as apply established research methods to novel settings, in the areas of policy, practice, health care systems, and health care settings. The focus is on policy and practice in primary care, targeting end users to provide insight into the social, including gendered, dynamics of the outbreak, and the related public health response. This project will generate both knowledge and actionable instruments to help mitigate the social impact of the outbreak response itself as well as the unintended consequences of epidemic-control measures of the COVID-19 pandemic at systems, meso- and micro-level.

RESET-ID will combine state-of-the-art techniques, including innovative methods to analyze aspects of the COVID19 phenomena as well as develop sensitive and effective interventions. Moving beyond state of the art, this projects emphasizes disruptive methods that will be either validated (complex analysis of health system interventions for decision guiding), piloted (e.g. country profiling and children interventions), developed (e.g. those for mental health interventions) and will also apply established research methodologies from various disciplines. Implementation and social science research will guide the design and realization of the interventions, the use of comparative and in-depth study designs and mixed methods approaches within work packages, including quantitative,

qualitative, ethnographic, spatial modelling and participatory methods. The applied methodologies range from surveys - quantitatively and qualitatively applied online or in person -expert focus groups, in-depth qualitative interviews in individual settings or in group settings as well as ethnographic observations, and participatory approaches.

#### Community Oriented Primary Care

Both initiatives, public participation and interprofessional primary care research, come together in the plans to promote further the concept of Community Oriented Primary Care.

Community Health Centres (CHCs) are community-oriented primary care (COPD) organizations that deliver health and social services through interprofessional teams, addressing the specific needs of local communities. CHCs involve members of the community in planning and programming and employ a multi-sector approach to address social determinants of health. CHCs currently exist in dozens of countries around the world and have been demonstrated to improve accessibility of health and social services; reduce health inequalities; improve health outcomes; and contribute to the cost-effectiveness and sustainability of health systems. Scale-up of CHCs around the world presents the global community an opportunity to fulfil the potential of primary health and achieve commitments to sustainable developments goals.

Via Primary Sources our connection with the Primary Health Care Performance Initiative and its' partner AfroPHC we will explore further possibilities with our African colleagues persuading the development of Community Health Centres. Providing examples of good practices in times of crisis, makes clear what is the added value of CHC's all around the world. Linked with our goals on Interprofessional Primary Care research and patient/citizen involvement this provides an interesting mix for our members to be an active member.

#### EFPC Working Groups on Primary Care related sub-themes

In the previous association year we have worked on a guidance for WG's. This has resulted in the following objectives:

- Promote, start and communicate the discussion and/or research in the topic of the WG
- Advise public health authorities as well as other organizations about the aspects concerning the topic of the WG
- Develop consensus documents, position papers, etc.
- Advise EFPC Executive Board (EB) in their field of expertise
- Represent EFPC upon request by the EFPC EB at conferences and in collaboration meetings with international partners and stakeholders

EFPC encourages the establishment of Working Groups (WG). WGs are international and open to all EFPC members.

The following conditions and facilities are going to be provided:

- WGs can request to organize a meeting, workshop, seminar, etc at EFPC conferences and are entitled to limited assistance from the secretariat.
- WGs can request the secretariat for dissemination of their products by the different means the secretariat has (newsflash, social media, links with other networks, etc).
- WGs can ask for online activities like webinars and ask for assistance from the secretariat to organize these online activities.
- WGs and EFPC secretariat collaborate on keeping the information for WG activities at the EFPC website updated.
- The WGs actively use the EFPC online platform PIE to exchange and discuss the topic/theme.

In addition we should be able to seek for project money for several WG's as we have been able to achieve for the Mental Health WG from the PRIMORE project.

The COST action application and the other EU proposals (see above,) if successful, could be a major source.