

Future mandates/questions for the Expert Panel on effective ways of investing in health

Fields marked with * are mandatory.

Expert Panel on effective ways of investing in health

The Expert Panel on effective ways of investing in health is an interdisciplinary and independent group established by the European Commission to provide non-binding advice on matters related to effective, accessible and resilient health systems. The Expert Panel supports DG SANTE in its efforts towards evidence-based policy-making and the development and availability of state of the art cross-country knowledge. The Panel issues opinions to inform national policy making in improving the quality and sustainability of their health systems and support EU level cooperation to improve information, expertise and the exchange of best practices.

After the appointment of the new members of the Panel by Director-General of DG SANTE in December 2019 the Panel should work on three mandates/questions in 2020. We would like to get an input from stakeholders - registered HPP members which questions the Panel should elaborate in their opinions.

* Organisation you represent

European Forum for Primary Care

* What question(s) should the Panel's opinion(s) address? (You can suggest more than one)

1000 character(s) maximum

- 1) How can health systems support elderly to have active, social and meaningful lives? How can we enhance the image of elderly care to make it more attractive?
- 2) How can Primary Care be incentivised and/or skilled up to support the growing increase in mental health issues, especially for young people?
- 3) How can access to Primary Care and health literacy for all citizens be improved to ensure equity of care, knowing the health disparities, stigma and discrimination of vulnerable groups in societies?
- 4) How can health systems utilize the expertise of all professionals involved in health care to secure universal coverage and quality of care?
- 5) How to speed up the transition from hospital-centric towards Primary Care lead health systems including social care? How to reconcile a broad solidarity to pay for health with decentralized health services?
- 6) What fundamental reform(s) are needed to improve development/access to medicines & technology?

* What is the rationale for the proposed opinion(s), how is it linked to the EU health activities?

4500 character(s) maximum

1) Healthy Aging

How can we achieve integrated care for the elderly? How can we enhance the image of- and working conditions in- elderly care to make it more attractive?

The care for older persons should be a priority, facing a situation in many European countries where peoples life's are prolonged more and more but quality of life is not keeping pace. The care provision in nursing homes is mostly of a very poor quality with large groups of residents, not well trained personnel, workforce shortages, no tailor-made care provision at all, poor equipped premises, etc. The adage from the EU is healthy aging but when this is not achievable anymore, high quality care should be provided. As a society we fail which is a shame as everybody should be able to spend their last days of life in dignity and not with a shot of morphine.....We need to enhance the quality and standardisation of service in nursing homes. Hence, there is a huge demand for high quality care for older people.

2) Mental Health

There is widespread acknowledgement that mental health problems are increasing in our societies where the impact of trauma, stress, austerity and poverty are expressed through depression, anxiety, psychotic illness and suicide. In a world where 1 in 5 people will experience a mental health episode at some point in their lives it is essential that PC can provide both support and treatment, including therapy. But to do so requires proper training in mental health, skilled diagnosis and psychotherapeutic approaches. In turn this necessitates funding and incentives to PC to ensure that mental health has the same priority as physical health conditions.

3) Health Equity; Care for vulnerable groups in society like migrant populations including health literacy

What role can communities play in primary care provision? How can Health literacy and basic knowledge on self-responsibilities on health be improved?

Integrated care for vulnerable pregnant women / young families; as we know that socioeconomic health disparities start before birth - and especially stress and smoking during pregnancy have huge negative effect on the health of children - supporting vulnerable women during pregnancy and after delivery by integrated medical and social care, targeting not only healthy lifestyle but also underlying causes as poverty / financial debts / low health literacy / domestic violence and assuring access to good quality cultural competent person

centred healthcare. In the Netherlands the government is supporting this approach through the "healthy start" program;

4) New professional roles

How to address workload/workforce and harmonize new health professional profiles at European level and reform health professional training?

New roles or new professions are needed to support nurses and doctors. Frequently administrative activities or registrations are a workload on health professionals making difficult clinical activities.

Isolation at home and loneliness are risk factors for future illness that are to be covered and solved by professionals with a specific service basket on these situations.

There is an over reliance on doctors and nurses with acute shortages in both professions. These gaps can be filled by other professionals.

5) Primary Care lead health systems

Equity of access and improvements in the quality of care are clearly European priorities as expectations of the health system increase and people live longer with co-morbidity and frailty. Such populations cannot be economically supported in the hospital sector and therefore a well costed system of care in the community, including social support and care homes, becomes a political and societal necessity.

Comprehensive Proactive Primary Health Care Literature about C-P-PHC is so huge and well-known. We suggest to the Panel to address this question "how to reinforce the need of C-P-PHC in EU region regarding old and new challenges". C-P-PHC approach can save money, it can save lives and quality of lives, it can democratize health systems and civil society.

6) Medicines & technologies

Antimicrobial resistance is a growing and alarming problem. Primary Care providers play an important role in tackling the AMR. How to involve Primary Care workforce in tackling AMR?

How can Primary Care benefit from ICT developments knowing the huge risks in the era of wild technological innovation?

* What are the main issues to be covered by the Panel's opinion(s)?

4500 character(s) maximum

1) Health Aging

The image that society often displays with regard to older people is not always attractive for young health professionals.

At the moment we care for elderly people but we need to provide social engagement programmes, exercise programmes etc. There is a wealth of evidence to show that this improves cognitive function, physical and mental wellbeing, but the programmes need to be developed and delivered by the right people e.g. physiotherapists & occupational therapists can advise about safe exercising with chronic illnesses like COPD.

2) Mental Health

Mental health interventions must include support from appropriate health professionals to exercise/increase physical activity and social engagement. Again there is emerging evidence of exercise programmed leading to improved outcomes and reduced reliance on medication in this population.

Children, adolescents and young adults: high pressure starting at the children garden lasting till the end of the academic studies, shortage of recovery time, culture clash, insufficient care provision by social work, no community health care in Austria, taboos for psychotherapy by adults and older people, social isolation of old people

3) Health Equity; Care for vulnerable groups in society like migrant populations including health literacy
Continuing attention to socioeconomic health disparities and underlying factors such as poverty / social exclusion / limited health literacy.

Health literacy must be tackled at different levels. Initially in communication between patient and health professional, but at the same time citizens must be familiarized with the facts and myths to be found on the digital 'health sources'. There are some good practices on fact checking such as gezondheidswetenschap.be (unfortunately only in Dutch).

Questions at stake: how to have a conversation with a doctor? how does the national health system work? how is it funded? how to make a health concerning decision? How to lead a healthy life? (cooking and diet, spend time in the nature --> combination with mental health,...)

4) New professional roles

Professional workload and new workforces

Healthcare professional training in the EU; pre and post graduate training of health professional lacks interprofessional training - competence and skill description is needed in an era of multidisciplinary work

5) Primary Care lead health systems

Facilitating integration of primary and secondary care and social care and prevention / public health; following up on Astana and the recent EU report State of health in Eu , shifting towards prevention and primary care

- shaping financial and political conditions
- training of professionals

Central to everything should be the perspective and experience of the citizen above political expedience. The societal economics of prevention of diseases and of disease progression should be taken into account.

6) Medicines & technologies

Improve the implementation of artificial intelligence in order to facilitate the therapeutical adherence.

Mobile apps, how to make best use of them to improve the quality of care and the quality of life?

HTA New technologies (imaging machines, innovative drugs, digital therapies, artificial intelligence diagnostic tools, robot-surgery, drone\robot homecare aid, ...) will increase costs and will exploit resources from health system. The Health Technology Assessment usually is necessary but needs a time longer than the disruptive innovation life.

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