



European Forum for Primary Care

Activity Report, July 2019 – June 2020

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 2019 - June 2020, presented to the members by the Executive Board at the General Assembly of the EFPC.

General Reflection

2019-2020 has been a strange year for the EFPC, not only due to the first half year of 2020 with all COVID19 regulations but also due to the fact that EFPC chair, Sally Kendall, had to withdraw herself for eight months due to a serious health problem. Both impacted the work and activities of the EFPC. Nevertheless we had a very good start with an excellent #EFPC2019 Nanterre conference with a very diverse program including a theatre performance “Weirdo” about mental health in the society, interesting site-visits in Nanterre, the famous suburb city of Paris and the contribution of many, also new members.

Fortunately, previous Executive Board member, Pim de Graaf, agreed to become for a half year interim chair of the EFPC providing guidance to the association and the secretariat. Since the beginning of July Sally Kendall re-started her activities EFPC chair.

As a consequence of the COVID19 regulations we invested even more in online activities and connections, including the organisation of a series of interactive webinars and focus groups. During spring we had to cancel the announcement of our #EFPC2020 Ljubljana conference preserving a late cancellation with unwanted financial risks.

Partially due to COVID19 constrains, the finances remain a challenge. In the previous association year we have lost a number of individual and small institutional members. Renewing the contact persons from the different institutional members after some have left the institute or organisation appeared to be an important challenge. Besides, we did not have EU funded projects running.

Still we could organize a number of activities which were received extremely well. In particular, we can mention the series of lunch-webinars and Focus Groups on COVID19 and AMR. Also the Nanterre conference was evaluated well, with many interactive sessions. Both the Focus Groups and conference resulted in statements that were sent around to our European stakeholders.

Highlights 2019-2020 according to the EFPC Executive Board members

- EFPC statements
 - Statement on COVID-19 from the European Forum for Primary Care: Reducing the Impacts on Vulnerable Groups
<http://euprimarycare.org/2020/06/11/efpc-statement-on-covid-19/>
 - EFPC Mental Health Working Group Statement
<http://euprimarycare.org/2020/06/04/efpc-mental-health-working-group-statement/>
 - EFPC Statement on Vaccination and Primary Health Care
<http://euprimarycare.org/2019/10/24/efpc-statement-on-vaccination-and-primary-health-care/>
- Online Focus Groups on collateral damage caused by health care systems in COVID-19 mode
<http://euprimarycare.org/2020/03/31/wednesday-8-april-two-online-focus-group-on-collateral-damage-caused-by-health-care-systems-in-covid-19-mode/>
<http://euprimarycare.org/2020/04/08/online-focus-groups-on-collateral-damage-caused-by-health-care-systems-in-covid-19-mode-2nd-round/>
- A series of EFPC lunch-webinars <http://www.euprimarycare.org/efpc-webinars> tackling topics like COVID 19 Experiences from Primary Care in Europe, Nightingale Challenge, Migration and Healthy Aging, Interprofessional Education in Primary Care and Remote digital triage.
- Collaboration on Primary Sources <https://www.surveymonkey.com/r/Y7BS5VM> with WONCA World, Afro Primary Health Care and Primary Health Care Performance Initiative (PHCPI) including a first European contribution to Primary Sources from Austria, St Pölten.
<https://improvingphc.org/blog/2020/06/11/new-routine-primary-care-experiences-austrian-phc-center-during-covid-19-crisis>
- EFPC 2019 Conference “Primary Care and local communities: health equity for everyone, everywhere” including the pre-conference theatre performance “Weirdo”.
<http://euprimarycare.org/efpc-conference-nanterre/>
- EFPC contribution to the EXPH survey on future mandates
<http://euprimarycare.org/2020/01/28/efpc-contribution-to-the-exph-survey-on-future-mandates/>
- A new EFPC website
<http://euprimarycare.org/>
- Establishment of a new Working Group on Prison Health and Primary Care
<http://euprimarycare.org/2020/02/05/new-efpc-wg-on-prison-health/>



Brief preview of the next Association year, July 2020 – June 2021.

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).

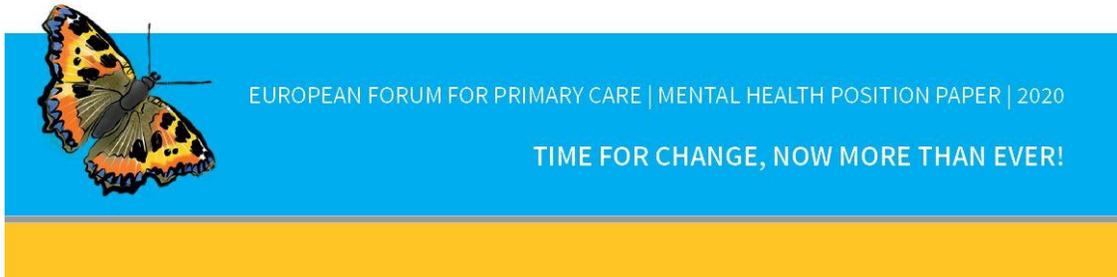
- WGs can ask for online activities like webinars and ask for assistance from the secretariat to organize these online activities.
 - WGs and EFPC secretariat collaborate on keeping the information for WG activities at the EFPC website updated.
 - The WGs actively use the EFPC online platform PIE to 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.

Report 2019 - 2020

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 (July '19 – June '20), against the background of its organisational aims.

Main activities.

- EFPC fortnightly newsflash (already running from May 2006 onwards) and the use of Social Media, like LinkedIn PC Forum (6507 members) and an EFPC Twitter account with 2133 followers.
- The 14th EFPC yearly conference in Nanterre, France (29 September/1 October 2019) with 220 delegates including three great key-note presentations by Sara Willems, Armin Fidler and Charlotte Marchandise and relevant contributions of for example the Scottish Deep End project. In the pre-conference we concentrated on the achievements in the local community of Nanterre and on mental health via the great theatre performance “Weirdo”.
- The PRIMORE project kept its’ activities on the online PIE platform.
- Workshops and presentations at various international conferences of related networks such as European Public Health conference in Marseille and European Patients Forum in Brussels.
- Statements developed on
 - COVID-19: Reducing the Impacts on Vulnerable Groups
 - Mental Health Working Group Statement



- Vaccination and Primary Health Care
- Opinion Piece: Dealing with the Collateral Damage of COVID-19 on Mental Health, and the Elderly. Submitted to the British Medical Journal – Currently Under Review
- A variety of EFPC webinars with a range of topics like COVID 19 Experiences from Primary Care in Europe, Nightingale Challenge, Migration and Healthy Aging, Interprofessional Education in Primary Care and Remote digital triage.
- The organisation of online Focus Groups plus the launch of a survey on collateral damage caused by health care systems in COVID-19 mode
- Start of the new EFPC Working Group on Prison Health and Primary Care.
- The Working Group You&EFPC with a focus on the involvement of Young Primary Care experts in the EFPC held a meeting in Nanterre during the EFPC 2019 conference.
- Responses to international consultations like the EXPH survey on future mandates .

- Publication of the article: “The establishment and functioning of the PRIMORE (European PRImary care MultiprOfessional REsearcher network) Project” in Primary Health Care Research & Development (PHCRD), the official journal for the EFPC
- The EFPC joint two large EU project proposals (Alliance for Improved Access to Health, ALTHEA & REthinking Systems Transition through Innovative Disruption, RESET-ID) as a partner, mainly to be active in the field of dissemination. We are awaiting the results.
And the EFPC initiated the development of a COST action proposal on “Promoting sustainable integrated healthcare by digital interprofessional platforms/tools for interprofessional collaboration as a means of achieving patient-centered care” to be submitted at the end of October 2020 in close collaboration with many EFPC members, including all European professional association, and led by the University of Nijmegen.
- Initiating the collaboration on Primary Sources with WONCA World, Afro Primary Health Care, and Primary Health Care Performance Initiative (PHCPI) including a first European contribution to Primary Sources from Austria, St Pölten.
- The EFPC secretariat has developed a new website in the second half of 2019 going live at the beginning of 2020. The old website served us for more than ten years and thus there was a big need to have it renewed and made up to current standards
- After cancellation of the #EFPC2020 Ljubljana conference, the EFPC secretariat started to develop a small online event instead consisting of a pre-conference day with a virtual site-visit and masterclass and a two main conference with on day one a key-note lecture and the General assembly and on day two a few theme based workshops.
- The establishment of a guidance for EFPC Working Groups which provides information on how WG’s are embedded in the governance structure and what are the objectives, status, conditions and regulations. The identification of one or more board members to take part in the WG’s and being the linking-pin to the governance level was a next step which should lead to more effective use of the WG’s.



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 professions. Establishing mutual association membership¹ for European/international associations of primary care (related) professions is one of the strategies.

¹ Associated membership: mutual recognition as a member without charging membership fee and without voting rights in each other's General Assemblies.

In the previous association year we established such a mutual association with the European Association of Dental Public Health and progress has been made to have such a relationship with the European Midwifery Association as well.

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 and webinars. Keeping the membership fees low for those groups helps them to maintain the connection with other members.

The geographical distribution is still a matter of concern with a majority of members in the western part of Europe with remarkable black spots like Luxemburg, Finland, Bulgaria, Croatia and Serbia. As we are following the WHO European Region members state list we also lack the involvement of the Eastern European and central Asian states of the former Soviet Union.

For this year we welcomed new members from Cyprus, Germany, Austria and France in particular. Although we experienced a drop in the number of members, we still believe in the importance of being a membership driven association, as well from a content and financial perspective. Financially it is a more secure finance source than conference or project sources. And from a content perspective our membership is the biggest source for producing any material or activity.

Based on this output we need to be able to raise more interest from other potential members. For this some temporarily project funding might be helpful to get our messages better spread.

For the current number of members see below the graph on page 12.

Governance, growth and (financial) sustainability of the organization

Governance, Executive & Advisory Board

The EFPC held its 2019 General Assembly on September 30 in Nanterre, France. The current Executive Board (Sally Kendall, chair; Tino Marti, treasurer; Alessandro Mereu, member; Cagri Kalaca, member; Judith de Jong, member; Andrea Canini, member) has met 6 times (1 on-site & 5 on-line meetings). In the past association year we were confronted with a long sick-leave (>6 months) of our chair Sally Kendall. From the beginning of January her position was taken over by interim chair Pim de Graaf who led the association for the previous 6 months.

In a summer Executive Board meeting it was approved to have Harry Longman co-opted in the Executive Board to take over the role of treasurer of Tino Marti who will end his second term as Executive Board members this year.

The agenda of the previous year covered EFPC's involvement in statements of other organisations, practical planning of activities hampered by the COVID19 regulations and the follow up of the financial situation of the EFPC.

The Advisory Board, consisting of 20 members met in Nanterre (29/9/19) and online (25/3/20).

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 our own statement focussed on the Collateral Damage due to Health Systems in COVID19 mode.

The next Advisory Board meeting is scheduled for the 28th of September as an online meeting due to the cancellation of the Ljubljana 2020 conference. In this meeting four Advisory Board members will end their activity in the Advisory Board for several reasons. They have played an outstanding role in pushing the EFPC further as an important network when it comes to improvement of the health of Europeans.

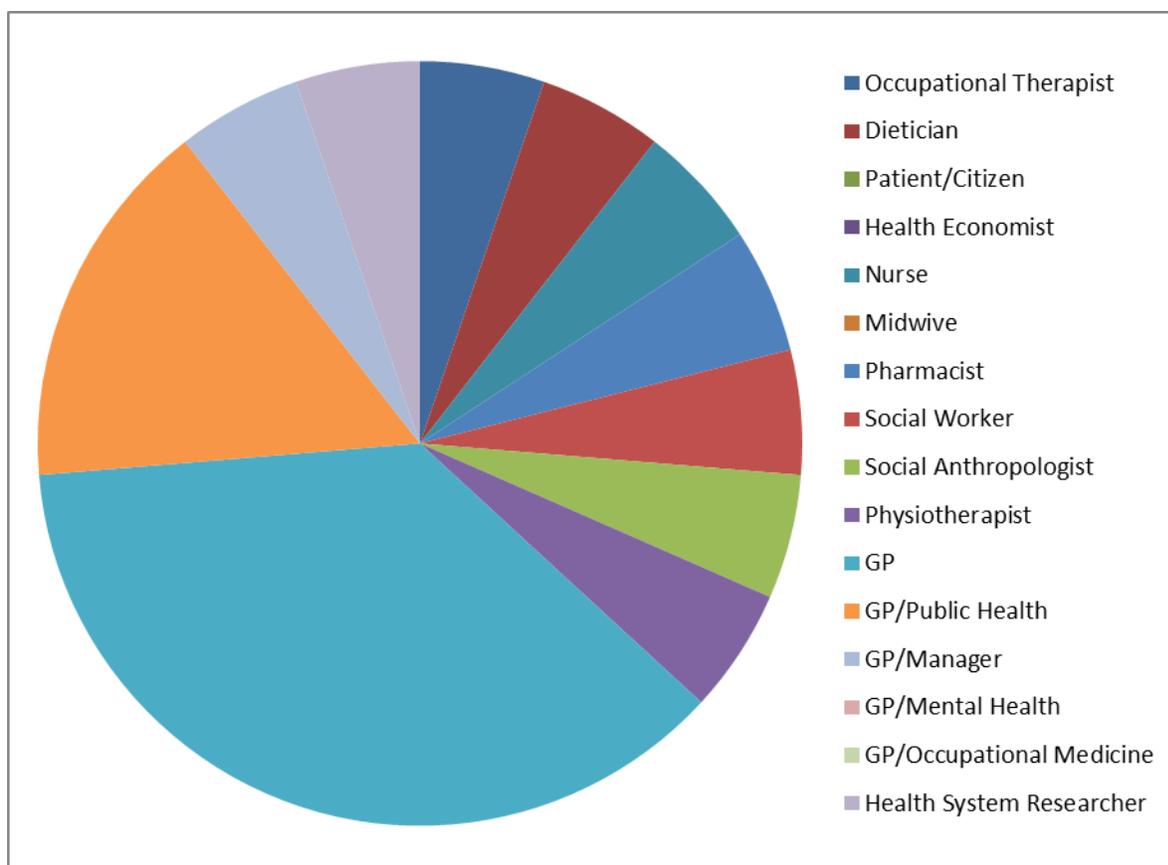
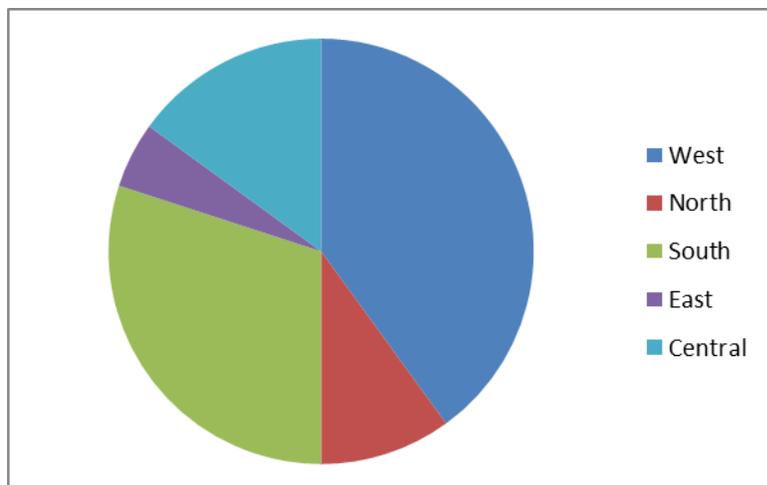
A balanced geographical and professional - including patient/citizen representatives - distribution among the Advisory Board members is important and will have its positive effect on acquiring new members, an increase of discussion via online platforms (e.g. PIE for sharing "Problems, Idea's & Experiences) 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.

Due to the absence of our chair and the COVID19 regulations In the past Association year many scheduled presentations for various conferences/meetings were cancelled (WONCA, Austrian Primary Care Forum, etc) resulting in a much shorter list of EFPC involvement:

- European Patient Forum, Brussels, November 2019 (Jan De Maeseneer & Elena Petelos)
- European Public Health conference, Marseille, November 2019 (Judith de Jong & Elena Petelos)

Instead many online EFPC meetings (webinars, Focus Groups, etc) were organized in which several board members were involved and with a diverse audience from many parts of Europe and beyond.

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



There are still no representatives from patient/citizen groups in Europe, although attempts have been made.

There is an over-representation from the Western part of Europe and we still need more Northern and Eastern European representatives.

With four vacancies for new Advisory Board members at the upcoming General Assembly the diversity can further grow.

Governance, secretariat

Diederik Aarendonk continued his role as coordinator of the EFPC, now with the help of a new junior coordinator, Tom Carter, since the start of 2020, running the secretariat at the NIVEL premises in Utrecht, the Netherlands, for 2019/2020.

The administrative support comes from Irene Cubells based in Barcelona.



Diederik Aarendonk
Coordinator of the Forum



Irene Cubells
Forum Secretariat



Tom Carter
Junior Coordinator

Growth

The growth of the EFPC is mainly measured in terms of number of members. This year a decrease of the number of small-institutional and individual members was seen. (See below ad 3, membership fees) It remains always difficult to assure visibility and showing our membership and potential members the added value of our work which is often invisible. Certainly now with the COVID19 regulations which hampers the activity of the association. This might play a role of the decrease of members.

Financial sustainability of the EFPC

The separate financial report details the financial status of the EFPC. Balancing income and expenses will remain a particular challenge as it was in the previous years.

On the expenses side: the EFPC has operated with a secretariat of 0,7 FTE for the year 2019/2020 based at NIVEL, the Netherlands Institute for Health Services Research in Utrecht. In addition administrative support is provided by Ms Irene Cubells based in Barcelona. The secretariat spends 20 % of its time on purely administrative matters and 80 % on organising (contributions of) members and content matters of the EFPC. This includes attendance of meetings and network events, preparation of policy statements and development of project proposals. We have achieved a slight reduction the administrative part by using easier and better solutions for our member and conference administration.

The salary administration is executed by a private service based in the Netherlands. The premises is rented from NIVEL including ICT support.

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. We are happy with this business-model as it remains a rather confident source of funding, compared with for example project funding or the positive balance from a yearly conference. If the latter would have been our main source of income we would have been in big trouble after a cancelled conference this year.

Ad 1

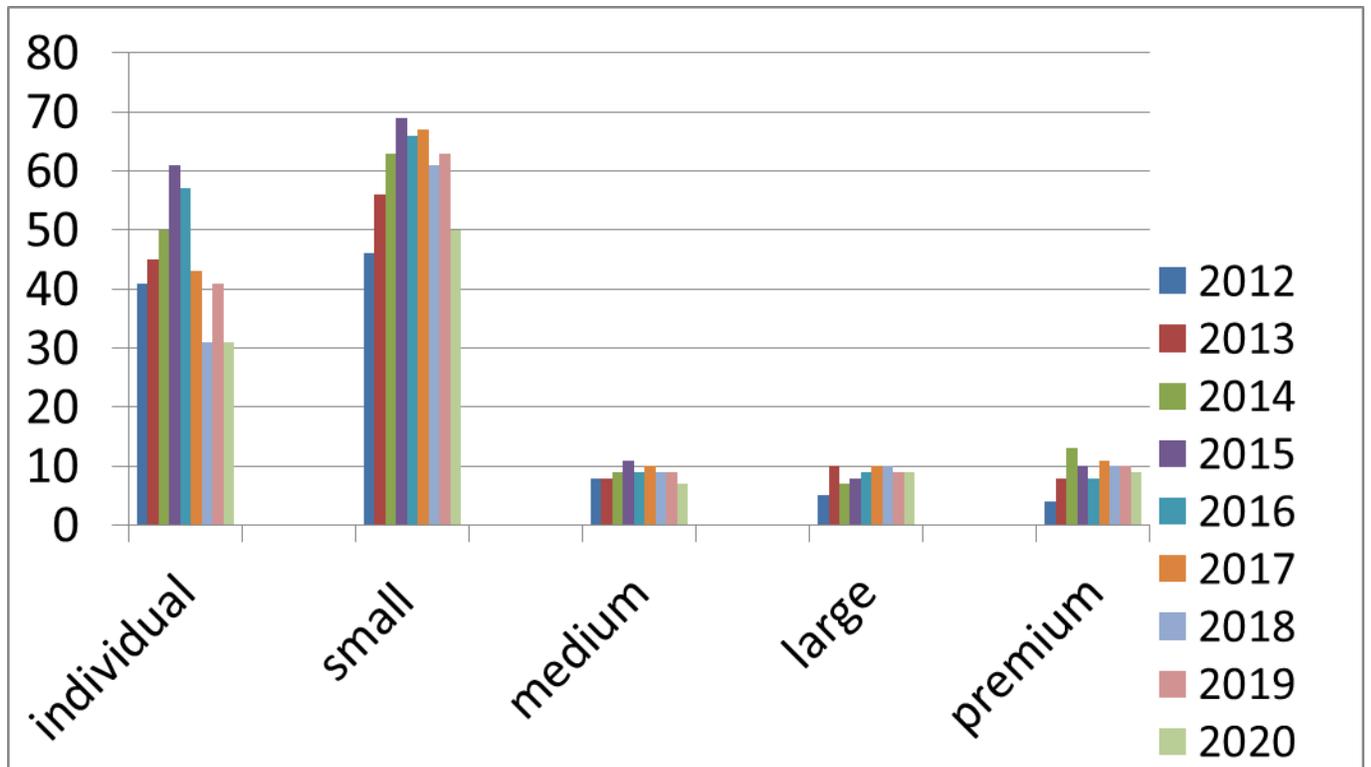
The EFPC did not receive any institutional funding in the previous association year

Ad 2

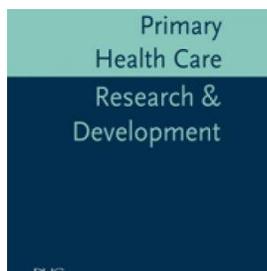
The EFPC's conferences, webinars and development of Position Papers are main activities. The EFPC is not anymore involved in EU funded projects. On the other hand it receives project funding from the Norwegian Research Fund for its' PRIMORE project, led by its' Norwegian member, the Centre for Care Research.

Ad 3

The number of members now counts 75 institutional members. The total number of individual members is 41. (see below the graph of the number of the different member groups for the EFPC Association).



The numbers of institutional and individual members have gone slightly down and we should conclude that more efforts have to be made for keeping members on board. Although it remains difficult to connect with potential new members in such a way that they register, extra efforts in the follow-up of potentially interested persons/institutes plus offering interesting activities like those in the PRIMORE project, webinars do lead to new members and retaining current members.



Primary Health Care Research & Development (PHCRD) of Cambridge University Press (CUP) remains our preferred journal for publication. The journal has been moved to an Open Access model from 2019 onwards. Prof Sally Kendall, editor in chief of PHCRD, is our liaison with also long lasting EFPC members Peter Groenewegen and Mehmet Akman taking part in the editorial board. The short report on the PRIMORE project “The establishment and functioning of the PRIMORE (European PRImary care Multiprofessional REsearcher network) Project” has been published in the journal.