

EFPC 5-year Strategic Plan 2021 – 2026

Drafted on behalf of the Strategic Taskforce and executive board, Maria van den Muijsenbergh
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1. Introduction

This paper addresses briefly the mission and vision of the EFPC (what do we want to achieve and why), our activities (how we aim to achieve our goals) and then focusses on the necessary conditions to enable our activities and share existence. We conclude with proposing actions to be taken over the next 5 years to ensure the continuation and meaningful contribution to the greater good of the EFPC.

These proposals are the result of the discussions within the EFPC strategy taskforce (consisting of members of the executive board and the advisory board). They will be discussed and decided upon during the General Assembly of September 6th 2021, and taken up for further realisation by the “Strategy Task and finish group” to be installed during that Assembly.

The reason behind this strategy plan is the acute worrisome financial situation of the forum, due to a subsequent two years lack of income from serious project or institutional funding, live conferences (because of the Covid-19 preventive measures—and as a consequence of reduced activities, difficulty to retain members and attract new members. These challenges are not new to the EFPC, that over its past 15 years of existence, has often discussed how to grow and stay attractive and relevant. Actions and the way how to evaluate have been described clearly, but this is not always the case for the factual evaluation – what was the result of the actions and why.

This strategy plan builds on these previous strategy papers and discussions¹ and on the results of the questionnaire and interviews held among members this year. Our proposals reiterate many of the previous plans, looking for new angles to realise them, and adding some new. We will have to start with an in-depth evaluation of why previously proposed actions were or (more often) were not successful.

2. Mission and vision of the EFPC: what do we want to achieve and why.

Mission

The aim of the Forum is to improve the health of the population by promoting strong person-centred, community oriented integrated Primary Care, provided by an interdisciplinary network of professionals in close collaboration with the community. This is done by advocating for Primary Care, by generating data and evidence on Primary Care and by sharing and exchanging new ideas and information on between its members.

¹ Health Council of the Netherlands. European primary care. The Hague: Health Council of the Netherlands, 2004; publication no. 2004/20E.; strategic policy plan EFPC 2015-2017; Strategic reflections Amsterdam 2015; Riga 2016; Kent 2018; Members engagement and recruiting new members Strategy 2019 and beyond

Vision

Strong primary care (PC) produces better health outcomes against lower costs, and contributes to equity of care.

The majority of health related issues of the people are dealt with through self-care and primary care, delivered in the local community. Addressing the needs of individuals in the context of their families and communities is one of the key features of primary care. This requires working in multi-disciplinary primary health care teams, where medical and social care professionals provide personcentred, community-oriented care with special attention to the most vulnerable groups in society, a second key feature of primary care. It requires unrestricted access of people and communities to primary care services. A third key-feature is the navigation function: PHC can empower and enable individuals and communities to navigate their way through the health care system through promotion of health literacy and excellence in communication, across cultural and linguistic barriers. Primary Care has shown to be well positioned and able to offer preventive care, thereby establishing a natural link between curative and public health. There is ample evidence to support the claim that Primary Care offers better care and health outcomes against lower costs.

3. Activities of the EFPC

To achieve our goals the following the EFPC employs the following activities:

A. Advocating for strong Primary care: policy work

- participating in policy networks and discussions such as WHO, EU-commission activities, EMA
- writing and disseminating position papers and articles

B. Generating and disseminating evidence

- stimulating collaborative primary care research
- participating in research projects
- disseminating scientific knowledge through the journal Primary Healthcare research and Development, through the news flash and the website

C. Inspiring and supporting (organisations of) Primary Care professionals – our members:

- sharing information on evidence and experience on good examples of interprofessional collaboration and on innovative and novel interventions in primary care
 - = through the news flash
 - = through conferences and webinars
 - = trainings
- bringing together all relevant parties and so facilitate the connection between Primary Care practice, health policymakers, producers and evaluators of health care information and the users of Primary Care

4. Necessary Conditions

What do we need?

To be able to perform these activities we need:

A. a strong organization, representative of Primary Care in Europe:

- sufficient amount of members reflecting multidisciplinary and geographic diversity
- engagement of members to participate and contribute to activities
- sufficient size of professional staff
- attractive, informative and easy to navigate website

B. visibility and acknowledgment of our potential by policy organisations like WHO, healthcare governance organisations (e.g. organisers of policy events or webinars), researchers to invite us to

participate in research projects and (organisations of) Primary Care professionals as an important organization that can support them, so they become member and invite us for joint events.

For this we need, besides all mentioned under A:

- active individuals in staff, executive board, advisory board, other members who make known they are EFPC representative
- active contribution to policy discussions by attending meetings, issuing statements etc
- out-reach networking with all relevant actors and organisations
- contributions to conferences etc
- initiating events (conferences / expert meetings /webinars / papers / projects)

C. Funding

- structural funding for maintaining staff, website and meetings
- project funding

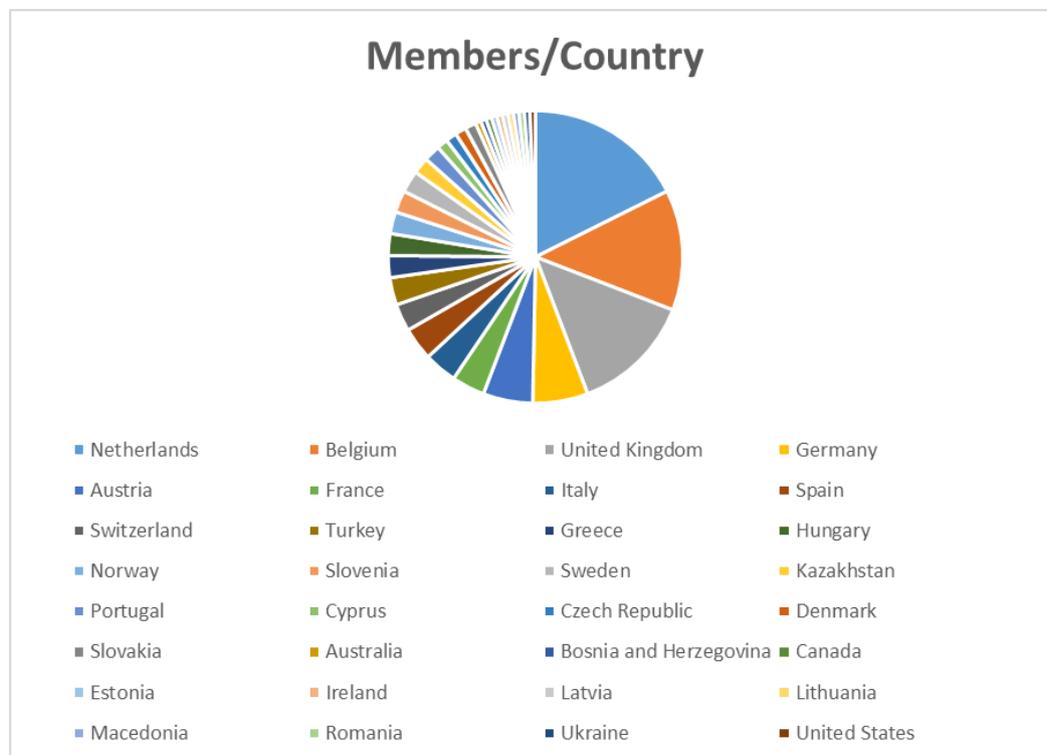
What do we have: our strengths

- 74 paying institutional members and 29 paying individual members from sufficient diverse professional backgrounds and 32 countries. In addition we have an agreement with 34 linked networks, so called associated members. These are international organizations with whom the EFPC has signed an agreement of mutual recognition and collaboration. Associated members enjoy particular rights that are described in the agreement. They do not pay a membership fee and have no voting rights at the GA.

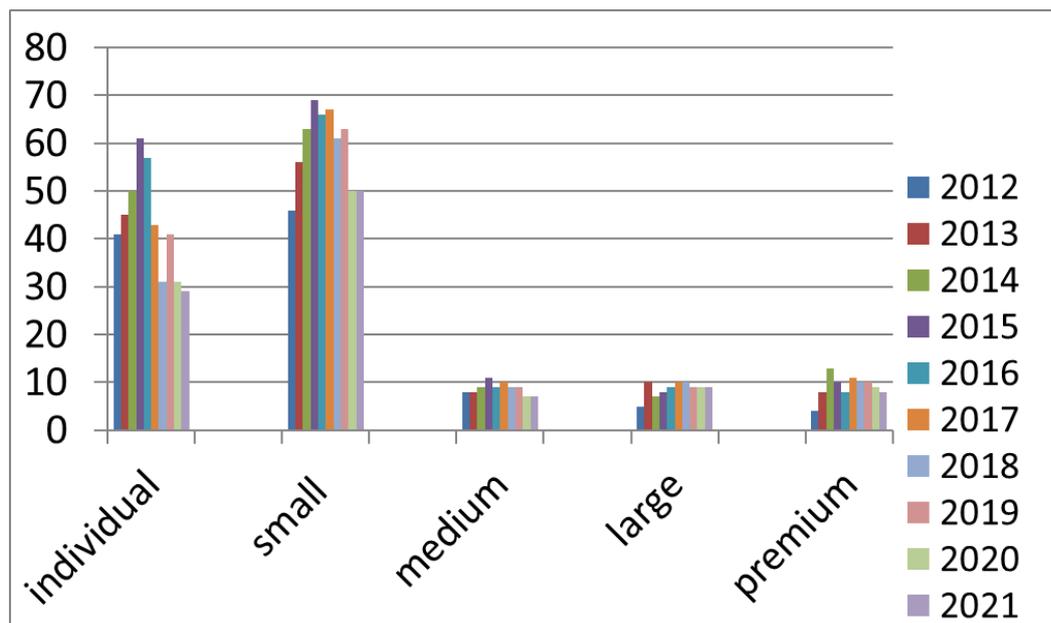
An updated list of members (individual, institutional & associated members) is available at the EFPC website.

<http://euprimarycare.org/members/>

Total number of 74 paying institutional members divided by country



Overview of the membership numbers over the last 10 years



The members participating in the questionnaire (N=26) were positive of the networking function of the EFPC and the conferences, but expressed the worry regarding the forum being too small to be effective.

- 11 working groups of members, some active
- strong well known and experienced coordinator 0,4 fte and 1 strong secretary/administrative support for 0,4 fte. In the last decade the size of the secretariat first showed a growth from 0,4 fte towards 0,8 fte due to an increase of the finances. By shifting 50% of the staff budget from the coordinator to a new junior position, provided the EFPC the opportunity to involve a paid junior coordinator by 2015. After 2018 the growth was replaced by a decrease of the finances which resulted in ending the contract of the junior coordinator early 2021 and returning to the size back in 2012.
- active and willing members in executive board, advisory board and others – some well-known within the field of Primary Care in Europe (but not always known as EFPC representatives)
- website and PIE
- frequent widely distributed news flash
- connectedness with relevant organisations and active participation in as many meetings and conferences as we are invited for (WHO regional, WONCA, EMA etc), producing occasionally statements and position papers
- out-reach networking with all relevant actors and organisations as much as possible with the limited amount of staff
- yearly conference and since last year increasing number of webinars

What do we lack: our weaknesses

- difficulty to retain members and attract new ones
- too little active members, due to too busy agenda's, no funding
- too limited staff capacity
- website not very attractive nor clear for outsiders
- relevant organisations / partners seem not to remember us /don't acknowledge our expertise leading to less visibility and less invitations for meetings /research projects etc
- last year no new research projects
- without additional funding we will not be able to continue employing staff after this year

In short: a negative spiral is looming: too limited staff capacity leading to less visibility and activities -
> less members and less funding; growth is needed but in order to grow you need capacity

5. Proposed actions

A. evaluation of and follow-up on previous proposed actions

Evaluate what past actions have achieved and what were failure and success factors, especially regarding the following still relevant proposals in the “EFPC 2015 – 2018 strategy paper” and the “new members Strategy 2019 and beyond”. Actions linked to these previous proposals are marked with *15 or *19. For all these actions, we should start with describing what the results were, and what the factors contributing to success or failure, and based on this evaluation initiate new activities.

Also all new activities should be combined with well described output that should be evaluated each year.

For this, and for the initiating and monitoring of all activities, a five member strategic planning and finishing taskforce (SPFT) will be installed at the GA of September 6th 2021

B. finding funding is the most urgent task, for the very short as well the longer term

= urge all executive, advisory board and GA members to study national and international funding organisations and report possibilities to the secretariat. The SPFT will follow-up on possibilities

= approach international and national institutional donor organizations like the World Bank, OAK Foundation, Robert Bosch Stiftung, etc for structural funding.

= to be interesting for national projects and funding, phrase benefits for participation of EFPC in terms of national outcomes

= initiate at least 2 projects : the Cost action on digital interprofessional collaboration and an additional project.

= organise study visits / international exchanges that can generate income, strengthen network and active membership (to do this, a trainee could be identified)

= Ask CHC WG leaders to actively lobby for more commitment and financial contributions within the network of Community Health Centres in Europe *19

C. Strengthen visibility and acknowledgment

= start a mass visibility campaign:

- Develop and disseminate a banner for the email signature for members of exec board and advisory board revealing their affiliation with EFPC to their contacts
- Review the website, and revise where accessibility or clearance of mission and activities could be made more attractive
- Continue the news flash and add short targeted messages with an invitation or offer for members

= continue drafting and publication of position papers and disseminate in PC journals:

- invite targeted members to write and contribute
- mention EFPC as affiliation when contributing as an author to a paper

= Increase visibility and collaboration with the allied networks: WONCA Europe, EuroHealthNet, EHMA , EUPHA and others by actively approaching them and connecting with well-known members. Invite well-known members to participate on behalf of the EFPC.

= organize national events (webinars) to stimulate networking of national members and attracting new members in that country

= Identify a Brussels based member who can represent the forum at EU or other events/occasions in Brussels (*19)

= organize each month a webinar and target marketing with the help of EFPC members (for example asking EFPC members to connect with non-members after the webinar on the topic of the webinar)(*19)

= choose every year a specific theme for inspiring and inviting different groups to think on, make a research or a simple survey (*19)

= Increase to 5 presentations by EFPC members at international scientific, professional or policy conferences, meetings (*19)

= invite You&EFPC members to play an active role in using the known social media for disseminating EFPC news and explore new sources for effective dissemination (*19)

= bring Policy Makers together with renowned research institutes, the healthcare consumers and the professionals' active in Primary Care (*15)

= ask Professional associations to provide proof for best practices from out of their own day to day practice and disseminate these experiences to all the stakeholders involved to get more duplication of these best practices throughout Europe. This should lead to new ways of collaboration between professionals and subsequently a change in professional education taken into account the changed society and needs of patients/citizens. (*15)

D. Long term Strengthen relevance and promising networks:

= further increase collaboration with patient associations and citizens networks (*15)

= disseminate information / good practices / tools for the formation of local patient participation groups (examples of the UK)

= increase collaboration with Public Health (e.g. EUPHA, ECDC)

= focus on ICT systems / e-health / digital communication within Primary Care by organizing discussion sessions and conferences with themes related to these issues.(*15)

The Covid-19 pandemic has stimulated the development and implementation of remote consultations and virtual interprofessional collaboration networks; the Forum could be leading in disseminating good practices and support tools in this field (COST action)