

**PRIMARY-
SECONDARY
CARE WORKING
GROUP**



AGENDA BRUSSELS 2019

1. Welcome and Approval of current Agenda

2. Approval of minutes from Spring Meeting in Vilnius, May 2019

3. Introduction of new country delegates

4. Follow up on developing a strategy on the quality of paediatric primary care

5. Key problems of the paediatric primary and secondary care on the European level and in various European countries

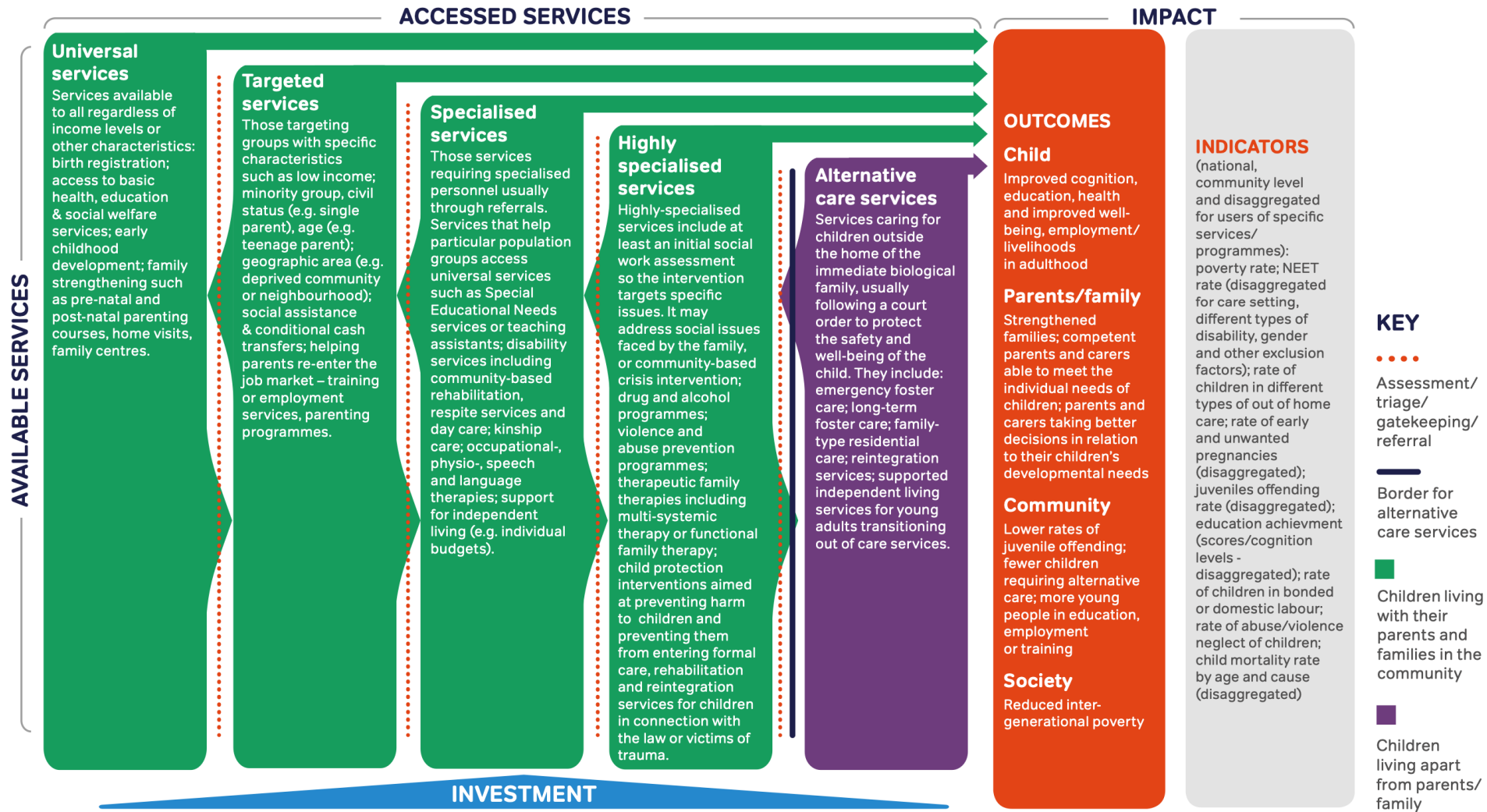
6. Follow up on DDH

7. Closure of the meeting

4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 1.

- „Changing the domain” – Maria Herczog PhD
 - Senior policy analyst at institute for Human Services, Columbus, Ohio
 - Chief scientific advisor for **Childonomics** @Eurochild
 - National project manager and expert for FORUM project
 - President of the Executive Committee of Child Rights Connect
- Collaboration on finding proof of PPC superiority from economical / advocacy aspect
- EUROCHILD: a **network** of organisations and individuals working in and across Europe to promote the rights and well-being of children and young people.
- Childonomics: framework ”measuring the long-term social and economic value of investing in children”

How different services and policies are helping to achieve agreed specific outcomes?





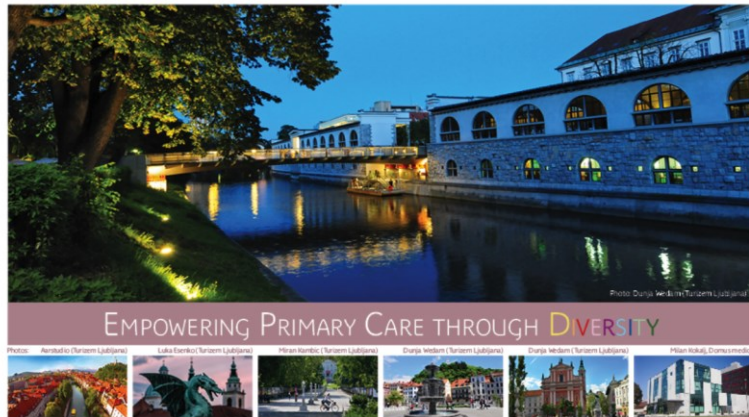
NEXT STEPS FOR CHILDONOMICS

- **CHILDONOMICS as a philosophy**
 - „system-wide perspective approach: primary healthcare [...] must be inclusive, accesible and empowering”
- **CHILDONOMICS as a tool to compare and contrast policies and services**
 - „how different services and policies are helping to achieve agreed specific outcomes ?”
- **CHILDONOMICS as a tool for capacity building and research**
 - „better understand how **different services interact and what outcomes** they deliver for children, families, the community and society. It can also highlight where there are key data gaps and lack of evidence which can guide future research and evaluations exercises. A key lesson from Childonomics is that **reforms of policy and public services must be evidence-informed rather than being ideologically driven**

4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 2.

■ European Forum for Primary care

EFPC 2020 Ljubljana Conference 27-29 September



15th EFPC Conference
27-29 September 2020
LJUBLJANA, SLOVENIA
<http://www.euprimarycare.org/ljubljana/>
efpc-2020-ljubljana-conference-27-29-september



Conference fees

Students	175 €
Early bird EFPC members	300 €
Early bird non-members	475 €
Registration EFPC members	400 €
Registration non-members	575 €

Abstract submission deadline: 1st May 2020

- Elena Petelos (NL, GR), advisory board member

- next congress: Ljubljana, 2020.

Empowering Primary Care Through Diversity

proposals early January

Multilevel forum on European primary care development

	Health care field	Health policy	Information and monitoring
Local/district level	Local initiatives	Local/district government	Evaluators of local initiatives
National level	National colleges, professional associations	Ministries of Health	National institutes, university groups
Supranational level	UEMO, WONCA Europe	European Union, WHO Europe	EUPHA section Health Services Research, European Observatory on Health Care Systems



4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 3.

- surviving strategies for primary paediatric caretakers
 - solo practices vs. practice communities vs. group practices
 - ongoing discussion with ECPCP
- Prof. Herman Avner Cohen – group practice model
 - franchised to 42 (mostly urban) paediatric community healthcare centers (PCHCs)
 - 5-10 pediatrician / with subspecialties + MDT staff
 - 8-12.000 children / PCHCs
 - academic work / research
 - anti-burnout activities

4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 3.

- introductory presentation at national congress:
 - distribution of different provisions / tendencies
 - AAP
 - 1978: 56% PCPs in group practices, „such patterns improve the quality of care and should be encouraged [...]”
 - single- vs. multi-specialty
 - „Managing Your Career”
 - MOCHA: Issues and Opportunities in Primary Health Care for Children in Europe: The final summarized results of the MOCHA project
 - Table 13.4: Primary care (PC) workforce configuration, summary of Country Agent responses.
 - How primary care workforce organised?
Single practitioner / MDT: Multidisciplinary team in community practice / PN:Paediatric group with nursing staff / GPN: group with nursing staff / Other
 - no data on actual distribution

4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 3.

- Katz. 2002: no data collected
- Barak. 2009: no data collected
- van Esso. 2010: no data collected
- Ehrich. 2015: no mention
- Ehrich. 2016: SPA position paper:

„primary care is no longer a single service delivered by a sole practitioner and the new complexities of children’s conditions coupled with the impact on their families should be recognised and defined in order to guarantee a competent local team or a multidisciplinary group practice to manage the range of problems presenting to primary and community services within that local population.” It also stated that “at present there are no data to support 1 single model of primary care or community service provision that is equally efficient, effective, and equitable in all circumstances. To create equity of outcomes will require different models of service delivery in different places, for example urban vs rural, deprived vs affluent, stable vs migrant communities.”

- Health at Glance 2016. OECD Report: predominant form of PC provision (no data on PPC)
- Lenton 2017: only mentions as variations
- **Proposal: new demographical survey on PPC workforce with special focus on practice configuration**
 - Prof. Michael Rigby
 - Prof. Zachi Grossman
 - ECPCP

4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 4.

- WHO paper
 - no mention of PPC
 - Spain: very strong PPC workforce
 - Poland
- official comment soon to be issued
 - Maria Garcia-Onieva, Artur Mazur
 - in align with former statements and position papers



The screenshot shows the WHO Regional Office for Europe website. At the top left is the WHO logo and 'World Health Organization REGIONAL OFFICE FOR Europe'. On the top right, there are language options: English, Français, Deutsch, and Русский. Below the logo is a search bar with a 'Search' button. A navigation menu includes Home, Health topics, Countries, Publications, Data and evidence, Media centre, and About us. The breadcrumb trail reads 'Countries > Spain > Fast track to strong primary health care'. The main content area features a sidebar for 'Spain' with links to News, Events, Data and statistics, and Publications. The main article is titled 'Fast track to strong primary health care' and is dated 14-05-2019. It includes social media sharing icons and a count of 2. The article text discusses universal health coverage and primary health care. A photograph of a healthcare professional and a patient is included, with the caption 'Centrum Medyczno-Diagnostyczne in Siedlce'. The article concludes with a list of 10 accelerators for strengthening primary health care.

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Spain

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Fast track to strong primary health care

14-05-2019

Universal health coverage – the ideal that all people can access health services where and when they need them, without financial hardship – is a WHO priority.

Primary health care can meet more than 70% of people’s health needs throughout their lifetime, from health promotion and disease prevention to treatment and management of long-term health conditions. It is one of the smartest ways to deliver health for all.

By bringing health services closer to people’s homes and partnering with them to manage their health needs, primary health care also embodies people-centred care.

WHO has identified 10 areas for countries to focus on to improve the performance of their primary health-care systems, boost health outcomes and ensure equitable access to health services. This list draws upon the considerable volume of evidence and best-practice studies from across the WHO European Region.

10 accelerators for strengthening primary health care



Centrum Medyczno-Diagnostyczne in Siedlce

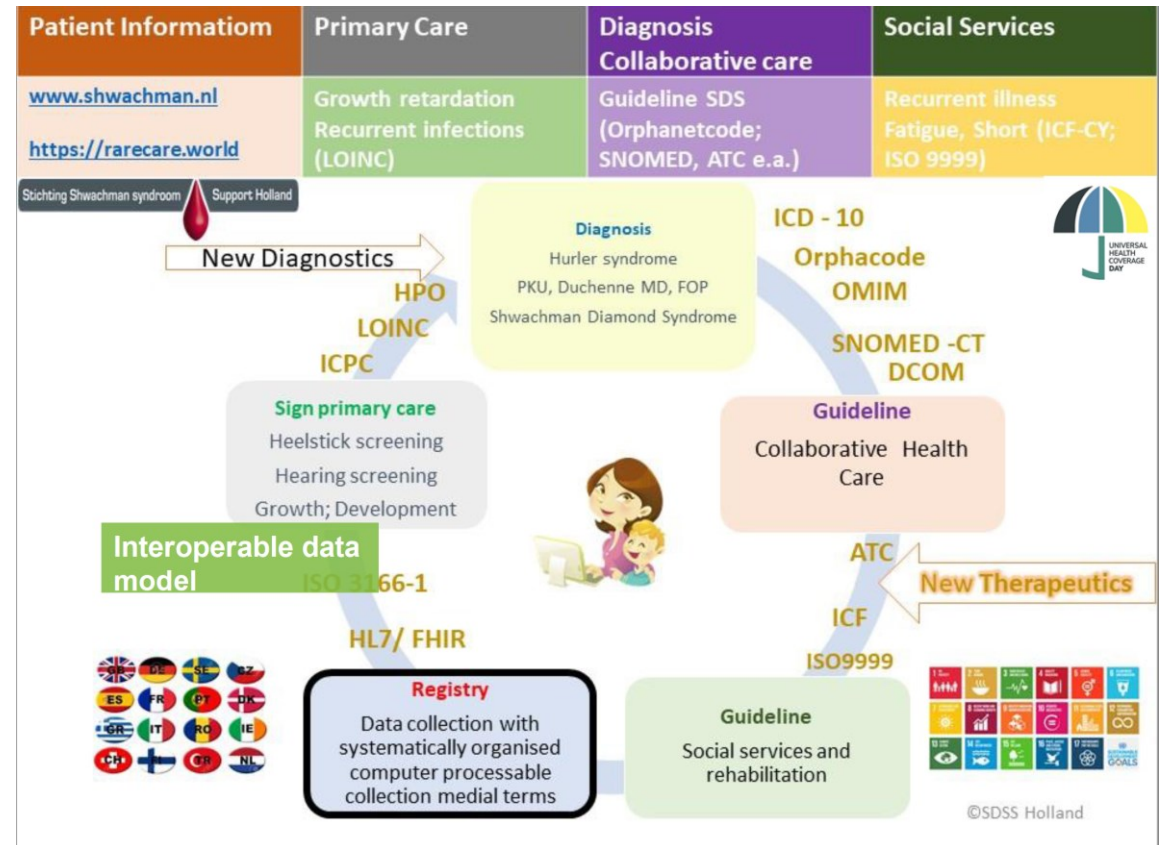
4. FOLLOW UP ON DEVELOPING A STRATEGY ON THE QUALITY OF PAEDIATRIC PRIMARY CARE – 5.

- collaboration with Rare diseases wg
 - identify and maintain a simplified set of measures in PPC

- EURORDIS / MS / Shire biotech



- Undiagnosed Diseases Network





IMPROVING PAEDIATRIC CARE IN THE COMMUNITY

- Paediatric care in primary care and hospital settings needs special knowledge, ethics, empathic behaviour, and access to services
- Structured and accountable paediatric training programme for all doctors providing first-line care to children
- Paediatricians should provide paediatric primary care
- When family doctors provide primary health care: close collaboration with paediatricians and adequate continued training in both paediatrics and primary care



5. KEY PROBLEMS OF THE PAEDIATRIC PRIMARY AND SECONDARY CARE ON THE EUROPEAN LEVEL AND IN VARIOUS EUROPEAN COUNTRIES

6. FOLLOW UP ON DDH

Joe O'Beirne (ICODE) request to the European Journal of Ultrasound to release their ICODE statement on DDH for further distribution among EAP (50) members accepted (Full paper and the License Permission)

1. ICODE would like to have EAP to make a written endorsement on their recommendations
2. EAP will spread the full paper as pdf amongst its representatives via email
3. EAP GA could vote on endorsement during its meeting, in full consent of the consensus document paper

Please note, that according to the Permission: '***We grant permission to forward the article to the above mentioned audience as a PDF document. Permission for further rights is explicitly excluded.***', where 'above mentioned audience' stands for '***the General Assembly of the European Academy of Paediatrics, i. e. to up to 50 individuals***' .

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