



Newsletter

November 2020

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OUTPUT

The 8 EQuIP Working Groups

By Ulrik Bak Kirk, EQuIP Manager

The 8 Working Groups of EQuIP

The EQuIP network has 8 active working groups of experts within the following fields:

#1 Digital Health

Leaders: Ulrik Bak Kirk (Denmark) & Ilkka Kunnamo (Finland).

#2 Equity

Leader: Hector Falcoff (France).

#3 Measuring Quality & Indicators

Leader: Eva Arvidsson (Sweden).

#4 Meso Level Quality

Leader: Hector Falcoff (France).

#5 Patient Safety, including Professional Health

Leaders: Isabelle Dupie (France) & Andrée Rochfort (Ireland).

#6 Personalized Primary Care

Leader: Jan van Lieshout (The Netherlands).

#7 Structured Small Group Work in Primary Health Care

Leader: Adrian Rohrbasser (Switzerland).

#8 Teaching Quality

Leader: Zlata Ožvačić (Croatia).

Read more on the EQuIP website:

<https://equip.woncaeurope.org/8-working-groups>

Recent resources

#1 Digital Health

- [Please read the Working Group Report \(2019\).](#)
- [Please read the Working Group Report \(2018\).](#)

#2 Equity

- [EQuIP Position Paper on Equity: Core dimension of Quality in Primary Care \(Nov 2017\).](#)
- [EQuIP Position Paper on Equity \(in French\) \(May 2018\).](#)
- [EQuIP Position Paper on Equity \(in Slovak\) \(November 2018\).](#)

#3 Measuring Quality & Indicators

- [Please read the Working Group Report \(2019\).](#)
- [Article on Measuring quality in primary healthcare – opportunities and weaknesses \(2019\).](#)
- [Revised EQuIP Position Paper on Measuring Quality \(2018\).](#)
- [Please read the Working Group Report \(2018\).](#)

#4 Meso Level Quality

- [Please read the Working Group Report \(2019\).](#)

#5 Patient Safety, including Professional Health

- [Please read the Working Group Report \(2018\) \[Patient Safety\]](#)
- [Please read the Working Group Report \(2018\) \[Professional Health\]](#)

#6 Personalized Primary Care

- [Please read the Working Group Report \(2018\)](#)

#7 Structured Small Group Work in Primary Health Care

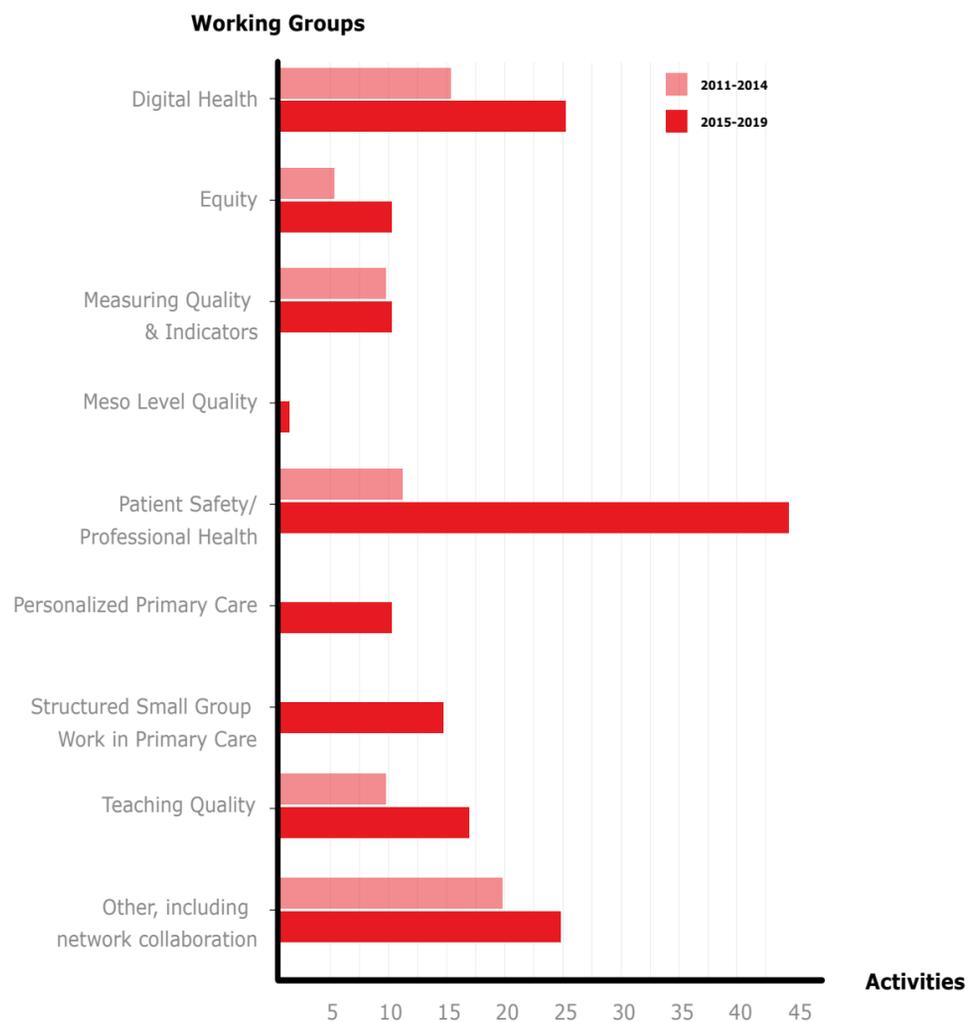
- [Please read the Working Group Report \(2019\).](#)
- [Please read the Working Group Report \(2018\).](#)

#8 Teaching Quality

- [Please read the Working Group Report \(2019\).](#)
- [The European Teaching Agenda on Quality and Safety in Family Medicine \(2019\).](#)

223 Working Group Activities: A decade of quality and safety

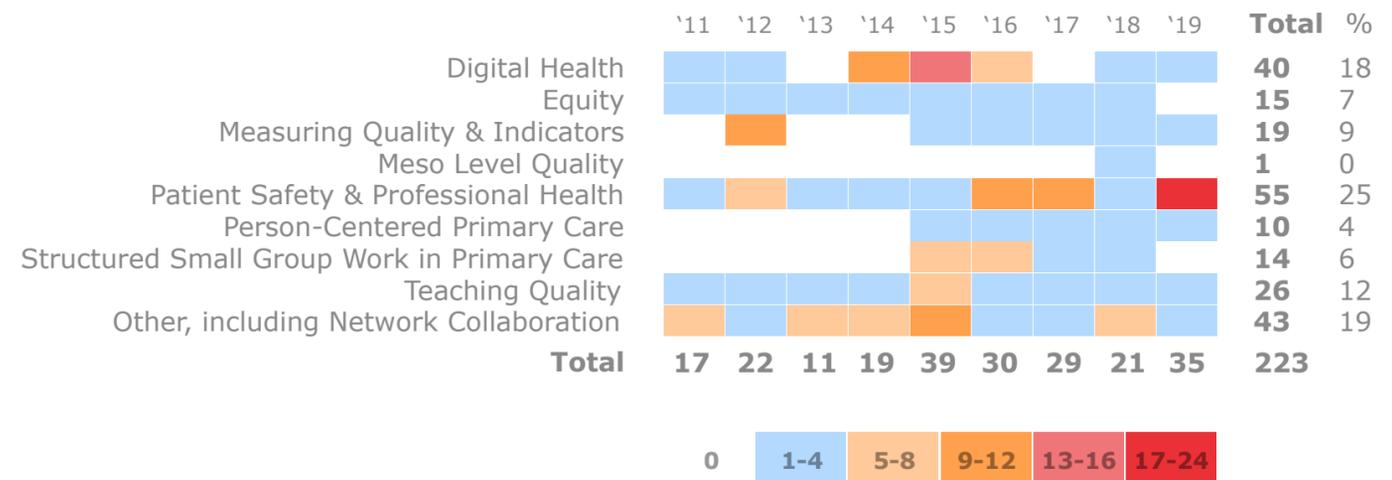
By Ulrik Bak Kirk, EQuIP Manager



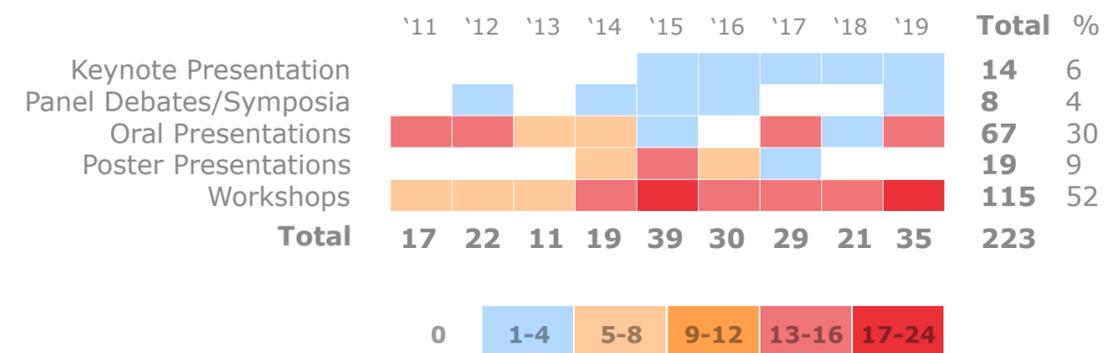
Activities are defined as: "(WONCA) keynote presentations, workshops, oral presentations, posters and more in the period from 2011 to 2019."

Read more on the EQuIP website:
<https://equip.woncaeurope.org/outputs>

EQuIP Working Group Activities



Type of activity



Improving Global Health: Focusing on Quality and Safety

By Ashish Jha, Harvard Global Health Institute, Harvard University

What you'll learn

- The relationship between quality and population health
- A framework for understanding and thinking about healthcare quality
- Approaches to quality measurement
- The role of information and communication technology in assessing and improving quality
- Tools and contextual knowledge to improve the quality delivered in health systems

Course description

Improving access to healthcare is only as useful as the quality of care provided. Many agree that quality is important – but what is it? How do we define it? How do we measure it? And most importantly, how might we make it better?

The course is designed for those who care about health and healthcare and wish to learn more about how to measure and improve that care – for themselves, for their institutions, or for their countries.

Each session will be interactive and provide concrete tools that students can use. We will empower you to raise questions, propose concrete solutions, and promote change.

We have assembled leading thinkers from around the globe – not only people who are experts – but people with real, hands-on experience running organizations, hospitals, and ministries of health.

So join us – whether you are a physician, nurse, or another healthcare provider, if you are a student of medicine, public health, or health policy, or a patient who simply cares about getting good care – this course is for you.



 DURATION	8 weeks long
 TIME COMMITMENT	2–4 hours per week
 PACE	Self-paced
 SUBJECT	Health & Medicine
 COURSE LANGUAGE	English
 VIDEO TRANSCRIPT	English
 DIFFICULTY	Intermediate
 CREDIT	Verified Certificate
 PLATFORM	edX
 TOPIC(S)	HEALTH HEALTHCARE

Course outline

- Lesson 1: Burden
- Lesson 2: Measurement
- Lesson 3: Standards
- Lesson 4: Improvement
- Lesson 5: IT and Data
- Lesson 6: Management
- Lesson 7: Patients
- Lesson 8: Public Systems

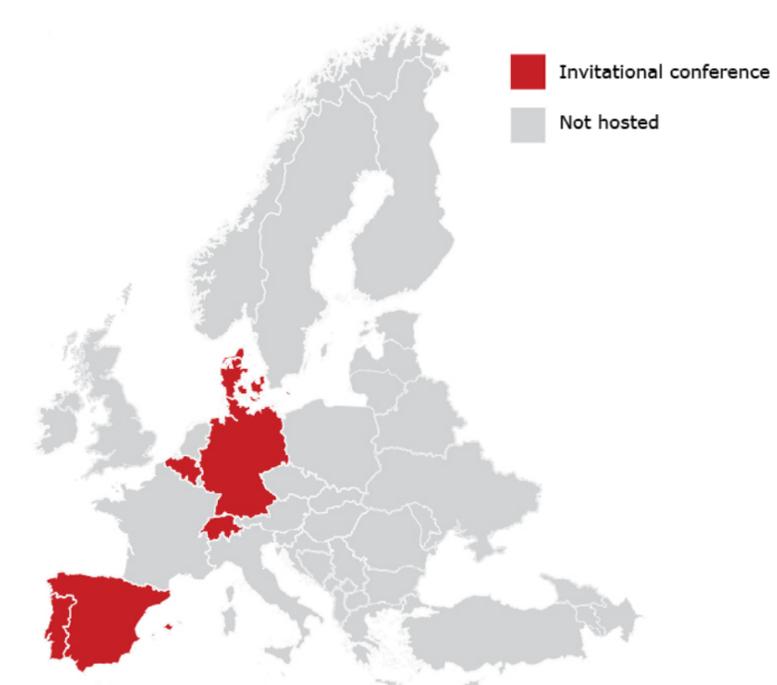
Instructor: Ashish Jha

Director, Harvard Global Health Institute, Harvard University;
K.T. Li Professor of Health Policy, Harvard
T.H. Chan School of Public Health;
Professor of Medicine, Harvard Medical School.

[Read more here.](#)

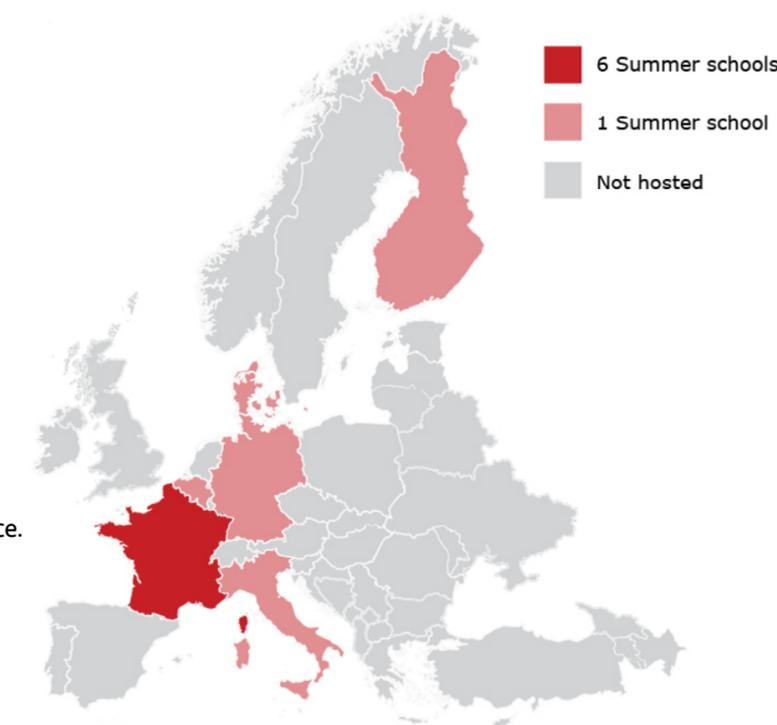
EQuiP Events 2011-2019: A decade of inspiration

By Ulrik Bak Kirk, EQuiP Manager



6 EQuiP Invitational Conferences 1997-2011

- 1st Invitational Conference: Switzerland, 1997.
- 2nd Invitational Conference: Portugal 2002.
- 3rd Invitational Conference: Germany, 2003.
- 4th Invitational Conference: Belgium, 2004.
- 5th Invitational Conference: Spain, 2006.
- 6th Invitational Conference: Denmark, 2011.



11 EQuiP Summer School 2009-2019

- 1st Summer School 2009: Finland.
- 2nd Summer School 2011: Belgium.
- 3rd Summer School 2013: Germany.
- 4th & 5th Summer Schools 2014: Denmark and France.
- 6th Summer Schools 2015: France.
- 7th Summer Schools 2016: France.
- 8th Summer Schools 2017: France.
- 9th Summer Schools 2018: France.
- 10th & 11th Summer Schools 2019: Italy and France.

18 EQuiP Meetings 2011-2019

56th EQuiP Meeting (Croatia): 2019.

55th EQuiP Meeting (Greece): 2019.

Link to **Interactive ePDF** with slides, photos etc.

<http://bit.ly/EQuiP-Thessaloniki-ePDF-2019>

Password: EQuiPThessa2019

54th EQuiP Meeting (Croatia): 2018.

53rd EQuiP Meeting (Slovak Republic): 2018.

Link to **Interactive ePDF** with slides, photos etc.

<http://bit.ly/EQuiP-Bratislava-ePDF-2018>

Password: EQuiPBrati2018

52nd EQuiP Meeting (Croatia): 2017.

51st EQuiP Meeting (Ireland): 2017.

Link to **Interactive ePDF** with slides, photos etc.

<http://bit.ly/EQuiP-Dublin-ePDF-2017>

Password: EQuiPDub2017

50th EQuiP Meeting (Croatia): 2016.

49th EQuiP Meeting (Czech Republic): 2016.

Link to **Interactive ePDF** with slides, photos etc.

<http://bit.ly/EQuiP-Prague-ePDF-2016>

Password: EQuiPPrag2016

48th EQuiP Meeting (Croatia): 2015.

47th EQuiP Meeting (Switzerland): 2015.

46th EQuiP Meeting (Estonia): 2014.

45th EQuiP Meeting (Slovenia): 2014.

44th EQuiP Meeting (Bologna): 2013.

43rd EQuiP Meeting (France): 2013.

42nd EQuiP Meeting (Turkey): 2012.

41st EQuiP Meeting (Sweden): 2012.

40th EQuiP Meeting (Croatia): 2011.

39th EQuiP Meeting (Denmark): 2011.



Read more on the EQuiP website:
<https://equip.woncaeurope.org/meetings-2011-2019>

How Coronavirus will Change the Face of General Practice Forever

By Jacqui Thornton, freelance journalist

At practice level, primary care has altered dramatically in the past few weeks, with staff – clinical and administrative – adapting to new ways of working.

At some practices, entrance doors are locked shut and prescriptions given out from a window. Red tape, appraisals, and routine work has been relaxed, and home visits hugely reduced. At the end of phone and video consultations, many patients are saying “thank you and good luck.”

In one practice in Hampshire, where nearly half the reception and admin staff are off work as a precaution, senior partner Alex Fitzgerald-Barron said they are as ready as possible.

“On the coal face, my whole team has given 110%: working hours have gone out the window, clinicians come in or video call on their day off, our local practices have been collaborating almost daily, and, for the stuff we can control, we feel as prepared as we can be,” he told *The BMJ*.

Trish Greenhalgh, professor of primary care health sciences, who co-authored an article advising GPs on remote assessment for Covid-19, said that GPs are working flat out. “They’re worried about how to manage patients and also whether the personal protection equipment (PPE) they’ve got is adequate. They are shifting to phone and video at an unprecedented pace,” Greenhalgh said.

It’s a confusing situation; some practices are fired up, others are more anxious about what might happen in the coming weeks. For single-handed surgeries, and those that were already struggling before the outbreak, there is concern about how they’re coping in this new world.

Guidance: too little or too much?

In early March, Nikita Kanani, NHS England’s medical director for primary care, wrote to GPs recommending telephone or video triage to avoid patients coming into surgeries.

The following week, Martin Marshall, chair of the Royal College of General Practitioners (RCGP) Council and a GP in Newham, London, said that while there was lots of information on covid-19, it was generic and didn’t tackle the specific needs of primary care.

“GPs are becoming increasingly desperate for the right type of information,” he wrote in a blog. The RCGP published its own guidance.

A week later Public Health England published interim guidance for primary care, and three days later NHS England sent out further guidance on at risk patients. The RCGP is now working with NHS England and accepts the body had been “inundated” with requests for further information, making it hard to respond adequately.

Rachel Hopkins, a GP based in north London, told *The BMJ* that she is frustrated with the lack of clear central direction, or a clinical care model, from clinical commissioning groups (CCGs). In this void, primary care networks (PCNs) have been left to make their own decisions. Others said they would like more granular detail in guidance and more local nuance as to whether they are a “hot spot” as well as when to use PPE.

One GP told *The BMJ* about time consuming daily emails packed with complex protocols. But others said the situation is so unprecedented it is unfair to criticise.

Urban challenges and spare capacity

In the capital, it’s a different story, with little clarity from CCGs on how to clinically assess patients. In south London, one surgery has set up a single “hot room” within the practice which is decontaminated after use.

In Islington, north London, local PCNs have identified one surgery to be turned into a hot hub, and are waiting for the current occupants to decamp before setting it up with PPE, infection control, and IT. If it works, two further sites are proposed to open a week later.

Ben Smith, chair of the Islington GP Federation, told *The BMJ* that it’s unrealistic for GPs not to see potential covid-19 patients, particularly as the 111 system is under severe and unsustainable pressure. But, he added, “We’re still waiting for a clinical model which may tell us we are going down the wrong route.”

Marshall says the fact that some areas have not yet established hot hubs will not matter for long. “The differentiation between hot and cold is going to become less and less relevant as time goes on.”

Hopkins said that she wished she could do more to help hospital colleagues. “We hear emergency departments are inundated and we’re twiddling our thumbs. We’re doing paperwork and preparing, but we have spare clinical capacity, particularly with junior colleagues.”

Future working

One of the biggest changes in working practices is increased telephone and video consultations, which are proving shorter than standard ones, freeing up time. Video calls are not always suitable for patients without smartphones – home visits are still happening. But Porter says, “They have transformed our day. We’re getting through things much quicker.”

As well as patient contact, surgeries are using video to hold daily practice meetings with staff, and with local nursing homes.

A number of tech companies are providing video technology packages to GPs. These can be used on personal mobile devices without exposing clinicians’ personal contact details.

There are, however, challenges with home working. GPs report frustrations with IT problems such as slow NHS laptops. Often their personal laptops are superior but for security reasons they can’t be used for consultations because they don’t allow access to the Electronic Patient Record. Proprietary software and strong firewalls can also hinder access.

This has cost implications for surgeries as they must fund compatible computers. Some GPs are throwing caution to the wind and using non-secure alternatives if the online video connection goes down during a consultation.

Some practices and CCGs are already using systems like Away From My Desk, which enables remote secure working, and it’s understood that the tokens needed to work this are in short supply.

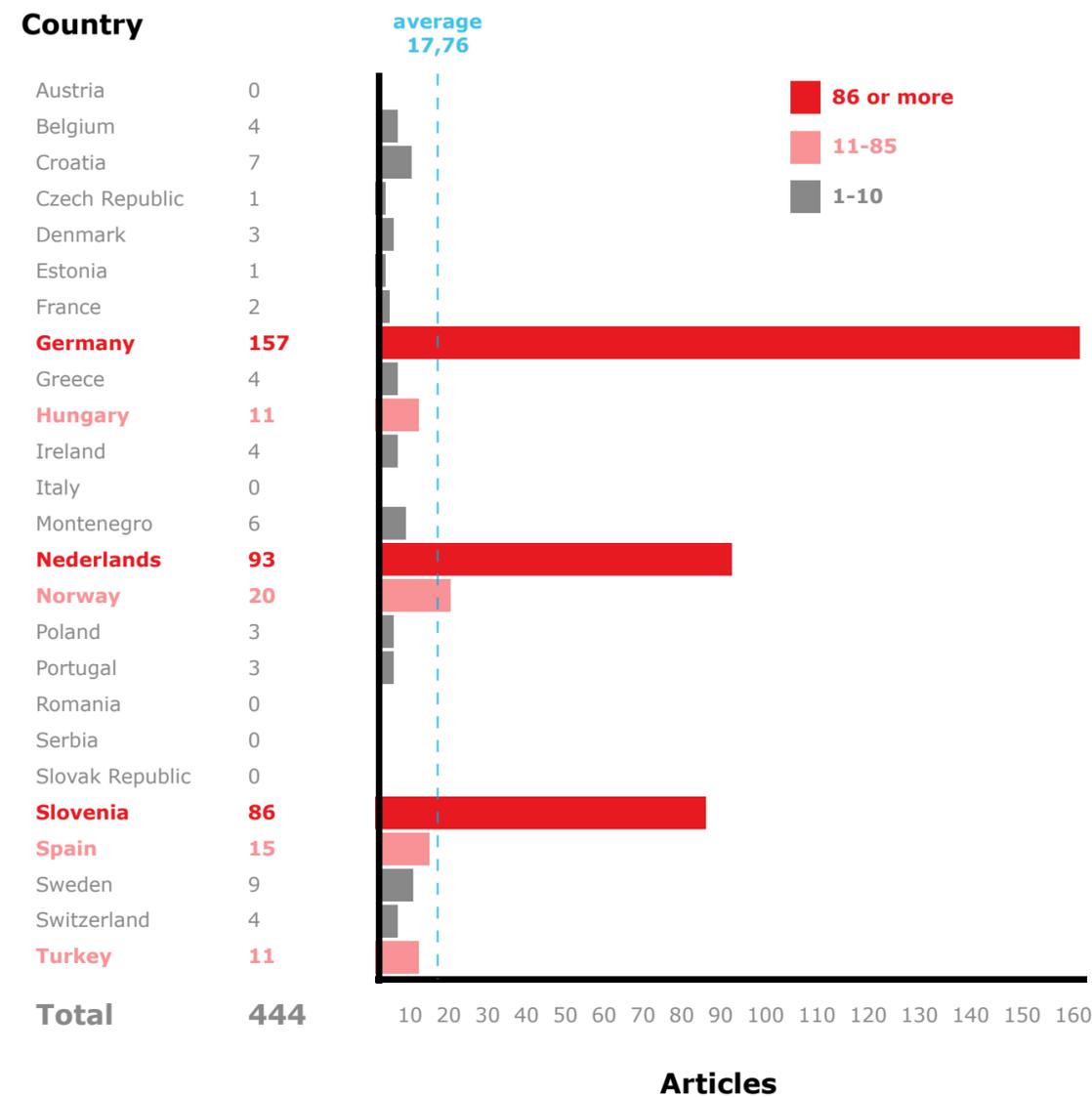
One consensus is that, whenever this crisis finally passes, the landscape of how GPs function will have changed forever. Lambeth GP Tom Nolan says the legacy of the pandemic may be a difference in the way that people think and act in terms of seeking help for their health.

“My hope is that some people will become more able to self-manage, particularly those with minor self-limiting problems, and that this will be an opportunity to refocus primary care away towards those with the greatest needs.”

BMJ 2020; 368 (Published 30 March 2020)
doi: <https://doi.org/10.1136/bmj.m1279>

444 PubMed Indexed Articles (36 Delegates from 25 Countries)

By Ulrik Bak Kirk, EQuIP Manager



Austria: -

Belgium: 4 results (Piet Vanden Bussche)
<https://pubmed.ncbi.nlm.nih.gov/?term=Piet%20Vanden%20Bussche>

Croatia: 7 results (Zlata Ozvacic Adzic & Dijana Ramic Severinac)
<https://pubmed.ncbi.nlm.nih.gov/?term=Zlata+Ozvacic+Adzic>
<https://pubmed.ncbi.nlm.nih.gov/?term=Dijana+Ramic+Severinac>

Czech Republic: 1 result (Jan Kovář)
<https://pubmed.ncbi.nlm.nih.gov/?term=Jan+Kov%C3%A1%C5%99>

Denmark: 3 results (Claus Rendtorff)
<https://pubmed.ncbi.nlm.nih.gov/?term=Claus+Rendtorff>

Estonia: 1 result (Katrin Martinson & Elle-Mall Keevallik)
<https://pubmed.ncbi.nlm.nih.gov/?term=Katrin+Martinson>
<https://pubmed.ncbi.nlm.nih.gov/?term=Elle-Mall+Keevallik>

France: 2 results (Léa Pellerin & Isabelle Dupie)
<https://pubmed.ncbi.nlm.nih.gov/?term=Isabelle+Dupie>

Germany: 157 results (Jochen Gensichen & Guido Schmiemann)
<https://pubmed.ncbi.nlm.nih.gov/?term=Jochen+Gensichen>
<https://pubmed.ncbi.nlm.nih.gov/?term=Guido+Schmiemann>

Greece: 4 results (Sofia Dimopoulou)
<https://pubmed.ncbi.nlm.nih.gov/?term=Sofia+Dimopoulou>

Hungary: 11 results (Laszlo Robert Kolozsvari)
<https://pubmed.ncbi.nlm.nih.gov/?term=Laszlo+Robert+Kolozsvari>

Ireland: 4 results (Andrée Rochfort) <https://pubmed.ncbi.nlm.nih.gov/?term=Andr%C3%A9e+Rochfort>

Italy: -

Montenegro: 6 results (Ljiljana Cvejanov-Kezunović)
<https://pubmed.ncbi.nlm.nih.gov/?term=Ljiljana+Cvejanov-Kezunovi%C4%87>

The Netherlands: 93 results (Jan van Lieshout & Dorien Zwart)
<https://pubmed.ncbi.nlm.nih.gov/?term=Jan+van+Lieshout>
<https://pubmed.ncbi.nlm.nih.gov/?term=Dorien+Zwart>

Norway: 20 results (Janecke Thesen & Gunnar Frode Olsen)
<https://pubmed.ncbi.nlm.nih.gov/?term=Janecke+Thesen>
<https://pubmed.ncbi.nlm.nih.gov/?term=Gunnar+Olsen>

Poland: 3 results (Krzysztof Studziński)
<https://pubmed.ncbi.nlm.nih.gov/?term=Krzysztof+Studzi%C5%84ski>

Portugal: 3 results (David Silvério Rodrigues)
<https://pubmed.ncbi.nlm.nih.gov/?term=David+Silv%C3%A9rio+Rodrigues>

Romania: -

Serbia: -

Slovak Republic: -

Slovenia: 86 results (Zalika Klemenc-Ketis & Erika Zelko)
<https://pubmed.ncbi.nlm.nih.gov/?term=Zalika+Klemenc-Ketis>
<https://pubmed.ncbi.nlm.nih.gov/?term=Erika+Zelko>

Spain: 15 results (José Miguel Bueno Ortiz & Maria Pilar Astier Peña)
<https://pubmed.ncbi.nlm.nih.gov/?term=Jos%C3%A9+Miguel+Bueno+Ortiz>
<https://pubmed.ncbi.nlm.nih.gov/?term=Maria+Pilar+Astier+Pe%C3%B1a>

Sweden: 9 results (Eva Arvidsson)
<https://pubmed.ncbi.nlm.nih.gov/?term=Eva+Arvidsson>

Switzerland: 4 results (Adrian Rohrbasser)
<https://pubmed.ncbi.nlm.nih.gov/?term=Adrian+Rohrbasser>

Turkey: 11 results (Nezih Dagdeviren) <https://pubmed.ncbi.nlm.nih.gov/?term=Nezih+Dagdeviren>

Read more on the EQuIP website:
<https://equip.woncaeurope.org/outputs/444-pubmed-indexed-articles-published>