EQuiP

European Association for Quality and Safety in General Practice/Family Medicine

December 2017

Happy Holidays from the EQuiP President

Dear EQuiP/Wonca Members and Delegates
Dear Colleagues & Friends

On behalf of the EQuiP Secretariate and the Executive Board we wish you a Merry Christmas, Happy Holidays and a Happy New Year.

For the EQuiP Network 2017 has been very succesful:

- We had an extraordinary Spring conference in Dublin on Safety in General Practice
- We had a fruitful Zagreb meeting with the final approval of the Equity Statement
- We have seen a lot of activity in the EQuiP Working Groups, which has resulted in interesting workshops, presentation, publications, policy papers, and decision support to stakeholders

Thank you very much for all the work done and for your eagerness and enthusiam.

What to expect from EQuiP in 2018?
Thanks to participation from other Wonca Europe networks and proper preparations from many of you, the preliminary program for the upcoming EQuiP conference in Bratislava in March 2018 looks very interesting indeed.

Also, EQuiP will leave a significant mark on the the Wonca Europe Conference in Krakow with a keynote and lots of workshops etc. The two highlights in the year to come without any doubt.

We are very thankful for all the work you have carried out in 2017, and we are looking forward to see you in 2018. Always focus on safety, equity and quality of care for the sake of our patients.

Piet Vanden Bussche
EQuiP President

November 2017 Report from the EQuiP Working Group Leader

on STRUCTURED SMALL GROUP WORK IN PRIAMRY HELATH CARE

Participants in the Working Group at the EQuiP Assembly Meeting in November 2017 in Zagreb:

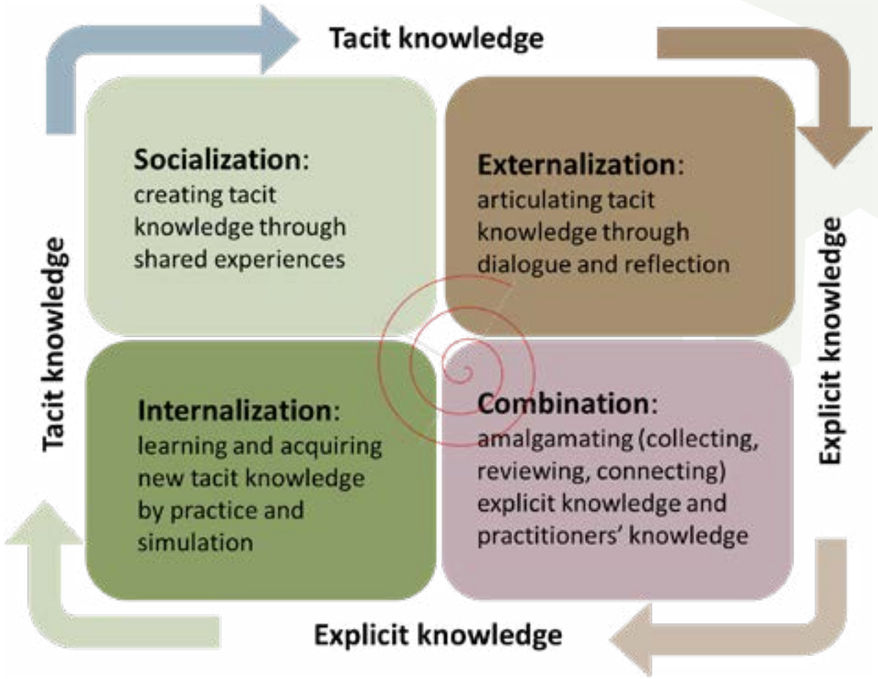
Piet vanden Bussche (Belgium), Gunnar Frode Olsen (Norway), Eva Arvidsson (Sweden), Dijana Ramić Severinac (Croatia), Sofia Dimopoulou (Greece), and Johanna Tulonen-Tapio (Finland).

The aims of the working group

- To form a reflective, evaluative and interprofessional platform that supports and stimulates structured small group work (SSGW) in their ambitions of CPD/CME/QI
- To support SSGW on different levels:
  - Training
  - Practicing
  - Teaching
  - Networking
  - Producing and disseminating knowledge (research and implementation)

The objectives

- To build a platform for meetings, workshops, and conferences where people can get together to exchange knowledge. The platform should facilitate:
  - The starting phase of SSGW (context, content and process)
  - The sustainability of SSGW (motivation, intermediate and final outcomes)
- To alleviate exchange of experts
- To exchange digital resources (articles, ideas and discussion)



The process in SSGW

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Duality of Knowledge in SSGW
Autopoetic: SOFT Knowledge

- Knowledge is creational and based on distinction making in observation
- Knowledge is history dependent and thus is context sensitive
- Knowledge is not directly transferable

Representational: HARD Knowledge

- Knowledge is a representation of a pre-given reality
- Knowledge is unchanging, universal and objective
- Knowledge is directly transferable

Participants create their own version of new knowledge (Duality of Knowledge, Hildreth 2002).

Change of Name: Structured Small Group Work in Primary Health Care (SSGW)
Due to various reasons, like including all kinds of structured small group work, opportunities to publish without having to explain 'what this is all about', the group decides to change the name to Stuctured Small Group Work in Primary Health Care.

EQuiP Survey
After communicating with Editors about their concerns, they declared interest in the paper if all the data are published at the same time, no piece meal publication. Thy also wanted to have better reasoning about 'why it was necessary to do this survey' and wondered about the title since all other small group work also was included. I started revising the paper together with Ulrik - and Piet and Eva will be happy to add their thoughts. We should hand it in by 9 January 2018.

Scottish school of primary care
3 August 2017 the publication of 'Collaborative Quality Improvement in General Practice Clusters'. Summary of the evidence:

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on STRUCTURED SMALL GROUP WORK IN PRIAMRY HELATH CARE

Production and dissemination of knowledge

- Scoping search: Definition, History, Significance and Effectiveness
  - Future Research Paper is finished (not published)
- Realist synthesis: Programme Theory (cook book ingredients)
- EQuiP survey: In processs
  - Quantitative results
  - Qualitative results
- Briefing paper for Scotland (published)
- Google Hangout on Air (Methodological paper)

Discussion of ethical principles in SSGW in PHC

Meeting on equal terms in a safe climate

- No hierarchy among members of the group
- No judging of each other's contributions
- Not having the feeling to be judged when something is said
- Any contribution is equally important and valuable
- Silent participants get help to be heard
- People dare to open up
- Facilitation is key

Confidentiality

- Anything that is discussed in the group stays in the group
- The group decides on how to communicate their results

Reciprocity

- Reciprocity is about everybody's commitment to participate with their knowledge and experience
- Everybody contributes according to abilities

Reflexivity

Participants are ware of themselves and their professional roles, and acknowledge that these properties affect the process in the group.

Benevolence

Feedback culture is key: Descirbe the circumstances and their consequences on yourself and the participants followed by emotions this process causes.

Anticipate goodwill from all members of the group. The facilitators' attitude is important in benevolence

Autonomy

Autonomy is important as to the topic and as to the process. It is also important that they choose and respect their faciliator.

Avoiding group think

Prevention of group think is important. Keep a critical and open attitutede. This can be enhanced if the group consists of members of different age, sex and experience.

New members should be welcomed. SSGW Modules may hinder from group think as well.

Linking working groups

SSGW is closely dependent on Quality Indicators to follow their PDCA cycles.

EQuiP Position Paper on Equity
- a core dimension of Quality in Primary Care

EQuiP, the European Society for Quality and Safety in Family Practice, one of the WONCA Europe networks, organized its open Spring meeting 2013 in Paris on the topic of Equity in primary health care. At the same time a Working Group on Equity was formed aiming to keep the debate on equity in the network ongoing and to ensure the theme of equity is considered in the activities of EQuiP involving the other dimensions of quality. This consensus statement is the result of a series of debates and workshops organized during EQuiP and Wonca conferences and meetings between 2013 and 2017.

#1 EQuiP recognizes **equity as an essential dimension of quality of health care**, as are, effectiveness, efficiency, safety, timeliness, and patient centredness.

Equitable health care is hereby considered as health care in which the access to care, treatment, and outcome of care do not vary according to any patient characteristic different than his/her health needs. Enhanced health services should be provided where greater health needs are present (vertical equity). No differences in health services should occur where health needs are equal (horizontal equity).

#2 EQuiP advocates that **equity should be one of the core principles to guide practice organization and care processes in primary care**.

#3 Enhancing **equity in primary health care asks not only for actions that tackle financial barriers to health care but also for actions that guarantee the availability and acceptability of care for all patients**.

EQuiP supports the call for universal health care to ensure that all people can use the promotional, preventive, curative, rehabilitative and palliative health services they need, while not exposing the user to financial hardship when doing so.
EQuiP also stresses the importance of tackling non-financial barriers by ensuring a fair geographical distribution of high quality health care facilities and medications; the availability of staff with the right skills in the right place and of well-equipped facilities within easy reach; and of services acceptable for all patients and patient groups. (With this statement EQuiP endorses the report of the European EXPH on Access to health services in the European Union).

#4 Primary care providers should assess patients' socioeconomic, demographic cultural and other relevant characteristics. This allows health care to be adjusted to patients' specific health needs. If this patient information is recorded in the patient's medical file, this has to be done with the patient's consent and with respect for the privacy of the patient and the confidentiality of the information.
The benefits of recording these characteristics should outweigh any risks of discrimination. Under no condition should this information be used to deny medical care or provide medical care of lower quality to patients because of their demographic, socio-economic or ethnic background.

#5 EQuiP strongly advises primary care professionals and practices to evaluate the equity of the care they deliver, and undertake practice–based quality improvement initiatives which incorporate the aim of improving equity of health care.

This evaluation can include analyzing equity in performance indicators (e.g. vaccination rate, patient satisfaction), but also critical incident analysis and self-evaluation of staff. Information from an equity assessment should be used to tailor care process to the needs of the patients as delivering the same care to all patients equals inequity in care.

EQuiP Position Paper on Equity
- a core dimension of Quality in Primary Care

#6 EQuiP asks that health authorities support primary care professionals delivering equitable care and that the level of support is according to the assessed level of need of the population served. This support can include increased financial rewarding e.g. compensating the additional time and practice resources invested when delivering equitable care; instrumental support e.g. diversity-sensitive patient education materials; and information support e.g. continuous medical education programs on equity related topics.

In the decision making process on support strategies primary care professionals knowing the day-to- day reality of working in deprived areas and/ or with vulnerable population groups should be involved in order to match the actions undertaken to the needs of practices and providers.

#7 EQuiP recognises interprofessional collaboration as a key strategy in the delivery of equitable health care, with most to gain for patients with complex care needs.

By bringing together the expertise of health and social professions, both in primary and specialist care, and by a better coordination of care, the health and social needs of the patients can be met in a comprehensive way. The organisation of the interprofessional collaboration needs to be taylored to the specific context in order to optimize the opportunities and available resources.

#8 EQuiP endorses the international call for proportionate universalism in the action against health inequity: the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need.

#9 EQuiP recognizes community oriented primary care as a strategy to tackle the social determinants of health by identifying the priority health needs of the community and developing and implementing interventions addressing these in partnership with community members, patients and stakeholders.

#10 EQuiP strongly advises that all primary care professionals are trained in the importance of the social determinants of health, community oriented care, dealing with diversity, and interprofessional collaboration. This should be further strengthened in continuous professional development programs.

#11 Primary care professionals should take up the advocacy role not only for individual patients but also for patients groups and populations as they are witnesses of the social conditions in which people live and work, of inequity in the health care system and of health inequities.

Position Paper prepared by the EQuiP Equity Working Group and accepted by the EQuiP General Assembly during the Zagreb Meeting on 18/11/2017.

Reflection on an EQuiP meeting

Reflection on an EQuiP meeting
By Dr Jo Buchanan, President European Academy of Teachers in General Practice/Family Medicine (EURACT)

I was delighted to accept Piet Vanden Bussche's invitation to attend the recent EQuiP meeting in Zagreb. The trigger for the invitation was my involvement representing WONCA Europe in the EU Funded PREPARE programme.

This is a large collaboration that is focused on ensuring that Europe is research ready for a pandemic, and also for emerging infections. WONCA Europe is a partner in the education work package which aims to ensure that stakeholders including primary care are able to deliver evidence based practice in the event of a pandemic.

I had asked Piet if EQuiP may be able to provide input into developing guidance on how to ensure the delivery of a quality service in the event of a rapid increase in workload as occurs in a pandemic.

Attending the meeting of another network was a good opportunity to understand how it functions and compare with my own network EURACT. EQuiP has two meetings per year, one a working weekend for country representatives and a conference which is open to all.

This meeting was the first mentioned and attended by approximately 25 delegates from 13 countries. There were many features of the meeting that are similar – the warmth with which everyone greets each other; the hard work undertaken in groups; the commitment of all to improving the quality of care for patients; and the challenges that sometimes occur when aiming for a consensus on topics that reveal significant cultural differences in the countries represented.

The type of work being done by EQuiP is of course different as the focus is on Quality Improvement. The organisation has an impressive track record of developing techniques for quality improvement over its 26 years. Here are just a sample of the broad range of activities occurring at this meeting:

- Work done on Quality Circles or what are perhaps now better described as "Structured Small Group Work in Primary Health Care" has been adopted at a national level in Scotland and Adrian Rohrbasser has contributed to the implementation of this project.
- A statement on equity in healthcare has been developed and this was signed off at this meeting. **Link to EQuiP Position Paper on Equity**.
- The patient safety group has worked hard to gain recognition of the fact that the delivery of safe patient care requires a healthy workforce. This was emphasized in the declaration produced after EQuiP's conference in Dublin last year.

I was grateful to the patient safety group who spent time with me exploring the issue related to PREPARE – and specifically how to ensure the delivery of a safe and effective service at times of rapid increase in workload. A workshop has been submitted for WONCA Europe in Krakow which will be jointly delivered by EURACT and EQuiP.

I am grateful to Piet and the EQuiP delegates who made me feel so welcome in Zagreb.

Jo Buchanan
30 November 2017

New Individual Member:

Vildan Mevsím, Prof. Dr. (Turkey)

Why I became an EQuiP member?
I have been working with Quality Improvement in Health Care for many years. In recent years, I have started specialising in eHealth, which has developed in Turkey.

I became a member of EQuiP in order to learn eHealth innovations from all over European and the rest of the World - and also be able to participate and contribute to these studies.

About Me
Vildan Mevsím works as a Professor at Department of Family Medicine, Dokuz Eylul University. She has been working with Quality Improvement for 15 years. She was Quality Improvement Coordinator at the İzmir Provincial Health Directorate for 2 years and Expert Quality Auditor at the Turkish Standards Institute.

She has taught Quality Improvement and Accreditation Master Program at Dokuz Eylul University's Institute of Health Sciences, and she still teaches Quality in Health Care and Patient Safety in the post graduate training program at İzmir Economics University.

She has been working mainly with Entrepreneurship since 2015 and has been carrying out research and development activities within eHealth. She runs eHealth projects for Primary Care funded by the Scientific and Technological Research Council of Turkey. Her papers were published in national and international journals. Also, several papers were presented in national and international congresses.

She has participated in Horizon 2020 projects and been associated with EU Cost Action as Expert. She is a member of the board of Turkish Academy of Family Medicine and also Vice Head of Dokuz Eylul University Family Medicine Education Research and Application Centre. Their responsibilities are undergraduate, postgraduate medical education and residency program in Family Medicine.

Her research areas cover: Addiction, Health Promotion, Cognitive Behavioural Therapy, Chronical Disease, eMedicine, and Clinical Decision Support System.

New Individual Member:

Stephanie Dowling, GP (Ireland)

Why I became an EQuiP member?
I heard about EQuiP through the work of Dr Andrée Rochfort in the Irish College of General Practice (ICGP), who organised the EQuiP conference last year in Dublin.

I am very interested in the important work which EQuiP does. I joined EQuiP to be part of this important work in the future.

About Me
I am a general practitioner based in West Waterford in rural Ireland. Also, I am an ICGP Small Group Continuing Medical Education (SG-CME) Tutor.