European Forum for Primary Care

Annual plan for 2012, first half year
Introduction

After its inception in 2005 and start of activities in 2006, the European Forum for Primary Care has raised interest and expectations: the membership expands rapidly, its reputation increases and it has a number of concrete tasks and expected results ahead.

The vision and objectives of the Forum have been firmly established over the previous years and appeal to many policymakers, practitioners and researchers in Europe:

Mission

the Forum intends to improve equity in health care and the health of the population of Europe by strengthening Primary Care. In several countries of Europe Primary Care is well developed, in others there is a growing development. We all can learn from each other and create and seize the opportunities there are to make sure that all countries enjoy the benefits of Primary Care.

Key elements within the mission of the European Forum for Primary Care are:

- relevance,
- equity,
- quality,
- cost-effectiveness,
- sustainability,
- patient-person-population centeredness and
- innovation.

Next to a clear mission, a growing organization needs to develop structure and functioning. This will become the fifth Annual Plan of the Forum that is submitted to the Executive Committee for consideration and approval.

Building on the experience and results of the previous years, the evaluation results of 2011 and based on the Strategic Policy Plan that was developed three years ago, a range of activities are foreseen already for 2012.
Membership

In 2011 the EFPC has registered as an Association for the Dutch law. All current members of the EFPC need to register officially as members of the Association. The EFPC has established a process to make it easy for them to re-register for the EFPC Association. This all should take place in the first quarter of 2012.

These members take part in the governance of the Forum through opinions and contributions to be sought through a yearly “General Assembly (GA)” with an invitation to all members. This GA will take place at the location where the EFPC gathers for their biennial conference or the smaller event organized in the year in between the biennial conferences. In 2012 this will be Gothenburg, Sweden on the 4th of September.

New membership criteria and (financial) conditions for membership have been established by the Executive Board of the association in 2011, see annex V

By the end of 2011, 140 organizations and 75 individuals have joined the Forum as members.

The target is to have again 140 institutional association memberships at the 1st of July 2012.

The Forum’s secretariat will actively approach potential members, by several means: publications, conference presentations and personal contacts. The expansion in the number of institutional members of the Forum remains a difficult matter, as it requires a lot of energy to convince individual representatives of those institutes/organizations to invest money, although it is a limited amount, in a network like the EFPC.

The association year of the EFPC will run from the 1st of July until the 30th of June. A new annual plan setting the goals for the first full association year 2012/2013 will be developed in May 2012.

Budget and funding

Activities and functioning of the Forum require a budget of € 118.489 in 2012, see annex IV for details and € 59.244,50 for the first half. A new budget for the first full association year (2012/2013) will be discussed in spring. Extra-budgetary projects can be undertaken, on condition that full funding is available.

Fundraising is a main task of the secretariat; time has been reserved for that. Fundraising addresses the needs for funds in 2012/2013, for which potential donors will be approached, as well as the Forum’s own membership. Fundraising also concerns long term activities. For example, the fundraising activities include the production of a proposal for the EC health call for operating grants and/or conferences.

Networking and alliances

The Forum seeks to reinforce its position and impact by closely working together with organizations that are active in neighbouring domains: WHO Europe, WONCA Europe, EUPHA and others. The Forum will explore what added value it can carry to those organizations. During the first half of 2012, the Forum seeks to sign more mutual
agreements with linked networks (e.g.: HOPE) which is a benefit for both partners and the areas of activities will be described.

**Activities**

Definition of priorities and selection and programming of activities for the first half of 2012 are based on input from the Executive Committee, suggestions from members, opportunities that arise and requests that have been forwarded to the Forum. The EFPC is observing changes in morbidity and mortality pattern in Europe. Based on these indicators EFPC helps European citizens by making plans and strategies for organizational changes and professional adaptations to new situation in primary care setting.

The added value of the activities is promotion of best practices present in primary health centres. Transfer of knowledge is important for better health care of Europeans. The EFPC is observing characteristics of patient safety as well. The scene is variable in the different European countries.

The overwhelming amount of topics and subjects from which the agenda of activities can be selected, asks for a rational planning process. This process has been installed in 2009, being effective for the planning of later years.

The activity plan is a compromise between the strong ambitions and limited financial means of the Forum. A large part of the financial resources required to execute the activities needs to be secured as yet. As a consequence, full implementation of the plan is contingent upon fundraising.

The activities of the Forum are grouped and structured around its four domains:

a. **Patients / Citizens**

   The involvement of patient associations and citizens networks in setting the policy and research agenda by providing them the possibility for expressing their views on issues like quality assurance, navigation, transparency in care, etc. EFPC will use its own network and activities to provide them with the means to act in this direction. The European Parliament provides a platform to integrate patient/citizen views and primary care policy.

b. **Professionals**

   Professional associations but also professionals at the implementation level (e.g.: the workforce of Health Centers) will be asked to provide proof for best practices from out of their own day to day practice. A maximum effort will be given by the Forum to disseminate these experiences to all the stakeholders involved to get more diffusion of these best practices throughout Europe.

c. **Health Systems**

   Organization and technology

   In order to get more influence on the development of ICT systems within Primary Care and between the different care levels, like Electronic Patient Files and domotica used at household level, the Forum wants to focus on
these issues by organizing discussion sessions and conferences with themes related to these issues.

The organization of primary care varies from separately organized services to integrated organizations and network organizations, depending on local and national context and historical developments. The Forum supports integrated and network forms of organization by providing professional groups and managers with information on experiences and practices at an international level.

Policy development

In the end all initiatives developed by the Forum should lead to a maximum influence on policy development at European and National level. By bringing Policy Makers together with renowned research institutes, the healthcare consumers and the professionals active in Primary Care, the Forum will maximize its influence on the policy making in health systems throughout Europe.

The general organisational aims of the EFPC are:

1. growth and (financial) sustainability of the organization
2. broadening membership of the Forum to other target groups than general practitioners and an equal distribution of members throughout Europe
3. balanced involvement of research, the health care field and national and international policy makers

In earlier documents of the EFPC, available on its website, the approach achieving these aims at the different domains has been described. Because certain activities contribute to more than one aim or domain, it is not possible to list them all precisely according to the aims and domains. However, in the list below the activities are grouped according to their most important domain.

Patients / Citizens

- Position Paper on
  - Impact of continuity on quality of care within Primary Care will incorporate patients and citizens views on what are favourable conditions in Health Care service delivery.
- The continuation of the Working Group within the EFPC as an Alliance of National/Regional Community Oriented Primary Care services with two main objectives:
  - strengthen the lobby for Community Oriented Primary Care at regional, national and European level
  - stimulate the development of new national/regional associations of Community Oriented Primary Care services in Europe
An intensive cooperation with the SEPSAC (Secrétariat des pratiques de santé communautaires) network will be explored to create a “pied a terre” in Brussels
• The EFPC website and newsflash provide patients and citizens with important new documents and other information
• In 2012 the EFPC is prepared to organize Site Based Learning programmes (Multi Country Study Visits) that will allow citizen groups to enlarge their scope of knowledge of what is available at organizational level in Primary Care in Europe
• The EFPC 4th biannual conference in Gothenburg, September 2012, in close collaboration with our member in Gothenburg, the Vastra Gotaland regional authorities
• An active involvement of the EFPC at the 6th European Patients day, that will be celebrated in Brussels
• Publication of articles on PC (sub-)themes

Professionals

• Position Papers on
  o Interprofessional Education of Primary Care professionals in Europe
  o Impact of continuity on quality of care within Primary Care
  will provide professionals with clear examples of how the organization of care at Primary Care level can differ within the European region and how changes can help to improve the quality of care for the population and its risk groups
• In 2012 the EFPC is prepared to organize Site Based Learning programmes (Multi Country Study Visits) that will allow professional associations to enlarge their scope of knowledge of what is available at organizational level in Primary Care in Europe
• A Policy Brief in close collaboration with the European Observatory on the topic: the integration of Public Health and Primary Care; members will be involved in the development of the Policy Brief
• The continuation of the Working Group within the EFPC as an Alliance of National/Regional Community Oriented Primary Care services with two main objectives:
  o strengthen the lobby for Community Oriented Primary Care at regional, national and European level
  o stimulate the development of new national/regional associations of Community Oriented Primary Care services in Europe
An intensive cooperation with the SEPSAC (Secrétariat des pratiques de santé communautaires) network will be explored to create a “pied a terre” in Brussels
• The EFPC 4th biannual conference in Gothenburg, September 2012, in close collaboration with our member in Gothenburg, the Vastra Gotaland regional authorities
• The EFPC website and newsflash provide professionals with important new documents and other information
• The EFPC involvement in different discussion networks on health workforce like the Health Professionals Global Network and the Dutch Human Resources for Health Alliance will assure a strong focus on Primary Care
• Providing practical information on Primary Care and on the EFPC itself during conferences and during health policy meetings are important tools for the Forum
to achieve its goals. Members of the Forum and the secretariat will seize these opportunities as much as they can. During the annual WONCA, CACHCA, UEMO, NDPHS and EUPHA conferences, amongst others, the EFPC and its work will be presented.

- Further involvement of professionals in the discussions within our Social Media networks like LinkedIn and Twitter
- Publication of articles on PC (sub-)themes, with a focus on the collaboration with the international journal Quality in Primary Care

**Health Systems**

**Technology & Organization**

- Position Paper on
  - Impact of continuity on quality of care within Primary Care will provide technical innovations that influence the organization of care at Primary Care level
- A Policy Brief in close collaboration with the European Observatory on the topic: the integration of Public Health and Primary Care; members will be involved in the development of the Policy Brief
- The continuation of the Working Group within the EFPC as an Alliance of National/Regional Community Oriented Primary Care services with two main objectives:
  - strengthen the lobby for Community Oriented Primary Care at regional, national and European level
  - stimulate the development of new national/regional associations of Community Oriented Primary Care services in Europe
- An intensive cooperation with the SEPSAC (Secrétariat des pratiques de santé communautaires) network will be explored to create a “pied a terre” in Brussels
- Review and evaluation of the existing production of EFPC Position Papers to improve the effectiveness of this key-activity of the EFPC; to be developed as a student assignment within university departments of members that offer vocational training programmes
- Involvement in European wide research projects like QUALICOPC (Quality and costs of primary care in Europe); the widest dissemination will be sought for the results of these projects
- The EFPC 4th biannual conference in Gothenburg, September 2012, in close collaboration with our member in Gothenburg, the Vastra Gotaland regional authorities
- Through a new website application the EFPC provides its members the possibility to seek country specific information concerning Primary Care in Europe
- Publication of articles on PC (sub-)themes
- Development of a new video about the EFPC with a focus on Integrated Primary Care

**Policy**
• Position Papers on
  o Interprofessional Education of Primary Care professionals in Europe
  o Impact of continuity on quality of care within Primary Care
will provide policy makers with clear examples of best practices and other experiences in Europe and elsewhere that can support their ability to make sound decisions for future Health Care systems in their regions or countries. The EFPC will continue its affiliation with the international journal Quality in Primary Care to seek as much as possible attention among policy makers for its publications like the Position Papers.

• In 2012 the EFPC is prepared to organize Site Based Learning programmes (Multi Country Study Visits) that will allow policy makers to enlarge their scope of knowledge of what is available at organizational level in Primary Care in Europe.

• A Policy Brief in close collaboration with the European Observatory on the topic: the integration of Public Health and Primary Care; members will be involved in the development of the Policy Brief. As a follow up on this activity the EFPC will initiate a meeting in Almere to present the different Policy Briefs to a high level group of experts in the field of Primary Care with the involvement of the Dutch government and the city of Almere/Province of Flevoland.

• The continuation of the Working Group within the EFPC as an Alliance of National/Regional Community Oriented Primary Care services with two main objectives:
  o strengthen the lobby for Community Oriented Primary Care at regional, national and European level
  o stimulate the development of new national/regional associations of Community Oriented Primary Care services in Europe
An intensive cooperation with the SEPSAC (Secrétariat des pratiques de santé communautaires) network will be explored to create a “pied a terre” in Brussels.

• The EFPC 4th biannual conference in Gothenburg, September 2012, in close collaboration with our member in Gothenburg, the Västra Gotaland regional authorities.

• Providing practical information on Primary Care and on the Forum itself during conferences and during health policy meetings are important tools for the Forum to achieve its goals. Members of the Forum and the secretariat will seize these opportunities as much as they can. During annual meetings as the Bad Gastein Forum, EHMA and UEMO, amongst others, the Forum and its work will be presented and strong Primary Care advocated.

• Members’ consultation and communication to EU organizations. The main activity is discussion among the members and the formulation of policy recommendations to the EU (Commission, Euro parliament, Council) on subjects that bear relevance to Primary Care. This activity is reactive in the sense that the agenda is established by EU developments.

• The EFPC website and newsflash provide policy makers with important new documents and other information.

• Through a new website application the EFPC provides policy makers in particularly the possibility to seek country specific information concerning Primary Care in other parts of Europe.
• Further involvement of policy makers in the discussions within our Social Media networks like LinkedIn and Twitter
• Publication of articles on PC (sub-)themes

The following results can be expected for the main aims of the Forum:

**Growth and (financial) sustainability of the organization**

• Halfway 2012 the EFPC Association has still 140 institutional members with a subsequent increase of the income from membership fees due to the new membership fee structure (see annex V),
• Additional funds have been secured for the payment of the activities and secretariat of the Forum.

**Broadening membership of the Forum to other target groups than general practitioners and an equal distribution of members throughout Europe**

• Halfway 2012 other key professional groups of for example midwives, social workers, secondary care representatives are represented in the Forum
• Halfway 2012 a 25% increase of the number of national and European patient organisations that are involved in the work of EFPC has been established
• Halfway of 2012 a minimum of 80% of all countries belonging to the WHO European region have one or more members in the EFPC

**Balanced involvement of research, the health care field and national and international policy makers**

• Forum’s members viewpoints have been given to EU and national policy makers regarding current issues like EU health workforce, aging society and eHealth.
• A minimum of 2 new Position Papers have been started for development halfway 2012 with the assistance of the three levels (Research, Practice & Policy) represented in the Forum
Activities structured for the first half of 2012, indicating the input of ExCo members and secretariat:

<table>
<thead>
<tr>
<th>Month</th>
<th>Event Description</th>
<th>Members</th>
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<tbody>
<tr>
<td>January</td>
<td>Finalization of the Position Papers on Interdisciplinary Collaboration</td>
<td>Marianne, Niro &amp; Diederik</td>
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<td></td>
<td>Deadline WONCA Anniversary Fund</td>
<td>Diederik &amp; Jan</td>
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<td>February</td>
<td>Continuation of the Paper on PC &amp; Minorities</td>
<td>Pim, Danica</td>
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<td>8 Dutch International meeting at the NHG</td>
<td>Diederik &amp; Pim</td>
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<td>28 meeting EFPC / JvEl</td>
<td>Pim, Jan, Peter &amp; Diederik</td>
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<td></td>
<td>To be confirmed: feedback session in Brussels at the NIHDI institute for the Position Papers</td>
<td>Pim &amp; Marianne</td>
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<td>March</td>
<td>8 Deadline submission proposal operating grant</td>
<td>Diederik</td>
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<td>12/13 WHO/EuroHealthNet meeting Brussels</td>
<td>Diederik</td>
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<td>April</td>
<td>6th European Patients Day, Brussels</td>
<td>Diederik</td>
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<td>15 Deadline call for abstracts Gothenburg</td>
<td>Jan</td>
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<td>18-20 Geneva Health Forum</td>
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<td>May</td>
<td>10/11 May Conference Active Citizenship Network in Brussels</td>
<td>Diederik</td>
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<td>16 May Scientific Committee meeting Gothenburg</td>
<td>Diederik &amp; Mona-Lisa</td>
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<td>June</td>
<td>14/15 Toscane Primary Care conference</td>
<td>Niro</td>
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<td>July</td>
<td>4-7 WONCA Europe in Vienna</td>
<td>Diederik &amp; Giorgio</td>
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### Annex I  EFPC Evaluation Matrix for 2010

<table>
<thead>
<tr>
<th>Growth &amp; Financial sustainability</th>
<th>Patients / Citizens</th>
<th>Professionals</th>
<th>Technology &amp; Organization</th>
<th>Policy</th>
<th>Generic</th>
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<tr>
<td>Collaboration with Active Citizenship Network</td>
<td>Study Visit for Finnish MBA students</td>
<td>Development of matrix for Chronic Disease management in Europe</td>
<td>Development of matrix for Chronic Disease management in Europe</td>
<td>Graz conference</td>
<td>Collaboration in EU research projects (QUALICOPC)</td>
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<td></td>
<td>Position Papers on Elderly Care and Interprofessional Collaboration</td>
<td>Web-based search machine for country specific PC publications</td>
<td>Position Papers on Elderly Care and Interprofessional Collaboration</td>
<td>Embedding in the Dutch Jan van Es Institute</td>
<td>Newsflashes</td>
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<td>Newsflashes</td>
<td>European Health Award nomination at Gastein Health Forum</td>
<td>European Health Award nomination at Gastein Health Forum</td>
<td>Newsflashes</td>
<td>Agreement with Radcliffe/ElectricWord for Quality in Primary Care subscription within an EFPC membership</td>
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<td>Declination of the EU proposal for an Operating Grant</td>
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<td>Collaboration with Vastra Gotaland region</td>
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<td>EFPC registration as an association for Dutch law</td>
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<td>Twitter @PrimaryCare4um</td>
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<tr>
<th>Broadening membership among target groups and equal geographical distribution</th>
<th>Patients / Citizens</th>
<th>Professionals</th>
<th>Technology &amp; Organization</th>
<th>Policy</th>
<th>Generic</th>
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<tr>
<td>Workshop with Active Citizenship Network at WONCA Warsaw conference</td>
<td>Liaison group WONCA/UEMO/EFPC meetings in Warsaw and Torino</td>
<td>Position Papers on Elderly Care and Interprofessional Collaboration</td>
<td>Web-based search machine for country specific PC publications</td>
<td>Position Papers on Elderly Care and Interprofessional Collaboration</td>
<td>Graz conference</td>
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<td>Articles EFPC in European Journal of General Practice and Quality in Primary Care</td>
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<td>Presentation at Dutch Transparency in PC The Hague meeting</td>
<td>Newsflashes</td>
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<td>Linking up with European Professional Associations</td>
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<td>EC consultation responses</td>
<td>Workshop Warsaw (WONCA Europe)</td>
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<td>Stand at WONCA Warsaw conference</td>
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<td>Involvement in European research projects</td>
<td>Presentations and workshop at North American Community Health Care conference</td>
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<td>Linking up with European Associations: EACH</td>
<td>Twitter @PrimaryCare4um</td>
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<td>OECD connections</td>
<td>Linking with global networks: The Network TUFH, Presentations at UEMO, NDPHS, ImPrim events.</td>
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<td>European Health Award nomination at Gastein Health Forum</td>
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<th>Balance between research, health care field and policy makers</th>
<th>Patients / Citizens</th>
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<td></td>
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<td>Newsflashes</td>
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<td>Alliance for Community Oriented Primary Care services; two meetings, March Brussels &amp; September Graz</td>
<td>Twitter @PrimaryCare4um</td>
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<td>Articles EFPC in European Journal of General Practice &amp; Quality in Primary Care</td>
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**Note:** The table continues with more detailed items, including articles, presentations, and events, which are not fully transcribed here for brevity.
**Narrative EFPC Evaluation matrix 2011**

The EFPC developed a various number of activities and collaborated in an even longer list of activities at European level. The matrix gives clarity on which domains the EFPC does well and on which domains there should be improvement. These domains were agreed in the first “Strategic policy plan for EFPC – 2008 and beyond” prepared in 2008 by the secretariat and the Executive Committee.

**General organisational aims:**

1. growth and (financial) sustainability of the organization
2. broadening membership of the Forum to other target groups than general practitioners and an equal distribution of members throughout Europe
3. balanced involvement of research, the health care field and national and international policy makers

**Domains** on which the Forum wants to focus:

a. Patients / Citizens
   The involvement of patient associations and citizens networks in setting the policy and research agenda by providing them the possibility for expressing their views on issues like quality assurance, navigation, transparency in care, etc.
   EFPC will use its own network and activities to provide them with the means to act in this direction. The European Parliament provides a platform to integrate patient/citizen views and primary care policy.

b. Policy development
   In the end all initiatives developed by the Forum should lead to a maximum influence on policy development at European and National level. By bringing Policy Makers together with renowned research institutes, the healthcare consumers and the professionals’ active in Primary Care, the Forum will maximize its influence on the policy making in health systems throughout Europe.

c. Professionals
   Professional associations but also professionals at the implementation level (e.g.: the workforce of Health Centres) will be asked to provide proof for best practices from out of their own day to day practice. A maximum effort will be given by the Forum to disseminate these experiences to all the stakeholders involved to get more duplication of these best practices throughout Europe.

d. Technology and organization
   In order to get more influence on the development of ICT systems within Primary Care and between the different care levels, like Electronic Patient Files and domotica used at household level, the Forum wants to focus on these issues by organizing discussion sessions and conferences with themes related to these issues.
   The organization of primary care varies from separately organized services to integrated organizations and network organizations, depending on local and national context and historical developments. The Forum supports integrated and network forms of organization by providing professional groups and managers with information on experiences and practices at an international level.
In 2011, in addition to the on-going activities such as the newsflash, LinkedIn PC Forum (currently with more than 1000 members), web-based search machine, the Forum developed the following activities:

- a conference in Graz (September) with + / - 60 members including strong and very relevant presentations, for example of the OECD
- inviting members to write an EFPC member column describing the primary care of a specific country
- A presentation on the English Quality Outcomes Framework by Professor Niro Siriwardena EFPC board member at the May JvEI conference on transparency in primary care
- a study visit in the Netherlands for Finish Health Care Managers
- a Twitter account (@PrimaryCare4um) was installed
- workshops, presentations and booths at various international conferences related networks such as WONCA Europe (GPs), Imprim (Baltic Sea Primary Care Project), NDPHS (Nordic Dimension of Public Health and Social Wellbeing) CACHCA (Canadian Alliance for Community Health Centres Associations), UEMO.

Europe-wide research, such as QUALICOPC (Evaluation of primary care in Europe), has continued, in which has EFPC a supporting role. The development of a European Chronic Disease Management matrix resulted in a report which explains the different systems in Europe. In addition, the position paper on "Primary Care and the care for older persons" and will be published in the December issue of Quality in Primary Care published. Another position paper on "Primary Care and interprofessional collaboration within-primary care teams" will be completed shortly.

This year, two new processes started to write Position Papers on the topics: "Inter-Professional Education for Primary Care Professionals" and "Impact on quality and continuity of care within-Primary Care". The first is coordinated by the Jan van Es Institute (The Netherlands) and the second by the Gothenburg University (Sweden). For both Position Papers, workshops will be organized at the upcoming EFPC conference in Gothenburg.

With the final decision of the Dutch Ministry of Health to stop the EFPC funding at 1 January 2012 it became clear that there was a great need to find alternative financing. An important step for this was to register the EFPC as an association for Dutch for the Dutch law. This allows the EFPC to apply for funds independently, which opportunity was already used for a few applications. Unfortunately the EU proposal for an operating grant for 2012 was declined. Other EU funding requests are still pending.

The number of institutional members increased to 140, including a number of relevant European / global networks, such as EACH (European Association for Communication in Healthcare), Australian Primary Health Care Research & Information Service and The Network Towards Unity for Health (The Network TUFH). The total number of individual members went up to 75.

A recent decision by the publisher of Quality in Primary Care to support the EFPC by a reduced subscription for all EFPC members will play an important role in attracting more members.

Regarding the cooperation between GPs at European level, the liaison group of representatives from WONCA, UEMO and EFPC had two meetings: in Warsaw during the WONCA conference and in Turin during an UEMO meeting. At the last meeting the EFPC could present herself and her ideas regarding integrated and community oriented primary care. At the meeting of the Liaison Group plans were developed for a joint workshop at the WONCA conference in Vienna in 2012 (July) on the topic: "GP's crossing borders in Europe, a gift or a burden". The European Alliance of Community Oriented Primary Care Services, that operates as a working-group of the EFPC, held a second meeting in Brussels (March) at the conference of the Federation Maison Medicaire and a third in Graz during the EFPC conference. An application for financial support was submitted to a Dutch fund. This application should support the Alliance for a further expansion with Eastern European members and thus a stronger representation in Brussels to get more attention for primary care at EU-level policy making.

In this respect, the nomination of the EFPC for the European Health Award, during the annual Health Forum Gastein, was a positive signal. It indicated that primary care, with the EFPC as an exponent of this when it comes to thinking in Health Systems Development, is considered to be important.
Our investments in a stronger relationship with the patient / consumer / citizen networks to include their input on the development of our policies and recommendations and to ensure that the weight of our recommendations towards policy makers at European and national levels will increase, led to a collaboration with European Active Citizenship Network. Together we organised a workshop at the WONCA conference in Warsaw where GPs were asked to reflect on patients’ rights within primary care as described in the European charter of patients’ rights.

Conclusion
An important year in which the registration of the EFPC as an association under Dutch law was a milestone. It will strengthen the EFPC as a stakeholder at European level and also increase the possibilities to find finances from institutional funds. The membership is still increasing and the recently signed agreement with the publisher of the scientific journal Quality in Primary Care (Radcliffe / Electric Word) in which is agreed that a subscription for QPC will be part of a EFPC membership, might result in a further increase.
Annex II

Members of the Executive Board in 2012

Prof Jan De Maeseneer  GP, Ghent University, Belgium (chair)
Mrs Danica Rotar  GP, head of the research unit of Primary Health Centre Ljubljana, Slovenia (vice-chair)
Mrs Marianne Samuelson  GP, Caen University, France (secretary)
Mr Pim de Graaf  MD, Individual member, the Netherlands (treasurer)
Prof Peter Groenewegen  Health Systems Researcher, Nivel, the Netherlands
Prof Niro Siriwardena  GP, Lincoln University, Lincoln, UK & editor in chief QPC
Prof Giorgio Visentin  GP, Research Centre for General Medicine, Italy
Mr. Valeriu Sava  Health Care manager, Management and Assurance in Medicine, Moldova
Ms Mona-Lisa Hagvide  Occupational Therapist, Swedish Association of Occupational Therapists
Prof Valerie Lattimer  Nurse, School of Nursing Sciences, Faculty of Medicine and Health Sciences, University of East Anglia

Special advisor of the EFPC in 2012

Mr Michael Sobanja,  Health Care manager, NHS Alliance, UK
Annex III  Individual Planning 2012

Diederik Aarendonk, coordinator (0.8 FTE)

Tasks
- Networking for the Forum through visiting conferences, visits or email contacts with (potential) member organizations 25 days
- Organization of EFPC events (multi-country Study Visits, conference in Gothenburg, NIHDI Brussels) 10 days
- Planning and production of Position Papers 10 days
- Recruitment of members in targeted countries and professional groups 10 days
- Coordination of EFPC comments to EC consultations 10 days
- Guidance of EFPC working groups 10 days
- Coordination of lobby activities at European and national level 10 days
- Preparation of funding requests 12 days
- Administration of Forum 10 days
- Coordination of the content of the Forum’s website and newsflashes 5 days
- Linking the EFPC to JvEI 13 days
- Holidays 15 days

Total 140 days

Results

- New members recruited (at the end of 2012 the Forum has grown towards 160 institutional members)
- A minimum of 2 Position Papers have been produced and published in QPC by the end of 2012
- At least two multi-country study visit and two other events were organized in 2012
- Forum’s viewpoints given to EU and national policy makers
- The Forum members did receive adequate support of the Forum’s secretariat
- Funds have been secured for the activities and secretariat of the Forum for the coming years.
Anouk Faassen, Information and administration support (0.2 FTE)

Tasks
- Managing the members administration including the finances and correspondence 10 days
- Maintenance and uploading information on the Forum’s website 10 days
- Preparation and dissemination of news flashes 10 days
- Logistics arrangements for the advisory committee (booking flights and hotels, meeting rooms, etc) 8 days
- Logistics arrangements for EFPC events like the Multi-Country Study Visit, Gothenburg conference 10 days
- Holidays 8 days

Total 56 days
## Annex IV

### European Forum for Primary Care

**Budget for 2012, first 6 months (until 1 July 2012)**

**Projectnumber: EUR 001**

<table>
<thead>
<tr>
<th>Project</th>
<th>Costs</th>
<th>Half year</th>
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<tbody>
<tr>
<td><strong>Fixed costs</strong></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td>coordinator D. Aarendonk including overhead</td>
<td>0.8 FTE</td>
</tr>
<tr>
<td>2</td>
<td>administrative support A. Faassen including overhead</td>
<td>0.2 FTE</td>
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<tr>
<td>3</td>
<td>website</td>
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<tr>
<td>4</td>
<td>travel and accommodation costs of boardmembers and staff</td>
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<tr>
<td>5</td>
<td>costs of publications</td>
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<tr>
<td>6</td>
<td>miscellaneous (juridical advice, other)</td>
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<tr>
<td>7</td>
<td>services by third parties</td>
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<tr>
<td><strong>Total out</strong></td>
<td></td>
<td>€ 59,244.50</td>
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<table>
<thead>
<tr>
<th>Project</th>
<th>Income</th>
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<tbody>
<tr>
<td><strong>Fixed income</strong></td>
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<tr>
<td>8</td>
<td>JVEI (HAG 075)</td>
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<tr>
<td>9</td>
<td>membership fees</td>
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<tr>
<td><strong>Variable (project) income</strong></td>
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<tr>
<td>11</td>
<td>Assignment RIZIV, Belgium</td>
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<tr>
<td>12</td>
<td>Study visits</td>
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<td><strong>Subtotal in</strong></td>
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<td>13</td>
<td>other contributions (to be acquired)</td>
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<tr>
<td><strong>Total in</strong></td>
<td></td>
<td>€ 59,244.50</td>
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