

Guest editorial

Quality in Primary Care: official journal of the European Forum for Primary Care

Diederik Aarendonk MA

Co-ordinator of the European Forum for Primary Care

Jan De Maeseneer MD PhD

Chairman of the European Forum for Primary Care

From April 2008, the journal *Quality in Primary Care* became the official journal of the European Forum for Primary Care (EFPC).

Established in 2005, the EFPC intends to improve the health of the population of Europe and equity in health care delivery by strengthening primary care. In several countries of Europe, primary care is well developed, in others less so. We all can learn from the differences between each other, however, and create and seize the opportunities there are to make sure that all countries enjoy the benefits of primary care.

The vision and objectives of the forum have been firmly established in 2006 and 2007, and appeal to many policy makers, practitioners and researchers in Europe. Strong primary care produces better health outcomes against lower costs. That is the briefest summary of available scientific evidence. By promoting strong primary care, the population's health can be improved. Strong primary care does not emerge spontaneously. It requires appropriate conditions at the healthcare system level and in day-to-day practice to make primary care providers able and willing to take responsibility for the health of the population under their care. A key element is effective interdisciplinary collaboration at the primary care level and with well-organised secondary care. Everywhere in Europe the process of strengthening primary care is ongoing, with considerable diversity in the way it is organised. Therefore, Europe is, in a sense, a laboratory landscape of experiments for organising primary care. There is a strong need to collect and share information about what structures and strategies matter. This is a support to practitioners from a variety of professional backgrounds, but will also provide the evidence to convince policy makers at different levels that primary care needs to be strengthened.

One of the working tools of the EFPC is the development of a number of position papers in close collaboration with its members. Having started with

three papers in 2006 for the Dutch Ministry of Health, it has developed five new papers in 2007 for the NIHDI institute (The National Institute for Health and Disability Insurance) in Belgium. Two of these position papers, all of which are focused on organisational models for the care for chronic conditions, you find in this June issue of *Quality in Primary Care*. These are:

- 'Prevention and management of depression in primary care in Europe: a holistic model of care and interventions', co-ordinated by Margaret Maxwell from the University of Stirling, Scotland
- 'Diabetes in Europe: role and contribution of primary care', co-ordinated by Professor Manfred Maier from the University of Vienna, Austria.

These position papers support practitioners, researchers and policy makers in primary care by:

- clarifying concepts
- clarifying why this subject is a concern in/for primary care, and why it is (or should be) a concern at international (EU) level. This includes data on incidence and prevalence
- describing experiences based on sound evidence, good practices and developments in (case) management, including country or system characteristics that are (un)favourable to these results
- formulating lessons learned and the conditions (policies) under which good practices can function
- recommending policy measures at national and European level and identifying areas for research
- addressing primary care from a comprehensive, multidisciplinary, patient-centred and community oriented approach.

The papers deal with primary care in Europe, and are therefore based and focused on practice and policies in many countries, or at least in a number of countries. Examples of policies and practices in a range of countries are a key element of a position paper. A central focus is on a multidisciplinary approach that

ensures a comprehensive description of what types of care can be available for the condition or organisation set-up addressed in the paper.

For the five position papers developed recently we have focused on chronic conditions, and not surprisingly they all have a few recommendations in common.

One of these is the plea for a good co-ordination of structured programmes at the community level, and adaptation to individual patients by a well-developed primary care workforce. If we take the example of depression, we could think of the involvement of psychologists, social workers, psychiatrists and the nursing profession, together with the general practitioner (GP) forming a team at primary care level that takes care of patients with depression. This will create continuity in care that allows the patient to have her or his 'ups and downs' without disruption of care when he/she will need hospitalisation or is experiencing a long period of wellbeing.

It will need good co-operation between the different disciplines involved, a second clear recommendation of most of the position papers. Just now in the Netherlands it appears that 95% of nurses believe that collaboration between nurses and doctors is poor, and 77% of medical doctors have the same opinion.¹ This requires improvements, probably already in the education phase, through interdisciplinary training programmes and modules.

Another common recommendation in all papers is the importance of including preventative activities at primary care level. Diabetes care is a good example if we think of the inclusion of the dietician. The lack of knowledge on how to prepare healthy food might be a reason to start cooking lessons at a health centre that allows people in your catchment area to get in contact with each other; this might create a spin-off for the prevention of additional unwanted conditions like loneliness etc.

This all leads to the conclusion that if we really want to take care of chronic conditions in our patient population in a comprehensive, continuing and holistic way, the community oriented primary care model may be a good option.² This does not imply that all

different disciplines need to be 'under one roof' as it is organised in many places in the Netherlands or the UK. The papers do give some examples of how this could be organised differently in order to increase empowerment by individuals exchanging their expertise in a group learning environment. Bringing people together in this way may also enhance social cohesion and solidarity.³

The EFPC has therefore initiated the development of a position paper on the topic 'disease management' that is co-ordinated by Professor Stefan Gress from the University of Fulda, Germany from a specific primary care perspective that will focus on comprehensive 'patient management'. This and other topics will also be fully discussed at the EFPC bi-annual conference in Southampton this year (The Future of Primary Health Care in Europe, 15–17 September www.futureofprimarycare.com/).

We hope to meet you all in Southampton and to have you on board for the discussion of future position papers that will be initiated by the forum.

REFERENCES

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- 3 De Maeseneer J, Willems S, De Sutter A, Van de Geuchte ML and Billings M. *Primary Health Care as a Strategy for Achieving Equitable Care: a literature review commissioned by the Health Systems Knowledge Network*. www.who.int/social_determinants/resources/csdc_media/primary_health_care_2007_en.pdf (accessed 16 April 2008).

ADDRESS FOR CORRESPONDENCE

Diederik Aarendonk, European Forum for Primary Care, Otterstraat 118–124, 3513 CR Utrecht, PO Box 1568, 3500 BN Utrecht, The Netherlands. Email: d.aarendonk@euprimarycare.org