

**Primary Health & Prison Health Systems Expert Group  
Sixth Meeting  
Druskininkai, Lithuania  
March 7-8, 2013**



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| <b>Title</b>        | Minutes of the PPHS EG 6th Meeting   |
| <b>Submitted by</b> | ITAs in coordination with EG Chair   |
| Summary /<br>Note   | This document recalls the main discussion points and decisions made during the PPHS EG sixth meeting in Druskininkai |

### 1. Opening of the meeting and welcome

The Meeting was opened by director of Druskininkai Hospital Mr Viktoras Meizis, former senior representative of Lithuania to NDPHS and head municipal doctor Mr Eugenius Zemaitis. Mr Eugenius Zemaitis shortly presented main achievements and future plans of municipality of Druskininkai in development of health care and resort facilities. Chair of PPHS EG Ms Helena Silfverhielm thanked to the welcome of all participants of the Meeting. All participants have made short introduction. List of participants – attachment N1

### 2. Adoption of the agenda

The Meeting adopted proposed provisional agenda, no any changes were proposed

### 3. Information from the NDPHS Secretariat on NDPHS progress and recent decisions of CSR

Head of the NDPHS Secretariat Marek Maciejowski (further the Secretariat) have informed on recent activities of NDPHS:

- NDPHS has been active already for 10 years and every 5 year is planned an evaluation of the Partnership. Last evaluation was 5 years ago and new NDPHS plan have been developed after this evaluation. The same company is contracted for the new evaluation, which mainly focus on activities and achievements during the period 2010 – 2013.
- This year is the last year of PPHS EG mandate and it should be made decisions on the future role (if any) and priorities of the EG
- Role of NDPHS Expert groups is to assess situation, to find challenges and to try to solve them by development of policy recommendations and/or by initiating project activities.
- Russian Federation has developed their own strategy for the North West. This Strategy is very wide, but for NDPHS the most actual is to account priority health needs. Development of primary health care is among the priority needs.
- Also it is very actual to consider EU Strategy for BSR, revised version of EUSBSR Action Plan is recently available and is submitted by the Secretariat on the website of the Meeting. NDPHS is health related priority area coordinator of the EUSBSR, therefor it have to propose targets and indicators for the health priority area. Proposed indicators were not approved yet, because they were too

detailed, so new proposals have to be made. As it was decided in Chair/ITA Meeting the HIV/AIDS&AI EG Chair coordinate the proposal in good time.

#### 4. Information from PPHS EG Chair and ITAs on recent PPHS activities.

The PPHS EG Chair Helena Silfverhielm informed that Swedish MoH have made extension of the chairmanship for this Expert group for year 2013 and she agreed to continue as PPHS EG Chair for this period. Still some additional formal decisions should be made to extend the contract with ITA.

The PPHS EG ITA have informed about recent activities of PPHS EG:

- Based on round table discussions on migrants health, which took place during the last PPHS EG Meeting in Stockholm, a draft proposal have been made to ENPI Regional East Indicative Programme 2010-2013. Title of the proposed project: Quality of primary health care services for vulnerable groups including migrants and ex-prisoners in ND countries. Recently information was received from NDPHS Secretariat that this proposed activity was not relevant for funding, as assessed by the EU Delegation to Russian Federation.
- PPHS EG has contributed to the project on Alcohol and Drug Prevention among Youth (ADPY); situation analysis for evidence based policies and initiated WP responsible for two results of this project (1) Cooperation model for alcohol and drug prevention among young people involving primary health care professionals, social sector, NGO and public health care teams developed and piloted in two selected participating communities. (2) Primary health care professionals and schools' public health specialists apply during preventive check-ups a more holistic, client centred approach and specific tools for identification and modification of alcohol abuse among adolescents in a pilot district in Lithuania and the Kaliningrad Region. The project is at a very initial phase yet.
- Results of EUBSR Flagship project Imprim have been intensively disseminated through a number of National and International workshops and conferences, among them final Imprim project conference which took place in Riga in November 2012. Imprim results have been highly appreciated by different stakeholders, they are very actual in the context of nowadays health and health care challenges.
- Imprim project reports have been shortly presented to the participants of the Meeting in three folders: (1) Renumerating Primary health care (all reports of WP3, (2) Professional development - all reports of WP4, (3) Regional Planning – reports of WP5. PPHS EG, representing also project partner Klaipeda University, thanked to all EG Members for contribution and comments provided to one of the reports the *Strategy for Continuous Professional Development of PHC professionals in order to better response to changing health needs of the society*. Particular input has been provided by first author of this report Ms Paula Vainiomakki, Finland. The polish member Jacek Putz also contributed to the report by providing some data on professional development of PHC professionals in Poland.

#### 5. Short country presentation on recent developments in Primary care and Prison health

PPHS EG Co-Chair Yulia Mikhailova, Russia, have reported on changed role of the nurse in PHC and related a new Federal Program aimed to strengthen the role of the nurses. She also informed that there are more and more complaints regarding communication between doctors and patients. Special priority needs are IT technologies for remote rural areas.

Ms Liudmila Zhilevich, Belarus has reported that 40% of the overall health budget now will be devoted to primary health care. Priorities are to increase continuity and to strengthen PHC team – it is planned two nurses per one doctor.

Results of the pilot project implemented within PPHS EG flagship project Imprim have got high attention and there are plans for dissemination national wide

PPHS EG Chair has proposed that it would be nice if these results of Belarus Imprim could be disseminated through e-newsletter. The Secretariat informed that the information for the next e-newsletter should be delivered within two weeks. Ms Liudmila Zhilevich (Belarus) **agreed** to deliver a draft of an article for the Newsletter in requested time.

Aigars Miežitis, (Latvia) have informed on recent PHC development in Latvia and among them dissemination of the Imprim results.

Olga Zeile (Latvia) informed on the situation in prisons health. The number of prisons has to be decreased. A new center for addictive persons from prisons will be established in the frame of a national project partly funded from norwegian grants.

Andreas Skulberg (Norway) have informed about the new agreement to be signed with the Russian Federation to extend cooperation in prison health field. There are plans to train leaders in prison health

Paula Vainiomakki (Finland) about merge of counties In Finland??

Marc Lehman (Germany) – shortly presented recent challenges of prison health in Norway, among them lack of PH professionals. There is an increasing problem to guarantee social care and nursing. Germany lack of health professionals countrywide, there was a new wave of migration from the southern countries (Italy, Greece). Among prisoners (like also for general public) there are more and more chronic patients and their health care needs are increasing.

Egle Savulienė (Lithuania) has informed that with the new government there are new plans in development of the health care. The Minister of Health was very interested in Imprim results. Representatives of two Lithuanian Imprim Partner Organisations spent extensive time with the minister to discuss Imprim results and recommendations. New quality indicators are introduced, among them hospitalisation for ambulatory care sensitive conditions. Very actual is to increase competences of nurses.

6. **Recent WHO strategies for primary health care development.** Ms. Christine Beerepoot, WHO Euro, has presented recent WHO strategies and priorities in PHC. (presentation is attached as meeting document)

Also she informed about future WHO events among them planned conference of EFPC in cooperation with WHO "Balancing the Primary Care and Secondary Care provision for more integration and better health outcomes!" 9/10 September 2013 Istanbul, Turkey.

Aigars Miežitis (Latvia) expressed his interest to participate in the conference, because preliminary it is decided that next EFPC conference planned to be in Riga.

7. **Application to EU BSR Programme Seed money for the development of the final project application on Integrated care for senior citizens around the Baltic Sea.**

ITA PPHS EG shortly informed on the main project idea, developed after rapid situation analysis done in four countries. The project is very actual for BSR countries. It was

**agreed** that PPHS EG should further initiate development of project application involving all countries around BSR and, at a first stage, to apply for EUSBSR Program seed money. ITA also informed that Simo Kokko recently informed by e-mail that his institution (Primary Health Care Unit of the Health Care Authority of Northern Savo) will be interested to lead the application. Interest to joint such project already earlier have expressed by Imprim Partners National Health Service of Latvia and Klaipeda University, Lithuania. Viktoras Meizis expressed that his institution, Druskininkai hospital also would be interested to be project partner. Interest in such project has been once again confirmed by Russia and Belarus. Ms. Christine Beerepoot informed that WHO could be also interested to be a partner of such future project, but to be a partner of application for the seed money would difficult, because of too short time to the deadline. Nevertheless she agreed to send short information on what are WHO plans and interest in this regard. Such information could be used for the application.

#### **8. Future leadership of PPHS, coordination of primary health care and prison health subgroups, possible structure.**

PPHS EG Chair informed that when she entered this expert group PHC and PH was connected. The decision to merge these two groups was not so easy to understand, because quite a different priorities and issues should be discussed. Separate meetings of two subgroups was proposed to discuss separately prison health and primary health care issues.

Andreas Skulberg (Norway) informed that during period of being together there was evident decrease of participation of prison health experts from East European Countries. So it is difficult to continue work and to have some outputs. Too different priorities are for prison health and for primary health care experts to discuss. He expressed the Norwegian position and that decision should be taken immediately when evaluation results are in place.

Marc Lehman (Germany) expressed his concerns on involvement of prison health experts from Russia and other East European countries. Also it is very difficult to be a good expert in these two different fields. Nevertheless very actual is through care, so we still have to be sometimes together. But also for prison health it is very actual HIV/AIDS, alcohol and drug addiction problems, so for prison health experts should be actual sometimes to have meetings together with other groups, like Alcohol EG, HIV/AIDS EG.

The Secretariat proposed to include this in agenda for CSR, still decisions on future EG should be approved by CSR.

Andreas Skulberg (Norway) expressed his understanding that there is an interest to continue with prison health EG, just there are too few experts.

Marc Lehman (Germany) proposed to communicate through CSR members that experts from Lithuania, Latvia, Russia would have opportunity to participate in the meetings.

Yulia Mikhailova (Russia) informed that she communicated with top authorities responsible for prisons and prison health expert, with experience of work as specialist in tbc will be appointed as prison health expert. She also expressed her doubts if it is wise to make changes now, when this year is last mandate for this expert group.

ITA have informed that it is very difficult to communicate with different structures, because for prison health are responsible MoJ. Therefore even for CSR members, who as a case represent MoH could be difficult to facilitate attendance of prison health experts. As an example – for this meeting questions related to prison health and through

care have been very actualised by MoH. Still there was too difficult to get agreement from prison authorities to get prison health expert participation in the meeting.

Mark Lehman (Germany) – prison health face problems which could be solved through cooperation between countries in ND and learning from each other. As an example we discussed that we could learn from Imprim experience and to try use selected or adopted PHC Quality indicators for quality measurement and improvement in prison health.

PPHS EG Chair asked what would be final decision about the future of this group.  
Andreas Skulberg (Norway) – if German would take a leadership in future project and apply for EUBSR Seed money, we would be very grateful.

The Secretariat – expressed concerns that for making application for seed money you do not need separate expert group.

Marc Lehman (Germany) summarised the position that seed money application is short term goal and long term goal is separate prison health expert group.

## **9. Proposed future priorities and activities of PPHS EG for 2013 – 2020 – proposals to CSR.**

**The Chair of PPHS EG and the ITA** have proposed to have a brainstorming session on what could be future priorities in the field of prison health and primary health care. All participants of the meeting contributed to the brainstorming session. Following ideas have been drafted by the ITA of the EG: (1) Review of policies and practices in health care for migrants and ex-prisoners (other vulnerable population groups). Yulia Mikhailova emphasized that migrants and ex-prisoners are particularly actual for Russia. Free medical care for migrants and now all health care institutions are full with migrants. Models of cooperation between primary care and prison health are actual. (2) Integrated care; (3) Strengthening role of nurses and delegation tasks from doctors to nurses; (4) Overmedicalisation: from consumerism to rationality; (5) How to decrease hospitalization through better quality primary health care (YM); (6) Primary health care in remote areas (YM) – it is target group; (7) Strategies of non-abstinence for addicted. We have to think about the general strategies targeting addictions. (ML); (8) Telemedicine – introduction of teleconsultations for rural areas. (9) Preventive work in prison, reduce harm for the health of being in prison; particular attention to prevention of communicable diseases; (10) Statistical surveillance so that we could compare countries, - e.g reports on addictions have not so relevant data and you are not able to compare data. Lack of statistical data for prison health; (11) Prison health lack of quality indicators, transfer of some evidence based indicators used in PHC to prison health would be actual; (12) Nonsmoking – strategy to reduce smoking in society (including prisons); (13) Deontology– to improve communication between doctor and patient is very actual for Russia and also for other countries; (14) Patient centered communication; (15) Empowerment of patients, enhanced self-care; (16) Mental health care in primary health care and prison health care; (17) Public private partnership in PHC , also with NGO, non profit private organizations); (18) Health care of persons in detention and for these in probation period...(19) Patients' safety in health care (polypragmasia, AMR,).

Marc Lehman (Germany) proposed special layout of a table, where you can mark for which target groups are actual particular problem. It was **agreed** that ITA would propose grouping of the brainstormed problems and share with PPHS EG Chair and with Mark Lehman (Germany). Draft table will be further elaborated by Mark Lehman (Germany) and ITA and will be sent to all EG members for comments.

PPHS EG Chair ended morning session with a note that maybe EG should work more with policy recommendations, but not with projects. She invited all EG members to consider should we do something more related with policy development instead of projects.

#### **10. Further steps for the review of policies and practices for primary health care services for migrants and ex-prisoners in ND region:**

10.1. Mariya Samuilova have made a presentation on recent health related activities of IOM ((presentation is attached as meeting document).

10.2 ITA of PPHS EG have informed that in cooperation with IOM a draft proposal have been made to ENPI Regional East Indicative Programme 2010-2013. The Secretariat informed that EU Delegation to Russian Federation concluded that this proposed activity was not relevant for funding. Therefore it should be found other sources of funding. Yulia Mikhailova (Russian Federation) informed that project on Quality of primary health care services for vulnerable groups including migrants and ex-prisoners would be very actual for Russia. After discussions it **was agreed** that application for the seed money from Swedish Institute could be made. Mariya Samuilova confirmed that IOM still is interested to be a partner of such project and actively to be involved in development of project application. The Secretariat also confirmed that NDPHS could be a lead partner from Sweden, still other Swedish partner organisation should be found. PPHS EG Chair agreed to investigate potential other partners from Sweden . ITA of PPHS EG informed that social department of the Faculty of Health sciences of Klaipeda University are involved in research activities on migrants and may be interested to be a project partner.

#### **11. Other PPHS EG project initiatives:**

11.1. ITA informed that PPHS EG have developed project idea on *Improvement of community based health management of chronic non-communicable diseases (NCD) through strengthening competences of primary health care (PHC) nurses and other PHC team members* with particular focus on vulnerable population groups and patients with high comorbidity. A project idea has been developed in spring 2012 under the leadership of Paula Vainiomaki (Finland) and ITA with contribution from Turku University of Applied Sciences (Finland). Discussion took place that to enhance role of nurse is actual for all countries, particular emphasis have been made from Russia, Belarus, Latvia, Lithuania. Paula Vainiomaki (Finland) informed that Turku University of Applied Sciences still could be interested to work in this field. After discussions **it was agreed** that the Secretariat will inform if any sources of funding would be relevant for this activity. In that case, if other sources of funding are not available, it could be considered to include this activity into the Integrated care project application.

#### **12. Satellite workshop: Optimizing care at the community level - problems and plans in Lithuania and international experience.**

In the workshop have participated all participants of the EG Meeting and also 7 new participants, representing different local stakeholders. During the workshop it was received very valuable inputs from EG Members on actual for Lithuania challenges: (1) Delegation of tasks from doctors to nurses in care of chronic patients; (2) Balancing care at the primary and secondary health care interface, visions for integrated care

models; (3) How to better address needs of population vulnerable groups (ex-prisoners, persons on probation period); (4) Regulation of private PHC providers.

It **was agreed** that more detailed separate minutes of the workshop with summarized recommendations will be developed separately by ITA and Egle Savuliene (Lithuania) and will be delivered to national stakeholders.

### **13. The Future of e-Health activities within NDPHS. Prof. Dr. Roland Trill, eHealth for Regions Network Management Office, Flensburg University of Applied Sciences**

Prof. dr Roland Trill made a presentation on e-health projects and activities of the e-Health for Region Network (presentation is attached as meeting document). Activities of the Prime care IT project have been presented by Aigars Miežitis (Latvia). During discussions after the meeting it was agreed that e-health becoming more and more actual in any new trend of the development of health care systems. It was agreed that presentation on e-health could be included for the PAC side event. Marc Lehman (Germany) commented that we can agree in general that e-health is an important issue, but we are not able to tell today what are the priorities within e-Health.

The Secretariat commented that one of the ways how partnership can help is translating from projects level to the policy level.

### **14. New EU BSR Action Plan and indicators**

The Secretariat and PPHS EG Chair informed that new health related targets and indicators should be proposed by NDPHS for EU BSR Action Plan for the Health Priority Area. During the NDPHS Chair/ITA Meeting it was agreed that HIV/AIDS EG Chair will prepare some proposal and send to all EG for further input. No any proposal received so far. IT was agreed that when draft proposal will be sent they will comment on it and provide input.

### **15. Final NDPHS report for the period 2010 – 2013.**

The Secretariat informed that all EG have to report using the new template for the period 2010 -2013. The Secretariat in one week after the meeting will send the proposed new template. It was agreed that EG will develop and submit report to the Secretariat no later than four weeks before the autumn CSR.

### **16. Planning of publications, contributions to thematic issues of the NDPHS, e-Newsletter, presentations in conferences, etc.**

Aigars Miežitis informed that he plan to participate in EFPC Conference "Balancing the Primary Care and Secondary Care provision for more integration and better health outcomes!" September 9-10, 2013 in Istanbul, Turkey. He will make presentation on behalf of NDPHS.

The Secretariat proposed that the Imprim reports could be disseminated via NDPHS website. Also results of e-health priority issues should be presented during the PAC.

After proposal of Mark Lehman (Germany) it was agreed that telemedicine and e-health generally should be supported, but PPHS EG is not ready to support any details or priorities within e-Health.

Andreas Skulberg (Norway) proposed to present the Imprim results during the PAC.

Paula Vainiomaki (Finland) supported proposal from Norway, that Imprim results could be presented during PAC.

PPHS EG Chair agreed that could be presentations on e-Health and also on Imprim results.

Yulia Mikhailova (Russia) proposed to make presentation on tuberculosis in prisons for PAC side event and she asked for Andreas Skulberg support in preparation of the presentation. It was agreed that Yulia Mikhailova will make a draft proposal of presentation and will communicate with prison health experts on further development of presentation

**17. Next PPHS EG meeting.**

It was preliminary agreed that next PPHS EG Meeting will take place in Riga. Aigars Miežitis (Latvia), agreed within few days after the meeting to discuss with MoH and give final answer. Dates of the Meeting - September 19-20th.

**18. Any other business**

PPHS EG Chair have informed the Meeting that DMI Associates have approached expert group asking about possible technical support by prison health experts and to contribute to the project activities in Turkey. Marc Lehman commented that now it is more actual to improve the situation in ND region before we go to other regions. It was agreed that PPHS EG Chair will respond to DMI associates that contribution from the EG at this stage is not possible.

**19. Closing of the meeting**

PPHS EG Chair have made a summary of the Meeting emphasizing main agreements. She also thanked to the hosts of the meeting, director of Drukskininkai hospital Viktoras Mežis and to all participants of the Meeting for active participation.