



# The Grapevine

Spring 2010

Firstly the Editorial Team would like to apologise for the significant delay to the publication of this Newsletter but we hope that you will find it worth reading.

SO, to avoid this happening again we are requesting contributions now (with a deadline of 19<sup>th</sup> July) for a publication date of 1<sup>st</sup> August. It would be great to have contributions from new members to EURIPA about their practices as well as updates of national rural health events, research projects, training programmes, publications .....

The past year has been a difficult and challenging year for many of our national governments, coping with increasing public debt and at the same time trying to meet all the various needs of their populations. These governments will be cutting their public spending and it may seem very attractive to try and centralise health and social care in larger urban centres. This could have a major impact on the quality of care available to our patients. We all need to fight for our services and ensure that policy makers remember that equal human rights mean equal high quality care wherever you may live.

Swine flu seems to have faded away. I don't know whether you found the extra workload challenging in the more isolated communities. The virus didn't appear to be as virulent as was first imagined but I hope that we have all learnt from the experience. It may only be time before a much more aggressive virus comes our way.

2010 promises to be one of the most important years yet for EURIPA. We will be holding our first European Rural Forum meeting in Majorca May 14-15. I am not sure that we were really certain about how much we could achieve but the response has exceeded my expectations. I am so delighted by the enthusiasm that we have experienced. We have the opportunity of getting to know each other within the European Rural Health Family and I have no doubt that this will be the "mustn't miss it" conference of the year. It is not too late to reserve a place so please don't forget to come and support EURIPA in Majorca and fight for the health care that your patients deserve. (<http://www.institutodesaludrural.org/>)

The organisers of the WONCA Europe conference in Malaga (October 6-9<sup>th</sup>) have been very generous in offering EURIPA the opportunity of running a full and exciting rural stream. Amongst other events, we will be running a plenary where we hope to bring the recommendation from Majorca to everyone. We hope that this will eventually lead to a strategy paper that we can use within the European setting and you can use in your own countries and regions. EURIPA has also supported an abstract for a workshop that will examine how the different networks of WONCA Europe can work together more effectively.

And finally, if you aren't "conferenced out", don't forget that the triennial WONCA World conference will be held in Mexico in May.

John Wynn-Jones, President

# EURIPA European Invitational Rural Health Forum



The time has come for a new challenge for EURIPA: significant threats exist for rural communities and rural health care, much work still needs to be done to promote rural health and rural practice further, and EURIPA must develop a strategy to cope with them.

The EURIPA executive has been keen to follow the Crete conference with a European Invitational Forum which will bring important rural stakeholders together from across Europe in order to share ideas and good practice and develop a pan-European Rural Health Strategy for the 21<sup>st</sup> century.

The island of Majorca (Spain) celebrated the birth of EURIPA, long ago in the year 1997, and will welcome it again in this step further on May 14-15<sup>th</sup> 2010.

This is an important meeting as it is the first time EURIPA performs alone an open meeting for all its members.

The Forum aims to develop a Rural Health Strategy for Europe; forge links across Europe between rural practitioners, academic departments and academicians, national colleges and associations and other Rural Health organisations; share good practice; identify key individuals and groups who are not yet involved with European rural health and learn from experiences outside Europe.

Interactivity and feedback will be crucial in order to fulfil the Forum aims. Delegates will be involved in working groups which will be formed to discuss, collect and process feedback and information from each themed session, which will be fed back into the final draft strategy.

The themed sessions, chaired by European experts, will focus on Policy-making, Quality, Education and Research. Themed sessions will comprise in a keynote at the start of each (European expert), followed by a small number of brief presentations (to last 5-10 minutes), intermixed with group discussion: group discussions and the final conclusions are considered key and will embrace the main time of the sessions.

General Practitioners need to be heard by the experts, academics and politicians. Your expertise in rural practice must contribute to the development of the strategy.

If you would like to participate there is still time. You can mail the organisers at [l.abuin@medynet.com](mailto:l.abuin@medynet.com). The Forum website, at the Spanish Institute of Rural Health [www.institutodesaludrural.org](http://www.institutodesaludrural.org), is continually updated.

Jose Lopez-Abuin  
Chair of the Organising Committee

## **Euripa and Vasco da Gamma Movement Joining Activities**

Joint workshops between WONCA Europe Working Groups of Vasco da Gamma Movement and Euripa have taken place this year during the 9th WONCA Rural Health World Conference in Crete and the 15th WONCA Europe Conference in Basel.

These workshops are a measure of the interest in Rural Training for young doctors and an important occasion for EURIPA to increase the interest and the promotion of Rural Health in this collective.

The structure of these workshops began with an initial speech given by a member of EURIPA concerning Rural Medicine, its specific characteristics and the difficulties in Rural Training. After that, the seminar was continued by young doctors from Italy, Greece, Germany and Spain with a description of the Training Programmes for Family Physicians in these countries. The specific situation in Rural Training in these programmes were highlighted. Finally we concluded with a general debate between the different speakers and participants. A final proposal to be shared in the respective Executives of these WONCA Europe Working Groups was produced and collected from this discussion.

The big differences inside the respective Training Programmes for Family Physicians and the lack of a clear and specific programme in Rural Training for young doctors, were the most important conclusions of these workshops. Nevertheless, Spain was identified as the only European country with an specific period in Rural Training. The participants think that the programme from this country could be used as a pattern for the rest of Europe.

What is the next step for these Joint Workshops?

With the experiences from these meetings, added to the suggestions of the speakers and participants, it is thought that the production of a "Essential Document in Rural Training" featuring and highlighting the essential points to learn and teach, could be an important achievement for clarifying and promoting Rural Health between young doctors and inside the structure of WONCA Europe.

In a short time the EURIPA Executive is going to discuss these proposals, and new joint workshops with the Vasco da Gamma Movement will be performed in different EURIPA activities during the next year 2010 to take ahead this project and spread the interest in Rural Health.

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Photo names: From the left- Lygidakys C. (Italy and Greece, Schmidt M. (Germany), Banqué Vidiella J. (Spain. Gomez Bravo R (Spain)

### Report from EURIPA's research committee

2009 has been a very important year for EURIPA's research committee activities. In January, just after the Christmas holidays, we started to build a research network, gathering more than forty practices spread over the whole of Europe. Then, the committee launched its first project: the ACUTE CHEST PAIN STUDY. The study ended in March 2010. By November we had collected 81 cases from 11 countries.

The first data was presented in a workshop during the Crete World Rural Conference by our colleague Paul Serban from Romania. Cases are very interesting in order to highlight the important role of rural GPs in managing this problem, even if European and American societies of Cardiology in their guidelines still focus only on the so called "fast track" (the immediate transport of all chest pain cases, but we saw that it's often impossible to perform this for geographical reasons).

We took part in the last Wonca Europe Conference in Basel with a POSTER on the "state of the study" and we got in touch with colleagues from the University of Marburg, involved in a review of studies on chest pain in Europe.

During the Workshop at Crete Rural Conference we discussed the future of our research network. Dr Jaume Banque Vidiella from Spain and Dr Gunta Ticmane from Latvia gave presentations about problems of recruitment of researchers and new technologies for connecting members and collecting data for future studies. Participants in the workshop took part in a wide discussion about these topics.

The Acute Chest Pain Study will be published soon. We think it will build an important picture of the reality of the emergency care in Europe.

Claudio Carosino

### Diary Dates

#### Rural Health Invitational Forum 14 – 16<sup>th</sup> May Majorca

More information at  
[www.institutodesaludrural.org](http://www.institutodesaludrural.org)

#### WONCA World conference 19-23 May 2010, Cancun Mexico

More information at  
<http://www.wonca2010cancun.com>

#### WONCA Europe 6 -9<sup>th</sup> October 2010, Malaga, Spain

More information at  
<http://www.woncaeurope2010.org>

And, **EURIPA AGM** will take place at WONCA Europe in Malaga.

#### Annual Rural Doctors Conference 2010 22<sup>nd</sup> – 24<sup>th</sup> September 2010, Gregynog, Wales

### Publications

Don't forget to keep up to date with the European section in the International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy at  
<http://www.rrh.org.au>

Contributions are also welcome. Instructions for authors are available on the web site.

**Rural Health Plan**  
Wales published its Rural Health Plan in December 2009. The final document "Rural Health Plan - Improving integrated service delivery across Wales" can be found at

<http://wales.gov.uk/docs/dhss/publications/100118ruralhealthplanen.pdf>

## **WHO Programme: Increasing access to health workers in remote and rural areas through improved retention**

The World Health Organisation launched a new programme last year entitled “Increasing access to health workers in remote and rural areas through improved retention”. I was highly honoured to be one of the 30 members of the expert group of international experts who were chosen to work with WHO to develop the policy. I have sadly not been able to attend recent meetings but it is fascinating to see how a large NGO works and manages its projects.

WHO now puts significant emphasis on the importance of all its policies, declarations and publications being evidenced based and this is one of the major roles of the expert panel. Experts come from all over the world and their diversity ensures that the policy will reflect the divergence of issues, which separate developing and developed world regardless of culture and beliefs.

Skilled and motivated health workers in sufficient numbers at the right place and the right time are critical to deliver effective health services and improve health outcomes. Evidence shows a significant inequality between the numbers of health workers in urban and rural locations. This is more pronounced in the developing world. Going rural is not an attractive career option. Even those who start work in rural areas often migrate back to the cities where incomes are higher, shortages are less pronounced and life is more comfortable.

The Kampala Declaration in 2008 requested governments to “assure adequate incentives and an enabling and safe working environment for effective retention and equitable distribution of the health workforce”. The G8 Communiqué (July 2008) further emphasised the importance of the effective retention of health workers.

It is somewhat encouraging to see that the WHO has restated the importance of physicians working in rural communities. Clearly, care in some rural areas will be provided by generic health workers, yet there is agreement that medical generalists are crucial to the development of effective primary care. I achieved some notoriety on the expert group as I was the only working physician amongst them!

The target audience for the programme will be policy-makers and decision-makers who can engineer change in their own countries. Each country will need to implement policies to meet their own particular needs. The document will offer a range of bundles of recommendations. Health planners may then choose those most likely to work in their own environment.

The policy will be launched officially in the spring. The next stage will trial the strategy in a number of countries, with detailed monitoring and evaluation.

Finally, I ask myself is there any relevance here for Europe? Do inequalities in provision exist across the continent? This may depend on whether health systems are government financed or private. I have no reliable data for Europe but colleagues tell me of significant shortages in some countries, especially those in Central and Eastern Europe. I believe that we should consider physician recruitment and retention as an important research priority in the next few years in EURIPA.

John Wynn-Jones

## **My Practice - Working in a non touristic rural area of Crete**

The satellite practice of Pyrgos is a two GP practice belonging administratively to the health care centre of Harakas. (see map). It is situated in the south part of the prefecture of Heraklion, 45 Km south, at the foot of the Asterousia mountains. On the other side of the mountains is the south Cretan sea. The area's main income comes from agriculture (grapes and olive trees) and cattle breeding, with a few small industries mostly with local products.

Our practice was for the first time staffed with GPs in 2005. It is responsible for only two of the area villages (1500 inhabitants) one of which (Pyrgos) is the municipality's capital, thus the population of responsibility are rather uncertain. For example villagers from the mountains do prefer the practice of Pyrgos as their practice of reference combining their weekly or monthly family and other affairs with their follow up.

In the Greek national health system (NHS) we have Health Care Centres with their satellite practices only in rural areas. Only 5 urban health centres have been recently established all over the country. Each practice is responsible for a certain number of communities but that does not oblige citizens to go only to the practice they belong to. In general the Greek NHS allows an open access to any doctor in any practice, health care centre or hospital, without prior referral by the personal General/ Family Physician.

The practice is open from Monday to Friday from 8:30 in the morning till 14- 14:30 in the afternoon. Home visits are performed after that time and are done by request of the patients themselves, their relatives or by request of the municipality's home care program. Twice a week both doctors are working in the practice, the rest of the week the practice is covered by one GP. On average 35 to 40 patients are seen every day. We are responsible for any emergency care during the opening hours(stitches, ECG etc) we refer for x rays and blood tests to the health care centre of Harakas (4km). We are also responsible for the follow up of chronically ill patients; this is performed both on an appointment and on a demand basis. We keep an electronic data file since 2006 in which we have registered more than 60% of our population of responsibility. Around 50% of our daily visits are due to prescription of chronically ill medication, an opportunity that has been used in the past 4 years in order to re-examine our patients, check their status of disease and arrange future tests and routine practice visits. The screening and prevention tests are performed on the same basis of opportunistic referral as there is no national or local screening program in our area.

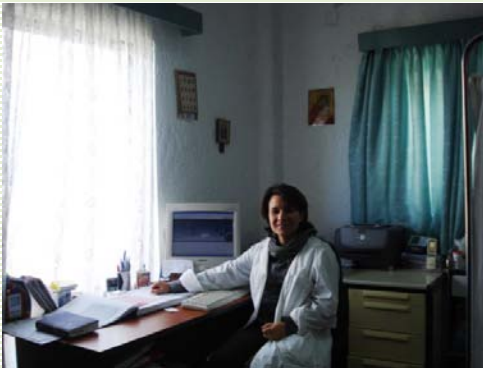
After 14:30 the area is covered by the health care centre in which all doctors of the health centre and the satellite practices perform 4-6 duties per month. The health care centre covers an area of 12 000 permanent Greek inhabitants and works 24/7.

Both doctors of the practice of Pyrgos are members of the practice- based research network of Crete and we have already collaborated for local and national researches. Our health centre is responsible for the education of students and for young doctors practicing to be GPs. We have hosted in collaboration with the Clinic of Social and Family medicine of the University of Crete colleagues and students from other countries and we are always open for any colleague who would like to spend some time close to us.

Working as a GP in a rural area of Greece has a suspense that one cannot describe. After four years in the practice we have already been able to live together with our patients their illness and their death, the death of their beloved ones and also a little bit of the growing up of their children and grandchildren.



The general practitioners - above and below



The waiting room



Furthermore we have been able to share their concerns about their life, their work and their family affairs. They have also been sharing with us their products, their homemade sweets and their handicrafts. They invite us to their houses and they expect us to honor their offer.

Our work holds some restrictions also. These have to do both with the lack of human resources and the lack of national programs. The practice is only a 2 doctors affair, thus the doctor has to have multidisciplinary abilities, to combine medical, psychological and public health services. Practices and health care centres are exclusively dependent on the regional hospitals both for equipment, constructions and scientific- research development. In a period of low budgets the first to be restricted are health care centres and further more satellite practices. We tend in many satellite practices to depend for any changes needed to refer to the donations of local authorities or even solitary citizens. With such donations and personal work of “friends” of the practice we have renewed furniture, painted walls and put on paintings. Last year in collaboration with the municipality we have been given a new building with better access, but we have to await the hospitals’ priorities for the modifications needed to be done.

General Practice in rural areas seems to us more and more of a personal fight to preserve the most valuable of all the goods of people: their health as it is described by WHO. With this in our mind we are hoping to start more community interventions. Changing the location of the practice and establishing real collaboration with the local authorities might be the key towards that direction. We hope that in the future we shall be able to spend more time in preventing and less time in curing diseases.

Foteini Anastasiou and Evaggelia Ladoukaki,  
General Practitioners