



The Grapevine



Happy Easter to all EURIPA colleagues

You will note that this edition of Grapevine has been published on time. I would like to give credit for this, and to introduce you to, Helen Porter who has recently joined the editorial team. Not only is she an excellent editor but she is also very good at getting contributions in on time to meet copy deadlines. Be warned!

There was an extra incentive to circulate this issue promptly as we would like to remind you that it is not too late to register for the 2nd EURIPA Rural Health Forum (see below). It is shaping up to be a really interesting event, with the added value of being able to explore a beautiful part of Romania.

IRH recently hosted a Medical Students weekend here at Gregynog and the students, mostly from urban backgrounds, commented on how remote and rural it was. They will obviously have to be introduced to really remote and rural practice gradually! We have a focus on eastern Europe in this newsletter, with news from Romania and Hungary, reports from Romania, Croatia, and Hungary, and notice of forthcoming conferences in Romania and Poland. We also have another heartfelt tribute to Claudio Carosino and a proposal to honour his name through one of the Vasco da Gama prizes.

Jane Randall-Smith, Executive Secretary

Message from the President

Dear colleagues,

It has become a bit of a cliché to say that life just gets busier but this is true when it comes to European Rural Health. Having spent many years banging on closed doors, I now find them ajar and to my surprise people are beginning to listen. I now find myself being invited to meetings to give the rural perspective. We must have done some things right over the years!

Since our last newsletter, I have been to speak at a special event in Madrid organised by the Medical Council of Spain. Spain is one of the few countries in Europe where Family Medicine Registrars have to

undertake time in rural practice and I am energised by the fact that they are making great efforts to deal with the county's aging rural population.

I have just returned from an exciting rural meeting in Croatia (more details below). The Croatian rural group is a branch of a growing family medicine organisation called KoHOM. 43% of Croatia's population is classified as rural and many live in isolated rural communities or on one of the 3000 islands that make up their rugged coastline. It's heartening to hear how links are being developed between neighbouring states that were once at war. KoHOM are planning to bid to hold the 2015 World Rural Health Conference on the Island of Pag and it is our aim to work together to bring colleagues from Bosnia, Serbia and the other states of the former Yugoslavia together.

We are all working hard to make our 2nd Rural Health Forum in Romania in May a great success. I am very grateful to Sandra Alexiu, secretary of the Romanian Association, and her colleagues for all the hard work that they have put into this important venture. Romania has a long tradition of rural practice and I am hoping to learn much about how they provide care in their isolated rural communities. We will all have much to contribute to the meeting but I am sure that we will be able to take home many great ideas and nuggets to contribute to our own practice.

Next stop will be the Wonca Europe Conference in Warsaw (8th-10th September) where EURIPA is planning to run 4 workshops. More details will be available in the next newsletter and through the listserver.

I wish you a happy Easter holiday and look forward to seeing you in Romania.

John

NEWS

Paul Serban

We were pleased to hear, from Zsuzsanna Farkas-Pall in Romania, that Paul Serban has recently been appointed as Primary Health Care Advisor to the Ministry of Health. Paul has always been an advocate of rural medicine and congratulations on his appointment have poured in from his colleagues across Europe, recognising the significance of this for raising awareness of rural health among policy makers in Romania and beyond. Family physicians have had significant difficulties engaging with the government in Romania and his appointment will help to raise the profile of rural practice and rural practitioners. Paul graduated in 1985, specialising in family medicine, and has been a trainer of GPs since 2005. He has developed curriculums for GP training, and worked in co-operation with several research teams, not least as a member of the team coordinated by Claudio Carosino in the EURIPA project on "Acute Chest Pain". Among much other experience he has a competency in gastro-enterology and has co-authored "Low back pain in the adult: diagnostic and treatment guideline". And for light relief he plays the piano, trumpet and guitar. He has also sent us some photographs of his surgery in the county of Botosani, in the north east of Romania. We include the photograph 'before renovation' to encourage all those starting from scratch in a rural area! Have a look at the website to see the transformation.

Hungary

Agnes Simek has reported from Hungary that the Hungarian Scientific Association of Rural Health has made great strides in terms of members' achievements over the last two years. Two members have gained PhDs; one member has been appointed to the position of the head of Family Medicine Department in Debrecen Medical School; while nine members hold posts as lecturers, senior lecturers or

mentors in the four Medical Schools in Hungary. They have now been requested to provide a chapter on Rural and Remote Health for the e-learning book edited by the Family Medicine Department of Budapest Medical School. This should be available for the benefit of medical students in the autumn semester.

Agnes also sent us the presentation about EURIPA given at Csakosz in February this year (see below) designed to make the association well-known in Hungary.

Claudio Carosino

You will have read in the last newsletter our first responses to the tragic death of Claudio. In this issue we include a memory of him from Jaume Banque Vidiella .

I met Dr Claudio Carosino for the first time, during the Wonca World Conference on Rural Medicine held in Santiago de Compostela in September 2003. This conference was jointly organized by SemFYC (Spanish Society in Family Medicine) and EURIPA. I met him in a workshop about emergencies on primary care. This workshop was conducted, in one of the halls of the venue, by a small group of Scottish rural doctors.

Most of these physicians were "big men" of about 100 kg in weight and 190 cm in height, all uniformed in green sweaters with the symbol of BASICS in the chest ... They really impressed at first sight, being surrounded by all the equipment and ready to begin their day-long teaching. To carry out the practice, they had different and diverse material: defibrillators, intubation dolls with heart rate simulator, fast-track masks, chicken bones to learn how to channel via marrow puncture in children, a chest of a pig to make punctures in case of tension pneumothorax, etc, etc ... Actually, everybody there was very impressed and asking "from what hell" these people had appeared.... to be there really was a mixture of feelings unique and difficult to explain for a Spanish rural doctor in his first international conference.

From my side I understood almost nothing of what they were explaining about the different techniques... but having made the five senses in what was happening there, helped me a lot. At one point in the midst of his explanations, I seemed to understand they were part of a group of medical volunteer Scots, dealing with emergencies and disasters that arise in their country. Later on I knew that they also are responsible for providing free training in emergency to the rest of their Scottish colleagues. (see [BASICS British Association for Immediate Care Scotland](#) for more information)

Claudio was one of those attending the workshop and acted as if he had known everybody previously for a long time: questions, suggestions, comments, anecdotes he never stopped talking in his Italianate good English (he spoke French too) and being so cordial... I was really impressed to see him in action. When you met Claudio and did not know him, mostly you were struck by his enthusiasm, his friendliness and elegance in dress and manners ... like a good Italian

Another thing that attracted your attention from Claudio was the presence, in the majority of activities were he participated, of his wife Mauritzia sitting in her wheelchair. She accompanied him to most of the conferences and activities he attended. I joked with Claudio different times about that: I told him that Mauritzia at this point had more medical knowledge than ourselves...

Over these last years, we met in several European cities for different reasons: EURIPA Executives, Wonca Europe Conferences, Wonca World Rural Meetings, the first European Rural Forum organized by

EURIPA, in Mallorca, last year always he showed the same enthusiasm and kindness, always ready to work for other people or to propose initiatives to improve rural medicine and our daily work.

Last time I saw him was in October at the last Wonca Europe Conference in Malaga, weeks before he died, killed by one of his patients, known for years ... unaccountable.....As always Maritzia was with him we had dinner with a colleague on a terrace next to the bullring in Malaga, we talked and discussed our usual themes... the strategy for Euripa in 2011 (it was approaching), our families, our health services and we parted all in the belief that our next meeting would take place in Sinaia - Romania, during the Second European Rural Forum, to take place next May Soon I knew I would not see him again and that he would leave us in this so cruel manner

A big hug for Mauritzia, Cristina and Stefano.

Jaume Banque Vidiella

Member of the Rural Working Groups Medical Associations Camfic and Semfyc

Member of the Executive of Euripa



There has now been a proposal to honour Claudio's name through one of the Vasco da Gama prizes which enable GPs to participate in the Hippocrates exchange:



Proposal for the Claudio Carosini Prize : Rural VdGM Hippokrates Exchange Prize 2011 & 2012

European Rural Hosting GP practices needed

Dr Claudio Carosino, Italian Family Doctor, a rural GP and member of EURIPA died in 2010. The Vasco da Gama Movement would like to honour his memory by offering a prize for young family doctors with an interest in rural General Practice. The objective of this would be to increase the profile of rural General Practice amongst young doctors, by supporting a GP trainee or GP within 5 years of qualification as a GP to participate in a Hippokrates exchange to a rural GP practice.

A 700€ prize in 2011 and 2012 will be offered to a junior GP who has taken part in an exchange to a rural GP practice (as defined by EURIPA) within the previous year, and has provided high quality learning outcomes and final report. A selection panel of VdGM and EURIPA members will be set up to mark applications. A host can be a General Practitioner, approved by their country's National Exchange Coordinator, who has educational experience and who would like to host an international junior GP in their GP practice.

The duration of a Hippokrates exchange is normally two weeks. The exchange is purely observational and no clinical work should be undertaken. The aim of Hippokrates is to encourage exchange and mobility among young doctors in the course of their professional formation as General Practitioners; thus providing a broader perspective to the concepts of Family Medicine at both professional and personal levels. It is also intended to give hosts a new perspective on General Practice without leaving their own practice and an enjoyable teaching opportunity.

However the Hippokrates programme needs rural GP practices to participate on the programme as hosts!

For more information on the Hippokrates Exchange Programme please contact your country's national exchange coordinator and visit the Hippokrates website:

<http://www.vdgm.eu/index.cfm/spKey/exchange.membership.html>

If you would like to become a host practice please contact exchange@vdgm.eu.

Many thanks for your support!

Dr Luisa Pettigrew, VdGM Exchange Liaison Person

Dr Raquel Gomez Bravo, VdGM EURIPA Representative

Reporting back

Tirana

The 3rd international congress on Rural Health in Mediterranean and Balkan Countries took place in Tirana, Albania, 22-25, Sep. 2010.



This conference was attended by scientists and participants from 25 countries. It was organized under the patronage of, and in collaboration with, many international and regional organizations among them WHO, ILO, ICOH, International Center for Rural Health, EURIPA, WONCA, Unicef and the Albanian Ministry of Labour, Social Affairs and Equal Chances. This list of interested parties indicates the multi-faceted character of rural health and the stake that various medical, social and economical disciplines have in such issues, with the primary goal of decreasing the disparity between urban and rural health care. Many papers presented in the conference demonstrated that despite repeated efforts, in many countries including European ones, to close this gap and to provide a more egalitarian and fair health and social services to the whole population, the rural-urban disparity still exists. This discrepancy is currently becoming more prominent due to new influences such as work migration, social unrest and natural disasters.

The main topics discussed in the meeting were: health promotion in rural areas, women's health, occupational health and safety, health needs of migrant workers, vulnerable subgroups, pesticides and chemicals risk assessment, water quality, the appearance of "new" diseases due to changes in work practices (including zoonoses) and organizational aspects of primary care in rural areas. The overall impression from the various presentations was that the needs are vast and widespread while resources (both financial and expertise) are limited. Thus progress is unsatisfactory and slow.

One of the most prominent features, demonstrated time and again, was the similarity of the health and welfare issues in rural communities in different countries, regardless of their economic level. This demonstrates the feasibility of utilizing similar strategies to overcome these problems. An example of

this would be adopting successful educational and training programmes in the safe use of pesticides by farmers in different countries, or copying successful health promotion interventions.

The overall implication of the over 100 presentations was that in order to improve rural health at the grassroots level, we need to develop a practical approach for cooperation within and between countries and experts, in order that available knowledge will spread rapidly to other rural areas and reduce disparity among communities.

As a final act of the conference the participants adopted The Tirana Declaration on Rural Health. This restated several points that had already emerged in earlier meetings, emphasizing that in order to maintain sustainable rural (agricultural) society, the health, occupational, social and environmental needs of these communities should receive higher priority, primarily through the alleviation of poverty and the improvement of the education and wellbeing of these populations.

In this framework, a strong collaboration between all the key actors and stakeholders is necessary and, in particular, between occupational health doctors and General Practitioners. One of the key needs emerging from the congress can be summarized in the motto “Bringing Occupational Health Care into Primary Health Care”.

Written in memory of Dr. Claudio Carosino, he was a strong supporter of this point of view and we miss him very much!

Rafi Carel, Lindita Tafaj and Claudio Colosio

The Tirana Declaration on Rural Health emphasises the disproportionate burden of poverty, disease, public health and occupational and environmental health risks experienced by the more than half of the world’s population who live and work in villages, and the barriers to them accessing health care. It draws attention to previous resolutions on the issue, and to the particular vulnerability of children and women, and defines three main objectives to be reached: protection and promotion of the health of the general population, protection and promotion of the health and working ability of rural workers and protection of the environment. The declaration makes recommendations, pledges support to international initiatives and commits participants to their own efforts to achieve the objectives. The full declaration is being placed on the EURIPA website.

Croatia

EURIPA President John Wynn-Jones recently returned from a meeting in Croatia, their first major rural health meeting, and he came back impressed at the commitment of those involved in Croatian Rural Family Practice:

My friends Tanja Pekez-Pavlisko and Mario Malnar invited me to speak at their first major rural health meeting. Mario is the chair of KoHOM (Coordination of Croatian Family Doctors) which, is the biggest organization of primary care doctors in Croatia. It was founded in December of 2008 and has been a full member of WONCA since 2010. KoHOM uses modern social networking technology to reach out to its members across Croatia. Their list-server helps them share problems and support each other. They work on the principle that “we can solve almost everything when we are united and work together”

Like other parts of Central and Eastern Europe, a large proportion of family doctors as we know them

are also rural doctors and this is why KoHOM has decided to develop a rural stream. Croatian Rural Family Practice faces significant challenges (like many of their neighbouring countries). Only 3.6% on the national health economy is spent on primary care. The rest goes to an over resourced secondary and tertiary service, which looks down on family medicine. The medical schools remain in splendid academic isolation and rarely try to engage with those on the front line in rural practice. As a result, GPs are demotivated and family medicine is at the bottom of the list of job choices for qualifying medical students. Young doctors are leaving Croatia and significant manpower problems loom as a large proportion of the workforce is ageing rapidly

I met some really committed colleagues, who are determined to shift the balance and we must do our best to support them. KoHOM is slowly beginning to connect with government and the National Insurance Company but progress is slow and extremely frustrating. Some of us must consider ourselves fortunate that we don't have to deal with political systems which are decidedly anti primary care and don't seem to have read either the scientific literature, the works of champions such as Barbara Starfield or the 2009 World Health Assembly Declaration. Croatia is not alone with this problem which seems to be endemic across much of the Balkans and Eastern Europe.

The proposed conference in Pag would be an exciting venture, bringing together countries previously ravaged by war and ethnic conflict but struggling with the same issues of poor political will to improve the health and wellbeing of a significant part of Europe's Rural Population. We will keep you up to date with progress and I wish both Croatia and its neighbours success with their ventures.

John Wynn-Jones

Tanja Pekez-Pavliko gives a report on the conference:

Croatia is a country in central Europe, covering an area of 56 542 km. In 2004, the total population was 4.4 million and the proportion of the population aged 65 and over was 16.64%. The population density is 78.5 inhabitants per km. 2300 family doctors provide medical care for most of this population (pediatricians provide medical care only in cities for children aged 0 to 7).

For 35% of the GP practices with their patients (about 1,400,000) the distance to the nearest hospital is 20 or more kilometers. However all practices are treated equally in terms of equipment and operation. The doctor's team is paid on the basis of the number of insured patients. Exceptions are practices on the islands and areas of special government care status which can afford a lower number of insured patients. GPs work either within a primary health care centre or independently and are all paid by Croatian Health Insurance.

The issue of rural medicine started to emerge after the Coordination of Croatian Family Doctors (KOHOM) started its activities. Government, local administrations and the Faculty of Medicine do not yet recognize the specific issues of medical practice in rural areas. Therefore we decided to organize the First Rural Medicine Conference in Kutina which took place on April 2nd, under the auspice of the Major of Kutina.

To our satisfaction, the special guest of the Conference was Dr John Wynn-Jones who gave an excellent lecture on the importance of rural medicine. We presented the problems of providing medical care to children and women in rural areas and good examples of cooperation between GPs and the local authorities and non-government associations.

The example of Novalja on the island Pag was presented to raise the issue of providing medical care to tourists during the summer season. Novalja is 80 kilometers away from the nearest hospital. Dr. Nives Dabo (also deputy major of Novalja) presented a project of providing medical care during the tourist season, when Novalja's population rises from 7000 to more than 60000, based on assigning doctors from inland.

Dr. Ines Balint (former deputy major of Sveta Nedjelja) presented examples of preventive mammography actions and screenings for diabetes in patients with risk factors. Dragica Varat (teacher at a local school with a large Roma population) presented an example of a multidisciplinary approach to educating both children and their parents (in hygiene, injury prevention, cooking and first aid). Biserka Stojic presented the Sandra Stoic Foundation whose work is dedicated to providing help to families in need of palliative care. She also presented a manual covering symptom relief and the rights of patients in need of palliative care.

The second part of the Conference included workshops:

- Insulin therapy in GP practices (Dr Mario Malnar, president of KOHOM)
- Airway management (Franko Haller, student)
- Trauma patient management (Tomislav Cikojevic)
- Emergency management in GP practices (Tanja Pekez Pavlisko)

The Conference received considerable media coverage through two radio stations, one website, two television channels, (one national and one local), and through local newspapers.

We informed the public and medical workers through mailing lists and received support and requests for the organization of this type of event at least twice a year. The next event is scheduled for early October in Novalja.

During the Conference Dr John Wynn-Jones expressed his support for which, once again, we thank him. We also hope that the idea raised at the Conference for the organization of a World Rural Conference in Croatia will be widely supported and that we will have an opportunity to host professionals from all over the world.



Two thoughtful participants at the conference!

Pecs

EURIPA, Associate Partner at an Erasmus Master of Science Programme: report by Jose Lopez-Abuin

EURIPA was kindly invited by Prof István Szilárd, chief scientific adviser at the Faculty of Medicine of the University of Pécs (Hungary), to participate as Associated Partner for the Master of Science Erasmus Curriculum Development program on “Migrant Health: Addressing New Challenges in Europe” - the CHANCE program, co-funded by the Education, Audiovisual & Culture Executive Agency (EACEA) of the European Union. The initial meeting was on February 7-8th at the Faculty of Medicine of Pécs, and both Jane Randall-Smith (Executive Secretary of EURIPA) and Jose Lopez-Abuin (member of the Executive Committee of EURIPA) participated in the event as delegates for EURIPA.

This work will keep running for the next 3 years and both Jane Randall-Smith and Jose Lopez-Abuin will actively support the consortium needs with EURIPA’s contribution. The result will be a 120-credit medical educational activity, according to the European Credit Transfer System (ECTS). EURIPA decided to not miss this invitation, since it is a unique opportunity to link with European Universities (at this consortium were represented the Universities of Krems, Greifswald, Graz, Kosice and East Anglia) as well as to engage in educational academic teaching, assessment of training modules and participation in the training program.

The program of this first meeting consisted in an introductory presentation of the consortium members, an overview of the concept, structure and realization plan of the project, an introduction of the core concepts of the six training modules, the formation of the Steering Committee, the Module Development Teams and the adoption of the Terms of Reference.

The meeting also enjoyed the participation of two delegates from the European Union agency EACEA www.eacea.ec.europa.eu including Mr. Gilles Gervais (Project Manager, EACEA Erasmus CD) who introduced the operational and financial aspects of the Erasmus Curriculum Development programs. The CHANCE Erasmus Master Program’s overall coordinator, Prof. István Szilárd, has kindly accepted EURIPA’s invitation to give a presentation of the CHANCE program at the next European Rural Health Forum in Sinaia (Romania), where we expect and encourage the input of EURIPA members.



Csakosz

The Csakosz conference took place 25th and 26th February. Agnes Simek's presentation highlighted the work of IRH and focussed on the ways that rural health organisations and providers can work together to develop cost-effective, patient-centred health care systems and eliminate health inequalities in rural life. In particular it outlined the structure and achievements of EURIPA. These include:

- a collaborative analysis of public health and health service issues in rural areas,
- research on the subject of a consistent definition of rurality,
- the setting of specific health indicators for rural areas,
- defining access barriers to rural health services,
- and defining the nature and weight of rural doctors' workload.

Agnes then outlined how EURIPA works with WONCA and other organisations including the Hungarian Scientific Association of Rural Health.

Looking forward

The 2nd EURIPA Rural Health Forum – Sinaia 11th – 14th May

We have received the following message from Dr. Sandra Adalgiza Alexiu, MD, Secretary of the National Society of Family Medicine(SNMF), Romania

Dear Friends,

Family medicine is the foundation of every organized healthcare system and its practice must remain a deeply vocational one. Practicing this speciality in rural and remote areas creates an important additional challenge for healthcare professionals. **The 2nd EURIPA Rural Health Forum** will address the quality of care under 8 themes which we believe is important to structuring family practice as a whole, in the very spirit of WONCA.

Workshops will each address one of the themes, starting from a position paper, and will contribute to a final report from the Forum. Representatives from countries across the EU, which have rural and remote areas, will work together in order to identify common issues as well as particular situations which require individual attention. This second Forum will build on the foundations established last year at the 1st EURIPA Rural Health Forum, in Majorca.

We would like to invite you to join us, so that together as practitioners, academics and policy makers, we can develop the evidence base to support the practice of family medicine in rural and remote areas. We aim to achieve a positive influence on the quality of professional practice as well as the highest standards of care for our patients.

We would like to invite you to **Sinaia**, in the month of May (11th - 14th), to one of the most beautiful mountain resorts in Romania. We shall do our best to combine work with the opportunity to enjoy Romanian hospitality at some special venues, such as the opening ceremony at a Royal Palace.

Details) regarding the events schedule will be available on the Forum website:

www.euripaforum2011.eu

The 17th Wonca Europe Conference will be held in Warsaw, Poland, 8th to 11th September, with the theme of 'Family Medicine- practice, science and art'. Further information from <http://www.woncaeurope2011.org/index.php>

Rural Health Week will take place from 18th to 24th September 2011 with the theme of 'Achieving Rural Health and Wellbeing – responding to a changing world'. ((more??))

The week will also see the **Annual Primary Care Conference**, taking place at Gregynog as usual, on 21st to 23rd September ; and a one-day conference on Tuesday 20th on '**Rural Health Innovation – Sharing and Adopting the Learning**'

And an early notice for the 18th **International Congress of Rural Health and Medicine**, to be held in Goa, India 5th to 8th December 2012, with the theme 'Challenges for Health in the Global Village'.

See http://www.iaamrh.org/ic_conxviii.html for details.

My Practice - Dr Zsuzsanna Farkas-Pall in Romania

Providing better health care for rural communities

Our practice is located in the north-western region of Romania and provides health services for a rural multi-ethnic (Romanian, Hungarian, Roma) community, living in three neighbouring villages. The total number of the population is 3000, with around 2300 registered at the practice. The others are spread among different GP practices in the city or other villages nearby. Among the registered patients, approximately 300 are not covered by health insurance. Uninsured persons do not contribute to the health insurance fund and only benefit from a basic health package. They have no access to other services or to reduced fee prescriptions.

The average life expectancy in the area is 71.88 years (68.74 in men and 75.01 in women). The main cause of ill health and death is cardiovascular pathology, according to the statistics of the county public health authority. Unemployment is high and the lifestyle is traditional with unhealthy features: diet is commonly based on increased saturated fat and salt consumption. The average educational level of the population is low. The health centre is the only easily accessible health care provider in the community. The distance from the nearest emergency care unit, secondary care service and hospital is 25-30 km.

Lack of health promotion, educational programs and prevention in the community have taken their toll resulting in a high incidence of cardiovascular events at a relatively young age, even though a large proportion of the risk of a first cardiovascular event comes from easily or potentially modifiable risk factors. Younger age groups with possible risk factors do not use preventive health services, only accessing the system for curative reasons. We decided to initiate community-based interventions for patient education and disease prevention, to influence access and behaviour-related factors.

The local GP team plays a key role in maintaining continuity and is the coordinator of the activities, acting closely with the community. Our team is formed of two GPs, two nurses and a manager. We actively sought support from local authorities in our activities. During the years we maintained delivery of integrated and diversified health services including ECG, ultrasound and rapid blood tests.

Educational programs targeting the group at risk for cardiovascular disease were conducted and results evaluated in order to provide evidence to support our initiative.

We invite all our patients, insured and non-insured, between 35-55 years, for a preventive consultation. The aim of the consultation is explained, and information given on disease prevention. We highlight the fact that the program is free of charge and will be held locally. A date for a first consultation is proposed and the patient is asked to confirm his or her participation. During the consultation an anamnesis is taken, a physical examination given, and cholesterol, triglyceride and fasting glucose measured. ECG and ultrasound are taken when indicated. A computer-based questionnaire helps to calculate risk and suggests the course to take. The personal assessment is handed to the patient, aiming to promote responsible and health conscious behaviour.

Those with at least one risk factor (55% of those tested), benefit from follow up consultations, with a frequency of once every 3 months. In some cases we also invite spouses or other family members to the consultation to generate social support to the life style changes and drug compliance. The participants are actively involved in tailoring the follow up plan. During the sessions we encourage dietary changes, smoking cessation, weight loss and compliance with prescribed medication. Obstacles to changing habits are discussed between the family and with us, GPs and nurses. The participants receive educational material in Romanian or Hungarian. Not having to travel to a far away location is mentioned by most of the participants as a major factor in making the decision to join the program. After an average 18 month follow up period we had an overall improvement in the target group's cardiovascular health status.

At national level, the GP is responsible for the three-monthly check ups for the patients from their chronic disease register. However, no specific screening programs are available or financed at national level. For an 18 month period in 2007-2008, a one-off National Health Status survey took place: the health status of all patients in the country was assessed and data were collected at central level. It would have been a good starting point for prevention programs, but no follow up plan was set up for primary or secondary prevention.

The cardiovascular screening program is ongoing in the health centre. We are satisfied with the results and this gives us motivation to continue. Better access for the population to diversified health services in rural healthcare has a significant role in improving health indicators in this area. This programme promotes the idea that individuals should be responsible for their own health, but they must be encouraged by the system.

Françoise Tattevin, at La Chapelle Caro in France

We have also received, from **Françoise Tattevin**, news about her practice at La Chapelle Caro in France, on which she gave a presentation in **Mallorca** in May 2010.

“We opened our new Health Centre in October and now I no longer work alone but with a secretary and a partner, together with two nurses, two physiotherapists and a podiatrist. We decided to meet regularly to improve the way we work and the care of patients, although for the moment, in France, multidisciplinary management is not recognized. The fee structure does not take account of this way of working but we hope that the geographical proximity of various health professionals will lead to a financial recognition of this vision.”

Her presentation focussed on the need to support family medicine and encourage the recruitment of young GPs to rural areas. Rural areas defined as ‘fragiles’ have received financial help to build health

centres, together with a %bonus to doctors practising in those areas. However the Malestroit district did not qualify at the time and so the practice, other local health workers, the local authority and the local community co-operated to build a health centre. The village council sourced grants to cover one third of the costs and the balance will be funded from the rents paid by the health workers. The building provides consulting, emergency and meeting rooms and the capacity to train medical and para-medical students.

The Rural Health Plan for Wales

In Wales the implementation of the Rural Health Plan continues through the Rural Health Innovation Fund projects. The Local Health Boards have a clear responsibility for the implementation of the Plan in their area. The IRH is organising a conference on behalf of the Welsh Assembly Government at Gregynog, near Newtown on Tuesday, September 20th. The theme **Rural Health Innovation – Sharing and Adopting the learning** aims to highlight the innovative practice taking place as a result of funding from the Rural Health Innovation Fund.

This is part of **Rural Health Week 2011 18th – 24th September** which has the theme this year of **Achieving Rural Health and Wellbeing - Responding to a changing world**. The IRH is looking for examples of people and agencies working together to cross boundaries to do things differently to improve health and social care outcomes. For example, we would like to hear about examples of telemedicine and telecare being utilised to minimise travel costs for both service providers and users or different models of service delivery such a mobile service or new ways to reach out to the “hard to reach.” Examples of good practice and innovation will be added to the database of good practice in rural health and wellbeing at www.ruralhealthgoodpractice.org.uk

We would like to encourage members of EURIPA to make submissions to the **European Journal of Rural Health**. These do not need to be confined to reports of research but can include news of forthcoming events or general networking.

We leave you with pictures of Paul Serban’s surgery before renovation:



Have a look at the website to see the transformation.

The next issue will appear in July and contributions are welcome, by 11th July, to helenp@irh.ac.uk