The Grapevine

Autumn 2012

Dear colleagues and friends

Welcome

Since the last Grapevine in Spring 2012 much has been happening and I apologise for the delay in publishing this edition.

We have a new president, a new International Advisory Board and we held our third Rural Health Forum in Croatia in May, attended WONCA Europe's conference in Vienna, held our Annual General Meeting and, as I write, EURIPA is represented at the WONCA Rural Working Party conference, "Rendez vous", at Thunder bay, Canada.

We have research projects going on, new initiatives taking place and a new section in Grapevine focussing on an interesting case study in a rural practice. This is a first step towards publishing the clinical and academic aspects of EURIPA's activities in Grapevine.

If you are interested in contributing to the next edition of Grapevine please get in touch with me at Jane@montgomery-powys.co.uk (please note the change of email address).

Jane Randall-Smith
Executive Secretary EURIPA

Contents

Introducing EURIPA's New President

Dr Jose Lopez Abuin

An interview with Jose, for EURIPA:

For a start, would You like to tell us something about your career? What did Your beginnings look like? Did You know immediately that You would become a rural practitioner? What caused You to dedicate Yourself to rural medicine?

Well, it seems that my life was directed at being a rural practitioner since my childhood. When I was eight years old, I was living in the UK and remember that my dream, meanwhile my friends wanted to become firefighters, policemen or so, was to become an flying rural doctor (just like at what I viewed at the time in TV seeing what was happening in Australia!). So, I think that we can talk about an early vocation!

My beginnings with my practice at the rural countryside were in several villages in the region of Galicia, in the north-west corner of Spain. This region, even though it has only two and a half million inhabitants, has the half of the inhabited population nucleuses of Spain (Spain has 45 million inhabitants), so you may imagine that the population there is quite dispersed, living in small villages. Poverty has been also a historical determining factor for the Galicians, and even nowadays more than half of the Galician people still live outside their country: most of our families still have part of it in South America or at European richest countries. I have practiced in this region all my life, most of it at the village of Padron (where dwellers cultivate the famous Padron small peppers) and am a full-time working GP, at the Galician Public Health Service and at my private practice. My home now is in La Coruña, where I was born, a hundred kilometers from what the Roman Empire called Lands End (Finis terrae), so it seems that the new president of EURIPA is a guy that comes from the most distant place of Europe!

How did You come to start your Spanish Institute of Rural Health? What are the consequences of founding the Institute on Your country and beyond? Which projects are You proud of the most?

I am honoured to be nominated as the Director of the Spanish Institute of Rural Health since 2004. The Institute was created in the year 2000, just as EURIPA started: in a meeting between close friends that became aware of the needs for rural health in our country. It seems a short time, but we have worked hard in these twelve years. There was no kind of network that represented the interests of Rural Health in Spain until then, and we are proud to have organized more than forty activities in this period. Even though initially our working plan started in Galicia, along this period we have extended our commitment to the rest of Spain, as well as to Europe and specially (in foreign countries) to the South American region. As part of our activities, we can underline the organization of the first conference of EURIPA in the island of Majorca, which brought delegates from 25 European countries, and last year the first Rural Health conference in the South American continent, which has been the result of ten years of close contact and interaction with the Spanish-speaking American rural agents.

How is general practice organized in Spain? What is its status in society?

General practice is performed at Primary Care Health Centers (PCHC), which normally include a range of 5-8 offices for family doctors, 3-5 for nurses, one for paediatrics, one for midwife, for community worker and also administrative support (2-3 staff). Bigger centers include pharmacologists, physiotherapists, dentistry and other support. The average PCHC supports a

Community of 6-10,000 patients, whereas out-of-hours delivery is practiced in the same PCHCs or special Primary Care emergency units (in big cities or, in rural areas, at the main council) which attend a community not greater than 25,000 or within less than a half an hour distance.

General Practice efficiency seems to have become the basis that keeps the high satisfaction level concerning healthcare in Spain, the former 15-EU country with fewer numbers of hospital beds and admissions, and with one of the cheapest expenses for the patient. Community-based inquests show the NHS' highest satisfaction rates are for Primary Care, especially for its doctors, and we can understand that their first needs for the improvement of the NHS display the lack of Secondary Care: diagnostic and chirurgic waiting lists, consultancies and hospital beds.

How is rural medicine organized in Spain? What is its status in society?

In a country with a similar density of population as Turkey (82 inhab/Km2, one of the lowest of the European Union), rural practice is a key element for healthcare. Rural medicine has the same working structure as in urban medicine, even though the population assigned to each practitioner is usually lower due to aging patients and isolation, and PHCCs are smaller and with less professionals (an average of 3-5 GPs, 2-3 nurses…). Solo practice does not exist in the Spanish model, even though in scarce rural areas, PCHCs may have small PCHC-bound posts where a lone General Practitioner may practice together with a nurse: this may only happen if isolation implies a long distance to the PCHC (primary care accessibility has not be greater than a 20-minute distance).

Spanish Practitioners have the lowest income of those from the former 15-country European Union. Even though we have low wages, the highest satisfaction between Spanish people re Public Services is for Primary Healthcare, and specially for General Practitioners, and this level of satisfaction is higher at the rural area. For those who came to the first European Rural Health Forum or had the opportunity to accede its website, I hope that they can remember the logo of the conference, which was the statue located in my favourite working village (Padron) attributed to their rural doctors. It is also the logo of the Spanish Institute of Rural Health, even though there are more statues located in other villages in Spain (maybe the most famous one located in Potes, in the region of Santander). This is just a sample of what people think about their doctors in Spain, even though bureaucracy and lack of time is troubling us nowadays.

Some countries seem to believe that general practice, and especially rural general practice, is quite disregard. It seems there is an ever-growing divide between development of general practice in Great Britain, Netherlands, Spain and the Scandinavian countries regards transitional countries. What would be Your opinion on that?

Maybe the hottest matter is that many people in these countries expect the ultimate technologies and share a cultural misunderstanding of what Primary Care represents. If people don't understand that Primary Care is the gatekeeper of the model, understanding their problems as a whole, and can deliver more than 90% of their healthcare needs, and in a more efficient way, it is difficult to believe. On the other hand, maybe politicians in these countries are not aware that Primary Care has proved to be the more efficient system in delivery of health care: they must acknowledge this and most of all nowadays, where we are all sharing a global financial crisis.

How do You see the current status of rural general practice in Europe?

Rural and general practice varies a lot between one country and another: in my own country, we have 17 different Autonomous Communities, and each one has its own regional Public Health Service. So imagine what is happening in Europe, where the wealth between countries varies so much, as well as the density of population (compare Spain to Holland!), the cultures are also different… we are the most heterogeneous continent of the world! That's why I think that the European Union should focus its commitment more towards healthcare unity and seek for compatibility between all our different healthcare system structures and the services that these should provide. We can find countries with a hospital healthcare provider culture (like France) or a primary care provider culture like my own. Unity in healthcare policies is not a key commitment of politicians right now… maybe they are busy with the financial crisis problems and have no time or resources for solving these inequities in healthcare, and we must recognise that throughout Europe rural healthcare is the poor brother whereas urban policies of healthcare are the rich brothers.

How do You see the future of rural general practice in Europe?

Rural practice is related to all that happens in the rural context: policies are dominated by the urban, while the rural voice is many times ignored. We must make our voice to be listened. Even within the European Family Practice Association, the rural input has been ignored until a small group of rural practitioners, fifteen years ago, said: " hey!, we are here!", and started to push. This bunch of heroes from EURIPA are now a much larger number and are highly committed to develop a specific rural strategy for European healthcare. We have our rural pride and this is what gives us energy to keep on with our commitment. No matter what the future may bring (global crisis, blindness of politicians): the health status of the communities is an issue that matters, and rural represents one in four.

And some advice for the end: how to show politicians, people on local and national level the importance of rural medicine development?

I would recommend politicians visit these European countries that you have mentioned and, concerning rural healthcare, also other countries outside the European borders where rural practice initiatives are stronger: Canada, Australia, USA, etc. Politicians should not be inward looking and should taste what's cooking in other parts of the world: seek, compare, and, if you do not find anything better nor cheaper: buy it!

Professionalising the rural health workforce through education and training

EURIPA 3rd Rural health Forum
Island Pag, Croatia, May 2012

EURIPA held its 3rd Annual Rural Forum meeting in Pag Island, Croatia in May 2012. We are grateful to the Croatian Society KoHOM for their support in facilitating this meeting at very short notice.

The Forum meeting was originally scheduled to be held elsewhere but we had to make a hasty decision to change plans with only 3 months to go. We could not have done this without the support of KoHOM, the conference organisers (CONVENTUSCREDO) and its chief executive Nina Vrdolijak. Transport to the island was well organised and the conference venue excellent.

Prior to the Forum EURIPA held an Executive Committee meeting and made important decisions on the way forward (see the report below from Vienna).

The Forum itself was a resounding success with delegates and speakers coming from across Europe.
This year's theme was "Training and Education for Rural Practice" and nine internationally acknowledged speakers set the scene with thought provoking keynotes in plenary. The main conference time was divided into workshops based around 8 key themes:

- Teaching undergraduates in rural practice
- Training for rural practice
- CPD for rural practice
- Training for emergencies and Out of Hours
- Interprofessional Learning (IPE) in Rural Practice
- Rural Education Research and developing a rural academic base
- The contribution of education to recruitment and retention
- Developing higher qualifications in rural practice and rural health

Each workshop had 2 chairs who had drafted position papers prior to the conference. Each two-hour workshop started with a number of short presentations illustrating challenges and possible solutions around the theme. These were followed by intensive discussion, conclusions reached and each position paper is now being amended to take into consideration the workshop findings. Position papers will be published in the European Journal of Rural and Remote Health (http://www.rrh.org.au/euro/defaultnew.asp).

For the first time EURIPA used video conferencing and some presentations were given over a video link; the speakers were able to participate in the discussion and answer questions after their presentations. The whole Forum was video streamed and we would like to re-iterate our thanks to Microsoft in Croatia for their support. The bar has been set very high for the next Forum in 2013!

John Wynn-Jones
Immediate past President EURIPA

Report from WONCA Europe

Vienna July 2012

EURIPA had a full programme at WONCA Europe Vienna:

EURIPA had 5 workshop proposals accepted:

- Palliative care in rural areas – role of general practitioners - Tanja Pekez-Pavlisko
- Out-of-hours and emergency care - Oleg Kravtchenko
- What can a GP practice attachment offer to a medical student – advantages of a placement in a rural practice - Jose Lopez Abuin
- Encouraging young family doctors to work and remain in rural communities – Jaume Banque Vidella
- Patient Safety in General Practice - John Wynn-Jones

EURIPA members were also speakers at other workshops and sessions:

- The Hippokrates Exchange Programme for Vasco da Gama Exchange Workshop, Fabrizia Farolfi
- Symposium: "General Practitioners / Family Doctors Crossing Borders, a gift or a burden?", Jose Lopez-Abuin
- Risk assessment for partner violence - EUROPREV & Special Interest Group on Family Violence, Tanja Pekez-Pavlisko

EURIPA members Jose Lopez Abuin, Tanja Pekez-Pavlisko, Dr J Wynn-Jones and Oleg Kravtchenko also chaired
There also many other additional activities taking place during the conference and EURIPA members were busy:

- WONCA Europe Annual Council Meeting: John Wynn-Jones and Jose Lopez-Abuin attended
- WONCA Open Meeting for Wonca Europe Networks and Wonca Europe Special Interest Groups: John Wynn-Jones and Jose Lopez-Abuin. John also reported a EURIPA statement on the challenging times we are all facing and the implications for rural health and Primary Care.
- Joint Meeting EURIPA, EUROPREV & Special Interest groups: John Wynn-Jones and Jose Lopez-Abuin
- Meeting with EGPRN: John Wynn-Jones and Jose Lopez-Abuin, Tanja Pekez-Pvlisko, Christos Lionis and Oleg Kravtchenko met with Ferdinando Petruazzoli and Jean Karl Soler of EGPRN in order to establish an agreement for a EURIPA-EGPRN 2013 Joint Forum.

In addition, EURIPA held its AGM in Vienna, preceded by an "Executive Committee" meeting.

At the Executive Committee meeting decisions were confirmed for ratification at the AGM and the Committee made a presentation to Dr John Wynn-Jones, in acknowledgement of all his work on behalf of EURIPA as President since its establishment, originally as GRAIPE (Group of Rural and Isolated Practitioners in Europe) in 1996 and subsequently as EURIPA, which was established in Majorca in 1997.

The AGM immediately followed the Executive Committee meeting and Dr Jose Lopez Abuin was confirmed as President of EURIPA. The other officers and a new Executive Committee were elected:

Officers:

President:	Jose Lopez Abuin
Vice president:	Oleg Kravtchenko
Immediate Past President	John Wynn-Jones

Members:

Jaume Banque Videla	Spain
Zsuzsanna Farkas Pall	Romania and linking with EQuIP
Raquel Gomez Bravo	Vasco da Gama
Jean Pierre Jacquet	France
Christos Lionis	Chair International Advisory Board
Tanja Pekez Pavlisko	Croatia
Agnes Simek	Hungary

One of the first decisions made under the new President was to amend the constitution and bring it up to date. It is available in full on the web site at www.euripa.org. Jane Randall-Smith remains as the Executive Secretary.

An **International Advisory Board** was established under the new constitution with the aim of informing and advising the EURIPA Executive Committee. It will provide a wide and informed range of advice and input needed at national, regional, level and local levels across Europe. Membership of the IAB will comprise two categories:

- rural health practitioners
- experts in rural health and rural practice

The initial membership (July 2012) is:

Chair: Professor Christos Lionis, Crete

Representing their national associations:

Croatia:	Tanja Pekez Pavlisko
France:	Jean Pierre Jacquet
Greece:	Irini Oikonomidou
Israel:	Adi Leiva
Italy:	Fabrizia Farolfi
Latvia:	Gunta Ticmane
Norway:	Elizabeth Swensen
Portugal:	Cristina Galvao
Romania:	Paul Serban
Spain:	Jaume Banque Videla

International Experts (to date July 2012):

Lars Agreus
Claudio Colosio
Hans Hannich
Ioan Boscan

The date of the next AGM is yet to be confirmed as there will be no WONCA Europe conference next year 2013 as the WONCA World conference will take place in Prague (see below)

Update on EURIPA activities

There is a lot going on and below is a taster of the activities that are currently taking place and if you would like more information please get in touch with Jane (Jane@montgomery-powsy.co.uk) in the first instance.

Patient Safety in Rural Practice –a meeting, jointly with Linneaus and EQUIP, took place on 28th – 30th September in Manchester . A literature review was undertaken prior to the event and Jose Lopez Abuin's position paper on Patient Safety from the Sinaia Rural Health Forum in 2011 was also circulated. Over the 2 day period the attendees discussed gaps in knowledge, the challenges, the opportunities and how best patient safety could be addressed in rural practice. Action points were identified and a report is being prepared. EURIPA would like to take this opportunity to thank Linnaeus for supporting the event.

Special project on Out of Hours - The rural family doctor may be the only health professional available Out of hours due to remoteness and access problems and this proposal aims to expand the evidence base and increase our understanding of the type of out of hours work that rural family doctors undertake and as a result analyse the implications of this information in terms of education and training needs in order to better support rural family doctors deliver high quality safe services for their patients.

The research aims to answer the following questions:

- What type of out of hours care is provided?
- The context where it is provided?
- Who provides Out of hours care?
- What support is available for rural and remote clinicians providing out of hours care/
- Does the provision by rural doctors of out of hours care have an impact on recruitment and retention?

The methodology involves a questionnaire survey and a literatu8re review. It is planned to complete the survey this year and present the findings at the World WONCA conference in Prague in 2013.

The project is being funded by WONCA Europe.

Emergencies Group – this initiative is about to be re-commenced following the Rendez vous conference in Canada. A course on dealing with "The Emergency Patient" is already being developed.

Balkan Research course - a date of 21st February 2012 had been set for the course to take place and it will be near Zagreb. A programme will be developed shortly.

EURIPA is also involved in future conferences:

WONCA World Conference, Prague, Czech Republic, June 2013 – 3 abstracts have been submitted jointly with the World Rural Working Party and 3 submitted from EURIPA members. We are waiting to hear the outcomes.

EURIPA 4th Rural Health Forum –October 2013, at a venue to be confirmed. EGPRN is meeting in Antwerp in October ("Research on Patient-centred Interprofessional Collaboration in Primary Care") and will consider the proposal for a joint meeting with EURIPA next year.

An Interesting Case .....

This is the first contribution to Grapevine's new section focussing on interesting cases that members have been faced with in practice. It was submitted by Oleg Kravtchencko in Northern Norway and has been reviewed by Zsuzsanna Farkas-Pall in Romania

A CASE OF BLUE HANDS

In my long practice as a rural GP in a North Norwegian coast community I have experienced many rather unusual encounters with patients, their families and community representatives. These situations occur especially during on calls and out-of-hours, most frequently during the small hours after midnight when people are usually alone with their and their spouses' problems.

I still remember a quite curious situation when I received a late night phone call from a concerned husband who explained that his wife was apparently seriously ill because almost every night during the last 2 weeks she was feeling unwell, shaky and her hands were turning blue. He was rather eager to get an appointment immediately despite the fact that they lived quite a long distance (about 7 Norwegian miles = 70 km) from the surgery. He said that his wife's hands had just turned blue now and she needed a consultation asap. I didn't have the guts to say no to such a dedicated husband and agreed to meet them at the surgery about 02.00 am.

They were delayed as a result of car trouble but at 03.00 am I was able to greet a stocky middle aged couple at my surgery. The lady in question was indeed quite nervous, with a "banana skin" handshake and sweaty hands with bluish fingertips and partly palms. Her vitals were, however, fine, although I was considering an unusually prominent case of secondary Raynaud's syndrome. Just to exclude any other possible causes of this rare condition I wanted to take some blood samples in the lab. The lady was more than happy to comply. I just took a spirit cotton swab to sterilize her fingertip and suddenly it turned blue and lady's fingertip turned baby pink. Well, well… I proceeded with the cotton swab over all fingertips and all miscoloured areas of her left hand and then her right hand… The cotton swab was getting more and more bluish and the lady's hands were turning rather healthy pink. The lady herself was beginning to look more and more embarrassed, as well as her husband. I then noticed that she was wearing quite new dark blue denim jeans and perhaps because of her nervousness had rubbed her hands against her thighs pretty often. I asked the lady when she washed her hands the last time and she said that it was about 3-4 hours ago, maybe even longer. I then asked her when did she get such a lovely and trendy pair of jeans and her husband proudly responded that he gave her these for her birthday for 2 weeks ago and that she loved the present that much she had never used another pair of trousers since then.

Well, it took me another 30 minutes to give the couple a short lecture on good hygienic practices and a necessity to change ones' clothes at least from time to time. By the way, all her blood tests were boringly normal and the only things she was suffering from were her anxiety and her extremely dedicated husband…

The moral of the story – to follow simple procedures even if one finds oneself in an unusual situation or is facing unusual facts. It was also a reminder to be attentive not only to patients' complaints but also to their appearances.

This story is homage to one of the most brilliant clinical minds Dr Joseph Bell of Edinburgh and his rather famous student Dr Arthur Conan Doyle, which you could've guessed already by the name of my story…

My Practice

Work of the GP in one of rural areas of Latvia.

General medicine is a new speciality in Latvia. This year we celebrate the 20th anniversary of Family Medicine in Latvia. There are 1320 Family doctors in Latvia. We are really proud that more and more young colleagues show their willingness to learn family medicine. But not many of them to show their willingness to work in rural areas.

My practice is a solo practice, 70 km out of the capital of Latvia – Riga, in a rural area, Jumprava. There are approximately 2000 inhabitants and most of them are my patients (I have a patient list with 1920 patients, and approximately 350 of them are children). In Latvia we have a patient list system and the patients are free to choose the Family Doctor with whom they want to register. The medium number of patients to one GP is approximately 1500.

I have been working as a GP in this region for nearly 20 years and I am really satisfied with my job. In the practice there is a working Doctor's Assistant, Primary Health Care Nurse and a Junior Nurse. It is very important to have the team work principle in every day work, to feel the support of the members of primary care team. For all of these 20 years we have worked as the same team together and understand each other right away – it can help to try to cheer each other at times during this difficult work.

The attendance at GPs in Latvia is high. I have 20 – 25, sometimes 30 patients every day. Confidence in the Latvian family physicians, despite that this is a new specialty, is increasing. Particularly, it can be noticed in rural areas, where the family physician has special trust from their patients.

We do home visits to all age groups of patients as well. The number of home visits can vary widely – from 3 to 4, or even sometimes 5 visits during a day to 1 – 2 home visits during a week. Usually I try to ask my patients to come to my practice, but if it is necessary (particularly palliative care) I will attend them at home. In Latvia the average number of home visits includes FD visits to a patient's home fully covered by the state only to children (until the age of 18) and some disadvantaged patient groups (e.g., persons over 80 years of age, disabled persons, or patients receiving home care or palliative care).

My Practice cont'd

There is lack of medical personal in rural areas and it is the reason why the nurses from our practices are doing the home care as well and Family Doctors are overloaded. It is very important in these situations to come together with colleagues in smaller or larger groups, to discuss about problems in practice, discuss some clinical cases (specially between colleagues from solo practices), to receive positive emotions for the job in the future.

And one more possibility - it is not large distance from my practice to Riga and it gives me the opportunity to work part time with the students in the Department of Family Medicine, Riga Stradins University.

Gunta Ticmane, General practitioner,
Board member of Rural Family Doctors Association of Latvia,
Riga Stradins University, Department of Family Medicine

Forthcoming Events

18th International Congress of Rural Health and Medicine, 10-12 December 2012 at Kala Academy (Cultural Centre), Panaji, Goa, India

"**Challenges for Health in the Global Village**"

The Congress is being organized by International Association of Rural Health and Medicine (IARM), Japan, Pravara Medical Trust's (PMT), Pravara Institute of Medical Sciences-Deemed University (PIMS), Loni, Association of Agricultural Medicine & Rural Health in India (AAMRHI), International Arbitration Centre (IAC)- Goa in collaboration withGoa University, Goa Medical College and the Government of Goa. For more information please go to: www.ruralhealthgoa2012.org

International Forum on Quality and Safety in Health Care, 16th – 19th April 2013, London, UK

"Improving quality, reducing cost, saving lives"

The deadline for abstracts is 29th October 2012

More information is available at: http://internationalforum.bmj.com/home

WONCA World Conference, 25th – 29th June 2013 Prague, Czech Republic

"Family medicine – Care for generations"

The deadline for submission of abstracts is **31st December 2012**. For more information go to: www.wonca2013.com

As a result of this major event taking place in Europe there is no WONCA Europe conference next year and the EURIPA Forum has also been put back to the autumn.

Future events cont'd

18th Nordic Congress of General Practice, 21st – 24th August 2013 Tampere, Finland

"Promoting partnership with our patients – a challenge and a chance for primary care"

The call for symposium and workshop proposals ends on **31st October 2012** and the call for abstracts for posters and oral presentations will commence at the end of 2012 with a deadline for submission of **10th March 2013.**

To register see http://www.nordicgp2013.fi/registrationaccommodation/

EURIPA 4th Rural Health Forum, October 2013, venue tbc

The theme is Research and more details will be available shortly.

WONCA Europe Regional Conference, Lisbon , 2nd – 5th July2014

"New Routes for General Practice and Family Medicine"

WONCA Europe

WONCA Europe has changed its web site and it is worth having a look at the new site – it is much easier to see what is happening and to identify the networks and collaborative organisations:

http://www.woncaeurope.org

Future Contributions to Grapevine

The next issue of the Grapevine will appear at the end of 2012 and contributions are welcome, by

Sunday 9th December

Please think about what you do in your practice and if you would like to contribute to the new clinical case section, or send us a piece about your practice, tell us about research you are doing or have published, an event that is being held in your country ..... please do get in touch with me

jane@montgomery-powys.co.uk

Grapevine is your Newsletter and we always welcome new contributorss.