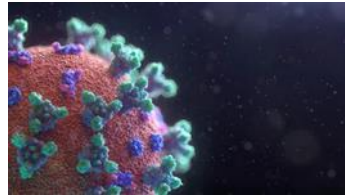




# The Grapevine

## SPRING 2020

Its Spring! But it is a very unusual spring and as you might expect the focus of this edition of the Grapevine will be on a small virus having a huge impact globally:



Instead of your usual Grapevine we are telling the stories from across rural Europe of people's experiences in their practices, families and communities of the impact of the Covid- 19 pandemic.

Speaking personally, we have space in the house, a reasonable sized garden and countryside to exercise in (without meeting other people!) so we are more fortunate than many. I am used to working remotely but, still, life has changed hugely within the space of 3 weeks.

So now it is time to breathe, relax and read the Grapevine and for me to wish you well and to keep safe.

*Jane Randall-Smith*

Executive Secretary EURIPA

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## WONCA Conferences update

With restrictions on movement and with borders closed, it isn't unexpected but a number of key events in our calendar for 2020 have been cancelled, postponed or are being planned as a virtual or e- event. We don't know yet when it will be possible to relax the travel restrictions and those on gatherings so the information below may be subject to further change.

### **World Rural Health conference, Bangladesh**

This conference was scheduled to take place this week but is currently postponed.

<https://www.wrhc2020.com/>

### **WONCA Europe, Berlin**

The organisers have received many abstracts and registrations and great interest from family doctors as well as researchers and practice staff from Europe and other continents, and are determined to have a national congress this year, so they have decided to postpone the conference to the second half of the year.

The new date of the conference is: 17th to 19th December, 2020.

And the new venue is: Hub27 in Berlin, close to City Cube.

The content and speakers remain unchanged. You can find out all you need to know at

<http://www.woncaeurope2020.org/>

### **EURIPA 10<sup>th</sup> Rural Health Forum, Siedlce**

The decision has been made early to postpone this Forum until 2021. However, discussions have started on planning an **e-event** to focus on the rural issues that have, and continue to emerge, during this pandemic. It will take place on **18<sup>th</sup> and 19<sup>th</sup> September 2020**, instead of the original planned face to face Forum.

More information will be available soon.

The time of writing the plans are continuing for this event to take place from 26th to 29th November 2020 at Abu Dhabi, UAE

All the details are available at <http://wonca2020.com>

There is more information on other events in the last pages of this Grapevine.

## Resources available

In 2001 the UK had a major outbreak of Foot and Mouth disease. It affected animals but had a huge impact on the health and wellbeing of the farming families, their communities and also on all the people involved in dealing with the outbreak including not only vets but the contractors as well.

The point of this story is that initially no-one knew where to go to access advice and information, especially good quality evidence-based advice. Very often people telephoned their local GP practice as a known local source of information. Gradually helplines and web sites were set up but , eventually, people still contacted their local practice as there were so many different sources of information that they still didn't know where to go.

Everyone probably knows where to go to for their information now but here are some key links:

For the rural world there is a resource at:

<https://wocarural.org/covid19/>

A daily update is also being circulated by Dr John Wynn-Jones. If you aren't receiving it please let me know (jane@montgomery-powys.co.uk).

WONCA Europe has set up a resource page:

<https://www.woncaeurope.org/kb/covid-19-resources-for-general-practitioners-family-physicians>

as has WONCA World:

<https://www.globalfamilydoctor.com/Resources/COVID19.aspx>

WONCA webinars relating to COVID-19

Following a successful recent pilot, WONCA is planning a series of webinars on a variety of topics, to be held each Sunday at 1300 GMT. The first formal session (Sunday 12th) was to hear from President, President-elect and representatives from all seven WONCA regions on the current situation with regard to COVID-19. Future sessions will include:

- Sunday 19th mental health aspects
- Sunday 26th education and training; and
- Sunday 3rd May family violence

National colleges and associations have done the same; in the UK it is the Royal College of General Practitioners

<https://www.rcgp.org.uk/covid-19.aspx>

The WHO resources can be found here:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

## Research

A quick survey was run by David Halata, from the Czech Republic, in early April. The summary of the results is below. It was excellent to get such a good response rate from the small email research.



# GPs and COVID-19

## European research: answers from 25 countries

Email lists of EURACT, EQUIP, EUROPREV, EURIPA and EPCCS were used.

DEN, ROM, POR, POL, NED, FRA, CRO, ITA, LAT, HUN, AUT, MON, GRE, NOR,  
FIN, IRE, ESP, SWE, SLO, SVK, EST, UK, MAL, SWI, CZE

### Question 1 – Criteria for the end of quarantine

- Just the clinical criteria are used in all of the 25 countries
- Health workers are tested by PCR after 5-7 days in Germany and Croatia. Negative PCR test allow to returned to the work.

### Question 2 – Are GPs involved in testing?

- PCR tests are done in special centers in all countries
- The nasofaringeal swab for PCR are made by GPs in Bavaria, Saxony (Sachsen), Switzerland and Malta. That's common also during flu season in that countries
- GPs are involved in testing in special centers (mostly tents outside the Hospitals) in Croatia, Slovenia and Ireland

### Question 3 – Usage of rapid test

- The rapid test are not systematicaly used in all of 25 countries
- There is a discussion to used the rapid tests by GPs in Poland, Romania, Latvia, Spain and Czech Republic
- The rapid test on commercial level are used by GPs in Italy, Austria end Estonia

Czech Society for General Practice, Czech Medical Association of Jan Evangelista Purkyně  
7<sup>th</sup> April 2020

## Experiences from Europe

### Austria

#### Testing for SARS-CoV-2 Infection with oligosymptomatic Patients in a General Practitioners Setting

For many years now our practice (Image 1) has been part of the Influenza Network of the Medical University Hospital for Virology at Vienna University. As part of this project, samples of nasopharyngeal secretion are taken from selected patients with acute flu-like infection during the time of November to March of the following year, to be transported to the Centre of Virology and tested for traces of the Influenza virus. Detection is done by virus isolation in tissue cultures and molecular biological methods (PCR).

This tracking allows for time accurate recording of epidemic Influenza virus activity in Austria. In addition, the identification of circulating Influenza strains enable us to assess a match level of circulating strains with those used in the immunizations. Since the end of February 2020, collected nasopharyngeal secretion samples are also tested for evidence of Covid-19 Virus RNA via PCR.

As of the second week of March we have strictly separated patients in our practice between patients with infections, and those who have come for other reasons. Due to our special practice layout and a pre-existing separate room for children with infectious diseases this was very easy to put into place (Image 2). This room is separated from the rest of the practice by double doors and can be accessed directly from outside. This room is staffed by a infection team of a GP and an RN (registered nurse). Aside from standard equipment (in-ear thermometer, blood pressure monitor, stethoscope, otoscope, pulsoximeter) our diagnostic tools include a haemogram device and CRP analyzer. If required, an ECG and ultrasound can be undertaken. The infection team (Image 3) wear protective full-body suits plus plastic aprons with long sleeves on top, 2 pairs of protective gloves, FF2 or 3 masks as well as protective glasses. We have developed a special algorithm for dressing and undressing, to avoid accidental self-infection. Self testing is conducted weekly.

Patients with typical symptoms (coughing, temperature  $>38^{\circ}$ , short of breath, contact with Covid-19 patients) were already referred to the Health-Helpline 1450 over the phone.

During the time of 24 February to 3 March we took 72 nasopharyngeal secretion samples. Among those, 16 patients (22%) tested positive for a Covid-19 infection. An interesting find worth mentioning is that 69% of all patients who tested positive suffered from dysgeusia, and 56% also reported anosmia. In one case these sense disorders were in fact the only symptoms which could be recorded, on top of a general unwell-being. Fever or an elevated temperature were only recorded in 25% of all patients, on the other hand (Table 1).

The high number of patients testing positive (22%) in an already pre-selected patient pool shows, that the estimated number of unreported cases for Covid-19 infected patients is very high. This highlights the importance of a separate infection room (container, tent) or separate opening hours for infectious patients in a GP practice to mitigate the risk to oneself and other patients. Through our modus operandi we have been able to detect numerous other viral infections, bacterial infections and other illnesses requiring hospitalization, triage and treat accordingly. This way we are able to significantly reduce the strain on the general healthcare system, as well as improve pre-information. All of the above demonstrate the necessity and importance of preliminary examination of patients in situ in a GP practice.



Image 1



Image 2



Image 3

## SARS-CoV-2 Symptoms

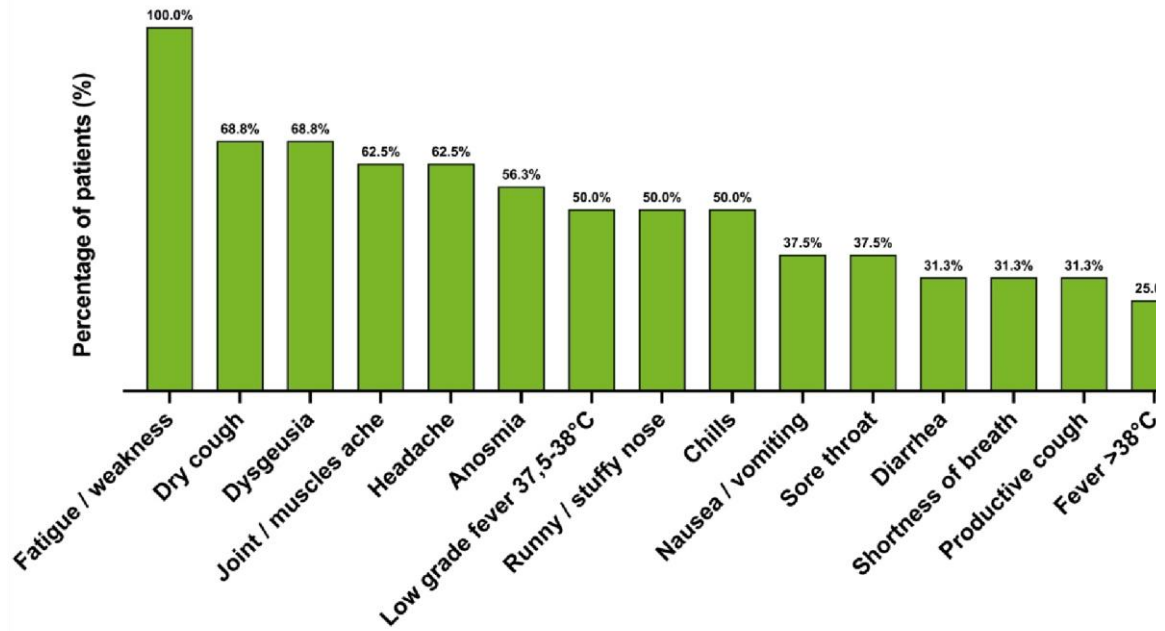


Table 1: Distribution of symptoms of 16 patients tested positive for SARS-CoV-2 in the GP practice of Dr. Oliver Lammel in Ramsau am Dachstein (Stmk./Austria)

Table 1

Oliver Lammel  
IAB Member for Austria

## Latvia

Today is April 8. During the day in Latvia, 29 new cases of coronavirus infection Covid-19 were detected. Thus, the number of patients with Covid-19 in Latvia has reached 577, 3 have died, according to the Center for Disease Prevention and Control (SPKC). This is 0.03% of the Latvian population.

A total of 24,036 examinations of persons suspected of Covid-19 were performed in Latvia. 3 people infected with this disease have died. That's 1.57 per million inhabitants.

39 patients were hospitalized, including 36 with moderate and three with severe disease, according to the data of the National Health Service.

GPs work with the utmost care. Patients are consulted as remotely as possible - by phone or online. On-site admission is only required in case of special need. Before going on a home visit to the patient, the need for it is carefully assessed. If a patient is suspected of having COVID during a telephone conversation, a specialist team is called to take him or her to the hospital. An algorithm has been developed in the country for groups of patients who are subjected to COVID tests. Anyone with suspicious symptoms is sent to a laboratory for testing. The laboratories are open 24 hours a day.

Unfortunately, it must be acknowledged that the country lacks personal protective equipment and disinfectants. Masks and respirators in practice are only less than a month, so we very much hope that the spread of the infection will decrease. There is also reason to believe that this crisis will bring major financial losses to GP practices, as disproportionate spending on protective equipment has risen and patient flows and thus incomes have fallen sharply.

My post about Latvian family doctors can be found at:

<https://www.youtube.com/watch?v=6bUMMS3UJgs>

Dr. Liga Kozlovska, EURIPA Executive Committee  
President of the Rural Family Doctors' Association of Latvia



# 2020 coronavirus pandemic in Georgia

Coronavirus pandemic was confirmed to have spread to Georgia when its first case was confirmed in Tbilisi on 26 February 2020.

However The Government was mobilized and all flights from China and Wuhan to Tbilisi International Airport were cancelled even until 27 January. Health Ministry announced and was started screening for all passengers arriving from China. Georgia also temporarily shut down all flights to and from Iran too. On 26 February, when Georgia confirmed its first COVID-19 case when 50-year-old man, returned to from Iran, was admitted to Infectious Diseases Hospital in Tbilisi straight away, when he came back to the Georgian border via Azerbaijan by taxi.

Since that day everything got very serious for whole country. Step by step was banned entrance to Georgia for any foreign nationals, all elderly citizens of Georgia were recommended to avoid mass gatherings and isolate themselves. The Government also called cafes, restaurants and bars to offer customers the take-away service. With racing the number of cases the instructions got more striker. Every person entering the country straight away were taken to quarantine zone for 2 weeks. The government has imposed a curfew restricting all travel between the hours of 9:00pm and 6:00am. Also announced additional restrictions on movement and gatherings throughout Georgia.

Today:

- All public transportation is closed;
- Travel by personal vehicle and taxis is allowed;
- There is a 3 person maximum per vehicle including the driver; passengers must be in the backseat;
- Gatherings of 3 or more people are not allowed, except in grocery stores and pharmacies where people must remain two meters apart;
- Persons age 70 or older are prohibited to leave their residence unless going to the closest grocery store, pharmacy, or hospital;
- All persons must carry their identity documents with them at all times.
- All commercial businesses except for groceries, pharmacies, gas stations, banks and posts offices are closed
- Fees were imposed for violation of curfew, self-isolation and quarantine, and other provisions
- Regions of the country shuts down when the cases appear

Thanks to all these actions at the moment we have

- CONFIRMED CORONAVIRUS CASES - 242
- RECOVERED - 60
- FATAL OUTCOME- 3
- UNDER QUARANTINE - 4929
- UNDER HOSPITAL SUPERVISION - 405
- \*GEORGIAN CITIZENS BROUGHT FROM ABROAD FOR MEDICAL TREATMENT- 3

Of course the role of doctors in whole situation is crucial. We as a ruler doctors are doing our best for our patient and for whole country.

Guidelines have been developed to manage the disease. Based on it every patient who has any complaint of respiratory tract infection are calling to 112 (emergency telephone number). All possible Covid-19 cases are taken straight away to the hospital. The rest calls are redirected to GP and GP from rural areas.

We are working 24 hours a day. Talking and taking very careful history from these patients. If there is not an emergency situation we are taking care to each of them, making online consultations and recalling during 2 weeks 4-5 times until there is no more danger. Apart from these, patients are seeing at our outpatient clinics too, but while the patient enters inside the building temperature should be measured and all safety measures are taken. All patient with any signs of a respiratory tract infection are taken in a specific room where the highest measures of infection control are taken and doctors equipped with all PPE are examining them. Equipment is not a problem in the country for a while, the issues we had with the face mask were reduced when factories started to produce them, also home made masks are used too, but with racing numbers of infected patients we will probably face the problem soon.

For better results we are having weekly online meetings, with the members of Association of Family Physicians sharing our experiences and giving each other recommendations.

All confirmed cases (from the lightest till the hardest ones) are treated in hospitals. Unfortunately there were 3 fatal outcomes of an elderly patients with chronic diseases too.

WE ARE WORKING FOR EVERYONE, AND HOPING THAT THEY STAY HOME, TO DEFEAT THE DISEASE AND WIN THIS GAME!

Ana Kareli  
IAB member from Georgia

## Ireland

Coping with the impact, fallout and major changes in how we manage Irish Rural General Practice has been difficult for all involved: GPs, Practice Nurses and other front line staff.

We are a Rural based GP practice in the north east of the country and the last 4 weeks since national lockdown has seen many changes in our work practices. Waiting rooms are closed, all patient enquires are directed to the doctor who triages all the requests.

We make decisions whether patients need advice/reassurance, a prescription or if acute and urgent we will examine them with the necessary PPE or protective clothing.

A new and welcome development is the setting up of Covid-19 GP assessment hubs.

These have been set up on stand alone sites, with volunteer GPs and GP Training registrars.

This means we can refer our Covid positive or suspect Covid positive patients directly to this service and not risk taking them into our surgeries and avoid contaminating others.

Our days are busy and stressful as we are dealing with multiple requests for Covid testing as our role is also to make these electronic referrals.

As with most rural GPs we work as medical officers to a local 35 bed nursing home where currently there is a cluster of Covid positive patients. Consultations there can involve difficult discussions on whether to refer to hospital for further treatment or prescribing for palliative end of life treatment and supporting relatives during these difficult times.

The Irish government has announced another three weeks of "lockdown" with major restrictions on social activities so this adds to the stresses and working difficulties we are experiencing. With one of the partner GPs volunteering to work in the Covid hubs and our GP registrar also being assigned to work there, this will add to the work load of those of us still on the GP frontline.

We are fortunate in that our GP organisations, ICGP (Irish College of General Practice) and Irish Medical Organisation are providing excellent back up and support. Multiple medical educational Webinars are available daily. Health Bulletins on personal health and wellbeing during the Covid Pandemic are being made available. Most recent one today is Arts and Humanities for the stressed- out GP.

Our other concerns are our non - Covid patients with chronic disease who are not being followed at present and also patients with sub acute symptoms who are avoiding attending our surgeries. We feel we need to reach out to these people to seek out treatment from us.

So we carry on ,doing our best to care for all ,protect our own families during the crisis and remain open to new ideas and practices that might lessen the the devastating effects to life of the pandemic

Brian Norton  
IAB Member Ireland

## The Azores, Portugal

### Our Practice

We are three General and Family Medicine residents working in São Miguel, the largest island in the archipelago of the Azores – a “paradise in the middle of the Atlantic” that attracts many who search for an unique experience with Mother Nature.



Do you know what is the most remarkable view for an Azorean? The sea – the one we have challenged for six centuries, that provides sustenance, protection but also danger and isolation. Our number one friend and enemy – which also applies to this pandemic crisis. The sea being our natural border could work in our advantage by allowing us some needed isolation to keep the virus away. However, being isolated could also turn into a disadvantage if we became infected and the virus started spreading – it could become a catastrophe given our lack of resources.



*Painting by Carlos Manuel*

The continuous arrival of passengers to our islands, the high contagiousness of the Coronavirus, the worsening of the situation in Europe and in mainland Portugal and some “carelessness” of the local people were some issues that worried us some weeks ago. Because we knew COVID-19 would get here, the question was when, how and if we were prepared for it.

Learning from other countries examples was fundamental to understand how to do better and act as early as possible. We had to remember: prevention is the best medicine!

Portugal announced the first two cases of Coronavirus on March 2<sup>nd</sup>. Twelve days later it arrived in the Azores. Our first case was registered on March 14<sup>th</sup> in Terceira island, followed by cases in the islands of São Jorge, Faial and São Miguel where its first case was registered on the 22<sup>nd</sup> of March – all of them imported cases from the outside.

Looking back over the last months, at the end of January the Government and the Ministry of Health were already asking all the health facilities to create contingency plans – back to when the epidemiological criteria for the definition of a suspect case only included “having lived in or travelled to China”.

At the beginning of March - with the outbreak in Europe escalating and the tragic situation in Italy - the Portuguese and specifically the Azorean government recommended to avoid all nonessential travel. Since March 14<sup>th</sup> all passengers arriving to the Azorean airports have been required to fill out

health questionnaires to assess their epidemiologic and clinical risk for COVID-19. They are examined by a team of doctors and a health inspector and are obligated to comply with a mandatory 14-day quarantine period as determined by the Regional Health Authorities.



Airline companies have reduced their flights - at the moment there are about two weekly flights to the Azores from Lisbon - and even travel between islands is limited to cases of “force majeure” (like medical care or shipment) requiring prior consent from the Regional Health Authorities.

All Portuguese schools have been closed since March 15<sup>th</sup> what has been a big plus since the children could easily be a great source of contagion for the older and more vulnerable.

On March 18<sup>th</sup> the Portuguese government declared state of emergency enforcing mandatory confinement for all the population, restrictions on circulation on public roads, closure of nonessential businesses and services and teleworking from home was advised whenever possible. People began adjusting to this new reality and now only essential workers can circulate (like the ones involved in the primary sector, health, security forces, water and energy supply, distribution of essential goods, garbage collection, public transport). In São Miguel there have been sanitary fences established in all municipalities since April 3<sup>rd</sup> and only the essential workers can circulate between municipalities. With all these measures most of the population is home, the streets are deserted, consumption has declined and tourism has come to a halt - “Azores is taking a break”.



And what about health care?

In the primary care setting health centers had to redesign how they care for patients. The access to healthcare had to be limited but without ever depriving people of essential or urgent care like the vaccination of children, follow-up of pregnant women or management of acute medical problems. The remaining follow-up of chronic diseases started to be done by teleconsultation.



Screening teams were created at the entrance of healthcare centers to identify and separate people with and without fever or respiratory symptoms to try to reduce the risk of transmission to a minimum. Recommendations on respiratory hygiene and cough etiquette were posted in several places. In places where enough human resources were available health workers were divided into two teams rotating every two-weeks between teleworking from home and working in the office to avoid cross-contamination and transmission between workers.

In a joint effort by the health centers, the Public Health Unit and Regional Health Authorities, an active surveillance telephone line was created to monitor non-hospitalized confirmed Coronavirus cases, close contacts and suspected cases – all those who test positive or who are complying with the mandatory quarantine receive a daily or twice-daily call to check on their clinical status.

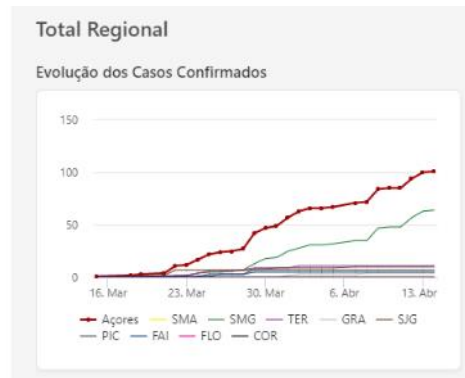


A COVID “drive-through” was also created to collect samples in greater numbers and more efficiently. Besides this, the Azores Non-Medical COVID-19 Information Hotline and the Azores Health Hotline were also made available for people to call if they have questions or symptoms.

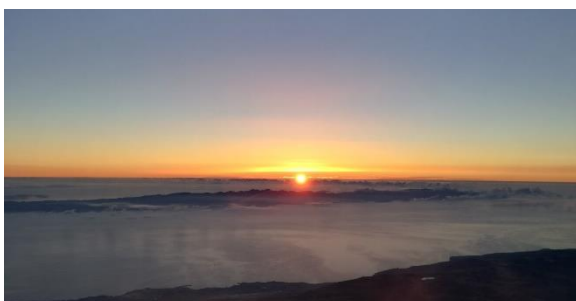
In the secondary health care the only hospital of our island also limited the access to appointments favoring teleconsultation and only allowing face-to-face access for essential care. The emergency services were remodeled – a tent was set up for screening and triage, dedicated COVID areas were created and there were adjustments to the laboratory for handling biological samples safely.

As of today, there are 87 active cases in six of the nine islands of the Azores – 56 of them in São Miguel – and there have been 4 deaths.

Helping others is in the Azorean nature since we are used to disasters of other sorts. Some health workers needed to isolate themselves from their families so they didn’t put them at risk – they went to local accommodation establishments and hotels that made their places available as a sign of solidarity. Many other private entities and people from the community have carried out initiatives to help - funding for medical supplies and devices, making personal protective equipment or even offering meals.



We all know the importance of containing the spread of the virus so that we can save the resources for the most serious cases. Once again, information and health literacy shows to be essential so that everyone follows the recommendations and stays at home – as we say here: “the protection of everyone starts with the protection of each one!”.



To all the healthcare workers and others who are in the front line: May there always be strength, courage, rationality and objectivity to allow us to keep working and fighting against this invisible and strong enemy. May we never lose hope because, despite what some say, we are not heroes, we have families, loved ones, concerns and fears too.

Carolina Simas, Cristina Raposo, Luis Filipe Tavares  
April 14<sup>th</sup>, 2020

## France

**Covid center Bugey sud** (<https://www.google.com/maps/@45.764608,5.6661595,13z>)

The covid centre of Bugey Sud ( France, Rhône Alpes) is born from the meeting of the MMG (maison médicale de garde) \*of Belley and the CPTS (communauté professionnelle territoriale de santé) Bugey sud.\*\* It's a territory with approximately 45 000 habitants, rural territory with mountain, with an hospital in the middle.

The covid center is located in the local (rural) hospital of Belley, where there is at the end of every week the meeting of the MMG. The centre is available by patients only after a call from a GP, a pharmacist, a nurse, the hospital or the 112 centre. The telephone number is not public (a hidden number for professionals).

The centre is not currently open, it will be open if needed from 4 PM to 7 PM and more if it's necessary. At the moment it is on standby, because of the lack of patients.

The covid centre team include, a secretary for administrative matters, a nurse to collect the constants data (blood pressure , blood oxygen saturation, by pulse oxymeter, pulse respiratory frequency, temperature) and a GP for the diagnosis. There is a patient's pathway inside the centre.

The covid center is located in a proper place, outside the GPs offices, that allows the patient to join his/her preferred GP, or another GP.

### Notes:

\* Maison médicale de garde could be translated as GPs office for out of hours service and receives patients at week ends and the evenings

\*\*communauté professionnelle territoriale de santé could be translated as :Territorial health professional community

Philippe Marissal, EURIPA Member

## Phone call to Frailty patients

I had this morning my third session of phone call for frailty patients of my former office.

The original idea is from Jean-Baptiste Kern with the constant that:

-frailty patients are well known by their GP, and we are the best to know how to combine chronic disease (physical and mental) , biological problems and socials matter.

-some patients can't ask their GP, for their problems because of:

they don't want to disturb their GP, who is supposed to be overloaded with the pandemic;

they are not aware of the new possibilities to meet their GP: only by appointment to reduce the risk of contamination, or teleconsultation by phone or video, and in rare cases to visit at home.

They are not aware of the symptoms of covid19 infection and most important they neglect some symptoms which can be taken in account in a normal situation.

When I have had a positive feedback from Jean-Baptiste, I decided to do in this way.

The first phase of this programme was to establish a list of frailty patients, who can benefit of a phone call. This was made by Laure Emmanuel Mavraganis and Nadège Volcler, the 2 GPs of my former office, and their trainee Alexia Cugnet (who also has some phone calls as I).

We exclude:

patients with severe Alzheimer disease who have already a daily visit of a nurse.

patients in elderly home with medical access.

The phone call has several objectives:

1/ Reinforce the social link (very important in this period)

2/ Knowing how the patients are, in terms of mood and physical condition.

3/ How they are organised for the lockdown and how they manage their provisioning in respect of social distancing.

4/ Remind them, that they mustn't hesitate to contact the office in case of symptoms, and the several possibilities to answer.

In these three sessions, I contact 39 patients, the welcome was enthusiastic, and most of them were happy to hear me, and ask of my own health and my family.

For each of them I hear that the social distancing and the lockdown was well done. They are mainly provisioned by their sons or daughters (the advantage to be in rural)

I remind them the importance to contact my formers colleagues in the office.

It is of course to early to have any result regarding the use of the health system. What I can already say is that I had many thanks from the patients, and some of them told me it was good for their mood.

For me I'm happy to volunteer in such a pandemic.

Patient share with me that being in rural (mainly in houses with gardens and fields) is a huge advantage comparing with urban.

Honestly this disease is strange because it is difficult to know who has the illness (various symptoms, paucisymptoms)

For patients probably ill at home, it is difficult to evaluate the risk of a severe infection (of course we know the risk factors) but the worsening is unpredictable, and so the best we can say to the patients is to explain when they must phone to the 112.

Jean Pierre Jacquet  
President EURIPA



## News from EURIPA

### Social Prescribing

Now is probably not the time to talk about social prescribing as it is obviously very challenging to deliver social prescribing at the moment in this period of lockdown. However, International Social Prescribing Day took place on 12<sup>th</sup> March 2020 and, as EURIPA was going to run a workshop in Berlin at WONCA Europe conference 2020 on Social Prescribing, we proactively sent out some messaging to raise the profile of social prescribing and EURIPA. In many countries “social prescribing” has taken place in rural communities for many years but there is now a momentum to developing this approach to supporting people’s health and wellbeing. Hopefully EURIPA will be able to deliver its workshop during the rescheduled conference in Berlin in December and in advance of the workshop EURIPA will be running a survey to find out more about what is happening in each country.

We’ll be in touch again about the survey later this spring.

We are staying at home for obvious reasons. But, there are many web sites and social media tools to support people in both their mental health and physical health. There is ‘zoom’ yoga, virtual dinner parties, opportunities with IT for connecting with family and friends to reduce isolation, dancing in the kitchen ..... We will socialise again when this is all over.

Despite the Virus, the Wales School for Social Prescribing Research - WSSPR - was launched on the 1<sup>st</sup> April 2020. It is funded by Health and Care Research Wales and nested within PRIME Centre Wales. WSSPR is a virtual all-Wales school which aims to develop a social prescribing evaluation methodology, building on the work previously completed by the Wales Social Prescribing Research Network (WSPRN). WSPRN is a network of researchers and practitioners in Wales who are interested in social prescribing research, which sits inside WSSPR.

You can find out more at: <http://www.wsspr.wales/>

And also from Joyce Kenkre (IAB Member) for researchers: **the 2020 Marie Skłodowska-Curie Actions (MSCA) Individual Fellowships call is now open.**

Summary: By funding excellent research and providing attractive working conditions, the MSCA offer high quality professional opportunities open to researchers of any age, nationality or discipline. The MSCA have a bottom-up approach, i.e. research fields are chosen freely by the applicants. All domains of research and technological development are eligible for funding (except areas of research covered by the EURATOM Treaty<sup>4</sup>). The goal of the Individual Fellowships is to enhance the creative and innovative potential of experienced researchers wishing to diversify their individual competence in terms of skill acquisition through advanced training, international and intersectoral mobility. Individual Fellowships provide opportunities to acquire and transfer new knowledge and to work on research and innovation in Europe (EU Member States and Associated Countries) and beyond. The scheme particularly supports the return and (re)integration of European researchers from outside Europe and those who have previously worked here, as well as researchers displaced by conflict outside the EU and Horizon 2020 Associated Countries. It also promotes the career restart of individual researchers who show great potential.

The Guide for Applicants, and more information can be found at:

[https://ec.europa.eu/research/mariecurieactions/news/MSCA-launches-2020-IF-call\\_en](https://ec.europa.eu/research/mariecurieactions/news/MSCA-launches-2020-IF-call_en)

## Publications

### Our Journal

If you are involved in research or training initiatives in rural health we would welcome a contribution to the **International Electronic Journal of Rural and Remote Health Research Education Practice and Policy**. Original research is always welcomed but there is also the opportunity to send in letters, project reports or personal perspectives.

There is support available to help you get published – new authors are actively encouraged!

### Recent publications

As well as the **International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy** (<http://www.rrh.org.au/euro/defaultnew.aspof>) you can also keep up to date with:

#### Family Medicine and Primary Care Review

<https://www.editorialsystem.com/family/journal/about/>

#### The European Journal of General Practice :

<http://www.tandfonline.com/toc/igen20/current>

#### The #EURIPA Rural Health Journal, published twice a week:

[http://paper.li/EURIPA\\_EURIPA/1445814103#/](http://paper.li/EURIPA_EURIPA/1445814103#/)

And, WONCA e-news at <http://www.globalfamilydoctor.com/News.aspx>

### Recent publications

There are many new publications around Covid -19 but below are two recent publications which mention rural:

#### Why we need better rural and remote health, now more than ever

As the world desperately attempts to mount a coordinated and effective response to the recent pandemic outbreak of COVID-19, it is becoming recognised that the greatest impact will likely be felt by the most vulnerable populations. This Editorial examines what we know that could prepare our rural health systems to be more resilient, responsive and reassuring to our patients.

Editorial P Worley

<https://www.rrh.org.au/journal/article/5976>

This Leverhulme report is very interesting in its comment on rural areas:

Predicting peak hospital demand: demographics, spatial variation, and the risk of “hospital deserts” during COVID-19 in England and Wales

Mark D. Verhagen, David M. Brazel, Jennifer Beam Dowd, Ilya Kashnitsky, Melinda C. Mills

<https://osf.io/g8s96/>

## Forthcoming Events

Below is a selection of events for 2020 with an update on the situation, at this point in time. Please send in your events for future editions of *Grapevine* so that we can make this section more comprehensive. Please send to the editor at [jane@montgomery-powys.co.uk](mailto:jane@montgomery-powys.co.uk)

### **17<sup>th</sup> WONCA World Rural Health Conference: Achieving Rural Universal Health Coverage Through Community Approach**

April 15<sup>th</sup> – 18<sup>th</sup> 2020, Dhaka, Bangladesh - **now postponed**

More detail is available at: <https://www.wrhc2020.com/>

### **Rethinking Remote 2020: Innovative solutions for remote and rural health and wellbeing**

Hosted by the Scottish Rural Health Partnership

30<sup>th</sup> April – 1<sup>st</sup> May 2020, Aviemore, Scotland – **a decision will be posted on the web site:**

[www.rethinkingremote.co.uk](http://www.rethinkingremote.co.uk)

### **Second Annual Conference: Changing Practice, Changing Outcomes**

National Centre for Remote and Rural Medicine, in collaboration with the RCGP Rural Forum

10<sup>th</sup> – 11<sup>th</sup> June 2020 now **postponed to 9<sup>th</sup> -10<sup>th</sup> June 2021**, Penrith, England

[www.ncrrm.co.uk](http://www.ncrrm.co.uk) for more information

### **25<sup>th</sup> WONCA Europe Conference: Core values of Family Medicine: Threats and Opportunities**

24<sup>th</sup> – 27<sup>th</sup> June 2020 Berlin now **postponed to 17<sup>th</sup> – 19<sup>th</sup> December 2020**

More information at <http://www.woncaeuropa2020.org/>

### **10<sup>th</sup> EURIPA Rural Health Forum: Understanding our patients – working closely together**

17-19 September 2020, Siedlce Poland is now **postponed to September 2021**

### **1<sup>st</sup> EURIPA Rural Health e-Forum, with a focus on Infectious agents in rural settings**

**Currently being planned for 18<sup>th</sup> – 19<sup>th</sup> September 2020. More information to follow**

### **WONCA World Conference 2020**

26<sup>th</sup> – 29<sup>th</sup> November 2020 at Abu Dhabi, UAE

As a result of the Covid-19 pandemic the scientific committee of WONCA 2020 Abu Dhabi have decided to extend the deadline for oral/poster presentations in support of all our colleagues.

**Abstracts for Oral/Poster presentations will be accepted on a rolling basis until all slots are filled.**

More information at: <http://wonca2020.com>

With all these changes it is not possible to mention conferences and meetings that are further ahead but these will be updated as information becomes available.

Thinking ahead to better times when movement restrictions are lifted: our local Red Kite soaring above us in mid Wales.



Courtesy of N Randall-Smith

### **Future Contributions to *Grapevine***

The next issue of the *Grapevine* will be Summer 2020; contributions are welcome by the end of July for publication in early August. Reminders for contributions will be circulated on the mailing list and announced at the web site.

If you are interested in contributing to the next edition of *Grapevine* please get in touch with the Executive Secretary, Jane Randall-Smith at [Jane@montgomery-powys.co.uk](mailto:Jane@montgomery-powys.co.uk) . Please think about what you do in your practice and if you would like to contribute to the 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.

*Grapevine* is YOUR Newsletter and new contributors are always welcome.

#### Disclaimer:

The views contained in the featured papers above are those of the authors and not those of EURIPA.