

Primary Health Care Research & Development: Official Journal of the European Forum for Primary Care

Announced in August 2015, *Primary Health Care Research & Development* (PHCRD) is now the *Official Journal of the European Forum for Primary Care* (EFPC). Both PHCRD and EFPC are delighted with this connection.

The EFPC aims to strengthen the position of primary care in European countries. As the health needs of the population of Europe are changing, strong primary care for all is increasingly important. As a result of an ageing population and an increase in multi-morbidity, health care has to move from an emphasis on (single) diseases to person-centred care (De Maeseneer and Boeckxstaens, 2012). The health problems of people do not follow the narrowly defined classifications of health-care professionals. People need – and increasingly expect – collaboration both within primary care and between the boundaries of primary care, the secondary health-care sector and social care. As such, primary care is in a position to offer more integrated care described as putting the patient's perspective at the heart of any discussion about health care. Achieving integrated care requires those involved with planning and providing services to 'impose the patient perspective as the organising principle of service delivery' (Lloyd and Wait, 2005: 7). This could be seen as a guiding principle of strong primary care.

However, strong primary care is not something that comes about by itself (Groenewegen *et al.*, 2002). It is not the 'natural state' of health-care systems but requires regulation, for example, in making primary care responsible for a defined population and the first point of contact for people with health problems. Therefore, the EFPC provides advocacy for strong primary care. Advocacy is needed at different levels, ranging from local and regional, where primary care practice is shaped, to national, where governments and civil society organizations (patient organizations, professional groups) work towards optimal regulation, and also at European level.

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The European level is important, even though the organization of health-care systems is not the remit of the EU. In the end, the EU is built on economic principles and consumer choice. When we realize how important a part of the economy the health sector is (on average 10% of gross national product, paying the salaries of again ~10% of the workforce), it will come as no surprise that EU advice on the member states' economy (eg through the country-specific recommendations of the European Semester) often relates to the health-care sector. European advocacy is therefore at the same time strongly needed but difficult to achieve – for example, exactly where should such advocacy be directed? However, within the EU there is also a need for information and inputs to gain legitimacy and to test ideas and propositions. As an advocate for strong primary care, the EFPC has a track record in responding to relevant consultations, organized by the EU. It is often difficult to assess the impact of these actions, but they place ideas in the minds of the people working within the EU civil service and sometimes lead to concrete changes in the wording and framing of documents and proposals.

The EFPC has developed ways of working that connects its members to the processes of advocacy. Reactions to EU consultations, for example, are built from the inputs of the members, drawn together through discussion and debate and Delphi surveys to articulate priority issues. On a more structural basis the EFPC works with and through its members by developing position papers. These address important issues, bring in both evidence-based information and practical experience and develop a position towards the issue. Recent position papers relate to the role of primary care in the care for Roma populations and inter-professional collaboration within primary care. In the future, position papers of the EFPC will be published in PHCRD.

The two words 'research' and 'development' in the journal's name link closely to what EFPC

wants to do: to connect research, practice and policy through advocacy and evidence from research to build a stronger primary care for Europe. Thus, publication of research papers as well as development papers by EFPC members and member organizations will contribute to the shared vision of EFPC and PHCRD of an integrated, person and people-centred primary care.

Mutually beneficial connections need focal points, both virtual and located. The virtual focal points where the EFPC membership and PHCRD meet are in reading the journal – which we hope and expect that many members will do – and in actively using the website of the EFPC with its possibilities of taking part in activities. The located focal point is the yearly conference of the EFPC, where from the 2015 conference onwards the journal also plays a role (Kendall and Bryar, 2016). The next EFPC conference in Riga in 2016 will address the relationships between informal care and primary care (<http://www.euprimarycare.org/riga/efpc-2016-riga-conference-4-6-september>). For the same reasons that strong primary care is important, set out at the start of this editorial, primary care cannot reach its aims without the support of (but also providing support to) informal carers. This will provide multiple opportunities for participating countries and authors to describe, analyse and present their research and practice

on the role of informal carers, contributing to the advocacy debate for a stronger, integrated primary care.

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