Dear colleagues and EQuiP friends,

Just before the summer holidays, we send you our next newsletter - a true testimony of what EQuiP means for many people.

This newsletter focusses on what our group did at the latest WONCA Europe Conference in Copenhagen, setting out a tailored track on quality and safety throughout the entire conference.

Many thanks to all EQuiP members, who showed up and shared what the Wonca Family of Quality and Safety is all about.

During the conference we had the opportunity of visiting the practice of Tina Ericsson, our Immediate Past President. The group really enjoyed the warm welcome in the centre of the city, and it was so nice to meet her and to see her in her natural habitat - a doctor between her patients. I am so proud to have the privilege to continue her work within EQuiP.

In the beginning of June I have the honour of participating in the French Summer School on Quality and Safety. I look forward to meet young and more experienced French colleagues, to share my experience, and to learn from them. Investing in young colleagues - networking with Vasco da Gamians - is important for the future of General Practice in Europe and to assure continuity in the work we are doing now.

I invite you to read, scroll, click and get inspired from this newsletter. Also, I wish you a nice summer with family and friends, and I hope you find the energy to continue the track of quality and safety.

Best wishes,

Piet Vanden Bussche,
EQuiP President
What is the first thing that comes to your mind, when you think of EQuiP?

MK: EQuiP is the WONCA Europe network for ensuring quality and safety in family medicine in Europe.

What was your first EQuiP experience?

MK: It is hard to recall, but probably attending a workshop on quality and safety issues at one of the WONCA Europe conferences in the 1990s, and liaising with individual EQuiP members when I set up WONCA’s Working Party on Informatics back in 1995 about how we could use electronic medical records to improve the safety and quality of the care provided by family doctors around the world.

What major achievements do you know EQuiP for?

MK: The production of a series of high quality evidence-based resources to improve the safety and quality of family medicine and primary care, not just for Europe, but for the whole world.

What is your best EQuiP experience?

MK: Interacting with the passionate members of EQuiP with their enduring commitment to safety and quality in primary care.

How would you describe the current world of quality improvement and patient safety in primary care in your country and in Europe?

MK: Ensuring the safety and quality of general practice in Australia has been core business for the Royal Australian College of General Practitioners since its establishment over 50 years ago and this continues to this day. There has been much heightened awareness of safety and quality issues in primary care at a global level, especially at the World Health Organization, thanks, at least in part, to effective advocacy by WONCA, with support from the evidence and resources provided by EQuiP.

How would you predict the future for quality improvement and patient safety in primary care in your country and in Europe?

MK: With so many family doctors, in Europe and around the world, committed to quality improvement and patient safety in primary care, the future should be positive, for our individual patients, our communities and our nations.
Thursday 16 June

10:00-11:15 EQuiP Workshop  
*Measuring diabetic care: What are good indicators?*  
Piet Vanden Bussche (BE) & Johan Wens (BE)  
Venue: Bella Sky, Meeting Room 173  

11:45-12:00 IGRIMUP Symposium No. 2: Interventions  
The PRIIMA-eDS electronic decision support system – a multinational European project  
Graziano Onder (IT) & Ilkka Kunnamo (FI)  
Venue: Bella Sky, Meeting Room 181  

11:45-13:00 EQuiP Workshop  
Health inequalities related to socio-economic status: How primary care may reduce them?  
Hector Falcoff (FR), Piet Vanden Bussche (BE) & Sara Willems (BE)  
Venue: Bella Sky, Meeting Room 173  

11:45-13:00 Oral presentation (Presentation time: 12:35-12:45)  
How can we help GPs cope better with the impact of adverse events in general practice? (The Second Victim Syndrome)?  
André Rochfort (IE)  
Venue: Meeting Room 17, OP09.6  

11:45-13:00 EQuiP Workshop  
Quality improvement 2.0: Online Journal Club meets Family Medicine  
Change Makers’ Tweetchat  
Andre Nguyen Van Nhieu (FR), Zelal Akbayin (TR) & Ulrik Bak Kirk (DK)  
Venue: Hall A, Meeting Room 6+7  
Working Group: Social Media & Teaching Quality.

11:45-13:00 EQuiP Workshop  
*The development of quality circles for quality improvement in Europe from 2003 to 2016*  
Adrian Rohrbasser (CH) & Ulrik Bak Kirk (DK)  
Venue: E-Poster Station 2, EP05.06  
Working Group: Quality Circles.

15:00-16:00 EQuiP Workshop  
The development of quality circles for quality improvement in Europe: a qualitative study  
Adrian Rohrbasser (CH) & Ulrik Bak Kirk (DK)  
Venue: E-Poster Station 2, EP08.09  
Working Group: Quality Circles.

16:15-17:15 EQuiP Workshop  
Overdiagnosis and patient harm or how unsafe is striving for certainty?  
Adrian Rohrbasser (CH) & Ulrik Bak Kirk (DK)  
Venue: Bella Sky, Meeting Room 181B  
Working Group: Quality Circles.

16:15-17:15 Workshop  
Barriers and facilitators to implementation of clinical practice guidelines  
Esra Meltem Koc (TR) & Zekeriya Akturk (TR)  
Venue: Hall B, Meeting Room 3  

Friday 17 June

10:00-17:00 Poster Session II  
**A. EQuiP Summer Schools**  
Zalika Klemenc-Ketis (SI), Andre Nguyen Van Nhieu (FR) & Ulrik Kirk (DK)  
Venue: Poster Hall no. PB-183  
Working Group: Teaching Quality.

**B. French EQuiP Summer Schools 2012-2015**  
Andre Nguyen Van Nhieu (FR), Isabelle Dupie (FR), Hector Falcoff (FR), Madeleine Favre (FR) & Ulrik Kirk (DK)  
Venue: Poster Hall no. PB-183  
Working Group: Teaching Quality.

**C. The Interactive ePDF to Social Media in Family Medicine**  
Ulrik Kirk (DK) & VdGM  
Venue: Poster Hall no. PB-184  

**D. Exploring why quality circles work in primary health care: a realist review**  
Adrian Rohrbasser (CH)  
Venue: Poster Hall no. PB-327  
Working Group: Quality Circles.

10:00-11:15 EQuiP Workshop  
*What do patients expect from eHealth? - let the patients tell us!*  
Ilkka Kunnamo (FI), Ynse de Boer (DK) & Piet Vanden Bussche (BE)  
Venue: Hall A, Meeting Room 20  

10:00-11:15 Workshop  
*Practice support for patients with chronic conditions*  
Ulrik Bak Kirk (DK), Jochen Ginschen (D) & Andree Rochfort (IE)  
Venue: E-Poster Station 3  

16:15-17:15 VdGM, EGPRN, EQuiP, EURIPA, EUROPREV, EURACT Workshop  
A future vision for development of and enhanced collaboration between the Networks of WONCA Europe  
Peter Sloane (IE), Mehmet Ungan (TR), Piet Vanden Bussche (BE), Tanja Pekez-Pavlisko (HR), Mateja Bulc (SI) & Io Buchanan (UK)  
Venue: Hall A, Auditorium 15  

Saturday 18 June

10:45-12:00 EQuiP Workshop  
*Being a good-enough GP for non-heterosexual people (LGBT- Lesbian, Gay, Bisexual and Trans people)*  
Janecke Thesen (NO), Gunnar F Olsen (NO) & Mari Bjørkman (NO)  
Venue: Hall A, Auditorium 15  
What is the first thing that comes to your mind, when you think of EQuIP?
CS: Summer Schools and Quality Circles.

What was your first EQuIP experience?
CS: The 43rd EQuIP Meeting in Paris 5-6 April 2013, where EQuIP opened for membership.

What major achievements do you know EQuIP for?
CS: The PECC-WE project (Patient Empowerment in Chronic Conditions, WONCA Europe) and the Summer Schools.

What is your best EQuIP experience?
CS: The 2014 joint EQuIP-VdGM Summer School in Denmark, which I also co-arranged, but that is not the only reason, ha ha.

How would you describe the current world of quality improvement and patient safety in primary care?
CS: A bit fragmented, but emerging, dedicated, inspiring and contagious.

How would you predict the future for quality improvement and patient safety in primary care?
CS: With increasingly greater focus on quality improvement in Europe and in the World, I think we will see a shift towards more fundamental, relevant and bottom-up quality work, where the GPs take ownership of minor quality improvement project in Primary Care. Patient Safety will be a collective undertaking for primary care and there will be emphasis on sector transitions between primary and secondary care.
WONCA Europe 2016 Conference Workshop
What do patients expect from eHealth – let the patients tell us
PowerPoint slides (PDF)

Abstract
The WONCA policy statement on eHealth emphasizes the role of the active patient. Read the recently published policy paper [here](#).

Types of eHealth services for patients and statistics on people’s expectations are presented on the basis of population surveys in Finland and other countries.

The majority of respondents would like to view their laboratory and imaging results and their own patient record online. They would like to book appointments and be reminded of them, and they want to find reliable information on health, illnesses and self-care. Patients also frequently use health-related Internet resources that are not maintained by health care providers.

The adoption of personal health records among EU countries is highest in Denmark. Danish patients have been invited to serve as facilitators of small group discussions in the workshop. The patients will present scenarios how they would be using eHealth services and what they expect from their GPs. The participating GPs will respond and share their views, and consensus is searched on their role as providers and users of the services.

The participants will gain understanding on what types of eHealth services patients would benefit from and contribute to their development, and how GPs could be their partners in making the most of those services and avoiding potential risks. The conclusions from the discussions will be collected and published on EQuIP and WONCA eHealth Working Party websites.

eHealth services for citizens and patients are growing rapidly. GPs should partner with patients in developing those services.

Time Table
0-5 minutes: Presentation of patients, organisers and aims of the workshop.
5-15 minutes: Resume of EQuIP’s policy paper on e-health.
15-30 minutes: 3 patients tell about own experiences with e-health.
30-40 minutes: Clearing questions.
40-45 minutes: Introduction to group work.
45-65 minutes: Group discussion.
65-75 minutes: Summing up.
By Adrian Rohrbasser
Swiss EQuiP delegate

The EQuiP delegate from Switzerland, Adrian Rohrbasser (Specialist in Family Medicine, MSc in Evidence Based Health Care, PhD Student at Department of Continuing Education at the University of Oxford), leads the recently established working group (Fall 2015), and he has been invited to Scotland and Croatia in recent months to update, teach and consult about quality circles.

Scotland
Adrian Rohrbasser was invited to give a keynote presentation during at the meeting “Quality after QOF: a new direction for Scottish general practice” followed by workshops and discussions hosted by the Scottish School of Primary Care in the Royal Society of Edinburgh.

The Scottish will change the system of Quality Improvement (QI) from the indicator based system to a group based system. Link to the ‘Quality After QOF’ Final Report: http://sspc.ac.uk/reports/

Structured small groups, like Quality Circles, will respond to the unique constellation of local needs in the complex system of primary health care. They will also responsive to changes in prevailing economic and cultural circumstances.

The talk informed about the basic properties of structured small group work: people meet at regular intervals to consider and improve their standard practice.

Groups select the issues they want to deal with themselves and decide on their method of gathering data as well as deciding on a way of finding solutions to problems. They provide a social context for reflective practice and allow creation and dissemination of knowledge that improves clinical practice at the workplaces of the participants.

Facilitators observe and lead the group through a circle of quality improvement. The process consists of more than one educational step and is therefore best described as a multifaceted intervention which leads to small but significant behaviour change.

This intervention depends on human behaviour and its active ingredients tend to enable people to do the right thing at the right time or constrain them from doing something.

They combine numerous and varying components and they function in diverse contexts that have to enable the process.

The Scottish adventure was amazing: The talk about QCs was well received and added to the workshops during the day. Representatives from the Scottish government as well as from the British Medical Association were involved in extensive discussions about future use of QCs.

The change from QOF to group based quality improvement is now taken and the general briefing paper for the Scottish leaders is completed. It really seems as if I/EQuiP delegates could make a difference here.

Further analyses and briefing papers about practical implementation of the groups are planned.

Croatia
From Wednesday 18.05 to Thursday 19.05, Adrian Rohrbasser was consulted to train the first Quality Circles facilitators in Croatia. He has been working on a training programme in English, which he improved using the programme theory developed in the realist synthesis.

After the two training days, a total of ten such QC facilitators are ready to carry on their skills in local groups at the same time and to build a national network to support each other.

On Friday 20.05, Adrian Rohrbasser then gave a talk on “What is a Quality Circle/Why Quality Circles/Knowledge in Quality Circles”, before he led an interesting QC workshop for a group of VdGM girls on Exchange.

Testimonial:
Do you consider quality circles useful - and if so why?
After the presentation, I think Quality Circles are very useful to improve our point of view about different issues that we face everyday.

What was the best thing you learned about quality circles?
The aim of Quality Circles. because I was not aware that we had such a great opportunity to collaborate in this way.

What is the next single action for you to transform what you’ve learned into practice?
I am going to try having a shared decision with my patient.

Dr. Sema KILIÇ
Dokuz Eylul University, Turkey