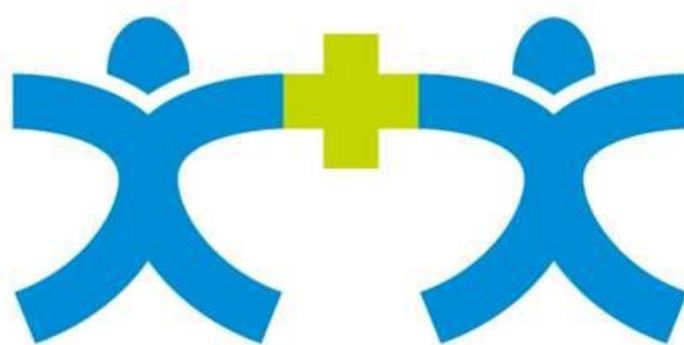


WP5 - Ministry of Health & Agenas, Italy.

WP5 Florence Pilot study workshop



Joint Action Health Workforce
Planning and Forecasting

Version/Status	Last updated	Owner
Draft 01	27/05/14	WP5 Anna Maria
Draft 02	27/05/14	Anna Maria: insertion and corrections
Draft 03	26/06/14	Anna Maria: excluded the SC part
Draft 04	01/07/14	Anna Maria: iperlink file list of participants
Draft 05	03/07/14	Anna Maria: corrections
Final	09/07/14	Finalisation



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of the European Union

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0. Aim of the workshop

Aim of the workshop is to explain to participants the actual situation of the Italian regions which will experiment the pilot study and to convene and hold the first session of the Steering Committee, which has the responsibility to coordinate the activities of the pilot study in the two countries (Italy and Portugal) and to guarantee the connections with the other work-packages.

All the mentioned files in this document are available on the JA website on the page dedicated to the event, [here](#).

PILOT STUDY WORKSHOP

7th of MAY 2014

1. Welcome to Tuscany and introduction of the meeting

(14.00 => 14.15)

Giovanni Leonardi

→ See the file [140507 WP5_1 sess Leonardi introduction](#)

Introduces the aim of the meeting

1. Presentations of some elements of the Italian “state of art” regarding planning of health services and human resources.
2. Expectations regarding the Handbook to present tomorrow

Antonio Panti

As President of the Order of Physicians and Dentists of the Province of Florence and Vice-President of the Health Counsel of Tuscany, welcomes participants underlining the importance of collaboration on this topics, between the Italian Ministry of Health, the Regions and the Italian stakeholders.

Michel Van Hoegaerden

Opens the meeting and updates on Joint Action Activities, underlying the importance of the Pilot Study for Italy and Portugal as it will represent a real mean of implementation. For the same reason he defines the Pilot Study as a great value for the Joint Action.

2. First session

(14.15 => 15.15)

2.1 Elements of the Italian Health organization

Ragnar Gullstrand

→ See the file [140507_WP5_1_sess_Gullstrand_Elements_of_the_Italian_health_care](#)

2.2 Human resources for Health in Italy

Giovanni Leonardi

→ See the file [140507_WP5_1_sess_Leonardi_Human_Resources_for_Health_in_Italy](#)

2.3 Health Workforce Planning in Italy

Annalisa Malgieri

→ See the file [140507_WP5_1_sess_Malgieri_HWF_planning_in_Italy](#)

3. Group activities: Better Methods for Better Health Systems

(15.15 => 17.20)

Paolo Michelutti introduces the Groups' activities.

→ See the file [140507 WP5_2 sess Group activities Needs and challanges HWF planning](#)

3.1 Group A

→ See the pictures of results [#A1](#) and [#A2](#)

Topic: Stakeholders involvement and relationships

Moderator: Alessia Clocchiatti - EFN (in Italian)

- 1) Approaches adapted to the different realities/socio-economic situation
- 2) Stakeholders to be engaged from the beginning; vision to the future to be put in the pilot
- 3) Need to adapt the curricula (new skills & competences needed)
- 4) Sharing objectives – active involvement – possible webinars/videoconferences to reduced costs
- 5) Sharing best practices + project pilot
- 6) All stakeholders the same level – bottom-up approach

3.2 Group B

→ See the pictures of results [#B1](#) and [#B2](#)

Topic: Scope and organization of the planning

Moderator: Ragnar Gullstrand – WP5 Team (in English)

What

- 1) all professions or some (some if the project needs it)
- 2) if some, which (nurse ... and use in other sectors)
- 3) part of the health system of whole
- 4) public or private (both but sectioning)
- 5) hospital or primary care (both, not possible separate)

How

- 1) how to organize the planning
 - a. commission together with the stakeholders
 - b. central team that prepares the model
- 2) manage risk and estimate workload
 - a. method chosen (data collection)
- 3) Risks: too much time for data collection; task too big

3.3 Group C

Topic: Data collection: constraints and early preparations.

Moderator: Francesca Senese - ARES Emilia Romagna (in Italian)

- 1) No region has the data. What are the gaps?
- 2) The coverage for the different section
- 3) The data available is of poor quality (e.g. used for others means)
- 4) ASL and USSL must be responsible for data collection
- 5) Which are the steps for data collection?

3.4 Group D

→ See the pictures of results [#D1](#) and [#D2](#)

Topic: Definition of training activities and tools (handbook) for the Pilot Project.

Moderator: Lieve Jorens - WP1 Leader (in English)

Requirement handbook

- 1) Encourage countries to improve planning
- 2) Include practical tools for It & PT
- 3) Include description of competences of people doing planning
- 4) Guidelines on what/how to handle in imperfect circumstances e.g. incomplete data
- 5) How to present results of planning in report +how to communicate to decision making level

Training requirement

- 1) should be adapted to level of ? of country/region
- 2) insight on country-specific aspects of data
- 3) work with ratios
- 4) knowledge of process of collecting data
- 5) experience of people working with similiar model
- 6) modular training

Who - trainers

- 1) planners
- 2) decision makers
- 3) universities/academics

Who - trainers

- 1) outside pilot project
- 2) people that already worked with the model

3.5 Group E

→ See the picture of results [#E1](#)

Topic: Identify the major HFW imbalances and defining the relation between educational capacity and health care production.

Moderator: Paolo Michelutti –WP5 Team (in Italian)

What

- 1) Imbalances -> define standard (quantity)
 - a. budget constraints;
 - b. organization model;
 - c. quality of services
- 2) education - harmonization/ patient need/organization model

How

- 1) to map current
 - a. skills
 - b. best practice in education
 - c. org. model in the regions (survey)
 - d. skill mix
- 2) forecasting model
 - a. simplify the model
 - b. different model for primary care; intermediate care; acute care

4. Conclusion of the Groups' activities_ da fare

(17.20 => 17.35)

Ragnar Gullstrand

In plenary assembly some hot feedbacks from the 5 working groups were given.

4.1 Stakeholders involvement and relationships.

Which kind of involvement?

- a. It's important to have a common approach.
- b. Common objectives, common language but adapt to the different realities.
- c. Stakeholders has to be engage since the beginning in the planning process (to start with them not to involve them later on).
- d. Stakeholders involvement in a long term process.
- e. To involve them.

How to integrate different stakeholders?

- a. By steering groups or working goups, frequent meetings, maybe also web seminar to rduce costs.
- b. Sharing best practices is a good way to involve them.
- c. All stakeholders have to be at the same level.

4.2 How to organize the planning.

- a. The complexity of the organisation might depend on how many professions are involved the planning system.
- b. In any case it's important to have a decentralized organization with a centralized steering.
- c. There was no agrrement about the advantage to plan for all the professions or only some of them.
- d. It's necessary to plan for all the health system of the country (public and private, hospital and primary care). It's important to concentrate the great part of the efforts on the big numbers.
- e. The major risk is to dedicate too much time in the data collection.

4.3 Data collection

- a. For the Italian Regions, to date there's no region which has the proper data to plan.
- b. The gaps are:
 - I. the coverage for the different sections;
 - II. the data available is of poor quality (e.g. used for others means);
 - III. some regions use external consultancy so they are not prepared to make it on its own.
- c. The Local health units and the hospitals have to be the responsible for data collection.

4.4 Definition of training activities and tools for the pilot project participants

- a. The handbook will be used for the training. So the handbook has to include practical tools, guidelines on how to do activities (for example, how to collect data, how to estimate data, how to involve stakeholders and also how to present results, and how to communicate with stakeholders and decision makers).
- b. Training has to be specific (context of the country) and has to be organized with a modular approach.
- c. The trainees are the local and central planners, the decision makers.
- d. It's important to involve the academic world in the training.

4.5 Identifying the major HFW imbalances and defining the relation between educational capacity and health care production

- f. The measuring of imbalances has to take into account the organization of the health care delivery, the quality of services and the budget constraints.
- g. The most important steps are:
 - I. to map the current situation;
 - II. To define the skills needed;
 - III. To define the training programs to develop those skills.
- h. So it's important the harmonization of the educational and training programs within the country.
- i. The forecasting model has to be simple in order to be communicated; but it's also to be modulated between primary care, intermediate care and acute care.

5. Recap & Closure

(17.35 => 17.45)

Giovanni Leonardi => Thanks all participants and invites participants to attend to the next two days of Expert Conference. Closure of the workshop.

6. Appendix 1 - List of participants

COUNTRY	ORGANISATION	NAME
Italy	IT_MOH	Giovanni Leonardi
Italy	IT_MOH	Annalisa Malgieri
Italy	IT_MOH	Lucia Lispi
Italy	IT_MOH	Francesca Iossa
Italy	IT_PWC for MoH	Pierluigi Giangrande
Italy	IT_PWC for MoH	Francesca Marano
Italy	IT_KPMG for MoH	Francesca Loi
Italy	IT_AGENAS	Achille Iachino
Italy	IT_AGENAS	Tondelli Valentina
Italy	IT_AGENAS	Paolo Michelutti
Italy	IT_AGENAS	Ragnar Gullstrand
Italy	IT_AGENAS	Gianluigi Rossini
Italy	IT_AGENAS	Anna Maria Pacini
Italy	Em. Romagna	Corrado Ruozi
Italy	Em. Romagna	Stefano Rotundo
Italy	Em. Romagna	Paolo Tubertini
Italy	Em. Romagna	Angelina Mazzocchetti
Italy	Friuli Ven. Giulia	Paola De Lucia
Italy	Lazio	Marinella D'Innocenzo
Italy	Lazio	Carmen Mantuano
Italy	Liguria	Daniele Zappavigna
Italy	Liguria	Vittoria De Astis
Italy	Lombardia	Loredana Luzzi
Italy	Lombardia	Roberto Zuffada
Italy	Marche	Loredana Moretti
Italy	Piemonte	Rosa Franca Castagno
Italy	Piemonte	Loredana Mantuano
Italy	Toscana	Alberto Zanobini
Italy	Toscana	Benedetta Pieralli
Italy	Toscana	Alessandro Fantechi
Italy	Toscana	Leonardo Serni
Italy	STAK_SIGM	Walter Mazzucco
Italy	STAK_SIGM	Davide Pianori
Italy	STAK_CAO	Giuseppe Renzo
Italy	STAK_CAO	Sandro Sanvenero

COUNTRY	ORGANISATION	NAME
Italy	STAK_Florence Medical Order	Antonio Panti
Italy	STAK_Florence University	Gian Franco Gensini
Italy	IT_AIC	John Williams
Italy	IT_AIC	Baiju A. Khanchandani
Belgium	BE_FPS	Lieve Jorens
Belgium	BE_FPS	Michel Van Hoegaerden
Denmark	DK_DHMA	Anders Haahr
Germany	DE_UNI-HB	Heinz Rothgang
Greece	EL_NSPH	Despena Andrioti
Greece	EL_NSPH	Alexandra Skitsou
Poland	PL_MOH	Aleksandra Kotowicz
Portugal	PT_ACSS	Ivo Rui Santos
Portugal	PT_ACSS	Ana Paula Gouveia
Portugal	PT_ACSS	Gustavo Ferreira
Slovakia	SK_MOH	Miloslava Kováčová
UK	UK_DoH	John Fellows
Europe	STAK_CED	Sara Roda
Europe	STAK_EFN	Alessia Clocchiatti
Europe	STAK_HOPE	Isabella Notarangelo
Europe	STAK_PGEU	Jamie Wilkinsons