

WP5 - Ministry of Health & Agenas, Italy.

WP5 Florence Conference: results of Groups' activities B



Draft 01	26/06/14	WP5 Anna Maria
Draft 02	30/06/14	Ragnar integrations and conclusions
Draft 03	03/07/14	Anna Maria integrations
Draft 04	07/07/14	Intergrations Spain
Draft 05	11/07/14	Intergrations England
Final	14/07/14	Finalization



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

EXPERT CONFERENCE
FIRST DAY 8th of MAY 2014

1. Group activities B

(15.45 => 17.00)

Collect the contribution and valuable opinions of the participants.

In particular, the **group activity B** was planned as follow:

- to divide participants into 7 groups, one for each of the methods selected;
- in an hour's time the participants had to discuss the experiences of the country "hosted" in the group;
- and to propose which of these experiences could be included in the handbook as a good practice.

Each group was composed by one moderator, some "in-country experts" and some attendees.

Those were the seven groups:

GROUP	COUNTRY	EXPERTS	MODERATOR
1	Belgium	Pieter-Jan Miermans & Veerle Vivet	Annalisa Malgieri
2	Denmark	Anders Haahr	Francesca Senense
3	England	Matt Edwards	Isabella Notarangelo
4	Finland	Reijo Ailasmaa	Lieve Jorens
5	Norway	Otto Christian Rø & Øyvind Sjøetorp	Michel Van Hoegaerden
6	Spain	Sebas Martin & Pilar Carbajo	Paolo Michelutti
7	The Netherlands	Gerlinde Holweg & Victor Slenter	Giovanni Leonardi

Based on this goal, each group should then indicate, explaining the context of the practice and the criteria of the choice, at least one experience for each of the following 5 aspects:

- How the planning system is organized;
- Which goals are set and with time frame;
- How the planning process is connected with the actions that will achieve what has been planned;
- Data on current situation;
- Mathematical forecasting model.

1.1 Group Belgium

Experts: Pieter-Jan Miermans & Veerle Vivet

Moderator: Annalisa Malgieri

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
Consensus on the stock-holders to take advice	--
Staff members – one for each profession	Is that really the best organization?
GOALS	
Not Applicable	
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
Check of results by independent evaluation of the planning process.	--
DATA	
TO INCLUDE	CONTEXT / CRITERIA
Centralized database (register)	It is specially designed to contain elements that make the professionals update the system
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA
Segmentation along different health service delivery.	--

1.2 Group Denmark

Expert: Anders Haahr

Moderator: Francesca Senense

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
Centralized planning with regional involvement in the "HWF committee".	If compatible with level of devolution in health.
Stakeholders involvement	Ministry of education represents university, 95% public providers no need to listen to public
Standardized transparent method	--
GOALS	
Not Applicable	
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
Not Applicable	
DATA	
TO INCLUDE	CONTEXT / CRITERIA
Data drawn automatically from databases, no extra burden to collect them (record linkage).	Depends on the existing sources.
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA
Long horizon (20-25 years)	--
Good mix, regression and time series	But no extensive use of qualitative information collected.

1.3 Group England

Expert: Matt Edwards

Moderator: Isabella Notarangelo

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
<ul style="list-style-type: none"> Examine individual realistic arrangements and local input of needs to planning and use of funding that will work for each member state suitable to their local context but able to collaborate effectively with others Stakeholder involvement throughout Use existing structures of collaboration and bilateral agreement, do not create additional legal burdens or pan EU organisations 	<ul style="list-style-type: none"> Attractive legal set up and local input of needs to planning and use of funding Stakeholder involvement throughout Requires legislative changes if other countries were to replicate or mirror structures
GOALS	
<ul style="list-style-type: none"> Outcomes based system Service and workforce goals aligned where possible Patient and service user experience monitored to check if positive or not Each member state should have as a minimum a workforce plan 	<ul style="list-style-type: none"> Outcomes based system via the mandate Service pressure impacts on workforce activity Service and workforce goals in place Patient and service user experience monitored to check if positive or not
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
<p>Each member state should have as a minimum a workforce plan.</p> <p>A quick flexible process to workforce planning is used and can be changed by the national bodies and enable collaboration</p>	<p>A quick flexible process to workforce planning is used and can be changed by the national bodies without large law changes</p>
DATA	
TO INCLUDE	CONTEXT / CRITERIA
<p>Aim to achieve good and comprehensive coverage for the whole of the workforce of health.</p>	<p>Good coverage for modelling considering the size of workforce and population (1.35M and 54.4M respectively). Obviously can always improve and aims to close data gaps</p>
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA
<p>Cost and commitment to put in place the resource to set up appropriate arrangements suitable to each member states context that can do and deliver longer term workforce reviews and projections using suitable methods.</p> <p>Use existing structures of collaboration and bilateral agreement, do not create additional legal burdens or pan EU organisations</p>	<p>Cost and commitment to put in place the resource to set up organisations that can do and deliver longer term workforce reviews and projections using sophisticated modelling methods</p>

1.4 Group Finland

Expert: Reijo Ailasmaa

Moderator: Lieve Jorens

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
A 'holistic' planning approach	<ul style="list-style-type: none"> - The minister of finance and the minister of education have to work together. In Finland the minister of health works within the frame set by the minister of finance and of education - The reasons for the HWFP are demographic: there is a decrease in number of the younger generation. It is a 'shortage driven' planning - Setting the 'ideal' level of HWF is not part of the FI planning - The planning is mostly done on national level - Networking is included in the planning process to ensure input from stakeholders
GOALS	
TO INCLUDE	CONTEXT / CRITERIA
The goal is to keep up or increase the health service despite competing with other professions and despite the decreasing younger generation.	<ul style="list-style-type: none"> - The planning is done on 25 years timespan at the level of the national economy. A longer timeframe means more uncertainty. - This 25 year timespan is extended with middle and short time planning on sector level. This is done through interaction and networking on sector level.
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
	<ul style="list-style-type: none"> - 'Anticipation' and 'monitoring' gives more flexibility than 'forecasting'. In real life, this is 'good enough' to do planning. - Planning process is done every 5 years - Reactions on short time planning have to be flexible - A constant dialogue is very important
DATA	
TO INCLUDE	CONTEXT / CRITERIA
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA

1.5 Group Norway

Experts: Otto Christian Rø & Øyvind Sjøetorp

Moderator: Michel Van Hoegaerden

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
Independent bureau for statistics helps government/administration with specialized and regular trustful data collection and analysis. Administration makes the requirements of the report	Data collection work on trust to stat bureau & for countries were people do what the authority say to do. Skills on HWF needed in the statistical bureau.
Administration is specialized on policy making & solution finding – managing the qualitative information. Administration facilitates the political provision of data.	Clear role distribution must be transparent to all and receive political support.
Centralised report to administration is better than fragmented information	-
Clear role distribution is essential for getting political support	-
Norway created HEALTH regions for management of Health Care without looking at former historical geographic regions.	Needs a political will to create health care regions
GOALS	
THE GROUP DO NOT SEE ITEMS ON GOAL INTO THE HANDBOOK.	
Question / How do regions assess the needs – Answer / Sufficiency by number & competence	
Question / what is sufficient for them – Answer / Example – number of patient per GP	
Question / how strong is there pression of the professional group on the definition of sufficient. – Answer / Group of Doctors very powerful	
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
State financing is granted with partly a relation to completing the objectives	Pay attention to the ideology beside the planning and power of the groups.
The system considers the willingness of people to work in preferred place of the country and helps setting in underserved area – starting at the internship period for doctors. One of the tool is the central portal for offering positions.	Is mostly for doctors
DATA	
TO INCLUDE	CONTEXT / CRITERIA
Much of the processed are built in portals	--
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA
Quality of the 3 year report with 3 different option of assumptions. The latitude is left to the politicians to choose within the range of the scenario's	--
Labour Market report is 2 people ! Because the report has been done since 1993 and there is an habit & continuity of the team	Risk on team continuity.

1.6 Group Spain:

Expert: Sebas Martin & Pilar Carbajo

Moderator: Paolo Michelutti

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
An organisation with Board, Committee and Subgroups in which the communities (regions), the stakeholders and the ministries are represented. This organization is advising the government. For the Ministry it's compulsory to ask for advices to the Council.	OK when there is a strong autonomy of regions, because otherwise is too heavy (the decision making process is slow).
Concentration of the decision to the Minister of Health (speciality) and Minister of Education (basic education).	--
GOALS	
Not Applicable	
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
Not Applicable	
DATA	
TO INCLUDE	CONTEXT / CRITERIA
It is possible to do planning working with aggregated data.	It is necessary to be able to evaluate the quality of the data you have (i.e. the representativeness of the data). it's necessary to estimate some information because there are not trustful data collected, than it's necessary to define how to estimate those data.
The register of professionals is a multiple source (each region manage its own data that are pooled at national level).	In Spain the HWF planning methodology works nowadays with aggregated data. But they start the process of involving the Communities in building an individual database. The Ministry of Health gave money to the Communities and obliged them to develop their own individual database of the medical doctors working in the Region. The regional individual database will be ready at the end of the 2014. To have individual data is a basic condition to build "high quality" future scenarios. It is necessary to coordinate / control the whole system in order to be able to know what you read.
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA
Not Applicable	

1.7 Group The Netherlands

Experts: Gerlinde Holweg & Victor Slenter

Moderator: Giovanni Leonardi

PLANNING	
TO INCLUDE	CONTEXT / CRITERIA
Small staff many experts	It is a cost-effective solution. Is it a transparent organization?
Staff specialized for each profession	Disadvantage: not patient-oriented and not encouraging skill mix but it works
An organization in which the stake-holders balance each other.	To do this it is necessary with an external organization (outsourcing).
GOALS	
Not Applicable	
PROCESS	
TO INCLUDE	CONTEXT / CRITERIA
Not Applicable	
DATA	
TO INCLUDE	CONTEXT / CRITERIA
Not Applicable	
FORECASTING	
TO INCLUDE	CONTEXT / CRITERIA
Not Applicable	