COUNTRY/REGIONAL REPRESENTATIVES FORUM ON THE FURTHER USE OF PLANNING METHODOLOGIES ACROSS EU
the 23rd of March 2015, MADRID

AGENDA:
16:15-17:30 – Country/Regional representatives' Forum on the further use of planning methodologies across EU

Goal of the workshop: The goal of the workshop is to informally discuss and prepare the future (official) expert Workgroup on Human Resources for Health of the EU Commission that shall take place in June. The informal discussion should enable highlighting the steps that the MSs and Regions could now take either to implement a HRH planning process or to improve the existing one, and how EU consensus on monitoring and supporting implementations could be found.

KEY RESULTS: To informally discuss and prepare the future (official) expert Workgroup on Human Resources for Health of the EU Commission.

SET-UP: Forum
Group discussions with representatives from different countries & regions

- Countries that participated to the handbook
- Other countries represented
- Regions representatives

MEETING MINUTES

Collected by/
- **Prf. Todorka Kostadinova - Medical University of Varna**
- **John Fellows - Center for Workforce Intelligence**
- **Michel Van Hoegaerden - FPS Health & K.U.Leuven**

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SUMMARY

From Group "Countries of the Handbook"

- Current processes may be enhanced though there is little drive for change within most countries.
- Countries starting to plan & EU are encouraged using lessons learned from similar health systems, maximizing all actions leading to self-sustainability.
- Resistance and time needed for change should not be underestimated.
- Though, major improvement in planning data has good side effects on other policies.
- EU is suggested to set up a mobile consultants unit.

From the Group "Other Countries"

- There is an acknowledgement that the Handbook, Guidelines & Minimal Data Set are usable and good to start with. Cooperation with the local Universities is the preferred way. Still, in-country experts need to be trained.
- EU Commission has to come locally to advocate. The JA results have to be presented at local policy makers.
- The start/improvement of the data collection in many countries concomitantly offers the opportunity to create some alignment.

From the Group "Regions"

- Regions need support through knowledge management
- The Handbook should be enlarged to regional good practices, e.g. managing the geographic imbalances
- There is strong interest for cross-border collaborations on Planning from a regional perspective.

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GROUP 1 - Countries that participated to the handbook

Participants:

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Topic:

Informal discussion to highlight the steps that Member States which conduct planning could take to improve their existing processes at a national level; or areas where regional or European-level cooperation would be beneficial.

Discussion notes:

For those Member States (MSs) that are engaged in health workforce planning and forecasting, there are always improvements that can be made to the accuracy or sophistication of planning models, for example in taking into account economic developments or the skill mix of different professions (in terms of activity and/or substitution of tasks). Importantly, this may be limited to the national level because of the difference in roles between countries (although it may also be noted that the difference within countries, and health and social care sectors, may also be significant).

In terms of implementing HWF planning and forecasting processes from other MSs, there are trade-offs between the resources required to change an existing process, especially in times where there are no major planning failures (or failures attributed to planning) and so there is no significant driver of change.

In MSs where there is no planning process, and resources within MSs are not available to support a HWF planning function, it may be beneficial for the Commission to support a consultancy service where advice is given on where to concentrate health workforce policies based on tools from similar systems as described in the JA Handbook on Planning Methodologies. In this respect, the German Feasibility Study of the Minimum Data Set, to test a 'basic' projection against an established (or accepted as a gold standard) projection will provide an interesting example.

Issues of comparability between roles (for example the roles of nurses) may present an immediate barrier to certain types of HWF research (for example on the comparability of skill mix research across MSs). Also, the healthcare system may be characterised by resistance to change, with Nurse Prescribing being used to provide examples of the length of time for a change to medical prescribing to occur (20 years in the UK NHS) and the variability of systems

across the EU causing barriers to this type of substitution (for example where pay is linked to prescribing).

Ideally, national HWF systems and the Commission would place their resources in the areas which would maximise the national self-sustainability of health workforces; their allocation and productivity (among other factors). This approach may, however, reach the barrier that the nature of evidence provided will never be optimal to support these decisions and so we are more likely to be engaged in incremental steps to these goals. Where MSs are not self-sufficient in their HWF planning, further research to understand the long-term financial impacts of HWF mobility and an investigation of instruments to quantify the effects of mobility may be beneficial.

It should be noted that as planning models increase in sophistication, so do other areas of data collection and the ability of health systems to learn about the activity of health professionals and the design of intelligent systems to support decisions on, e.g., practice-based cohorts of patients (such as the EU-level TRANSFoRm project). With this in mind, there will continue to be innovative practices that can be used to gather information for the supply and demand of workforces at the national and European-levels.

GROUP 2 – Other **countries represented**

PARTICIPANTS:

- Prof. Todorka Kostadinova, PhD – Bulgaria, Medical University of Varna – kostadinova@mu-varna.bg
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DISCUSSION NOTES:

#1. The group isolated following statements under the first question.

- Useful – Cyprus, Malta and Greece;
- Tool for country research;
- To see what is applicable for the country.

Cyprus – Useful with additional data to add, missing some of the data, stop planning.
Malta – Very beneficial and useful for Malta. Some issues are very important, because they don't have infrastructure set.
Greece – Very useful, applicable.
Bulgaria – Every country will use this handbook according to their needs. Good methodology, applicable and useful.

#2. The group isolated following statements under the second question

- Appoint a Champion (university cooperation);
- To introduce it to the policy makers, professional organizations, patient organizations;
- To point the differences;
- To identify the starting point;
- To find support (facilitate the institutional support for implementation);
- To have a kind of the Stakeholders Committee on national level;
- Experts in country (universities, implement and cooperation);
- Training;
- Data, profession profiles, legal changes;
- Start planning – Handbook using.

Malta – To take the responsibility for a useful Handbook. Collaboration with University in Malta.

Iceland – To introduce it to the policy makers, professional organizations and patient organizations. To show them how to calculate, to move forward and to leave good example.
Greece – To point the differences
Bulgaria – To present it to the professional organizations.
Hungary – To find support and facilitate the institutional support implementation, different regulations.
Slovenia – To have a kind of Stakeholders committee at national level (for Bulgaria too). Very important why arises collection of HWF planning and insufficient planning methodology process.
Slovakia – To have experts in each country, training, university implementing cooperation.
Bulgaria – To identify the starting point.
France – To identify how to collect data, profession profiles and to propose legal changes in the system, different organizations and different professional level until 2020.
Greece – To collect the same data for each country.
Iceland – Like Malta – To start planning. They don't have infrastructure for planning, more structure and efficient planning for the future. We have to be aware and put it.

#3. The group isolated following statements under the third question
Italy
- Start with Regions;
- EU to go to the Country and meet the key people.

Portugal
- To test some parts; new way/law to improve (selecting data);
- Continue JA.

EU indicators:

Added value (UPcoming conference and MIGRATION MODEL)
Change
networking (List of experts)
Research
Training
Continuation of the process
Iinvestment
Communication
Involvement

(Under the discussion arise the idea for the migration model as added value.)

Italy – To start with regions. Could design the way and show first results of the Handbook. Changes of regulations, needs of education, develop a better planning system, pilot studies.

Portugal – To test some parts of the Handbook. To adopt it to their system, except to the private sector. They will continue after pilot projects, to implement a new way/law for approved selected data, to use a systematic planning for better result, do follow up of JA, EU indicators - help us to structure the system.
Malta – Representative of the EU goes to the country, interesting group to identifying key people.
Slovenia – Regulation of HWF planning other expertise – national plan of health diseases.
Greece – Legislation changes, building network of healthcare professionals, identifying some indicators for change.
Hungary – Connection between planning and policy will, invest in concrete planning process, migration of mobility. How to deal with the mobility of HWF professionals?
Bulgaria – Policy makers (involve more actively), arise awareness defined the added value – upcoming conference.
Malta – To take the examples from each country and to see how applicable they are to the different countries.

GROUP 3 – Representatives of Regions

Participants:

- 3 Italian regions
  - Zuffada Roberto roberto.zuffada@cnt.lispa.it
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Discussion notes:

The regions believes that not only many aspects of healthcare are better delivered and organised at local level to address the very specific challenges and understand the local players & patients, but that it also applies to most of the aspects of HWF Planning. The regions are confident in addressing this challenge and do not see real limitations on their capacity to do so.

The group isolated 4 area's of specific attention from a regional perspective.

#1. The regional level faces reverse scale effect, not only on a low staffing aspect, but also for keeping up to date with available information & knowledge. Also the discussion with the partners are potentially of a lower level than what is needed for HWF planning due to lower literacy and focussed interest of local level partners.

/ The regions must be supported by knowledge management processes and through provision of available new studies & definitions. First in line, the Member State should offer this.

#2. The perspective of Regions is Short Term and growing to Long Term needs a too strong investment that is better be organised on a common level.

/ Within any implementation process, and knowledge sharing process using synergies should be implemented.

#3. There are specific geographical variations between regions that could motivate some common thinking. Also variations on the ratio public sector / private sector can make one region very different from another.

/ Further developments of the EU handbook should address closer perspectives and good practices on regional profiles.

#4. Border regions may find convergence of interest with a region from a neighbouring country as patient, service and human resource may "commute".

/ Collaboration on planning between such regions should be sought and encourage.