WP5 - Ministry of Health & Agenas, Italy.

WP5 Florence Expert Conference minutes

Draft 01	19/05/14	WP5 Anna Maria
Draft 02	19/05/14	Paolo
Draft 03	05/06/14	Anna Maria & Gianluigi
Draft 04	05/06/14	Gianluigi
Draft 05	06/06/14	Anna Maria
Draft 06	09/06/14	Anna Maria
Draft 07	10/06/14	Gianluigi
Draft 08	10/06/14	Anna
Draft 09	24/06/14	Anna separated the groups' activities results
Draft 10	26/06/14	Anna integrations
Draft 11	30/06/14	Paolo e Ragnar
Draft 12	01/07/14	Ragnar, Lieve and experts' answers integrations
Draft 13	10/07/14	England answer integration
FInal	14/07/14	Finalization

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0. Aim of the Expert conference

ACTION 3.2 Exchange of good practices

→ **MILESTONES 5.2** = Experts group conference on HWF planning methodologies => May 2014

→ **DELIVERABLE D.052** = Report of good practices in planning methodologies => September 2014

The Expert conference on HWF planning methodologies is a WP5's milestone (5.2). The aim of the conference is to analyse and assess the existing planning methodologies to start the process of identification of the best practices, which will be included and described in the D052 Handbook on planning methodologies.

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. Authorities Welcome and objectives

(9.15 => 9.50)

Alberto Zanobini:

This meeting meets the objectives of Tuscany:

- maximize the quality of its healthcare because, as a region, it has the responsibility to guarantee that its workforce will be adequately pulled ahead.
- underline the importance of collaboration between regions, State and European Community.

Gianfranco Genzini

On behalf of the University of Florence welcomes participants.

Michel Van Hoegaerden: strategic objectives and the role of the handbook

→ *See the file 140508_WP1_PM_Michel presentation*

- Opening of the meeting and updating on Joint Action activities.
- Setting the Strategic objectives of the workshop and the role of the handbook.

Giovanni Leonardi operational objectives of the workshop & organization

→ *See the file 140508_WP5 Leader_Leonardi_Operational objectives*

Explains WP5 objective (handbook): to write the handbook

- Underlines the organisation of the meeting in two sessions:
  - one plenary and a group activity for the preliminary selection of the best practices.
  - "Horizontal" section: about 5 aspects of all countries (7 countries).
- After the common activities it is expected to have an assessment of these experiences for the handbook.

Rui Santos-Ivo: expectations regarding the handbook

→ *See the file 140508_ACSS_Portugal_Rui Santos_Ivo presentation*

After the identification of the contents of the 5 sections of the handbook, gives some suggestions:

- include practical tools
- include competences of planning staff
- handbook and pilot project must have the same final objective to have a better health system in each involved country.

2. Experts' session

2.1 Plenary presentations

(9.50 => 12.15)

Moderator: Ragnar Gullstrand

Introduction of the next session.
Open presentation of experts (7) "Principal strength and weakness of the planning system in my country taking into account the proposed 5 sections of the handbook - with some examples."
A panel of experts from seven countries – 8/10 min. for each country.
Each one of them is going to show a presentation, during the exposition everyone can put any questions in the appropriate form. They will be all analysed as a part of the meeting.

COUNTRY	EXPERT	FILE
Belgium	Pieter-Jan Miermans & Veerle Vivet	*140508 Belgium_Pieter-jan Miermans & Veerle Vivet presentation*
Denmark	Anders Haahr	*140508 Denmark_Anders Haahr presentation*
England	Matt Edwards	*140508 England_Matt Edwards presentation*
Finland	Reijo Ailasmaa	*140508 Finland_Reijo Ailasmaa presentation*
Norway	Otto Christian Rø	*140508 Norway_Otto Christian Rø presentation*
Spain	Sebas Martin & Pilar Carbajo	*140508 Spain_Sebas Martin presentation*
The Netherlands	Gerlinde Holweg & Victor Slenter	*140508 The Netherlands_Victor Slenter presentation*

2.2 Questions & Answers to Experts

Moderator: Ragnar Gullstrand

→ *See the pictures #1, #2, #3, #4, #5 and #6.*

During the break after the presentation of the country experts, the participants filled in the forms as requested. The high interest from the participants is demonstrated by the number (24) of forms filled and of the number of questions per form (average of two-three) and a total number of more than sixty questions.
It was decided that the following session could only include one question per country selecting from the forms in order to have at least one question for each of the five areas of the Grid (Planning, Goals, Actions, Data and Forecasting).

2.2.1 Belgium (Actions)

Question: Role and autonomy of the University. Are universities satisfied with the results?
Answer: Yes, in general the Universities are pleased with the results of the planning system.
A limited entry to the medical studies allows the concerned universities to organize their classes and teaching methods efficiently and effectively. Since the introduction of the controlled entry to medical studies (with entrance exam) the student success rate is high and the overall quality of the training can be guaranteed.
If there would be no entrance exam, a lot of students would enrol into medical studies and drop out after 1 or more years, leading to wasted investment in both time and resources.
Furthermore, the universities ask that the determined entry quota do not vary too much from year to year, but that gentle cumulative adjustments are made to the figures to reach the desired quota. This allows them to plan the necessary budgets and personnel for the medium and long term without extreme disruptions.
Since only the global number of allowed outflow per specialty is imposed by the government, the universities retain the independent authority to distribute the available quotas among the different institutions. This is done via inter-university concentrations.

2.2.2 Denmark (Forecasting model)

Question: Quantitative supply side and qualitative demand side. How do you get them together?
Answer: We start with the quantitative supply forecast. The results from this forecast is sent to relevant stakeholders along with a series of questions to the stakeholders regarding how they see the future demand. On the basis of the supply forecast and the stakeholders answers regarding the future demand the Danish Health and Medicines Authority set the number of postgraduate education posts per specialty and region.
Another question: Have you an idea of what makes the model work?
Answer: We involve the stakeholders in the process of setting the number of postgraduate education posts. Due to a competitive situation between the regions and specialities for the same doctors It's necessary to have a national regulation of the number of postgraduate education post to ensure that there is going to be educated medical specialists in all specialities and regions.

2.2.3 England (Planning)

Question: Interaction between local and central planning. How is the communication and the information flow, inclusive data and information analysis, managed in practice in the process (from local to government level)?
Answer: In England we have national legislation setting out the role of the national and local arrangements, communication and information flows. The Department of Health acts as the steward for the health, social care and public health system setting strategic outcomes, securing resources, the regulatory, policy and legal framework and providing oversight and leadership. This is in the form of mandates to national bodies such as Health Education England. Health Education England ensures 'that the future workforce has the right numbers, skills, values and behaviours.' DH, HEE and PHE jointly commission the Centre for Workforce Intelligence (CfWI) to 'produce quality intelligence'.

Local organisations undertake health workforce planning takes place (such as NHS Foundation Trusts).

2.2.4 Finland (Goals)

***Question**:* Is Finland looking for missing skills?
***Answer**:* I don't know, anyway we are not. We don't do it in the way the person who asked was meaning. (the question was about if we consider the chiropractors as substitute for other occupations).
***Another question**:* You've told that you don't have problems with data.
***Answer**:* In general, everything is collected from the statistic institute and it works fine. In general we don't have problems with the data. The data is collected by the Statistics of Finland. The only thing that might be missing is the speciality of MDs.

2.2.5 Norway (Goals)

Question: Is there a plan to reduce the number of Medical Doctors and increase the number of other professionals? How could you handle this kind of change?
***Answer**:* The 2035 forecasts model shows a possible future imbalance with a undersupply of HWF with short term education and sufficient numbers of health personnel with long term education, such as doctors. Norway trains more than 40 % of their doctors abroad, and there is no plan to alter the domestic training capacity of doctors. The government has however increased the education capacity of nurses to meet with increased future needs.

2.2.6 Spain (Data)

Question: Professions register. Which kind of data are inserted in the register (set up in 2012)? And how do you guarantee the consistence?
Answer: These are the main data we incorporate to the register:

- Number of register.
- Full name.
- Number of National Identity Card.
- Date of birth.
- Gender.
- Nationality.
- Preferred way or place for notification purposes.
- Degree.
- Specialty in Health Sciences.
- Diploma in Specific Area of Training (advanced specialization).
- Accreditation Diploma and Advanced Accreditation Diploma (continuous training).
- Professional condition.
- Professional practice.
- Work address.
- Professional category.

- Professional role.
- Professional development.
- Professional membership (Official College).
- Professional Liability Insurance.
- Legal condition of suspension or disqualification from professional practice.

Each data must be collected from the authority responsible of it. For example, the Educational Degree must be incorporated to the register by the Ministry of Education. The professional membership must be provided by the Official College, and so on. This is the way we assured the consistence and veracity of the data.

2.2.7 The Netherlands (Planning)

Question: Have you ever planned a decrease of the number of specialists? How have you handled the consensus? Example: suppose we could reduce the pharmacists in the next 20 years with 40% because of the introduction of IT systems, How do you "plan" the reconversion?

Answer: Yes, we have planned decreases for the HWF and we have planned decreases of the intake of medical graduates in vocational training programmes. The planning of decreases of the HWF for physicians most of the time is relative, due to the fact that the work force still is feminizing (with lower average FTE) on the one hand and the fact that we have to train persons regardless of the FTE they will work eventually on the other hand. This decrease of the HWF is usually due to a scenario with vertical substitution, the transfer of activities form physicians to nurses (practitioner) or physician assistants. A decrease in the annual intake of medical graduates in vocational training to become a medical specialist has been planned and subsequently effectuated in 2013 and 2014. The immigration of clinical specialists (close to 150 annually on a total of 1400 registering as clinical specialists each year) into the Netherlands did not diminish contrary to our expectations. We expected that the looming shortage of physicians abroad would lead to a standstill in the immigration. The findings of the immigration monitoring were discussed in the Chamber of Clinical Specialists and with government. Consensus was reached within a month, based on the monitoring results. The influx in clinical specialist vocational training was reduced as of 2014 with 100 places and as of 2015 will be reduced with another 30 places. In these numbers, attrition is taken into account.

We do not advise government or the professionals on the pharmacist work force. In the Netherlands, there is a tradition of vertical substitution in pharmacy. Pharmacists employ an number of well-trained pharmaceutical assistants who have the face to face contact with the client, check the prescriptions, and deliver the drugs. The pharmacist is in his back-office for drug and therapy related questions from patients.

Consensus is reached on the basis of rationale. The three major stakeholders (universities, health insurance companies and professionals) reach consensus based on data and scenario's they agree upon. This process by the name of "participative policy development" is facilitated in the different Chambers where the three stakeholders meet on an operative level.

2.2.8 Final considerations of the moderator.

The moderator acknowledged that this session showed a need for further discussion between the country experts and the specialists participating in this conference, and thanked all the participants for their contributions.

2.3 Conclusions

Michel Van Hoegaerden => Expresses satisfaction, looking to this story of consensus and common difficulties as a possibility to join to resolve troubles.

Rui Santos-Ivo => Underlines two aspect: a single solution can work and it's important to learn from practical aspects.

Giovanni Leonardi => Thanks the experts and underlines three aspects:

1. Partners don't have to collect perfect data, but they have to identify fundamental ones (rule of 80-20: 20% of the data…).
2. The legislation
3. In each country there are different levels, even where everything is very centralized.

3. Group activities A

(13.15 => 15.25)

→ *See file 140703_WP5 Florence Expert Conference Group Activity A Minutes_final*

3.1 Methodology used and aim of the activities

Paolo Michelutti

In the morning sessions experts from seven countries presented their experiences on the basis of some aspects of the planning process that were considered crucial and strategic. These aspects are:

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

In the next sessions it was decided instead to gather the views and contributions of the participants on those five points and on the most challenging aspects of planning systems.
This was done through three group activities (A, B and C) that have followed one after the other. The activity A and B were carried out in the afternoon while the activity C was carried out in the morning of the following day (Friday, May 9th).
Aim of the **activity A** was to collect the participants opinion on the following three aspects:

A. How the planning system is organized;
B. Which goals are set and with time frame;
C. How the planning process is connected with the actions that will achieve what has been planned.

The activity was organized in three session as follow:

- all participants organized in 15 groups of 5 members each, with one group leader;
- every group had to discuss a topic related to one of the three aspects answering to a specific question;
- time for discussing was 15' (first session);
- then all group members switched to another group except for the 15 group leaders;
- the group leader discussed the same question with other participants presenting them the opinions of the previous attendees (second session);
- after 15' there was another switch, and the group leaders had a last discussion with other 4 attendees, based on the statements expressed by the former attendees (third session).

For the details of what was discussed in the three sessions, see the link on top of the paragraph.

GROUP	MODERATOR	CATEGORY
Abruzzo	Achille Iachino	A
Basilicata	Paolo Tubertini	B
Emilia Romagna	Francesca Senese	A
Friuli Venezia Gulia	Eszter Kovacs	A
Lazio	Annalisa Maglieri	C
Liguria	Lieve Jorens	B
Lombardia	Edit Eke	B
Marche	Cristina Sabatini	A
Piemonte	Paolo Michelutti	A
Puglia	Zoltan Aszalos	B
Sardegna	John Fellows	A
Sicilia	Giovanni Leonardi	C
Toscana	Isabella Notarangelo	C
Umbria	Ana Paula Gouveia	C
Veneto	Milena Vladimirova	C

3.2 Presentation of the results

(17.00 => 17.40)
Ragnar Gullstrand

Explains the difficulties in putting together information furnished by the 15 groups, so he gives some keywords. He highlights that the method with 15 group leaders and 15 groups that changes every quarter of an hour has given very good results. Listening to the work done in the groups it is evident that the participants are very active and that they sometimes have different objectives as to the arguments discussed.
The way of documenting the work sessions, on flip charts, has given the group leader the possibility to give a quick summary of the results. With the help of other participants it has been possible to digest the results in some “key words” that are characterizing the main findings during the discussions.
In the separate file with the findings of the group activities you will find these “key words” in the beginning of the text for each group.

He underlines that there are some keywords that are more frequent than others.

- → In the seven groups that discussed about the “Organization of the Planning process” it was stressed that the planning has to be coordinated from the center also using guidelines, but that the communication and information flow should go in both directions with the involvement of the stakeholders by using a clear method to hear and listen.
- → In the three groups that discussed about “Setting the objectives”, it was seen as important that the objective were to be set looking at the patients’ needs and to involve local and central stakeholders. The objectives have to be communicated in a planned process.

→ In the five groups that discussed about "Control and continuous improvement of the planning", the results were (a) to distinguish between short planning and long-term planning, (b) the stakeholders have to be involved, (c) it is important to measure and (d) it is necessary with a continuous review within the process.

4. Group activities B

(15.45 => 17.00)

→ *See file 140714_WP5 Florence Expert Conference Group Activity B Minutes*

4.1 Methodology used and aim of the activities

Paolo Michelutti

The afternoon working sessions continued with activities dedicated to 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 Søetorp	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:

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

For the details of what was discussed in the three sessions, see the link on top of the paragraph.

4.2 Presentation of the results

(10.35 => 11.00 day after)
Ragnar Gullstrand

Ragnar Gullstrand thanks the participants for the results of the group activities. With respect of the previous Group Activities A, in this case there was a need to understand the single national models and the grid with its five areas: How to organize the planning system, How to set goals and time-frame, How to control and organize the continuous improvements in the planning, Which data to use and which Models to have the best result. A challenge was also the need to define the Context and the criteria that has to be taken into account when thinking about using a country model in other countries.

The way of documenting the work sessions, on flip charts, has given the group leader the possibility to give a quick summary of the results. With the help of other participants it has been possible to digest the results in some "key words" that are characterizing the main findings during the discussions. In the separate file with the findings of the group activities you will find these "key words" in the beginning of the text for each group

The result was very good even if all groups did not follow the method. From all seven countries it is possible, according to the participants, to use part of their planning system in the handbook. One of the criteria to take into account is that the HWF planning organization must follow the organization of the Health production and that the political support has to be assured. The proposals for Goal and time-frame setting were rather absent. The Control and organization of the continuous improvements in the planning included an interesting characteristic from Norway with the state financing linked to the achievements of the goals. The proposals for the data to use contain the information in the countries that has a specific register for the HWF and for the Forecasting Model could be mentioned the segmentation following the different sectors in health service delivery.

There were a question from the audience.

Question: How can we explain the lack of medical doctors and nurses if we work so hard on planning? Should we adapt at every time our model to the changes of population?
Answer*:* What does lack of doctors mean? That you have money to buy doctors from other counties. In Italy, for example, the most excellent region have less doctors per habitant. The relation between number of doctors and quality is not so strong. You have to start form the needs and go from there, but there is no strict way to say we need a certain number of doctors. In Germany they have less doctor per habitants than in Italy. You have to define well what does it mean to have lack of professionals.

5. WP7 and WP2

5.1 WP7: results of workshop (day before)

(17.40 => 17.50)

→ *See JA website: WP7 MEETING ON THE NETWORK OF EXPERTS*

Michel Van Hoegaerden

Considers the workshop as a brief report on the preliminary results of the WP7 workshop on expert network. The aim of WP7 activities is to build on what WP4, 5 and 6 are doing and proposes a future for what has been accomplished during the JA.

One of these activities is to establish a network of experts. In order to better define what this network will have as goals and requirements, yesterday WP7 organized a workshop with the world café methodology.

Dora Kostadinova

Considers the workshop as a preliminary report on the results of the day before workshop. Having invited the experts to give a score from 1 to 5 to each of the 8 topics, she believes that the results show some interesting and important trends. Between the end of June and the beginning of July they will provide a more comprehensive analysis.

5.2 WP2: presentation of the questionnaire on the website

(17.50 => 17.55)

Zuzana Matlonova

One of the goals of the Joint Action is to build integrated dedicated website providing updated information on Join Action overall progress, demonstrating collaborative platform and showcasing existing good practices on planning methodologies in the field of health workforce. This website will be the follower of current Joint Action website www.euhwforce.eu.

The purpose of creating a questionnaire survey was to involve JA future potential users (WP5 and 6 partners) into the process of creating the functional requirements and on the other side to figure out their overall IT literacy.

The aim of fulfilling of an anonymous survey is to show opinions and expectations on content, functional and technical requirements of the future website from user's perspective. To acquire these information is of grave importance as it will enable WP2 to see your needs and match them accordingly. The questionnaire was disseminated the 6th of May by mail and the deadline to answer is May 11th.

6. Conclusion of the first day

(18.00 => 18.15)

Michel Van Hoegaerden => Believes to have seen a high level of concentration and activity; it shows that Join Action is already rushing into active discussion to make the handbook the best way.

Rui Santos Ivo => Underlines the importance of have shared experiences in the morning and then have work out on various aspect in the afternoon.

Giovanni Leonardi => Thanks all participants and notes that all has be done by experts and other participants, this being a great success for the Join Action, that testify that what will come out from this will be something built together.

EXPERT CONFERENCE - SECOND DAY 9th of MAY 2014

(9.00 => 9.10)

Giovanni Leonardi => Introduces the second day of the conference.

7. Group activities C

(9.10 => 10.35)

→ *See file* 140703_WP5 Florence Expert Conference Group Activity C Minutes_final

7.1 Methodology used and aim of the activities

Paolo Michelutti

On Friday morning other group activities were organized to engage participants gathering their input on the most crucial and strategic aspects of HWF planning.

The next task was organized as the group activity A in the previous day:

- several groups working in parallel;
- few participants per group switching every 15';
- one group leader fixed in the group to track and keep notes of the valuable opinions of the attendees on those two aspects:
  E. DATA ON CURRENT SITUATION;
  F. MATHEMATICAL FORECASTING MODEL.

The groups were the followings:

GROUP	MODERATOR	CATEGORY
Basilicata	Paolo Tubertini	F
Emilia Romagna	Francesca Senese	E
Friuli Venezia Gulia	Eszter Kovacs	E
Lombradia	Edit Eke	E
Marche	Giovanni Leonardi	E
Piemonte	Paolo Michelutti	E
Sardegna	Matt Edwards	F
Toscana	Isabella Notarangelo	F
Umbria	Ana Paula Gouveia	F

For the details of what was discussed in the three sessions, see the link on top of the paragraph.

7.2 Presentation of the results

(14.00 => 14.30)

Ragnar Gullstrand

The Group C is the last of the three groups to collect the opinions of all the participants of this seminar. The first topic, "Data on the current situation" is evidenced by the literature as the most crucial one for a HWF planning system and the second issue, "Mathematical forecasting model" is the theme on which much of the discussion with the stakeholders and users will focus.

There were five groups that worked to define the requests on the necessary data.
The opinions were that it is necessary to try to work with Full Time Equivalent (FTE) when counting the number of persons today and tomorrow as this is a prerequisite to dig into productivity data. If FTE is not available it might be estimated by questionnaires or estimates. It is also necessary to have headcounts as the relation between headcounts and FTE might change in the future.
A country that starts with a HWF planning must first make an assessment of what data is needed in order to reach the goal. Subsequently it is necessary to check the information available and use the information that has the best quality and that responds to the actual policy request. Specific information needs may be satisfied by surveys. The opinion of the participants is that it is necessary to start at once to create a specific HWF data collection system as it takes time and will create a better system. The updating frequency may depend on the type of data and be more important for the supply side. The availability of data might have an influence on which profession to analyse. If data is available for doctors then it can be better to start with them. Normally the information from the public sector is more available, while the private sector might need more research. It might be necessary to change the legal framework in order to make it compulsory for all to supply information for HWF planning purpose.

The four groups that worked on the Mathematical forecasting models pointed out that the planning horizon should be at last equal to the duration of the training period. The model should be a rolling planning with the level of detail that increases the closer we are in time. Before choosing a model it is necessary to define the key question to answer. The key question could be a policy challenge or a stakeholder engagement requirement. The model to use and the information to collect should be selected in order to answer the key question. In this way people will be able to evaluate the level of investment, time and effort needed and make a cost-benefit analysis.
Depending on the key question(s) it is possible to decide if the model should be specific for a profession or not. It might be important to segment by group of patients and type of disease. The model should include supply and demand; need is not measurable. It could be one model for the supply side of all professions and specific models for the demand side depending on the key question(s).

8. Round table

(11.00 => 12.15)

Discussion between experts "Challenges for a good Planning system"

Moderator: Lieve Jorens

The discussion was structured around 5 topics, based on the question collected during the questions & answers with the experts.

Participants panel of seven expert plus Italy and Portugal:

- → Belgium Pieter-jan Miermans & Veerle Vivet
- → Denmark: Anders Haahr
- → England Matt Edwards
- → Finland Reijo Ailasmaa
- → Norway Otto Christian Rø
- → Spain Sebas Martin
- → The Netherlands Victor Slenter
- → Italy Giovanni Leonardi, pilot project leader
- → Portugal Ivo Rui-Santos, pilot project leader

Learning activity that a country has to do to start a health workforce planning system. How do you handle the process of adapting the model to your country?

- → **Spain**: Our model so far had little changes. In 2009, for example, we started to see a shortage in workforce through the estimation of autonomous communities and through a survey. In 2011, we changed the values for immigration rate. Now, in 2014 there will be a change in the age of retirement, which has an influence. We are also waiting for the evaluation of the model, which will take place in 8 years, to make bigger changes.
- → **Norway**: as presented yesterday, we have a system, commissioned by the Ministry of Health. Starting in 1993, it has been published every three years, the last in 2012. There has been the same basic modelling all the way through. But there have been improvements and revisions. I mention four of them:
  - In 2000, we had to change the way of collecting data.
  - In the last version we have taken into consideration the present shortage of workforce in the stock, when we make the calculations.
  - We tried, moreover, to take into consideration new health programs. For example, we have a long term program on mental health, another one in caring services in the local communities, and also we had a reform ("Coordination reform") to make a better coordination between hospital and primary care.
  - We tried to make some evaluation of the consequences of new technology in health care. That is a very difficult exercise.

- **Belgium:** Our planning system started in 1996, it's a simple Excel, we use table calculations, very basic. With the help of some Belgian university we developed different planning models for different professions. But we found that this was too confusion, to use different technologies for different professions. So in 2009 we made the effort to create an harmonized model that was able to handle all the professions.
- **Question from Norway:** To what extent are these models taken into consideration in political decision. Or, better, what are the driving forces to have that forecasting models taken into considerations in political decisions?
- **Answer Belgium**: I will give an example on physicians: our model is used to give entry quotas for the specialities. So our commission advise the Minister on entry quotas and she usually just copies our suggestions and puts them into law. So there is a direct link between the results of our model and the decision of the Minister.
- **Answer The Netherlands**: it's the same for us, except that we advise the Minister on a range, so she can take a decision on the upper or lower end of the margin. There is a publication in which you can see all our numbers.
- **Question from the audience (Zoltan)**: You talk about a range you advice, but sometimes it's really a big range, how come that from one model you get such a big range of recommendation.
- **Answer Netherlands**: The range is depending in the level of substitutions that you take into the count.
- **Question from the moderator**: what makes the difference to be taken into account by the politics? What is the secret?
- **The Netherlands**: It's not that complicated: the involved parties are very influential: the deans of the medical schools, the boards of the hospitals, the leaders of the medical professional associations and the health insurance companies. They reach consensus on the numbers and the Minister knows that if the recommendations are not taken into consideration there will be turmoil from these parties, there will be questions in the Parliament and so on.
- **Norway:** For my experience, it's more important to have the ears of the Minister of Finance or of the Prime Minister, than those of the Minister of Health. The Prime Minister is the spokesman of the government, so it's more important that ha says that we need 12.000 more physicians.

Stakeholders' involvement: you have first to create trust between stakeholders and government. Do you have any best practice about this?

- **Denmark**: we have, in general, a great level of trust between the governmental bodies. So maybe we have an advantage in the beginning, but anyways we try to involve the stakeholders in the process, and to make the process as transparent as possible. Which means that they can see the process, and why we make the decision that we do. So even if we don't always follow the advices of the stakeholders, they have always have an explanation about that. You don't have to follow the advice to be a trustworthy organization, you just have to explain why you do what you do.

- **Italy**: trust is something that is not written in law, it's a feeling. So, people representing the institutions must be credible. On the other hand, to build trust your positions have to be clear: you have to listen people and sometimes adapt your decisions, but it has to be clear that you have your own mission which is different from the mission of the stakeholders.
  So be transparent, declare your objectives. Plus, in Italy you have to work on the regional level, stimulate them to act.
- **Question form the moderator**: have any of you some experience that was difficult?
- **Spain**: In our case the interaction of the stakeholders is regulated by law. At a certain point the stakeholders have to leave their advice, and you have to provide the information that they need to leave this advice. And I think that this is very useful.
- **Question form Norway**: in many countries, in addition to the governmental forecast, you have forecasts from the professional bodies and other subjects. How do you handle this? Because this could be lobbying.
- **Denmark**: here the professions don't have a real forecasting model. If they bring something, we try to take into account, but normally it's more their point of view, not the product of a real forecasting system. That could obviously be they fighting for their interests and it's their right to do it, so we try to take their prognosis into account but we are normally sceptical about them.
- **Italy**: when the discussion between different positions is technical and not political, I think it's worth to do it, even if the comparison takes time. Because it's another thing that helps to build trust.
- **The Netherlands**: here the professional bodies and the universities are already involved in the forecasting, they actually have a seat in the board. The subjects, anyway, can try to influence politicians to go to the upper or lower end of the range we provide.

How do you know if your model is achieving its goals?

- **Finland**: to me the monitoring, which is the essence of planning, starts with the education system, and that is to the Minister of Education to monitor how effectively they train the professionals. But then it's up to us to monitor the people while they are really working. So it's like a two phase monitoring.
- **The Netherlands**: there are no definitive answers. We consult the numbers of people who is in education and the working system. We also keep track of waiting time for patients in hospitals, on a monthly basis for each profession, and we can say that the time is decreasing from 2007. We keep track of vacancies for each profession. Customer satisfaction also is also monitored.
- **Portugal**: We are about to start this monitoring and I would like to mention three elements: the first thing is that we should keep the figures updated, we should continue to gather data to see how the system is evolving. The second element is collecting the information from professions and also from the private sector, so we know of an yearly basis what is the

evolutions of the health care. The third is that we have already have a specific system, a committee by which we monitor the evolution of the specializations.
I also would link another element, and related to what The Netherland was talking about, that is measuring the time needed to access, because I think this would be the best way to see whether the planning is effective or not. And this is a process we already started.

One of the goals of the pilot study is to share experiences and learn from each other. But how can we do this if you consider the cultural and political differences?

- → **Italy**: first of all, there must be a strong political will to learn, and that must start from the country itself. Then, do things like what we are doing now: the Joint Action. We have also to bear in mind that the different countries have not only different cultures, but often very different legal systems. So practices that work in a country could fail in another. Consequently, you have to have the capacity of taking the best from each county and adapt.
- → **Portugal**: I think that sharing information is very important, even if we are different, it's never pointless. One important thing, and it's related to what Dora was saying yesterday, it's to keep the network of experts and continue this sharing of experience and knowledge, not only now that we are preparing for the pilot study and for the difficulties that we are experiencing today, but also for the future, continue to share and support. There is a need for that.

One best and final advice to Italy and Portugal.

- → **The Netherlands**: Just do the first step. Use the data you have and take the best from it. People will see what you do and will say this is right and this not, and you will adjust. It takes time, It takes about ten years to see the changes.
- → **Finland**: start with what you have. And yes, I agree, you will need ten years to see the results.
- → **Belgium**: as the other already said, start with what you have and then improve. Also, involve people in the fields, the stakeholders, to gain legitimacy and acquire policy making power.
- → **Spain**: don't forget that this is a tool, and as any tool it have to be proven valid. So the model have always to be evaluated.
- → **Denmark**: start with the most simple model, and make it stronger over time. Make sure to involve the stakeholders and tell them what the process is going to be.
- → **Norway**: to share best practices, I think every nation has to be very critical to their own approach. We have not set up a good evaluation process of the system we have adopted in Norway. So evaluation have to be part of it, just to present what are good practices and what are experiences. Also, to what extent is the model of forecast accurate to say what is going to happen? Do we evaluate afterwards what happened? On the other hand I think a forecasting model is not needed if you are not changing you direction on the way. A forecasting model is

there to disclose what are the futures, for example shortages. We know by now that in our country we will have a serious shortage of nurses and this have to be handled today, and not tomorrow.

9. Plenary conclusions

(12.15 => 12.30)

Lieve Jorens => Underlines that activities of WP5 have been carried on:

- → Handbook: collecting of materials form the experts, that will later be available for all the MSs to use and to learn about HWF forecast and planning models. Almost 60% of the information required for the handbook have been collected;
- → Pilot Study: Italy and Portugal collected a lot of practical advise on how to handle the Pilot Study.

Rui Santos Ivo => Gives evidence that nobody mentioned what Partners envisage to have also at the EU level? About mobility, etc. This could be a message that Lieve could bring back to the Commission.

Giovanni Leonardi => Thanks the participants for their excellent contribution and underlines the necessity to reorganize materials, discuss them and then see what kind of feedback WP5 will need to have the handbook finalized by September.

10.Afternoon additional discussion

(14.30 => 16.40)

Afternoon section has been organised in two groups, giving to each participant the opportunity to decide in which one participate in order to discuss about the results of the two days of meeting.
The activities were focused on two topics:

→ Further depth-activities about the seven selected methodologies;

→ Discussion about the aim of the Pilot Study in Italy and Portugal.

10.1 Group G

Moderators Lieve Jorens & Ragnar Gullstrand

***Topic*:** *Further depth-activities about the seven selected methodologies.*

Participants:

- Belgium Pieter-Jan Miermans & Veerle Vivet
- Denmark Anders Haahr
- England Matt Edwards
- Finland Reijo Ailasmaa
- Norway Øyvind Søetorp
- Italy Pierluigi Giangrande
- EC Leon Van Berkel

The discussion was first concentrated on the difficulties (?) the seven countries had met in the past and on what they did to overcome these challenges. From this, has been learned that the HWF planning system in each country is a result of a long term process starting with some policy issues and then gradually developing in order to respond to these issues.

The participants then faced the question on how they should like to expand their own HWFP system based on the presentations of the other countries during these two days. The discussion underlined that within each country there are always different opinions on how to do the HWF planning. The actual status is a result of the specific process and of the resources for planning that are allocated for this. It is not so much based on an overall cost-benefit analysis, but it is more the effect of facing a specific political policy problem and giving a solution to that.

These political issues have been different in the selected countries. Belgium, that has independent medical doctors, had the issue that too many doctors create too much demand of health resources. The solution was to limit the number of doctors. In Norway, the issue in the 1980 was to strengthen the health service, in particular the local services, and for the politicians it was important also to show that they were doing something, that they were organizing the local solutions by the public funding. There were also the need to build up a capacity for some parts like the mental care, the cancer treatments for the elderly etc. These plans needed also a changed mix of health work force

and so this influenced the HWF planning. In Denmark there is health care planning but it is not connected to the demand side of the HWF planning. They consider enough that the participation of the stake-holders in the HWF planning will take into consideration the demand side. England started also from the health care planning and from the observation that, in the last twenty years, the need of HWF has had relevant changes. The combinations of production factors are different for different areas. How do we know that the production of health care workers will be able to guarantee the future production? We cannot guess. If we do not plan we will have oversupply and undersupply. We want to anticipate. That is why we have a rather advanced model. From the Finnish side, one of the most important questions is to measure and monitor the actual situation like they are doing in the Netherlands with the subsequent publication and discussion of the results.

In the group there was a general agreement that the planning of the health production has to be linked to the HWF planning. Perhaps it could be a simple model in which a certain percentage of increase of health production could lead to a certain percentage of increase of health workers (less an estimate increase in productivity)? In reality the budget is determining the possibility to assume health workers. Norway and England have good experiences in the planning of the change of mix of the HWF within a certain budget. One of the objectives is then to give one or more answers to the set Goals within a limit of given Resources needed to reach these goals. There are different tools to estimate the number of people needed for a given production and the tools can present different solutions.

Goals

The term goals is not uniformly defined.

In England there is a refreshing of the national mandate every year that changes the goals. Then there are the long term Objectives: High quality care, Compassion, Recruiting the right persons etc…

The goals are interdependent with the HWF planning system. If you include the Health Production planning in the model the goals will first focus on which health services to achieve and subsequently on the objectives for the HWF. In Norway one of the actual goals for the HFW planning is to have one third of the new nurses with specific skills and to train the existing nurses in order to respond to the need of a more specialized workforce. In order to be more attractive on the market they also favour part time jobs.

In other countries with a HWF planning without a strong link to the demand side, the goals are more limited like to “evaluate the different scenarios of supply”. In this case the HWF planning is seen as a tool for policy making and to provide policy elements on medium and long term.

Data

Aggregated data is enough if you can have the detail you need. The benefit of individual data is the possibility to check the quality and to verify single combinations of aspects. These possibilities permit the system to believe in the correctness of the data and thus share it as a base for the discussion.

10.2 Group H

Moderators: Giovanni Leonardi & Paolo Michelutti

***Topic**: Discussion about the aim of the Pilot Study in Italy and Portugal.*

Participants:

- EFN Alessia Clocchiatti
- HOPE Isabella Notarangelo
- PGEU Jamie Wilkinsons
- Hungary Eszter Kovacs
- Hungary Edit Eke
- Hungary Zoltan Aszalos
- Italy Francesca Senese
- Italy Paolo Tubertini
- Italy Benedetta Pieralli
- Italy Alessandro Fantechi
- Italy Leonardo Serni
- Portugal Ivo Rui Santos
- Portugal Ana Paula Gouveia
- Portugal Gustavo Ferreira

The group discussed on the scopes of the handbook (D052) and of scopes of the pilot studies (D054). In particular, the participants sought clarification on the relationship between the two deliverables. Even based on the outcome of the discussions that occurred in the previous two days of workshops WP5 leader, Giovanni Leonardi, has provided the following explanations.

The handbook, the contents of which will be presented to the Plenary Assembly in December, will contain mostly an inventory of good practices and experiences about tools used today in UE countries for the HWF planning; there will be not an indication for a specific planning model, but guidelines and good practices that countries can adopt in order to define their own planning model.
The pilot study is an application in which Italy and Portugal will "experience" the handbook; then, starting from the good practices and from the information provided in the Handbook, the two countries will make their own choice of model to be implemented in their experimentation.

According to these explanations, the Pilot Study will not test a specific model but the effectiveness of the handbook as a guideline for the implementation of a model.

On the basis of results obtained in the pilot study the information provided in the handbook will be updated and modified (D054).

The topics introduced in this discussion will then be subject to further investigations in the next meeting in Lisbon on June 18th.

11.Recap & Closure

(16.40 => 17.00)

Rui Santos Ivo => Thanks all participant and invites them to the Lisbon Meetings on June 16th, 17th and 18th.

Lieve Jorens => Thanks all participants and underlines the success of the meeting.

Giovanni Leonardi => Thanks all participants and in particular Tuscany Region, represented by Mr Alberto Zanobini, and the Formas that has permitted the realisation of the Conference in the Villa. He is satisfied for the results of the meeting.
Closes the conference

12.Appendix 1 – List of participants

COUNTRY	ORGANISATION	NAME
Italy	IT_MOH	Giovanni Leonardi
Italy	IT_MOH	Annalisa Malgieri
Italy	IT_MOH	Cristina Sabatini
Italy	IT_AGENAS	Achille Iachino
Italy	IT_AGENAS	Paolo Michelutti
Italy	IT_AGENAS	Ragnar Gullstrand
Italy	IT_AGENAS	Anna Maria Pacini
Italy	IT_AGENAS	Giorgio De Fiore
Italy	IT_AGENAS	Gianluigi Rossini
Belgium	BE_FPS	Pieter-Jan Miermans
Belgium	BE_FPS	Veerle Vivet
Belgium	BE_FPS	Michel Van Hoegaerden
Belgium	BE_FPS	Lieve Jorens
Bulgaria	BG	Zheni Staykova
Bulgaria	BG	Milena Vladimirova
Bulgaria	BG	Emanuela Mutafova
Bulgaria	BG_MUV	Slava Penova
Bulgaria	BG_MUV	Elitsa Ilieva
Bulgaria	BG_MUV	Todorka Kostadinova
Denmark	DK_DHMA	Anders Haahr
Europe	STAK_CED	Sara Roda
Europe	STAK_EFN	Alessia Clocchiatti
Europe	STAK_HOPE	Isabella Notarangelo
Europe	STAK_PGEU	Jamie Wilkinsons
Europe	EC	Leon Van Berkel
Finland	FI_MOH	Reijo Ailasmaa
Finland	FI_MOH	Johanna Lammintakanen
Finland	FI_MOH	Alisa Puustinen
Germany	DE_UNI-HB	Heinz Rothgang
Greece	EL_NSPH	Despena Andrioti
Greece	EL_NSPH	Dr Alexandra Skitsou
Hungary	HU_SU	Eszter Kovacs
Hungary	HU_SU	Edit Eke
Hungary	HU_SU	Zoltan Aszalos
Italy	IT_AIC	John Williams

Italy	IT_AIC	Baiju A. Khanchandani
Italy	IT_PWC for MoH	Pierluigi Giangrande
Italy	STAK_SIGM	Walter Mazzucco
Italy	Emilia Romagna	Francesca Senense
Italy	Emilia Romagna	Paolo Tubertini
Italy	Friuli Ven. Giulia	Paola De Lucia
Italy	Liguria	Daniele Zappavigna
Italy	Liguria	Vittoria De Astis
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	Toscana	Antonio Panti
Italy	Toscana	Gian Franco Gensini
Netherlands	NL_CAPORG	Victor Slenter
Netherlands	NL_MOH	Gerlinde Holweg
Norway	NO_MoH	Otto Christian Rø
Norway	NO_MoH	Øyvind Søetorp
Poland	PL_MOH	Aleksandra Kotowicz
Portugal	PT_ACSS	Ivo Rui Santos
Portugal	PT_ACSS	Ana Paula Gouveia
Portugal	PT_ACSS	Gustavo Ferreira
Serbia	RS_UNI-BG	Milena Santric Milicevic
Slovakia	SK_MOH	Zuzana Matlonova
Slovakia	SK_MOH	Mario Mikloši
Slovakia	SK_MOH	Miloslava Kováčová
Slovenia	SI_IVZ	Rade Pribakovic
Spain	ES_MOH	Pilar Carbajo
Spain	ES_MOH	Sebas Martin
UK	UK_DoH	Matt Edwards
UK	UK_DoH	John Fellows