Jan 24, 09:00 – 13:00

Meeting with scientific societies, patient organisations and trade unions (1h30m meeting each)

Block 1- Round of introductions

The Moderator introduces the WHO team and briefly explains the aim of the meeting. A brief introduction of the participants follows.

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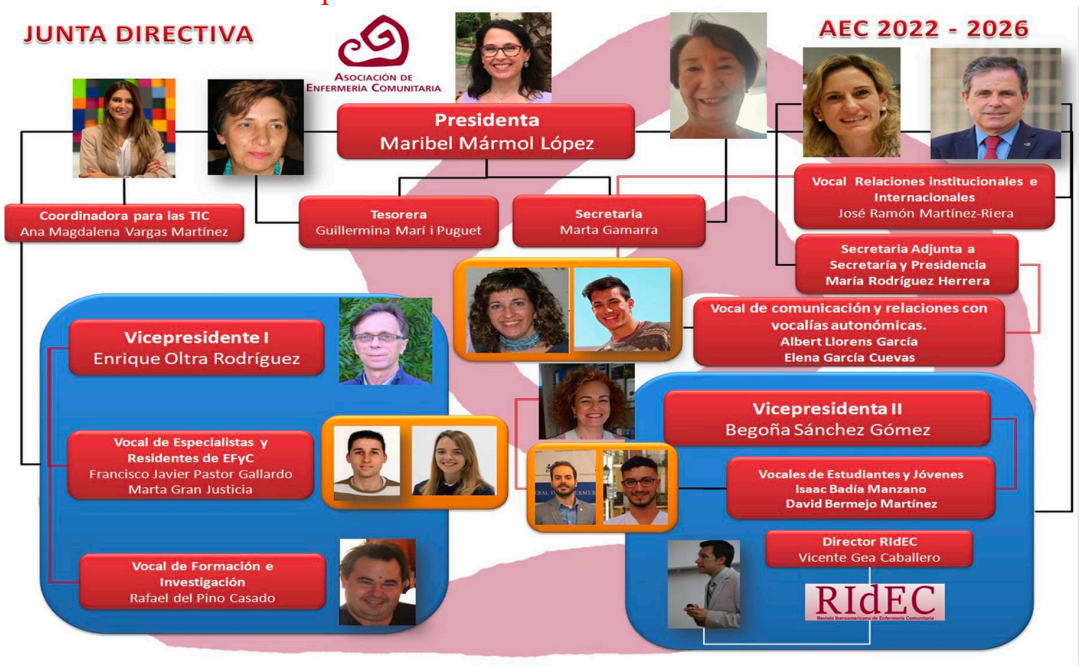
Vocalía de Formación e Investigación: Rafael del Pino Casado.
Vocalía Especialistas y Residentes EFyC: Francisco Javier Pastor Gallardo y Marta Gran Justicia.
Vocalía de Comunicación y Relaciones con vocalías autonómicas: Albert Llorens García y Elena García Cuevas.
Vocalía de Estudiantes y Jóvenes: Isaac Badía Manzano y David Bermerjo Martínez.
Director de RIdEC: Vicente Gea Caballero.
Vocalías Autonómicas: Una por cada Comunidad Autónoma.



The Community Nursing Association (Asociación de Enfermería Comunitaria - AEC) was born in 1994 with a scientific-technical, professional and participatory character. The Nursing (AEC) is a society of nurses, at the state level, which it understands as Nursing Community is that discipline based on the application of care, on health and on the disease, fundamentally to the family nucleus and the community, within the framework of public health. The Association intends to contribute in a specific way so that people, families and the community acquire skills, habits and behaviors that promote their self-care.
The AEC is a private, non-profit entity that is financed with the fees of its members. partners. At present, it is constituted by partners distributed throughout the Spanish territory with international expansion.
The Community Nursing Association is organized within the framework of the Autonomous Communities and, as such, their statutes allow the election of members territories that throughout these years have been configuring and consolidating. At International level, the election of members is carried out by country and/or region.
In June 1999, the Canarian Association of Community Nursing joined the AEC and it contributes all his scientific and professional baggage to it, to join efforts in the achievement of the common objective of achieving the development of the discipline. In 2010, a group of nurses from Penitentiary Institutions request their incorporation into the AEC, constituting the committee of Penitentiary Institutions. Likewise, the vowel of students that tries to gather the concerns and needs of the students of Nursing through their own space in which they can develop their initiatives and drive strategies. Since 2014, the AEC has the operation of the Vocals of Cooperation and Institutional Relations, Family and Community Nursing student and Specialists.
The Community Nursing Association is an active member of the International Family Nursing Association (IFA). It is also from the Spanish Society of Public Health and Sanitary Administration (SESPAS) together with ten other Scientific Societies. Within SESPAS develops research and scientific activities. Likewise, it participates in the edition of the Gaceta Sanitaria Journal, which is received by all members on a regular basis bimonthly. Likewise, we have available the Ibero-American Journal of Nursing Community (RIdEC) for the dissemination of scientific studies, following the usual circuit of Peer Review.
In recent years AEC, for the sake of its collaborative spirit and oriented towards synergies with other scientific and socio-health entities, has signed numerous agreements.

Q: Could you briefly share whom your organisation represents, and how your members view the historical development of the primary health care systems in Spain (where it came from, and what it is today)?

Our organization represents the Family and Community Nurses in Spain. The primary health care system in Spain had a very important development in the decade of the 80 of the last century, when it was transformed into a universal care systems that should be the entry door for the users to the public health system. It supposed the increase of the human and material resources with the objective of closing the care to the population at urban and rural contexts. First the figure of Family and Community Physician was developed and now it is compulsory having this speciality to work in primary care centres. Then the Family and Community Nurses also was developed, but the incorporation of this figure, vs generalist nurses, is scarce and unequal in the different regions in Spain. Those figures constitute the Primary Care Team. Other professionals are part of the PHC system in Spain such social workers,

physiotherapists, odontologists, and other specialists such as gynaecologists, midwives, or rehabilitators, etc.
At the beginning of the transformation of the Primary Care System, it was linked to the Public Health, the interventions were focus on health promotion, disease prevention, environmental control, etc. by a primary care team. It also included the attention to chronic conditions. The community participation was stated as key element. Later, in the decade of 90, there were a separation of public health and now the assistance is mainly focus in the chronic conditions and the longitudinal of disease.
The ratio of professionals is different through the different regions in Spain is variable, for instance, for physicians it varies from 0.7 for each 1000 inhabitants in Ceuta and Melilla to 1.1. in Cantabria, being the median of 0.8 for each 1000 inhabitants; in the case of the nurses, there is a mean of 0.5 for each 1000 inhabitants. These figures are very low. Being, in general, the ratio of nurses in Spain one of the lowest in Europe.
Regarding the territorial delimitation of the PHC system in Spain, we can find Basic Health Areas that can have one or more Primary Care Centres. The number of centres has been increasing in Spain since the transformation of the Primary Care. Although the ration is unequal along Spain, most of the population has accessibility to a centre near to their home.
Regarding the digital clinical history, although all the regions in Spain has access to it, there is not a unique digital history for all Spain, being different for the different Autonomous Communities. Moreover, there are a lack of coordination of it with other services, such as social services, nurse homes and in some cases, even public hospitals.
Moreover, although different specialized services have been included in primary care, it is necessary to increase the coordination with specialized attention and with social and community services and resources as well as to reduce the burocracy.
It is also necessary to clarify the role of the different professionals. Specifically, regarding nursing role, it is more based on tasks that in the patient as a hole, the patient-centred care is not promoted. There is a great dependence of the physician. There is not a great competence development, which should focus on the holistic care to the person, family and community.
nurses must have access to responsibility and management positions.
It is necessary to clarify the role of the specialist in family and community nursing.

Finally, although the primary care has been stated as the centre of the system, the funding of this is scarce and low the specialized attention.
All these, joint to the fact that it is not clear the role of the different professionals that work at primary care level have supposed a detriment in the current situation of primary care and there are many complaints of professionals and strikes in defence of primary care and public health.

Q: Which word would you use to describe the primary health care system in Spain?

Universal but insufficient

Block 2 – Understanding the context through the lens of stakeholders

- How does the public perceive the role of [doctors/nurses/social workers/patients] in PHC in Spain?

The perception of the professionals is very good in general by patients, but the level of involvement of them is low. They perceived them as people that attends their minor health problems and the professionals that can derive to them to the hospital specialist in case of major conditions.

The perception of the primary care system by professionals is bad in general due to the lack of resources.

- Does your organisation perceive PHC as being an important topic in the political agenda?

It is common the heard to the politicians of the importance of primary care, but the reality is that there is a lack of funding of the health system in general and especially of the primary care. Moreover, it seems to be certain stagnation regarding the clarification of the role of the different professionals that are involved in PHC, especially nurses.
But our organization perceives the PHC has a important topic.

- What *threats* to the sustainability of PHC in Spain has your organisation identified?

The privatization of health attention, the burocracy, the lack of inversion, the lack of coordination with other health and social systems, the unequal distribution of resources along Spain and the lack of clarity in professionals' roles. The involution on the development of primary care.

    - Has your organisation identified or perhaps even implemented/tested solutions to some of these threats?

There should be a state pact to safeguard the PHC as centre of the system. There must increase the inversion for personal and material resources. There must be a better coordination. There must be clarified the role of the different professionals in PCS. The focus in public health, primary care and prevention must be emphasized through a organization change, in this the nurses must assume an important role with a focus in the person, family and community, and their need from a holistic perspective. The exes of poverty and social exclusion must be considered, with a focus in social determinants of health and health assets.
To stablished the professional ratio, specially nurses, must be considered aspects as the age, the level of dependence, the geographic dispersion, the social and community resources…

- What *opportunities* to strengthen the sustainability of PHC has your organisation identified?
    - What role could your organisation and members play to support the sustainability of PHC?

Our organization try to involve in the politics to make recommendations to improve PHC, especially for the integration of the family and community nurses

Block 3 – Understanding the performance of PHC through the lens of stakeholders

Ice-breaker Mentimeter activity – Word cloud
Q: Which word would you use to describe the performance of PHC in Spain?

Deficient

- How does your organisation perceive the performance of PHC in Spain?

Deficient

- How have you been contributing to strengthening the performance of PHC, and how would you like to contribute going forward?

Political advocacy, social lobby
Professional defence
Visibility

- What aspects of PHC are working well for your members?

Territorial structure, services charter.

  - What aspects are not working well for your members?

Funding
Coordination
Homogeneity
Task clarity

    - What solutions have you presented and discussed with health authorities?

Increasing the inversion, improve the nurse ratio. Increase the number of FC nurse's specialist and clarify the role with the rest of nurses and physicians, increase the coordination with the social and community resources.

    - Which obstacles have you faced toward implementing these solutions?

Lack of inversion, lack of state pact, political will, conflict between different professional figures

- How have your members experienced the impact of COVID-19 on PHC, and how have you translated their voice into policy-making cycles??

The covid impact in the accessibility of the population to the primary care, the teleassistance increase but with an important digital gap (in the professionals, the patients and the resources for it), the burocracy increase and the workload due to attend to population with COVID-19 prevention and control.
Many projects of surveillance, control and vaccination were led by nurses, included the home and nursing home assistance.
These changes are not impacting the post-pandemia period.