##### Meeting Report 06-11-15

Morning Session Chair: *Raffaele Zoratti* 14:00 – 17:00

1. **GB Progress Summary** */R. Zoratti*

The chair of the GB, Raffaele Zoratti, opened the meeting by welcoming all the attending members. Jerneja Larkas-Lainscak was absent due to illness.

In his opening speech Raffaele Zoratti addressed some of the topics on the agenda as well as giving an update on the situation of the HPH network in Italy. Regarding the topics on the meeting agenda he put special emphasis on the return to the old format of the GA with whole day meetings. He also pointed to the amendments to the HPH Constitution decided at the last GA in Oslo, which are now included in the updated publication “*Constitution & Memorandum of Understanding*”.

There was a wish set forth by GB members to have HPH presentation slides updated and also published online for easy access and use when presenting and advocating the work of the HPH for potential/existing members.

1. **Member Ratification, Approval of New N/R Networks , and other updates** */T. Bern Jensen*

**Member status (paying and non-paying members):**

The Japanese network has been approved as a N/R network. The Ripha International Hospital in Pakistan and the Rabin Medical Center in Israel were ratified as new individual members.

In 2015 the HPH network has 702 members.

The GB decided to allow postponement of membership payment from Piemonte.

**Potential members and Networks**

**Renewed MoU with WHO Europe and renewed Constitution*/ M. Hansen***

Two amendments were approved by the GA in Oslo 2015 and have been incorporated into the HPH Constitution as a separate chapter simply called “Amendments”. Another addition to the Constitution is a chapter on “Affiliate Membership”.

The Memorandum of Understanding between WHO Regional Office for Europe and HPH has been renewed, now running from 2014-2020.

Jürgen Pelikan suggested making a ‘pocket version’ of the Constitution in the future.

**Approval of GA 2015 Report**

The GB approved the GA 2015 meeting report to be sent out.

**Approval of GB Report (from GA2015 Oslo)**

The GB approved the GB report.

1. **Financial reports** */H. Tønnesen*

**Budget 2016 + Preliminary Balance for 2015**

Hanne Tønnesen presented a forecast of the financial status of the HPH Network for 2015 based on membership payments from the first nine months of 2015 and an estimate for the last three months.

The GB approved the budget and the estimated balance for 2015.

1. **HPH Action Plan** */ J. Svane*

**Updated HPH Action Plan**

The HPH action plan is being updated all the time and is presented for the GA and the GB at the full-day meetings. The action plan shows when and where all the processes and projects of the HPH take place.

**Working Groups:**

There have been challenges with the Best Practices WG and the Teaching & Training WG. Both WGs need to identify a new leader as the previous WG leaders resigned. HT proposes to ask openly in the network whether anybody would be interested in running this WG together with the secretariat and also asked the GB members to consider participating in the WGs.

**GB Eligibility WG:**

The problem concerning eligibility of potential GB members has nearly been resolved (amendments decided upon at GA2015). Work still remains to develop guidelines for the functioning of the GB: a document on “what does it entail to be a GB member” - and also the portfolio duties. Everyone – besides Manel Santiña – has since left the WG, so new members need to be identified.

**Global HPH Strategy Development:**

A strategy draft has been developed by the HPH secretariat for discussion under item 6 on the agenda.

**Global HPH Strategy Implementation:**

**Memorandum of Understandings:**

Under item 9 the potential scaling-up/scaling-down of the separate MoUs was discussed in detail. A recurring focus in the upcoming GB meetings will be to be sure that the partnerships are beneficial for the HPH.

**N/R networks – progress reports**

There have been huge problems with the progress reports. People are not delivering. The key dates for the next progress report deliveries are included in the binder. The GB will evaluate the progress report deliveries.

**Clinical HP Journal**

The new journal issue has just been published

**Projects**

Jürgen Pelikan emphasised the importance of discussing non-hospital organizations.

Afternoon Session Chair: *Ida Bukholm* 14:00 – 17:00

LUNCH

1. **WHO – HPH Collaboration on updated WHO HPH Manual and Self-assessment forms** */ Martin Krayer von Krauss*

The GB asked for a clarification of the term ‘non-hospital organizations’. A non-hospital organization is in this context narrowed down to include non-hospital entities in health care settings *with* patient contact. This excludes e.g. schools, companies and other organizations *without* patient contact. These can instead become affiliated members.

The HPH needs guidelines that are not anchored in just one sector but cover primary, secondary and tertiary care. It should be described what should be done, but not where it should be done. Another thing that was decided was to include patient pathways as examples so everybody can see how this works.

The results from Jeff Kirk Svane’s project (Alpha version) - which is a kind of checklist – will be included. Jeff’s project includes both the green book and the two models developed in the network. The literature search is ongoing but the process is almost finalized. Criteria have been set up for what should/should not be included. JKS/HT will come up with a proposal for the alpha part and will send that to MvK for comments. Then it will be send out to pilot centres.

An expert hearing will be arranged and hopefully some of the GB members will join as experts. Competent people are needed on this matter - also people specialized in NCDs. The expert position is a paid position: a one-day salary paid by WHO. The hearing is expected to be in the form of an online meeting. After the hearing and modifications the beta version will be produced.

JP agreed to join the expert group.

The experiences from working with the pilot testing will be systematically collected.

The binder includes the documents that were sent to the pilot centres. Copies of these will also be send to experts participating in the hearing process that takes place after the pilot testing.

Manel Santiña and Jeff Svane talked about the possibility of including some of Dr. Santiña’s contacts/colleagues (Dolores) in the pilot testing and they agreed to discuss in further detail after the meeting. RZ will ask Cristina Aguzzoli to help test the standards in practice (the pilot testing)

It was discussed how to evaluate the appropriateness, adequateness, usability, etc. of the standards that have been developed. It was noted that when developing the first ‘Green Book’, Oliver Groene (the main author of the first green book) performed some studies on real-life use; whether it could be recommended, could it be integrated, etc. The same question/form of evaluation could be used again.

TBJ informed the GB that all the information sent to the potential pilot test centres could be found in the binder for the GB meeting.

HT: After the completion of the beta version, there will be a period of 1-2 years where we will use it in the network and get experiences. Following this, there could then be a gamma version.

The GB decided to arrange an expert meeting at the GA where the coordinators and delegates will have a chance to express themselves.

The GB discussed the challenges of different structural conditions in different countries and what this means for the implementation of standard. The GB deliberated on the idea that this could be a task for the N/R networks as “knowledge brokers”/gatekeepers of dissemination of knowledge.

The pilot testing centres and the experts will receive $560 from the WHO for participating. MvK suggested to let the fee offset the HPH membership fee for one year. By participating in the pilot tests, they would then be able to “earn” the HPH membership fee.

It was decided to present a post-December timeline for the project at the next meeting of the board.

1. **International HPH strategy 2016-2018** */ The Int. HPH Secretariat*

The GB discussed focusing on both the nourishment of existing members (traditionally best way of recruiting new members) as well as adopting a more political strategy on how we can develop in different countries with different contexts.

HT: we need to have really “low-hanging fruits” that are very doable. We need to balance between policy level and policies and new strategies. It is a very good idea to encourage coordinators to look into their own specific context. It is important that we have something to act upon independently of national/regional settings.

JP recommended a higher focus on health promotion in health services. HT agreed, but suggested this work to be based in a task force.

The GB discussed the challenge of dissemination of knowledge from the secretariat to the individual members, where the N/R coordinators act as gatekeepers. The possibility of direct contact between the secretariat and the individual members was discussed. MvK stressed the importance of keeping the coordinators as “knowledge brokers”; to help prioritize, focus and select relevant information for dissemination to individual members. TBJ noted that it could potentially be difficult to communicate directly to individual hospitals due language barriers.

It was decided to put this issue on the agenda for the next GA.

MvK suggested to produce a list of advocacy strategies for the N/R networks to potentially adopt and thereby giving N/R networks a chance to selectively choose the strategy that fit them best. HT added that this could be included in format: “Letter for Minister for Health”, that the secretariat is already delivering. With a template this would a relatively easy task. MvK noted that in this process there could be a role for WHO Euro in providing the right recommendations.

The GB decided to put the issue of membership support into a workshop at the next GA.

SF: The HPH Network should identify best practice examples from individual members and really promote these.HT: good idea. This would really fit into the work of the WG on best evidence-based practice.

The GB discussed the possibility of setting up online meetings between the HPH secretariat and N/R coordinators in the form of quarterly webex sessions.

1. **GA 2016: Agenda and Coordinators workshop – back to old format** */ T. Bern Jensen*

GA agenda:

TBJ encouraged GB members to consider running for re-election.

The GB gave inputs to revised agenda for the GA2016 in New Haven. A new addition to the old format was the concept of “working lunch”; during lunch the International HPH Secretariat will give their updates.

A draft of the agenda will be send out to the GB ahead of the next meeting.

1. **Conferences** */ J. Pelikan*

**New Haven */ S Frampton***

SF presented the conference website for the GB. Everything at the conference will be held at Yale University.

Registration: There is a $220 difference on being member/non-member

Yale student housing that offers accommodation – as well as four hotels – are within walking distance of the conference hall.

The majority of the invited plenary speakers have accepted the invitation.

GB: We should ask the European WHO Office as well as PAHO (Pan-American Health Organization) to participate at the conference.

**Possibilities for 2017 and beyond */ J. Pelikan***

The GB discussed a bid from Australia:

JP: Australia approached us again (not the network), but we still have the issue of unpaid fees, which disqualifies them until payments are no longer due. From another perspective I think that a conference next year in USA and then next year again in Australia would not be ideal for the European members. After Taiwan, Europe has most attendees.

JP: we have sent out a call for hosting bids, but no one has sent us a positive response back.

The GB decided to look into potential hosts for the HPH Conference in 2017. In prioritized order: 1) Czech Republic, 2) Croatia, 3) Copenhagen, 4) Vienna.

JP will keep the GB updated on the process.

1. **HPH Partners, TFs and WG** */ H. Tønnesen*

**Partnerships*/ H. Tønnesen***

The GB discussed the different kinds of partnerships: MoU, affiliated members, TF members without HPH membership, and conference partners and how to prioritize and spend resources the best way.

By the end of December, where the IHF MoU expires, WHO is the only remaining MoU partner. The WHO MoU runs until 2020.

The GB discussed whether to keep some sort of cooperation with SEEHN and how this could be done. There was an idea about helping SEEHN with know-how on establishing an effective secretariat and changing the level of cooperation to the ‘conference partner’ level. The GB decided to send an email to SEEHN on behalf of the GB, saying the HPH Network is there to assist them and that they are welcome to visit the secretariat. We will ask them to become conference partners.

The GB discussed the issue of waiving the conference fee for invited conference partners. Nothing was decided.

It was decided to invite The American Hospital Association for the 2016 Conference. They are member of the IHF but organize all the hospitals where IHF operates at country level.

RZ: I met Prof. Paolo […] from the University of Cagliari who is Vice-Chair of the IUHPE. I had a quick talk with him about a potential MoU. He would talk to their governance board. He seemed very interested in forming a new partnership with us.

HT: We should explore more about what an action plan could include. Another proposal could be to include international organizations for medical doctors and another one organizing nurses. We could look into all three areas, if you will give us the mandate for that, and we will come back with more details at the next meeting.

* GB agreed.

**Update on Task Forces */ HPH Secretariat on behalf of TF Leaders***

Due to lack of time at the meeting, the GB members were encouraged to keep up-to-date with TF progress reports included in the binder for the GB meeting

1. **Communication & Advocacy, Teaching & Training, Clinical Research** */ The Int. HPH Secretariat*

Due to lack of time at the meeting, the GB members were encouraged to look to the binder for updates on this agenda issue.

1. **Awards** */J. Svane*

JS: I need judges for the Awards who will judge the nominated work and present the award at the conference. Standards Awards and Strategy Awards.

Susan: Happy to do either. Prefers Strategy Award

Bozena: Standards

Manel: Strategy

Raffaele: Strategy

1. **Meetings in spring 2016** */M. Hansen*

Doodle invitation will be send out

1. **AOB**