



The Grapevine

Winter 2020-21

Years ago, "global village" could be seen as an utopian idea without practical translation into our daily life. Probably for the best and the worse, it is a reality.

The covid19 pandemic has violently given realisation to all of us that the global village and global warming are risks for mankind.

But in another the new world:

- a Mongol in his yurt to see on his TV screen a documentary on the Maldives,
- a grandmother in rural UK can discuss with her grand-daughter in Australia on a beautiful screen,
- incredibly in a very, very short time we made a vaccine.

The challenge is to save all the advantages, for instance telemedicine, and artificial intelligence, and to avoid waste of the earth's resources, at the same time decreasing our footprint.

We have to learn from the past year and be mindful for our rural family in 2021 and the following years:

- rural has to be included in the global village
- resilience, hope and humility will help to deal with this new era

Jean Pierre Jacquet

President EURIPA

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Our first Rural Health e-Forum was definitely not the same as meeting face-to-face but it fulfilled Jean Pierre's dream:

Have a full forum with the two feet in your slippers, it's possible – absolutely!

Meet friends without using the plane, it's possible – definitely, there were

delegates who took the opportunity to attend who would not have been able to do so otherwise

Submit an abstract and present your work from your home, it's possible –

everyone delivered their presentations over Zoom and we all know a lot more about how to use it now!

Share the adventure of a rural escape game with friends, it's possible – and it was challenging!

Choose your table companions for rural aperitive and dinner, it's possible – not so easy but there were groups making the most of a less formal virtual link

Full forum available on internet when you want, it's possible – using the Padlet you could go to all the sessions up to the end of November

Ask questions about all the communications – smaller groups made this easier and there were interesting discussions

Yes, it's possible – and feedback was positive

EURIPA welcomed 98 attendees from 27 different countries to the e-Forum and we were delighted to see so many young doctors with an interest in rural practice. Thank you to everyone who joined us for this exciting event and especially to those of you who actively participated as speakers, chairs, moderators and ran workshops. It was stressful at times and we have learnt a lot but there were no major IT disasters!

The Book of Abstracts has been published in Medical Science Pulse. You can find it in issue 2020 volume 14, Supplement 1.

The DOI number is 10.5604/01.3001.0014.3963

<https://medicalsciencepulse.com/resources/html/articlesList?issued=13370>



Prizes were awarded for the winning poster and oral communication. The winning poster was

Primary Health Care Center adaptation during the COVID-19 pandemic
Tiago Marabujo, Sílvia Almeida, Carmo Gonçalves

And the winning Oral Communication

Neglected Indigenous Health in times of COVID-19

Narottam Sócrates Garcia Chumpitaz, Marcela Araújo de Oliveira Santana,
Paulo Henrique Arantes de Faria, Matthew Martin Pavelka, Karine Kersting Puls

You can read the abstracts in the Book of Abstracts (above) and on the following pages you can find some background to their work.

And, of course we are already in 2021, and planning has already begun for the postponed

10th EURIPA Rural Health Forum



It will definitely be going ahead next year but as a hybrid event, with a face to face event in Siedlce but also the facility to join virtually. Planning is taking place and we will build in flexibility as the possibility of travel next year is still uncertain.

10th EURIPA Rural Health Forum

“Understanding our patients – working closely together”
23rd – 25th September 2021 at Siedlce, Poland.

We’ve all learned a lot about virtual conferences in the last few months and although you can gain new knowledge and insight as well as contacts it is definitely not the same as meeting face-to-face. There just isn’t the same opportunity for meeting new people and networking. And, no rural dinners! So we hope that we will have the opportunity to meet later this year in Siedlce.

More details will be posted as they are confirmed and dates for abstract submission, early bird registration etc will be available on the web site at: www.euripaforum2021.eu and also circulated on the mailing lists.

The authors of the winning poster at the e-Forum have given us some insight into their work:

Small town experience on COVID-19 pandemic

We are Carmo Gonçalves, Sílvia Almeida and Tiago Marabujo working as General and Family Medicine residents at an Health Care Unit called “Vitrius” that belongs to the Health Care Centre of Marinha Grande, Portugal.

Marinha Grande is a small town with peripheral rural and coastal areas, in the centre region of the country, that counts with a population of 38,681.



Marinha Grande is historically known for its glassware and mould making industries, exporting 90% of their production. This fact brings a big impact on local population health as we will discuss ahead.



This county is also known for having an old and famous national forest, “Leiria’s pine forest”, considered one of Portugal’s lungs. Unfortunately, in 2017 a violent fire consumed 86% of its area, leading to ecosystem destruction and microclimatic changes.



Concerning population's health, the prevalence of musculoskeletal pathology is high, most frequently arm tendinitis, due to the main labour activity – manufacturing industry. As result there are many problems like work absenteeism, unemployment, anxiety and depression, increasing services demand.

COVID-19 affected patients accessibility to health care appointments and we were obligated to increase teleconsultation. Chronic diseases surveillance was maintained by presential consultation or by email/telephone. Pregnant women and children care was also maintained. Programmed adult consultations were unscheduled and triaged by email/telephone for posterior response, presential or by other means.

At the beginning, COVID-19 was fought in a separated area (COVID Dedicated Area) by some selected health care professionals from the health care center team. Every person considered as a suspect was evaluated in this area and SARS-CoV-2 RNA test was prescribed for posterior ambulatory sample collection. This was only possible because of the team's great power of organization, collaboration and dedication. We shared the detailed plan of action at the EURIPA 1st Rural Health e-Forum for that colleagues from around the world can replicate, adapt or take ideas for their realities.



1 – Triage; 2 – Waiting room; 3 - COVID Dedicated Area (medical and nursing offices)

Town Hall helped at all pandemic moments. A surveillance and isolation centre was built at a local school pavilion for COVID-19 diagnosed patients, supporting 50 beds and 30 spare beds. Luckily this centre was never used.

Regarding the actual number of nationally diagnosed patients, the COVID Dedicated Area is inactivated but ready for reopen when needed. Health care professionals' efforts were admired and honoured by the local entities (Town Hall, Police and Firefighters).



We, residents, helped our tutors and colleagues by providing health care at either COVID Dedicated Area or at the area responsible for the non-COVID patients. We also did teleconsultation, chronic medication prescription and exams evaluation. Although fatigue is present these days, we agree that team work is essential and that this task (COVID mitigation) was facilitated by friendship and team spirit between all the professionals. We wish strength to all colleagues, merry Christmas and a happy and better new year!



Sílvia Almeida, Carmo Gonçalves, Tiago Marabujo
24th December 2020

And from the authors of the winning Oral Communication:

The paper that originated the presented abstract aims to outline an overview of COVID-19 in Brazil, highlighting the government's negligence regarding the control of the pandemic and how these actions affect the health of indigenous people.

It is well known that the novel coronavirus (Sars-CoV-2) has spread rapidly throughout the world. The fear of contracting the virus during the pandemic imposed significant changes in individual daily life, such as concerns about the imminent risk of infection and economic losses. Due to the urgency for understanding and mitigating this global crisis, the scientific community is predominantly focusing on the pathogen and its biological risk in an effort to understand the pathophysiological mechanisms involved and stop the spread of the disease.

The pandemic left indigenous health at a secondary level and further opened up the situations of inequality experienced by this population, increasing the vulnerability that already exists among indigenous peoples in Brazil. At a time when everyone is looking for their homes as a safe place to protect themselves from contamination, the indigenous people are faced with the invasion of their safe places, which are their territories.

The emergence of the virus was combined with other pre-existing vulnerability factors, such as the lack of immunity to certain diseases, the collective and community way of life of the indigenous population, and difficulty in accessing urgent care. In an effort to decrease the risk of infection, some individuals retreated to more remote areas, which further exacerbates their limitations in healthcare. This paper seeks to discuss the federal government's shortcomings in protecting native peoples such as the lack of initiatives for removing illegal miners from indigenous lands; and vetoes to laws that seek to protect the life, health, and dignity of indigenous people during the pandemic.

Sars-CoV-2 is a collective problem, which can be combated with a joint effort between the state and society, just as the links between science and political actions can be strengthened with the intention of helping vulnerable populations. It is noted that the actions of the current Brazilian government contradict the suggestions of the scientific community, consequently increasing the imminent risks of indigenous mortality and creating barriers to indigenous healthcare. We also seek to present the precautions the indigenous population has been taking to protect themselves, from the isolation of their communities to the use of traditional medicine.

The oral presentation in the EURIPA First Rural Health e-Forum was possible thanks to the hard work of many medical students and young doctors from different regions of Brazil that are members of the Rural Seeds group. The present work concerning indigenous health was possible thanks to a research group in Northern Brazil consisting of Narottam, a Rural Seeds member, and his colleagues. He is a medical student in the north of Brazil, a vast region where native communities still struggle to exist. Discussing the issues facing native communities is important for improving future access to healthcare without disrespecting their cultural habits and living spaces.

Marcela Araújo de Oliveira Santana, Narottam Sócrates Garcia Chumpitaz, Paulo Henrique Arantes de Faria, Matthew Martin Pavelka, Karine Kersting Puls

My Practice

Rob Lambourn, the UK representative on the IAB and Immediate Past Chair of the Royal College of General Practitioners Rural Forum, writes about the current situation in his practice in the north of England.

THE FIGHTBACK AGAINST CORONAVIRUS BEGINS.....

Immunisation against coronavirus in rural Northumberland began on 29th December. The photograph shows me receiving my vaccination under the capable hands of Dawn, our Health Care Assistant, being supervised by Dr Liz Batley, my wife and practice partner. We are all wearing rainbow scrubs to signify hope for the future. In the United Kingdom many people displayed rainbows at the beginning of the pandemic but these are largely fading now. We thought it was important to revitalise the spirit of Hope, and demonstrate publicly our confidence in the vaccine by showing photographs of us receiving the jab.



Patients have been very supportive; local sewing groups made the scrubs and keep us supplied; we were provided with respirator masks; the scattered rural elderly population have really supported each other during the pandemic and consequently thus far our infection rate fortunately remains low.

As in many other countries, consulting style has had to alter completely and rapidly. All patients apart from emergencies are dealt with, at least initially, by telephone call with a doctor. Many patients email us photographs of their rashes, tonsils, eyes etc to help us make a diagnosis whilst reducing the need for face-to-face consultations. The waiting room remains locked and patients have to ring a bell to be allowed into the building, having first been given an appointment time. Whereas pre-COVID we might have seen fifty or so patients face-to-face per day and done approximately ten telephone consultations, the numbers are now totally reversed, and we see perhaps an average of eight per day face-to-face. The remainder are dealt with on the telephone, plus occasional video and e-consultations. All meetings are held remotely via Zoom or Teams.



One of the advantages of working in a small remote practice is that the Primary Care Team tend to already know, and have formed relationships with a majority of patients. This prior knowledge assists the telephone process immensely and increases awareness of any paraverbal cues [similar to non-verbal cues in face-to-face consultations]. Our list-size is approximately 2500 patients and we have always been able to offer same-day consultations.

As a practice we strive to emphasise the fact that we are still 'open for business', albeit consulting under a different style. I am not aware of any missed or delayed diagnoses and we are even more accessible to some of our patients on the end of a telephone.

However, as a GP for thirty years I must admit I miss the face-to-face PPE-less consultations of yesterday and sincerely hope these will return in the future, albeit whilst continuing to offer a choice of consultation type.

Until then, let's polish our rainbows and reignite our hope for the future!



News from EURIPA

Co-option to the EURIPA Executive Committee

There is currently a vacancy on the Executive Committee and we have the opportunity to co-opt an EURIPA Member on to the Committee until our next Annual Meeting, which will take place during our next Rural Health Forum in Siedlce. If you would like to be considered for co-option please contact the Executive Secretary (Jane@montgomery-powys.co.uk) The deadline for applications is **17th January 2021**.

In memoriam

Sadly I have to report that Dr Derek Browne, a rural GP in the New Forest in England, has passed way in December.



Derek was involved at the start of EURIPA and participated in the inaugural meeting in 1997 in Majorca.



As John Wynn-Jones, who was president of EURIPA at the time, says “Derek was the ultimate enthusiast. It was our joint belief that the main role of EURIPA was to act as an advocate for rural communities and rural health professionals in Europe. We believed that we should reach out to those who needed our help and support”.

Derek introduced and developed the concept of the ‘healthy village’ in the UK and in EURIPA the early work focussed on his ideas around healthy communities.

Mailing lists

As you will be aware Yahoo groups closed down in December 2020. Yahoo Groups had hosted both the EURIPA mailing list and that for the International Advisory Board for many years. As a result of the change new groups have been set up using Google groups.

People are gradually being transferred to the new EURIPA mailing list and you will receive a welcome email when you are added to the list. The transfer has taken place over the holiday period when things have been quieter but if you think you have missed any of the Rural Miscellany you can find all of them on the Rural WONCA Resources web site.

The new mailing list address is EURIPA@googlegroups.com If you haven't received an email welcoming you to the new list in the next couple of weeks please contact me (Jane@montgomery-powys.co.uk)

Rural WONCA Resources can be found at <https://ruralwonca.org/> and is a repository of resources related to rural health. The current focus is on COVID-19 and Health Workforce. Please have a look at what is available on the web site.

EURIPA Covid-19 Survey

EURIPA has launched this survey on the Covid-19 pandemic. Although there are certain common steps in healthcare prevention and management of the Covid-19 pandemic in most European countries, we do not have a good understanding of what is happening across rural Europe. The survey is aimed at understanding what is working well and where the challenges are for rural family doctors and their patients across Europe.

Initial findings were presented at the -e-Forum at the end of September 2020. The survey is in progress, as we would still like to receive more responses in particular from northern and western European countries.

<https://forms.gle/xx9yjYAivusXJibd9>

EURIPA plans to publish the findings and also to collaborate with the other WONCA Europe networks, many of which are undertaking research and studies of their own on the impact of the pandemic.

Social Prescribing

EURIPA held a successful workshop during the Virtual WONCA Europe conference in December. We are currently exploring ways to take this further. In March 2021 the 3rd International Social Prescribing Network Conference - 'Social prescribing & community - beyond the pandemic' will take place (see page 15)

The National Academy for Social Prescribing in England has also announced a new initiative called 'Thriving Communities Network', which builds on the concept of social prescribing and is focused on bringing together local groups, including voluntary, community, faith, and social enterprise groups, to champion and amplify the impact of their work, and inspire innovation. There is more information on their web site at: <https://socialprescribingacademy.org.uk/thriving-communities/>

One of the concerns of Social Prescribing initiatives has always been the sustainability of the partners in the voluntary sector.

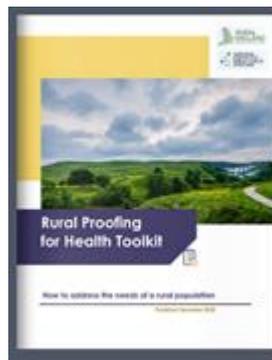
Rural Proofing for Health

In 2000 that the concept of rural proofing was introduced in England. The idea was that all new government policy should be critiqued to ensure that it did not adversely affect rural areas of England and the people who lived and worked in them. Subsequently, in 2004 the Institute of Rural Health published a Rural Proofing for Health Toolkit that could be used by service planners and providers to ensure that rural populations were not forgotten when developing health services. The 2004 Toolkit was revised in 2012 as an on-line only version.

The principles of the original approach have been taken forward in other countries including New Zealand and South Africa and in December 2020 a new version has been published by Rural England CiC. The toolkit has been created “to help organisations working in the health and care sector to address the needs of their local rural populations when they develop or review strategies, initiatives and service delivery plans”.

The toolkit is structured around six main themes: Main hospital services, Primary and community health services, Mental health services, Public health and preventative services, Social care services and Workforce. The new Toolkit is available to download at:

<https://ruralengland.org/rural-proofing-for-health-toolkit/>



"30 by 2030" petition



We are calling for major international donors to dedicate a substantial portion of their vertical (disease-oriented) based budgets to the strengthening of horizontal Primary Health Care systems so that all diseases can be prevented and people treated in a comprehensive way. This puts into practice the WHA Resolution 62.12, urging member states “to encourage that vertical programs, including disease-specific programs, are developed, integrated and implemented in the context of integrated Primary Health Care”. Our target is that 30% of such budgets are allocated to primary care by 2030.

You can find the petition at: <https://30by2030.net/> Please sign the petition and encourage your colleagues to do the same, in order to get as many signatures as possible.

News from WONCA Europe

During the WONCA Europe virtual conference in December the “World Book of Family Medicine – WONCA Europe edition 2020” was published. EURIPA has made two contributions to the Book. You can find the Book at:

<https://www.woncaeurope.org/news/view/the-world-book-of-family-medicine-wonca-europe-edition-2020>

And, thank you to Carl Steylaerts for his help.

WONCA Europe is also publishing a monthly newsletter. You can find the recent edition published on 8th December 2020 at <https://www.woncaeurope.org/news/view/wonca-europe-newsletter-november-2020-edition>

You are invited to sign up to the newsletter by contacting SecretariatEurope@wonca.net

Publications

Our Journal

If you are involved in research or training initiatives in rural health we would welcome a contribution to the **International Electronic Journal of Rural and Remote Health Research Education Practice and Policy**. Original research is always welcomed but there is also the opportunity to send in letters, project reports or personal perspectives.

There is support available to help you get published – new authors are actively encouraged!

As well as the **International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy** (<http://www.rrh.org.au/euro/defaultnew.aspx>) you can also keep up to date with:

Family Medicine and Primary Care Review

https://www.termedia.pl/Journal/Family_Medicine_amp_Primary_Care_Review-95

The European Journal of General Practice: <http://www.tandfonline.com/toc/igen20/current>

The #EURIPA Rural Health Journal, published twice a week:

http://paper.li/EURIPA_EURIPA/1445814103#/

And, WONCA e-news at <http://www.globalfamilydoctor.com/News.aspx>

Recent publications

WONCA world e-update 4th December

Re-thinking European Health Systems – Dr Anna Stavdal

“In July, the invitation to participate in the WHO Pan European Commission landed in my inbox. The newly appointed WHO Europe regional director, Hans Kluge, explained what he wanted the commission to achieve:

Our goal is to position health at the top of the political agenda within the Sustainable Development Goals, and to strengthen the resilience of health and social care systems in the 53 Member States of the WHO European Region.”

It is gratifying indeed that family medicine is the only clinical specialty represented on the forum. Read more of Anna’s report on the Pan-European Commission at this link.

<https://www.globalfamilydoctor.com/News/RethinkingEuropeanHealthSystemsPriorities.aspx>

WHO Bulletin: Primary Health Care – realising the vision

WHO has issued a bulletin with the special theme of “Primary Health Care – realising the vision”. The bulletin references several recent publications especially relevant to PHC. Several of these are co-authored by prominent WONCA luminaries, including WONCA President, Dr Donald Li. This is a great collection of articles on PHC

<https://www.who.int/bulletin/volumes/98/11/en/>

Rural and Remote Health

Original research

Urban–suburban differences in the demographics and clinical profiles of type 2 diabetic patients attending primary healthcare centres in Malta

Tania Cardona, Neville Calleja, Glorianne Lullicino

Social factors might bring about health inequities. Vulnerable population groups, including those suffering from non-communicable diseases such as type 2 diabetes and depression, might be more prone to suffering the effects of such inequities. This study describes the social and health inequities for type 2 diabetic patients attending primary healthcare centres in Malta.

<https://www.rrh.org.au/journal/article/5666>

Identifying patient-related barriers in hypertension control: a multi-centered, mixed-method study in Greek rural practices

Tsimtsiou Z, Kokkali S, Tatsioni A, Birka S, Papaioannou A, Dislian V, Andreou M, Haidich AB, Oikonomidou E.

<https://www.rrh.org.au/journal/article/5710>

Review Article

What influences nurses’ decisions to work in rural and remote settings? A systematic review and meta-synthesis of qualitative research

Seonaid MacKay

https://www.rrh.org.au/journal/early_abstract/6335

EJGP

Opinion paper

Academic general practice/family medicine in times of COVID-19 – Perspective of WONCA Europe

Adam Windak, Thomas Frese, Eva Hummers, Zalika Klemenc Ketis, Sonia Tsukagoshi, Josep Vilaseca, Shlomo Vinker & Mehmet Ungan

Published on-line 18/12/20:

<https://www.tandfonline.com/doi/full/10.1080/13814788.2020.1855136>

More papers in the current edition can be found here:

<https://www.tandfonline.com/toc/igen20/current>

Ruralwonca.org

Don’t forget that there is an amazing resource available to you at www.ruralwonca.org, including all the Rural Miscellany that continue to be produced by John Wynn-Jones on a weekly basis now.

Forthcoming Events

Below is a selection of events for 2021 that may be of interest to EURIPA members. Please send in your events for future editions of *Grapevine* so that we can make this section more comprehensive. Please send to the editor at jane@montgomery-powys.co.uk

Coming up in 2021:

3rd International Social Prescribing Network Conference - 'Social prescribing & community - beyond the pandemic'

4th-5th March, Online

More details are at: <https://www.socialprescribingnetwork.com/conference>

92nd EGPRN meeting – Closing evidence gaps in general practice /family medicine

29th April – 2nd May 2021, Halle, Germany

<https://meeting.egprn.org/>

Second Annual Conference: Changing Practice, Changing Outcomes

National Centre for Remote and Rural Medicine, in collaboration with the RCGP Rural Forum

9th -10th June 2021, Penrith, England

<https://www.uclan.ac.uk/events/listing/national-centre-for-remote-and-rural-medicine-conference-1>

More information will follow soon

26th WONCA Europe virtual conference - Practising Person Centred Care

7-10 July 2021

Deadline for abstracts is 1st February 2021

Link: <https://woncaeurope2021.org>

10th EURIPA Rural Health Forum: Understanding our patients – working closely together

23rd – 25th September 2021, Siedlce Poland and virtual as a hybrid conference

Click on www.euripaforum2021.eu for more information

WONCA World Conference 2020, now WONCA World Conference 2021 – Together, we own the Future

25th to 28th November 2021, Abu Dhabi, UAE

More information at: <http://wonca2021.com>

Travel is still uncertain so watch this space! We will keep you updated through the mailing lists.

And, in 2022

27th WONCA Europe conference

28th June – 1st July 2022, London

More information to follow at: <http://woncaeurope2022.org>

Future Contributions to Grapevine

The next issue of the *Grapevine* will be Spring 2021; contributions are welcome by mid-March for publication in early April. Reminders for contributions will be circulated on the mailing list and announced at the web site.

If you are interested in contributing to the next edition of *Grapevine* please get in touch with the Executive Secretary, Jane Randall-Smith at Jane@montgomery-powys.co.uk . Please think about what you do in your practice and if you would like to contribute, or tell us about research you are doing or have published, an event that is being held in your country please do get in touch.

Grapevine is YOUR Newsletter and new contributors are always welcome.

Happy New Year
And
Best wishes for a safe and
healthy 2021!

Disclaimer:

The views contained in the featured papers above are those of the authors and not those of EURIPA.