**Good Practices in Primary Care**

***NB: A maximum of 10 practices will be presented to Member States at a marketplace event. If more than 10 practices are identified, a selection will be made based on the criteria below, which correlate to the following sections of the template:***

1. Section “Short description: the effective building blocks of the primary care practice”
* *The effective elements (or techniques or principles) in the approach are clearly described and/or justified*
1. Section “Evidence of impact”
* *The practice has been evaluated (internally or externally) taking into account social and economic aspects*
* *The evaluation outcomes demonstrate beneficial impact*
* *All improvements in comparison to the starting point (the baseline) are documented and presented*

 (3) Section “Transferability “

* *The practice entails components or uses tools that allow for repetition/transfer*
* *The practice shows adaptability to different contexts and to challenges encountered during its implementation*
* *The practice has already been successfully transferred/replicated*

 (4) Section “Sustainability”

* *The practice has institutional support, an established organisational and technological structure and stable human resources*
* *The continuation of the practice has been ensured through institutional anchoring, financing and/or ownership by the relevant stakeholders or communities in the medium and long term*

**Guidance to fill the template:**

Please delete the guiding text in blue font and adhere to the line limit indicated by the text in brackets in red. Total length should **not exceed two pages**.

**Template fiche for Good Practice in Primary Care**

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| Title of the practice | *Please provide the title of the practice* *[maximum 2 lines]* |
| Owner(s) of the practice | *Please indicate the organisation(s) which run(s) the practice and will be present at the marketplace event, together with a contact person per organisation [maximum 3 lines]* |
| Location of implementation  | *Please indicate the place(s) (town/city or region/county, and the Member State) where the practice is implemented [maximum 2 lines]* |
| Number of people served by the practice | *Please indicate the current number of people who receive the services of this practice.* *If the practice is being scaled-up, please indicate also the target number and the year to be reached [maximum 4 lines]* |
| Short description: the effective building blocks of the primary care practice | *Please provide a short description of the practice/model, including any of the following points in case they apply:*1. The level of universal coverage and availability (population coverage, affordability, geographic access, availability during out of office hours, responsiveness, outreach to more vulnerable groups)
2. Comprehensiveness of services offered and level of integration and coordination of services (health promotion; disease prevention; reproductive, mother and child health care; childhood illness; infectious illness; chronic care; mental health; palliative care; social care; support to informal care givers; etc.)
3. Person-centeredness (community-based solutions, ways of taking into account population and community characteristics, holistic eco-bio-psycho-social view of individual care, focusing on the "life goals" of the patient, family-centred care, culture sensitivity, patient safety, patients advocacy and participation in the development of services)
4. Aspects of organisation contributing to good performance: allocation of resources according to the needs of the population; quality management; financing and payment model; infrastructure (e.g. facilities, IT systems and medical technology, Point-Of-Care testing); organisational components of coordination and integration (e.g. multi-disciplinary team, team functioning, management and practice governance, clinical information management, organisational adaptability and culture); volume and duration of face-to-face consultations, home visits and telephone consultations; degree of gatekeeping and referrals to specialised trajectories (e.g. in mental health, occupational health, etc.)
5. Human resources: needs, supply and profile of primary care workforce; the mix of responsibilities, of disciplines and of skills; promotion of training and upskilling for staff, including public life-long learning opportunities; role of nurses; role of community pharmacists; role and function of managers; motivation policies; role of professional organisations in shaping services

 *[maximum 40 lines]* |
| Evidence of impact | *Please provide, where possible in quantitative terms (i.e. with numbers and showing the improvement compared to the previous state/baseline), the evidence of impact in terms of health outcomes, patient/citizen experience of care, and use of care resources. In bullet form, e.g.:** *reduction of hospital admissions by [number]*
* *improvement in quality of life*
* *percentage of people supported out of hospital*
* *percentage of people able to look after their health and well-being*
* *cost-effectiveness (in numbers, according to a published analysis/study)*
* *Time to reach the primary care practice*
* *Waiting times for non-urgent consultations (within 24 hours?)*
* *Patients satisfaction indicators*
* *Patient outcomes indicators (e.g. improvement on behavioural aspects)*

 *[maximum 15 lines]* |
| Transferability | *Please indicate whether the practice has already been transferred / replicated in another location and where exactly.**Please indicate up to 5* ***transferable*** *elements/components of the practice, e.g.:** *transferable element/component 1*
* *transferable element/component 2…*

 *[maximum 10 lines]* |
| Sustainability | *Please indicate whether the continuation of the practice is ensured and, if yes, what institutional and budgetary support is provided**[maximum 10 lines]* |
| Lessons learnt | *Please provide up to 5 lessons learnt (about success factors and/or barriers) in bullet form, e.g.:** *lesson learnt 1*
* *lesson learnt 2…*

 *[maximum 8 lines]* |
| Links for detailed information | *Please provide web-links to e.g. publications or reports, where more details about the description and evidence of the practice (or its constituent programmes) can be found.**[no limit as long as the fiche remains maximum 2 pages long]* |