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Informal meeting of the ER-WCPT Member Organisations in Vancouver

The European Region of the WCPT would like to announce to all the Member Organisations that on 30 May 2007 in the afternoon an Informal Meeting for ER-WCPT Member Organisations will take place in Vancouver, Canada, related to the 2007 WCPT General Meeting.

The programme for the meeting, a registration form and further details will be provided in the near future for the Member Organisations.

Please note that Member Organisations may send no more than three delegates to the informal meeting.

Helsingborg Declaration 2006 on European Strokes Strategies

The Helsingborg Declaration 2006 on European Strokes Strategies has been published. The content of the declaration was discussed at the Second Consensus Conference on Stroke Management which took place from 22 to 24 March 2006 in Helsingborg, Sweden. The meeting was arranged by the International Stroke Society, endorsed by the European Stroke Council and International Stroke Society, and co-sponsored by the WHO Regional Office for Europe. It was arranged in collaboration with the European Region of the World Confederation for

Physical Therapy and the European Association of Neuroscience Nurses. The patients' organisation Stroke Alliance for Europe also participated. The First Vice Chairman, Sigrun Knutsdottir, represented the ER-WCPT at the Conference.

The adopted Helsingborg Declaration 2006 on European Stroke Strategies is a statement of the overall aims and goals of

five aspects of stroke management (organization of stroke services, management of acute stroke, prevention, rehabilitation, evaluation of stroke outcome and quality assessment) to be achieved by 2015.

For further information:

http://www.euro.who.int/document/E8924_2.pdf

Summary of the Executive Committee Meeting in Köln, Germany, on 1-3 December 2006

The last Executive Committee Meeting of the European Region focused primarily on the revision of the WG's proposals to develop the future activities 2006 – 2008 approved at the 5th General Meeting of the European Region. Each chairmen presented specific actions for each of the activities as suggested by the WGs. The Executive Committee reviewed and agreed them.

The meeting also focused on the situation of the IMI project, EU grant for two ER-WCPT projects, the ER-WCPT informal meeting in Vancouver, Canada, previous the WCPT General Meeting, the 2nd Education Congress, the Clinical Guidelines conference and the ER-WCPT membership application to G.I.N.

IMI Project – The Collaboration of the ER-WCPT with the EU Commission in a pilot project named **Internal Market**

Information (IMI) and related to the Recognition of Professional Qualifications, and specifically to the obligation of the Member States concerning administrative cooperation on this matter was reviewed. As the Member Organisations had been informed, several meetings have been hold with the EU Commission in which the Commission had expressed the value of work developed by the region. The pilot project is still under developing and further meetings will take place.

EU grant for two ER-WCPT projects - Two projects submitted to the EU Commission asking for grants for their development had been approved. The themes of the projects were as follows:

1. Staying clean: Guide exercises programme to support smokers / ex-smokers in giving up.

2. Pain in the back? Guide exercises programme for avoiding back pain in children and teenagers.

ER-WCPT informal meeting in Vancouver - The European Region of the WCPT will held an Informal Meeting for ER-WCPT Member Organisations on 30 May 2007 in the afternoon, in Vancouver, Canada, related to the 2007 WCPT General Meeting. The programme for the meeting, a registration form and further details will be provided in the near future for the Member Organisations. Member Organisations may send no more than three delegates to the informal meeting.

ER-WCPT Congress on Physiotherapy Education in 2008

The Chairman of the Education WG informed the meeting about the activities undertaken to prepare the 2nd Congress on Physiotherapy Education as follows:

- Budget - Contract: The Chairman and the Treasurer had signed on behalf of the Region the contract with the Swedish Association.
- The Organising Committee and the Scientific Committee for the Congress had been established.
- Announcement of the Congress: 1st announcement would be made on 26 March 2007 before the WCPT Congress. Promotion of the Congress would also take place at the WCPT Congress in 2007, using

the WCPT stand. 2nd announcement containing the preliminary programme was due for 1st November 2007.

- Invitation to key note speakers: An invitation to the Key note speakers would be sent on 1st December 2007.
- Call for abstracts: A call for abstracts would be announced on 1st June 2007 with a deadline fixed by the 15th December 2007.
- Reviewers: Reviewers for the abstracts would be selected from the ER-WCPT, NUF, ICEP (International Society of Educators in Physiotherapy) and ENPHE.
- Keynote Speakers: The following four themes for key note speakers were agreed: 1 – Continuing professional development in a life long perspective; 2 – Distance learning – implementation of new ideas and technologies; 3 - Bridging Theory and practice; and 4 – Developing learning and practice – in clinical practice and learning communities.

Conference on Clinical Guidelines – 27 Member Organisations were presented at the Conference on Clinical Practice Guideline Development and Implementation to learn and to exchange information held on 10 November 2006 and at the International Programme held on 11 November 2006, in Amsterdam, the Netherlands. The Executive Committee thanked the Professional Issues, WG and

its Chairman and, the Netherlands Association who host the event, for the success of the Conference. The presentations and a report of the Conference will be posted on the ER-WCPT website.

The Guidelines International Network (GIN) - Following the recommendation of the Conference on Clinical Guidelines, the ER-WCPT will apply for membership of GIN.

The Guidelines International Network (G.I.N.) is an international non-profit association of organisations and individuals involved in clinical practice guidelines. Founded in November 2002, G.I.N has grown to 70 organisational members and partners representing 34 countries from North and South America, Asia, Europe and Oceania, plus the WHO. G-I-N aims to improve the quality of healthcare by promoting systematic development of clinical practice guidelines and their application into practice, through supporting international collaboration.

ER-WCPT Network on health promotion and healthy life styles

The Professional Issues Working Group is pleased to inform the Member Organisations that following the willingness expressed by the delegates at the 2006 GM of receiving further information on health promotion and healthy life styles projects, an example from Norway could be found after these lines. Nevertheless the Professional Issues WG would like to encourage the MOs to send their experiences to the secretariat to be published in future newsletters since they could be very helpful for other MOs involved in similar items, and could also help to solve possible problems or to establish further cooperation.

MOs are also asked to review their information projects and contact person for

each posted on the ER-WCPT database.

The Healthy Life Centre in Norway

In 1996 "Frisklivssentralen", The Healthy Life Centre was established in Modum, Norway.

The Healthy Life Centre's objectives are:

- to make it easier for people to make healthy decisions
- to help make Modum Municipality an active and health-promoting municipality.

An important area of concentration for the Healthy Life Centre has been the development of "Frisklivsresepten", The Healthy Life Prescription, which is currently

in use in 13 municipalities in two counties (Buskerud and Nordland).

The Healthy Life Prescription is an arrangement whereby health personnel refer patients who would benefit from changing their habits or maintaining healthy habits within the areas of physical activity, nutrition and tobacco. The Healthy Life Prescription is a low threshold service, which means it has low patient charges. The focus is on providing opportunities for people despite illness and complaints, with the emphasis on mastering and positive experiences.

Patients are referred to a health interview, which is a professional interview focusing on lifestyle which has been developed by the Healthy Life Centre. The health interview is based on the principles of "Motivational interviewing", and is conducted by physiotherapists with special skills in this field. Objectives and plans are developed for the prescription period. The

plan includes offers of healthy life services or other initiatives if this is more appropriate.

The Healthy Life Centre offers prescription participants:

- A health interview at start-up and after three months.
- A fitness test at start-up and after three months.
- Healthy life activities: basis activities, water aerobics, spinning, music trim, circle training
- Courses: nutrition and quit smoking courses

For further information on this project: Malene Haneborg mah@fysio.no

Promotion of the field of the physiotherapist activities, also dealing with political issues related to it.

In order to assist Member Organisations in promoting physiotherapy related activities and in dealing with political issues, it is the Professional Issues Working Group intention to offer its assistance in issues related to these topics. To do so the Member Organisations are invited to share

achievements and successful examples of promotion and government negotiations with the other ER-WCPT members. In particular successful strategies should be highlighted, which may allow other MO's utilise such successes as references to deal with their governments and National

Health Service bodies. As an example, achievements of the Chartered Society of Physiotherapy (UK) in the field of physiotherapy led self-referral schemes are presented:

In Huntingdonshire, patients can call PhysioDirect and two thirds are successfully treated over the telephone. This frees up time for those who need face to face care and also means that community physiotherapists can be directed to people who are housebound immediately. This lead among others to better clinical outcome, due to earlier access to the right part of the system and improved patient compliance and represented a saving of £74 (approx. 110€) per hour if patients did not have to be referred on by a GP.

In Southampton, the three local PCTs have collaborated to set up eight one-stop clinics for musculoskeletal problems situated in walk-in centres and community hospitals, each specialising in a different part of the body. Specialist physiotherapists screen referrals so that only the most complicated

are passed on to the orthopaedic surgeon. Multiprofessional teams, comprising physiotherapists, podiatrists, occupational therapists, radiographers and GPs with a special interest in orthopaedics, treat the rest. Investigations such as x-ray, nerve conduction studies, MRI and blood tests can be ordered as appropriate. These leads among others to a reduction in waiting times from 78 weeks to 6 weeks and over 60% of patients on orthopaedic waiting lists do not need to see an orthopaedic surgeon any longer and appointment costs are just one third of the secondary care equivalent. (Information used with the kindly permission of the Chartered Society of Physiotherapy)

It is the hope of the Professional Issues Working Group to receive more such examples to share them with the other Member Organisations.

For further information on this project:
Natalie Beswetherick
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EU Health Strategy – Public Consultation

Most competence for action in the field of health is held by Member States, but the EU has the responsibility, set out in the Treaty, to undertake certain actions which complement the work done by Member States, for example in relation to cross border health threats, patient mobility, and reducing health inequalities. The

European Commission is currently developing a new Health Strategy which it aims to adopt in summer 2007. Building on current work, this Strategy aims to provide, for the first time, an overarching strategic framework spanning core issues in health as well as health in all policies and global health issues. The Strategy aims to set

clear objectives to guide future work on health at the European level, and to put in place implementation mechanisms to achieve those objectives, working in partnership with Member States.

A discussion document on operational aspects of the Health Strategy is available for comment until 12 February 2007.

http://ec.europa.eu/health/ph_overview/Documents/strategy_discussion_en.pdf

The Health Strategy has been in development over the past years. In May 2000 a Communication on health strategy at EU level was adopted. This [Communication](#) called for concentrating resources where the Community can provide real added value, without duplicating work which can be better done by the Member States or [international organisations](#). Supported by the public health programme, it led to the development of public health activities and to strengthening links to other [health-related policies](#).

General health policy lines were set out in the concept of a Europe of Health (in 2002). Work was undertaken on addressing health threats, including the creation of a European Centre for Disease Prevention and Control (ECDC), developing cross-border co-operation between health systems and tackling health determinants. The Community's health information system provides a key mechanism

underpinning the development of health policy.

<http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/02/426&format=HTML&aged=0&language=EN&guiLanguage=en>

In 2004, in order to review the May 2000 Health Strategy and consider whether and how it needed to be revised in the light of developments, the Commission launched a reflection process on enabling good health for all. The results of this reflection process will feed into the new Health Strategy.

http://ec.europa.eu/health/ph_overview/strategy/reflection_process_en.htm

The EU Health Forum, which brings together organisations active in health to advise the European Commission on health policy, is also a key element of the EU Health policy. The Forum enables the health community to participate in health policy making from the start. EU health policy increasingly involves co-operation with and between the Member States, in particular on cross-border issues such as patient mobility.

For further information:

http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

50th anniversary of the Serbia Association

The Chairman of the ER-WCPT, Antonio Lopes, had attended, on invitation, the celebrations of the 50th anniversary of the Serbia Association.

He has presented the congratulations from the international community of physiotherapists, and in particular from the President and Secretary General of the WCPT, that have also been invited but where not able to attend the event, and from the Executive Committee of the European Region.

He had spoken in the celebrations stressing the historical importance of the national professional organisations on the



global development of the profession, and attended the media events supporting the association.

The Region congratulates its colleagues of Serbia in its celebration.

German Presidency of the EU – Health Priorities

The German Presidency of the EU started on 1 January for a period of six months till 31 June 2006.

The German [EU presidency's website](http://www.eu2007.de/) (<http://www.eu2007.de/>) has been launched on the 1st January 2007 together with an [ambitious programme](http://www.auswaertiges-amt.de/diplo/en/Europa/Uebersicht.html) (<http://www.auswaertiges-amt.de/diplo/en/Europa/Uebersicht.html>) that, according to Ms Angela Merkel, Chancellor of Germany, will have two phases:

- Until March 2007 debates on reforming economic and social policies and reducing red tape for the European

industry will top the agenda.

- Phase two will follow the 50th birthday of the EU, celebrated in Berlin on March 25, and will herald the debate on Europe's future after the rejections of the European constitution in 2005.

The Berlin health priorities are health promotion, innovation, and access to healthcare.

The Presidency will aim to:

- Finalise the health action programme until 2013;
- Develop a Community framework on health services;
- Implement International Health

Regulations;

- Co-operate with the WHO on health promotion;

- Develop pandemic preparedness further;

- Co-operate with the European

Center for Disease Prevention and Control;

- Adopt Council conclusions on AIDS and civil society prevention;

Health events planned by the German presidency are:

Event	Date	Venue	Topic
Conference	15-16 January	Potsdam	Future Prospects for Health Services in Europe
Presentation to EP	22 January	European Parliament	Health Minister Ulla Schmidt presents priorities
Health Council	22 February	Brussels	Meeting of Health Ministers
Conference	25-27 February	Badenweiler	Prevention through Healthy Diets and Physical Activity
Ministerial Conference	12-13 March	Bremen	Partnership and Responsibility - Together Against HIV/AIDS
Conference	22 March	Bilbao	"Safe Start!" - Concluding Event of the European Week for Safety and Health at Work 2006
Meeting	26-27 June	Berlin	Meeting of Chief Medical Officers
Conference	17-18 April	Berlin	Demographic Change: Recognizing Opportunities - Tapping Potential - Fostering Growth
Meeting	19-20 April	Aachen	Informal Meeting of Health Ministers
Meeting	7-8 May	Berlin	High-Level Committee on Public Health
Conference	7-8 May	Dortmund	Limit Values for Chemical Substances in the Workplace - Healthy Working Conditions in the Global Economy
Meeting	14-15 May	Berlin	Informal Meeting of Drug Commissioners
Health Council	30-31 June	Brussels	Meeting of Health Ministers
Conference	11-12 June	Bonn	Pharmaceutical Innovation - Personalised Medicine
Conference	18-20 June	Berlin	15th European Social Services Conference: Opportunity for All: the challenge for social and health services in a diverse Europe

The German presidency plans also to launch the so-called “team presidency” which means that three countries Germany, Portugal and Slovenia (whose Presidencies follow in the second half of 2007 and first half of 2008), are going to work together over the 18-month period.

This new approach seeks to build continuity with regards to the content of strategies and policies. As such, the team members will work together on various issues and will jointly organise conferences and events.

3rd World Health Care Congress Europe, 2007

The World Health Care Congress Europe 2007 is presented for the 3rd consecutive year and will take place on **26-28 March 2007** at the Fira Palace Hotel in **Barcelona, Spain**.

Organised under the high patronage of the European Commission, the World Health Care Congress Europe is the only major international forum where over 500 health leaders share best practices and successful initiatives for improved delivery and outcomes in Europe. Thought leaders include Health Ministers, leading government officials, hospital directors, IT innovators, decision makers from public and private insurance funds,

pharmaceutical and medical device companies, and health care industry suppliers.

Four focused Summits will give attendees a unique opportunity to discuss pertinent issues in depth and to determine actionable plans with their colleagues:

- Chronic Disease Management and Patient Empowerment
- Implementing IT Systems
- Paying for Performance
- From Electronic Health Records to Personalised Healthcare

For further information:

<http://worldcongress.com/events/NW715/?confCode=NW715>

Launch of the EFC Policy Glossary: European Perspective on Global Health

On 13 November 2006, the European Foundation Centre (<http://www.efc.be/>) launched the publication “European Perspectives on Global Health: A Policy Glossary” in Brussels.

John Wyn Owen, from the Madariaga European Foundation and the Chair of the European Partnership for Global Health

(EPGH), briefly introduced the objectives of the network.

Ilona Kickbusch, also from EPGH, gave a summary of the glossary, followed by short presentations by Robert Madelin, the Director General of DG Health and Consumer Protection; Marc Danzon, the Regional Director of WHO Regional Office

for Europe; Anna Ehrnrooth, the Health Attaché for the Permanent Representation of Finland; and Isabel Mota, Trustee for Fundação Clouste Gulbenkian.

There was general support for the glossary which highlights the importance of developing a European strategy for global health. In addition, the need for broad dissemination of the document was recognised and, as a result, EPHA and

other organisations offered to display copies of the document at up-coming global events.

The European Foundation Center welcomes comments to the Policy Glossary, which can be sent to the following email address: globalhealth@efc.be.

Further information:
<http://www.efc.be/4209>

Euro-barometer on health, food and nutrition

Most Europeans consider themselves to be in good health, but 38% feel they are overweight. These are two of the main results of the latest Euro-barometer on Health, Food and Nutrition presented by the European Commission on 9 November.

The survey reveals that 95% of EU citizens agree that obesity is harmful for health. However, most respondents report feeling trapped in a sedentary life that restricts their attempts to lead a healthy lifestyle.

55% of Europeans think that their weight is about right. 38% of Europeans think that their weight is too high. And more women (44%) than men (32%) consider that they are overweight. The lifestyle of EU citizens, in particular a lack of time, appears to be the main obstacle to healthy eating and exercise.

83% of respondents agree that childhood obesity has increased over the last 5 years. Nine out of ten respondents consider that

food advertising and promotion influences children in their food and drink choices.

On physical activity, less than 30% of Europeans carry out "intensive" exercise on a regular basis. Respondents declared that they spend on average just over six hours a day sitting during a normal day. Few Europeans play sport or participate in recreational or leisure activities in an intensive way.

Most Europeans (85%) feel public authorities should play a stronger role in fighting obesity.

The Euro-barometer on Health, Food and Nutrition is available at:
http://europa.eu.int/comm/health/ph_publication/eurobarometers_en.htm

For further information:
http://europa.eu.int/comm/health/ph_determinants/life_style/nutrition/nutrition_en.htm

Commission acts to reduce alcohol-related harm

On 24 October, the European Commission adopted a Communication setting out an EU strategy to support Member States in reducing alcohol-related harm.

The Communication addresses the adverse health effects of harmful and hazardous alcohol consumption, which is estimated to cause the deaths of 195.000 people a year in the EU.

Commission action: The strategy focuses on working closely with Member States and stakeholders at reducing alcohol-related harm. The priority areas identified are:

- to protect young people, children and the unborn child;
- to reduce injuries and deaths from alcohol-related road accidents;
- to prevent harm and violence among adults;
- to raise awareness of the impact of harmful alcohol use; and
- to develop a common evidence base.

The Commission will aim to implement these priorities through actions including:

Setting up an "Alcohol and Health Forum" of interested parties by June 2007. The Forum will focus on topics such as research, information and data collection, and education.

Improving coordination between actions aimed at drink-driving and road safety, including those supported by the Public Health Programme.

Working with stakeholders to promote responsible marketing and sales, especially with regard to marketing aimed at young people. One aim will be to reach a code of commercial communication implemented at national and EU level.

The Commission does not intend to introduce new legislative proposals, but it will report regularly on the implementation of the EU strategy, based on regular reporting from Member States.

