

ROAD MAP for Work Group 1: Creating the validating stakeholder panel for the Vision Summit.

The primary task of Work Group 1:

To bring together, inform and prepare a panel (or “Parliament”?) that will be transparently representative of the key stakeholders to the hospital pharmacy profession in Europe (especially, but not exclusively, patients).

This panel/parliament will scrutinise, test and ultimately decide whether to validate and approve all intended outputs of the EAHP Vision Summit 2014, including statements, action plans etc.

Why?

The Steering Group of the EAHP 2014 Vision Summit assess that in order to be an effective exercise with long term outcomes, any Vision for the future of hospital pharmacy in Europe needs to be “bought into” by key stakeholders of the hospital pharmacy profession. The Summit should not be interpreted by external audiences as simply “hospital pharmacists talking to hospital pharmacists”.

Credibility should be given to the outcomes of the Summit if it is clear that what has been produced has been robustly checked by those whose interests in the development of the hospital pharmacy profession can be very clearly seen as patient-driven.

Principal activities of Work Group 1 to achieve its task:

- 1.** Develop a criteria for membership and participation in the stakeholder panel that is transparent, reasonable and stands up to external scrutiny
- 2.** Issue invitations to stakeholders in a manner likely to secure participation
- 3.** Work with stakeholders to adequately prepare their knowledge and interest in hospital pharmacy and help stakeholders to appreciate the relevance of hospital pharmacy activity to the stakeholder community they represent

4. Develop the voting mechanisms, agenda and operating procedures of the Summit itself
5. Provide linkage between the work of the other Working Groups.
6. Perform the communication, marketing and awareness raising activity of the overall Vision Summit (before, during and after)

TASK ONE: THE CRITERIA FOR MEMBERSHIP AND PARTICIPATION

This will be one of the earliest and most important tasks of the Working Group.

The Draft Criteria for participation at this stage include:

- The organisation must be European-wide in its scope
- The organisation's remit must be firmly within the health sector
- The organisation must be sufficiently independent of industry or commercial interest to the satisfaction of the Vision Summit Steering Group
- The organisation must be willing and able to invest a requisite amount of time and energy to participation in the Summit, including time spent in preparation for the event

There can roughly be described two kinds of panelists: patient, and health system. At this stage, organisations in mind to approach include:

Patient organisations	Health system organisations
1. European Patients Forum (EPF)	1. Standing Committee of European Doctors (CPME)
2. European Consumers Organisation (BEUC)	2. European Federation of Nursing Organisations (EFN)
3. International Diabetes Federation – Europe	3. Pharmaceutical Group of the European Union (PGEU)
4. European Public Health Association (EPHA)	4. Union of European Medical Specialists (UEMS)
5. European Cancer Patient Coalition	5. European Specialist Nurses Organisation (ESNO)
6. European MS coalition	6. European Society of Oncology
7. Age Platform Europe	

<p>8. Alzheimer Europe</p> <p>9. European Heart Network</p> <p>10.European Institute of Women's Health</p> <p>11.European AIDS Treatment Group</p> <p>12.European Liver Patients Association</p> <p>13.European Federation of Allergy and Airway Diseases Patients Association (EFA)</p> <p>14.European Organisation for Rare Diseases (EURORDIS)</p> <p>15.European Parkinson's Disease Association (EPDA)</p>	<p>Pharmacists (ESOP)</p> <p>7. European Society of Clinical Pharmacists (ESCP)</p> <p>8. European Industrial Pharmacists Group (EIPG)</p> <p>9. European Hospital and Healthcare Federation (HOPE)</p> <p>10.European Association of Hospital Managers (EAHM)</p> <p>11.European Pharmacy Students Association (EPSA)</p> <p>12.International Pharmaceutical Federation (FIP)</p>
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TASK TWO: ISSUE INVITATIONS TO STAKEHOLDERS IN A MANNER LIKELY TO SECURE PARTICIPATION

EAHP President Dr Roberto Frontini and the Policy and Advocacy Officer are scheduled to meet with Nicola Bedlington, CEO of the European Patients Forum, and with the European Consumers Organisation (BEUC), on Friday 31 January 2013. A tentative meeting with the European Cancer Patient Coalition is scheduled for the afternoon of Thursday 21st February.

This will be an early opportunity to discuss the potential involvement of these organisations in the project, and their needs in terms of resource to commit to the project. The meetings can also consider the best ways to secure the involvement of other patient group partners, the best ways to explain and present the concept, and demonstrate the benefits of the Vision Summit in relation to the continual improvement of patient care.

It should be the aim of Working Group 1 to have commenced the process of inviting patient and other groups to participate in the project by the time of the 18th Congress of the EAHP in Paris, 13-15 March 2013.

TASK THREE: WORK WITH STAKEHOLDERS TO ADEQUATELY PREPARE THEIR KNOWLEDGE AND INTEREST

In the year from March 2013 to Q2 2014 (expected date of Summit) a structured process should be followed of engaging participating organisations in the key themes and intended outcomes of the Summit. Elements of this process could include:

- Invitations to tour hospital pharmacies
- Half-day information sessions about key elements and challenges in hospital pharmacy
- Provision of background learning materials
- Online forums and Q&As on hospital pharmacy

More precise details of the nature of this process should be subject to discussion with the participating organisations themselves so it is best tailored to their expressed needs.

A task 3 activity might also include surveying patient group understanding of hospital pharmacy at the outset stage of the project. This could form a benchmark measurement to gauge the extent to which the project heightens patient group understanding of hospital pharmacy over time.

Task 3 will also include working to refine language etc of other Working Group outputs to make these friendly for individuals from lay, or non-pharmacist, backgrounds to understand and engage with.

TASK FOUR: DEVELOP THE VOTING MECHANISMS, AGENDA AND OPERATING PROCEDURES OF THE SUMMIT

Subject to discussion with the Vision Summit Steering Group, other Vision Summit Working Groups and the participating organisations, issues requiring further clarity and definition include:

- on what the stakeholder panel is likely to vote on at the Summit;
- the process (if decided to be made available) for organisations/individuals to amend proposed statements and outcomes;
- whether there will be any vote-weighting e.g. to strengthen the voice of patients over health professionals;
- whether the voting will be open or anonymous;
- potential standing orders/procedures for the event for purposes of clarity, transparency and the smooth running of the Summit; and,
- the identification, if deemed required, of a suitable moderator/convenor of the Summit.

Working Group 1 should aim to have some of these elements in place by May 2013 to enable the General Assembly to consider, and most of these elements in close to final form by the time of the Autumn 2013 EAHP Board Meeting.

TASK FIVE: PROVIDE LINKAGE BETWEEN THE WORK OF THE OTHER WORKING GROUPS.

Working Group 1 will need to maintain a strong sense of the progress of the other Working Groups of the Vision Summit project, and especially the issues and likely areas they will bring before the stakeholder panel at the Summit itself. Therefore there will be a coordination role for WG1 in trying to encourage outputs from the other groups that have an overall coherence by the time of their presentation to the stakeholder panel. There may also be cases in which early feedback from stakeholders on current Work Group activity could be useful and required (e.g. potentially contentious or controversial suggestions).

TASK SIX: PERFORM THE COMMUNICATION, MARKETING AND AWARENESS RAISING ACTIVITY OF THE OVERALL VISION SUMMIT

In engaging external audiences in the work of the Summit, and presenting its value to others, it falls naturally within the sphere of Work Group 1 to also lead in the more general marketing and awareness-raising of the Summit to a wide variety of audiences including:

- hospital pharmacists across Europe;
- hospital pharmacists globally;
- health system managers;
- political decision makers at the global, European, national and regional level;
- health and pharma sector journalists, commentators and opinion formers; and,
- the broad public.

The duration of this responsibility will run from the present time as well as after the Summit i.e. publishing and promoting the Summit outcomes.

This activity could include the production of marketing materials such as brochures and also online videos (e.g. explaining what a hospital pharmacist does). It will also include briefing the media what the Vision Summit's purpose, output and desired outcomes are.

The Congress in 2013 will provide some initial opportunities in this regard, with the 2014 Congress a major opportunity for marketing and awareness raising ahead of the Summit.

MEMBERSHIP OF WORK GROUP ONE AND ITS MODE OF OPERATION

Work Group one will be led by Dr. Roberto Frontini (President) and Richard Price (Policy and Advocacy Officer - PAO).

The Work Group leaders will review progress on key tasks and activities at the existing weekly call between the PAO and President.

Further expertise may be drafted in to assist the Work Group on either an ad hoc or systematic basis e.g. individuals at ASHP, FIP etc who can give perspectives, experience and advice. There is potential scope and value for one bespoke meeting of the Work Group (President, PAO, Policy Group and invited individuals) in 2013, aligned to a Board Meeting, potentially the Autumn meeting.

TIMELINE FOR ACTIVITY

ACTIVITY	Quarter 1 2013	Quarter 2 2013	Quarter 3 2013	Quarter 4 2013	Quarter 1 2014	Quarter 2 2014	Post Summit
TASK 1: DEVELOP CRITERIA FOR MEMBERSHIP AND PARTICIPATION							
TASK 2: ISSUE INVITATIONS TO STAKEHOLDERS IN A MANNER LIKELY TO SECURE PARTICIPATION							
TASK 3: WORK WITH STAKEHOLDERS TO ADEQUATELY PREPARE THEIR KNOWLEDGE AND INTEREST							
TASK 4: DEVELOP THE VOTING MECHANISMS, AGENDA AND OPERATING PROCEDURES OF THE SUMMIT ITSELF							
TASK 5: PROVIDE LINKAGE BETWEEN THE WORK OF THE OTHER WORKING GROUPS.							

ACTIVITY	Quarter 1 2013	Quarter 2 2013	Quarter 3 2013	Quarter 4 2013	Quarter 1 2014	Quarter 2 2014	Post Summit
TASK 6: PERFORM THE COMMUNICATION, MARKETING AND AWARENESS RAISING ACTIVITY OF THE OVERALL VISION SUMMIT							

Budget to reserve for activity of Work Group 1:

31 January meetings with Patient Groups:	c. 600 euros
Budget to support patient group participation (including hospital pharmacy visits, online forum/material development and potential reimbursement of time e.g. if one or two groups are participating as leaders of the panel)	c. 8,500 euros
Reserve budget for external marketing support	c.8,000 euros
	17,100 euros

RISK MANAGEMENT

Risk Rating Matrix

	CONSEQUENCE					
		Insignificant	Minor	Moderate	Major	Catastrophic
LIKELIHOOD	Almost Certain	Low	Significant	High	High	High
	Likely	Low	Significant	Significant	High	High
	Possible	Low	Low	Significant	High	High
	Unlikely	Very Low	Low	Significant	Significant	Significant
	Rare	Very Low	Very Low	Low	Low	Significant

	Potential Risk	<i>Likelihood</i>	<i>Severity</i>	<i>Risk</i>	Treatment
1.	Patient and stakeholder organisations do not see value in participation and giving their limited time and resource to assist the Vision Summit	Possible	Major	High	WG1 to develop the value proposition ahead of 31 January meetings Potential reserve budget to assist some organisations in participation
2.	The own interests or perspectives of participating organisations come into conflict with the Vision Summit propositions of other Working Groups e.g. some stakeholders take a strongly opposing view to suggestions from WGs 2-5.	Possible	Moderate	Significant	WG1 to manage liaison of stakeholder panel with early work of the Summit Working Groups to identify any areas where this could occur and facilitate discussion. WG1 to develop amendments and voting procedure in part to manage this scenario to productive outcome.
3.	Patient and stakeholder organisations do not fully understand what their expected role and contribution to the Vision Summit is and therefore are unable to provide full value to the process	Possible	Moderate	Significant	WG1 to develop clarity of explanation of role of stakeholders in conjunction with VS Steering Group and the stakeholders themselves.
4.	Vision does not achieve much attention from profession, journalists and health system decision-makers	Possible	Moderate	Significant	WG1 charged with marketing and awareness promoting responsibilities. Potential reserve budget for marketing activity support.