Minutes of the

FIRST BEN II-STEERING GROUP MEETING
Ministry for Health, Social Affairs, Women and
Family of North Rhine-Westphalia (MGSFF)
Düsseldorf, September 13th 2004
10.00 - 16.00

Participants:
Dr. Helmut Brand, Institute of Public Health NRW
Prof. John K. Davies, University of Brighton
Jürgen Deckers, MGSFF
Ixhel Escamilla, Institute of Public Health NRW
Dr. Eleni Jelastopulu, University of Patras
Dr. Peter Schröder, Institute of Public Health NRW
Dr. Jaroslav Volf, National Institute of Public Health
Dr. Birgit Weihrauch, MGSFF
Dr. Michael Wüstenbecker, KVWL (until 12:30)

Partners unable to attend:
Dr. Reli Mechtler, University of Linz
Kieran Hickey, The Health Boards Executive
1. Welcoming

The meeting was opened by Dr. Birgit Weihrauch who welcomed all participants and stressed that, more than ever before, with 10 new Member States joining the EU now, projects like BEN II acquire special importance for the European Commission.

2. Introduction to the Project: BEN II objectives and methodology

- The background of BEN II was presented. The Paper “Rapid Appraisal Methodology for ‘health for all’ policy formulation analysis” by Peiró et al. (Health Policy 62, 2002: 309-328) delivers a central methodology for BEN II. However, the way they use the term ”gold-standard” is ambiguous. It is better to use the term “reference framework” instead.

- The ”rapid appraisal methodology” by Peiró et al. is found to be a good method, nevertheless the steering group should not copy it uncritically but make adaptations to this methodology, regarding, for example, dimensions and levels, where appropriate.

3. Stages of the project and deliverables

3.1 Presentation

The phases of the project and the deliverables are:

Phase 1: (until May 2005)
- Development of benchmarking methodology.
- Professional benchmarking training for project partners.
- Construction of the reference framework (what used to be called ”gold-standard” in the application).
- Literature research on health management.
- Development of health performance indicators.

Phase 2: *(from Nov 2004 – May 2006)*
- Construction of a short questionnaire to be completed by European regions.
- In-depth interviews with decision makers and other key personnel.
- Collection of statistical data.

- Analysis of questionnaires and interview information.
- Construction of organigraphs for each region.
- Stratification of regions according to their politico-cultural and also to their epidemiological background.
- Identification of good practice models for each stratum.
- Three or four dimensional framework of health programme performance.

- International conference with different workshops to present and discuss results.
- Final report

### 3.2 Clarification of deliverables

- According to the project calendar the short term deliverable which should be presented to the Commission is the Interim Report in July 2005.

- The BEN I experience showed that questionnaires, like those which were dispatched in BEN I, are not suitable. Rather, face to face in-depth interviews shall be conducted in the respective regions to obtain the necessary information for the project.

- The question was raised as to who would be in charge of conducting the interviews in the respective regions and obtain the data and information from there. It was clarified that each member of the steering group should be responsible for obtaining the information and data from his or her respective region. The interested members of the Regions for Health Network (RHN) shall do the same in their regions.
Leading questions for the interviews will be derived from the filled-in reference frameworks.

Related to the literature research, it was stated that e.g. also Russian literature in Russian should be considered, because otherwise there is a risk of missing relevant information. It was said that with the conduct of in-depth interviews, regional particularities could be better established in a face-to-face situation than with a questionnaire.

3.3 Participating Regions

It was pointed out that the principal group of regions is formed by the steering group members who represent the following regions: England (UK), Ireland (Ireland), Moravia-Silesia (Czech Republic), North Rhine-Westphalia (Germany), Upper Austria (Austria), Western Greece (Greece). It was also specified that WHO is presently discussing a contract with the European Commission for Wendy Tse Yared of the WHO Regions for Health Network to participate as a steering group member in the project and to coordinate the finances of other Regions for Health Network partners who want to participate in the project. Additionally, it was mentioned that the interested RHN-Members so far come from: Portugal, Hungary, Switzerland, Bulgaria, Sweden and Russia.

4. Definitions

“Benchmarking”: the partners agreed to the proposed definition but added that it would be good to ask the benchmarking trainer about the definition.

“Tracer”, “performance criterion”, “gold standard”, “performance measurement”, “health indicator” and “outcome monitoring”: the partners agreed to the working definitions of these terms.

The steering group proposed that the terms “Regional Health Management” and “Target” should additionally be defined.

5. Survey among partners
• The results of the short survey among steering group members that was conducted before the meeting were presented.

• In order to formulate an appropriate regional analysis, it was discussed that it is necessary to consider the following socio-political data from each region:
  - Economic parameters/indicators.
  - Degree of political independence.
  - Level of democracy.

6. Reference Frameworks

The prepared reference frameworks for the different tracers were explained and the steering group agreed to them in general. Additionally, the members proposed the following:
• “Equity” could be considered as a “Cross-cutting theme” where appropriate.
• The partners of the steering group will discuss the reference framework and other project items by email until the next steering group meeting.
• To be sure about the relevance of the information for the policies and interventions and indicators used in the framework, it was proposed that external experts should be consulted.
• The screening table of the tracer diabetes could be integrated into the other table (the same applies to the breast cancer tracer).
• Because the term “social system” is so wide, it was proposed to combine – where appropriate – “social system” and “population” into just one column.
• The levels of “immediate setting” and “individual” could – where appropriate – merge into one, too. This, however, has to be decided later in the process of the development of the frameworks.
• Because it is important that the terms used in the project are clear, the steering group considered it necessary to have a glossary or a list of reference terms for the reference framework.
• The meeting also agreed that it is necessary to look for the definitions of the following terms:
  - Target
  - Result
  - Indicator
- Quality of life
- Mortality
- Population
- Social system

7. Benchmarking Training

- The benchmarking programme presented was accepted by the steering group.
- The group pointed out that the benchmarking trainer should be informed about the items which were discussed at the meeting.
- It was mentioned that the interested RHN Partners were invited to join the training at their own expenses and that the partner from Hungary, Dr. Marianna Pénzes, is interested in joining the benchmarking training. The BEN II project, however, can only pay the training fees not the travelling expenses and accommodation for non-steering group partners.

8. Finances

8.1 WHO and RHN Partners

- The responsibilities and rights of the interested partners of the RHN were discussed. It was explained that the representatives of the RHN have fewer duties than the partners from the steering group. Their main task is to obtain the data and information from their regions and prepare them for the analysis and the final report.
- It was clarified that the partners of the RHN will not receive money for travelling expenses and also that no funds have been earmarked for travelling to meet interested RHN-Members.

8.2 Steering group partners budgets

- The members of the meeting asked about the budget for every partner of the steering group. It was clarified that every member can claim a similar amount of money: 32,500 Euros, 60% paid by the EU (the contribution requested from
the Commission) and 40% paid by the partner (contribution by participants and members).

- The participants of the meeting discussed about what would happen if no new partners from the RHN could be recruited for joining the project. Would it be possible to redistribute the project budget? It was decided that this matter should be discussed with the Commission if it becomes relevant.

9. Next steering group meeting

The next steering group meeting was settled for April 22nd 2005 in Prague.

10. Extra Items

- Because one of the BEN II aims is to make the health systems and processes involved in the project more transparent, the partners estimated that it would be helpful to publish results of BEN I.
- It was said that at the 12th RHN Annual Conference on November 11th 2005 in Valencia, Dr. Brand will talk to members of the RHN about whether they want to join the project and benchmark their region.

Some members of the steering group reported that they had talked with their national partners to inform them that the project had started and that their co-operation was needed to obtain the information and data from the respective regions.
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