
CONFERENCE ABSTRACT

“Nothing about us, without us”. Practical elaboration of experience experts in primary care

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The health care sector sensed already for several years a shift in primary care to more complex situations and support questions. Tackling these challenges requires an integrated collaboration between health, wellbeing and social care. There was an urge to bring in a different approach of care. In order to fulfill that need Flanders was defined into 60 geographical areas in 2020: 'The primary care zones'. Capturing local needs and working bottom-up became the foundation of the organization. The focus on goal-oriented, customized and integrated care made it possible to fill out the gap created by more complex situations.

Representatives from health providers, welfare workers, local authorities and the person in need of care are brought together. The primary care zone promotes collaboration between these different partners. This extensive network ensures that primary care regions can as well pick up and unroll local needs as charges unrolled by the government.

Person-centered care is the key to success of this new approach. Care and support goals from the people itself, depending on their quality of life, are the starting point. This in combination with more recognition for informal care, makes sure that socially vulnerable people are able to take control of their own life and the necessary care to sustain this. In order to realize a care policy in function of person-centered care, we need to listen to the people who live in our primary care zone. There's continually increased attention and effort to cocreate and build our organization with socially vulnerable people. Self-determination and autonomy are ever highly valued. As organization there's the expectation of building bridges between professionals, but also between the professional and the client.

The focus in the relationship between clients and professionals shifted the past years. There's more attention for participation and democratic decision making and for the perspective of the people itself. Clients are not to be seen as passive recipients anymore. They say: 'nothing about us, without us.' and who are we to protest?

In order to do so we established a group of 15 experts. From October 22 until November 23 we will meet up monthly to exchange ideas. The group has experience in different domains: informal care, chronic illnesses, poverty, addiction, psychic vulnerability, elderly care and disabilities. The experts hope to dive deeper into our participation process to show and explain to you how to co-design a care journey that responds to people's needs.

Taking their experience in account, will help our board to pick up local needs and to adjust primary care to them. Focus on strength and possibilities of the people in the group are hereby necessary

to accomplish our goal. Together with the group we strive to share the ownership on our plan of action. We want them to have an impact on the policy and to cocreate an organization not only for them, but with them.