

Título: Contratación de un servicio de asesoramiento, dirigido al ámbito de la salud, para la implementación de estrategias de diseminación, organización de workshops, control de calidad y asesoramiento técnico, en el contexto del proyecto de investigación titulado: “EFFICHRONIC – Enhancing Health Systems sustainability by providing cost-efficiency data of evidenced based interventions for chronic management in stratified population based on clinical and socio-economic determinants of health”.

1. Expediente: **CT201703**
2. Órgano de contratación: Dirección de la FICYT
3. Objeto: Contratación de un servicio de asesoramiento, dirigido al ámbito de la salud, para la implementación de estrategias de diseminación, organización de workshops, control de calidad y asesoramiento técnico, en el contexto del proyecto de investigación titulado: “EFFICHRONIC – Enhancing Health Systems sustainability by providing cost-efficiency data of evidenced based interventions for chronic management in stratified population base on clinical and socio-economic determinants of health”.
4. Variantes: Se admiten Mejoras al Pliego de Prescripciones Técnicas
5. Plazo de ejecución: La duración aproximada será como máximo de 38 meses en función de la planificación y evolución del proyecto.
6. Valor estimado del contrato: 69.500,00 €, IVA incluido
7. Precio máximo de licitación: 69.500,00 €, IVA incluido
8. Procedimiento: Abierto
9. Publicación en el Perfil del Contratante: 26/06/2017
10. Plazo de presentación de las ofertas: 21 de julio de 2017 a las 14:00 horas.
11. Contacto para ampliar información: inesrey@ficyt.es
12. Presentación de las ofertas:
FICYT
C/ Cabo Noval, 11, 1º C
33007 - Oviedo
13. Documentación a presentar por las empresas candidatas: según los Pliegos.
14. Criterios de evaluación: según los Pliegos.
11. Normativa aplicable: Real Decreto Legislativo 3/2011. Texto refundido de Ley de contratos del sector público y las Instrucciones de FICYT para la contratación de obras, servicios y suministros no sujetos a regulación armonizada.

PLIEGO DE CLÁUSULAS ADMINISTRATIVAS PARTICULARES PARA LA CONTRATACIÓN DE UN SERVICIO DE ASESORAMIENTO, DIRIGIDO AL ÁMBITO DE LA SALUD, PARA LA IMPLEMENTACIÓN DE ESTRATEGIAS DE DISEMINACIÓN, ORGANIZACIÓN DE WORKSHOPS, CONTROL DE CALIDAD Y ASESORAMIENTO TÉCNICO.

Introducción

El estudio EFFICHRONIC es un proyecto que dió comienzo el 1 de junio de 2017, a instancias de la DG SANTE (Dirección General de Salud y Seguridad Alimentaria de la Comisión Europea) y su Agencia Ejecutiva, CHAFEA (Agencia Ejecutiva de Consumidores, Salud, Agricultura y Alimentación).

Tiene como principal objetivo contribuir a la disminución de barreras existentes en las enfermedades crónicas más comunes y aumentar la sostenibilidad de los sistemas de salud, aportando evidencia sobre el coste-eficiencia de inversiones en prevención basada en evidencia y programas de gestión de enfermedades crónicas.

Para ello, durante el proyecto se llevará a cabo la implementación del Programa CDSMP, Programa de Auto-gestión de enfermedades crónicas, en 5 países europeos (Francia, Italia, Holanda, Reino Unido y Holanda) con una muestra de alrededor de 2000 pacientes. En el proyecto se integrarán determinantes socioeconómicos de salud con la identificación y estratificación de los pacientes que serán reclutados.

El estudio, en el que participan, de forma coordinada, cinco grupos de investigación a nivel internacional, y está subvencionado por la Comisión Europea a través del Tercer Programa de Salud de la Unión Europea (2014-2020).

I.- CUESTIONES GENERALES

1.- ENTIDAD CONTRATANTE

Fundación para el Fomento en Asturias de la Investigación Científica Aplicada y la Tecnología (FICYT), ubicada en la calle Cabo Noval 11, 1ºC, 33007 de Oviedo. El perfil del contratante de la FICYT se ubica en la dirección http://www.ficyt.es/Perfil_contratante.asp

2.- NECESIDAD ADMINISTRATIVA A SATISFACER

Contratación de un servicio de asistencia técnica para la implementación de estrategias de diseminación, organización de workshosp, control de calidad y asesoramiento técnico.

3.- OBJETO DEL CONTRATO

El contrato al que se refiere el presente documento tiene por objeto la prestación de un servicio de asesoramiento, dirigido al ámbito de la salud, para la implementación de estrategias de diseminación, organización de workshops, control de calidad y asesoramiento técnico, en el contexto del proyecto de investigación titulado: "EFFICHRONIC – Enhancing Health Systems sustainability by providing cost-efficiency data of evidenced based interventions for chronic management in stratified population based

on clinical and socio-economic determinants of health” (en adelante el Proyecto). El Proyecto será financiado por la Comisión Europea con referencia 738127, dirigido, como coordinadores técnicos, por D. José Ramón Hevia Fernández y Marta Pisano González, del Servicio de Promoción de la Salud de la Dirección General de Salud Pública, perteneciente a la Consejería de Sanidad del Principado de Asturias, y forma parte de un proyecto coordinado en el que participan cinco grupos de investigación en distintos países de la Unión Europea.

El 18 de octubre de 2016 la Comisión Europea comunica la adjudicación por correo electrónico. El proyecto será cofinanciado por la Comisión Europea a través de su agencia ejecutiva CHAFEA-Agencia Ejecutiva de Consumidores, Salud, Agricultura y Alimentación, mediante el Tercer Programa de Salud de la Unión Europea (2014-2020).

4.- NORMATIVA APLICABLE

Tienen aplicación:

- Las instrucciones de FICYT para la contratación de obras, servicios y suministros no sujetos a regulación armonizada.
- El Real Decreto Legislativo 3/2011, de 14 de noviembre, Texto refundido de la Ley de Contratos del Sector Público (TRLCSP).

5.- DOCUMENTACIÓN QUE TIENE CARÁCTER CONTRACTUAL

El presente Pliego de Cláusulas administrativas particulares, el Pliego de Prescripciones Técnicas y sus respectivos anexos revestirán carácter contractual. Asimismo, tendrán carácter contractual la oferta de la empresa adjudicataria -en lo que no contradiga o empeore las condiciones recogidas en los documentos antes indicados-, el documento en que se formalice el contrato y, en su caso, el Plan de Trabajo definitivo que resulte aceptado por la FICYT (según las condiciones del presente Pliego) y los plazos parciales que se establezcan con motivo de la aprobación del programa de trabajo o sus modificaciones.

6.- DURACIÓN, PLAZO Y LUGAR DE ENTREGA DEL OBJETO DEL CONTRATO

El contrato comenzará su vigencia a partir del día de su firma. Su duración será la adecuada para garantizar la correcta prestación del servicio de conformidad con la descripción técnica del mismo. La duración aproximada será de 38 meses en función de la planificación y evolución del proyecto.

No se prevé la posibilidad de prórroga.

Los resultados se entregarán, de forma periódica, en la FICYT. En el plazo máximo de 15 días naturales a partir del día siguiente a la finalización de las tareas indicadas en el apartado 4-TAREAS ESPECÍFICAS del Pliego de Prescripciones Técnicas, siguiendo la planificación marcada por los coordinadores técnicos, deberán entregarse los resultados indicados en el apartado 7-ENTREGA PERIÓDICA DE RESULTADOS, del Pliego de Prescripciones Técnicas.

Los retrasos continuados en la entrega de resultados que puedan poner en peligro el éxito la realización del proyecto se considerarán demora suficiente en el cumplimiento de los plazos establecidos a efectos de lo dispuesto en el artículo 223.d del TRLCSP y será causa de resolución del contrato.

7.- PRESUPUESTO DEL CONTRATO

Se establece como presupuesto máximo de este contrato, por encima del cual no se admitirá oferta alguna, la cantidad de 69.500,00 € (sesenta y nueve mil quinientos euros), IVA incluido.

En el precio del contrato se considerarán incluidos todos los tributos, tasas y cánones de cualquier índole que sean de aplicación, así como todos los gastos que se originen para el adjudicatario como consecuencia del cumplimiento de las obligaciones contempladas en el presente documento.

El presupuesto incluye las diferentes tareas específicas del estudio, indicadas en el apartado 4-TAREAS ESPECÍFICAS, del Pliego de Prescripciones Técnicas.

8.- FORMA DE PAGO

El precio se abonará previa presentación de factura que se efectuará a medida que se vayan entregando resultados

Entregable (según apartado 7 Prescripciones técnicas particulares)	Importe a pagar (€)	Fecha de entrega	Fecha límite de pago
1, 3, 4	20.000,00	15 agosto 2017	15 septiembre 2017
2, 6, 7	20.000,00	31 diciembre 2018	31 enero 2018
5	29.500,00	30 junio 2020	31 julio 2020

El plazo de pago será el que se establezca en el contrato con un máximo de 60 días a partir de la recepción del servicio, de conformidad con la Ley 3/2004, de 29 de diciembre, por la que se establecen medidas de lucha contra la morosidad en las operaciones comerciales.

9.- INFORMACIÓN PÚBLICA Y TRANSPARENCIA DE LA CONTRATACIÓN

En el perfil del contratante de la FICYT, accesible desde la página web institucional de la FICYT (www.ficyt.es), se podrá obtener toda la información sobre el presente contrato, así como la documentación correspondiente (Pliegos y Anexos). El medio para solicitar información adicional sobre los Pliegos y la documentación complementaria, será la dirección de correo electrónico inesrey@ficyt.es.

En el perfil del contratante se publicará la adjudicación del contrato, así como cualquier otro dato e información referente a su actividad contractual.

II.- EMPRESAS LICITADORAS Y DOCUMENTACIÓN EXIGIDA.

10.-CAPACIDAD PARA CONTRATAR

- A. La empresa puede concurrir a este contrato si cuenta con plena capacidad de obrar, no encontrándose incurso en alguna de las prohibiciones de contratar establecidas en el artículo 60 del Real Decreto Legislativo 3/2011, de 14 de noviembre, y si acredita la solvencia económica, financiera y técnica o profesional, exigida en el presente Pliego, y cuenta con la habilitación empresarial o profesional necesaria para la realización de las actividades o prestaciones, que constituya el objeto del contrato.

- B. Por lo que se refiere a la solvencia técnica o profesional:
- a) La empresa adjudicataria del presente contrato deberá contar con la habilitación empresarial o profesional que, en su caso, sea exigible para la realización de la actividad o prestación que constituya el objeto del contrato.
 - b) La adjudicataria deberá presentar una relación de los principales servicios o trabajos de objeto similar realizados en los últimos cinco años que incluya importe, duración del contrato, tipo de estudio realizado y entidades públicas o privadas de los mismos, con un equipo de trabajo que debe estar formado -al menos- por: un titulado universitario (Licenciatura-Máster) con al menos 5 años de experiencia en elaboración de estrategias y planes de diseminación, organización y coordinación de workshops técnicos, soporte para el control de calidad técnica del proyecto y elaboración de informes técnicos para proyectos europeos aprobados y nivel alto de inglés

11.- PRESENTACIÓN DE LA PROPOSICIÓN

La presentación de la oferta presupone la aceptación incondicionada, por la empresa interesada, del contenido de las presentes cláusulas y las del Pliego de Prescripciones Técnicas, sin salvedad alguna.

11.1.- Plazo y lugar de presentación

Las ofertas, con la documentación correspondiente, se presentarán en las oficinas de la FICYT, c/ Cabo Noval, 11 – 1º de Oviedo, antes de las 14:00 horas del 21 de julio de 2017

11.2.- Forma de presentación de las ofertas

La empresa licitadora deberá presentar tres sobres cerrados (A, B y C), con la documentación que luego se especifica, indicando en cada uno de ellos:

- la licitación a la que concurre,
- la denominación de la empresa,
- el nombre y los apellidos de quien firme la proposición y el carácter con que lo hace,
- la dirección de correo electrónico de contacto.

Todo ello de forma legible.

Los sobres deberán estar, necesariamente, firmados por la persona que represente a la empresa licitadora.

Sobre A: Oferta.

La oferta expresará la proposición económica, según el modelo que figura en el Anexo I de este Pliego.

Sobre B: Capacidad para contratar.

Deberán incluirse en este sobre los siguientes documentos, debiendo figurar en hoja independiente una relación numerada del contenido del sobre:

- a) Copia del Documento Nacional de Identidad de la persona que presente la solicitud en nombre propio o como apoderada de la empresa licitadora.
- b) La capacidad de obrar de la empresa licitadora, que se acreditará mediante escritura de constitución y de modificación, en su caso, inscrita en el Registro

Mercantil, cuando este requisito fuera exigible conforme a la legislación mercantil que le sea aplicable. Si no lo fuere, la acreditación de la capacidad de obrar se realizará mediante la escritura o documento de constitución, estatutos o acto fundacional, en el que constaren las normas por las que se regula su actividad, inscritos, en su caso, en el correspondiente Registro oficial.

c) Declaración responsable de no estar incurso la empresa licitadora en las prohibiciones para contratar recogidas en el artículo 60 de la LCSP, que comprenderá expresamente la circunstancia de hallarse al corriente del cumplimiento de las obligaciones tributarias y con la Seguridad Social impuestas por las disposiciones vigentes, sin perjuicio de que la justificación acreditativa de tal requisito deba presentarse, antes de la adjudicación, por la empresa a cuyo favor se vaya a efectuar ésta.

d) Poder bastante al efecto a favor de las personas que comparezcan o firmen proposiciones en nombre de otro. Si la empresa licitadora fuera persona jurídica, este poder deberá figurar inscrito en el Registro Mercantil. Si se trata de un poder para un acto concreto no es necesaria la inscripción en el Registro Mercantil, de acuerdo con el artículo 94.1.5 del Reglamento del Registro Mercantil.

e) La solvencia económica y financiera, se acreditará por cualquiera de los medios establecidos en el artículo 75 del RDL 3/2011, de contratos del Sector Público, tomando como referencia el precio máximo de licitación establecido en el anuncio.

f) La solvencia Técnica o profesional se acreditará por los siguientes medios:

- *Curriculum Vitae* de la/s persona/s responsables de realizar el servicio, en el que conste claramente que se reúnen los siguientes requisitos mínimos para todos los miembros del equipo:
 - Haber obtenido el título de Licenciado-Máster Universitario.
 - Nivel alto de inglés.
- Certificado emitido por la entidad contratante en que se acredite, al menos, 5 años de experiencia del personal participante en elaboración de estrategias y planes de diseminación, organización y coordinación de workshops técnicos, soporte para el control de calidad técnica del proyecto y elaboración de informes técnicos para proyectos europeos aprobados.
- Relación de los principales servicios o trabajos de objeto similar realizados en los últimos cinco años que incluya título y acrónimo del proyecto europeo, agencia financiadora, importe concedido, duración del contrato con la entidad subcontratante, tipo de estudio realizado y entidades públicas o privadas subcontratante.
- Documentación que acredite los servicios contratados para la realización de los servicios mencionados.

Si la documentación precedente ya obrara en poder de la FICYT, por haberse presentado en alguna licitación anterior en los últimos tres años, y siempre que no hayan sido modificados posteriormente, no será necesaria su nueva presentación sino que deberá únicamente hacerse constar la licitación en la que se incluyó dicha documentación.

Sobre C: Oferta técnica.

Se adjuntará en este sobre, debidamente firmada y fechada, la oferta técnica en la que se incluirán los siguientes datos:

- El Plan de Trabajo, con los plazos parciales o la fecha de terminación de las distintas etapas en que se subdivide el objeto del contrato.
- Informe que exponga exhaustivamente la metodología que la empresa licitadora propone seguir en el desarrollo de la prestación, según el Pliego de Prescripciones Técnicas.
- Relación nominal del personal que destinará para la ejecución de la prestación, con indicación de su cualificación y especialidad.

12.- CALIFICACIÓN Y EXAMEN DE LA DOCUMENTACIÓN.

Concluido el plazo de presentación de la oferta, se examinará la documentación relativa a la capacidad y solvencia aportada por las empresas interesadas, otorgando, en su caso, un plazo de subsanación de errores no superior a tres días hábiles, y solicitando, si fuera necesario, las aclaraciones o documentación complementaria que se considere precisa.

III.- ADJUDICACIÓN.

13.- PROCEDIMIENTO DE ADJUDICACIÓN

De conformidad con lo establecido en las Instrucciones internas de contratación de la FICYT, el procedimiento de adjudicación del presente contrato, es abierto no sujeto a regularización armonizada.

14.- ADJUDICACIÓN

Presentada la documentación requerida, el órgano de contratación adjudicará el contrato.

La adjudicación será motivada, se publicará en el perfil de contratante y se notificará al adjudicatario. La notificación se hará por cualquier medio que permita dejar constancia de su recepción por el destinatario. En particular, podrá efectuarse por correo electrónico a la dirección que los licitadores hubiesen designado al presentar sus proposiciones. El contenido de la adjudicación será el mínimo indispensable para garantizar la transparencia del proceso y la protección de datos de carácter confidencial del adjudicatario y del resto de licitadores.

El órgano de contratación clasificará, previos los informes técnicos correspondientes, por orden decreciente, las proposiciones presentadas y admitidas.

Este informe técnico deberá justificar el orden de clasificación con indicación de los criterios manejados (ver el Anexo II de Criterios de valoración), que versarán sobre los siguientes extremos:

- a) Propuesta técnica (máximo 35 puntos).
- b) Mejoras al Pliego de Prescripciones Técnicas y cualquier otro elemento propuesto por la empresa que pueda suponer un beneficio para la prestación del servicio contratado (máximo 10 puntos).
- c) Experiencia del equipo (máximo 40 puntos)
- d) Precio (máximo 15 puntos).

La FICYT tendrá alternativamente la facultad de declarar desierta la licitación, cuando no exista oferta o proposición alguna que sea admisible de acuerdo con los criterios que figuren en los Pliegos.

IV.- EJECUCIÓN DEL CONTRATO.

15.- RECEPCIÓN DEL CONTRATO Y PLAZO DE GARANTÍA

La FICYT determinará si la prestación realizada por la empresa contratista se ajusta a las prescripciones establecidas para su ejecución y cumplimiento, requiriendo, en su caso, la realización de las prestaciones contratadas y la subsanación de los defectos observados, con ocasión de la recepción. Si los trabajos efectuados no se adecúan a la prestación contratada, como consecuencia de vicios o defectos imputables a la empresa contratista, podrá rechazar la misma, quedando exento de la obligación de pago o teniendo derecho, en su caso, a la recuperación del precio satisfecho.

El objeto del contrato quedará sujeto a un plazo de garantía de un año, a contar desde la fecha de recepción o conformidad del trabajo, plazo durante el cual la FICYT podrá comprobar que el trabajo realizado se ajusta a lo contratado y a lo estipulado en el presente Pliego y en el de Prescripciones Técnicas. Transcurrido el plazo de garantía sin que se hayan formulado reparos a los trabajos efectuados, quedará extinguida la responsabilidad de la empresa contratista.

Durante el periodo de garantía, la empresa contratista estará obligada a subsanar, a su costa, todas las deficiencias que se puedan observar en lo ejecutado, con independencia de las consecuencias que se pudieran derivar de las responsabilidades en que hubiere podido incurrir.

16.- INCUMPLIMIENTOS Y PENALIZACIONES

La constatación de la correcta ejecución de la prestación contratada se llevará a cabo por la persona responsable del contrato, requiriendo, en su caso la realización de las prestaciones contratadas y la subsanación de los defectos observados con ocasión de la recepción. Si los servicios efectuados no se adecuan a la prestación pactada como consecuencia de vicios o defectos imputables al contratista, FICYT podrá rechazar la misma quedando exenta de la obligación de pago o teniendo derecho, en su caso, a la recuperación del precio satisfecho.

17.- CONFIDENCIALIDAD Y PROTECCIÓN DE DATOS

La utilización o manipulación, directa o indirecta, por la empresa adjudicataria, de los informes y datos que se consideran en depósito, aportados, en su caso, o puestos a disposición de aquél o del personal a su cargo, por la FICYT, para el mejor cumplimiento de los fines del contrato, deberá ser siempre correcta, adecuada y reservada al fin para el que dichos informes y datos fueron facilitados.

En cualquier caso, la empresa adjudicataria y el personal encargado de la realización de las tareas objeto del contrato, guardarán secreto profesional sobre todas las informaciones, documentos y asuntos a los que tengan acceso o conocimiento durante la vigencia del

contrato, comprometiéndose a mantener estricta confidencialidad sobre los mismos y a no revelar o ceder los datos, ni aún para su conservación, o los documentos proporcionados por la FICYT, o copia de los mismos, a terceros, sin autorización expresa y por escrito, de la entidad, especialmente, de los datos de carácter personal. Esta obligación se mantendrá, una vez finalizado el contrato.

En el caso de que la empresa adjudicataria tuviera que manejar ficheros con datos de carácter personal, en el marco del objeto del presente contrato, cumplirá con la legislación vigente en materia de protección de datos de carácter personal, de acuerdo con lo dispuesto en la Ley Orgánica 15/99, de 13 de diciembre, y demás disposiciones dictadas en su desarrollo.

La empresa adjudicataria será responsable de cualquiera de los daños y los perjuicios directos o indirectos, sufridos por la FICYT, como consecuencia de la obligación de confidencialidad anteriormente expuesta.

Anexo I del PLIEGO DE CLÁUSULAS ADMINISTRATIVAS

MODELO DE PROPOSICIÓN DE LA OFERTA ECONÓMICA Y DE ACUERDOS DE NIVELES DE SERVICIO

D./Dña. _____, en posesión de su plena capacidad de obrar, con domicilio en la calle _____, de _____ y TFNO. _____, con DNI. núm. _____, en nombre propio o como representante de la empresa _____, con CIF núm. _____, domiciliada en la calle _____, de _____, manifiesta que, enterado de las condiciones y requisitos que exigen para la adjudicación del contrato de _____ se compromete a la ejecución del mismo con estricta sujeción a las condiciones establecidas en el Pliego de Cláusulas Administrativas Particulares y el Pliego de las Prescripciones Técnicas, que declara conocer, por el precio TOTAL de _____ (en letra y número IVA INCLUIDO).

Para la elaboración de la presente oferta se han tenido en cuenta las obligaciones derivadas de las disposiciones vigentes en materia de protección del empleo, condiciones de trabajo y prevención de riesgos laborales, y protección del medio ambiente.

En _____, a ___ de _____ del _____.

FIRMA

Anexo II del PLIEGO DE CLÁUSULAS ADMINISTRATIVAS

CRITERIOS DE VALORACIÓN

- a) Propuesta técnica (máximo 35 puntos).
- b) Mejoras al Pliego de Prescripciones Técnicas y cualquier otro elemento propuesto por la empresa que pueda suponer un beneficio para la prestación del servicio contratado (máximo 10 puntos).
- c) Experiencia del equipo (máximo 40 puntos).
- d) Precio (máximo 15 puntos).

a) Propuesta técnica		
Tarea técnica	Puntuación máxima	Criterios de puntuación máxima
Desarrollo del proyecto adaptado a las prescripciones técnicas del pliego. Desarrollo de las tareas del objetivo 1.	10	Desglose en profundidad de todos los aspectos del proyecto. Capacidad de adaptación a las prescripciones técnicas.
Desarrollo del proyecto adaptado a las prescripciones técnicas del pliego. Desarrollo de las tareas del objetivo 2.	10	Desglose en profundidad de todos los aspectos del proyecto. Capacidad de adaptación a las prescripciones técnicas.
Desarrollo del proyecto adaptado a las prescripciones técnicas del pliego. Desarrollo de las tareas del objetivo 3.	10	Desglose en profundidad de todos los aspectos del proyecto. Capacidad de adaptación a las prescripciones técnicas.
Enfoque socio-sanitario de la propuesta técnica	5	Encuadramiento de la propuesta en el campo socio-sanitario.
TOTAL	35	

b) Mejoras a la propuesta técnica		
Mejora	Puntuación máxima	Criterios de puntuación máxima

Proposición de ideas beneficiosas para el proyecto, desglosadas en profundidad	10	Mayor alcance, beneficio y desglose de las ideas presentadas.
TOTAL	10	

c) Experiencia del equipo		
Tarea técnica	Puntuación máxima	Criterios de puntuación máxima
Experiencia en servicios de asesoramiento en control de calidad técnica y asistencia técnica (elaboración de informes técnicos) en proyectos de investigación del ámbito de la salud y/o socio-sanitario financiados por el Programa de Salud de la UE u otros programas de financiación internacional.	12	2 puntos por cada servicio
Experiencia en servicios de asesoramiento en elaboración de estrategias de diseminación y organización de workshops internacionales en proyectos de investigación del ámbito de la salud y/o socio-sanitario financiados por el Programa de Salud de la UE u otros programas de financiación internacional.	12	2 puntos por cada servicio
Experiencia en servicios de asesoramiento en control de calidad técnica y asistencia técnica (elaboración de informes técnicos) en proyectos de investigación internacionales de cualquier ámbito financiados por H2020 u otro programa de financiación internacional.	8	1 punto por cada servicio
Experiencia en servicios de asesoramiento en elaboración de estrategias de diseminación y organización de workshops internacionales en proyectos de investigación internacionales de cualquier ámbito financiados por H2020 u otro programa de financiación internacional.	8	1 punto por cada servicio
TOTAL	40	

d) Precio		
Fórmula	Puntuación máxima	Criterios de puntuación máxima
Se aplicará una fórmula de tipo proporcional. Puntuación = (precio de la oferta más baja) x 15 / precio de cada oferta.	15	La oferta de importe más bajo recibe la puntuación máxima.
TOTAL	15	

PLIEGO DE PRESCRIPCIONES TÉCNICAS PARTICULARES PARA LA CONTRATACIÓN DE UN SERVICIO DE ASESORAMIENTO, DIRIGIDO AL ÁMBITO DE LA SALUD, PARA LA IMPLEMENTACIÓN DE ESTRATEGIAS DE DISEMINACIÓN, ORGANIZACIÓN DE WORKSHOPS, CONTROL DE CALIDAD Y ASESORAMIENTO TÉCNICO.

I. OBJETO.

1.- El contrato al que se refiere el presente documento tiene por objeto la prestación de un servicio de de asesoramiento, dirigido al ámbito de la salud, para la implementación de estrategias de diseminación, organización de workshops, control de calidad y asesoramiento técnico en el contexto del proyecto de investigación titulado: “EFFICHRONIC – Enhancing Health Systems sustainability by providing cost-efficiency data of evidenced based interventions for chronic management in stratified population based on clinical and socio-economic determinants of health”.

El Proyecto será financiado por la Comisión Europea con referencia 738127, dirigido, como coordinadores técnicos, por D. José Ramón Hevia Fernández y Marta Pisano González, del Servicio de Promoción de la Salud de la Dirección General de Salud Pública, perteneciente a la Consejería de Sanidad del Principado de Asturias, y forma parte de un proyecto coordinado en el que participan cinco grupos de investigación en distintos países de la Unión Europea.

El 18 de octubre de 2016 la Comisión Europea comunica la adjudicación por correo electrónico. El proyecto será cofinanciado por la Comisión Europea a través de su agencia ejecutiva CHAFEA-Agencia Ejecutiva de Consumidores, Salud, Agricultura y Alimentación, mediante el Tercer Programa de Salud de la Unión Europea (2014-2020).

El servicio se describe en el Presente documento.

II. DESCRIPCIÓN TÉCNICA DEL SERVICIO.

2.- OBJETIVOS ESPECÍFICOS:

El servicio se concretará en la realización específica de **tres objetivos**:

1. **Servicios para el soporte en el diseño e implementación de la estrategia de diseminación** del proyecto EFFICHRONIC.
2. **Servicios de asesoramiento para la organización, coordinación y gestión de cinco eventos nacionales** (en el país de cada socio del consorcio: Italia, Reino Unido, Holanda, Francia y España), **dos workshops y una conferencia final**, en el marco del proyecto EFFICHRONIC.
3. **Servicios de asesoramiento y garantía de la calidad técnica del proyecto y elaboración de informes técnicos de alta calidad**, para dar respuesta a la correcta ejecución del proyecto europeo y su justificación técnica.

Para la realización de los tres objetivos específicos deberá llevarse a cabo el desarrollo de todas y cada una de las siguientes tareas específicas que se señalarán en el apartado 4.-

TAREAS ESPECÍFICAS, siguiendo en todo caso instrucciones de los Coordinadores Técnicos del estudio.

3.- ÁMBITO GEOGRÁFICO DE REALIZACIÓN DEL SERVICIO:

El servicio se desarrollará para cinco países de la Unión Europea: Italia, Holanda, Francia, Reino Unido y España.

4.- TAREAS ESPECÍFICAS:

Los Coordinadores Técnicos del estudio, o la persona por ellos designada dentro del grupo de investigación, marcarán la agenda de la persona responsable de ejecutar el servicio que designe la empresa contratista.

La planificación de los trabajos corresponde a FICYT, a través de los Coordinadores Técnicos, que darán instrucciones de obligado cumplimiento al contratista. La planificación de las tareas y de la entrega de los informes se hará de conformidad a las necesidades de ejecución del Proyecto. La falta de cumplimiento de la planificación establecida se considerará **obligación esencial** a efectos de lo dispuesto en el artículo 223 apartado f del TRLCSP y será causa de resolución del contrato.

En concreto, la empresa contratista deberá realizar las siguientes tareas específicas de los objetivos de la presente licitación:

Objetivo 1: Servicios para el soporte en el diseño e implementación de la estrategia de diseminación del proyecto EFFICHRONIC.

Subobjetivos:

1. Diseño y elaboración de un plan de comunicación y diseminación del proyecto (primera fase).
2. Seguimiento y evaluación de dicho plan (segunda fase).

Tareas:

En la primera fase, se tendrán en cuenta las siguientes tareas específicas:

- Objetivos, canales y acciones para la consecución del impacto esperado en materia de diseminación del proyecto dentro del marco Europeo de la DG SANTE.
- Diseño de campañas de comunicación digital según está planteado en el proyecto.
- Asesoramiento en la elaboración de un Protocolo de Comunicación.
- Cronograma de acciones y seguimiento.
- Soporte estratégico para el diseño web, análisis del contenido web y de las diferentes plataformas digitales (social media), contenidos publicados, etc.

En la segunda fase, las tareas consistirán en:

- Coordinación y evaluación de la implementación de las acciones y/o medidas de diseminación establecidas.

- Análisis de resultados y propuestas de mejora para la optimización de los resultados de diseminación.
- Soporte en el reporte de las actividades de comunicación y diseminación a la Comisión Europea.
- Soporte en el reporte de las actividades de comunicación y diseminación a la Comisión Europea.

Objetivo 2: Organización, coordinación y gestión de cinco eventos nacionales (en el país de cada socio del consorcio), dos workshops y una conferencia final, en el marco del proyecto EFFICHRONIC.

Subobjetivos:

1. Soporte en la organización de cinco eventos nacionales (en el país de cada socio del consorcio) de difusión y engagement de stakeholders claves para el desarrollo de estrategias de la recogida de la muestra.
2. Soporte en la organización de dos workshops para la elaboración colaborativa de resultados claves del proyecto con actores y expertos.
3. Soporte en la organización de una conferencia Europea de presentación de los resultados finales del proyecto, con expertos multidisciplinares y enfoque internacional.

Tareas:

- Diseño de los eventos/conferencia, soporte a la estructura de contenidos en función de la audiencia esperada.
- Asesoramiento en la preparación del material, inscripciones y contacto con los stakeholders del proyecto.
- Gestión de las contribuciones de los participantes si procede (aportaciones, abstracts, comunicaciones, etc).
- Soporte en el diseño de los materiales de comunicación.
- Soporte a la difusión del evento/conferencia.
- Gestión de la logística y/o soporte a los ponentes y/o audiencia.
- Soporte al establecimiento del protocolo del evento/conferencia.
- Otras tareas necesarias para la adecuada implementación de los eventos y/o conferencia (gestión de proveedores, soporte audiovisual, etc).

Objetivo 3: Servicios de asesoramiento y garantía de la calidad técnica del proyecto y elaboración de informes técnicos de alta calidad, para dar respuesta a la correcta ejecución del proyecto europeo y su justificación técnica.

Subobjetivos:

1. Asegurar el cumplimiento de los objetivos técnicos y en concreto ofrecer soporte a la coordinación metodológica del proyecto EFFICHRONIC.

Tareas :

- Preparación de reuniones técnicas estratégicas,
- Diseño de protocolos y procedimientos que garanticen la adecuada coordinación técnica con los socios del consorcio,

- Soporte en la aplicación de metodología para la implementación de investigación transnacional en colaboración,
- Asesoramiento inicial en la estructura, contenido y elaboración de los informes.
- Revisión técnica y evaluación de la calidad de los informes técnicos de resultado (informes finales, reports de conclusiones, etc.),

5.- PERSONAL RESPONSABLE DE EJECUTAR EL SERVICIO:

El personal que ejecute el servicio será el designado por la empresa contratista y su curriculum vitae habrá sido aportado para la acreditación de la solvencia técnica. Es obligación de la empresa contratista designar y garantizar que el personal designado por ella para la ejecución del servicio reúna la habilitación y cualificación profesional exigida en la solvencia técnica.

La obligación recogida en el párrafo anterior tiene la condición de obligación esencial a efectos de lo dispuesto en el artículo 223 apartado f del TRLCSP y su incumplimiento será causa de resolución del contrato. A efectos de lo anterior, en caso de que hubiera de sustituirse al personal designado inicialmente para la ejecución del servicio, la persona que lo sustituya deberá reunir, al menos, la misma experiencia y cualificación profesional que la persona propuesta inicialmente, lo que será comprobado por FICYT.

6.- REQUISITOS PARA LA PRESTACIÓN DEL SERVICIO:

La empresa contratista deberá desarrollar todos los procedimientos y actuaciones, según el Anexo I: Proyecto EFFICHRONIC. No ejecutar el servicio conforme a lo establecido estrictamente en el Anexo I tiene la condición de **obligación esencial** a efectos de lo dispuesto en el artículo 223 f del TRLCSP y será causa de resolución del contrato.

Respeto a la confidencialidad de los datos y garantía de cumplimiento en el proceso de las leyes vigentes de protección de datos.

7.- ENTREGA PERIÓDICA DE RESULTADOS:

Los resultados se entregarán, de forma periódica, en el Servicio de Promoción de la Salud de la Dirección General de Salud Pública, perteneciente a la Consejería de Sanidad del Principado de Asturias. En el plazo máximo de 15 días naturales a partir del día siguiente a la finalización las tareas indicadas en el apartado 4-TAREAS ESPECÍFICAS, siguiendo la planificación marcada por los coordinadores técnicos, deberán entregarse los siguientes resultados obtenidos:

1. Material de soporte y/o informe de revisión de la elaboración de un Plan de Comunicación y Disseminación y de un Protocolo de Comunicación alineados con las tareas específicas del proyecto correspondientes.
2. Informe de asistencia técnica para el seguimiento del Plan de Comunicación y Disseminación y la elaboración del informe de seguimiento técnico del proyecto.
3. Protocolos y procedimientos elaborados que garanticen la adecuada coordinación técnica del proyecto.
4. Informe de asistencia técnica para la elaboración de un Plan de evaluación de riesgos.
5. Revisión de informe final del proyecto y del informe de evaluación del Plan de Comunicación y Disseminación.
6. Informe de la estrategia a seguir para el diseño, planificación, gestión y organización de los eventos mencionados.

7. Informes de las conclusiones obtenidas de los eventos mencionados.

Las tareas e informes indicados deberán estar en línea con la ejecución del proyecto según se indica en el Anexo I: Proyecto EFFICHRONIC.

Los retrasos continuados en la entrega de resultados que puedan poner en peligro el éxito la realización del proyecto se considerarán demora suficiente en el cumplimiento de los plazos establecidos a efectos de lo dispuesto en el artículo 223.d del TRLCSP y será causa de resolución del contrato.

Anexo I del PLIEGO DE PRESCRIPCIONES TÉCNICAS

PROYECTO EFFICHRONIC

Se incluye la parte del proyecto EFFICHRONIC que compete al Servicio a contratar. Una vez firmado el contrato y una cláusula de confidencialidad se entregará información completa del proyecto.

General objective of the project

The main goal of EFFICHRONIC is to contribute to reduce the burden of the most common chronic diseases and increase the sustainability of health systems by providing evidence on the cost-efficiency of investments in evidenced-based prevention and management chronic disorders programmes. EFFICHRONIC aims at providing evidence-based and accurate information on the Socio-Economic Impact, SROI by using an optimal design and the multiplying potential of the *Health Empowerment* initiatives.

Concretely, EFFICHRONIC will implement the Chronic Disease Self-Management Program (CDSMP) in 5 different European countries in a wide geographical and context coverage (France, Italy, The Netherlands, Spain & UK), with a total sample of more than 2000 engaged patients.

Socioeconomics determinants of health will be a key element in the methodology design. The project proposes, not only showing evidence on the effectiveness and efficiency of the investment in this program, but also identifying and addressing those individuals whose risk factors have been mostly linked with a higher burden of chronic disorders in our societies (health & medical related but also social, cultural, economic). To meet this goal, EFFICHRONIC will adapt existing evidenced-based interventions by providing an innovative framework and methodology for the individuals recruitment and engagement in these programmes, but also by generating international comparative data on the cost-efficiency and health economics in order to foster the implementation of well designed chronic conditions interventions and the scaling up of related policies at regional, national and European.

Specific objectives:

Specific Objective Number	SO1
Specific Objective	To carry out multidimensional analysis and stratification methodologies to identify vulnerable groups/individuals in the 5 countries/regions involved to maximise the impact of the CDSMP when implemented. This Specific Objective will be reached in WP4.
Process Indicator(s)	Target
Clinical variables identification	1
Socio-economic and cultural variables identification	1
Output Indicator(s)	Target
Number of variables and criteria identified and assessed	>16
Algorithms to identify those individual/groups regarding clinical and socio-	1 (5)

economic variables	
Outcome/Impact Indicator(s)	Target
Consensus agreement on the variables identified and stratification methodology for EFFICHRONIC	1
Stakeholders engaged in the multidimensional analysis and stratification methodologies	>25

Specific Objective Number	SO2	
Specific Objective	To design specific strategies to reach the targeted individual/groups identified/stratified to involve them in the program implementation. This Specific Objective will be reached in WP4.	
Process Indicator(s)	Target	
Individual recruitment plan	5	
Community analysis methodology	5	
Output Indicator(s)	Target	
Community recruitment plan	5	
Outcome/Impact Indicator(s)	Target	
Regions and/or health entities using the methodology on recruitment for stratified groups using socioeconomic determinants	4	

Specific Objective Number	SO3	
Specific Objective	To implement the programme in the 5 regions countries, including the appropriate measures to involve at least 500 individuals of the stratified/identified populations in each setting (N=2000). This Specific Objective will be reached in WP5.	
Process Indicator(s)	Target	
Individuals reached during the communication-recruitment phase	200000	
Individuals engaged in EFFICHRONIC	2000	
Output Indicator(s)	Target	
Countries where the EFFICHRONIC is implemented	5	
Facilitators recruited per country	32	
Patients suffering from or at risk at chronic disease recruited	400	
Outcome/Impact Indicator(s)	Target	
Global learning outcomes. Percentage of successful accomplishment	80%	
Experimental mortality rate	<20%	

Specific Objective Number	SO4	
Specific Objective	To generate a comprehensive framework for the impact assessment (including cost-efficiency and health economics techniques) and implement specific methodologies to provide evidence-based comparative data on the effectiveness and efficiency of the investment in such preventive and management empowerment programmes in a specific population. This Specific Objective will be reached in WP6.	
Process Indicator(s)	Target	

Number of patients-intervention tested	2000
Health Economics dimensions assessed	3
Socioeconomic and sociocultural dimensions assessed	10
Clinical/medical specific dimensions assessed	8
Output Indicator(s)	Target
Framework for effectiveness and cost-efficiency evaluation	1
Number of completed and documented assessments	5
Outcome/Impact Indicator(s)	Target
Effectiveness and cost-efficiency analysis performed	5 ROI and SROI
Number of downloads of the evaluation framework for cost-efficiency assessment	50

Specific Objective Number	SO5	
Specific Objective	To elaborate on the conclusions obtained to define policy recommendations and concrete guidelines to contribute to the scaling up of the stratification and CDSMP adaptation in other regions and countries in Europe. This Specific Objective will be reached in WP7.	
Process Indicator(s)		Target
Agreed Action Plans to transfer and/or scale up interventions		>5
Number of stakeholders reached		>50
Number of people suffering from chronic diseases reached by the end of the project.		350.000
Number of experts engaged in EFFICHRONIC guidelines elaboration		30
Output Indicator(s)		Target
Number of successful CDSMP processes implemented		5
Number of health professionals expressing their interest in EFFICHRONIC		100
Outcome/Impact Indicator(s)		Target
Number of health professionals applying the tool after the project completion		10

Target groups

EFFICHRONIC will impact on different target groups, according to specific characteristics and variables to be identified within Wp4 (see the description of multidimensional analysis and recruitment strategy in the methodology section). Among other potential target groups (e.g., the general society, SMEs and large companies, etc.) the mentioned population will be the most directly affected the following:

Primary target groups:

- **Individuals suffering** from chronic diseases identified according to specific variables (clinical but also including social determinants of health) and stratification methodologies.
- **Caregivers attending the intervention programme**

Secondary target groups:

- **Relatives and family of people** suffering from chronic diseases and informal caregivers.

- Special attention will be put to target **children** (daughters and sons, or even grandsons) by activating learning processes in the families of those of individuals suffering from a chronic condition participating in the EFFICHRONIC intervention. By adopting a “Healthy parenting” approach, making children to participate in the behavioural change of their parents/grandparents, since **long-term chronic disease prevention depends on the diet, exercise, habits and behaviours learnt and generated in the childhood.**

Tertiary target groups:

- **Health professionals:** it includes general practitioners, specialists, physicians etc., working in public and private hospital but also nurses, and other health professionals, such as psychotherapists.
- **Researchers** in the field chronic diseases, sociology of health and health economics.
- **NHS and stakeholders from Public Administration.**
- **Civil society**
- The table below summarises the estimated targets, the Key Performance Indicators and the channels to access to them.

Target Groups	Outcome measurements	Means to reach and communication strategy
Primary target		
Individuals suffering from chronic diseases according to the identification of specific variables (e.g. deprived populations, less educated individuals, and those who are mostly linked with a higher burden of chronic disorders) or their caregivers attending the programme.	>250000 approached individuals >2000 recruited individuals	Direct communication with Health professionals (Nurses, physicians), social workers, stakeholders and Associations (Civil Society) Dissemination and offline/online Communication activities.
Secondary target		
Relatives of people suffering from chronic diseases and informal caregivers	>5000 individuals	Direct communication with Health professionals (Nurses, physicians), social workers, stakeholders and Associations (Civil Society)
Children (sons and daughters, or even grandchildren) of the primary targets	=1000000 individuals at medium and long-term	Direct communication with their parents, family modeling and learning processes, including imitation of healthy habits.
Tertiary target		
Health professionals: it includes general practitioners, specialists, physicians etc.,	>500 professionals	Direct communication with Partners and our collaborators/integrators at national level
Civil society (Associations, social workers, etc.)	50 Associations >100 social workers	Direct communication with Partners and our collaborators/integrators at national level
Researchers in the field chronic diseases and sociology of health	>100 researchers	Scientific, events, workshops, conferences
NHS and stakeholders from Public Administration	>20 institutions/representants	Direct communication with EFFICHRONIC partners and Communication activities

Political Relevance

EFFICHRONIC contribution to EU Health priorities

- EFFICHRONIC project will contribute to identifying and address the key risk factors, but also takes into account social conditions and indicators: it will assist in reducing the burden of chronic diseases and reduce the costs associated with each National Health System while providing new evidence on efficient means to archive and improve the individuals' health. Attending to socioeconomic and sociocultural status of the people suffering from chronic disease we expect to reduce the costs derivate for their formal care, to prevent in a more efficient way the reproduction of chronic conditions in the same family (e.g., obesity, diabetes...) and to implement a cost-efficient intervention able to be applied in several countries, even low-income countries.
- Also, EFFICHRONIC will support the public administration and will take into account the unusual and new situation of vulnerable migrants and refugees, considering them as a part of the primary target group when relevant. The main aim is to increase the community-based cooperation in the fields of health promotion and disease prevention, assuring an adequate response to communicable chronic diseases by the National Health Systems while reducing the costs associated with the care of populations at high risk of social exclusion. Following the course syllabus, the heavy episodic drinking and drugs abuse issues will be met.
- Collaborative learning offers a cost-efficient approach that also guarantees a better outreach of the health-related messages and health education. In fact, to pay attention to socioeconomic status and education of the individuals also allow to improve and increase their margins for health improvement, reducing the care burden for the National Health Systems along EU Member States due to a late and delayed identification of the chronic disease. EFFICHRONIC is intended to reach a sample of n=2000 patients in 5 European Countries

Activities should concentrate on following areas:

- Specifically, EFFICHRONIC focuses on prevention and management of chronic diseases: on the one hand, the primary target group is comprised of people suffering from a chronic condition, also under conditions of vulnerability, disadvantage or marginalisation. These individuals show the highest levels of risk for mortality. As a secondary target group, their relatives and family also have a high-risk for a future chronic disease due to their living and material conditions. Empowered patients will act as multipliers, as agents for change who can promote a more efficient prevention among their peers and loved ones. Moreover, these empowered patients would be facilitators and trainers for other people with chronic conditions once they finish their training and the further training for facilitators. **Self-care** attitudes will lead a change also for the whole society and will facilitate these patients to acquire new skills and behaviours that could help them to increase their opportunities for an efficient job performance and a better labour integration. An empowered patient develops their critical thinking and is

more trained to access, select and analyse information as well as to manage and plan his/her self-care.

- EFFICHRONIC will research, determine and analyse several indicators which can influence and determine the chronic condition. These also will be assessed from the **Health economics** to assure that the intervention has a real impact on the National Health System and its outcomes are cost-efficient, contributing to reduce the costs and burdens associated with these diseases. The whole consortium will outline a strategy for improving the engagement with policy makers and stakeholders (tertiary targets groups) as well as the general society; also, we will contact with several associations. Collaborative learning approach will contribute to increasing the health literacy, the self-care behaviours and a healthier lifestyle that will be extended to the patients' relatives; specifically focused on most vulnerable groups, EFFICHRONIC will increase the health literacy and the competencies related to the interpretation and selection of the information as well.

Methods and means

EFFICHRONIC is based on the design, implementation and assessment of the socioeconomic impact of the CDSMP in 5 European countries reaching a wide sample (N=2000) of stratified population which will be targeted and engaged according to their medical, socio-economic and cultural determinants of health. Through a *complex and comprehensive multidimensional analysis* led by expert entities (Galliera Hospital & CSPA) and supported by all project partners and also other associate partners and stakeholders, **a consensus framework to identify those individuals with highest benefit potential, contributing not only to make the health and social systems more equal, but also more cost-efficient and sustainable.**

At this concern, CDSMP has been proposed as EFFICHRONIC methodology because several features of this chronic prevention and management programme:

- The **underlying conceptual elements** in CDSMP, i.e., **self-efficacy, empowerment, collaborative education, recognition of the social determinants of health, wellness, community participation and risk stratification are key elements of EFFICHRONIC fundamentals.** The program is based on relevant and validated psychosocial models effective for the adoption of healthy lifestyles and individuals' empowerment. It assures an **accurate evaluation** of the socio-economic dimensions that the partners aim to assess.
- It is a **robustly validated program** (CDSMP) which has extensive evidence of its positive impact on health. It is **easily adaptable to different context, language, culture, ethnical tradition or race.** The programme has shown efficacy even in **illiterate** subjects.
- The **cost of implementing the programme is reduced** (due to collaborative procedures, easy-to-use materials and co-design methodology) and there is **preliminary data showing cost-efficiency and a promising return of investment.**

More in depth, EFFICHRONIC lays on **three main methodological steps**:

- a) Stratification of population & individuals recruitment**
- b) Implementation procedure**
- c) Evaluation, cost-efficiency and health economics estimations**

Stratification of population & individuals recruitment strategy

Following the methodology and knowledge generated around the multidimensional prognostic indices (MPI) developed by one of the project partners EOG (Ente Ospedaliero Galliera) under a European funded project, the partners will define main clinical and health related indicators to be approached within the *comprehensive multidimensional analysis*. The analysis will be complemented by the integration of those socioeconomic determinants of health relevant for chronic prevention. Among them, the following variables should be pointed out:

Socioeconomic Status (SES): measured as the relative frequency as a percentage of people at the IV or V quintiles. The socioeconomic status will be determined through quintiles and will include the education, the job position and the economic situation in accordance to the incomes perceived. **The SES measurement considers the following dimensions:** education, employment, benefits received or required, social exclusion, risk of poverty, social network and family. These variables will be individually measured. However, some clinical variables have been added for assessing the targeted population within this project (for instance nutrition, functional or cognitive functions).

Socioeconomic and cultural variables	
Variable (individually measured)	Detailed description
Maximum Education stage or qualification credential	As seen before, the Education is a crucial factor which might determine the potential health outcomes, as stated by the Human Capital Approach.
Employment condition	To have a job allows to supply our necessities and it might improve our self-concept, enhancing our identity from both points of view, individual and collective. The unemployment might impair the mental health as well as the physical health conditions: unemployed people have a higher rate of premature mortality and physical-mental disorders.
Social wage or similar benefits received	The social wage is an economic benefit aimed at people who have not enough financial resources to face their necessities: then, it is a key indicator to determine the percentage of individuals under deprivation conditions.
Risk of social exclusion and/or poverty	The relative poverty rate, as defined by Eurostat, is the percentage of persons below the poverty threshold, measured as 60% of the median income per consumption unit of individuals. Nowadays, the social dynamics generate new social segregation and marginalisation processes that go far beyond from the poverty definition, widely used in the last decades. This dynamic element has been increased during the last seven years, due to the economic crisis and the new socialisation and development conditions in the high-technologized postmodern society. Social exclusion is a multifactorial phenomenon mediated by

	various circumstances, for instance, cultural, social, behavioural or economic issues, among others
Access to economic and material resources	Indicated by the lack of resources to satisfy at least four of these nine requirements: one week of holidays per year; to eat meat, chicken or fish at least each two days; to pay charges per heating; to pay in time for all utilities (gas, water, electricity, maintenance fees...) and rent/mortgage; to handle unforeseen expenses; to have and maintain: a car; phone; television; washing machine.
Family structure, social networks and support	The social support level, as well as other variables such as to live alone, express the degree of social integration, intrinsically related to the risks associated with sudden changes in the environment, life balance currently sustained or compensatory strategies. The social support and the affective, social and psychobiological development of a certain individual, while it is correlated with socioeconomic factors (e.g., financial and economic security of a citizen), can undermine the potential health status of a family and the individuals who compose it.
These individual variables will be translated to relative frequency in order to simplify the analysis and to foster a systematic approach by means of stratification to certain groups/populations.	
Clinical variables¹	
Clinical variable	Means of verification and assessment
Functional aspects	Activities of Daily Living - ADL Instrumental Activities of Daily Living - IADL
Cognitive functions	Short Portable Mental Status Questionnaire - SPMSQ
Nutrition	Mini Nutritional Assessment - MNA
Motility	Exton-Smith scale to evaluate the risk of pressure sores
Multimorbidity	Comorbidity Index Rating Scale - CIRIS
Polypharmacy	Number of drugs. Interview.
Co-habitation status	Interview
Other disease-specific domains	Laboratory and instrumental-based information

Once all relevant variables have been proposed, the final proposal will be reached by a consensus based procedure (Delphi method) including an *expert panel* led by EOG & CSPA and supported by all project partners and also other associate partners and stakeholders will be carried out, in order to conclude with an ***agreed framework for the definition of the criteria to identify individuals with the highest potential to benefit from CDSMP and additional methodologies for the stratification of the population or groups according to the mentioned criteria.***

This framework will be translated to an algorithm for patients' recruitment and key guidelines for the individuals' recruitment will be elaborated according to each country conditions and needs.

Two main recruitment strategies are foreseen to be followed in EFFICHRONIC. On the one hand, ***individual recruitment*** will be articulated ***by*** two complementary but different channels, ***the health system*** (hospital, primary care centres, public health providers, etc) ***and the social,***

¹ Individuals suffering from chronic diseases are very often suffering from several conditions (multimorbidity and polypharmacy): it supposes a great challenge due to the current economic crisis.

associative and community-based structures (social workers, associations, community resources, health promotion organisations, etc.).

On the other hand, **stratification methods will enable a different recruitment strategy** based on specific parameter abstracted from the multidimensional analysis (relative frequency of individuals with a lowest qualification credential - education, lowest incomes, unemployed, receiving a social wage or similar benefit, severe deprivation of economic-material resources, living alone and/or with a lowest social support), which will identify “high risk” communities and concrete actions could be implemented to reach and engage those “stratified” groups.

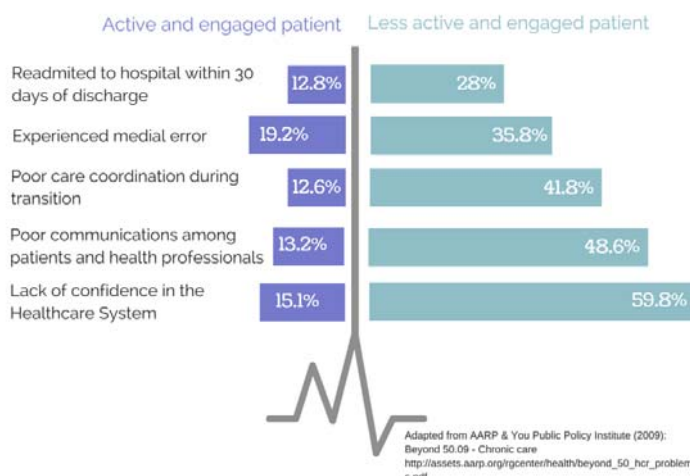
Self-care, which includes physical activity, a healthy diet and stress management, can produce value for the individuals and the whole society, and impacts on the quality of life, educational or labour achievements and economic value. However, to reach some **subaltern communities** is still a challenge for the intervention itself. This challenge can only be met if the intervention can join together some key social stakeholders and it reaches a well-balanced community-based action. In this particular case, the **collaborative learning** will be a crucial factor. Peers are very similar to us, and as explained above, it is a very powerful tool to drive the changes and innovation among the traditionally marginalised community, or those with a particular socio-cultural or socio-economic status. Peers will act as facilitators in the EFFICHRONIC project. They can reflect how they face the same situations and circumstances that affect us, express our views in the same terms and vividly verify them, and think about our day-to-day activities and established habits. Additionally, underprivileged people can build **meaningful relationships with social workers and Associations’** representatives as well. Specifically, social workers often have a wider perspective of the current needs at a provincial and local level and they must be engaged in EFFICHRONIC. The **economic value of the self-care behaviours** understood as an investment, has been analysed by the Human Capital Model. Regarding the HCM, the self-care habits developed by an individual increase the physical capital, showing a direct impact on health and a positive influence concerning the individuals’ responsibility and productivity while improving the psychological and emotional state and the person's self-esteem².

Expected outcomes

EFFICHRONIC is designed to **bring additional evidence on effectiveness, efficiency and relevant factors affecting the health outcomes and quality of life of those individuals and systems**. A total sample of **2000 individuals and a comprehensive and a rigorous methodology, involving 5 community and health settings** in very different countries will provide solid evidence on EFFICHRONIC impact (**WP5**).

Figure 9: Patients’ engagement impact

Active and engaged patients



This evidence will be appropriately disseminated to reach the wider audience with the highest potential impact in each relevant target group, including citizens, researchers, health

cal activity: an underestimated investment in human 308.

professionals, patients' associations, health service managers and providers, policy makers and public administrators (see WP2 and dissemination section).

A wider impact will be reached by elaborating policy recommendations for the scaling up of the EFFICHRONIC implementation in other regions/countries in Europe.

Concerning the individuals with chronic conditions, they will benefit from a system that will supply them personal recommendations oriented at making better use of the health training and information, learning new skills while developing their critical thinking competency, maintain his/her interest in their healthcare and obtaining a qualification that can be based not only on closed health decisions/solutions but in the development of self-management skills (WP5).

Other relevant impacts for the individuals with chronic conditions and their caregivers, health professionals, the care systems and the whole in Europe are listed below:

Higher level of chronic patient and caregiver commitment

EFFICHRONIC objective is to increase the commitment and responsibility of the individuals and their caregivers on their disease process and provide evidence to engage health institutions and policy makers in promoting self-management by showing cost-efficiency and sustainability data. This commitment includes a proper adherence to treatment prescribed by the physician. Also includes the demand of clear and precise information about their treatment, potential adverse effects, interactions and side effects. In the program implementation, there are several training sessions about aspects like responsibility while taking medicines, searching for alternatives and seeking a second approach, techniques for decision-making and effective communication with the health professionals, including how to get reliable information about their disease, and therefore on its pharmacological treatment. All these processes have been proven to increase the patient commitment³.

Positive health impacts by increasing patient capacity for "self-care and self-management"

CDSMP is based on the psychological theory of Albert Bandura, among other elements. The four pillars of efficacy described are incorporated in the various activities of the training program: positive previous experiences, vicarious learning, verbal persuasion and suitable physiological state. The activities that enhance self-efficacy in the program are supplemented by teaching three skills that increase empowerment: formulation of purpose or action plans, decision-making techniques and problem-solving ability. Previous studies (check also section !.3.2 on existing evidence) concluded positive effects in increasing the efficacy (in diabetics in Alaska)⁴, increased 6 health status variables (pain, fatigue, activity limitation, health distress, disability, and self - Reported overall health) 4 health behaviours (aerobic exercise, stretching and Strength training, stress management, and Communication with physicians), 5 used variables (physician visits, emergency room visits, chiropractic visits, physical therapy visits,

3

Lorig K, Ritter PL, Laurent DD, Plant K, Green M, Jernigan VBB, et al. Online diabetes self-management program: a randomized study. *Diabetes Care*. Jun 2010;33(6):1275-81

and nights in hospital), and self- efficacy in arthritis, fibromyalgia, diabetes and multiple chronic diseases⁵.

Health cost reduction by increasing patient engagement

According to existing data on cost savings of face-to-face self-management program (similar contents) conducted with a sample population of 33,000 patients (comparable characteristics) in USA, it is expected a decreased of 21% of health costs in those patients in a highest level of engagement in the self-management program, compared with those with the lowest engagement⁶. Concretely, it has been estimated a relevant reduction on readmissions and medical errors in those active and engaged patients (see figure below). A relevant share of chronic patients being highly empowered could, therefore, generate a saving in health budgets, which cover around 15% of GDP in many member States. In fact, according to the European Commission between 70 and 80% of health budgets across the EU are currently spent on treating chronic diseases (acute and long-term care). **With millions of individuals with chronic conditions and estimations of long-term care costs of 395 euros per year in France, and 243 euros in Spain, only by reducing 21% of health costs in some individuals engaged in EFFICHRONIC in the two countries, the project will save up to 83 and 51 euros respectively per patient per year in France and Spain. Only by implementing EFFICHRONIC in these two countries a maximum of 80.000 euros can be saved annually, which becomes a relevant first data on cost-efficiency potential.**

The following table shows different data on the high potential of the intervention and the opportunities in the partner's countries and how specific target groups could be benefitted by

⁵ Lorig K, Ritter PL, Plant K, Laurent DD, Kelly P, Rowe S. The South Australia health chronic disease self-management Internet trial. *Health Educ Behav Of Publ Soc Public Health Educ.* febrero de 2013;40(1):67-77.

⁶ Hibbard JH, Greene J, Overton V. Patients with lower activation associated with higher costs; delivery systems should know their patients' «scores». *Health Aff Proj Hope.*2013;32(2):216-22.

EFFICHRONIC, becoming an added value which can generate services and products to enter the EU market:

Country Indicators	FR	ES	UK	NE	IT
Population(000s)	62 036	44 486	63 705	19,000	60,674
Life expectancy at birth (years)	82,4	83,1	81,1	81,3	82,7
Healthy life years ⁷	64	64	64,4	61,4	61
GPD per capita	\$42.503	\$29.863	\$41.787	\$44,828	\$35.925
Total Health expenditure (% GDP) ^{8*}	11.1	9.4	9.3	11.8	9.2
Added value for a market new scenario for health professionals and researchers	<ul style="list-style-type: none"> • More long-life learning opportunities and, as a consequence, employment opportunities • Wider knowledge on chronic disease socioeconomic conditions, behavioral patterns, patients' profiles. 				
Added value for other market players including service providers, health managers or public administrations.	<ul style="list-style-type: none"> • Consolidated knowledge and research outputs on patients' profiles and empowerment processes susceptible to be exploited • New business models with societal benefits • New products, services to be developed based on the research outputs and knowledge transfer (e.g. training services, insurance companies). • Increased demand of a more proactive healthcare service while maintaining the costs with direct benefit the whole society. • Market opportunities in an emergent sector and niche. 				
Added Market impact for individuals (end users)	<ul style="list-style-type: none"> • Empowerment and critical thinking competency in health topics⁹. • New useful services and applications ranges, as well as non-formal education provisions. 				

* GDP: Gross Domestic Product

Table 6: Impact indicators and potential

In addition, it is expected that a high number of individuals will adopt a high level of engagement, therefore reducing the health-related costs. At this concern, this project plans to elaborate ROI and SROI analysis (see Wp6). These analyses will allow to estimate the time to recover the investment in implementing CDSMP through the cost savings on health services generated.

Level of efficiency by involving facilitators as collaborative learning

A systematic review of 45 studies on the impact of these interventions concluded that there is strong evidence on its efficacy in different settings. The aforementioned research has validated the efficiency and effectiveness of CDSMP. The main impact of **EFFICHRONIC** lies in the **design and application of empowerment and self-management learning applied to Health**. These initiatives have shown a **strong potential** based on the **active role** that the **multiplying** target groups (e.g., women) can take within the programme. In addition, these initiatives have shown positive impacts as regards the **sustainability** and **burdens reduction** for the Health Care Systems.

⁷http://ec.europa.eu/eurostat/statistics-explained/images/1/19/Healthy_life_years%2C_2013_%28years%29_YB15.png

⁸<http://www.oecd.org/els/health-systems/Briefing-Note-SPAIN-2014.pdf>

⁹ Gremeaux V, Coudeyre E. The Internet and the therapeutic education of patients: A systematic review of the literature. Ann PhysRehabil Med. diciembre de 2010;53(10):669-92.

CDSMP provides additional evidence by recruiting a large sample composed of **individuals identified as those ensuring the highest cost-efficiency rate for this intervention**. The difficulties shown in previous literature to engage individuals with specific socioeconomic determinants of health in preventive programmes will be tackled by several features of the CDSMP intervention: collaborative processes, materials easy to use for low education people and other specific conditions. The large sample size, participation and integration in the research of patients' associations (and their members), provides significant and remarkable outputs susceptible to be extrapolated to other countries. At this moment, there is no on-going EU-wide similar study. Moreover, a transnational research which involves patients from different countries (English, French, Italian, Dutch and Spanish) with different contexts, cultures and healthcare systems, allows to analyse the impact of the variables within the same training program.

EFFICHRONIC shall reduce the health cost of each patient (50-90€ depending on the country), saving approximately 50000-80000€ per year, and is transferable for a clear majority of the European regions, independently their cultural and socio-economic background. Besides, it will improve the communication between health professionals and patients. The medical error (because of miscommunication) and recurrent hospitalisation could be reduced a 17 and 10%, respectively. Patients will enhance their confidence in the National Health Systems and their adherence to the treatments prescribed by the physicians, increasing their physical activity and improving their stress management and interpersonal communication skills. Also, the self-management programme will raise their critical thinking competency, including the selection of reliable information. Moreover, EFFICHRONIC could enhance the research into these fields and generate an extensive network of contacts with related EU and National-funded projects, health institutions from countries non-involved in the consortium. The project also could suppose a new potential long-term market niche based on services, training, knowledge transfer and health literacy.

In conclusion, the table below summarises expected outcomes of EFFICHRONIC

Impact	Expected outcome	Means of analysis
National Health Systems		
Health costs of each patient	- 15-21% depending on the engagement 50-90€/per patient per year (depending on cost of living as country-specific measure)	Cost-effective and Health Economics Evaluation
Potential Health costs saved	Approx 50.000-80.000€annually	
Transferability	>5 regions implementing the programme	Networking and Communication activity
Health professionals: improved communication skills and informal teaching competencies	+25% improved on self-perception about communication skills with patients.	Self-reported efficacy over baseline.
Patients		
Reduced readmitted/recurrent hospitalisation	-10%	See table Health Indicators in section 5.3. <i>Evaluation</i> ,
Experienced of medical error	-17%	
Improved communication between patient and practitioner	+15%	

Enhanced confidence in the NHS	+10%	<i>cost-efficiency and health economics estimations</i>
Adherence	+20%	
Enhanced intrapersonal communication skills	+10-30% depending on the baseline skills assessed	
Physical activity and/or exercise	+15% over baseline of the participants as a group	
Enhanced stress management	+40% over baseline of the participants as a group	
Critical thinking and improved selection of information	+10% over baseline of the participants as a group	Rubrics (competency-based qualitative evaluation adapted to each context of implementation)
Researchers		
New research into these fields	2 MsD Thesis 5 articles/position papers published	
Contact established	5 EU and/or National funded projects 5 research institutions working on/interested in these field.	
Potential long-term market impact		
New resources and public-private partnership initiatives	+3 public-private partnerships stablished during the five years after the project completion	
Long-life training for companies, Employees' Health Awareness training, etc.	+2 new services based on the EFFICHRONIC knowledge transfer	5 years after the project completion
New useful translated and adapted services for Health literacy	+10 services based on the EFFICHRONIC knowledge transfer	10 years after EFFICHRONIC completion

Table 7: Expected impact, outcomes and means of verification

In addition to the mentioned expected impacts, the assessment of relevant variables before and one year after the implementation of EFFICHRONIC will provide **conclusions to improve the public resources utilization**. The conclusions obtained from the indicators to be measured and analysed related to healthy lifestyle adoption, health outcomes, treatment adherence and quality of life, etc. (WP6), will contribute to define recommendations to optimize health resources by implementing prevention programmes as EFFICHRONIC.

Work package

Work package number	2							
Work package title	DISSEMINATION							
Starting month	1			Ending month	36			
Leading applicant	QISMET							
Applicants Nr	1	1	1	2	3	4	5	6
Acronym	FICYT	CSPA	SESPA	CHUM	QISMET	EMC	EOG	UVEG
PM applicant	6	1	1	5	9	5	4	5
Objectives								
The WP2 should met the following objectives:								
1. To raise the awareness at European, national and International level about the EFFICHRONIC ambitions, the outputs and results during and after the stratification, recruitment and implementation phases and the evaluation outcomes. These results must be reflected on a Guidelines comprised by a compilation of Best Practises and a series of policy								

recommendations to handle the challenges that the socioeconomic disparities suppose for Public Health politics.

2. To assure the adequateness and transferability of the practices, the framework for evaluation, the implementation method and its outcomes to other settings, regions and nations.

Specific objectives are:

- To inform about the project, its content, activities, progress and outputs to the target audiences.
- To build strategic relations and a networked community with Healthcare Institutions from countries non-involved in the consortium, for improving the expected impacts widen their geographic coverage. Specifically, partners will contact institutions in Eastern Europe, such as Bulgaria, Croatia, Estonia, Slovenia, Latvia or Lithuania.
- To reinforce the actions of the project: getting the specific target groups to participate in the project, focusing specifically in maintain and active role of chronic patients, facilitating and motivating they are involved in all the learning phases of the online programme.
- To provide a fluent and effective communication and a fruitful intellectual exchange among the partners

To achieve this objective a communication plan will be elaborated. The Communication Plan is aimed to spread the research and implementation outputs, but strengthening the project's outcomes in each stage (recruitment, face-to-face training, implementation). In accordance with these objectives, the dissemination plan is based on a multiplatform approach to the highest standards with regard its strategy, accessibility and ethical basis.

Description of work

Task 2.1 – Communication and dissemination plan (FICYT, all)

Definition, design and description of communication and dissemination plan following a participative methodology which has into account the different realities of each participant and previous experiences in Dissemination. To contribute to the objectives of the project this plan will identify key messages, communication strategies, the different audiences, general and specific, and targets groups, channels, formats, tools and methods. The Communication Plan also includes the networking strategy for reaching as much stakeholders and Institutions outside the consortium as possible.

Task 2.2 – Information and Communication resources (QISMET, all)

Information and communication resources will be designed and developed. Different target groups will be defined to adapt these resources, among others institutional/organisational stakeholders, the scientific community, health professionals, patients associations, youth chronic, caregivers, etc. The following resources will be developed during the project duration:

- Website, which will include some internal communication tools for the consortium partners. The website will be connected to Social Media channels and any other corporative channel.
- Project Identity and branding. The guidebook and guidelines for graphic style, branding but also language styles fully adapted to each target group are a very important part of this project identity (T2.3.)
- Content and Materials: videos, leaflet, flyer and brochure public animated and multimedia presentation, corporative information dossier, Press Kit (written, audio and visual material, newsletters).

These resources will be designed following a process of co-production methodology and based on materials and the experience of ENOPE and the UK QISMET network in engaging individuals

and any relevant stakeholders in self-management programs. Different workshops will be carried out in the 3 countries to ensure the communications are relevant to each specific community.

Task 2.3 – Communication protocol (QISMET, all)

Due to its relevance, specific attention will be paid to ensure that communications are consistent and developed under high-quality standards. Aimed at assuring the highest quality of the materials a communications protocol will be developed and all resources should be designed through a process of co-production with the target/stakeholder group, agreed upon by partners, and coordinated by a specific responsible. The Dissemination and Communication Responsible must ensure the coherence of external communications. Also, this protocol will ensure a single point of contact for external enquiries, and mechanisms to collect audience satisfaction with resources used, among other quality issues.

Thus, this protocol will be based on a full version control and updating of any resource with a central online “library” of materials and tools. The resource database will be online updated and open while also a monthly bulletin will be send out to inform partners of any changes or and to summarise communication activities, also to guarantee that websites and other dissemination channels are regularly updated. Some additional guidelines will also be tackled (how to communicate to media, to general public and specific audiences, generation of contents, social networks policy, etc.)

Task 2.4 – Dissemination and communication strategy and action plan (FICYT, all)

Different dissemination activities such as workshops, meetings and conferences will be organized to inform and recruit users and different agents that contribute to the project (health professionals, patients’ organizations and public authorities). 5 National workshops in each country are expected be held in the first 3 months, aiming at project presentation and looking for stakeholders. Also project partners will join activities and events organized by others organization or projects related to the topic of EFFICHRONIC project. The objective of this task is to develop a targeted Dissemination Strategy and Action Plan. This Dissemination Plan will be organised combining several axes of activities such as regional and European dissemination as well as operational and policy-oriented dissemination. To ensure high visibility of the project its whole lifecycle, the Dissemination Strategy will furthermore be organised into the following phases:

- **Phase 1 - Outreach:** is focused on the development of the project identity (offline, online, graphical identity and branding) and the project materials production. For instance, website, social media if it is needed and determined in the Dissemination Strategy, presentation videos, templates, leaflets
- **Phase 2 - Consolidation:** must be targeted to social workers, health professionals, patients and caregivers, among other target groups determined in the Strategy outlines, and its primary objective is to lend support to the integrators in the recruitment, training and implementation phase.
- **Phase 3- Networking:** focused on gather and disseminate the outputs and results of the first implementation stages, is aimed at enhancing the engagement with stakeholders and establishing networks with HealthCare Institutions from countries non-represented in the project (specifically, Eastern Europe) associations, EU and National funded projects, etc.
- **Phase 4 - Promotion of the outcomes and guidelines dissemination.** It will be focused on the widespread of Policy Guidelines and Best Practises purposed after the Implementation completion phase. Materials and resources produced will be available for five years.

Task 2.5 – Digital communication (FICYT, all)

Implementation of different digital communication campaigns addressed to specific objectives, activities and audiences selected in the Communication and Dissemination Plan will be done in this task. Also, EFFICHRONIC will take attention to the Public and corporative Media Relations, Social networks and proper channels (newsletter, Facebook, YouTube, Twitter,).

Measures of control, performance indicators and activities of reinforcement will be taken into account:

Some examples of this specific campaigns:

External campaigns

Informative campaign to general media about the project.

Awareness campaign to individuals with chronic conditions.

Mobilization campaign to users.

Internal communication actions

Motivation and feedback to the partners of consortium.

Task 2.6. Communication and Dissemination evaluation (QISMET, all)

In the last months of the project, communication and dissemination activities carried out within the project will be evaluated. ENOPE will lead these tasks by undertaking an initial scoping exercise. An Impact Map will be drafted, working with stakeholders (via stakeholder workshops, supported by individual interviews if needed facilitated using online webinars) and following a Social Return on Investment (ROI) methodology. Special emphasis will be given to the networking activity assessment and the potential of EFFICHRONIC for being applied in different countries with a heterogeneous cultural background. Its objectives are to identify inputs, value those inputs, and clarify and describe the outcomes expected and arising from the impact of communications and dissemination. To this aim, a quick to answer survey will be elaborated to evaluate the awareness and relevance of EFFICHRONIC findings. This survey will be launched in different moments during the project implementation (at least twice), making possible corrective measure to optimise the impact of communications and dissemination activities.

Deliverables linked to this work packageD2.1 Communication resources(M3).

Project materials and platforms, such as leaflet, flyers, brochures and project brand. Project materials to promote the project. Project Web-site. The web-site will have a public part and another one accessible only to the participants. Digital communication campaigns.

Communication and dissemination plan. Communication protocol system.

D2.2. Dissemination and communication activities report (M18)

D2.3 Communication and Dissemination evaluation report. Layman version of the final report (M24). (M24).

Milestones to be reached by this WP

MS2.1. Communication and Dissemination Procedures (M12). QISMET

MS2.2. Communication activity assessment (M33). QISMET

Work package number	2		
Work package title	DISSEMINATION		
Starting month	1	Ending month	36

Leading applicant	QISMET							
Applicants Nr	1	1	1	2	3	4	5	6
Acronym	FICYT	CSPA	SESPA	CHUM	QISMET	EMC	EOG	UVEG
PM applicant	6	1	1	5	9	5	4	5
Objectives								
<p>The WP2 should met the following objectives:</p> <ol style="list-style-type: none"> 1. To raise the awareness at European, national and International level about the EFFICHRONIC ambitions, the outputs and results during and after the stratification, recruitment and implementation phases and the evaluation outcomes. These results must be reflected on a Guidelines comprised by a compilation of Best Practises and a series of policy recommendations to handle the challenges that the socioeconomic disparities suppose for Public Health politics. 2. To assure the adequateness and transferability of the practices, the framework for evaluation, the implementation method and its outcomes to other settings, regions and nations. <p>Specific objectives are:</p> <ul style="list-style-type: none"> • To inform about the project, its content, activities, progress and outputs to the target audiences. • To build strategic relations and a networked community with Healthcare Institutions from countries non-involved in the consortium, for improving the expected impacts widen their geographic coverage. Specifically, partners will contact institutions in Eastern Europe, such as Bulgaria, Croatia, Estonia, Slovenia, Latvia or Lithuania. • To reinforce the actions of the project: getting the specific target groups to participate in the project, focusing specifically in maintain and active role of chronic patients, facilitating and motivating they are involved in all the learning phases of the online programme. • To provide a fluent and effective communication and a fruitful intellectual exchange among the partners <p>To achieve this objective a communication plan will be elaborated. The Communication Plan is aimed to spread the research and implementation outputs, but strengthening the project's outcomes in each stage (recruitment, face-to-face training, implementation). In accordance with these objectives, the dissemination plan is based on a multiplatform approach to the highest standards with regard its strategy, accessibility and ethical basis.</p>								
Description of work								
Task 2.1 – Communication and dissemination plan (FICYT, all)								
<p>Definition, design and description of communication and dissemination plan following a participative methodology which has into account the different realities of each participant and previous experiences in Dissemination. To contribute to the objectives of the project this plan will identify key messages, communication strategies, the different audiences, general and specific, and targets groups, channels, formats, tools and methods. The Communication Plan also includes the networking strategy for reaching as much stakeholders and Institutions outside the consortium as possible.</p>								
Task 2.2 – Information and Communication resources (QISMET, all)								
<p>Information and communication resources will be designed and developed. Different target groups will be defined to adapt these resources, among others institutional/organisational stakeholders, the scientific community, health professionals, patients associations, youth</p>								

chronic, caregivers, etc. The following resources will be developed during the project duration:

- Website, which will include some internal communication tools for the consortium partners. The website will be connected to Social Media channels and any other corporative channel.
- Project Identity and branding. The guidebook and guidelines for graphic style, branding but also language styles fully adapted to each target group are a very important part of this project identity (T2.3.)
- Content and Materials: videos, leaflet, flyer and brochure public animated and multimedia presentation, corporative information dossier, Press Kit (written, audio and visual material, newsletters).

These resources will be designed following a process of co-production methodology and based on materials and the experience of ENOPE and the UK QISMET network in engaging individuals and any relevant stakeholders in self-management programs. Different workshops will be carried out in the 3 countries to ensure the communications are relevant to each specific community.

Task 2.3 – Communication protocol (QISMET, all)

Due to its relevance, specific attention will be paid to ensure that communications are consistent and developed under high-quality standards. Aimed at assuring the highest quality of the materials a communications protocol will be developed and all resources should be designed through a process of co-production with the target/stakeholder group, agreed upon by partners, and coordinated by a specific responsible. The Dissemination and Communication Responsible must ensure the coherence of external communications. Also, this protocol will ensure a single point of contact for external enquiries, and mechanisms to collect audience satisfaction with resources used, among other quality issues.

Thus, this protocol will be based on a full version control and updating of any resource with a central online “library” of materials and tools. The resource database will be online updated and open while also a monthly bulletin will be send out to inform partners of any changes or and to summarise communication activities, also to guarantee that websites and other dissemination channels are regularly updated. Some additional guidelines will also be tackled (how to communicate to media, to general public and specific audiences, generation of contents, social networks policy, etc.)

Task 2.4 – Dissemination and communication strategy and action plan (FICYT, all)

Different dissemination activities such as workshops, meetings and conferences will be organized to inform and recruit users and different agents that contribute to the project (health professionals, patients’ organizations and public authorities). 5 National workshops in each country are expected be held in the first 3 months, aiming at project presentation and looking for stakeholders. Also project partners will join activities and events organized by others organization or projects related to the topic of EFFICHRONIC project. The objective of this task is to develop a targeted Dissemination Strategy and Action Plan. This Dissemination Plan will be organised combining several axes of activities such as regional and European dissemination as well as operational and policy-oriented dissemination. To ensure high visibility of the project its whole lifecycle, the Dissemination Strategy will furthermore be organised into the following phases:

- **Phase 1 - Outreach:** is focused on the development of the project identity (offline, online, graphical identity and branding) and the project materials production. For instance, website, social media if it is needed and determined in the Dissemination

Strategy, presentation videos, templates, leaflets

- **Phase 2 - Consolidation:** must be targeted to social workers, health professionals, patients and caregivers, among other target groups determined in the Strategy outlines, and its primary objective is to lend support to the integrators in the recruitment, training and implementation phase.
- **Phase 3- Networking:** focused on gather and disseminate the outputs and results of the first implementation stages, is aimed at enhancing the engagement with stakeholders and establishing networks with HealthCare Institutions from countries non-represented in the project (specifically, Eastern Europe) associations, EU and National funded projects, etc.
- **Phase 4 - Promotion of the outcomes and guidelines dissemination.** It will be focused on the widespread of Policy Guidelines and Best Practises purposed after the Implementation completion phase. Materials and resources produced will be available for five years.

Task 2.5 – Digital communication (FICYT, all)

Implementation of different digital communication campaigns addressed to specific objectives, activities and audiences selected in the Communication and Dissemination Plan will be done in this task. Also, EFFICHRONIC will take attention to the Public and corporative Media Relations, Social networks and proper channels (newsletter, Facebook, YouTube, Twitter,).

Measures of control, performance indicators and activities of reinforcement will be taken into account:

Some examples of this specific campaigns:

External campaigns

Informative campaign to general media about the project.

Awareness campaign to individuals with chronic conditions.

Mobilization campaign to users.

Internal communication actions

Motivation and feedback to the partners of consortium.

Task 2.6. Communication and Dissemination evaluation (QISMET, all)

In the last months of the project, communication and dissemination activities carried out within the project will be evaluated. ENOPE will lead these tasks by undertaking an initial scoping exercise. An Impact Map will be drafted, working with stakeholders (via stakeholder workshops, supported by individual interviews if needed facilitated using online webinars) and following a Social Return on Investment (ROI) methodology. Special emphasis will be given to the networking activity assessment and the potential of EFFICHRONIC for being applied in different countries with a heterogeneous cultural background. Its objectives are to identify inputs, value those inputs, and clarify and describe the outcomes expected and arising from the impact of communications and dissemination. To this aim, a quick to answer survey will be elaborated to evaluate the awareness and relevance of EFFICHRONIC findings. This survey will be launched in different moments during the project implementation (at least twice), making possible corrective measure to optimise the impact of communications and dissemination activities.

Deliverables linked to this work package

D2.1 Communication resources(M3).

Project materials and platforms, such as leaflet, flyers, brochures and project brand. Project materials to promote the project. Project Web-site. The web-site will have a public part and

another one accessible only to the participants. Digital communication campaigns.
Communication and dissemination plan. Communication protocol system.
D2.2. Dissemination and communication activities report (M18)
D2.3 Communication and Dissemination evaluation report. Layman version of the final report (M24). (M24).

Milestones to be reached by this WP

MS2.1. Communication and Dissemination Procedures (M12). QISMET
MS2.2. Communication activity assessment (M33). QISMET