The role of voluntary organisations in primary care: a survey on the Case della Salute in Piacenza, Italy

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This article discusses the role of patients and caregivers' voluntary organisations in the ecosystem of the "Case della Salute" (CDS), one of the structures that are part of the Italian primary care system even if they have not been implemented in all Italian Regions. It's based on research conducted in the period 2020-2022, before the introduction of the "Case della Comunità" (CDC), a new primary care organisation envisaged by the Italian Recovery Plan with the aim of strengthening of the territorial health infrastructure, heavily challenged by the pandemic because its' incapacity to bridge the gap between peoples' homes and hospitals. Their structuring poses nowadays several critical reflections on their implementation. Regarding the "Case della Salute", voluntary organisations' expectations were to be able to contribute to and participate in the experimentation of a cross-cutting and collaborative approach between different competencies, roles, and areas of intervention to give rise to a more effective way of responding to citizens' needs, whether health or social ones. They believed this would create a more effective response to the emerging needs of the territory without neglecting a greater personalisation and humanisation of care services, characteristics that are increasingly present in advanced healthcare systems. Among the actors to be involved and valorised were expected to be social services, the third sector (health and non-health), schools and other agencies of the territory that would have contributed to enriching the offer of the CDS. However, these expectations have been challenged both by the structure of the Ministerial Decree 77/2022 and by the incipient experiences of transformation of the CDSs and the opening of new CDCs.

This article analyzes some of the criticalities of this experience considering the findings of a study conducted in the Province of Piacenza (Emilia-Romagna Region). The fieldwork, aimed at reconstructing the functioning structure of the Piacenza Health Authority (AUSL) with a particular focus on the urban area, was carried out between July 2021 and March 2022 through several research phases that were, however, greatly conditioned by the irruption of COVID-19. Semi-structured interviews were carried out with several interlocutors and specifically with six ROCS (the Organisational Managers of the CDS), two directors of primary care of the AUSL on which the CDSs functionally depend, two directors of the municipal social services responsible for social and health planning, two representatives of the Joint Consultative Committees (Ponente and Piacenza Districts) and a representative of local voluntary organisation. The interviews lasted between 60 and 90 minutes. The ROCS were interviewed on a variety of issues, including the interaction between the CDS and the welfare ecosystem, in particular with municipalities, schools, patient and caregiver associations. In February 2022, at the end of this process, a focus group was carried out using a variety of techniques from the Service Design field for collecting experiences and opinions. The interviews and focus group material were fully transcribed and analysed in their content using software for qualitative analysis (Atlas.Ti). The analysis is useful to support -at least to what regards our topic- the implementation the "Case della Comunità".

As results, formal organisational change is difficult to implement in the absence of human resources to mediate the needs of ordinary health and social care management and bring it closer to the community principles of the CDC.

This lack of joint promotion between the services of the CDC and the activities of the volunteers contributes to increasing the perception of the CDC as an outpatient facility and does not take advantage of voluntary organisations' potential as promoters of services. More generally, bridging formal and informal care through the establishment of local alliances between social and health care professionals, citizens, service users and patients, and policy-makers to mobilise individual or collective responses to adversity is hindered.