



DELIVER

NEWSLETTER

20th March 2026

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Deliver Project EU



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DELIVER Moves into Delivery Mode in Heidelberg

The Final Drive Towards Implementation

In January 2026, DELIVER partners from across Europe came together in Heidelberg, Germany, for a five-day participatory workshop hosted by the University of Heidelberg. The week was a milestone moment for the project. It was a chance to bring the consortium's work package results into one shared space, connect the dots across clinical, community, digital, commissioning, regulatory determinants and governance perspectives, and build real momentum toward practical uptake.

The energy throughout the week was a hallmark of DELIVER at its best. It was collaborative, forward looking, and focused on how our collective work can translate into measurable improvements in oral health promotion and quality of care across Europe. The atmosphere throughout the week blended intellectual energy, collaboration, and the charm of Heidelberg's old town.

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SAVE
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DELIVER

ORAL HEALTH QUALITY
**TOOLKIT
LAUNCH**

Online event 12.00 - 14.00 CET

16 JUNE 2026

Funded by
the European Union

Read more on page 2

For more information on
the DELIVER Project
please visit
www.deliverproject.eu
or send an email to
deliver.thk@radboudumc.nl



The DELIVER Team in Heidelberg

**SAVE
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16 June 2026



DELIVER

The Official Launch of the **EU-Funded DELIVER Project** Oral Health Quality Toolkit

After years of scientific groundwork, collaboration, and careful development across Europe, the moment has arrived.

On 16th June, the EU-funded DELIVER project will be officially launched, marking a significant milestone in European efforts to strengthen the quality, safety, and equity of oral healthcare systems.

Funded under the European Union's Horizon Europe research and innovation programme (Grant Agreement No. 101057077), DELIVER represents a coordinated European response to a long-standing challenge, that is, how to move beyond isolated quality initiatives and create structured, sustainable, and participatory improvement at system level.

This launch is not the beginning of an idea. It is the formal unveiling of a robust, research-driven framework developed through extensive preparation and cross-European partnership. At its core is the Deliberative Quality Improvement Model, designed to connect evidence, practice, and policy and to bring citizens, patients, professionals, and decision-makers into meaningful dialogue around how oral healthcare systems should evolve.

DELIVER will translate this work into action through practical tools, structured engagement mechanisms, and policy-relevant guidance. The project will strengthen governance, support learning health systems, and help ensure that access to high-quality oral care, especially for vulnerable populations, becomes a shared European priority.

The consortium behind DELIVER brings together leading academic institutions, healthcare organisations, quality improvement experts, and public health authorities from across Europe. This depth of expertise reflects the scale of the ambition: to embed quality improvement in oral healthcare systems in a way that is evidence-informed, inclusive, and sustainable.

The official launch on 16th June will introduce the project's vision, objectives and tool kit. It will bring together representatives from EU institutions, national authorities, academia, and the wider health community.

We look forward to sharing this important milestone with you.

Save the date: 16th June 2026.

More details and registration information will follow soon.

From foundations to action: building the toolkit architecture together

The workshop opened with a deep dive into Work Package 2, led by Michael Lorenz and Valeska Fehrer (both UKHD). Sessions explored the foundations needed for effective quality improvement: normative directionality, quality indicators, and the architecture of a monitoring framework. Partners examined how these components should be represented inside the DELIVER toolkit, and how the monitoring framework can support improvement over time, including considerations around data sources and maintenance.

PROM and PREM based quality improvement approaches

The focus shifted toward how quality improvement is experienced and implemented on the ground. Matthew Byrne (UNIMAN) guided the consortium through PROM and PREM-based quality improvement approaches for dental practices, with discussion centred on making patient-reported outcomes and experiences usable as practical drivers of improvement. Valeska Fehrer from Heidelberg University Hospital and Matthew Hanchard from the University of Manchester, elaborated on the ongoing evaluation of the DELIVER PROMs and PREMS dashboard. Jeanette Norman (KI) and Matthew Hanchard (UNIMAN) also discussed the evidence on how mobile devices may be used for oral health quality improvement in individuals living with diabetes.

Strengthening equity and reach: communities and vulnerable groups

A core strength of DELIVER is its attention to where improvement is most needed. Kasper Rosing (UCPH) led sessions on community-based quality improvement for vulnerable groups, highlighting the importance of tools that can flex across local realities while staying rooted in evidence. The discussions reinforced an essential DELIVER principle: quality improvement must be designed not only for average settings, but also for the diverse contexts that shape access, prevention, and outcomes across Europe. Building on this, further perspectives from across the work packages followed, with contributions from Michiel van der Linden, Linnea de Almeida, and Sehida Begovic, helping to connect community focused approaches with the wider toolkit architecture and reinforcing the shared focus on practical, scalable implementation.

System levers for scale: commissioning, digital tools, and governance.

The workshop broadened the lens to the system conditions that enable quality improvement to scale and

last. Presentations from Work Package 6 covered the commissioning of the digital one-stop shop. Julian Eigendorf and Fabian Kliemann from the aQua Institute demonstrated possible integration and usage options for quality indicators and PROMS/PREMS within outpatient care. In addition, factors that promote and hinder the launch of the digital one-stop shop were identified and discussed. Olenka Van Ardenne (Lygature) presented the quality improvement regulatory determinants for the toolkit, as shown in the finalised Report 7.2 on the regulatory determinants of quality improvement, and the essence of integrated care rather than a sidelined position for oral care.

Booster phase and stakeholder dialogue: sharpening the route to impact

On Day 4, the workshop shifted into its Booster phase, led by Paula Vassallo (MHA). Partners examined Key Exploitable Results and worked through pathways for impact, sustainability and dissemination, keeping uptake firmly in view while development is still underway. Stakeholder sessions then brought in perspectives from professional practice, dental education and policy. The overall message was very encouraging: strong interest in resources that are clearly explained for different audiences, high potential for DELIVER materials to support training and lifelong learning, and a shared emphasis on trusted, responsible approaches to feedback and data use in quality improvement. These insights strengthened the usability focus of DELIVER's outputs and helped sharpen how we communicate the toolkit's purpose and value.

Consolidation and next steps

The final day was about turning a week of collaboration into concrete next steps. Partners wrote up key results, aligned responsibilities across innovations linked to exploitable outputs, and planned dissemination actions and website integration. Preparations also continued for the DELIVER online launch event and an EU closing event planned for June 2026.

As the week closed, one thing was clear: the Heidelberg workshop strengthened both DELIVER's outputs and the shared drive behind them. It was an inspiring reminder of what becomes possible when expertise from across Europe is brought together with a single goal: improving oral health and quality of care in ways that are evidence informed, practical, and built for real world impact.

(Continued on pages 4, 5, 6)

For more information, visit deliverproject.eu

From Evidence to Action



Stefan Listl (UKHD)



Paula Vassallo (MHA)



Kasper Rosing (UCPH)



Julian Eigendorf (aQUA)



Olenka van Ardenne (LYG)



Matthew Byrne (UMIMAN)



Michael Lorenz (UKHD)



Michiel van der Linden (VU-ACTA)



Linnea Eismann de Almeida (UCPH)



Fabian Kliemann (aQua)



Sahida Begovic (VU-ACTA)



Ziade Sarroukh (Radboudumc)

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DELIVER's Team in Delivery Mode



Workshop



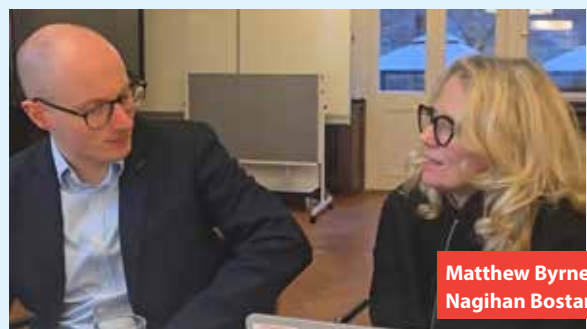
Valeska Fehrer (UKHD)
Shailla Akter (UKHD)
Ziade Sarroukh (Radboudumc)
Matthew Hanchard (UMIMAN)



Stefan Listl (UKHD)
Paolo Melo (ISPUP)



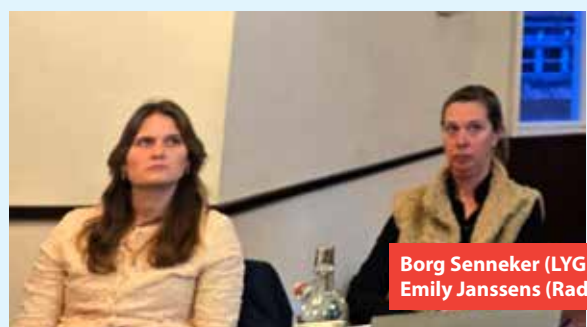
Catherine Volgenant (VU-ACTA)
Sehida Begovic (VU-ACTA)
Sterre Gitz (VU-ACTA)



Matthew Byrne (UMIMAN)
Nagihan Bostanci (KI)



Jeanette Norman (KI)



Borg Senneker (LYG)
Emily Janssens (Radboudumc)

(Continued on page 6)



**Valeska Fehrer
(UKHD)**



**Matthew Hanchard
(UMIMAN)**

(Continued from page 5)

DELIVER Key Exploitable Results: Three Results Designed for Real World Uptake

DELIVER is turning research and collaboration into concrete benefits for society. To keep the pathway to impact clear, the project is organising its delivery around three Key Exploitable Results: (KERs) a Quality toolkit, a Quality Accreditation Programme, and Policy Support. Together, they translate DELIVER evidence into resources that can be used by practitioners, communities, educators and decision makers across Europe.

KER 1: Quality toolkit

The DELIVER Quality toolkit is an evidence based package designed to support citizens, providers and policymakers with practical guidance, digital tools and quality indicators. It brings key resources together in one place, including quality monitoring dashboards, decision support tools, an implementation toolkit for practices, and a decision aid to support prioritisation of cost efficient oral health services. The ambition is simple and powerful: make quality improvement easier to start, easier to sustain, and easier to adapt across different contexts.

KER 2: Policy Support

Policy Support is a consultancy style pathway aimed at strengthening the governance, financing and regulation of oral care quality. It is designed to help decision makers with structured approaches to oral health benefit package design, community engagement and co creation, and regulatory know how. This KER recognises that long term improvement depends on system conditions: incentives, regulation, and trusted use of data that enable prevention, access and quality improvement to scale.

KER 3: Quality Accreditation Programme

The Quality Accreditation Programme builds on DELIVER quality indicators and is designed to help dental practices and clinics demonstrate and strengthen quality in a constructive way. The focus is on measures that are scientifically robust and meaningful, and on an approach that encourages practices to function as learning systems. In DELIVER, accreditation is positioned not as a compliance exercise, but as a supportive route to continuous improvement that can strengthen confidence and trust in quality processes.

Across the Heidelberg workshop, these three KERs provided a shared focus for bringing DELIVER's work packages together into integrated, implementation oriented results. The next steps will continue to strengthen usability, communication and dissemination so that DELIVER outputs are ready to support better oral health and better quality of care across Europe.

For more information and project updates, visit deliverproject.eu

The report on Regulatory Determinants & Payment Reforms Released

*Faster and more effective quality improvement:
Twelve clear recommendations*

DELIVER has released a new report, Report on regulatory determinants and payment reforms. It looks at what really drives oral care quality improvement across Europe and internationally, and what that means for policy and payment reform.

Member States remain free to organise their health systems and decide how budgets are allocated. But the report shows that the rules of the game for quality improvement are often shaped elsewhere. Ethical principles, standards, guidance, and recommendations at European and international level strongly influence how countries approach innovation, cooperation, patient centred care, fair access, and responsible implementation.

The report sets out twelve clear recommendations to support faster and more effective quality improvement. It also includes a regulatory determinants toolkit that helps policymakers, payers, and providers put quality improvement and prevention policy into practice in a way that is efficient and realistic. A dedicated framework for guideline development supports the move towards population based and patient centred standards.

The report was developed by E. M. van Ardenne (Lygature), P. Vassallo (MHA), B. I. G. M. Senneker, and S. Nouwt (Lygature), with M. van der Linden (VU ACTA) and S. Listl (University of Heidelberg).



Project Partners:

**Radboud University
Medical Centre
(Radboudumc)**

**Universitätsklinikum
Heidelberg
(UKHD)**

**Stichting Vrije
Universiteit
(VU-ACTA)**

**University of
Copenhagen
(UCPH)**

**Ministry for Health
& Active Ageing
(MHA)**

**Karolinska
Institutet
(KI)**

**Stichting
Lygature
(LYG)**

**aQua-Institut
GmbH
(aQua)**

**University of
Manchester
(UMIMAN)**

**University of
Porto
(ISPUP)**

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It's time to **DELIVER**



DELIVER Featured at Danish Conference on Emergency Dental Care

Kasper Rosing was invited by the Danish Dental Association to deliver a 30-minute presentation at a Danish post-educational conference on emergency dental care. His talk integrated the DELIVER definition of oral healthcare quality, with the project's quality domains adapted to fit the session theme: "Quality of Emergency Oral Healthcare in Denmark."

The presentation referenced key work undertaken within the DELIVER project and included visible acknowledgment of DELIVER branding, logo, and funding information. While the focus was primarily on the wider landscape of emergency oral healthcare, the session also functioned as a clear platform to disseminate DELIVER's aims and reinforce the project's contribution to quality improvement in oral healthcare.



Lecture and Knowledge-sharing on Co-creation with Migrants

In February, ethnologist and PhD candidate Linnea Eisemann de Almeida from the University of Copenhagen, delivered a guest lecture and shared practical lessons from DELIVER's Work Package 4 (WP4) on co-creation with migrants. The session took place during a master's thesis seminar at Ghent University's Centre for the Social Study of Migration and Refugees, bringing together Belgian students, supervisors, and a diverse group of professionals.

The lecture sparked a lively exchange on co-creation with asylum seekers, drawing on students' projects that explored sleep problems in reception centres through participatory approaches. Discussion centred on a key real-world challenge: how to design meaningful improvement interventions in settings where strict rules

and legislation can constrain what can realistically be changed—and how researchers can navigate multi-layered roles while working alongside people in vulnerable circumstances.

While the seminar did not focus on oral health, the methodological insights from WP4 were strongly welcomed and clearly resonated with both academic and practice audiences.



Pathways to Universal Health Coverage

DELIVER at EUPHA 2025

A key moment for the DELIVER narrative was the session on “Innovating the Oral Health Workforce: Pathways to Universal Health Coverage,” organised through the Oral Health Section and chaired by Paula Vassallo. This session brought together presenters Paula Vassallo, Stefan Listl, Ave Pöld, and Neville Calleja and explicitly positioned learning from EU projects, including DELIVER and PRUDENT, as part of the pathway to practical reform.

The session drew on the Bangkok Declaration’s call for innovation to strengthen health systems and advance UHC, translating that imperative into concrete workforce levers. Discussions focused on how countries can expand and modernise roles, strengthen education and interprofessional training, and use digital solutions to extend prevention and services, particularly in rural, low-income, and underserved settings where access to dental care is often limited. Tele-dentistry and remote prevention education were framed not as add-ons, but as tools that can improve reach, continuity, and health literacy when paired with training and system support.

Just as importantly, the roundtable made the case that innovation depends on the policy environment. Equitable funding, incentives for workforce development, and explicit inclusion of oral health within national health strategies were highlighted as enabling conditions. Collaboration between governments, educational institutions, and professional organisations was presented as essential to building a responsive workforce that can meet evolving needs across diverse populations.

The session’s core takeaway was direct in stating that innovating the oral health workforce is not optional if UHC is the goal. Expanding roles, enhancing education, and leveraging technology can help make oral health more accessible, equitable, and integrated within broader health systems, and ultimately improve health outcomes.

Quality and equity as the ‘how’ of workforce reform

Speaking from DELIVER’s perspective, Paula Vassallo anchored workforce innovation in the project’s central mission: improving quality in a way that also reduces inequity. She linked the scale of oral health need to a clear UHC message - oral health cannot remain peripheral and argued that workforce reforms only deliver real impact if

“quality oral healthcare” is defined, measured, and built into how services and skills are organised. In that sense, DELIVER’s contribution is practical: creating a shared quality framework and indicators that can guide system redesign, align training with quality goals, and support continuous improvement. Vassallo also highlighted the importance of prevention-oriented roles, interprofessional collaboration, and digital solutions (including tele-dentistry) when embedded in governance, education, and financing - so innovation strengthens access and protects safety, effectiveness, and person-centred care.

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Planning providers around needs, not headcounts

In his DELIVER-linked contribution, Stefan Listl sharpened the workforce debate by challenging the limits of traditional planning. He argued that models based heavily on provider-to-population ratios can lock systems into more of the same, even when epidemiology, technology, and effective skill-mix options are changing rapidly. Listl instead promoted a needs-based planning logic that starts with the population and works forward: identifying what needs exist, what services best meet those needs, and what mix and quantity of providers can deliver those services effectively. This is what sits behind the phrase used in the session: planning should “make providers fit people’s needs.” For DELIVER, the relevance is immediate—quality improvement and equity goals require planning that makes unmet need visible, rather than reinforcing patterns shaped by who already manages to access care.

(Continued from page 9)

Using workforce planning to shape policy

Ave Pöld focused on why oral health workforce planning must move beyond ‘yesterday’s data.’ She argued that dentistry’s high costs and uneven access mean many systems plan around health seekers rather than health needs, leaving underserved groups effectively invisible in the evidence base. Her message aligned with DELIVER’s equity emphasis. If those with the greatest barriers are missing from planning assumptions, reforms will reproduce the same gaps. Pöld outlined a shift toward needs-based planning combined with stronger skill-mix, expanding the contribution of prevention-focused professionals such as hygienists and therapists, and stressed that workforce scenarios should actively inform policy choices, including payment design and UHC benefit packages. Done well, workforce planning becomes a lever for reform, helping countries choose delivery models that expand access, prioritise prevention, and support higher-quality care at scale.



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