

# Hippokrates Exchange Programme

## Final Report

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### Report of my Hippokrates Exchange Experience:

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**Dates the Exchange took place:** From 25<sup>th</sup> May to 8<sup>th</sup> June 2011.

### Summary:

The beginning was an approach to the English health system structure, in this case it is a public system (very similar to the Spanish one).

There are not too many differences in the treatments, referrals, health system structure and diseases management. I will summarize some of them under the eye of a GP observer.

Primary care is provided in small centers with 1 to 10 professionals. Each consultation spends a minimum of 10 minutes and the daily dealing with the patient is much closer, with one advantage, generally the patients require fewer number of visits.

The approaching to the patients is a little bit different, they use to explain every treatment options and the patient is who ever chooses his own

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treatment. The doctors avoid to seat in front of the patient, saving the physical barrier posed by the table. They emphasize on proper communication ways to improve the patient confidence in physicians and health system. As well as they bring information about the treatments, they use to bring them information about their diseases. This information is regulated by the NHS and you can access easily by internet: <http://www.patient.co.uk/>

On the other hand, they also provide a lot of interest in communication among professionals. I have had the honor to participate in weekly trainees meetings to share their daily experiences in whole region. They discuss how to deal with patients, diseases and situations. I also was able to attend to a training day, which meant for me a lesson in medical English.

They have well defined criteria to choose specific treatments, not only in whole UK (<http://www.bnf.org> as our Medimecum), as well in each region, as you can read in their websites: <http://www.plymouthformulary.nhs.uk/>. These formularies are very useful highlighting in colors the options as first or secondary treatment lines and attaching notes and algorithms. Thus the GPs can have a better control about the drug cost very effectively, freeing resources for other areas of patient care.

One of the first differences in pathologies is just when you open the main door and look at ads. They pay special attention in a carefully monitoring and prevention of sexually transmitted diseases and unwanted pregnancies, some of the surgeries have their own STDs unit, with specialized nurses. But most of the population has the same conditions in whole Europe.

Perhaps the main difference is based in the way they have to refer the patients to the specialist and hospitals. They also have well defined criteria depending in the region where the surgery is located:

<http://www.sentinelhealthcare.co.uk/>

This website is continuously updating and is available to daily queries. The GPs have the possibility to phone directly to different specialty services

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at hospital to interchange information about patients with other physicians to improve their management. I had the opportunity to spend one day in the acute GP unit at hospital, led by GPs, where the patients can be referred to check an acute disease avoiding the emergency service, or where the GP can phone to ask about the options for acute patients. If the disease is acute and severe the GP can phone directly to 999. Their emergency system is very similar to the Spanish, with a phone number that delivers emergency ambulance services, home visits or solve simple problems answering the patient questions by telephone. Their emergency service at hospital is managed by emergency specialist unlike ours led by GPs and internal medicine specialist. In UK the GP trainees don't have the mandatory shifts in emergency that we have during whole our training in Spain.

The GPs have to renovate their license every 5 years and they have to prove their competences, attending courses, writing publications, sending information about new knowledge in their daily practice... I have to congratulate them, because they have fantastic guidelines:

[www.nice.org.uk](http://www.nice.org.uk) , [www.cks.nhs.uk](http://www.cks.nhs.uk) ,

<http://healthguides.mapofmedicine.com/choices/map/index.html>.

*Something that caught my attention was the possibility to be a "GP with special interest in...". Every GP can improve his knowledge in specific topics as dermatology, psychiatry or whatever he wants funded and supervised by the NHS. This represents a great opportunity to improve the care quality, develop professional skills and avoid the burnout syndrome.*

The GPs in UK do not have the lack of recognition of the great value that represents the work of the family doctor as we have in Spain, Switzerland or other countries. The GP in UK is really the basis of their Health System. They are the doctors for Nursing Homes, palliative cares, children, elderly, chronic and acute patients, the first and the last step most of the times unified in the Royal College of General Practitioners.

I really have enjoyed every one of these days and it has given me grat

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personal experiences, I highly recommend this turn-out to trainees and young GP from all over Europe.

I want to thanks in a special way to:

Dr. Virginia Hernandez and Dr Madeleine Ginns (National Coordinators), who make it possible with their unfunded effort.

Dr. Edward Parry-Jones, who has been the best host you can have, fighting to offer you every possible options to work as an observer in his NHS.

Dr. Timothy Bray, who has been my mentor, showing me how the NHS works.

And to every one of the doctors who have been working with me as colleagues and friends.

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Plymouth, England.

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