A View from Estoril, Portugal.

I was fortunate to be awarded a Leonardo Grant funded by the European Union to participate in the Hippokrates Exchange devised by the Vasco de Gama Movement. This is an International Committee which aims to foster relationships, promote networks and facilitate a transfer of ideas within Primary Care in Europe. This was the first time the European Commission has funded such a project aimed at GP trainees and GP's in their first 5 years post training. UK GPs were able to visit countries all over Eastern and Western Europe and most of those in receipt of grants were in return hosting doctors from elsewhere to enable them to observe and reflect on the inner workings of NHS Primary Care.

I was granted to visit Estoril, 30 minutes northwest of Lisbon, on a beautiful stretch of the sunny Atlantic coast, famous in part for its casino which was the inspiration for the first book in the James Bond series. I attended Unidade de Saude Familiar (USF) "Family Health Surgery" Marginal for 2 weeks. This is a group practice consisting of 10 doctors. My supervisor was Dr Vitor Ramos, a family physician for over 30 years and Public Health lecturer in the New University of Lisbon. Dr Ramos had been one of the leading lights in the formation of Family & General Practice as a specialism in Portugal. My time with him and the rest of the tremendously welcoming staff at USF Marginal was interesting, enlightening and thoroughly enjoyable, and exposed me to compare our systems of Primary Care.

A History

In the 1970's Portugal had several colonies in Africa and East Timor and was fighting 3 wars for which they required a large provision of doctors. After the revolution in 1974 the wars ended and the colonies achieved independence. At that time and the years following approximately 10,000 young Portuguese doctors returned to home relatively early in their careers. In 1974-1975 there were many specialists in the major cities of Lisbon, Oporto and Coimbra but a shortage of General Practitioners and a shortage of rural doctors.[1] A project for a National Health Service was devised: based upon the principles of generality, universality and equity. After much international collaboration including, amongst others: John Horder,[2] Julian Tudor Hart and Marshall Marinker of the RCGP, the decision to develop the specialism of Family and General Medicine was taken in Portugal in 1979.[3,4] In 1981 the first vocational training programme started and since 1982 Family & General Practice has evolved into a sophisticated service which has contributed towards reducing the huge variation of healthcare services and standard of health between regions and population groups present prior to 1974.[5] In addition health indicators suggest the system has improved beyond a European average and the infant mortality rate measured till aged 1 has dropped 7% year on year since 1975 and is now considered to be amongst the lowest in the world.[1,4]

Family Health Centres

In 1989-1990 the Portuguese Association of General Practitioners proposed a reform of Primary Care by creating a "network of proximity services of small multi-professional autonomous units … small in size, light in structure, simple in organization and pleasant for users." This was a de-centralising process and a promotion of group medical practice with a defined package of services including preventative care and health promotion, thought to an improvement for both patient and doctor.[3,4] There are now many of

these family health centres in Portugal but the most recent incarnation is the "USF."Presently there are 307 "USF" centres in Portugal but recent austerity measures imposed on Portugal by the European Central Bank and the IMF, recommended increasing these "USF" centres steadily as they show significant improvement to healthcare and long term value for money. One study comparing the cost of 140 "USF" centres with "traditional" General Practice in one region of Portugal by reviewing spending on drugs and investigations between 2008 and 2009 revealed a 120 million Euros saving by the "USF" centres whilst offering improved care.[1]

USF

The "USF" system has groups of family physicians working together out of a surgery providing services to a community. The clinic is open from 8 am to 8pm, with various doctors providing clinical sessions at different times. Each doctor has a well defined list of which more than 80 % of consultations of their patients are provided by their individual doctor. The building provisions and all logistical costs are provided by for the state. There is a clinical lead chosen from one doctor in the practice, and they are self-regulating with internal governance and peer review. All Primary Care physicians in Portugal are salaried by the state. Within the USF – payments are type A: provided by salary, or type B: a reduced salary, but with additional incentives dependent on: size and structure of patient list, episodes of care, fees for service and achievement of clinical targets. The services provided by all surgeries include: general medical clinics; comprehensive antenatal care until 36/40; regular and detailed child health surveillance until aged 5; and family planning. Chronic disease management is provided through general clinics and surgeries can "commission" alternative services.

Portugal and Estoril

The style of Primary Care though having striking similarities with the UK can sometimes appear very different. In Portugal it is standard for doctors to offer 15 to 20 minute consultations. During this time patients will bring multiple complaints to the surgery. Patients will also bring social concerns and may want their doctors to give opinions on their family life. Often many family members will discuss health issues during a consultation booked for one person. As a consequence appointments commonly run over time but result in fewer presentations over the course of a year - one doctor told me that if they reduced their consultation time to 10 minutes, it would contravene the Latin way and they may face a patient revolution!

Most doctors have a list of 1500 patients and there is excellent continuity of care. Most of the patients I observed in Estoril were Portuguese speaking though there is a sizable immigrant community from Brazil, the ex-colonies in Africa, Eastern Europe and the Middle East.

Appointments schedules are organized within each centre and patients seem generally satisfied with access. In addition patients can telephone the physician directly in their consultation rooms but largely respect the doctor's time and will mostly do so if in emergency. USF Marginal use a Windows based patient software system and hospital referrals are sent via an online system and are triaged by the relevant specialty. Imaging, phlebotomy, pathology and physiotherapy are provided by private

companies which have contracts with the Portuguese NHS. Patients pay for prescriptions on a co-payment basis dependent on the "class" or necessity of the drug; exemptions exist as in the UK NHS.

Most patients use the NHS but due to long waiting lists for certain specialties but some patients who can afford use the private sector for quicker access to specialists and will generally pay for each item of service. Personal and corporate health insurance is rare in Portugal.

Training

One of the tenets of the formation of the specialism incorporated appropriate and comprehensive training to promote excellence. It was noted at the outset that a thorough training programme over four years was required to: acquire the complex skill set required for Primary Care; be attractive to high calibre graduates; and ensure better trained doctors will prove cost effective in the long run.

Presently each trainee is attached to a supervising Family Physician within one health centre for 4 years. There are in-house assessments and exams annually. In the 1st and 2nd years each trainee will spend approximately 50% of their time in Primary Care and the rest in secondary care. In the 3rd and 4th years each trainee will spend more than 70% in Primary Care.

Conclusion

On the whole my time in USF Marginal was filled with valuable insights into how the Portuguese system functions. I met a group of enthusiastic, sensitive and dedicated group of professionals who offered a high level of medical, social and psychological skill to their patients. Though the system is relatively new, it is progressing at a fast pace and I believe there is much that we in the UK NHS can learn from sharing their experiences particularly the significance of the doctor-patient relationship at the very core of Primary Care and despite constant evolution and intrusion remembering that our fundamental focus is and will always be patient need.

Anup Shah. GP, North London. September 2011.

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Figure 1. Dr Ramos in his surgery.

Figure 2. USF Marginal in Estoril

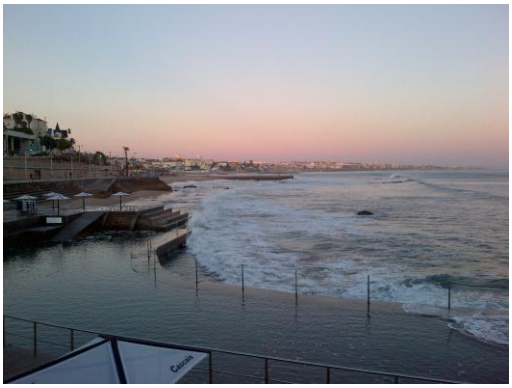

Figure 3. Estoril and Cascais.

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