

Hippokrates Exchange Programme

Final Report: Dr Natalie Smith

Exchange Visit to Camps Blancs, Sant Boi de Llobregat, near Barcelona

June 12-24th 2011

With many thanks to Dra Ana Rosa Hernandez Alonso for facilitating and coordinating the exchange and to both her, Dra Ana Espinola Rodríguez and Dr Agustín Iglesias for allowing me to observe them at work.



A photo of me with my host, Dra Ana Rosa Hernandez.

When I first heard about the opportunity to take part in a two-week exchange visit with a GP practice in Europe, I knew this was a perfect chance for me to combine work and travel and to learn about working as a doctor in a different country.

I was made very welcome at the health centre in Camps Blanc and everyone made a particular point of speaking slowly enough for me to understand, and to speak Spanish rather than Catalan. Everyone was also very interested to discuss and compare and contrast our two health care systems and training programmes.

The population of Sant Boi de Llobregat is approximately 80,000 and it is a town with much industry. Despite being so close to Barcelona (about 12km away), it is a clearly distinct town in its own right, with its own council and public services. The health centre that I was attached to for the exchange is in an area of Sant Boi called Camps Blanc, where the people are quite poor, there is high unemployment and many people are on state benefits. As this is very similar to the population of my current GP practice in the UK, this made for very interesting comparisons.

The doctors at the health centre, as in all practices in Spain, work in 2 shifts each day: the first from 8.30am to 3pm and the second from 2pm to 8pm. This overlap of 1 hour in the middle of the day enabled meetings and joint teaching sessions to occur. At 8.30am all the doctors and nurses would meet in the coffee room and clinics started at 9.15am and ran through until about 12.30pm, with a short break in

the middle. Appointments were scheduled at between 5 and 10 minute intervals. After 12.30pm any patients who walked in with an urgent problem, without an appointment, would also be seen. A similar pattern occurred in the afternoon.

The scope of the consultations appeared similar to in the UK, with the notable exception that no obstetrics, gynaecology or paediatrics is seen. There are separate Paediatric Family Doctors within the health centre who are specifically trained, and all children go directly to see them. Pregnant women are seen by obstetrics, so no antenatal care is conducted in general practice and any patients with gynaecological problems visit gynaecologists directly. In addition there are separate clinics for sexual health and contraception. Patients seem to visit their GP in Spain with mostly relatively minor problems and referral to secondary care or for radiological imaging seems to occur at a lower threshold in Spain than in the UK. There seems to be less use of 'time as a tool' in terms of waiting to see what happens with a particular minor complaint, especially musculoskeletal problems, and a tendency to refer directly for imaging or to rheumatology.

Patients often attended to collect results, inform about the need for a sick note to be entered onto the system, or to ask for repeat medications that were not on their regular 'repeat list', which differ from the approach in the UK where some of this would be conducted by telephone. Nurses dealt with spirometry, ECGs and diabetes checks in a similar way to they do in the UK.

The consultation itself in Spain appears more casual and open than in the UK: often there were open doors between adjacent consulting rooms where other GPs, residents, or nurses were consulting. Doctors often interrupted each other's consultations to consult about a particular patient, and in this way, second opinions and discussion of management options was obtained immediately. Multiple complaints and presentations are dealt with consecutively and the doctor simply runs late if the patient's problems take up more time, and there was much more latitude for a patient to talk widely about their family life and topics unconcerned with their health. Any other family members that attended the appointment often had separate health issues or queries that were dealt with in the same appointment, without another appointment being needed and despite the consultation having already run over time. In the health centre I visited, the consultations very rarely completed within their 5 to 10 minute allocated times, but there was a significant DNA rate which was the justification for the chosen appointment intervals. The patients also seemed to accept without complaint that the clinics usually ran late – often with up to an hour's delay, and there seemed to be no need for the doctors to apologise for this either, whereas I note that at home in the UK we often apologise to patients even when we are only running 5 or 10 minutes late! This is obviously a great cultural difference and demonstrates the enormous variation in our patients' expectations, between our two countries. It was quite common for the patient to kiss the doctor on both cheeks when they were leaving the room, and I even was included in this treatment at times, despite not knowing the patient at all!

I also had the opportunity to sit in on a joint GP & Dermatology clinic, where a Dermatology Consultant visited the practice for an hour, which he does once a month. All patients with a difficult diagnosis or management problems, were invited

to this clinic and seen by the consultant, and all of the GPs and residents were present, as a learning process, which was very effective.

Doctors are employed by the government and work as salaried civil servants, rather than as a partnership as is often the case in the UK. They do still have the equivalent of QOF targets, which are very similar in nature to the UK, but they are assessed and paid on an individual doctor basis, rather than for the health centre as a whole.

There appeared to be fewer home visits needed by the doctors – my host only attended one in the two-week period that I was there, whereas at my GP in Oxford doctors will be attending an average of one home visit each day.

The Spanish primary care health record system is notably more efficient, comprehensive, quick and easy-to-use than our UK systems. The referrals process and requesting radiology imaging was very rapid and straightforward and saved much time. The referral system is similar to that in the UK, with referrals being marked routine, preferential or urgent, although the system of making a referral is much more straightforward and requires very minimal paperwork and documentation, such that referrals are made as part of the consultation with the patient present, by the click of a button, rather than being attended to as part of the pile of paperwork after the clinic is finished as we do in the UK. Once the doctors in Spain had finished their clinic, their work that day was done, which I think most GPs in the UK would envy! The Spanish system for patients claiming benefits and sick-notes also linked in directly to their software so there is an electronic record of fitness to work or otherwise and there is no need for written sick notes, or Med3 equivalent.

In terms of training, GP trainees (called residents) in Spain go straight into GP training from university, without any prior general medical experience in hospital. They spend approximately half of their 4-year training programme in hospital, and half in general practice. In contrast to the UK system, in their first year in general practice, the residents do not at any point see patients by themselves, they are either observing or consulting in conjunction with their trainer. In addition, all of the doctors in the health centre were trainers and each had their own resident, or two. Their e-portfolio system is much less onerous than ours, requiring only about 5 entries per year, which I was very envious about!

My time spent in Barcelona and in the health centre in Camps Blanc in Sant Boi de Llobregat was invaluable in gaining an insight into different ways to practice medicine in primary care, and also to observe the many similarities between the UK and Spanish health care systems. My Spanish language skills also improved tremendously and I even learned a bit of Catalan! It was also a fabulous cultural experience and I hope to visit this beautiful city again one day.

I would definitely recommend this opportunity to any GP trainee or recently qualified GP, as a highly positive experience, broadening my idea of health care systems and providing a rich cultural adventure as well.
