

HIPPOKRATES EXCHANGE IN GLASGOW

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Thanks to the Hippocrates Programme I have spent two weeks in Glasgow, placed in Dr Byford and Partners practice, which meant working in two different health centres: Maryhill and Barclay Medical Centre, each with its own characteristics and distinguishing features. I was kindly welcomed by the staff of both health centres.

It came to my attention that in both health centres there were not so many elderly people as in Spain, because, on the one hand, Barclay Medical Centre is next to the University campus, so most of the patients attended here are students that usually have minor problems, or anxiety because of the exams. I also found it quite interesting that a lot of students of the University travel to remote places in their holidays, and there is even a travel clinic run by a nurse to explain useful travel advice and vaccinations they may need depending on the country that they are going to visit. Health care staff need further training to carry out these clinics.

On the other hand, life expectancy of people from Maryhill Centre is lower than in other neighbourhoods in the city and in Spain, so elderly people are not the greatest number attending in the surgery.

This health centre is located in a deprived area, so the main problems are alcoholism, drugs, obesity.

The first big difference I found between both Health Systems is that a working day for GP's in Scotland is much longer than in Spain, from 9 am to 6 pm, while in Spain it is from 8 am to 3 pm. They usually have lunch between 1 pm and 2 pm, but lunch does not seem that important for Scottish people, because they sometimes have lunch while they are doing paperwork, or through a meeting, and they even may not be sitting, which is quite different from Spain, where it does not matter the time you have lunch as long as you can do it quietly.

Another important difference is that the appointments last ten minutes, which allow them to spend more time on the patients' needs and to examine them more quietly. In Scotland, doctors in surgery are not interrupted as phone calls from other patients that may have any questions are answered by the secretaries and are dealt with by the General Practitioner on call. This is a very important point which we could learn from, because very often Spanish GP's have to manage at the same time with a patient on the phone, another patient in front of him who just have five minutes to talk about his concerns and any nurse or secretary at the door telling that he should go to see to any other patient. To avoid these situations, the Scottish computer system also has a system of messages that flicker whenever there is a message to be read. In that way, when the staff have to talk about anything no one interrupts the GP while in the surgery.

If the patients do not have appointments to see a GP they can leave a message on the phone, which is noted down by the secretary and usually the GP on call manage with it. These consultations are usually referred to prescriptions they need, or any other doubt about treatments or symptoms.

It is quite interesting too that the specialist informs through a letter the referring GP that explains diagnosis, treatment... which is very useful for GP.

The oddest thing I found is that although the patients are allocated a GP, they may be attended by whoever in the practice. In Spain every patient is attended by his/her own GP, unless they have the day off if they have been on call, in which case they will be attended by any other GP.

When the health centre closes at 6 pm or at the weekends, the patients can phone for any consultation to a out of hours centre. They will be attended by a nurse, that can solve some problems, like urine infections, and if necessary, they consult a GP or organise transport to the local hospital by ambulance. The out of hours are not obligatory for GP's, they can choose if they want to do or not. GP trainees in their last year must do 72 hours a year of out of hours care. Junior GP trainees in their first 6 month GP post must do 36 hours of this.

I found it quite interesting that children are also attended by a GP, which differs from the Spanish system, in which children are attended by a Paediatrician, unless there are not available, in which case are entitled to see a GP too. Also, GP's have a role in woman's health, and can prescribe the contraceptive pill without referral to a specialist. They manage blood pressure control and other follow up of the pill.

There are a lot of differences in GP training, such as the set days of teaching, in Spain just 5 in one year, and in Scotland nearly 25. GP trainees in Scotland have continuous assessments with their tutors and an obligatory exam in the third year of training that they must pass to get the title.

They are at the health centre from the first year of training for 6 months starting with longer appointments of 30 minutes. Their rotations are different from Spain's, because they do not have to rotate through a lot of the specialities, instead, they have longer rotations for instance, Diabetes, where they can be for six months. There are obligatory rotations through psychiatry, A and E and GP.

To sum up, this has been a very useful experience that has helped me to compare the differences between the two Health Systems, and I have learnt other ways of working that sometimes are better than ours and other times they are not. And also it has made me realise the importance of speaking a language fluently so that patients can understand. I hope that this experience will be useful when I will be a GP, and I am absolutely sure that it will be.

And finally, I have to say that I am very pleased with Scottish people because I have been warmly welcome, by the health centre's staff and also by the patients, who did not mind me to be in the practice when they were attended.