Report of my Hippokrates Exchange Experience:

Name of Visitor: Liliana Catarina Cândida Laranjo Silva  
Email of Visitor: liliana.laranjo@gmail.com  
Country of Visitor: Portugal  
Name of Visitor’s National Exchange Coordinator: Catarina Matias  
Email of Visitor’s National Exchange Coordinator: catarinaismatias@gmail.com

Name of Host: Dr. David Polkinghorn  
Email of Host: david.polkinghorn@gp-c87029.nhs.uk  
Country of Host: United Kingdom  
Name of Host’s National Exchange Coordinator: Madeleine Ginns  
Email of Host’s National Exchange Coordinator: madz_g@hotmail.com

Dates the Exchange took place: From 26 July to 6 August 2010

I found several differences between General Practice in the United Kingdom (UK) and in Portugal. Firstly, in the UK, general medical services provided by general practitioners (GPs) under the National Health Service (NHS) are entirely free of charge for the patient and funded from general taxation, whereas in Portugal, although the NHS is financed by State budget, there is a small fee for each consultation provided, either in primary, secondary or tertiary care (exceptions made for people with certain chronic diseases, low economic status, children and elderly, and specific situations like blood donors).

Another difference is that, in the UK, each person may choose their general practitioner (GP), although choice is restricted within geographical areas. In Portugal, patients tend to choose their primary care practice according to their area of residence and a GP within that practice is than attributed to them. Additionally, GPs in the UK provide general medical services at the practice, patient’s homes or elsewhere in their practice area, including nursing homes, whereas in Portugal services provided outside the practice are less frequent and don’t tend to include nursing facilities.

Another major difference between the two systems is that, in the UK, several other health professionals are involved in the provision of primary health care services, including practice nurses, district nurses, midwives and health visitors. Practice nurses are employed by GPs and work only within the practice, having several tasks, like chronic disease management (e.g. diabetes and epilepsy consultations), health promotion activities,
immunizations and health assessments of elderly people. On the other hand, district nurses provide nursing care for patients in their own homes; midwives provide services to pregnant women (including several consultations during pregnancy) and are responsible for the mother and the child within 28 days after delivery; and health visitors provide care (related to health promotion) for children in the families’ own homes.

In addition, GPs in the UK tend to employ the rest of the staff that works at each practice, like mental health professionals and other health-related professionals, and also administrative personnel and generally a practice manager. This is quite different from Portugal, where all the personnel at health care practices is employed directly by the NHS and its sub-departments. Also, there are no district nurses, midwives or health visitors in Portugal, whose tasks are then performed either by GPs or practice nurses.

Finally, another difference is that GPs in the UK are self-employed professionals who provide general medical services to the NHS under contract, whereas in Portugal they are employed directly by the NHS. Therefore, GPs in the UK don’t receive a salary but are remunerated by means of a number of fees and allowances, so that the payments they receive cover both their expenses in providing general medical services (including practice expenses which are not reimbursed directly) and also a net income for providing those services. Additionally, the amount of income they derive from fees and allowances depends on the number of registered patients on their list, the number and level of activities undertaken and the performance achieved in specific health promotion and chronic disease programmes.

A similarity between the two systems is that referrals to hospital specialists are made by GPs in both countries, as part of their “gatekeeping” role, and patients do not have direct access to them, except for accident and emergency departments.

Overall, this experience had a huge impact on my education, as it provided a great opportunity to better understand the multiple competences of a GP and the different ways a primary care system can be organised. I strongly recommend it to all trainees, without thinking twice!