

David Macharáček, MD
General Practitioner, Městská poliklinika, Praha (Municipal Polyclinic, Prague)

Outside views

England, London, Lambeth Walk Group Practice



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In September 2010, I took part in a temporary fellowship programme in the general practitioner's office in Lambeth Walk Group Practice in London.

In London terms, this is a moderate size practice with 8,000 registered patients, who receive care from 5 general practitioners, one resident, 2 nurses, one midwife, and 3 receptionists. In addition, the practice employs a financial manager and 2 administrative assistants, who are responsible for the administration, budget, PR, human resources, and so on. This practice in the centre of London also acts as a training facility, providing education and training to medical students and preparation of trainees in resident (postgraduate) programs. Lambeth Walk Group Practice is a contractual facility of NHS (National Healthcare System, Lambeth Primary Care Trust). Payments from the NHS for primary care include payments on a per capita basis (approximately £4.50 per month and registered patient) and bonuses for the quality of care provided (on average £1 per month and registered patient) (1). The quality of care is evaluated based on clinical data (such as percentage of patients with controlled diabetes according to HbA1c level, percentage of patients with controlled hypertension, and so on).

In this practice, a patient must make an appointment by phone to see a doctor. The receptionist briefly records the patient's complaints in the computer and sends the report to the doctor via intranet. I have never seen any printed documentation or traditional charts in this facility, everything was done in electronic format only. The doctor who is on phone duty must call the patient back within 45 minutes (the callback latency usually does not exceed 10 to 15 minutes), listen to the patient's complaints, and if he/she decides the patient needs to see the doctor, the doctor will agree upon a specific appointment time with the patient or home visit by the doctor. This appointment system has been operated in the practice since June 2010, and younger patients are very happy about it as it reduces the waiting time to a minimum. In contrast, older patients are not very fond of it for various reasons, for example as explained by an 82 year-old female: "At my age, I don't like telephoning too much".



For some time I had an opportunity to work with two nurses. One nurse was in charge of blood sample collections, ECG recording, blood glucose measurements, INR, CRP and other tests. The nurse with a higher education had almost the same competencies as a doctor (she could but was not obliged to consult the doctor), she cared for non-complicated chronic patients, she was allowed to indicate basic examinations, refer patients to a specialist, or prescribe medications. Since she also had a certificate in diabetes management, she led the follow-up care, including prescription of drugs, for all diabetes patients registered in this practice. The midwife provided care to mothers during the period around the birth and basic neonatal care to the neonates during the first weeks of life.

My trainers for the week were Dr. Rajive Mitra and Dr. James May, who worked here for a long time as employees and then became partners of this practice in the borough of Lambeth. It was very interesting to observe their very helpful approach towards patients, they were able to evaluate patients very well using a psychological approach and then complete their role as physicians. As noted by Dr. Mitra, one of the aspects of primary care (not only in England) is that a good general practitioner should also be a good psychologist, since quite many patients come to the office with psychosomatic complaints. In England, a great deal of emphasis is placed on psychology during the postgraduate specialized training of physicians. Dr. Mitra is also an excellent teacher and trainer. His trainee, Ruth Gleason, was more than satisfied with his openness, directness, and least but not least, wide medical view which is so important in the general practitioner's practice. During the day, a trainee has the chance to record his/her work in the office on video, so that he/she can consult unclear moments with the trainer ex post, in addition to direct consultation about the patient in the office. The total time of consultation between the trainer and trainee is 4 to 5 hours weekly. Once a month within the postgraduate specialized training, the trainer should complete with the trainee, as a guarantor, an overnight, out of hours general medical services (SELDOC). The emergency system is based on the system employing phone consultation with the doctor and therefore most patients need not physically come to the emergency room (telephone triage – following the phone call, an ambulance visit is indicated, followed by a visit to the general practitioner's office on the next day or emergency room in the same evening).



Dr. James and the author



Doctors at Lambeth Walk Group Practice work in shifts, the practice is open from 9 am to 8 pm. Patient appointments are made every 10 minutes, which is often challenging for the physicians in terms of effective use of the time spent with the patients. In this respect, I familiarized myself with the book by Roger Neighbour, called **The Inner Consultations**, where the author describes five points, which should not be omitted during a patient's visit to the doctor's office in addition to the main examination. He compares the consultation to a journey with five important stops: **1) making contact** – tuning of the doctor to the same wavelength as the patient; **2) summary** – obtaining comprehensive knowledge about why the patient came to the office; **3) delivery of the information back to the patient** – a comprehensive explanation of the further procedure, what is the next step, **4) reference point**, reminding the patient about what he or she should do if his/her condition worsens, and 5) **“house cleaning”** – the doctor says goodbye to the patient and continues in “his/her own way” (next patient, other duties, lunch break...).

After this experience I can recommend an educational stay. A trainee not only establishes genuine contact with the colleagues providing primary care in a foreign country, but also gets inspiration for further development of his/her career as a professional general practitioner thanks to the comparison of primary care systems, extent of primary care, style of foreign colleagues' work (management and structure of the practice, management of doctors work during the day, approach to the patients, contact with secondary care, narrow contact with the providers of home care services, and much more ...).

References:

1) *Primary care capitation payments in the UK. An observational study*, Gwion Rhys, Hendrik J Beerstecher and Claire L Morgan2, 2010

David Macharáček, MD, davidmcharacek128@gmail.com, a member of the Society of General Practice (SVL), Czech Medical Association of Jan Evangelista Purkyne (ČLS JEP), and Association of General Practitioners of the Czech Republic (SPL ČR), Vice-president of the Young Practitioners organization

