

Final Report - Hippokrates Exchange Programme

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Comparison of General Practice between Scotland and Slovenia

I spent two weeks in July in Scotland in NHS Forth Valley to observe their health care system. The population of Scotland is about 5 million, and they have roughly 1500 patients per doctor in primary care. I was just as an observer and did not do any clinical or administrative work. It was one of the best times in my life: different country, language, people and also a little different health care system.

First of all I will describe the similarities. I found that the treatment and the diagnostic approach in Scotland are very similar to that of Slovenia. For example they have the same guidelines for antibiotics and for the treatment of hypertension as in Slovenia. This is logical, because we are similarly developed countries in Europe. When I was listening to the consultation between the doctor and the patient I thought 'My treatment would be the same'. The exception was that I was surprised about the treatment of simple cystitis, because they use Trimetroprim 200mg twice daily for 3 days, but we use trimetroprim-sulfmetosaxzol 800/160 twice daily for 3 days. That is a huge difference...

On the other hand, I noticed that they prescribe fewer new medications. They still prescribe lot of omeprazole, when we use pantoprazol, or amitriptyline when we use SSRI, they use codeine for pain. The prescribing is more cost effective.

Secondly the disadvantages of Scotland. Working hours are very different. In Scotland the working hours are from 8am to 6 pm, so they are actually the whole day at work. Therefore their afternoon becomes very quickly an evening. But they are very lucky, because they are in the north of the world and they have light almost until eleven, which is not so bad. However this is only the case in the summer months. We work from 7 am to 3 pm, which I found an advantage. Being with family in the afternoon is very important, we are people too and not only the health service. The way many GPs in Scotland cope with this, particularly if they are female and have children, is by working half time. There is also another advantage, in Slovenia we do not need to pay for the in

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vitro fertilization. It is free for up to four attempts. In Scotland only the rich can afford IVF. One more thing that I found better is that in Slovenia in our Health centre we have a laboratory and x ray department, so we can get the results very quickly.

Thirdly, the advantages of Scotland. The organization is completely different between these two countries. In Scotland Primary Health care centres have administrators that do all the administrative work like booking appointments, screening the letters from specialists and putting them into the electronic notes. They have only electronic notes. Papers are history, only the prescriptions are still written when on home visits. They also have electronic referrals. The nurse does only her practical work. Most of her work consists in preventing and promoting health, they lead chronic disease management. If they are specialized, they can also write some prescription. They do not have gynaecology and paediatrics in primary care. The follow up of the newborn baby is led only by the midwife in first ten days and then by the health visitors, who also do the vaccinations. The GP sees a baby only once at 8 weeks if everything is ok. The pregnancy is also led by the midwife at 8, 12, 16, 20, 28, 32, 34, 37 and 40 week. The GP sees the pregnant women in the 22nd week. The ultrasound is done at 12 and 20 weeks by a specialised nurse. If everything is under control, they do not need an obstetrician. The second thing that was interesting was palliative care. Palliative care is very developed. They have about 10 Hospice hospitals in Scotland and 2 Children's hospice hospitals. They have many specialized doctors and nurses in palliative care. The palliative care service is involved much earlier than in Slovenia. I find it interesting that the pharmacists can prescribe amoxicillin and steroids for worsening COPD and fluconazole for women. The prices for generic medications are much lower than in Slovenia. A box of generic Clopidogrel costs 3 pounds and Plavix costs 40 pound, where as in Slovenia prices are about the same at about 28 euro.

If I compare GP training, I would say it is very similar, except that ours is one year longer and we see almost all of the different medical specialties which is important for our training. Instead, in Scotland when they are in the hospital part of their training they see only two different specialties apart from general medicine. However following medical school in Scotland they work in a variety of different specialties for two years before starting specialist training. Working in the health centre is the same.

To conclude, I would say, there are many similarities on one hand and many differences on the other hand. We have the same treatment and diagnostic approach, but the organization is very different and I think much better in Scotland. They have administrators and the role of the nurse is greater. They do more home visits and have the opportunity to see the patient's social and family life. They also work as a big team for patient centred care, which I really liked.

This exchange was a brilliant experience and I hope I will take some of the good points to Slovenia, especially as regards organization, for me and for future generations.