Out of Hours
Global primary care:
reports from around the world

INDIA

This year's Indian National Conference on Primary Care and Family Medicine, held in New Delhi in April 2013 was replete with challenges and encouraging innovations. In Madhya Pradesh, for example, 67% of healthcare providers reported having no medical qualifications, whereas in Chittoor only 21% of health clinics had a stethoscope and blood pressure measuring apparatus. Infant mortality (range 12–59 per 1000) and maternal mortality (162–347 per 100 000) are high and vary across states. The government's 12th 5-Year Plan acknowledges deficiencies and has established the National Health Mission, to reform family medicine and tackle infrastructure inadequacies. Several novel and promising schemes, needing minimal investment, with demonstrable short-term gains, were described, including the Kangaroo Mother Care programme (caring for low birthweight babies, and reducing mortality), and assessing the basic life support knowledge of medical staff (identifying inadequacies, initiating remedial training, and improving outcomes). Yet government investment in health remains inadequate (1.2% of GDP, increasing to 2.5% by 2017, compared with 10% in the UK), indirectly promoting private sector growth. India raises only 15.5% of its GDP as tax revenues (one of the lowest among the G20 countries), demonstrating little commitment to redistribute wealth and reduce inequality.

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ROMANIA

I managed to secure a Leonardo grant with the help of the RCGP Junior International Committee, as part of the Hippokrates Exchange Programme. It was a fantastic experience to spend 2 weeks in Bucharest, Romania from May to June this year with a GP with a special interest in psychology. Dr Efrim and the nurse were the only people running the practice; no administrative staff and no practice manager. The nurse was doing paperwork most of the time and I felt that the role of the nurse was undervalued, and she was losing her clinical skills by doing more of a clerical job. The standard appointment time was 15 minutes.

Mahatma Gandhi's Salt March Memorial, New Delhi. The Salt March campaigned against the British salt monopoly in colonial India, triggering the wider Civil Disobedience Movement.

Dr Efrim was happy to deal with multiple health complaints in one consultation, so the surgery frequently overran. The patients didn't mind waiting their turn, as they were using the opportunity to chat between themselves, and turn it into a social event.

The atmosphere during the consultation was relaxed and, in most of the cases, there was a paternalistic doctor–patient relationship. During my stay in Bucharest, I attended 'Urgemed', a national conference for family doctors. The opening topic was about telemedicine, which has been very successfully applied in emergency care, using fully-equipped ambulances which allow a doctor to consult via a webcam from remote Romanian locations.

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SLOVENIA

During the end of May and beginning of June 2013 I had the privilege to undertake a 2-week exchange, through the Hippokrates Exchange Programme. This took place in a community health centre just outside Ljubljana, the capital of Slovenia. Slovenia lies at the heart of Europe within a short driving distance from Italy to the west, Austria and Hungary to the north, Croatia to the east, and the Adriatic Sea on the south coast. Slovenians who live closer to Italy learn to speak Italian, which they speak better than English, and those closer to the north and towards Austria learn German. However, most people learn English at school and are able to communicate effectively.

In Slovenia the healthcare system allows greater access to a specialist in the community: most health centres have a community paediatrician or gynaecologist that patients can consult without a referral from the GP. Patients can choose their GP and they do not have to live in the area where the health centre building is. Blood tests are easily accessible. There is a pathology laboratory in each community health centre and this allows for simple blood test results to be obtained in less than an hour.

GPs are obliged to work in the emergency department and so are up-to-date with their emergency care skills. Primary prevention checks are carried out by nurses who have more time — sometimes up to an hour — to provide lifestyle advice and address risk factors. Disadvantages of the system include the absence of administrative staff at the health centre apart from a receptionist. This results in the GP having to carry out a lot of paperwork in terms of any referrals and prescriptions. There is also a persistence of paper records, despite an

Waiting to see the doctor in Tamale, Northern Ghana.

electronic system which is marginally used and not regularly updated. Overall, primary care in Slovenia is under-funded.

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GHANA

In October 2012 I travelled to Ghana for 12 days with a team of 10 other health professionals with the organisation Evangelistic Medical Missions Abroad. We spent 4 days working in medical outreach clinics in rural villages near Tamale in the Northern Region of Ghana and 1 day working alongside the staff at a local mission hospital, The King's Medical Centre. In those few days we saw over 1200 patients with a huge variety of medical conditions, including malaria, gastroenteritis and dehydration, musculoskeletal complaints, and skin diseases. Imagine arriving at work in the morning to set up your 'consultation room' under the shade of a tree in the middle of a dusty village with a queue of over 100 people already waiting to see you.

Non-specific complaints are not confined to western culture: a number of patients complained of 'all-over body pain'. It was extremely difficult to try and get an accurate time frame of somebody's presenting complaint: asking a patient to specify what they meant by 'a long time' often just resulted in the response of 'a very long time'. A number of patients presented very late either with severe acute conditions or with problems which had been ongoing for many years. One of the biggest challenges was knowing how to manage patients with chronic conditions such as hypertension: is it worth giving somebody a 2-week supply of antihypertensives knowing that the probability is that they will not get any more after this? For patients with 'red flag' symptoms investigations such as CT scans and colonoscopies were virtually inaccessible, let alone 2-week wait referrals.

I vividly remember a young boy who attended with his parents who reported that he was 14 years old but weighed just 18 kilograms. He was unable to communicate and had been like this since a febrile illness when 3 years old; presumably some sort of cerebral infection. He was clearly in need of intensive therapy but these services are largely unavailable in Ghana. Trying to explain this to the parents and the limitations of the help you could give was difficult. The skills I developed in complex communication, dealing with a diverse disease burden, and managing large numbers of patients in the community, will only contribute to my training as a GP

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DOI: 10.3399/bjgp13X674549

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