In June 2017 I travelled to Berlin to participate in the Hippokrates exchange programme supported by The World Organisation for Family Doctors (WONCA). The purpose of the exchange is to offer family doctors in training, the experience of healthcare in another European country. The 2 week programme granted me the opportunity to directly compare two very different approaches to healthcare organisation as well as the obvious cultural learning gained from travelling to another country.

Upon arrival I was greeted by my hosts Dr Knut Horst and Dr Julia Horst who jointly run a suburban General Practice in Dallgow, 25km west of central Berlin. Julia and Knut are both partners in life and practice. They were extremely welcoming and after settling in we discussed my experiences of General Practice in the UK.

On my first day in practice I experienced one of the benefits of suburban life. The Horst family live just 10 minutes cycle journey from their surgery. This compares with rural practice in Ireland where distances involved mean that driving is the only practical method of transport. After a pleasant cycle in the sunshine I was introduced to the practice nurses and was given orientation around the building. Hausarztpraxis Horst is made up of 3 nurses and 2 GP’s. During the course of my exchange I was able to spend time observing the practice nurses in their dual role as receptionists and nurses and also with the GP’s consulting.
On a normal day patients arrive at about 8:15am and surgery starts at 08:30 until approximately midday with a short break for tea/coffee at 11am. There is a mixture of booked appointments and “walk-ins”. This is followed by home visits which on occasion can be done by bicycle! Afternoon surgery begins at 3pm and runs until 5pm. During the course of a day each GP will consult between 20 and 25 patients. As expected for a first world economy in Northern Europe, presentations encountered were of a similar disease pathology to the UK.

Unlike the UK patients do not have to be registered with a single practice and some will visit several GP’s in the course of their illness for a second opinion or visit a particular GP for a specific problem. The doctors arrive early just after 8 to check paperwork, booked appointments and bloods. I was impressed by the broad range of skills possessed by the Doctors in German healthcare. The practice had an USS which Dr Horst would use frequently e.g. in the diagnosis of DVT or for scanning in patients with abdominal symptoms. Appointment times were more relaxed however this meant that a holistic approach to the patient could be facilitated and on many occasions treatment as well. I witnessed local anaesthetic administration for treatment of back pain, removal of ingrown toenail and skin prick testing all during routine appointments for example. This was obviously appreciated by patients. In the UK I would usually have to book another appointment for the patient to facilitate this.

I was interested to note the role of alternative medicine during consultations which seems to be more prevalent in Germany. I witnessed acupuncture to help with weight loss, smoking cessation and also in treatment of IBS. I was surprised of the openness of both practitioners and patients to these therapies as I have little experience of this complimentary therapy in the UK.

During my stay Dr. Horst arranged for me to visit the local hospital in Nauen where a wide range of services were available including a therapeutic pool for hydrotherapy. I was surprised to learn that patients could refer themselves directly for this. This emphasizes the main difference in our two healthcare systems; funding and access. In Germany, access to healthcare is essentially insurance based. There are
variations throughout the country although in Brandenburg, anyone earning more than €450/month must pay a percentage of their income for “insurance by law” If you earn significantly more you may opt to pay for private insurance or decline to have insurance at all which is rare. Those earning below the threshold e.g. the unemployed or asylum seekers are insured by the state. I witnessed the impact this has on how patients access healthcare. In Germany patients are entitled to access specialist healthcare directly. This contrasts with the GP as “gatekeeper” approach adopted in the UK. From a patient’s perspective they appreciated not having to wait greater than 8 weeks to see a specialist upon self-referral and this waiting time can be further reduced with a referral from a GP. I was surprised to learn that generally patients are entitled to visit as many specialists as they wish without making contact with a GP. The obvious down side of this system is the lack of continuity that can occur when patients are looked after by a range of professionals without a regular GP. This can lead to waste in repetition and multiple prescriptions as well as the patient visiting several specialists for the same problem. As the system is based on insurance payments there is an obvious incentive for specialists to see patients frequently. Another downside for physicians is that insurance companies may question prescribed therapies e.g. physiotherapy and ask for explanations or even refunds from the general practitioners.

In addition to my experience of the Horst's practice, Julia and Knut arranged for me to spend a morning observing consultations in city centre region of Kreuzberg. This was a marvelous opportunity to witness the challenges of caring for a large immigrant population including the Turkish and Syrian community in which communication was often the main barrier to care. In addition, I spent time with an outpatient pediatrician. It was interesting to see that many aspects of primary childcare within the German system are managed by a Paediatrician e.g. vaccinations, child development surveillance and even acute illness. This contrasts with our system in the UK were GP’s are generally responsible for administering this care.
On my return to the UK I have reflected on differences and similarities and the positive and negative aspects of both healthcare systems. From a patient's perspective I can see the advantage of self-referral to see a specialist within weeks particularly at a time when waiting lists to access secondary care are growing in the UK. I think general practice in the UK offers an ideal for patients, by providing an initial single point of access allowing coordination of healthcare from birth throughout life. The obvious downside to this is the increasing volume of workload we have seen with more presentations, an ageing population and more complex treatments for a variety of conditions while funding has not kept pace to reflect this.

My experience on this Exchange as given me a unique insight into the organisation of German primary healthcare. It has been a tremendous learning experience and I thoroughly enjoyed every aspect of my time in Berlin. As a result, I feel more confident in discussing and advocating systematic changes within our healthcare system, having had experience of what a different system can achieve. It would not have been possible without the organisation of both national exchange coordinators and the most importantly the Horst family. As well as the professional learning experience offered by an Hippokrates exchange, Drs. Horst kindly offered me accommodation in their family home for the duration of the exchange. I was grateful for their generosity and the cultural experience of German family life it provided. This included learning about their children’s school experiences, socialising with family friends and neighbours and hearing their views on healthcare and current affairs affecting them. Dr Horst is a keen bee keeper producing wonderful homemade honey and rears chickens at his suburban home which was a new and surprisingly enjoyable experience for me and one which I will not soon forget!