My two weeks in Portugal have been a fantastic experience at providing valuable insight into primary care and family medicine in a health setting with many differences yet also stark similarities to ours. Immediately I learnt that general practice in Portugal is publically funded, similar to the UK. Whilst a lot newer than our NHS patients in Portugal have direct access to GPs (family doctors) who practice in a similar setting to ourselves managing patients where possible within primary care and referring to secondary care when required. The first difference that struck me was that despite being a nationally funded system patients are still required to pay a user fee to see a GP, to request a prescription and to attend A&E, with the amount varying depending on the amount of tests conducted. On questioning whether this has prevented patients accessing care I understood that this had not had a significant impact as the system is means tested and patients with lower, or no income, have their fees adjusted. This then led me to wonder whether this had impacted on reducing A&E attendances but again was led to believe that it had not. Interestingly, whilst in Lisbon I learnt that patients in Portugal are frequent A&E attenders, a parallel that is reflected at the A&E where I work where Portuguese patients frequently attend with primary care problems. On discussion it was not entirely clear why this health seeking behaviour is so cultural here in Portugal but may possibly be a combination of poor access to primary care, with waits of up to several months to see a GP, along with a desire to get immediate answers to health problems accompanied by a large amount of tests.

Another difference that immediately became apparent was the clinic set up and appointment structures. The clinic where I was based had a large team of doctors and nurses with each doctor allocated a nurse to work together with, thereby, allowing a close partnership between doctor and nurse to be formed. Appointments were 20 minutes, however, this was needed as family doctors in Portugal are required to arrange screening for patients as part of the national screening programmes co-ordinating their care and results (there’s no central screening system for cervical, bowel or breast screening), input results (these are not sent electronically as they are in the UK) as well as undertake family planning, all antenatal care (midwives are only present at birth) and post natal care for baby and mum including neonatal checks and heel prick testing. Furthermore, in the clinic I undertook my observership in the emphasis was on ‘family medicine’ with each doctor having their own set of patients (all families register to the same doctor) with other doctors only seeing another doctors patient if it is an urgent problem. This allows continuity of care and relationships with patients and families to be formed starkly contrasting to primary care in the UK were unfortunately continuity of care has been sacrificed for greater access to services. Whilst this is an excellent model for primary care this has not been achieved everywhere in Portugal and many areas in Lisbon are still without this family medicine model.
There are many positives that I observed during my stay that I feel we could benefit from attempting to implement in our primary care system in the UK. The family doctor structure appears to have significant benefits with greater emphasis on continuity of care and closer relationships with families thus potentially facilitating the provision of a more holistic approach to patient care. There is greater onus here on the family doctors role in paediatric care with the GP involved in a child’s care right from birth. Of note Portugal performs well for child health outcomes thus I wonder if there is therefore something we can learn from this structure or their GP training, which is fours years and places a greater emphasis on core subjects (including compulsory rotations in pediatrics and psychiatry). With regards to training general practice is also maintained throughout the four years with a close relationship with a tutor and opportunities to specifically develop rural medicine with primary and public health skills from overseas placements. GPs in Portugal also lead on women’s health with all GPs doing smear tests, long acting reversible contraception insertion and other gynaecological procedures depending on the personal interest of the GP. Finally, I observed a fantastic working relationship between doctors and nurses at the practice and a lovely open door policy for doctors and nurses to get help from each other when needed. Whilst GPs did appear to have a greater responsibility for overall patient care the days did not appear to be as stressed or busy as back in the UK. Whilst my stay was extremely beneficial and many positives will return with me to the UK I will also appreciate many of the systems we have implemented within the NHS such as our more centralised and, possibly more efficient, screening programme, our 2 week wait referral system ensuring patients with suspected cancers get seen rapidly, our significantly more extensive sexual health and family planning facilities and our electronic results systems with hospital safety nets for abnormal results. Something I especially value in the UK is our more multi disciplinary and holistic approach to care along with our more extensive collaboration with allied health professionals working together as multidisciplinary teams. As things are rapidly changing in the UK there may be opportunities to implement some of the things that I have observed work well overseas as well as re think whether our whole structure of primary care needs to change. Whether there will be a role for a part payment system when accessing care or a greater role for privatised care such as there is here in Portugal will remain to be seen.