My visit to Middelburg in the Netherlands was hosted by Dr Coen Albers who is the principal GP at Vleugelnoot Medical Center. On the Sunday I was welcomed by Dr Albers into his house for a coffee followed by a tour of his Medical Center and Middelburg town. Later I was invited to a family dinner where I learnt many things about the Netherlands and local culture. I felt very welcome and the very next day it was time to start at 8am to compare the health care systems. I learnt that there are more similarities than differences in the Dutch and English healthcare systems, GP training and access to health. There are a few significant differences which influence patient-doctor relationship, waiting times, job satisfaction and therefore patient care.

One of the most obvious and arguably the most important difference would be the payment method. In the UK we pay ~12% of our salary towards health insurance, average person would pay ~ 3000 - 3500 EUR per year. This entitles us to free primary and secondary care, excluding prescription costs. In the Netherlands the average health insurance is ~ 1200 EUR per year + possible (“own risk”) 385 EUR maximum per year if secondary care services, investigations and prescriptions are used. This has a great influence of patients expectations, relationship with GP and secondary care waiting times/cost. These are the three main challenges that the NHS is currently facing.

How this influences patient expectations? Patients come to the GP in hope that the GP would be able to solve the problem in primary care. At the end of the consultation the patient is happy as they get to keep their 385 EUR, the GPs is happy as the patients are more compliant with conservative management and try hard to help themselves at home and finally the referral rates are lower therefore waiting times are shorter for secondary care appointments.

Furthermore, there is a strong understanding that effective work is only possible with adequate breaks and staffing level. When things are working well, one is motivated to go to work and works effectively. However, if systems are failing, staff become demotivated and burnt out. Generally, the Netherlands has many great systems, guidelines and policies. If I had to say one thing they could try to improve would be their IT system, so all GPs are using the same system, also they could try to connect primary care and secondary care patient notes.

Dutch GPs and patients are happy but there are many factors which are not easy to implement in the UK. It is not possible to change the culture in the NHS, payment method and patient expectations/education. All of this will take decades and a lot of political drive. Although implementing a copayment is out of my control, I will incorporate a few smaller things into my own clinical practice, namely collecting...
patients from the waiting room, ensuring that there is MDT meeting every morning which is over coffee, organising staff social events and taking everyone’s opinion into account when designing a medical center. As I have learnt a lot I would most definitely recommend this experience for any doctor who is interested in developing themselves. My current supervisor, Dr Shah had also visited Portugal in 2011.

Finally, I would like to thank Dr Albers for all of his voluntary effort to organise various activities and meetings i.e. visit to a local hospice, a shift at the OOH center, meeting with the director of GP College, chance to share my ideas with GP trainees at their weekly teaching, photoshoot and interview with a national magazines and many more.