

What We Can Learn From The NHS Health Care System

The Good, The Bad and The Ugly

By

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Good: from a patient perspective

- Guaranteed same day appointment.
- No limit to number of time patient can be seen.
- All medication on formulary paid for.
- Off formulary is 6 pound co-pay. 1#=\$2
- Detailed management of chronic diseases.
- Acute care on demand.
- Home visits available.
- In-home nursing follow up.

Good: from the practitioner view

- 37 hour work week. NO OVERTIME
- No call or after hours
- 6 wk vacation, 10 bank holidays, 4 hours a week for personal development
- Guaranteed base salary **plus** bonus for points accumulated from patient care outcomes.

Continued...

- One complaint per patient per visit.
- Chronic diseases managed by practice nurses according to preset protocols.
- Psychiatric care is fantastic.
- In-clinic call/triage one day a week.
 - Telephone triage 8:30-10 and 1:30-3.
 - House visit to those unable to get to clinic.
 - No patients scheduled for you that day.

Typical Day in Clinic

- Arrive 8-9am (no hospital to worry about)
- Patients scheduled from 9-12 pm
- Tea/Coffee delivered with biscuits to your office at 10:30 am and 4pm.
- 12-1pm lunch
- 1-3pm paper work, letters, correspondence etc.
- 3-6 pm patients scheduled
- 6:05 pm out the door for the day.

Payment for this system?

Trust owned vs Private owned

- Provisions
- Compensation
 - Office staff
 - Nursing
 - Physio
 - Building maintenance

Bad: from the patient's perspective

- No choice of providers
- No choice on hospitals
- Appointments only 10 minutes
- **Only one problem** addressed per visit
- Limited access to x-ray, CT, MRI
- Long waits for non emergency surgeries.
- Follow up poor and limited access to PT or other essential post op care.

Bad: from the provider's perspective

- One room, you call your own patients, do your own vitals, computer charting in your room.
- All patients are scheduled every 10 minutes!
- Specialty training required for routine things:
 - Well child exams
 - Paps smear and STDs
 - IUD, Endometrial Biopsies, Implanons
 - Biopsies, suturing, punch biopsies, cryo
 - Lab and x-ray not available in clinics

Continued...

- One complaint per visit limits history taking and important things missed.
- Exam skills poor to non existant by providers.
- You see patients who have NEVER had a BP or weight or any labs recorded.
- Some chronic diseases out of control before they are diagnosed.
- Government sets guidelines on how to manage a disease, not the individual.

UGLY...from all perspectives

- No malpractice, all claims go to mediation which may be good or bad, depending on the problem.
- Many mistakes go unnoticed or not addressed.
- Abuse of the system:
 - Disability
 - Epilepsy
 - Diabetes
 - Migraines
 - Arthritis
 - Heart disease

Continued...

- Children:
 - Seen at 2 months by provider.
 - No further evaluations other than done by nurses.
 - Immunizations scheduled and follow up fair, but requirements limited.
 - Nurses make 99% of decisions on what a child needs in reference to health care and make their own referrals that are often not correct but based on what the 'family' wants.
 - Many, many birth defects from inbreeding

Language Barriers

- Immigrants from Pakistan, Bangladesh, India, Congo, Somalia, Ethiopia, Rwanda, China seen on daily basis. Seldom can any of them speak English.
 - Cannot converse readily thru interpreter.
 - Poor compliance due to misunderstanding of instructions and mistrust.
 - Do not trust English medications.

Continued...

- Patients often will not feel comfortable to discuss their personal problem with an interpreter they do not know. Especially if it is of a private or personal nature so they make up another problem and hope for the next interpreter to be the correct sex.
- Families bring a 6-8 year old along to do the interpreting and then you have absolutely no idea what is being said.

Continued...

- In the Muslim population the men do not wish the women to speak any English so you encounter some who have been in England for 20+ plus years that still speak no English.
- The Muslim tradition of dress makes it next to impossible to exam anyone especially women who do not even remove their veil in the clinic. To do a regular exam it must be ok with the husband first and if he is not present, no exam until next visit.

Disasters encountered...

- Ectopic Pregnancy, 24 year old
- Tumor of Neck, 75 year old
- Breast Cancer, 45 year old
- Ovarian Cancer 55 year old
- HIV, Hep B, Hep C nurse
- Heart Attack 62 year old man
- Unexplained Death, 32 years old
- Child with club feet

Conclusion

- There are good advantages to having a national policy but the trick will be to take advantage of the good and eliminate the bad points.
- We cannot have government and insurance companies decide how to treat or not treat patients.
- Eliminate malpractice and limit rewards when there is absolute proven negligence and when decided by a board of independent persons who HAVE medical knowledge and no bias.

Discussion Points

- Practice Restrictions
- Formulary restrictions
- Referral problems
- Abbreviations