

The North Sea Study Visit 11-15 March 2007

What they learned?

An evaluation based on the impressions of the participants during those intensive three days of touring around the North Sea!

The reasons for the participants to join this study visit to the Netherlands, Belgium and the UK was to get some ideas and inspiration from a few good examples of integrated primary care including task delegation between GPs and nurses and drug prescription by practice nurses and/or nurse practitioners. Another objective was also to meet the researchers and the teams working in this field with the aim of establishing contacts making it possible to start common research work.



The tour along research institutes, universities and primary care centres in Houten (the Netherlands), Ghent (Belgium) en London (UK), has brought far more than that. The didactical approach of this study visit enabled them to learn about the organisation of health care in the Netherlands, Belgium and the UK as well as experience it by visiting health care centres. Not only did they learn more about the health care systems in these countries, they also got a chance to meet and shake hands with other people who are interested in primary care and are all trying to make things for the better in their own way and within their own capabilities. And this goes not only for the people they have met during the visits, like the research members of the department of general practice and primary health care at the medical university of Ghent including a very clear and interesting overview of the health care system in Belgium by Jan De Maeseneer, but also among the participants of the study visit themselves. One of the conclusions in relation to this is that there should be a sufficient number of participants to create a fruitful discussion within the group of participants based on the experiences in the Study Visit. In this respect the number of 6 was a minimum. The fact that it was an international group, although not very “exotic”, added to the value of the study visit in general and gave a lot of food for thought and information concerning effective Multidisciplinary work in Primary Care. The debates following the presentations were very enlightening and offered the opportunity to the group to reason together and to put things back in the right perspective.

It was striking to see that all centres in these three totally different organised countries struggled with the same problems as for example in Belgium: organisation of out of hours service, task delegation and combining this with giving best quality to the patient and the community. But like one participant expresses it: "If I have to mention one thing that has remained with me all along, than it is this. When you put your mind on really doing something for the community you work in, thus when you're able to look at the people around you, recognize their needs and can translate this needs into practice, you have a great chance to end up with a great primary care centre (and sometimes even more than that). And that in spite of different systems, structures and financial resources. The magic word in this is partnership, not only with co-workers and other care professionals, but in particularly also with the people who actually live in the community. Or in other words, as prof. Jan De Maeseneer pointed out, it's about changing the GP's traditional social responsibility into a more future based one of community concern and direct involvement into the working and living environment of patients."



For the presentations in general the impression is that they were all of a high quality. In each presentation they found information adding and clarifying their knowledge on the organization of the health systems and more specifically on the daily practice of general medicine in the various countries. The methods used in these presentations differed a lot (a guided tour in Bromley by Bow versus a clear-cut presentation of research findings at the research institutes versus an ad hoc presentation at Health Centre Molenzoom in Houten) but all presenters had an interactive approach that evoked lots of discussions among the participants.

The presentation of the researchers of the NIVEL institute in Holland organized around a precise description of demography and activities of the general practitioners gave a good illustration of the health systems in which the general practitioner plays the role of "gatekeeper". The participants also appreciated the international comparisons suggested in this presentation which seemed to them of a great informative contribution in spite of the blurs and uncertainties of the results coming from the difficulties of observing very heterogeneous organizations within a common statistical framework. The absence of information about the position of nurse practitioners in Dutch general practices is most probably caused by the idea that there is no future for nurse practitioners in general practice in the Netherlands.

The Wednesday morning at the "NHS" was very interesting, but maybe a bit short for such a complex organisation: political influences, limits, reforms... However, it was striking to see the contrast between the knowledge of the administrative and organisational level (very high) and the practice level of general practice (very low). Unfortunately in the presentation there was limited information about concrete functioning, i.e. task delegation and nurses' positions, in the GP practices. It would have been interesting to have a second speaker in order to hear about these issues: in the UK nurse practitioners are readily working in GPs' practices, their position has been studied a lot by British researchers and it would have been interested to hear about the advantages/limits of their position..

In the first two days (The Netherlands and Belgium) there was a good mix of the research field and the practical implementation at regional and municipal level. In the UK there was no input from the research institutes which appeared to be a missed opportunity in this Study Visit.

Concerning the theme of the Study Visit there was lots of emphasis on the different approaches in the three countries on multi disciplinary working in Primary Care. For example the visions lying behind the new developments in Houten and Nieuwegein (The Netherlands) on the level of “Transmural” working principles are interesting which a completely new concept was for most of the participants. It can be seen as a laboratory for observation of the evolving role of the general practitioner. Still it is questionable if those initiatives will remain in the moving world of health care systems.

The GP practice, the Molenzoom, in Houten was a nice illustration of collaboration and task delegation at a distance between GPs, practice nurses, physiotherapists, social workers and pharmacists. Unfortunately there was no nurse practitioner working in the centre. It was striking to see that, despite of this fact, the GPs used readily the term of “nurse practitioner” when they spoke about their “practice nurses”.

In the Health Centres “The Botermarkt” and “Bromley by Bow”, which were complementary to Netherlands, it was contact with other the HC centres but in only limited speak with other Although the of health didn't get the actually see how



the centres in the good to have direct disciplines active in general there were opportunities to care-professionals. participants met a lot professionals they opportunity to they organised their

multidisciplinary work. It would have been interesting to see more examples of the actual interdisciplinary working together.

Both centres are in a deprived community with many foreign inhabitants and (illegal) refugees. At the Botermarkt there was the interesting aspect of legal, psychological, social support to these patients through health care.

For the Bromley by Bow Health Centre it was interesting to see how this centre functions with an ideology that has nearly forty years. But some of the participants found that this health care centre had a lot of limits. For instance, the GP activity seemed to be limited compared to the other health care centres: 60% of the consultations were made by telephone. A lot of these consultations end with a (distance) prescription. In contrast, the leisure centre (painting, sculpture), the working places (cabinet maker) and the fitness centre had a dominant position in the organisation. It would have been good to talk quietly in a meeting room about the organisation, its advantages and limits. Some of the participants would have preferred to visit also a more “standard” NHS health centre.

According to the participants the organizers made a judicious choice for the visited countries which made it possible to get a very broad impression of the various principles regarding the organization of the primary care services. Finally, this visit and especially all the people who did a great effort to tell them all they wanted to know, has contributed to give them renewed energy to go and try establishing other fine examples of integrated community based primary care.



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