



Royal College of
General Practitioners

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Participant report

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An exchange during a global pandemic:

I set out to the Islas Baleares, to a village in the Tramuntana mountains of Mallorca for my exchange, a country, island, geography and culture I was relatively familiar with over recent years. Filled with great anticipation and expectations of what I might learn, of the healthcare system, culturally & linguistically delving deeper, and a sense of the unknown, I was excited. What it turns out I learnt, was far more than I or anybody else could have anticipated in all senses.

The first week of my exchange, was much as I had expected, however the second week evolved on a daily basis, with the covid-19 situation unfolding in front of our eyes, escalating by the day to culminate in lockdown being announced. I think it is in this final week, that I learnt the most valuable lessons of my exchange, and some of my career. I learnt, obviously, about medicine, about the healthcare system, but I learnt about people, about communities, about public and global health, about politics, about service provision, about humanity, about collaborative working, about teamwork. It is these latter things that I feel most privileged to have experienced and been welcomed into by every person that I met, whether staff, patient, family or a passing person on the street. And of course, it goes without saying, that being present and part of one healthcare system, whilst observing that back home, and anecdotally in other nations also brought with it another dimension of learning that could not be replicated.

I could summarise my experience of the Islas Baleares healthcare system, as being much as reported by previous trainees' exchanges within Spain, with many similarities to the UK and a few noticeable exceptions. Crucially, as an observer, these exceptions appeared to be advantageous in the current pandemic climate.

The most striking example being the level of continuity of care afforded to patients, routinely seeing the same GP; with time the complexities and intricacies of patients' lives and the generations of their family becoming known, and relationships build. Consultations were more efficient, with striking openness and few hidden agendas, and whilst management was more "doctor led", this in no way detracted from the



“patient centered” approach we pride ourselves on; if anything, it was more evident that the longevity of relationships afforded doctors greater trust in their professional judgement, with very few patients seeking to challenge this, contrasting perhaps to some of the familiar battles we face at home, over antibiotic prescribing etc.

In times of crisis, as a global pandemic can only be described, what I saw in the Balears, was calmness, respect and most significantly, trust, of those in authority. As an early lockdown was encouraged by the Balears Government, its population encouraging of this, patient numbers reduced, communities started coming out each night onto their balconies, clapping with gratitude for those keeping their community safe. Calls for people to stay home, to avoid panic buying as supply chains were guaranteed, were adhered to; usually busy streets and roads were empty, supermarket shelves full whilst the aisles all but empty, its workers greeting the few shoppers with sanitizing gel and gloves. Inside health centres, staff worked calmly and seamlessly as teams, cascading information down within their local networks, drawing up contingency plans, looking after the welfare of each other.

The contrast of this, couldn't be more different to the scenes I returned home to – empty shelves in exceptionally crowded supermarkets, nature spots recording their busiest ever days, a population squabbling, a healthcare system with its workers chronically at odds with its governments approach. I couldn't help but feel that the one thing the Balears had on its side – was a sense of community, togetherness, of knowing, understanding and caring for those around them. A sense of “us” rather than “me”. As an observer, this openness, honesty, directness and trust that I had observed in my consultations perhaps represented much more than just a different consultation model, but more a cultural shift in attitude transcending all aspects of life, which in times of crisis such as a global pandemic, could have more impact upon a nation that could ever have been predicted.

Other things I learnt:

- Patients tend to see a particular doctor – not anyone
- Computer system similar to home-but primary and secondary care run off the same system so all notes are visible.
- Sick notes needed from day 1 – sick note to say off and another to go back to work
- Those that work in the public sector have a different admin process for prescriptions, sick notes etc. – more bureaucratic
- Screening – mammogram, cervix, faecal bld at 50
- Admin tasks are built into timetable at times





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- Patients sit across the desk
- Patients given paracetamol & ibuprofen on prescription frequently. Glucosamine & chondroitin also-less cost/EBM based prescribing than UK
- Prescriptions state on them the diagnosis and whether chronic/acute, automatically
- Pharmacist do medication reviews for polymedicine
- Island divided into 4, with each having a main public hospital, but its own drug & alcohol, psych services and some tertiary service being centralised to Palma
- “Empty” Spain – vs Mallorca - difference in population density, demographics, socioeconomic status affecting healthcare provision (and job availability) much more than the UK
- Stop smoking service only recently state funded, therefore big push to get patients enrolled in this. GPs doing it with nurses, unlike our dedicated service.
- Much more benzodiazepine use, in volume and also range available. Studies on this in Mallorca, trying to cut use down but many long term patients. Far less apprehensive about prescribing.
- Dementia screen – includes syphilis in blood
- Different antibiotic prescribing eg cefuroxime for UTI (?different resistance patterns etc producing different guidelines)
- Patients organized -often bring a folder with all their medical records – blds printed out, hospital letters. In part as part private system, only see records from local hospital, but also just taking more responsibility for their own health.
- Life expectancy in the IB very good, every year a big party to celebrate those turning 100 that year on the island.
- Don't routinely see kids-dedicated community paediatrician in primary health care centre, and routine health checks upto age 14. Except for when seen on emergency list (OOH), then seen by normal GP.

