

What Greece can learn from UK primary care experience and empirical research

Greece is in the midst of a devastating multifaceted crisis. Because of the drastic budget cuts to avoid putting at risk social and health services, the country is facing unprecedented challenges. In the current resource-limited environment, a shift to a fully operating primary care system is an essential component of any future, sustainable healthcare system.¹ In this context, Greece should explore lessons from other countries, such as the UK, to ensure that more than the most basic care is provided during the crisis. As well as full primary care coverage, service quality control, professional revalidation, and the linking of research with practice are priorities.

The UK experience provides the opportunity to look into the evolution of a general practice-driven system, build on its achievements and avoid possible weaknesses emerging after years of implementation. Relevant initiatives and time frames, already assessed in UK, can be taken into account to discuss viable reform efforts in a country which has no time to reinvent the wheel. Greece has to make a convincing attempt to move towards a tested health reform model, if the intent is to preserve the dignity of its social care.

In the UK, 99% of the population was registered with approximately 38 000 GPs in 1999.² Reports from Greece of 2009 suggested that there are 1930 registered GPs, only 2.8% of physicians of the country, reflecting an average rate of 0.2% primary healthcare physicians per 1000 inhabitants.³ The introduction of centrally-funded full-time GP contracts and mandatory registration of citizens with GPs, would not only offer national primary care coverage, but would also identify general practice as a realistic career option for the growing surfeit of new physicians.

Greece may benefit from designing flexible primary care groups and take advantage of recent legislative acts that passed power to regional administrative authorities, in order to create community-oriented healthcare services and networks. These networks may be launched, at least partly, with personal healthcare budgets to allow people who need continuing care to purchase services that better satisfy their real needs.⁴ The idea for a dynamic personal or family health needs-oriented primary care could lead to a revalidation process which would help to guarantee the quality of clinical practice. Quality control, based on the principles of the UK Quality Framework, is a key point to be introduced into the healthcare reform agenda,² to promote patient safety and avoid further waste of resources. Recent legislative and structural developments in Greece designed to manage and coordinate primary health care, like the unified fund (National Organization for Healthcare Provision, EOPYY), could learn from the quality assurance mechanisms in the UK.

Above all, any system seeking a new pathway should be based on empirical research implemented locally and translated into everyday practice.⁵ Unfortunately, proposals for evidence-based innovations from the University of Crete and other institutions that have utilised experience gained from the UK and other European primary healthcare settings, have not yet been implemented.^{5,6} Nonetheless, Greece still conducts low-cost research which can lead to international academic collaborations and relevant research studies.

Within this framework, GPs should play a critical role in a sustainable, accessible, and community-oriented healthcare system. In the UK, general practice is generally well integrated into communities and social networks and can access lay resources. In 2012 Greece's social capital is almost in chaos. However, family coherence could be the catalyst for a fully operating general practice-family medical concept. Greece is currently preoccupied with its survival. All potential avenues should be explored,

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including critically evaluating examples from other settings. This approach may help to create proper primary care services in a country where life expectancy and quality of life are likely to be seriously challenged in the future. This is a good basis on which to vigorously and promptly face the future challenges in health policy.

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