

Primary health care of Malta

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Abstract—Primary health care is provided by the state health service and by private general practitioners. These two systems of general practice function independently of one another. It is estimated that the private sector accounts for about two thirds of the workload in primary health care. General practitioners (GPs) in public service are allowed to carry out private practice. The public primary care services are provided from nine health centres, eight in Malta and one in Gozo. There are also a number of peripheral district clinics in 47 town and villages which open for set times on set days on the week. Over time the management of the peripheral clinics is now being passed on to local governments.

Keywords—Primary Health care, General practitioner, Private primary health care

I. STATE PRIMARY HEALTH CARE

The state primary health care system covers general practice, community care immunization and the school health service. Overall the following services are provided

The services provided include the following:

General practitioner – clinic and home visits

Specialised services:

Medical Consultant clinic

Schedule V clinic (Free Medicines)

ECG clinic

Gynaecology and Antenatal clinic

Well Baby clinic

Diabetes clinic

Chronic Kidney Disease protection Clinic

Radiography services

Mental Health clinics

Ophthalmic clinic

Hospital Outreach Clinics

Anticoagulant Clinic

Chronic disease management Clinic

Skin and Wound Care Clinic

Pathology investigations

Lifestyle Clinics

General Nursing care

National Immunisation Service

School Health Services

Allied Professions services:

Podology clinic

Physiotherapy clinic

Speech Language Pathology clinic

II. GENERAL PRACTICE

A. *Primary Care by General Practitioners*

Primary health care is offered free of charge at the point of use from government health centres for all the population. General practitioners are available in health centres 24 hours a day seven days a week. They may be visited for emergencies without any prior appointment on a first-come-first-served basis. They also carry out domiciliary visits, which after 20.00 hours are restricted to urgent cases only. An appointment system is in place for some general practitioner follow up clinics.

B. *Health Promotion and Disease Prevention*

Within this system, patients are not registered with their own general practitioner and are seen by the doctor who happens to be on duty at that particular time. This leads to some degree of lack of continuity of care and is not conducive to the development of a sound doctor-patient relationship which is one of the fundamental aspects of primary care. This leads to dissatisfaction for both patients and doctors. The system treats patients when something goes wrong and offers very little opportunity for health promotion and disease prevention interventions. Such prevention interventions are nevertheless organized in health centres by other health care personnel. Examples include smoking cessation and weight reduction clinics. Within the health centres there has been formal medical record keeping since 1997. Clinical records are kept principally kept manually administrative, laboratory and radiological details are kept electronically.

C. *General Practitioners*

General practitioners working in primary health centres are directly employed by the government and paid on a salaried basis. They all undergo any specific training in primary health care which lasts three years after completion of the two-year foundation programme in the hospital. Turnover of doctors is quite high and there is a problem both with recruitment and with retention as health centres are not viewed as rewarding or prestigious places in which to work. Doctors work a complex shift system and complain that a significant part of their workload is made up of writing prescriptions for free medicines and treating minor illness. Nearly all general practitioners working in health centres also carry out their own private work.

D. *Specialists at Health Centres*

Hospital-based specialists visit health centres to conduct out-reach clinics. A variety of clinics are organized on a regular basis. These include medical clinics, diabetes, antenatal and postnatal care, gynaecology clinics, well-baby clinics, ophthalmic, community paediatrics, orthopaedic and psychiatry. There are medical consultants who work solely in health centres on a permanent basis with a very small hospital commitment. The aim is to reduce the number of referrals to hospital when these can be dealt with and investigated in the primary setting as well as to offer supervision and training to other health centre doctors.

E. *Screening*

The Ministry offers screening services for Galucoma, breast cancer, colorectal cancer and cervical cancer. The glaucoma and cervical cancer screening services are provided from health centres while the breast and colorectal cancer screening are provided from a dedicated screening centre.

F. *General Nursing Care*

Nurses in health centre provide the services of a treatment room for minor emergencies as well as follow up for post traumatic or post operative wound care. The more complicated wounds are reviewed in the wound care clinic. Nurses also provide support for doctors in dealing with acute emergencies as well as minor trauma cases. They also take bloods from patients requiring laboratory investigations and administer injections against a doctor's prescription.

G. *Domiciliary Nursing*

The Malta Memorial District Nursing Association (MMDNA) provides domiciliary nursing. This organization is contracted by the government to provide domiciliary nursing and midwifery services. These services are available on a daily basis although they are restricted to emergency calls after 20.00 hours. They are free-of-charge at the point of use and all persons are entitled to use them. The nursing community services also provide specialist advice to breast feeding mothers.

H. *School Medical Services*

The school health service is part of the child community service and falls under the Department of Primary Care. Doctors and nurses are assigned to primary state and church schools to staff these services which mainly carry out immunization and child health surveillance. There is a standardised process for carrying out medical examinations of children which over the years has provided an important source of epidemiological information. The school dental service provides free treatment including emergency treatment, orthodontic treatment and preservation for children up to 16 years of age. There is also a school programme where dental hygienists and dental surgeons screen all school children on a yearly basis.

I. *Immunization*

Immunization services are provided by the Department of Primary Health Care. A free childhood immunization schedule is given to all children. Government provided all immunisation listed on the immunisation schedule free of charge to all children at specific ages. The scheduled vaccinations include those for Diphtheria, Tetanus, and Polio, Pertussis (Whooping Cough), Mumps, Measles and Rubella, Haemophilus Influenzae B, Hepatitis B and HPV vaccine. Vaccinations given to school aged children are administered by the school health service within schools. Influenza vaccination is offered to the elderly, persons

with chronic illness and health care staff. A service for travel vaccinations is also provided but the cost of the vaccine has to be paid for by the patient.

J. Private Primary Health Care

The proportion of private primary health care has been estimated to be two thirds of the primary health care workload. Private primary care is provided by general practitioners mostly working in single-handed practices although in recent years the concept of group practices is slowly evolving. There are also a few commercial agencies which are specifically contracted by large employers to cover their employees, mostly for purposes of sick leave verification. The better-established GPs have their own offices and premises whilst other GPs work in offices based within community retail pharmacies which they attend according to specific timetables. The service offered by private GPs is generally perceived to be superior from the point of view of continuity of care. The GP gets to know the whole family and provides a more holistic type of care. These GPs tend to be well respected in their communities and are still considered as popular personalities in the town or village. The private GPs charge relatively modest fees and also carry out home visits.

K. Public Sector

The links between primary and secondary care are weak as there is no patient registration system in primary care. Health centre GPs may refer patients to hospital outpatient clinics and emergency services. Patients require a ticket of referral to attend hospital outpatient clinics but this is not necessary for emergencies. Unfortunately, the degree of dialogue between private and public GPs or between GPs and hospital specialists in the public sector is rather small. Upon discharge from hospital care, patients are not referred to a specific GP and discharge letters are kept by the patient. Shared care does not formally operate except in the case of antenatal care. Patients may also be referred to public secondary care facilities by GPs and specialists from the private sector.

L. Conclusion

Within the private sector GPs refer patients to specialists when necessary. The major difference lies in the fact that specialists may refer patients back to their own GP and some interaction occurs between GPs and specialists. There is no gate-keeping system in the private sector and patients may choose to consult specialists directly. In addition specialists may refer patients from their private clinics directly to outpatient departments. The aim is to move towards systems that will allow the provision of seamless care both within the public and private sectors and between the public/private interface. This will require reform and strengthening of primary care and community services. It is only when these elements are well developed that costly hospital care may be utilized effectively and efficiently instead of serving as an expensive and inappropriate substitute for care that can be delivered in other settings.

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