

St Augustine's Centre, Halifax
English for Life in the UK

Season 3 - Episode 7 - Access to Healthcare in England
April 2022

Mark

Hello and welcome to the podcast "**English for Life in the UK**". This podcast is for those people who want to improve their English and, at the same time, learn more about life in this country.

In this season of the podcast, we are interviewing a number of people with interesting jobs and experiences. This will give you practice at listening to a number of native English speakers, talking about a range of subjects. We produce a transcript - a written version, of each episode, as well - this includes notes on some of the more difficult vocabulary and this is available on our website :

www.staugustinescentrehalifax.org.uk

And there you can also find out more about our charity and the support that we give, particularly to asylum seekers and refugees.

In today's episode one of our team, Peter, interviews two health care professionals: one of them a doctor - a particular kind of doctor, that we call a "GP" - that is a General Practitioner - and a pharmacist - a professional who works in a pharmacy or a chemist's. So - over to Peter.

Peter

Today's podcast is about healthcare. This is obviously a huge issue in lots of countries and to allow us to focus a bit more, today we're going to talk about health care in England, because the situation in Wales, Scotland and Northern Ireland - the other countries in the United Kingdom - is slightly different, although very similar - and we're going to talk about primary healthcare - so: the first point of contact that patients have with the healthcare system.

(Music) (2 minutes 30 seconds)

I'm joined today by Anne-Marie Killeen, who's a general practitioner or GP, in Bradford, and by Anne Cawdron, a Community Pharmacist in Halifax. Ann-Marie, first of all - can you describe what a general practitioner is and what they do?

Anne-Marie

So, like you said in your introduction, we provide primary medical care so that means, generally, we're the first point of contact for patients who think they're ill or who maybe have a psychological or emotional problem.

Peter

And the patients that you see - who are they? - can a patient just walk into your surgery to see you?

Ann-Marie

Well, as long as you're registered first. So that's a very easy process: you just ask friends or neighbours where the nearest local general practice is, or you can Google it. And if you live somewhere like Bradford, there may be twenty *practices* within walking distance of your house. But, generally, we would recommend that you join the one that is closest to your house because it makes it easier to make and attend appointments, and it also makes it easier for you to have home visits from the Community Team, if you are not able to get to the surgery¹.

So you approach the surgery that you want to join - and tell the receptionist that you want to join the list, and they'll give you some paperwork to complete with your personal details, date of birth, etc. and some *form of ID* like a passport, for instance, and then those details will be passed on to the registration authorities, but from that moment, you're entitled to get medical care, at that general practice.

Peter

And what sort of treatments are delivered, in your practice?

Anne-Marie

So - we deal with acute problems - they're short-term, new problems - and also chronic, long-term problems. So, long-term problems might include things like diabetes, asthma, skin diseases, heart disease. And they're generally managed by a team of doctors and nurses and pharmacists at the practice. And then people also present with short-term, acute problems like they wake up with a rash or stomach pain or they think they might have a urine infection, or whatever. Then, they would also present to the general practice first, for help and advice.

Peter

Presumably, there are other professionals within the practice who provide some of those services - what sort of professionals actually are part of the surgery [team]?

(5:26)

Anne-Marie

Yeah [yes] - well, our practice, which serves about 8000 patients, and it's fairly typical of an inner-city practice: so, there's four senior permanent doctors and there's usually three junior doctors, in training, who will be foundation year or general practice training doctors, often a medical student, and then there's a full team of receptionists, who are your initial point of contact, when you approach the surgery, a nursing team, healthcare assistants, pharmacists who are employed by the practice, as opposed to a pharmacy shop and also, we have physiotherapists on site, as well.

Peter

When you speak ... when you talk to a patient, presumably there are some issues that can be dealt with by yourself or by the team in the practice, but also others that get referred on to other parts of the national health service - so what sort of conditions get referred on?

Anne-Marie

¹ the surgery is the place where the local doctor and other health professionals are based

So, GP's manage most chronic medical problems such as asthma, diabetes, heart disease. Occasionally, there may be additional factors which mean they need to be managed in hospital. So, for instance - we manage probably 90% of diabetes care, but don't manage children who are on insulin, for instance. That's usually because they're growing, and their treatment tends to change from one month to the next, and once they become adult, the condition is normally stable and will then be managed in general practice.

And then anyone who requires an operation, for example, they've got a ... they need a hip surgery, orthopaedic² surgery or they might have a more serious medical condition - such as cancer - they ... problems like that would be referred into the hospital to see the appropriate specialist.

Also, if they need certain investigations GPs have open access³ to many investigations, like scans, including MRI scans, ultra-sound scans⁴, blood tests, but there are certain investigations where you have to go through a specialist first, to get that test done. So we attempt to manage most things and we probably manage 90% of problems in primary medical care and then there's maybe 10% of problems that need to be referred on to hospital.

One of the things we don't see is accidents and emergencies. So if you've got a dangerous, severe medical condition such as extreme chest pain, shortness of breath, breathing problems, heavy bleeding⁵, you'd need to go to hospital immediately, because general practice is not able to deal and respond quickly enough to medical emergencies.

So if you did contact the surgery, it would be recommended that you go to hospital immediately, by ambulance or take yourself there, immediately. The same, if you think you've got a broken bone, if you've fallen off a ladder or something, or you've badly hurt something - you need to go to hospital. Because we've got access to X-rays, but not immediately.

(8:53)

Peter

And, I guess one question that is ... feels quite unusual to someone in England, but is probably common elsewhere in the world - is: how much does all this treatment cost?

Anne-Marie

It's all free at the point of delivery, so once you register with a GP, you're entitled to - in theory⁶ - unlimited visits to the surgery, unlimited home visits. The only thing that you might have to pay for is the medication, if you are not entitled to free prescriptions.

² orthopaedic- relating to bones, joints and muscles

³ open access - a GP can order the scan or test, though the facility or machine may be at the hospital some distance away

⁴ MRI and ultra-sound are 2 different kinds of scan - that is a technic for producing an image of that part of the body

⁵ heavy bleeding - excessive blood loss

⁶ in theory - sometimes theory and practice differ; theory may represent the ideal situation but it is not able to be achieved in the real world.

Peter

Thank you. So, turning to Anne, our Community Pharmacist: I guess a very similar question to start with - Anne, what is the role of a Community Pharmacist?

Anne

A community pharmacist is what we would call a chemist's shop, quite often, like Anne-Marie mentioned. There are about 11,500 community pharmacists in England, and around 90% of the population is within 20 minutes' walk of a community pharmacy. Pharmacies tend to be located in areas where people live and where people work. And it's a health care professional on a *High Street*, in a shopping centre, in your local village, that you can access, free-of-charge without an appointment, that's our unique selling point⁷, if you like - you can just walk into a community pharmacy, at any time. A lot of the pharmacies do tend to be open quite extended hours, these days, particularly in areas in shopping centres and things: they are open into the evening, so they fit around the working hours⁸ of people, so they are accessible either during their lunch breaks or after work, but also very often, they are open at weekends, when other primary care services aren't available.

Peter

So just to be clear on that, anybody can walk into the shop and talk direct to the pharmacist - the health care professional - without an appointment?

Anne

Yes - that's correct - like in the GP's surgery, there are other staff employed in the pharmacy, apart from the actual pharmacist: health care assistant, trained dispensers. Very often these would be the first people that you would see, walking into the community pharmacy, and they have a level of training up to an appropriate level, but there is always a pharmacist within a community pharmacy, during the hours that the pharmacy is open and you can talk to the pharmacist for advice. and the pharmacist is available to intervene should they feel that is necessary within any conversation that you might be having with the other trained staff, within the pharmacy,

Peter

And what sort of services are provided within the pharmacy?

Anne

One of the main services within the pharmacy is the *actual dispensing of prescriptions* and they are now mostly sent electronically from the GPs. It used to be case that the patients would see the doctor and get a physical piece of paper: a prescription. That's largely changed to electronic prescribing, whereby the prescription is sent via a safe NHS network to the pharmacy that the patient nominates. You don't need to be registered with a community pharmacy, that's different to

⁷ unique selling point - business language (often shortened to "USP") for commercial advantage, used ironically here, because it is not a service that is charged for, so no "sale" is involved.

⁸ working hours - this is referring to the previously more usual "09.00 - 5.00" working day and would still be the norm for many office and shop workers, but less universal now.

the GP [procedure/requirement], but if you regularly get prescriptions, you would need to nominate which pharmacy you want your prescription sent to. And that can be done at your GP surgery, it can be done at the pharmacy itself, or it can also be done on the NHS app, and the NHS app can be used also for re-ordering repeat prescriptions for regular medication, that you get from your GP's surgery, they can be requested by the NHS app and sent to the pharmacy.

(12:59)

The other kind of services that you can find within a pharmacy are the selling of medication. So a lot of conditions don't need a prescription for medication but you can buy medication within the pharmacy. Legally, there are three categories of medication available within England and within the UK. What's called "general sales" medication which you can buy in a supermarket. It tends to provide small quantities of things that are suitable for minor, self-limiting conditions. We have a quite unique category of medication, within the UK, called "pharmacy medicines" which are available to purchase, without a prescription, but can only be purchased within a pharmacy, under the supervision of the pharmacist, and so that's that stronger pain medication, larger quantities, treatment for conditions that you might go to the doctor with but can also be used to treat things like minor infections, particularly skin infections, and if they don't respond to the treatment, then you can then go on to see the doctor, so it could be used as the first line treatment - and then the medication that is only available on prescription, which is "prescription-only medicine". Most pharmacies these days, also offer other services, apart from the dispensing and supply of medication, so things like blood pressure checks, weight loss, weight management, smoking-cessation, and a lot of pharmacies also offer services like delivery of medication.

Flu⁹ vaccination is another service, that is widely available among community pharmacies and a lot of pharmacies have also become a Covid-vaccination centres, since the pandemic.

Peter

And how do you work with other health care professionals, so with a doctor's surgery for example? Do you work closely with them?

Anne

It's variable. A lot of our pharmacies are closely located to GP's surgeries and they would tend to get most of that GP's prescriptions from that GP's surgery to dispense. And they would generally have a good relationship with that GP's surgery, because they're dealing with their patients, all the time.

Some pharmacies are located in the *high street* and they could get prescriptions from all over the local area. They are less likely to have close links with the GPs' surgeries but we are health care professionals and that is recognised within the GPs' practices, so if ...we could, for example, refer a patient to the GP if we think it is something that needs an urgent referral - something that can't be dealt with, within the pharmacy. And very often, that is a way of getting to see a doctor perhaps sooner, than you might be able to, just by ringing up yourself. Generally, we have the same access to the GPs surgeries through the reception staff, but a lot of doctors' surgeries do now employ community pharmacists, so quite often there's a closer professional link between the primary care pharmacist, working within the GPs practice and the Community Pharmacist, dispensing the prescriptions.

⁹ flu, short for influenza, a common infection usually involving a high temperature

Peter

And a similar question to what I asked Anne-Marie: what are the charges for using the Community Pharmacy?

Anne

So - dispensing of prescriptions - the vast majority of people - that's about 70% of people - do not pay for prescriptions, because they come under some kind of prescription exemption [from charges]. Everybody over the age of 60 gets free prescriptions, everybody under the age of 16, gets free prescriptions. Children [aged] 16-18 and in full-time education, pregnant mothers, and for a full year after the birth of the baby, certain medical conditions, disabilities, these all are exemptions that give you a free prescription. And a lot of the benefits, including universal credit¹⁰, though there are conditions on that, and tax credits, entitle patients to free prescriptions.

Peter

So Anne mentioned, there, vaccinations which is obviously a very relevant subject and has been, throughout the Covid pandemic. So looking more generally, at vaccinations - Anne, you mentioned that people can get Covid vaccinations in certain pharmacies. What other vaccinations actually are available through the pharmacy?

(18:00)

Anne

Most pharmacies now do flu vaccinations and that is free-of-charge for this year, it's been for people under the age of ...over the age of 50, but that is changing back to "over the age of 65" or with certain medical conditions, from the flu season this year, which will be starting in September. And also a lot of pharmacies will provide, at quite a reasonable charge, the flu vaccination for people who aren't covered for free vaccine.

Covid vaccination is free-of-charge and follows the national guidelines, the national programme more and more pharmacies are doing Covid vaccinations and quite a number of pharmacies also provide travel vaccinations. So, for example, people who are travelling for the Hajj¹¹ or if they are travelling where they may need a yellow fever certificate, certain pharmacies will do those vaccinations as well ...but the regular childhood vaccinations are provided by doctor's surgeries.

Anne-Marie

So, as soon as a child is born, the midwife notifies the parents to get the child registered and then they're automatically becoming a patient of the ... usually, the family practice where the parents are already registered. And then it will automatically be generated by the computer - the recalls: for routine childhood vaccinations of which there are a growing number and they're normally given at the doctor's surgery, by one of the nursing staff.

Peter

¹⁰ universal credit is a relatively new social security payment for people with low incomes

¹¹ a Muslim pilgrimage to Mecca

People may well be aware that, in this country, you dial 999 if you have an emergency, but there is another service where you dial 111. Could you explain what that is please?

Anne

That's a patient help-line which is available on-line and also through 'phone. We can 'phone basically with any problems which are not considered medical emergencies. So, if you've got an emergency you phone 999, which should get you through to police, fire, ambulance, and you normally speak to a paramedic¹² but if your problem is non-urgent but if you've got a problem: "I can't find a dentist", or "I can't register with a doctor", or "I can't find a pharmacy that's open", or "I've got these symptoms ... I'm not sure what they mean". Either on-line or through the 'phone, you should be able to get the answer to those problems.

Peter

And that's a 24-hour-a-day service - is that right?

Anne

Yes.

Peter

So, for people in the UK: who should they approach with a particular condition? - is there a hard-and-fast¹³ rule about approaching a general practitioner versus a pharmacy? Or is that up to the patient to decide?

Anne-Marie

I think we'd like to be open and accessible. And if there's any doubt and you're not sure - you approach the pharmacist or the doctor's surgery and you will quickly, hopefully, be directed to the service that you need. We're used to people not knowing exactly what the problem is and how to fix it. So you should get sign-posted¹⁴ to the correct service, no matter where you originally seek advice.

(21:37)

Anne

Yes - as pharmacists and pharmacy staff, we are trained to look out for what are called "red-flag"¹⁵ symptoms so if somebody comes into a pharmacy with, for example, chest pain, or particular kinds of headache, that could point to ... potentially be warning signs for something more serious, then we would immediately refer to ... either to A&E or to the local doctor's surgery, the patient's doctor's surgery, as a matter of urgency But as a first point of call, the Community Pharmacy is very useful - as I mentioned, at the beginning - you can go without an appointment,

¹² paramedic - a healthcare professional who deals with advanced emergency care, for example in an ambulance

¹³ hard-and-fast rule - invariable, a rule that would apply in every case, without exception

¹⁴ signposted - directed

¹⁵ red-flag - a traditional sign of danger

very often it's local to where you live or where you work, and it's available out-of-hours - in the evening, quite often until late, and at weekends, and we can usually help with, what are called: minor ailments - either by recommending, sort of, no treatment at all and just reassuring patients that it is something quite minor, self-limiting, or it can be treated with something they've already got at home, or potentially selling them some medication, to help with the condition.

We can also give advice about prescription medication - so we are the experts in the medicine. Not necessarily for diagnosis, we hand that over to the GP, but as far as medication goes, a lot of patients are worried about potential side-effects with medication, whether the medications go together, the interaction between medications, and I would say that's the kind of thing that a community pharmacist or a practice pharmacist can advise on - and with long term conditions such as heart conditions, cardio-vascular, blood pressure, diabetes, we are trained in those conditions to give on-going advice for the patient to self-care and make the most of the medication that they're on, to make sure that they are taking it appropriately.

Peter

Anne-Marie and Anne - thank you so much for coming on the podcast today.

(Music) (24:08)

Mark

Language Support

This is the part of the podcast where we choose some of the words or phrases from this episode and explain them.

Early on in this episode, we referred to the fact that in order to register at a Doctor's you need a **form of ID**. ID is short for "Identification" and a form of ID - a form of Identification could be, for example, a passport or a driving licence, Many countries around the world will actually have an identity card. We don't have those in the United Kingdom.

Later on, we refer to finding a pharmacy or a chemist on the **High Street**. "High Street" is just the name for a main street in a town - it's often called a "High Street" where most of the shops are.

So, then when we were talking about how doctors and pharmacists work together - there was the idea of a **prescription**. Now a prescription is a written instruction or order, normally from a doctor to a pharmacist or a chemist, to provide medicine for a patient. In the old days, they were always written down - in this episode, we refer to the fact that much of it, these days, is done on-line, through the computer and the internet.

And, related to that, is the idea that giving out the medicine is known as **dispensing** - so to dispense medicine is to provide or to give out. The word **to dispense - the verb** - does have another meaning in English, as well. It means to get rid of, or do without, so you could, in a meeting, for example, say "we'll dispense with the introductions" - so we won't bother to introduce ourselves, we'll get straight on with the meeting.

And then, finally, I want to focus a little bit on the word "**practice**" (practise¹⁶) because that occurred a few times in this episode. So in general terms, a **practice** is the application or use of an idea or method, particularly, in this case we were talking about medical practice - so you can talk about practising medicine, you can say that a doctor is a medical practitioner. And in this episode we interviewed a doctor who is a **General Practitioner**" - there's the word practice again, in there. You can also refer to a **GP practice** - meaning: the place and the organisation where a group of medical professionals are providing services. And the other word that is used in this episode for the place where those services are provided is the **surgery**.

Now practise has another meaning as well, in English - you can use it to say that you are going to repeat doing something, in order to get better at it - so I might say I practise my football skills in order to get better at it.

That's it for this week - I hope you've found that a useful and interesting episode. A reminder that the transcript will be available in a few days' time, on our website:

www.staugustinescentrehalifax.org.uk

And on the website you can find out about our work as a charity and if you're in a position to do so, how to donate or support our work, in other ways.

Thank you for listening. We'll be back again with a new episode very soon. Until then, take care of yourselves and keep practising your English. There's that word "practice" again. Goodbye.

(Music) (Ends) (29:23)

¹⁶ English uses "practice" with a "-ce" at the end as a noun, and "practise" with an "-se`" at the end, is a verb. This is true of other "-ce" and "-se" word endings too - eg. license or advise. In American, Canadian and Australian English, this may vary.