Dermatology in Private Practice

Welcome to a Complete Dermatology Clinic!

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The Farsta dermatology and venereology clinic was started in 2002 by Dr Birgitta Wilson Claréus and was extended in 2007 when Dr Margareta Svensson joined. With a broad competence the clinic has the potential to address most of the patients' needs.

Farsta is one of Stockholm's suburbs, located about 10 km south of the city centre. The area consists of apartment buildings and one-family houses, and has a beautiful nature as well as a large suburban centre, Farsta Centrum. The population of Farsta borough is almost 50,000, but the population of the southeast part of Stockholm county is approximately 300,000. There are four dermatologists practising in this area.

The Farsta dermatology and venereology clinic was set up in its present premises in 2002. A few years later, Dr Birgitta Wilson Claréus was given permission by Stockholm County Council to enlarge the clinic and Dr Margareta Svensson therefore joined her in 2007. The team also includes two nurses, Ewa Dohrén and Ingrid Mattson, as well as the fictitious "Maid":

"I want to participate in writing this article too, since I am the one who's most acquainted with the staff; it's me they blame when something goes wrong."

In the medical centre (*Läkarhuset*), located in Farsta Centrum, there are several specialist clinics, a general practitioner healthcare centre, a maternity care centre, a child care centre, a company healthcare centre, a radiology clinic, and laboratory facilities. Most of the specialist clinics are affiliated with Praktikertjänst.



Fig. 1. From left: Dr Birgitta Wilson Claréus, nurse Ewa Dohrén and Dr Margareta Svensson. Photo: M. Karlsson



Fig. 2. Nurse Ingrid Mattsson catching her breath after telephone consultations. In the background, Dr Margareta Svensson and nurse Ewa Dohrén having coffee. Photo: M. Karlsson

Co-operation within the medical centre is very good. We meet on a regular basis, there are lunches for doctors and staff, and we hold a planning weekend abroad each year. It is easy to arrange a "quick" consultation with colleagues from other specialities, when needed.

Referrals mainly come from the neighbouring area, but we receive patients from the whole of Stockholm county. The clinic has the potential to address most of the patients' needs. We offer venereology services; we have appointments every week for men with genital problems, and we do not need to refer our venereology patients in order to track down the sources of infection, since this competence exists at the clinic. Once a month we act as consultants for venereological cases at the youth clinic in Farsta Centrum.

"This is a clinic at full speed", says the Maid.

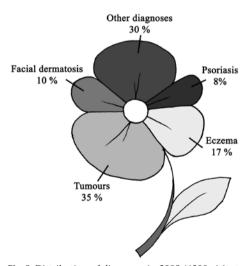
In 2009 there were 2000 new patients (45% of our visits). For numbers of diagnoses and treatments, see Figs 3 and 4. Referred non-priority patients have to wait approximately 3 months for an appointment. In addition to these visits to the physicians, more than 1100 treatments are performed each year. The majority of these are ultraviolet B treatments; the rest are treatments such as bandaging and photodynamic therapy.

When local treatments fail, we use systemic treatments, e.g. for psoriasis, severe eczema and other dermatoses. At present, approximately 200 of our patients receive systemic treatments (Fig. 5). We have a MoleMax machine to investigate cases of dysplastic naevi. The standard series epicutaneous test is used to investigate cases of eczema.

We have had the opportunity to participate in clinical trials at our clinic, in treatment areas ranging from onychomycosis to biologics. Margareta and Birgitta have several commissions, such as board memberships in the Swedish Society for Dermatology and Venereology (SSDV), the Swedish Association of Dermatologists in Private Practice (PDF), and the Swedish Psoriasis Register. We participate in several expert groups and give lectures to staff at healthcare centres.

"We're quite busy in our team", the Maid says.

In order to enhance co-operation and for educational purposes, we have regular meetings at the dermatology clinics of the Stockholm hospitals, where we also discuss each other's



 $\it Fig.~3$. Distribution of diagnoses in 2009 (4500 visits to physicians).

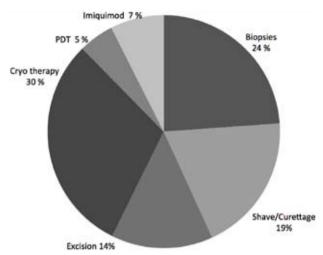


Fig. 4. Tumour treatments during 2009 (1900 treatments). PDT: photo-dynamic therapy.

patients. Patients needing hospitalization are referred to the Department of Dermatology at Karolinska Hospital.

For more than 10 years our clinic has been part of a small but active network, with three other clinics. We meet to exchange experiences and spend some time together a few times a year.

Vårdval, a restructuring of dermatology healthcare, is currently under discussion in Stockholm. We hope and believe that our clinic in Farsta will continue to develop.

"Vårdval, come on, we're leading, we're aiming for the future!", the Maid yells.

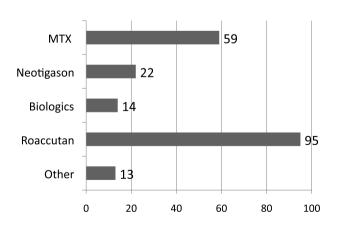


Fig. 5. Number of patients receiving systemic treatment during 2009. MTX: methotrexate.