

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Objective 1) What are the prevalent neurological conditions encountered at the RLH? How do they differ from the rest of the UK?

As the Royal London Hospital is a tertiary centre for neurology, it sees patients with rare and complex neurological conditions and needs as well as common neurological conditions. It is similar to other leading centres for neurology in the UK. In my time at the Royal London Hospital I commonly came across people with stroke, multiple sclerosis, motor neuron disease, other neuromuscular conditions, Parkinson's disease, epilepsy and headache. This is similar to neurological conditions seen in hospitals elsewhere in the UK. However, as the Royal London Hospital provides specialist clinics and services as a leading centre for neurology, some rarer conditions and patients with more complex needs may be encountered here than at other hospitals.

Objective 2) How are neurological services organised and delivered at RLH/Barts Health? How does this differ from the rest of the UK and Europe?

The neurology department at the Royal London Hospital consists of up to half a ward for neurology patients (the ward is shared with neurosurgery and ENT patients), outpatient clinics, diagnostic services including video telemetry and neurophysiology. There is a stroke ward, consisting of an acute stroke unit and a hyperacute stroke unit. The ward staff consists of doctors, nurses, speech and language therapists, physiotherapists and occupational therapists. The department offers specialist outpatient clinics, including multiple sclerosis clinics, movement disorder clinics, epilepsy clinics, neuromuscular clinics, neurovascular clinics, general neurology clinics, headache clinics as well as a neurogenetics clinic and an obstetric neurology clinic. Several of the clinics run with a multidisciplinary team. The neuromuscular clinics have doctors, psychologists and physiotherapists. The epilepsy clinic has doctors and a clinical nurse specialist. The multiple sclerosis clinic also has both doctors and specialist nurses.

Patients may be referred to the ward from A&E or other specialties, or may be there as elective patients referred from outpatient clinics. Patients are usually referred to outpatient clinics by their general practitioner. These services are organised in a similar way to tertiary centres in the rest of the UK.

As for the rest of Europe, obviously systems for healthcare provision vary widely across the continent. I have personal experience with the Belgian and Swedish healthcare systems. Belgium has a complex healthcare system paid for by social security and compulsory health insurance. Patients may generally choose where they would like to be treated and by whom. Most doctors, including neurologists, will work both publicly and privately. Furthermore, services are usually paid for up front by the patient who is then reimbursed by their insurer. Compulsory insurance may cover both public and private service providers and patients do not need to be referred to a specialist by their general practitioner. This is obviously very different to the UK. In Sweden the healthcare system is similar to the UK in that there is a free national health care service, with referral to specialist services being made from primary care. Some differences do exist, for example in that a nominal fee of between £15-30 is paid upon each visit to a doctor, but payments are capped at approximately £100 per year and any further

visits are free. Prescriptions are also paid for by the patient, and these are capped at approximately £200 per year. I have not had any specific experience with neurology in either of these countries.

Objective 3) What public health challenges are encountered in the neurology department at RLH and how does the department at RLH respond to public health issues?

There are many public health issues encountered. Common risk factors for stroke include smoking, high blood pressure, atrial fibrillation, diabetes and obesity. Patients on the stroke ward and in neurovascular clinics will commonly have several of these modifiable risk factors. Public health interventions include educating patients and family about these risk factors and advising on services which can help reduce them. Furthermore, patients are advised on how and where to seek help for these things, such as with the smoking cessation service or diet advice via their GP.

Other public health interventions include giving advice regarding lifestyle changes outlined in the multiple sclerosis Brain Health initiative which aims to educate people with multiple sclerosis on how to adopt the healthiest lifestyle to reduce the negative impact of the disease, to reduce future disability as much as possible. This advice includes quitting smoking, eating a healthy diet, avoiding alcohol and keeping as mentally and physically active as possible.

Objective 4) To develop my clinical skills and clinical reasoning with regards to diagnosing and managing neurological conditions

During my time on elective in neurology at the Royal London Hospital, I had plenty of opportunities to clerk patients on the neurology and stroke wards, in clinics, and in A&E. I was also able to observe the doctors on the wards, in A&E and in clinics. This was helpful with regards to improving my clinical skills. I was able to see a wide range of patients as I spent time on the neurology ward, stroke ward, A&E and various specialist clinics. I encountered several neurological conditions and presentations which I had never seen before.

There was also an abundance of teaching sessions which were all very good and helped me to further achieve these objectives. I was able to observe the management of neurological conditions and develop my understanding of the management during my time in the department - on the wards, in teaching sessions and in clinics. I chose to do an elective in neurology because I was interested in the specialty, and because the fourth year placement was only two weeks long. I did not think I had had enough clinical experience in the specialty to start to form an opinion of whether I wanted to pursue it as a career. Fortunately, my elective has only affirmed my ideas about the specialty and further increased my interest.