ELECTIVE (SSC5b) REPORT (1200 words)

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

1) What are the most prevalent conditions seen in primary care in a General Practice in North-West London and how this differs to East London?

My 6-week elective placement at patients registered at the practice have are 1) Obesity (accounts to 8% of practice population), followed by 2) Diabetes (5.1%) and 3) Asthma (4.1%). It's worth to note that a sizable proportion of the population is of South Asian ethnicity (1), and we know that both Obesity and Diabetes are prevalent amongst that community. General practice in North West London, I witnessed a range of medical conditions and problems. The most common medical conditions that

On the other hand, in East London which also has a great proportion of the population that are of South Asian ethnicity in particular, from the Bangladeshi community which forms 30%(2) of the total population in the tower hamlets borough alone. The top three most common conditions are 1) Cardiovascular disease, 2) Cancer and 3) COPD.

2) What could be the reason behind the cause of most prevalent conditions encountered and what prevention strategies exist to address them?

We know that the risk factors, causes and complications of obesity, cardiovascular disease and diabetes do overlap and can be grouped as metabolic syndrome. Again, the similarities could be because of both areas having a high proportion of people from the same ethnic community. Other factors that could suggest the reason for such conditions being prevalent is the density of fast-food outlets. According to gov.uk, there are about 124.6 fast food outlets per 100K population in the tower hamlet borough, 83.6 in the Ealing borough and 81.6 being the average figure for the UK(3). We know having access to fast-food, can mean a greater chance of people having diets that are high in fats and carbohydrates which increases the risk of all of three chronic diseases.

In terms of prevention strategies, we can group them into two categories local and national. Currently, there are extensive health guidance and access that is available for patients who require advice and support for a healthier lifestyle. People have access to government organisation such as Change4Life which offer free diet and exercise advice and plans. Patients with obesity have access to medical therapy to help lose weight if conservative measures have not succeeded. In addition, patients with diabetes have access to dieticians and organisations such as diabetes.org.uk who offer support and guidance to those with diabetes. Likewise, with CVD, there is medical therapy available to treat the risk factors such as high blood pressure and cholesterol.

To further strengthen prevention strategies, I believe government needs a thorough analysis of the dangers and risks of obesity, diabetes and cardiovascular against the economic benefits from sales of unhealthy foods and drinks. We know the prevalence of obesity has increased, based on statistics from NHS England from 15% in 1993 to 27% in 2015, that is 0.5% increase per year(4). The prevalence of diabetes has increased by 150% since 1996(5) and we are facing an epidemic. Diabetes alone cost the NHS a staggering £14 billion per year(6). The government needs to take strong action to incentivise healthy lifestyle and to deter companies providing unhealthy foods, drinks and lifestyle choices.

3) Learn about the management and business aspect of general practice

During my medical degree, I have had plenty of opportunities to see and experience the clinical side of medicine in both primary and secondary care. However, I have had limited exposure to the management and business side of healthcare. Especially, with current issues that the NHS is facing such as under-funding and increased demands on the system, has as result interested me to learn more about it.

I had the opportunity to meet with the Practice Manager, where we discussed how a General Practice generates income and highlighted the differences between primary and secondary care. Firstly, in terms of income streams, I learned that a general practice is paid based on the number of patients registered at the practice. In addition, the sum that is paid is also weighted based on a patient's risk factors and certain indices e.g. age, gender, medical conditions, mortality etc. Based on this a calculation is made and practices are paid a lump sum. Practices are also paid to cover their costs for IT systems, premises, locum allowance, appraisal costs etc. Furthermore, practices can increase their revenue by offering enhanced services such as Immunisation schemes, minor surgery, extended hours access etc. Finally, the other stream of income practices receive is from meeting QOF (Quality and Outcomes Framework) indicator targets. There is a total of 559 points, which can be achieved by meeting targets for certain conditions e.g. for diabetes there are 11 indicators which consist of HbA1C and BP targets. When practices achieve to meet those targets, they are awarded a point and each point is worth £X amount.

Furthermore, I had the opportunity to learn how to use the software System One and helped with analysing data for QOF indicators. I also attend a local Practice managers meeting, where they discussed challenges and issues they faced and as a group, they discussed strategies and tips in ways they can solve and tackle them. It was interesting to see that there are two sides to healthcare the clinical side and the business side. It did make me appreciate the importance of both components and how important both are in operating a medical practice. I learn to appreciate how clinical management systems like QOF indicators helps to motivate practices to hit targets, thus achieving the goal of delivering good quality healthcare and be financially rewarding at the same time.

4) Improve my consultation skills with patients and sharpen my history-taking, clinical and diagnostic skills.

During my placement, I was able to both observe and practice consultations. I had a lot of opportunities to observe many consultations, they ranged from new presentations, follow-ups, giving results, breaking bad news, reassurance, medication review and baby checks. Furthermore, I had the opportunity to do an audit for my supervisor Dr H.B, assessing aspects of her communication skills during her consultations. I came up with four areas to assess which included: Patient (Ideas, Concerns and Expectations), Process (overall organisation of the consultation, recognition and response to cues and non-verbal behaviour), Structuring consultation (ability to Signpost, Summarise and Screen) and finally on the Closing of the consultation (ensuring that the patient is aware of the plan Outlining relevant follow-up and opportunity for further questions and thanking the patient). Each section was marked out of 3, 1 mark for each sub-criterion, which gave a total of 12 marks. We decided that I would randomly choose 10 consultations to assess, without Dr H.B knowing. The exercise was a useful tool as it did enable me to focus more deeply on the consultation and to assess and learn excellent communication skills. It was a privilege to watch a consultation of someone with amazing talent,

experience and professionalism. I learned so much by just observing, the way she would appropriately time her ICE questions, recognising patient cues from their body language and responding to them fittingly, structuring her consultation to meet the 10-minute slot so they do not overrun. Finally, every time when she was closing the consultation, she would round up by summarising key information, outline the plan and provide the opportunity for further questions and clarifications.

From observing these consultations, it helped me learn and apply these techniques when doing my own consultations. For this, I was allocated patients who presented with a new problem to take a history, carry out necessary observations and examinations. Then I would come up with my diagnosis and plan, and present this to Dr H.B who was supervising me. I got to see a range of different problems such as tonsillitis, athletes foot, viral skin infections, loose stools with red flags, musculoskeletal problems and complex social problems. It was a fantastic opportunity to get a chance to put my knowledge and skill to practice. This was evident, with the patient who presented with loose stools, where I remembered my list of questions to ask from OSCE practice and helped me identify the red flag symptoms, which made us decide that a 2-week wait referral to Gastro was intended. I believe having the opportunity to observe and practice consultations have helped sharpen and improve my communication, diagnostic reasoning and practical skills.

I also had the opportunity to teach 4th-year medical students who were on their Brain and Behaviour module. We covered upper and lower limb neurological examinations and went through exam questions. It was a great opportunity to give back to my colleagues from the small bank of experience and knowledge that I had gained thus far. Furthermore, it was also useful in enhancing my teaching skills, as this skill will be important throughout my career.

I believe my elective placement in primary care has been a fantastic opportunity to get a real-life view of working in General Practice. I had the opportunity to enhance my clinical knowledge and experience. Furthermore, I got to learn more about the business side of primary care and see how a fundamental role it plays in the operation of a practice. I have really enjoyed my elective placement here and it has definitely made me think strongly about a career in General Practice.

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