

ELECTIVE (SSC5c) REPORT (1200 words)

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

What are the most common conditions that patients present with to A&E in southwest London? How do they differ from the rest of London and the UK?

It has been my greatest pleasure to work under Dr Ong – a well-respected A&E consultant at Epsom General Hospital which by itself is an excellent teaching hospital. From my experience during my stay in the Ambulatory Care Unit, I have mostly seen cellulitis and DVT as this part of A&E covered cases which were easily manageable without any hospital admission necessary. I also had the chance to float around in Majors where most of the acutely ill patients are seen in an emergency. Most of the patients I saw either had chest pain or shortness of breath – clinical symptoms which may indicate something more sinister such as ACS, pulmonary embolism or community acquired pneumonia.

The demographics of the catchment area differed from East London in such a way that there were older Caucasian patients presenting with common cases such as falls, pneumonia caught in the community, dizziness and palpitations, or clotting disorders such as DVT. This is in contrast to East London wherein a large proportion of patients in A&E are mostly trauma calls due to gunshot/knife wounds, RTCs or infections that are caught in more exotic parts of the world due to the large migrant population.

How do the local population access A&E services in southwest London? How does it differ from the rest of the UK?

Epsom General Hospital is part of the Epsom and St Helier University Hospitals Trust which cover a large part of Southwest London which is just within the M25. Patients who require emergency services either attend A&E themselves, via GP referrals or are brought in by ambulance. Treatment is free at the point of care, and throughout for UK nationals and citizens of the EU whilst patients of other nationalities are charged with treatment fees following their discharge from the hospital.

In recent times, the NHS faces difficulties dealing with increasing pressures from rising hospital admissions from inappropriate A&E admissions and GP referrals. This has stretched resources to the limit wherein it has created an environment which is difficult to work in. This has partially been alleviated by allocating a medical consultant in charge with admissions who act as a triage for GP referrals and direct patients to appropriate pathways of care.

Whilst the NHS has long been known to be one of the best and most efficient healthcare systems in the world, this is now currently under threat as workload pressures have led to unhappy and stressed healthcare professionals. Extra working hours, mostly unpaid, meant that doctors and nurses are overly stressed. Staffing shortages also add to the problem putting patients at risk of harm under hospital care. Despite these problems, during my stay every single member of staff did their best of their abilities to maintain the highest standard of patient care which inspired me to strive harder to be a better junior doctor in the future.

Describe a health promotion and prevention strategy that was initiated in order to reduce the number of avoidable/unnecessary A&E admissions in southwest London/the UK.

In recent times, A&E admissions have shot up exponentially owing to both an aging population and lack of education of what the emergency services are for. Older people in general are more frail and prone to illnesses, accidents, or acute events that may eventually lead to deterioration and death. Whilst the NHS provides excellent care for the whole population, the increasing numbers have put a strain in the system where hospital admissions are now being put to a minimum due to lack of resources and a higher risk of catching hospital-acquired infections such as MRSA or hospital-acquired pneumonia. Hence in effect, more emphasis is being given to preventative medicine – that is, treating the patient in primary care, e.g. GP surgeries, in order to avoid unnecessary hospital admissions. This also meant that any simple ailments such as flu or headaches may be addressed and treated in the community. However, a growing population also causes GP services to bottleneck at certain times of the year – for example, and increase in hayfever consultations during springtime may increase waiting times for an appointment, and thus drive patients with problems that are not emergencies to go and try to seek medical help in A&E.

As a result, several campaigns have been set up by the NHS within different trusts to try and relieve the pressure on their respective emergency services. Posters lying in GP surgeries, transport links such as buses, trains, and even in some shopping centres, advertise some of the issues that have been addressed above. People are encouraged to seek help using their GPs or even pharmacies to help them deal with their current medical issues without the need to be seen in A&E. Whilst this may have achieved some success, it is paramount that patient education has to be constantly addressed during consultations or appointments to instil these issues to the general populace.

To develop skills, including, but not limited to communication, and deal with increasing pressure in order to work effectively with teams in a different working environment.

During my brief stay in ACU at Epsom, I have learned a lot of things regarding several acute illnesses and their management – ACS, acute exacerbation of asthma, and also necessary but relevant investigations that need to be done with regards to a clinical case. Despite having most of the better investigations in the medical field, some of these can be very expensive and hence I, myself, had to keep aware of the things which are only relevant and make sure that it would not grossly affect patient treatment.

On top of that, I have also honed my skills in clinical procedures such as venepuncture, setting up IV drips, doing a 12-lead ECG, and formulating IV drugs to name a few. I have also familiarised myself with the computer system which I will surely enjoy to use when I start working in August. I have also learned that there has been some gaps in my knowledge – which does not help things as we just finished finals a couple of months ago. However, Dr Ong has been very patient, sincere and helpful as a clinical mentor and I have learned a lot from him during these 3 weeks. He is also an excellent professional on the job which I would want to emulate – in fact everyone I met, both patients and members of staff, only had good things to say about him due to his undying passion to help both team members and patients alike. He has constantly reminded me that teamwork, teamwork, and teamwork makes a system run smoothly and efficiently. I will greatly miss the experience I had in this short stay and would love to come back and work with this lovely team again in the future.