

ELECTIVE (SSC5c) REPORT (1200 words)

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

The population demographic in Devon is generally more affluent and less ethnically diverse than East London, will the practice operate differently with respect to this population.

My time spent shadowing within the practice in Devon was relatively similar to that of my experiences in East London. It was immediately obvious that the populations differed dramatically, with Devon having a predominantly white, middle class population (although there are still numerous patients who are underprivileged). East London has a much more transient population, with large numbers of Bangladeshi and Pakistani patients. This difference in the patients occasionally produced problems in East London that I rarely experienced in Devon. The main issue in East London is the language barrier. With so many different languages and dialects, it is hard to get through a clinic without encountering language difficulties. Fortunately there are plenty of Bangladeshi/Pakistani doctors in East London, so sometimes it is possible to translate. However, many doctors from E. London have told stories of translating through family members and the patient not hearing the correct information. Luckily, there are many translator services that can join patients in the consult, or consult over the phone.

The healthcare provision in Devon should be quite similar to that of East London, are there any local guidelines that differ between the two.

Unfortunately I was unable to spend enough time in Devon to really discover the differences in local guidelines. One thing I did discover, was that the practice in Devon had links with multiple care/nursing homes in the local area. This was not observed in East London at any of the practices I have spent time at in the past three years. In essence, GPs from the practice spend a small proportion of each week visiting selected local care/nursing homes, with the patients in these homes being patients at the practice. This is useful in preventing admissions to A&E for these patients when they are unwell, and stopping them from needing to attend the practice. This system worked extremely well from what I could see and it seems a shame that I have not seen it elsewhere. I don't know if not seeing it in East London is for any particular reason, and it would be interesting to speak with some of my previous GP leads to find out if it is something they have ever considered.

To what extent do the health beliefs of the population in Devon differ to that of East London

Having spent time working in multiple inner East London GP surgeries, there is a stark contrast in the population, and indeed the beliefs of each population. In general, I have always found the inner East

London populations - particularly those patients not from this country - to have interesting health beliefs. I personally think a reason for this is that many of the patients I meet in East London live in large family households. This can have a strong influence on their health beliefs as they can be passed down from older family members. One notable health belief I have recognised in East London relates to the usage of homeopathic or traditional methods as opposed to conventional medicine. While there are a number of people across the UK and in Devon that are happy to utilise alternative medicines, there appears to be a much greater proportion of those in East London that will have trialled alternative medicines for a variety of diseases prior to seeing their GP.

Will working in a new geographical area of the NHS be a seamless transition and do I think this will set me up for moving out of East London for my junior doctor training?

Spending time in the GP practice in Devon was a short experience, although in this time it made me realise the extent to how many services can run differently in different locations. Most services are similar or have some similarities, but remembering that everything is slightly different has reminded me of the importance of orientating myself when I start in my new post in Liverpool. I envisage starting in a new trust will throw up a host of technicalities that I will not know how to navigate at first, so spending time working these out, and not being afraid to check with seniors or colleagues will be required. It is all too easy to try and accomplish this by myself, however if I am happy to ask many "silly" questions, I will be able to work more effectively in a shorter space of time.