

ELECTIVE (SSC5b) REPORT (1200 words)

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

The rheumatology department at Barts Health NHS Trust is based within hospitals in the East End of London and serves a culturally diverse population. This afforded me the opportunity to see a variety of patients of diverse ethnicities with rheumatological conditions. The most prevalent cases managed by the rheumatology department within Barts Health Trust include patients with osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, osteoporosis, systemic lupus erythematosus and fibromyalgia with significant numbers of patients having multiple coexisting diagnoses.

General and specialist outpatient clinics are run within the department at Mile End Hospital and the Royal London Hospital to cater for the variety of cases in the community. Clinics are run by clinicians, specialist nurse practitioners or pharmacists. Among the variety of commonly used investigative modalities at the centre include specialist USS techniques and X-Ray which aid clinicians in diagnosis of conditions and as tools for monitoring changes in disease activity over time alongside conventional function and pain scoring scales. Together these indices better gauge disease levels and assist in planning management therapies more effectively. In the rheumatology department as well as being able to see how clinicians diagnosed conditions I observed how they went about educating patients on symptomology and effective management approaches whether pharmacologically or physical therapy based and where necessary gained input from other healthcare professionals such as physiotherapists and occupational therapists (also on site) to effectively manage mobility issues and other co-morbidities.

Health provision and organisation differs here in the United Kingdom from other developed nations such as the USA. Healthcare in the United Kingdom is provided mainly via a public not for profit system, the National Health Service. Care is free at the point of care and provided on need and availability, funded through national insurance a form of taxation which provides funds for care and services at the national level. The government Department of Health receives funds from the treasury which is managed in England by NHS England. NHS England commissions national services and awards funds to general medical practitioner led clinical commissioning groups (CCGs) within discrete geographical regions to enable the purchase of health professional services in primary and secondary care locally within designated trusts. Patients can access the range of services available via first visiting a primary care general medical practitioner in the community for initial assessment or if urgent via walk in centres or secondary care emergency departments. Outside of the National Health Service private services are also available which may be purchased privately by individuals or are available with private insurance policies funded by individuals or in part by some employers.

Healthcare in America in contrast to the UK system is in general not free at the point of care. A for-profit model of healthcare is in place in America funded through private insurance policy premiums which are either privately funded or generally sponsored via employer organisational benefits. Services are provided according to the policy opted for and within specific cost ranges. Commonly insurance companies will stipulate certain excess amounts in their health care policies which are determined by the policy selected. These are costs not covered by the insurance policies which must be privately paid for. Unfortunately these excesses often leave patients in debt and are a leading cause of bankruptcy in America.

Reflection – During my time in the rheumatology department I saw a variety of therapies used for the management of chronic rheumatoid conditions and gained some insight in to how clinicians together with specialist nurse practitioners and patients managed long term conditions and the importance of a good ongoing relationship between patients and healthcare professionals towards this goal. It was also very useful to gain insight in to how patient’s lives are affected by chronic disability and it was very useful to learn about varying healthcare beliefs and treatment aspirations. Although in some, disability could not be wholly avoided it was useful to observe and hear firsthand how patients feel their lives have been changed by disability and improved with the variety of treatments and holistic support available whether the approach was predominantly pharmacological or non pharmacological. It was interesting to see that for some patients just feeling they had been heard and their thoughts considered by their care providers in some cases was as important as active treatment and improved outcomes. I also noted how a practical honest working relationship between patients and their healthcare professionals often aided in management decisions especially in difficult to treat cases. I hope to take away from this placement insight in to patient life with chronic disease and implement this constructively into my future interactions with patients.

It has been very interesting to see the benefit patients have gained where initially significantly disabled by rheumatoid diseases who having failed to respond adequately to conventional therapies and were losing hope in finding effective management of their conditions have improved significantly on newer treatments such as biological therapies. Although there has been much success with newer therapies I did also note the further work still to be done in being able to tailor treatments more specifically to suit individual patient disease mechanisms and patterns of disease which influence disease progression to yield even more favourable outcomes in future from the use of pharmacological therapies. Improvement in the use of treatments for rheumatoid conditions by elucidating factors that affect treatment response is a theme within ongoing work in the department. While on this placement I looked at a subset of patients being treated at Barts Health Trust for severe ankylosing spondylitis focussing on the varying patient response to newer therapies. I also had the opportunity to further add to this work by collecting data on this patient cohort to help in establishing factors that may be influencing responses to treatment.

I have enjoyed the opportunity to be placed in the rheumatology department for this elective and have found the team to be very friendly and welcoming. I feel that Rheumatology is a speciality that I would very much like to pursue as a career in future.