

## **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 main presenting complaints at a general practice clinic on Jersey? What are the most prevalent conditions amongst this demographic?**

Generally, patients present to general practice in Jersey with a very similar range of conditions as they do in east London. Common presentations that I have noticed in London such as upper respiratory tract infections, ear, nose and throat problems, GI disturbances, musculoskeletal pain and dermatological issues are common also to the population of Jersey. Similarly, patients in Jersey also attend for reasons pertaining to their medication, either for review, repeat prescriptions, or due to problems such as side effects. However, there seemed to be fewer of these appointments as there are fewer patients with chronic conditions requiring long term treatment and fewer cases of polypharmacy.

There is a significant difference in patient demographic between east London and Jersey which may partly explain the difference in the pattern of disease. Tower Hamlets is very ethnically diverse with many people from Bangladesh and the Indian subcontinent. A significant burden of disease here is attributable to non-communicable diseases, particularly diabetes and ischaemic heart disease, as well as a few more problems specific to this population such as tuberculosis. In Jersey they do have a fair number of migrants from Poland and Portugal but the population is still the majority Caucasian based. It was notable how few patients had diabetes/IHD in comparison and not at the relatively young ages, nor with the serious complications that patients in east London have either. One issue specific to the Jersey is the high rate of dermatological problems compared to the rest of the UK, including skin malignancies due to increased sun exposure.

### **2. Does clinical management in general practice in Jersey differ from that in the UK?**

At the practice in Castle Quay patients were given 15 minute appointments for their fee. Although only 5 minutes more than in equivalent NHS practices this is 50% longer and makes for significant difference as to what can be achieved during a single appointment. The doctors here provided all the services of an NHS GP surgery but without the aid of a practice nurse. Notably they perform blood tests during the course of the consultation. They also perform all the travel vaccines and child immunisations, six-week baby checks, removal of skin lesions, asthma and diabetic reviews too. These items I am used to see being done by specialist nurses, midwives or phlebotomists within primary care in the NHS. In doing so there was no apparent interruption to consultation nor did it detract from the patient's experience. Rather I think these things improve holistic care for patients as they provide opportunities for interactions with their GP at times other than when they are very unwell themselves and this is important to building and maintaining a good doctor-patient relationship.

It was notable how familiar the GPs were with all but perhaps their very newest patients; for some families they know and treat members of every generation. A few of the more senior GPs were present for the birth of some of their patients and have been their doctor ever since, and indeed still occasionally attend home births. Although this may be considered a more traditional style of family practice which we have slowly departed from in the NHS it is a satisfying practice to observe. This

continuity of care and close relationship with patients I think all would agree leads to better outcomes for both parties. It means some patients are more likely to seek medical help whom normally otherwise may be deterred if it weren't for their good relationship with their doctor, and also they are less easily lost to follow-up. A familiarity with their patients' stories enables the clinicians to cover more in the 15 minutes than they might if they were required to take a detailed history at every consultation.

However, the semi-privatised structure does change the nature of the consultation to at least some small extent. Patient's book an appointment with expectation of certain outcomes already in mind, just as they do in the NHS but when a fee is paid direct from their own pocket there is perhaps more pressure for these expectations to be met by their GP as they would when a customer pays for any other similar service.

**3. How are primary and secondary care structured in Jersey and how do they differ from similarly developed nations such as the UK?**

Jersey operates a semi-private healthcare system which is partly state funded. This means that most patients attending their GP surgery in Jersey are required to pay a fee. The standard consultation fee is around £40 but there are of course exceptions to this and the fee may vary depending on the type of appointment. Women in pregnancy, infants and children are subsidised, as are patients who cannot afford the fee due to their financial status. Certain appointments which are considered transactional rather than consultation based are offered at a reduced rate also. From my experience the decision to charge, and how much, was mostly down to the discretion of the individual doctor. I noticed they would often waive the fee for patients returning for multiple times for the same problem or if they consider the consultation to have had unsatisfactory outcome for the patient.

Patients attending A&E or in secondary care do not pay a fee as these services are provided free of charge by the government to all Jersey residents. In A&E there is an out-of-hours GP who will redirect patients back to their own general practice if appropriate to do so, to help reduce pressure on the emergency department and prevent patients exploiting this service. Of course a significant number of the population in Jersey have their own private healthcare which must also relieve some of the burden on public services.

**4. To further my experience of general practice in a developed country but with a different demographic to that of East London.**

My elective placement in Jersey provided me with an alternative view to family practice to that which I've seen in the GP surgeries of east London. This was a very positive experience as I enjoyed being a part of a general practice based in a tight-knit community and one where the doctors provide all the services that they once used to in traditional UK practice. I think these things not only mean that the GPs know their patients better and can provide them with a better service but also improves their own satisfaction from the job.