

ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1

"What are the main reasons for attendance at a general practice clinic on Jersey. What are the most prevalent conditions dealt with in general practice?"

In general, the main reasons for attendance at a general practice on Jersey are similar to those in the UK. In children, it is often for coughs, earache and immunisations, while in teenagers there is a tendency toward acne, chronic sports injuries and contraception. In the adult population, pregnancy necessitates a number of appointments, and adults will come complaining of migraines, skin lumps and lesions, bowel symptoms and musculoskeletal injuries. In the elderly, patients are often brought in by relatives concerned about memory loss and loss of appetite. There are also a significant number of patients who attend for reviews of long-standing illnesses eg. diabetes, asthma and hypertension.

Conversely a number of big reasons for attendance at general practices in the UK are often not so prevalent. There seem to be fewer attendances for sore throats, coughs, colds and flu like illnesses. There also seem to be fewer attendances of patients with chronic pain or depression. Part of this could be due to the enhanced quality of life that living on a small island with a close knit community affords, but part of it could be that patients are often reluctant to pay out for multiple appointments and GP's are often better at referring these type of patients to specialists in secondary care that are better able to help them.

Objective 2

"How is primary and secondary care organised on Jersey and how does this differ from the rest of the UK?"

Primary care on Jersey is delivered both through the GP practice and through specialist outreach clinics, like the well woman clinics or the clinic at the prison. In that respect it is similar in structure to much of UK primary care. Secondary care is also delivered in a similar fashion, with hospitals taking a large proportion of their patients from GP referrals, as well as a minority from A+E attendances. In the A+E department there is an out of hours GP who will see patients who have attended inappropriately and either treat them or redirect them to their own GP. Redirection happens a little bit more frequently than you would think, especially when patients are struggling financially. This is because Jersey operates a semi-private healthcare system, whereby Jersey citizens pay £40 per general practice appointment, but secondary care is free. For individuals who are not Jersey residents, the fee for an appointment is £80, but again, secondary care is free. The exception to this rule is pregnancy, where the first appointment is £40 but every appointment after that to monitor the pregnancy is free. There seem to be both upsides and downsides to this approach. The upside is that there are very few 'Did Not Attends, ' and that multiple appointments are not booked up by regular attenders. This allows people to access appointments fairly quickly so that their issues can be resolved. It also means there is more flexibility in the GP's working day to make home visits or respond to emergencies. GP appointments are usually well triaged so that there are very few attendances for those with a cold or a viral illness, the likes of which puts a huge strain on services in the UK. The downside is that primary care is potentially harder to access, especially for those who are poorer and would fall into a

demographic that would normally necessitate a higher care requirement. However, from my time at the practice it is clear that the GP's use a significant degree of judgement for these patients. In my experience, GP's will often waive the consultation fee for the elderly, or those who they know cannot afford it, or reduce it in instances where a patient is returning several times for the same problem eg. treatment of a resistant UTI or follow up of a chest infection. This not only improves the doctor patient relationship, but gives both the patient and doctor a great deal of satisfaction.

Objective 3

"How do general practice clinics on Jersey differ from those in the UK?"

General practice clinics on Jersey differ in a number of ways to those in the UK, one of these is that clinic appointments are 15mins long. As patients pay for appointments on Jersey, there is an understanding that patients would feel short-changed with a 5-10min appointment where they would be unable to discuss all of their issues or have all the preliminary investigations necessary. GP have responded to this need by lengthening the appointment to 15mins and performing all of the preliminary investigations necessary during this appointment. They have also learnt how to perform diabetic reviews and asthma reviews. This has eliminated the need for nurse practitioners within the practice as well as midwives, with the doctors maintaining their skills in this department. They have also brought other skills into the practice such as performing minor operations, so that patients can come for a one stop shop. This is very different to the service provided in the UK. In the UK patients are often limited to one problem per appointment and have to book separate appointments with the nurses or the midwives to manage their blood tests, pregnancy and baby checks. This is often frustrating for patients who struggle to get appointments on the same day and so end up attending multiple appointments per week to get one problem sorted.

Another difference between Jersey and the UK is that patient expectations are often higher on Jersey. This is probably down to the fact that the patient pays for the appointment and so there is an expectation from them that they will get some sort of treatment when they come in. This can place a lot of pressure on the GP, but fundamentally they cope with it very well. While they often allow appointments to over-run to ensure the patient is happy and that everything has been done, in my experience there does not seem to be much over treatment of the patients when compared to the UK. This is probably helped by the rapport the GP's have with their patients. For example, on Jersey, family doctors will often know not just their patient, but the patients siblings, parents and sometimes grandparents. This is clearly very satisfying for both the patients and the doctors, as it means they are both taken seriously by the other .

Objective 4

"To gain insight and experience in the role of a family doctor on a small island community."

This elective has provided me with a valuable insight into life as a GP on Jersey. It has shown me that there are many benefits to working in such a small community (relative to the UK). Some of these benefits include keeping skills up to date that many GP's in the UK lose eg. baby checks and asthma reviews, which allow you to maintain a varied working day that many GP's on the island find highly satisfactory. Another benefit is knowing your patient. From my experience on the island, there is a huge amount of respect and goodwill from the local community afforded to the GP's as they are

family doctors in the true sense of the word, often knowing generations within a family. This produces a very friendly working environment where the GP's are happy to go above and beyond for their patients.