

ELECTIVE (SSC5b) REPORT (1200 words)

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

Common conditions seen in UK Primary Care include cardiovascular disease (such as hypertension, angina, hypercholesterolaemia and hyperlipidaemia), respiratory disease (both acute infections and chronic conditions such as asthma and COPD), diabetes, musculoskeletal conditions (back pain and arthritis) and mental health (depression and anxiety). However, since General Practice is often the first point of contact for patients, as well as co-ordinating care and managing ongoing conditions, there is always a diverse range of diseases being seen. During my two weeks at a town General Practice, I saw the management of conditions across all age groups. For example, in children there were cases of asthma, skin rashes and the common cold, as well as rare conditions like cystic fibrosis and a secondary school girl's psychological stresses at school manifesting as a physical motor symptom. In older patients there were common conditions, such as diabetes, hypertension, COPD, arthritis and menopause. I saw less common conditions too, for example, a salivary gland stone, eating disorder, carpal tunnel, and chronic spontaneous urticaria. In addition patients saw practice nurses for childhood immunisations, cervical smears, contraceptive pill reviews and chronic disease reviews. Globally, a wide range of diseases are being managed with primary care as the front line, but there are differences between developed (eg. UK) and developing countries (eg. Ghana) in diagnosis and management of disease - an element of this is that developing countries don't have the most recent technology to aid them and are under-resourced in basic amenities. In Ghana mental health is still largely a taboo topic and many go without support, whereas in the UK the awareness of mental health and availability of community resources and support has greatly increased. In addition, Coeliac Disease is often perceived as a developed country disease and supermarkets provide a wide range of gluten-free foods, whereas in Ghana the disease is incredibly rare, some people had no knowledge of it and it is very hard to find gluten-free food outside of westernised supermarkets in the main cities.

In Primary Care a wide range of health care provisions are needed to reach out to patients of differing ages and medical conditions. The practice had a number of posters and leaflets on display showing groups, facilities and helplines available outside of the practice, as well as information on common conditions and healthy lifestyles. They have an online newsletter, which provides patients at the practice with up-to-date information about the practice and current information on additional healthcare services in the local community. It also informs patients about local NHS changes as a whole. A large part of Primary Care is reaching out to their community to provide information and educate people about their health to help them to take control of managing their own health on a day-to-day basis. Developed countries like the UK are trying to empower people to take control of their own health and for patient-led consultations. By comparison, medicine in developing countries, as I saw in Ghana, is still dictated by doctors and healthcare professionals.

Primary Care is full of health promotion opportunities. When a patient is diagnosed with a chronic disease, for example diabetes, there are information sheets and booklets available to educate them on diabetes and to promote good diet, exercise and lifestyle changes (eg. checking own feet, eye tests). These patients will be regularly reviewed and have healthy lifestyles further reinforced. This extrapolates into aspects of health promotion for hypercholesterolaemia and hypertension. Patients are also encouraged to take responsibility for monitoring their own conditions such as home blood pressure monitoring. In addition, if relevant, there is scope to remind patient's on the health benefits

and available support to stop smoking or reduce alcohol consumption. In Primary Care it is important to promote healthy lifestyles and for patients to take control of their health from early on to prevent diseases from occurring or worsening as opposed to only seeking help when their health is very poor. In developing countries, as witnessed in Ghana, people tended to only come to the doctor when their health is very bad. I did not see many campaigns or information for health prevention strategies on a large scale other than for exclusive breastfeeding of newborns, immunisations and HIV awareness/methods to reduce its spread. The UK red baby books are a good way to ensure that mothers are aware of the need for immunisations and during immunisation appointments the nurses are able to reinforce their benefits. Additionally, nurses can emphasise the importance of sticking to the schedule so to not put their child at risk of acquiring a disease because of late immunisation, and reassure mothers that their child is not being "over immunised" by having multiple injections in one go.

In the practice there are a number a different clinical and non-clinical staff working alongside the doctors - I spent time with the practice nurses, health care assistant and various administrative staff to appreciate the role they play in General Practice. A recent addition to the Practice has been a paramedic practitioner, who sees acute 'on the day' consultations and does home visits. There is also the intention to have a pharmacist working on site. This is an effective way to bring in healthcare professionals with different skill sets to work together under one roof in the community.

During my GP placement, I have had the opportunity to learn a lot about how practices are run and function in order to provide a wide range of community services. I was able to practice taking concise histories, examine patients during clinics and discuss cases with the doctors and nurses. I accompanied the duty doctor on home visits and to certify deaths. I spent time with practice nurses, health care assistant, community midwives, district nurses and a community pharmacist to get a wider knowledge of the different healthcare professionals all contributing to Primary Care. Additionally, I spoke with the medicines optimisation team at the local CCG to get some basic understanding of the commissioning of NHS services in Primary Care. This placement has given me a good insight into what it would be like to work in a town GP and to consider whether it would suit me as a future career.