

ELECTIVE (SSC5b) REPORT (1200 words)

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

My elective consisted of a six-week placement at Merchant Street Surgery which is a small general practice in East London. During the elective, I had the opportunity to get involved in various aspects of the practice including viewing and taking consultations, doing venipunctures and health checks and performing an audit in preparation for a CQC visit.

What are the prevalent general practice conditions seen in East London?

The population of patients at Merchant Street Surgery present with a wide range of symptoms and conditions. One of the most common presentations were that of diabetes, I had the opportunity to see these patients when having a consultation with the doctor as well as having diabetic check-ups with the nurse or healthcare assistants. Diabetes is extremely common in East London due to the large population of South-East Asians and it is important to treat it. From the doctor's consultation, I observed that many patients were quite anxious about their diabetes and attributed many new symptoms for it which would not generally fit such as vague muscular pains. I also noticed that patients were very concerned about the diabetic medication they were taking and generally very compliant in their medication courses. Many patients were Islamic and were preparing to fast for Ramadan and therefore were concerned about how this would affect their drug dosages and specific guidance on this was relayed to the patients. When assisting the nurses and healthcare assistants in their diabetic checks I became aware of how up to 30% of patients seen for blood tests required a HbA1c. I also had the opportunity to conduct an audit on pre-diabetic patients. The audit involved searching for all patients with a history of pre-diabetes, polycystic ovary syndrome or gestational diabetes. Patients with these conditions are at an increased risk of going on to develop type 2 diabetes mellitus and should be monitored with annual HbA1C blood test monitoring. I performed a search to see how many of these at-risk patients had a HbA1c in the past 18 months. The results showed that 80% of patients with gestational diabetes or pre-diabetes had a recent HbA1c but only around 50% of patients with polycystic ovarian syndrome had recently had a HbA1c. I then created letters to be sent to these patients inviting them to book for a HbA1c, one of the things I learned was not to assume patients knew what a HbA1c was or why they would need one, especially patients with polycystic ovarian syndrome as they are generally young females who do not frequently attend the GP. I rectified this by later sending out a text message to the same patients giving a brief explanation of why they need a HbA1c and inviting them to book an appointment. At the end of the elective period, approximately 40% of patients invited to book a HbA1c had booked an appointment. Unfortunately, the NHS cyber-attack had a drastic effect on Bart's NHS trust which prevented many more patients from having their blood tests.

How are general practice organised and delivered in East London? How does this compare to the rest of the UK?

I had the opportunity to see the running of both the administration and clinical aspects of Merchant Street Surgery occurred. I attended numerous clinical meetings with doctors, nurses and healthcare assistants. These meetings provided a platform for clinical discussion and education opportunities, I also appreciate how important meeting clinical targets as the QOF and NIS framework were to the operation of a GP practice and how some targets can be difficult to achieve even with the best wishes

of the doctors due to patient demands and beliefs. I had the task of performing many searches for the practice such as looking at the number of caregivers who had their annual flu vaccine, looking at patients who were on combination analgesics and patients on vitamin D supplements. Performing these searches made me realise the importance of ICT proficiency in medical practice and it also made me realise how when starting FY1 I must quickly familiarise myself with the ICT systems to work as effectively as possible. The general practice meetings with all staff at the practice showed me the importance of administration staff in running a successful GP. I saw how vital communication especially when some staff do not have a clinical background and it can be dangerous to assume they do. I could see how difficulties arise with problems in booking patients between clinical staff and administration staff, I found that by calmly explaining the situation problems could generally be resolved. The practice is planning to relocate to a new larger premises in the next few years, they intend to share the premises with another GP practice and they may merge together in the future. I attended a meeting about this new premise with many of the stakeholders such as the NHS premises and NHS England representatives who were funding the project, the project manager and architects and representatives from the other practice. This move is welcomed by the practice, however, there is frustration in the wait of up to 10 years for this to occur, this made me appreciate how difficult general practice can be in terms of waiting to receive funding that can be difficult to obtain.

Compare the contrast between diseases of poverty and affluence seen in general practice in East London

The population has a diverse mix of affluent and poverty-stricken patients. One patient seen had little English and required an interpreter for the consultation, during the appointment it became clear she had some fertility problems and wanted to be referred for IVF treatment as other therapies had been unsuccessful and she had never had any children. It turned out she was an asylum seeker and therefore would not be able to have IVF on the NHS and would have to pay £10,000 for a course which she did not have. It was sad to see how a patient's life could be constrained by the legal constraints of the NHS and made me realise there are limits on how much we can sometimes help our patients. In contrast, I also saw a patient who had severe headaches, trouble sleeping and back pain which all seem to be attributed to chronic stress and anxiety. The patient, however, seemed to believe this was not the case and had spent a lot of money on private investigations and treatments for this which had only made her more frustrated at healthcare professionals in general. I learned from this experience that patients with possible psychosomatic symptoms can be difficult to treat and require careful guidance and treatment.

Develop my ability to perform practical skills such as and phlebotomy and blood glucose monitoring

I sat in a once weekly phlebotomy clinic with the healthcare assistant. I had many opportunities to perform venipuncture on a wide variety of patients. This experience gave me a lot of confidence in this skill which I had some apprehensions about prior to starting FY1. I now feel much more confident about it, I made plenty of mistakes especially on larger or older patients but I learned from these and improved greatly through the 6 weeks.

In my 6 week elective period I learned about how a successful general practice runs, I was able to develop my history taking, examinations skills and practical skills. I feel much better equipped to begin my FY1 year and I look forward to doing general practice in the future and hope to keep in touch with all the staff at the practice.