

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 * Describe the pattern of disease and illness amongst the population of the Orkneys. Discuss this in the context of UK healthcare provision.

There were not a huge difference in the pattern of disease and illnesses, but there were some. MS is more common up here, as expected, and so is alcoholism, also as I expected. Otherwise there is a general spread of issues not dissimilar to home, except of course for the lesser amount of unusual illnesses that are common at home such as TB, Hep C etc.

My general observations were that Orcadians can be split into 2 distinct camps when it comes to health. The traditional islanders are stoical and hard as old boots. When I saw them in hospital it was very common for them to be in their mid 80s with no medical history before the current event. That's right!! no medical history, zero!!! I would ask them what meds they were on - None! ever been in hospital? - No! ever been diagnosed with an illness? - NO! I found this to be polar opposite to the Geri wards back at home, where there are so many medications to balance and such long medical histories. I guess that these old Orcadians have lived simple and hard lives with a lot of physical work and a lot of walking and being outdoors. This seems to stand them in good stead. They have often avoided the lifestyle and diet related problems like diabetes HTN and so on, and they still tend to be doing a lot of walking and are physically active into their very old age. They have also got stronger and closer support networks than London, with many patients still living at home long into their 80s with their families bringing them dinner every day and providing all of the support that they need. In London this is often completely lacking and people have crises much earlier on.

The other distinct group here are some of the younger orcadians who may not live out on the farms but in the principle towns. They have a disease profile similar to London really. There are obesity and fitness problems, alcoholism and lifestyle issues, mental health issues and many of the other illnesses that have been increasing in prevalence all over the UK in the last 30 years.

Objective 2 * Describe the pattern of NHS health provision and coverage in relation to the remote Orkneys island group off Northern Scotland. In particular the role of rural GPs in providing more than primary care. I will then compare and contrast this with NHS provision and the role of GPs in London

I didn't end up being placed with GPs in the end so cannot specifically fulfil this criteria, but I can comment on the hospital provision. It is actually excellent! because the island group is remote it obviously requires a hospital, and so in having one there is then a minimum service that has to be provided. This ends up being fantastic because the services have plenty of spare capacity and are therefore much better. For example, the maternity ward is often almost empty, but obviously has to exist, so when someone needs it they can come in whenever they like and stay for as long as they like. I heard that one lady stayed in for over a week after giving birth and then went home but found that she needed more support with breast feeding so returned again to get the support of the midwives. Something that would be literally impossible in London. Time for recuperation is allowed here, whereas in London the pressure is on the bed spaces and the doctors need to pack people home as soon as they are medically fit to do so.

The same goes for patients with DTs or other alcohol related problems. The bar for their admittance is very low, they can have detox on a sideroom and stay in as long as they feel the need. Again, an amazing service that could not exist in London because it would be overwhelmed.

Some nights in the hospital there were as few as 4 medical patients staying overnight. This means that the resources are not stretched and everyone is less stressed than in London. It also means that the support around the patients other needs is greater, the relationships between staff and patients are better, and the patients do not feel that they are a hindrance or a problem.

The flip side of this is that the size of the hospital precludes employing specialists, so that if something is unusual or particularly complicated or needs an MRI or the patient is a child then they have to be flown down to Aberdeen to the Hospital there. This is very efficiently managed though very costly to the NHS here. However, this can though take a patient a long way from their support network. Complications late during pregnancy will often end up down in Aberdeen and it makes it much harder for the families to visit because the airfares are very expensive.

The NHS here subsidises airfares for family members to accompany patients to Aberdeen but it is suspected they will not always attend the hospital at all, just use it as a cheap way to go shopping down south!

The other stark issue is that this is an island group, so on the outer isles the first responders will be the district nurses or the island GP (if there is one). They will have limited assistance and will have to wait for the air ambulance to arrive to transfer the patient to the largest island to the hospital. Even in perfect cases this can be a lengthy period of time, and if there is fog or high winds then it can prove difficult to impossible.

Objective 3: Global/Public Health related objective * Different populations have different health needs. I look forward to finding out about the differences between remote and rural Scotland and the health issues that affect them, and how the local NHS structures respond to specific challenges. In particular unusual specialties such as underwater healthcare (oil industry) and coping with large events far from specialist tertiary services.

I did not end up encountering anything to do with the oilrigs or underwater working unfortunately. Although I did find a lot out about providing health to an island group. In spent some time in the lab, which was an insight because I have never actually done that before, and they explained how they send many sample down to Aberdeen to do tests they cannot perform here. This obviously carries greater expense.

There is also interesting controversy surrounding the air transfer of patients to and from mainland Scotland. Currently this is done by Logan air who are the only operator (I think) to fly long distance out of Orkney. They will not offer any discount for the costs to the NHS transferring patients at all. I heard that NHS Orkney looked into running their own small plane to travel to and fro to Aberdeen but were told by Loganair that if that happens then they would refuse to take any medical cases whatsoever - effectively killing off the plan to protect their income. OUTRAGEOUS!

I also heard that the airline refused to guarantee the space for a few units of a specific blood type to be flown up for a patient. They would only say that passengers baggage would take priority and that if there was space it would be brought.

This is infuriating and potentially very harmful. It illustrates how being remote increases dependence on certain infrastructures and this dependence can be abused.

Objective 4: Personal/professional development objective * To experience NHS health provision in a setting as different from London as it is possible to get within the UK. To witness the different challenges and solutions. To assist with providing healthcare.

I did experience very different health provision than I have been exposed to at Barts. Obviously as part of the NHS it was not enormously different. There were systemic and structural similarities - i.e. that the hierarchy of doctors was the same, the day started with a ward round etc, but there are also lots of small differences like the vacutainer system and the colour of various blood sample bottles.

I enjoyed being part of a tiny team in a tiny hospital as you get to know people a lot better than in big London hospitals. The nurses were friendlier and more welcoming, they knew everyone, and often the patients would be known by lots of the staff already.

I think I was reasonably useful in my assisting with healthcare, particularly that I had the time to get to know some patients really quite well, and became friends with them, and could then offer a level of support that was really satisfying for me and good for them.

I have really loved my time here, getting to know the island and the people - It has changed my views about leaving London eventually and really broadened my horizons - just like Orkney expansive and wide open horizons