

ELECTIVE (SSC5b) REPORT (1200 words)

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

1. Describe the pattern of emergency presentations in east London and discuss this in the context of global health."

Pressure on emergency departments nationally are increasing, with more and more people attending. Over the last 5 years there has been a 17% increase in the number attendees, this is a disproportionately high rate compared to the growth of the population within the UK. As more of the population live longer, this is reflected in the ED; people aged 80 or over are the most likely to attend. This appears no different in East London in my experience. Although only a subjective snapshot, during my 6 week elective, an elderly patient presenting after a fall was a very common story to hear.

Patterns of emergency presentations are reliant on the surrounding services and populations. East London is a culturally diverse borough, with a high number of migrants in the surrounding area. With the multiple services offered at Homerton including out of hours GP service, PUCC means that it is a place where many can attend if they are unable to get an appointment with a GP.

The Heart Centre at Bart's Hospital is less than 5 miles away, and the major trauma centre and Acute Stroke unit at the Royal London Hospital is only 3 miles away. When it comes patients brought in by the ambulance service, this means patients are sent preferentially to the appropriate specialist centres, meaning rarely are these presentations seen elsewhere. The Homerton itself is considered a specialist centre for paediatric care and women's health and has a mental health hospital attached to it.

One patient, who lived in the neighbouring borough, told me that she came to Homerton as she felt she had been mistreated and dismissed at her local hospital. The friendliness and professionalism of staff was a theme I heard and not surprisingly the CQC rate it an excellent department. A Registrar commented the LAS are very complimentary of staff and the ease of handover, and anecdotally felt that some LAS staff came to Homerton before other hospitals. Whether any of these play a part into the patterns of presentation I am not sure, however I felt it an interesting reflection of the department.

2. Describe the pattern of health provision of Hackney and contrast this with other countries

As part of the NHS, Hackney along with the rest of the UK spends less on health per person than many other financially developed countries, but vastly more than developing countries. England out of Scotland, Northern Ireland and Wales spends the least. Similar to other western countries the UK faces an increasingly aged population. As a consequence, the amounts of chronic diseases that continue to be treated are increasing as life expectancy goes up and it is a challenge to keep people out of hospital as a result. Considering these points the NHS performs well on health indicators international, yet there is plenty of room for improvement. There continues to be a widening gap between the richest and poorest people's health, and Hackney residents are unfortunately within the later group when it comes to general health.

3. Describe a specific challenge this hospital faces in relation to the NHS as a whole

Hackney has a lower than average life expectancy compared to London and the UK, and around a third of deaths are considered premature, with lung cancer and other cancers being the leading cause in the borough. Heart disease and stroke being the second most common cause. Compared to the UK as a whole, where dementia and Alzheimer's are now the leading cause of death. The high rates of cancer and cardiovascular disease may be related to higher rates of smoking and deprivation. Within Hackney 50% class themselves as current or ex-smokers, higher than the rest of London. In relation to deprivation, it is only in the past 6 years that Hackney has managed to climb down from being the 2nd most deprived area in the UK, it is now 11th so deprivation still plays a huge part.

Cancer Research UK have found that excess deaths due to lung cancer and cancer of unknown primary, are the biggest cause of extra deaths in the most deprived socio-economic class. This is a significant problem that Homerton Hospital is faced with disproportionately.

Cardiovascular disease forms the second highest number of premature deaths in the borough, with heart disease and stroke forming the largest groups in this category. Smoking is a major cause of lung cancer, heart disease and stroke.

4. To be able to identify the unwell patient, and investigate and manage accordingly

Throughout medical school you repeatedly hear phrases that you presume will mean more to you when you begin working as a doctor. Consultants and junior doctors often ask us students "does the patient look well or unwell?" and when asking how you would manage a patient, tell you to "stick to ABCDE in an emergency" when you answer "CT head" or "plasmapheresis". Now past exams, it has not been until my time in the emergency department that I have been able to appreciate these practical phrases in action. The ED is the place where 'eye-balling' a patient is vital in order to be able to spot the sickest patients, triage and treat immediately. Two patients that I feel have taught me some basic lessons and that I will remember, were a patient in resus and a female patient referred into ED by her GP.

Patient A was a man who was brought in by the LAS to resus, an elderly patient with a long list of health complaints including diabetes. He was reported to be confused, and had had erratic blood sugars measured by the LAS. I took part in the initial assessment, and to look at the patient seemed surprisingly 'well' considering the long list of health problems. However whilst taking a short history, the patient's appearance transformed to 'unwell' in seconds. He lost colour in his face and his eyes began to glaze over, and his speech slurred. Whilst I stood trying to process the rapid change and began considering which fluids might be best and whether glucagon was appropriate, the ED nurse worked her way through ABCDE rapidly. So rapidly I had to think about each of her steps well after the patient had improved.

As explained in many teaching sessions ABC can be assessed in seconds, simply by getting the patient to talk back to you giving info about airway, breathing and circulation. So the skill, which I hope to develop over time is assessing DE in parallel, quickly.

The patient was clearly becoming hypoglycaemic however he also had COPD, so without beginning the assessment at A, you could miss a problem with A, B or C. The simplicity of the ABCDE is that you can remember it in the heat of the moment, and there I was, jumping to D!

The second patient who springs to mind was in fact the second person I saw on the elective and so stuck with me throughout. A young woman had been referred in from the GP with palpitations. The patient was young and seemed well, however breathless when walking in to the cubicle. Taking a history, there wasn't much out of the ordinary, or any events that could explain the patient being tachycardic and SOB. I asked about pregnancy and the patient was definite in the impossibility of being pregnant, so I moved on from this point. On examination of her heart and lungs except for the fast pulse, everything seemed normal. I moved on to exam her abdomen and immediately felt a firm, very large mass in the umbilical and supra pubic area. I asked for a urine sample and walked away being sure it would be positive. I had already jumped to a conclusion and now was proved wrong, it was negative. The mass remained a mystery, she admitted and a CT done the next day, which suggested either a malignancy or a large fibroid. Multiple small PE's were the cause of her SOB and tachycardia, possibly secondary to a malignancy was the working diagnosis.

This patient gave me a good learning experience and the advice to always consider the most common cause and the worst-case scenario really was appropriate here.

I take away more meaning in these phrases now and the elective experience has increased my confidence in spotting a sick patient and to some extent managing them.