

Elective report – E12 Medical centre

Discuss the presentation of individuals with diabetes from this population and compare with different populations in other developed countries.

The E12 medical centre in East Ham serves close to 5000 patients, with approximately 10 percent of these patients presenting with diabetes. Currently, in the U.K, one in sixteen people suffer from type-II diabetes (T2DM). The majority of patients who present to the practice originate predominately from the regions such as Sri Lanka and India, with a high proportion of these patients presenting with T2DM (450 patients). T2DM patients were seen exclusively in specialized diabetic clinics with a GP and healthcare assistant. The patients would be called into the clinic either by the GP or the practice staff based on blood results or annual checks. The individuals presenting to the clinics appeared to have a good knowledge about their condition and the complication and consequences of poor medication compliance. The patients noted that the practice's drive to educate them about the condition and the changes that they needed to make was vital for them to manage their condition. This contrasts with some of the care received in the public-funded services in Sri Lanka, where individuals are primarily given advice on medication and management rather than being educated on lifestyle and complication of diabetes.

How the diabetic services are organized and delivered within the community setting and how does this compare to other services in the world.

The practice runs a specialized diabetic clinic, which runs two days per week to review patients medication compliance, assess blood pressure and also allows a platform for patients to discuss problems (ranging from issues with medication to dietary advice) .The consultations with patients consists of a 10 minute review with the GP and a separate 10 minute appointment with a healthcare assistant who will conduct a thorough review of the patient and create and amend care plans for the patient to take home with them to help with lowering of blood sugar levels and ultimately improving their health. Newly diagnosed patients are given a 15 minute appointment where they are given information and the services that the practice offers for patients with diabetes, in particular, the annual retinal screening offered at the Shrewsbury road medical centre. These and all other patients at the practice, receive diabetic annual reviews, blood test every 3 months, annual retinal checks as part of the care at the E12 Medical centre. The practice monitors the diabetic patients on its system carefully and involves the full team of healthcare professionals – GPs, practice manager, healthcare assistants and the receptionist. The team ensures that patients on the system attend blood tests every 3 months to assess diabetic control, attend annual diabetic reviews with the GP. This system ensures that clinics slots are not wasted and is essential in monitoring the diabetic control of patients at the practice. Any individual with abnormal blood test results, are contacted and are directed to attend an appointment with the GP for a review. With regards to the quality of care and services in developing countries like Sri-Lanka, it is apparent that there is a stark contrast between the services provided by the private sector compared to the public sectors service in relation to diabetes care. The quality of outpatient care in the private sector in relation to diabetes management typically includes longer consultations; patients are more likely to receive education and lifestyle advice and are ultimately report of greater satisfaction using the services. The public system, which is run through limited funding, clinics can provide adequate care with regards to diagnosis and management, however, aspects like patient education and lifestyle advice are not adequately addressed.

To fully appreciate the impact that chronic diseases like diabetes has on the individual and family around them

The diagnosis of a chronic condition like T2DM can be a stressful event for a family. As part of the placement I was offered the opportunity to witness first-hand individual patients being informed that they had developed the condition. Typically, several issues can arise, in particular, the concern about long-term health. The condition has a profound effect on the livelihoods of several patients, in particular, those whose professions are affected directly by the diagnosis of T2DM. A collection of patients at the practice who are dependent on insulin for their diabetes control have found it increasingly difficult to continue in their current jobs as taxi drivers and have now had to seek different avenues for employment. A diagnosis of chronic condition like T2DM can have a significant impact on an individual's life, the need to rely on the use of regular medication, making active changes and alterations to lifestyle, having to visit and discuss their condition regularly with doctors and nurses. Thus, it is evident that these factors can lead to a number of emotional and psychological problems which include depression and anxiety. Research has shown that depression is 3 times more likely to occur in individuals with T2DM than healthy individuals. It was shown in a study conducted by Ruben that the burdens of good diabetic care, which consists of strict lifestyle changes and constant self-management tasks, can result in a reduced quality of life for the patient with T2DM. It is important to understand that T2DM does not just affect the person living with condition, but it has the potential to affect the family. Family members may get heavily involved in the management of the care of the patient which can create an atmosphere that is almost suffocating for the patient. Therefore, it places great importance on the role of the GP and the nurses in the community setting to provide a service where patients and family members are able to receive education on the condition and the ways in which they can manage their condition.

Personal/professional development

My aim for the placement was to get a better handle of dealing with consultations, improving my examination technique and clinical skills. The added challenge afforded to me in this placement was the task of conducting consultations in Tamil for some of the patients presenting to clinic. I felt I was able to gain a rapport with patient and ultimately conduct the consultations competently and within the time slots afforded for clinic consultations. I felt I could practice my clinical skills, in particular, being able to measure blood pressures, performing urine dips and attend other clinics like hypertension clinics and asthma review clinics where I was able to instruct patients on how to use a spirometer. The placement also afforded me the opportunity to appreciate the relationship between hospitals and the general practice, where I was able to write referral letters for patients, chase up blood results, and talk to consultants and other health professionals on the management of certain patients. This opportunity allowed me to enhance my communication and interpersonal skills.

Following the conclusion of my placement, I felt that I have learnt a lot with regards to managing consultations and developing my interpersonal skills. The placement gave me the opportunity to conduct myself as a general practitioner and has given me food for thought in pursuing this as a career option in the future.

Reference

https://academic.oup.com/heapol/article/30/suppl_1/i59/732670/The-quality-of-outpatient-primary-care-in-public#82995701