

Elective Report
Placement: Rural GP at Weobley and Staunton on Wye Surgeries

Pattern of Disease in Weobley and Staunton on Wye Surgeries

The most notable feature of the patient population is the high number of elderly patients, meaning many are treated for multiple chronic conditions. I have seen numerous patients living with more than one serious illness such as heart failure and COPD and many more with co-existing diseases such as osteoarthritis. Patients will often come in with a list of issues to discuss and, instead of cutting patients off, the surgery has adapted to this by providing 15 minute consultations. This is a fantastic example of how the needs of the community have been taken into account.

I have also seen many patients with concerns about skin lesions such as solar keratosis, basal cell carcinoma and chondrodermatitis nodularis helices. As the surgery employs a GP with a special interest in dermatology they are able to manage many skin conditions without the need to refer to hospital. The practice carries out minor surgeries such as skin biopsies and enabling a very complete management of many skin concerns.

The surgery also looks after local palliative patients. As such I have seen some patients, with advanced lung cancer, who would normally be treated in hospital. The GP can administer syringe drivers and provide a quick response to concerns, despite the isolated location of many of the patients' homes in this rural region. This service has a big impact on the patient and families, particularly because it would be difficult for families to visit their relative if they were at a hospital many miles away.

The Pattern of Health Provision in Comparison with Inner City

The fact the community is so far away from the local hospital in Hereford has a major influence on the way the surgery is run. There is more provision for emergencies, for example there are four defibrillators. The GPs readily see patients that would normally present directly to accident and emergency - from acute abdomens to trauma. Another factor is that patients are less happy or inclined to travel to the hospital for tests, minor surgeries or services such as physiotherapy. The surgery has a very holistic approach to care and provides as much as possible out in the community. This is much appreciated by the community and many make contributions to the 'surgery fund' which goes to fund equipment which further increases the independence of the GP and has a direct effect on the care the patients receive.

The surgery benefits from long-standing staff and long-standing patients. The relationships between the practitioners and their patients are formed over years and with insight into patients' family dynamics and sensitivities. This lends itself to a level of patient trust I have never witnessed before.

Polypharmacy in the Elderly Population

Many of the elderly patients at the surgery need a large number of medications, this requires monitoring for interactions and side-effects. The GPs tend to be very tenacious at reviewing medication lists when patients come in with new complaints. They are thorough in running through repeat medications with elderly patients, and quick to remove drugs when they are no longer necessary. In addition they are very quick to manage health risks associated with drugs – for example an asthmatic patient experiencing exacerbations in the past couple of months had to increase her use of steroid inhaler, and the GP noted she may require bone protection if this continues.

Reflection on Medicine in Rural UK as Opposed to London

This rural practice serves as a medical hub for a large number of people in the surrounding countryside. These people seem to be very stoical and don't like to bother the doctors with their health concerns. One thing I learned was that they tend to need more coaxing to find out their real concerns. They seem more likely to under-estimate their symptoms or normalize their concerns. From my experience in London, young professional patients for example were much more likely to go to their GP with a set agenda and be more forward in stating what their expectations are.

It surprised me how much the doctors knew about their patients, not just their medical conditions but also their home and family situations. Many patients have had home visits. They have patient-relationships built over many years and life-experiences. This enabled the GPs to gain more information about the patient and also seemed to break down doctor-patient barriers.

Rural GPs are less able to refer someone to a near-by hospital and the surgery has adapted to become more independent by buying in equipment such as a portable ECG, dermatoscope, hearing test device. The patients reported what a relief it was to avoid the long trip into town for tests. I am very impressed by the surgery's innovative, holistic approach to care.

The surgery has its own dispensary which means patients do not have to drive to find a pharmacy (the nearest would be around 10 miles away). This is essential to patients, particularly those who are no longer able to drive. It also serves to provide an additional level of independence to the surgery.

Timetabling and Clinic Time

It was great to have a varied timetable organised for when I arrived to help me orientate myself from the very start. I was catered for, even when I arrived a day early! I was so surprised that the doctors that I was scheduled to sit-in with were given additional time slots to accommodate my questions. This really made me feel that my training had been catered for and this method of 'additional time' has never happened in any of my past placements. This allowed me to be able to ask questions, without feeling guilty for constantly delaying the doctor!

I really enjoyed being able to see my own patients. I know I can be slow but no one ever criticized me for this, in-fact other doctors kindly saw a patient for me

when I was running behind which I really appreciated. This has really helped my confidence and develop my own management plans.

Interesting Cases

The two couples that I visited provided a great insight into the challenges of a rural GP in a village such as Weobley. Both were dealing with the decreased everyday function of the wife – one due to a range of physical comorbidities and the other due to dementia. Typical of the older generation, the wife had previously been responsible for all of the cooking, cleaning, etc and in both cases, the husband has had to learn to act as a carer. It made me understand more about how a GP in this setting becomes a part of these people's lives, in not only thinking about each patient individually but also considering their home-life, their relationships and their families. Both of these couples trust their GPs completely and rely on them on a very regular basis.

These cases also allowed me to reflect on how affected a whole family can be by one person's illness. However there seems to be a common 'can-do' attitude to the patients I have seen here and they tend to be pragmatic and generally very positive. There is a big sense of community and support in the village that I haven't seen in London, and I think this has a very positive effect on patients' attitude to their health.

Additional Feedback

The best thing about being at the surgery was becoming part of the team. I was made to feel extremely welcome right from the very start by all the staff. Subtle things like the reception staff including me on coffee rounds to the surgery manager taking time to talk through Emis. More than in any medical placement, I have felt comfortable with all the GPs to ask questions throughout and made to feel that my points were valid.

There seems to be a general contentment amongst the staff and this really reflected in the way I was treated – it must be rare to have a placement where I felt every member of staff was so happy to have a student present! The general staff attitude is so encouraging - I've never heard anyone complain about the hours, or moan about patients. In-fact everyone seems incredibly happy, motivated and proud of 'their' surgery. It was great to see a group of employees who really are happily focused on a single set goal – the health of their patients.

My only regret was not scheduling to have more of my elective time here. Had I spent the whole six week placement in Weobley I think I may have seen more of certain patients' progression. However, the three weeks have proven very eye-opening to me, from both a personal and a professional point of view and rural GP is a career I will strongly be considering. I will be very sad to leave!

Accommodation

The Queen's Truss provided an excellent base in the centre of the village. It was a little expensive but very clean with many home comforts. It was great being able to pop back 'home' for lunch and it provided a good base for evening walks and to enjoy the village restaurants. Admittedly, there were some frustrating issues

regarding the wifi and the landlady has proven a little tricky to deal with, however it didn't impact on my overall experience. It was lovely to fully experience 'village-life' and I enjoyed local people recognizing me and saying 'hello' in the street. For future students wanting to stay in the village I would strongly recommend they also consider Mellington House. They have three apartments/cottages to rent. It also has the bonus of being based partly in the 'old doctor's house' and they have some lovely outside space to share. Unfortunately that accommodation was not available during my stay - it books up quickly.