

Objectives

- 1) Describe the pattern of disease/illness in the population with which you will be working and discuss this in the context of global health
- 2) Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or the UK
- 3) Do the attendances/presentations to an acute medical ward in rural North Wales differ to my experience of acute medicine in East London? If so, how? In my experience, what are the common problems that patients present with in Bangor?
- 4) Apart from patients' presentations (Obj 3), how does working with a medical team in North Wales contrast and compare to working with a similar team in London? How does rural hospital medicine in Wales compare to your experience of rural general practice on the Isle of Skye? How will this experience influence your career choice (GP/hospital) and where you choose to practice in future?

Elective Report

I carried out a six week elective placement based in the acute medical admissions unit (AMAU) in Ysbyty Gwynedd, Bangor. Ysbyty Gwynedd is one of three District General Hospitals in the Betsi Cadwaladr University Health Board of North Wales. It covers an extensive catchment area in the North West of Wales including Gwynedd, the Isle of Anglesey, the Snowdonia National Park and the Llyn Peninsula. Gwynedd is one of the least densely populated areas in Wales with only 48 people per square kilometre according to the 2011 UK census. Bangor is its most populous city, a large proportion of which is students. Amongst pre-hospital and emergency medicine doctors and medical outdoor enthusiasts, Ysbyty Gwynedd is known for its disproportionately high number of trauma cases. This is due to its geographical isolation, the surrounding mountains, coastline and country A roads. Despite participating in a variety of outdoor pursuits, particularly in this area of North Wales, the high adrenaline of trauma and emergency medicine was not what I came to experience in North Wales.

Working on AMAU, I experienced all the gross similarities seen between the patterns of disease in this rural population in North Wales and my experience of other population groups across the UK. Although limited, this has included the busy teaching hospitals of East London and District General Hospitals across Essex as well as general practice in both London and the Isle of Skye. I have seen that the diseases seen and challenges facing doctors across the UK are also reflected here in Bangor: cardiovascular disease from angina and MIs to strokes and TIAs, chronic respiratory diseases caused by smoking and exposure to toxins in the workplace, primary and metastatic malignancy, the complications of obesity and diabetes as well as the multiple comorbidities seen in increasingly elderly patients. Hospital admissions caused by physical and mental health issues surrounding alcohol dependence, drug addiction and homelessness also appear to be commonplace here, as elsewhere in the UK.

However, the picture of health in North Wales and the rest of the UK is, on a global scale, not as bleak as it may appear working on an acute medical ward. Although in my 6 weeks here I have seen numerous admissions for alcohol withdrawal treatment in patients with chronic liver disease and countless infective exacerbations of COPD in middle age patients who continue to smoke, it is important to note that the vast majority of hospital admissions here correlate to a small minority of the population. Preventative medicine interventions in North Wales including childhood immunisations and cancer screening programmes have the highest uptake rates in years, as across the UK. There is also essentially complete population health coverage by primary care practitioners. Morbidity rates of cardiovascular and malignant disease are increasing, but only because people are living longer lives.

Although the subject of much political debate, the NHS continues to provide excellent health care across the country, including the acute medical services here at Ysbyty Gwynedd. Since the devolvement of power in the NHS in 1999, healthcare in Wales has been managed and provided by NHS Wales. A brief 6 week glance into a Welsh NHS hospital has shown me that the actual differences on the ground are few: out of pocket spending is less for patients in England as all prescriptions are free; cleaning and catering services within hospitals are not contracted out like in the new PFI hospitals in London; medical practice and therapeutics are much the same and the drive for progressive research to improve patient care is as evident here as any London teaching hospital. Although recent comparative studies (<http://www.nao.org.uk/wp-content/uploads/2012/06/1213192es.pdf>) may show discrepancies in health outcomes and expenditure between England and Wales, they do not include in their analyses of these health systems important factors such as staff morale, hospital atmosphere and patient satisfaction.

From a visiting student's perspective, these are the major differences I have noted working in North Wales during this brief placement. The distribution of health and illness across the UK is very similar. The same diseases are the biggest killers in both cities and rural areas whether in England, Scotland or Wales. Health inequalities are apparent everywhere to the same extent. The majority of hospital attendances unfortunately still bear the greatest burden on the most socioeconomically deprived groups. The pressures and workload for doctors and other medical staff are the same here as in London. The managerial headaches, staffing difficulties and bureaucratic nightmares of hospital work are just as frustrating anywhere you work in the UK. However, the working environment is completely different. Perhaps I was lucky to find a team where junior doctors are so well supported and students are encouraged to take active roles in the team to such an extent. Maybe it's just the free accommodation for FY1 doctors and weekly doctor's mess football that helps build a much closer knit community. Or perhaps it's just like-minded doctors ending up in the same place.

So, although I have been working in the same health system, seen all the same diseases and experienced all the same limitations in hospital management, working on the AMAU at Ysbyty Gwynedd has been a completely different experience to my last placement on AMAU at Whipps Cross Hospital. It is a much smaller hospital with a close support network between staff and students. Ironically, being out of a large teaching hospital has provided more chances for learning the practical skills of the job of an FY1 doctor and opportunities to push my clinical skills further than before. Unsurprisingly, this was much the same as my experience of rural general practice in Skye compared to that of GP in London.

Although I have thoroughly enjoyed working in acute medicine, I don't think I could sustain its persistently fast pace in a future career. Hospital general medicine provides a huge breadth of knowledge, but can be frustrating when patients move so quickly in and out of acute wards. It is often difficult to keep up with their eventual diagnoses and management under specialist teams and provides little chance for holistic medicine or long term continuity of care. Most frustrating, however, is that patient care and management, including eventual diagnosis and treatment falls to different specialist teams and the acute medical team's priority is often to free acute bed space for unwell patients. For these reasons, I think that eventually, my career will lead me into primary care but only after gaining further experience in acute hospital medicine.