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Elective Report

- *Describe the prevalent conditions presenting to a semi-rural general practice such as Panton Surgery in North Wales. How does this compare to an inner-city practice in London?*

During my time at Panton Surgery, an array of patients consulted the practice with a variety of different medical issues including upper and lower respiratory tract infections, dermatological conditions, asthma, chronic obstructive pulmonary disease, mental health issues (mainly anxiety and depression) and lower back pain requiring the issue of a 'not fit for work' note. These conditions, from my experience, were also common in inner-city practices that I attended as part of my medical school education. However, I found a number of differences between being at a semi-rural practice compared to an inner-city practice.

During my time at Panton Surgery, patients were less likely to present to A&E with worrying symptoms compared to patients in London. For example, an older gentleman presented to one of the general practitioners with recurrent symptoms of fever, rigors and right upper quadrant pain that had occurred for over a period of four months. His wife had actually encouraged him to finally come and seek medical help due to the frequency of these symptoms as he did not want to seek help from emergency services.

Another difference I encountered was the expectations patients had of their GP. In Panton Surgery, patients would rather avoid being prescribed if possible and were more understanding of the doctor's decisions that I felt were explained clearly and concisely by the GPs of the practice. In London, patients could have pre-conceived ideas about what their diagnosis was and how they wanted it treated. In my experience, patients could be more demanding in inner-city practices. This may be due to the older population that resides in Wales in comparison to the younger population residing in London. The older generation were brought up with the mentality that the doctor is always right and governs the consultation. However, this mentality was not adopted by the healthcare professionals providing care in Panton Surgery and patients, both young and old, were encouraged to be involved in their health.

In London, there is greater diversity in the conditions encountered in the primary care setting due to migratory patterns especially in relation to mental health issues and infectious disease. In relation to communication between the doctor and the patient, this was relatively easy in Panton Surgery due to the majority of patients being fluent in English and having a good understanding of their health. In London, due to the ethnic diversity and multiculturalism, explaining issues and giving advice was on many occasions challenging when English was not well understood.

- *Describe how health care services are provided in Wales and contrast this to a country of your choice.*

The main provision of healthcare in Wales is by the National Health Service (NHS Wales) that operates very similarly to its counterpart NHS health systems across the United Kingdom. There are 7 Local Health Boards that are responsible for the delivery of healthcare services within their specified geographic location. Alongside these local boards, there are 3 national trusts responsible for the ambulance service, public health and more specialist services such as blood services. The funding of the health system is organised by Health Commission Wales, a division of the Welsh Government. A non-emergency telephone service (NHS Direct Wales) provided by the Welsh ambulance service is also available. This has been seen across other parts of the United Kingdom. Primary care is provided through GPs and local health centres, community care is provided in partnership with social services while secondary and tertiary care is delivered by hospitals and specialist centres. The NHS takes into account the fact that higher rates of cancer and cardiac disease, an ageing population and varying localities will influence the specific needs of the Welsh population. The Welsh population also have the option of accessing private healthcare services. Between 2011-12, an increase in the number of patients being treated privately as day cases and outpatients was noted whilst a decrease was noted in those treated privately as inpatients in NHS hospitals.

The provision of healthcare in India includes services from facilities owned and run by the state government that are free at the point of use. However, healthcare is dominated by the private sector. In 2004-05, 75% of all expenditure on health was spent on the utilisation of private healthcare services. The main reason for this preference of private services with advanced treatments is that many deem state facilities to be sub-standard with longer waiting times. The majority of India's 1.2 billion citizens who live in rural areas of the country may also find it easier to reach one of the numerous private facilities than those run by the government. The majority of people seeking private healthcare pay 'out-of-pocket' instead of relying on insurance as a payment mechanism. Such drastic measures have a serious risk of driving households into poverty and the 42% of those already impoverished deeper into vulnerability. In addition, many may avoid accessing much needed healthcare in fear of not being able to afford such services. This is rather important and worrying in a country faced with a high burden of communicable and non-communicable disease. However, some efforts are being made to improve provision and access to healthcare. This includes the National Rural Health Mission (NRHM) and various insurance schemes to cover certain groups of the population for a comprehensive range of health services. The health services available in India include alternative medicine given in conjunction with allopathic medicine.

- *Discuss a patient of particular significance that you encountered.*

During my second week at Panton Surgery, I met a 58 year old gentleman who came in regarding a five-day history of bleeding per rectum. On further questioning, the patient had noticed blood on the tissue whilst wiping and felt that it was a substantial amount of bright red blood. He reported that his bowel movements were still once or twice day but recently he felt that they were of a looser consistency. He did not complain of any noticeable weight loss, malaise, pain on defecation, tenesmus, anal symptoms (such as soreness, itching or any lumpiness down below). When asked about his past medical history and family history, he reported a previous history of basal cell carcinoma and that his father had died from bladder cancer. Understandably, this gentleman was worried that the bleeding could be due to something more sinister, especially as he was not a frequent attendee at the GP practice.

Dealing with such a delicate issue immediately without another senior colleague present was a new experience for me. It was important for me to allow him to discuss his ideas, concerns and expectations. I felt that the pace of the consultation needed to be slowed down, which I tried to do to ensure that I was thorough for both myself and the patient. After allowing the patient to discuss his worries, I did highlight that it was good that he had come in so soon after these symptoms arose, that it was reassuring that there were not any concurrent symptoms suggestive of something more sinister and that there were numerous causes of bleeding per rectum, which I briefly ran through. Then, we discussed how the rest of the consultation would proceed with the patient's verbal consent being given for both an abdominal and rectal examination with a chaperone present. Afterwards, I sent off for some blood test request forms with one of the senior GPs present, explained my findings and how the consultation had gone. Subsequently, I documented the consultation in the notes. It was arranged that the patient would come back in a month once the blood tests were back and if required the patient could arrange a consultation sooner. I was given some feedback on how I dealt with the consultation and what I could do to improve things such as adding a few more questions in my history, especially the social history and medication history.

This experience taught me the importance of giving patients time to discuss their issues and taking the pace of the consultation slower so that I could be thorough in my work-up. It also taught me the importance of trying to highlight the positive actions of the patient and clearly explaining what can be done next to investigate the symptoms. Another point I took away from all my consultations, including this experience, was the importance of thorough recording in the patient notes to help doctors dealing with the patient in the future and to make the transition of care between doctors clear and easy to understand.

- *Describe how your experience in primary care will help you in your future career.*

During my time in general practice, I encountered a variety of cases that drew on and subsequently developed my knowledge and skills in different areas of medicine that I had learnt throughout medical school. I had the opportunity to understand the importance of and enhance my communication skills not only with patients but as a member of the multidisciplinary team. I feel my experiences will help me greatly in my future career regardless of what I chose in the future. General practice has always been an avenue of medicine that I have been interested in since beginning medical school. This experience has definitely confirmed my passion for primary care medicine.