

ELECTIVE (SSC5b) REPORT (1200 words)

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

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Elective Report

Word Count: 1153 words

Objective 1: Describe the pattern of illness in the London Borough of Newham and compare this with the rest of the UK?

East London is a very distinct and individual part of London. It has seven London boroughs within it. Newham is one of the boroughs within East London. It has a unique patient demographic. Newham's population is the youngest population of any borough. 43% of the borough's population are reported to be of British Asian or Asian ethnicity. (Office for National Statistics, 2018)

Life expectancy from birth for Newham is 78.5 years for men and 83 years for women. (2012-2014) (Newham.info, 2018). More recently this has slightly increased. Life expectancy for the UK is 79.2 years for men and 82.9 years for women. (Ons.gov.uk, 2018)

Over 25% of children (taken in Year 6 of school) are classified as obese. Data also shows that in 2012 20% of the adult population of Newham were classified as obese. Borough residents of Newham demonstrate poorer lifestyle behaviours to protect against key chronic conditions, such as diabetes and heart disease. Risk factors for such chronic conditions (e.g. high blood glucose, high blood pressure) are comparable to UK averages (63% are overweight, 10% have obesity, 11% have prediabetes and 10.6% have high blood pressure).

However the biggest cause of death amongst females within Newham is lung cancer and breast cancer. (Newham.gov.uk, 2018) Some of the other disorders that are prevalent within the borough of Newham include musculoskeletal disorders and mental health. The proportion of people who eat the recommended five portions of fruit and vegetables a day is 10% lower than the national average. (Webarchive.nationalarchives.gov.uk, 2018)

Objective 2: How are gynaecological services organised and delivered in Newham. How does this compare with the rest of the UK?

Gynaecological services within Newham are split between hospitals and the community. A mixture of services exist including initial contact with GPs, who may also provide specialist services that have been moved from the hospital into the community.

Gynaecological services may include colposcopy, vulval and vaginal skin clinics, hysteroscopy (to treat conditions such as menorrhagia, polyps, fibroids, MIRENA coil insertion, removal and retrieval, paediatric gynaecology, urodynamics (help with overactive bladder symptoms), Early Pregnancy Assessment Unit (to treat placenta praevia, menorrhagia, ectopic pregnancy, and hydatiform mole during the early stages of pregnancy), termination of pregnancy services (medical and surgical), emergency gynaecology (FastTrack referral scheme from GPs to manage PV bleeding, pregnancy pain, pelvic inflammatory disease, uterine and other fibroids, ovarian cysts etc.).(Versone, 2018)

Specialist hospital outpatient clinics may involve multidisciplinary teams including physiotherapy, nurse led practitioners and consultant gynaecologists exist. For example there is a hysteroscopy clinic which enables cancers to be detected and graded at an early stage by means of the samples collected and examination under microscope. There is also a menopause and PMS clinic for women with chronic or severe symptoms of the menopause and PMS. This service acts as an all-encompassing in one clinic whereby the consultation, scan and management offered to the patient in one visit. (Versone, 2018)

Various gynaecology oncology services exist that facilitate a interdepartmental working ethos to enhance patient care. Fertility treatments are also offered at new hospital via experts within their field. This may include utilising the latest and most advanced minimally invasive surgical techniques. Additionally, urogynaecology clinics offer support for women with incontinence, uterine prolapse or bladder and bowel dysfunction. (Versone, 2018)

Objective 3: How does the local demography of Newham relate to gynaecological disease?

As mentioned previously Newham has a predominantly young population. This includes a high proportion of young women of childbearing age. There is a significantly lower take-up of long acting reversible contraceptives (LARC) in Newham compared to the UK average. Thus this may mean a higher proportion of unexpected pregnancies. This may consequentially cause an increase in the rates of domestic violence and mental health disorders. Thus gynaecological disease may be linked to other mental health and physical health disease. (Newham.gov.uk, 2018)

As mentioned previously breast cancer and lung cancer and the biggest causes of death for women within Newham. (Newham.gov.uk, 2018) However gynaecological disease within Newham is also significant. Owing to an ethnically diverse population Newham female patients might have conditions such as polycystic ovarian syndrome (PCOS), ectopic pregnancy, uterine fibroids, menorrhagia, uterine atony and endometriosis.

These might have a genetic component to them that further perpetuates such pathology. Additionally such women may access such services at a later stage due to the reasons mentioned previously thus exacerbating such pathology.

Objective 4: What challenges do patients from poorer socioeconomic backgrounds face with regards to their health?

The London Borough of Newham, being a borough with a high proportion of younger adult females, inevitably means that childbirth is part of their lives. In 2015 there were 6226 live births. Over 75% of these births are to mothers who are not from the United Kingdom. Additionally such mothers within the borough are more likely to come from poorer socio-economic backgrounds (Data.london.gov.uk, 2018)

Coming from poorer socio-economic backgrounds can often mean lack of resources to attend various healthcare appointments. This may mean that they are recorded as 'DNA' (did not attend) and thus discharged from various healthcare professions that have been set up for them. Thus accessing services that they are eligible for and indeed may require urgently, may prove difficult. This may have a consequential effect on exacerbating any disease and leading to other chronic comorbidities.

Newham's multicultural population means that English may not necessarily be the first language that patients speak, if at all. While services may have provision for facilities to accommodate such patients and thus help facilitate communication, all too often such services are oversubscribed or unavailable, due to lack of funding. Whilst often relatives may interpret for such patients, sensitive problems may make this impossible.

Additionally patients from poorer socio-economic backgrounds face further challenges within education of conditions. They may struggle for example, to understand health promotion messages, they may find instructions to take medication is difficult to follow (and thus experience unnecessary side-effects from over or under dosing), they may feel nervous or embarrassed about attending due to sensitive health care matters. This is especially true of the population of Newham, due to cultural issues as well as other factors. As a subject gynaecology is even more of a sensitive subject.

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