

I performed my elective in Queens hospital, Romford. I was mainly attached to the Cardiology team on the Coronary Care Unit. I chose this speciality at this hospital for two main reasons; firstly, I am interested in this speciality for a future career and secondly to gain more experience within the field as many common acute presentations that I may have to deal with as an FY1 will be cardiology related.

I had previously completed my 4 week cardiology placement during my third year at Medical school at the Royal London Hospital and London Chest Hospital. Furthermore, my intercalated BSc project was cardiology related and took place mostly at the London Chest hospital working with patients undergoing angiographies. Combined, I have satisfied my need for experience in a tertiary centre of Cardiology at my current stage in training. I have a special interest in Cardiology and as my aim was to obtain a FY1 job within the North East Thames area, I wanted to obtain more experience within a hospital outside of London, preferably within the same deanery. During my cardiology placement at Queens hospital I noticed some differences in healthcare provided as opposed to the London hospitals mentioned above. This report will also describe the differences I have noticed between a tertiary centre such as the London Chest compared to the Cardiology services offered by Queens hospital, as I feel this is equally as important to recognise.

One of the first differences I noticed was that the Queens hospital's cardiology service does not offer all services (interventions and procedures) to manage common cardiac pathologies. For example, Queens hospital itself does not accommodate for angioplasty procedures. These procedures are usually offered at tertiary centres only and in this case if a patient requires stenting they are immediately sent to the London Chest hospital for the procedure.

Following on from the above point, I also noted that when a patient deteriorates on the ward in a hospital which does not offer all services (such as Queens hospital) they need to be transported while they are still unwell. I remember a patient became acutely unwell on the ward and had a second myocardial infarction, the registrar had to call another hospital and the patient had to be managed accordingly on the ward so their acute symptoms are managed as well as possible and then be prepared for transport and then moved to another site where an angioplasty was then performed for complete resolution of the problem. As I have learnt in medical school, 'time is muscle' when it comes to treating a myocardial infarction and this system of moving patients from one site to another certainly does not help. This is a very common issue in hospitals outside of London or those hospitals that are not specialist centres.

This fragmentation of services provided has a huge impact on healthcare provided to patients at the hospital as the care of patients have to be transferred between hospitals while they are still 'inpatients'. The logistics involved (moving the patient, transferring patient notes) means that there is a larger margin of error and mistakes can easily occur, especially transferring patient notes. Chasing up patients also becomes more difficult as only the hospital providing treatment has the most up to date notes. I learnt this from experience when I had to chase up the Cardiac MRI results of a patient who was having the investigation performed at the London Chest hospital for a patient case report I had to present during a Cardiology meeting; the task became significantly more difficult as the care of the patient exchanged hospitals.

What I also noticed at Queens hospital's Coronary Care Unit is that some patients who are not cardiology related tend to be in the Unit as inpatients. This is a huge contrast to that of the London Chest and even the Royal London during my placement where all patients were there for cardiac related problems. This is a major drawback of hospitals that are not tertiary centres; patients who are under the care of different teams can be placed on the same ward which can make managing these patients difficult, especially for the FY1. It can also result in a team who is in charge of a specific ward to be managing a patient not under their speciality. From my experience at Queens hospital, both scenarios have occurred and neither scenario seemed to have caused any problems with regards to care provided to the patients. The team were excellent and experienced in dealing with medical problems outside of their own speciality. One patient that I remember at the CCU had a lung transplant and her immunosuppressive therapy was being monitored so she can be discharged back to the care home. She did present with cardiac problems but that was dealt with and ideally she should have been moved to a different team to manage her other issues. This is another major difference I have recognised between inner city hospitals and tertiary centres compared with hospitals outside of London; a wider scope of knowledge is required to successfully manage patients on any ward as quite commonly patients outside of the teams' speciality may be admitted under their care. I personally see this as a good thing as this requires more knowledge of general medicine, but I can see why this can be seen more as a limitation.

I noticed a difference with the proportion of more 'rarer' cardiac pathologies. More patients with rarer conditions were based at the London Chest hospital and the Royal London hospital. However saying this, I did see patients with some rare conditions at Queens hospital. I saw a patient with hypertrophic obstructive cardiomyopathy at Queens Hospital, who was eventually transferred to the London Chest hospital for further investigations as the pathology behind the condition was not yet clear; I suspect this is a major reason why patients with more rarer cardiac pathologies are moved to tertiary centres as these more complex investigations are not routinely offered at Queens hospital.

To summarise, my experience at Queens hospital was excellent and I recognised many differences of healthcare services provided by the team at Queens hospital and my experience as a student attached to the cardiology teams in inner London hospitals, especially the London Chest hospital. The major difference I noticed was the limitations of the number of services offered by Queens hospital and I can imagine this to be a very common theme amongst hospitals that are not tertiary centres. However, the services they did provide from my experience attached to the team, were excellent and without fault. Although the team itself were not responsible for these limitations of healthcare services provided mentioned in this essay, their standard of care remained excellent.