

ELECTIVE (SSC5c) REPORT (1200 words)

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

1) Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: How disease prevalence alters according to the patient demographic at the practice and in the local area.

Headley drive surgery is located in Croydon, South East London in a town called New Addington. Having previously been a vast area of Greenland and woodland, this soon began to change around the Second World War, when shops and houses began to be erected. Better transport links were put into place to provide better access to the centre of London. The Local authorities own a lot of the buildings and this is reflected in the type of accommodation found, large estates.

As a result of this, just under 40% of children are classed as living in 'low-income families', significantly higher than the rate for the rest of London. The number of patients who are of working age and are on out-of-work benefits or on Job seekers allowance is also higher in comparison to the rest of London. Similar patterns are seen throughout all the domains including education, skills and training, housing and services and crime.

When the practice patient demographic is taken into consideration, parallels can be drawn with health lifestyle and disease prevalence. The percentage of patients in the practice who are recorded as smokers is nearly twice the rate of that in London, but even more worryingly, the percentage of patients smoking while pregnant is also alarmingly high. Healthy eating rates are also found to be lower than the surrounding area with adult obesity subsequently higher. Birth rates per 1000 is also a lot higher than that of London, with repeat abortion rates also being very high.

Prevalence rates of multiple co-morbidities, smoking, obesity, hypertension, depression and COPD are significantly higher than the average rate for Croydon. However, the rates of those diagnosed with Cancer or of those who are on the palliative care register, are significantly lower than that in Croydon which is a reflection of the smaller numbers amongst the older population.

It is important to remember that the prevalence of certain diseases and the patient demographic is in no way a reflection of the GP surgery, however more a glimpse into the challenges that the staff at the surgery face in providing a level of health care that is universal for all patient demographics.

2) Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: Compare the level of care provided between the vast array of practices that I have attended throughout medical school spanning across the whole of London as far East as Basildon

One thing that has struck me, while carrying out various placement across and outside London, is how each practice has attempted to tailor the services it provides to the types of diseases they encounter. Those practices within London, tend to offer a much wider variety of services, that cater for diseases such as Asthma, Diabetes, Hypertension, sexual health matters, Maternity services, travel advice and smoking cessation amongst others. In comparison, those practices located outside of London, tended to offer a more limited array of services.

With the busy lifestyle found in inner city London, a lot more “self-referral” systems are available, which are in no doubt, aimed at improving patient access. With such a congested area like London, it is no wonder that increased GP waiting times are so prevalent, compounded by the reduced number of GPs. As a result, many other forms of health care services are provided, such as Minor Injury Units, Urgent care Centres and Out of Hours service. While these were introduced to help ease the burden on the already ailing emergency departments, it has provided an avenue for patients to in essence abuse the health care system and improve their own access to health care, whether that be rightly or wrongly. This has been a recurring theme throughout all my GP placement in London, where every practice suffers from inappropriate emergency attendances.

One other key difference that was noted was the opening times for each of the surgeries. Those surgeries that were located outside of London, offered less extended opening hours and operated in the more conventional working hours. However, those surgeries located in London, especially in the East end of London and more centrally, would be open a lot later to allow those who work access either time of their working hours. However this also increased the number of available appointment slots per patient, as the patient list size was also higher.

3) Health related objective: How patient knowledge and education of their disease alters their view on their health and the care provided

Having worked in mostly lower/working class areas one thing that struck me was that patients would be more aggressive and challenging in their demeanour. They would also be more difficult to reason with and less willing to accept the decisions made by the clinician.

That being said, those from a more affluent and upper class area were seen to be more demanding in a more knowledgeable way. They would often come in demanding to be seen by a specialist and referred immediately. It is not uncommon for patients nowadays to come in with printouts of their suspected condition having researched it online beforehand. As a result, these patients come in with a pre-formed diagnosis and often know more about the condition than the clinician. However, many fail to realise that there are guidelines to follow and when this is explained they are more willing to accept the clinician's decision.

However, one issue that clinicians do face when educating patients on their conditions, is that of language. England and more specifically London, is a very multi-cultural city and with high levels of immigration it is not uncommon for patients who speak no English, coming to seek medical advice. This makes it very difficult for clinicians to convey their information accurately, especially with those bringing their own translators. This can be avoided through the use of independent translators, however this not only extends appointment times, but makes coordinating appointments a lot more difficult as many patients prefer to be seen on the same day as they are acutely unwell, therefore offering an appointment a day or more down the line is of no use to these patients and they often seek help elsewhere resulting in inappropriate emergency department attendances.

4) Personal/professional development goals.: To further my learning in community care in a practice located in an area of London that I have yet to experience and whether alternate strategies are needed depending on patient demographic.

Having been keen to pursue a career as GP, it was important for myself to fully explore the varying challenges faced, but also the vast array of patients that can present. Having mainly been based in East London and the surrounding area and having previously worked in a GP surgery in West London, I was keen to experience a different part of London. It has been clear from my experience, that on each placement, each surgery offered slightly different services to tailor to those patients that frequent their practice the most. For example in Whitechapel, it was not uncommon for their to be a Bengali member of staff to help translate in consultations and in surgeries where there were high number of mental health patients, there would be specialists coming in at least once a week to offer walk in services.