

Practice Nurses

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1. The diverse role of the Practice Nurse in a practice

Hi, my name's Charlene. I'm a mother of four neurodiverse children. You may remember me from such videos as GPs and health coach practitioners. Kia ora, I'm Nicky Scott and I am a practice nurse out at Travis Medical. Worked in general practice for the last 28 years or so. And I'm part of a wider team in general practice. We've got nurse practitioners, we have healthcare assistants and nurses, part of the Jituma Waiora programme with health coaches, HIPs, health improvement practitioners, etc. And the doctors and social workers in our team. Okay, so to start with, can you tell me a little bit about the nurses' roles?

How different they are and what they cover? Sure, so every general practice you will find different nursing roles. And we all work differently. So it's about finding out about your general practice that you're working in. So in our practice, we have nurse practitioners. They have a master's degree and then they've gone on to do more training along the pathway. And then they have the ability to work at a scope at the level of a GP. And then we have nurse as practice nurses. And we also have had training and we work understanding orders to prescribe for certain services that we're giving. And then we have student nurses in our practice.

There are, in other practices, there are nurse prescribers who they specialise in a particular area. And then they've gone on to do some post-grad training to get their skills up and they can prescribe in that area. There's enrolled nurses, there's NETPs, a post-grad. Well, they've done a lot of work in that area. They first year out and they're coming into general practice. So really a diverse range of roles in general practice. So you were saying about the nurse prescribers who are able to prescribe. What scenario would they be, would they have a nurse consult with a patient to be able to prescribe certain medications?

Is there a certain type of medication they can prescribe or is it more repeat medications? No, so the nurse practitioners. Can prescribe pretty much everything. There's a few that they can't, but it's very limited. They have a wide scope, pretty much like the doctors. Right. Yeah. If you're a nurse prescriber, then within a, usually within a specific area of study, say asthma or diabetes and things like that. So you can prescribe those medicines within that area.

2. Booking an appointment – who to see_

And is it quite common for people to book a nurse consult over a doctor's consult or would you look at the person coming in and say well actually she would be better off to see the nurse, the GP is here to see other people? Absolutely and sometimes it works in tandem, someone might come in and see a nurse first for something and then go and see the GP, vice versa. So say for example on our website we'll have a list of services that nurses do and then there's what GPs do as well. So and again that will change and be around all general practices as well. And do you have a receptionist that is a nurse or does the nurse do the reception because when people call up and ask to see the doctor are you saying what are you coming in for or are you talking to a receptionist that doesn't ask what you're coming in for?

Yes it's interesting because the triage really starts at reception. The receptions are administrative and they've had some triage training along with the whole team in our practice and so we have they have the ability to be to ask those questions you know what are you coming in for so you can see the right person at the right time. So yes there are they start the triage process there so they can direct either to the nurses or to the doctors. Okay yeah and what about how does the triage work like if I was very unwell that day need to see a doctor that day but all the bookings are taken is there any availability to to see anybody on that day?

Absolutely we have a model of care which is a healthcare home and it's around making sure that people can be seen when they're unwell and so we have what we call acute slots for each clinician in our practice say nurses and doctors so in our appointments we might eat in the morning and in the afternoon so those who ring in and need to be seen on the day are usually triaged by the nurses and we'll put them into those slots and also we'll align them because maybe if someone's got chest pain they'll come in and see the nurse for ECG and bloods and then see the doc from there. So working as a team and meeting the needs and seeing people at the right time.

And you're talking about nurses going into areas that they're really passionate about doctors obviously would have areas like that too. Absolutely. When you're taking on a new patient or even patients that have been coming for a while are you likely to put them with a doctor relating to their condition or is it something that you get whoever it is on the day?

Good question probably a mix of a little bit of it depends on sometimes the GPs and nurse practitioners are full in their books and so not taking on at that time but when they're open then we we try to make that fit and I think also along the way if you think well not quite fitting with that GP or nurse practitioner or that nurse as I mentioned before then you can move around in the practice again different in different practices some don't work as teams and work as separate teams but in our practice then absolutely it's important that you find people that you're comfortable with to see and feel confident in their care.

3. The Practice Nurse as part of a team

And do the nurses and the doctors talk together in the morning before, you know, make a plan for the day? Are the nurses set up in different areas? How does that work? Absolutely. So at our place, again, different from others, but we have what we call a stand-up and we all get together as a team in the room and we go through who's here in the day, what's happening and then, and who's got what spaces and how we can help and support each other. And then we go to look at our own schedules and appointments and doctors and nurses, what we call huddles, we huddle together and we'll be aligned during the week as to different huddles of different clinicians.

And that might be a doctor, a nurse, it might be a hip or health improvement practitioner as well in the room. And we go through the patients of the day and we look at them and we thought, oh, what's happening with them? What's happening with their whānau? How can we support them? Maybe we need to plan. If we plan some care for them, it might mean that they need an acute plan if they have lots of admissions to hospital and we think, oh gosh, what can we do to help them so they can manage their care and so prevent those hospital admissions. Or maybe they're getting towards end of life and it might be an advanced care plan, those sorts of things as well.

Or you might spy on their recalls that they need a smear or behind the vaccinations. Hey, look at that and get them in before they come in and align them with the docs at the same time. It works really well. I think it does. Yeah. Or that's when you can think, oh, they might benefit from seeing a health coach or health improvement practitioner or we have a social worker. So, it's thinking around that holistic view of what that person or that whānau might need before they come in. Is there any professional development that goes on with the nurses or are they just learning as they go? So, we have a mix, again, depending on what you are in terms of nurse practitioners, done that Masters and further training or the prescribing postgraduate.

You've registered a nurse, you've done your three years. And yes, in general practice, we're generalists and we know a lot about a lot and you get, there are modules that we have. You can do online training. There are lots of face-to-face, maybe with your PHO that there's training to go in. There's small group training. And I think that as we evolve in our model of care is that we are now upskilling a lot in our scope. And so, for example, we now have health care assistants who are doing administrative tasks that they may have done in the past. So, we can have more face-to-face with our patients and we're skilled for that.

And a lot of nurses will go on and do, look at areas that they're really passionate about. Yeah. So, you've got passionate people in front of you, educating you and have those skills because they've done the training. And it's really great. You've got, you know, I've got clinicians that are really happy in their practice and then you've got happy patients because they've got really skilled people they're going to see. And if I was to see a doctor for a certain condition and there was another doctor that was their special interest, is it likely that the doctor that I've seen will go and have a chat with them at a later date and they'll...

Yes. Absolutely. ...make a plan based on that? Absolutely. Whether that's a skin check, whether it's some sexual consult or some other service, absolutely, that works really well within our team. Good. So, when I come to the nurse, I do a vaccine and I'm not doing too well. I'd love to talk to somebody. Can I talk to the nurse about that? Is that something you offer or are you just, no, no, we're vaccines and bandages, that's it? Absolutely. And I think it's really important that people, when they come in to see us, it's, you might come in for a wound or a vaccination, but it's not just about that.

It's around what's happening with you in your life and so it's a time for you to talk and we can listen to you. Often we nurses have that time, a little bit more time, and we can hear and listen and think, oh, well, what's happening? And would you like to talk to me about that? And would you like some help with that? What kind of help would you like? And maybe that might be that we give you some online information, some courses, some websites to go to that are great websites to look at. Or we might want to, if you want to, to see the doctor or a health improvement practitioner, health coach, the podiatrist, the social worker.

And so, it's around our team meeting your needs. So, yes, sometimes it's like, oh gosh, we've got to do this and I hear there's a lot going on for you. Come back and see me and or the appropriate person. Sometimes you're unable to deal with everything at that time, but just to hear and to understand, then we can go from there.

4. Helping parents with neurodiverse children

And as a mother of neurodiverse children, going to the doctor can be quite daunting. Is there anything, do you do any training or, sorry, does the clinic have a quiet area or is there anything that you do to help with that whole scenario with, like, let's get them in early, let's get them in end of day, let's, you know, let's let them run around the clinic. What's the, do you have anything in place for that? Absolutely. I think that the really important thing is that you get to know the nurses and the doctors well, build that, get to know each other, build relationships. And so feeling more comfortable as a family to come in and see the people you know. And sometimes you might think, oh, no, don't quite deal with them. And so you might build, you know, see somebody else. And so seeing the people you feel comfortable with is really important. Yeah. When you come into our practice, we've got two different areas in the waiting areas. But actually getting to know you, what suits you better? Maybe it might be better that you stay in the car and we could come out and get you. Sure. Or call when you're ready to come in and things like that. Yeah. And I think it's about getting to know you and your family, what suits you best. Yeah. How we can look after you. Okay.

5. Immunisations and Before School checks

With the likes of child vaccines and before school checks, is that something that the child needs to see the doctor for or is that just the nurse? And also if you've got a child that is neurodiverse and so is racing around everywhere, do you have two nurses, three nurses? What's the story? Because they can be difficult to pin down. So again, it's different for each practice, how they work. In our practice, if you come in with babies, then you'll be seeing a doctor and a nurse initially, maybe for the six weeks, three months, five months scenarios together in one room. And that might take half an hour. As you get older, it's really just the nurses. This is for the immunisations, nurses that see that. Alongside, to the immunisations, we're checking in to see how you are as a family and things like that. Maybe you're seeing a well child, provide a tamariki ora, provide a birra, and maybe not. So it's around finding out how we can support you and what's happening with your family. And then the before school checks. Some practices do them and some of them don't. And so our public health nurses do us. So yeah, that's another practice.

6. Getting the most out of the visit to the General Practice

Have you got any advice based on what I should do to prepare for a visit to the GP or the nurse? Is there anything that you could suggest? Yeah, sure. If you're new to our practice, in our practice we have what we call a new patient consult, and the nurses do that,

and it takes about half an hour. It's a really holistic look at you, social family history, vision, hearing, all those sorts of things and getting all the basics and things like that. And alongside that, we'll let you know about our practice. And that might be alongside there, well, when you're planning to come in for an appointment, it's great to prioritise what you're coming in for.

You know, most appointments are 15 minutes, but if you've got a lot that you'd like to talk to, then maybe a double appointment. And we'll prioritise one to two, maybe three things for that 15 minutes. And so write them down, you know, and so you've got them there. And also we have the ability, in our practice we have patient portals, so you can see your records from the last time and maybe your plan of care, and you think, oh, okay, so that's happened, so this time I'm going to come in and I'm going to talk about this. And so there's lots of things that you can do to prepare. You're very welcome.

And bring somebody else in as a support person with you. And just making sure you've got that time. And also we too, if you haven't got a support person with you, if you're going to be seeing a doctor and having an intimate consult, then they might ask for somebody to come in and chaperone too. So we'll cover you in with support in any way. And is it appropriate to record the consult so that you can listen back? Absolutely, I think it's most, it's nice to ask the clinician that you're seeing, and I'd say that most people would be very happy for that to happen. So great if you haven't got access or the ability to have it put, you know, go onto a portal or haven't got a phone and things like, you know, then you can use that, absolutely.

7. The cost of an appointment

And you were saying about a double appointment, is that twice the cost? Yes, it can be. And depending though, if you have, we do have funding sometimes for those who need that extra. And so we can use that funding. And I think that's another really important thing is to talk about, and it's hard for people to talk about, is their ability to pay. And so we have lots of mechanisms to help that. Drip feeding from benefits or yes, putting in some payments or gosh, we'll look at this and see how you might, planning your care throughout the year, how that might look for you. And again, if you have chronic conditions and things, then we have funding for that, say like diabetes.

So there's help for you. Yeah, you just need to ask. And again, how that, you know, the health coach and the health... And things like that, it's all funded too. So you need to ask and share what's happening with you. I also wanted to ask, we talked about cost with seeing the GP and double appointments. The nurse consult fee, is that a similar price to the doctor or is that quite reduced? Varied. It varied between practices. We have nurse, in our practice, we have nurse consults and we'll have a cost along... Yes. So we give a service. So we give a service that is in line to that service perhaps that we're giving.

I mean, for example, immunisations are funded. So there's not going to be a cost with that, depending whether you have a community services card. And all those sorts of things in terms of how much things are going to cost. There's sometimes, it might be similar to the GP, because we've trained in that. And so therefore, for example, most nurses are doing cervical screening and things now. So that's a different thing. That cost, it takes our time and our cost to do that. Sometimes we'll charge for medical certificates and lots of different services that you ring through for. We're notoriously bad for charging, actually, you know, and our triaging and our advice, and sometimes we should be charging and we just don't, and so therefore the practice loses out on funding, and so we need to find that, and it's a bit of a culture change too for patients to understand that.

Sometimes there just are charges, but if that's difficult, as I said, then we can help you manage that. And if I was to come along and see the nurse, and then the nurse says, no, I think you actually need to see the GP, this is beyond my scope, would I be charged a nurse consult fee and a GP fee? Or is that just per practice? It would vary, I think. Probably not. We'd probably find some funding. To make sure that you are able and confident to come along, to see that GP afterwards, making sure that you are actually going to do that. So do you think for a lot of people, they hold off going to the doctor because of the cost, and then if they'd come five days ago, things would have been quite different?

Yeah. Yeah.

8. Referral to the hospital – keeping informed

So when I'm coming to see a doctor and he's going to refer me on somewhere, I go home, I sit and wait to hear. So what happens on your end? Is there any follow up from you to the patient regarding that you've heard something or because it can be very daunting waiting? Absolutely, I can understand that. So for a start, I think that whoever the clinician is doing that referral, there should have maybe some, maybe an inclination as to how long that referral is going to take. So I can say to you first up, look, I'm going to send this referral. It's usually an electronic referral. And then we'll get some feedback whether that's accepted and the priority, etc.

of that. Mm-hmm. And it may be a few days, it may be a week or so. So we can maybe give you an indication of how long that might be. So, and when that comes back into us as clinicians, sometimes we'll maybe give a quick text and say, hey, you're on the list and you're

in the first clinic or it's going to be at least three weeks or six months. So it can give you some timeframe along that. Understandably, that can be quite... Concerning. So you can always ring in and find out as well. Yeah, sometimes the receptionist, but through to a nurse and we can let you know that. Okay, that's great. Portals are handy too for information as well, patient portals.

So with a referral, what's the process that happens as far as, because I come along, I have my 15 minutes and I leave and I think, okay, here's the doctor's written a note and that's where it ends. What actually happens within that referral? So a variety, and again, it could be just a simple referral off to somewhere and it's an electronic referral and you can do that and we can put some writing in that electronically and send that off quickly. Or it may be that we need to go and speak to some other member of the team and talk to them about what's most appropriate in terms of the referral. And then it's a matter of going back and writing that up.

So it takes some time to do that and then, so that goes off and then, as I said before, that will come back and give us an indication. Sometimes I've indicated to the patient, look, if you haven't heard within two to three weeks of a result or some referral, then please get hold of us. It's a mutual responsibility. But I will also, I've got recalls, tasks, alerts, and so there's lots of things that I can do. I might task myself that in two weeks time. That there's some information that's come in and if it hasn't, then I'm going to be following that up. Or I might task another member of the team, say a social worker or a health improvement practitioner about that.

And so it can be a multitude and multi-pronged approach to that. And then we've got to document that. And so within our notes as well. So it actually takes a lot of time. And so your 15 minutes that you have in your space. Sometimes you go. And you think, oh, that was quick. But it's actually, there's so much more behind that and the time that it takes. And can take sometimes half an hour or even up to an hour sometimes to write plans, to do referrals, et cetera, and talking to other team members. And you often need to get more information from another party as well. Like if you were dealing with children and you were sending off a referral, say, I need to talk to the school.

I need something from, you know, the kindergarten. Absolutely. So there's that aspect of it as well. Absolutely. Yes. There's lots of that. Yeah. Okay.

9. Working with teenagers

So if I was to go to the doctor with my teenager, obviously things are changing a lot for them and they're becoming their own people. I myself would like to go in with them and to know everything that's going on, but my daughter wouldn't necessarily like me to. So what's the scenario where the teenager would like to see the doctor on her own, but mum's there hovering? How would you handle that? Very common. And I can understand from both points of view, really, you know, and it's about meeting the needs of both the teenager and the mother. So initially it might be that they both go in and you have a chance to say what you would like to say.

And then the doctor or the nurse might say, well, look, actually, it's great that you've had a chance to talk and now it's time for your teen to have some time on their own and ask you to leave. And so together you work through that. And I think also that in our practice, we start priming them early. Say, for example, in nurses, we have vaccinations at 11 years of age and then we will do vaccinations and have a chat about their lives and how they're going. And so expecting them to start talking about that. And we prime them and say, hey, well, this is great. You're talking to us about what's happening with you.

And as you get older, it's great with mum. And you keep talking to them. You talk to mum and dad or whoever's important to you. But then there's going to be a time that we're going to ask you to be on your own, you're going to be wanting to be on your own. And this is important that you start talking to them. So we prime them as well. And so the parent knows that too. Yes. And after seeing the doctor, can I, as the parent, say, so, what happened there? No. Well, it depends on whether, look, at all times, we ask the teenager and say, hey, look, it's really important. You keep those communication lines open with your parent.

But if they don't want to, then that's their right. Yeah. Absolutely. And can my daughter come to the doctor on her own? Yeah. Yeah. So I don't need to be involved at all? Not at all. Good. No. We support them through that. Yeah.

10. Key messages

Well, thanks very much for your time today. I've learned a lot about what nurses offer. I had no idea that the role was so broad, and I'm really excited for my children to benefit from the nurses, and I think I will too, so thank you. Brilliant, thank you. Pleasure. Look, I think I've heard from you today too that when you go to see anyone within the practice, that they're meeting your needs, and to build that plan about what suits you and what support you need. That you need some information around times and scopes of what's happened to you and expectations, not just in the appointment but afterwards, and we can make sure that that happens for you. That also... So, we are here for you, and we will plan something that's individual for you, but also your family that meets your needs. When you come to see us, it's not just a vaccination or a wound or a dressing. It's your holistic care that we're looking after, and we're very much team-

based, so we want you to see the right person at the right time, and that might mean that we're going to triage to prioritise. It might be from a phone call, it might be via... It might be in a video, it might be face-to-face. So, there's lots of different ways of working with you. Excellent. Thank you.