

General Practitioner

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1. Preparing for a visit to General Practice – it's a team

Hello, my name's Charlene. I'm a mother of four neurodiverse children. Hello, I'm David Pilbrow. I'm a GP at Travis Medical Centre here in Christchurch. So firstly, when I'm planning a visit to go to the doctor, what would you advise me to do to prepare for that visit? Well, I think it is really important to prepare because we've only got a certain amount of time. And to what you're coming for. And have a think about when it started and what you've done to try and improve it. Yeah, doing that, I mean, you can bring other family members. Would it be helpful to have another family member or a friend or a support person with you?

And... If that's the case, you need to organise that with them so that it's going to work for both of you. You also need to think about, is this going to be a very long and complex consultation? Are there a couple of things that we need to actually think about and discuss, which is going to take more than the usual 15-minute appointment? And sort of have a think about that. Because then when you book, you're going to be booking for the right length of time. Sure. Yeah. So when would you advise booking a double appointment? So if you had, say, a couple of things that I want to discuss, but then as the week's going on, I'm finding, well, actually, there was this I want to discuss, this I want to discuss.

What sort of, how many issues are we looking at? Usually, one or two issues, if they're not too big. Too big can be dealt with in a single appointment. But if there's more than that, or it's something that we really need to discuss in a lot more detail, like often mental health, that will need sort of a double appointment, which is usually about half an hour. Sometimes when some of the women's health

consultations, because they may be needing to do smears or examinations, they can often take longer. So often we encourage people to book a mental, sorry, a double appointment for that. And when in doubt, sometimes just running it past the reception when you're ringing up, saying to them, you know, do you think this is going to need a double appointment?

And they'll give you a reasonable idea of what you need to book. So yeah, that's what I'd do. And leading on, you were just mentioning mental health. Yes. So. Is that something that you, I'd go to my GP first when I'm struggling with my mental health, and then they would refer me on? Or is it something that, is it just for medication? Or what's the process for mental health issues? Well, the general practice is a good place, is often a good place to start. The general practitioner, like me, I'm only one little cog in the system. Right. So you have, and some general practitioners have more of a special interest in mental health than others.

So definitely going to see your general practitioner and discussing it, but also using the other members of the team that they, a lot of practices have a health improvement practitioner who can help with the mental health. There may be nursing or other staff with a special interest in mental health. Also, they may then refer you on to counsellors or psychologists, or to the hospital system, either the psychiatrists or the child and youth and family mental health team. So in a way it can be, seeing the general practice may, they may be able to solve the problem there, but often they'll be using the wider team, and that's a really important thing to remember about general practice.

It's a team, and there's lots of different members, and all those members have a variety of skills. Okay.

2. Teenagers, confidentiality and involving parents

With the likes of mental health, say my child is coming in to see you, she's got some mental health problems that she'd like to discuss, at what age would it be a normal practice for her to go in on her own without me present and would you discuss things with me? At what age wouldn't you discuss things with me? It's a really good question, really important question. When children really become teenagers, even in a non-mental health consultation, we encourage them to be seen just for a little while on their own with the GP. We talk about transitioning to adulthood, it allows them to speak freely.

If, say, you're a teenager, if we had done that, we would tell them that what they tell us is confidential unless they are going to harm themselves or harm another person, and then we would need to talk to a colleague. We always encourage them to talk to their parents and have parents involved in the plan. So, if you come in with your child and we've been discussing, you'll be saying your concerns and your child will be talking about what was happening, and then we might catch up on our own and we would discuss various things. If I found something that was quite important and I felt that you needed to know, I would say to them, I really think you need to tell your parents this to help them.

If they were adamant they didn't want you to know, we would respect that as long as it didn't meet those criteria. But we would really encourage it. But at the end, I would get us all together, so you'd be back, and we'd make a plan. But that plan would have already been discussed with your child just to make sure that they were happy with everything and we'd have set out a safety plan.

plan as well okay so if things weren't going well what we should be doing so everybody would be it um children and teenagers sort of get more and more independent as they get older but the support of the family is always really important so we encourage that because that's all part of um getting better basically of course yeah so just to think about say a 13 year old could come to you on their own without their parent knowing yeah and see you um regarding um a health condition yeah the parent doesn't need to know if it wasn't anything that was going to be self-harm or or in danger um especially if they've told us they don't want their parents to know okay so if if otherwise i i we would say because we do have people at our practice we're right next to a high school sure and so they actually just come in after school for something and and you know i would say well do you want me i can just send a message to your parents just say what we've found if you like let's say that that's easier yeah and often they do because they i might send a link to whatever's going on just so it's explained well but so that's the majority of the cases okay it's only if that child has said that they specifically that they don't want their parents to ask and yeah yeah okay when i've come gone to the gp um and uh for a routine visit with my child and they've asked to see them on their own first what what's that about like why well often when kid from about the start of being a teenager we often like to see the teenagers on their own because um so they get a chance to to express themselves uh freely without having their parents listening um and it also enables us to to build a relationship with them often i'll i'll see someone who may be in for a sore ear or something like that and and then i'll say to them right let's have a quick and say to their parents we'll just have a wee catch up on their own i always do that when you become a teenager and it just gives them a chance to to say anything they want to without their parents being there but it also allows us to create a relationship so down the track if there is something going on and they want to talk to me about it they know that they can trust me they know about the confidentiality that what is said in that when we're talking on our own i'm not going to tell their parents unless they're going to harm themselves or harm another person and then when they're talking about it i'm going to I wouldn't be telling I would be talking to a colleague um about that yeah oh that's great yeah yeah well it's having someone else that they can go to and trust and know that they're going to get good advice and uh as confidential

yeah like that's um really important for children I think um because not all kids have an auntie or an uncle no that's right a big brother or whatever to go to so I think it's important that um they know that they can go to the GP and they don't have to say mum can you book me an appointment for the GP I'm not telling you what it's for they can just do that on their own yeah and discuss um what they need to discuss yes

3. Seeing another General Practitioner for a specific concern

So if I'm coming to see my doctor about a particular ailment, and they isn't their specialty, but there is somebody in the clinic that specialises in that, or has an interest in that, would you steer them towards another doctor, or would you, how would you? Well, every practice is different, and some practices are actually a whole lot of general GPs who work in their own business just sharing a roof, and so they don't, they may not work together very closely, but say, in our practice, we would do exactly that. If I don't have the skills, I would refer, I would say, go and see one of my colleagues, because that's a skill that they have, and yeah, so that is fine, but every practice is different.

And how they're set up, and also to what staff they have. Not all practices have health improvement practitioners or health coaches, and yeah, so there is a lot of variation, and there's also a lot of variation about how they manage things, so it's, I can't talk for all practices, but I think it's really good to, you know, to see the person who's actually got the skills. Yeah, absolutely. Yeah. When I'm coming to my GP, if I'm not happy with the process, or the people aren't, sorry, the doctors aren't specialists, or have personal interests in certain areas that I'm after, would I be advised to shop around and find another GP, or would you be inclined to riffle?

Would you refer to another GP for that particular thing and then come back, or what would be the... Well, yes, that's, if it was for a specific thing, for example, if you had a skin lesion that you wanted removed, and I didn't do it, I can actually refer you to another GP without you having to transfer all your notes and everything, so we could, I can do that, and so there's actually quite a few things we can, that people can... refer to other GP practices for that particular skill, but if you weren't happy with your general practice for other reasons, say you're not getting on with the team, and there weren't other people within that general practice who you felt you could go to, yes, you can leave and find another GP.

Have a good think about that, though, because creating a relationship takes time, and that knowledge of you takes quite a long time to establish, so, yeah, have a good think about it before you do leave, but it can be the right thing to do in times. I guess a lot of people don't realise that they can see other doctors within the practice, so, yeah, like, I always thought I had to go to my doctor, and then when I couldn't get an appointment, I said, would you like to see another doctor? And I was like, oh, that'd be great, so they, yeah, and there's, you know, that talking between each other, so, yeah, I understand we're transferring to somebody completely different is, yeah, a big deal.

Yes, and I'd say it's got better and better over the last 20 years about working with your team within your practice. That has improved. There are still some practices which don't have as much of that, but most do, and it's really helpful, and it's better for patients, it's better for staff as well. Yeah, absolutely.

4. Hearing everything that the General Practitioner says

I found when going to the doctor and I'm given some big news I don't hear much after that so I walk away with just that in my head and that's it I don't know what the treatment is I don't know what the yeah so is it allowed or I guess it's different with every practice but could I ask permission to record video sorry tape record the meeting so that I can listen back to it later and know what the plan is or take notes or is there anything you could do to help with that process I've been in it myself and just there's nothing afterwards and I wish that I either had somebody with me or being able to record I never would have thought to ask though is that something it's definitely something that you can do and with that recording you just say you don't say when you're getting to that stage of the sort of the management and look so I can remember can I record this so you've got consent from both parties and it's nice and clear but I think that it this is a really important thing and it's something we sometimes don't do as well and so I think you know after we've had our discussion we've heard the history it's not just you've got to be a manager but it's making a management plan together it's not it shouldn't be me telling you what to do because some of the things I suggest may you you may not be interested in that you know may not be right for you so we need to make a management plan together and we and then once we've made that management plan and we've got our and we've seen our If you had a bad head cold, it should be better and getting better in 10 days.

So if it's two months later, you know that we're supposed to be doing something about that because that's not right. So we've made the management plan and then you can ask me to do a recap. And that's when we go through what we've discussed, what the management is, what the safety net is if things aren't working. And you can either record it. That's one way. If you can get me to write it

down in nice, clear language. The other thing is I should ask just to make sure that you've understood. What? That I've explained it clearly. Sometimes I would get you to tell me back what we're supposed to be doing because sometimes we've talked in doctor talk.

Yeah. And it's just basically gobbledygook and that's our problem. It's not your problem, it's our problem. Yeah, sure. So we can do that. So yeah, we can either record it, write it down. If they have a portal with open notes, we write the plan in the notes. So you can go back, have a look. In your patient portal and go, oh, David said I was supposed to do that. Well, I've forgotten to do that. And sometimes we'll give you some, I often send people texts with links to information as well. Okay.

5. Patient portals

So with, you'd mentioned patient portals, is that something that's available for everybody at every GP, or is that something that's just at your clinic? No, yeah, again they're getting more and more, we're encouraging general practices to use them. They're not in every general practice, and some practices only have them open to do repeat prescriptions and appointments, but most have your results, so your results will be on there, and then a number will have all your notes with your immunisation, so if you're wondering if you need a tetanus booster, you can look that up, you'll see all your notes, but again, the important part, the plan. Yes. And. And things, and yeah, so all sorts of things, some of them you can message, yeah, so there's a lot of different levels, but they're really helpful because it allows, this is my opinion, they allow patients to be far more involved in their healthcare. And very helpful to look back at the plan. Yes, in the plan. Especially if you haven't recorded or written it down, or yeah, so you can look back. Yes. Yeah, that's very helpful.

6. Phone and video consults

So during COVID everything was done over the phone and I found that some of my appointments could still be done over the phone rather than taking up time or going in to the practice. Is it something that you would request at reception say can I have a phone consult with the doctor or would you speak to the nurse first and she would then decide what's the process for a phone consult? If say in your situation you know you've got a pretty good idea about what can be done on a phone consultation you can request it when you arrange your appointment.

It's important to remember if we're going to have to put a hand on you like listen to your chest or those sorts of things we'll probably need to see you in person but they are fantastic for mental health, review of some medications and so there's a lot of things that can be done in a phone consultation and it saves your time so you don't have to come and sit in the waiting room and catch something and yeah they're far more efficient so there's and also to a lot of practices we'll do video consultations as well.

And so and they can be quite handy you can often look at rashes and various things so they're great when you ring up for them though you need to be in a place where you or move to a place where you can have a good confidential conversation you need to be able to identify yourself because we're not recognizing you visually and and still realize that there will be a small proportion where we do change and say we'll need you to come in for the um for an in-person consultation.

7. Referring on to Hospital Depts

As far as referrals go, if I was concerned about one of my children, about their safety, mental health, or anything that was a danger to themselves, would I need to bring them with me to an appointment to have them referred? And my second question that's leading on from that would be, what is the referral process with the likes of being referred to CAFs? And it's difficult to say if we'd need to see them, because it depends on how well I know your child as well. So often we don't, actually. Often we don't need to see them, but a lot of times, especially if we've seen them reasonably recently. But, yeah, often we do need to see them.

Then, if we were going to make a referral. I would write a referral, which gets emailed off to whichever department it is. They then send back an acknowledgement that they have received it. That's all. And then we wait various amounts of time, depending on which department, for an accept or decline, which you should also get a copy of that accept or decline information. They would find out, likely, before you. You often do. You often find out before us. But there is often quite a wait, and on that acknowledgement letter, there is often a phone number, and sometimes you can contact them after a few months if you haven't heard anything.

I see. Okay. And preparing for an appointment where a referral is likely, or I'm coming in. Hopefully. I'm hoping for a referral. Listing the things that I've noticed about my child, is that going to be helpful to leave with you, or am I better to just let you ask me? No, I really, it's, that's, well, personally, I really like that, because often in our conversations, if we were just discussing your child, we might get slightly sidetracked on a topic, but if you've got the things that have been considered, have been concerning you, and changes that you have noted, then it's great that if you can leave that, that makes a much more informative referral letter.

Sure. So it is really helpful. Yeah. I find people coming in with lists really helpful, because, say, if you were coming in with numerous conditions, and we were looking at it, and I say, well, there's, there's way too many for us to discuss in your appointment, but tell me what the most important one or two are, and we can discuss them. So they have benefits. Lists are really helpful.

8. Googling for information prior to the appointment

I think as parents we google a lot so when we think our child has a problem we do research first which can be good and bad but would it be helpful for you for us to come in as parents with our own information our own details about the condition that we're seeking referral for or is it something that you want to discuss and ask the questions rather than the parents say this is what's happening I think again it's we we're making decisions together as a team yeah some of the information on Google is not reliable and so having a source of good information available for you is really important and and we're in Canterbury we have health info which is developed by Te Whare Ora and that has really good information on a number of conditions but there's also some very good websites worldwide and so we can we can help direct parents to good websites but often they'll give us good websites as well so it's a it's a two-way street but I yes I think the health coaches and health improvement practitioners can be helpful as well and also the depending on what the conditions say if you had Parkinson's the Parkinson's Society will have good information and reliable information often on your medical practice website they have a whole list of trusted websites to use where you'll find a majority of things very rare conditions we may be struggling to find that in the usual websites but in most cases we can provide some really good trusted information

9. Contraception, teen pregnancy, confidentiality

So this one's probably a bit of a tricky area, but I'm going to talk about kids going to doctors. We've talked about the privacy behind children going to see doctors on their own. I want to talk about sexual activity with kids. So if my 13-year-old came to you on their own and wanted to go on the contraceptive pill, would you need to inform me? We would maintain confidentiality. If your 13-year-old came to me, we would have a discussion about why they wanted contraception and was it consensual sex they were wanting to have. We would always encourage them to discuss with you, but if they were adamant that they didn't want you to know, we would still give them the contraception because we're looking after their health.

And their health is at risk, potentially, if we don't do that. But, as I said before, we do encourage people to discuss with parents, but we will maintain confidentiality if the young person wants it. And does that also go for a pregnancy, an unwanted pregnancy, or anything like that? Not even unwanted, but an accidental pregnancy. And I guess as far as if that pregnancy ended up being an abortion, would that also be something that would be covered under the privacy? It would. I would want to probably discuss with a colleague about the details of that particular case, but we do maintain confidentiality for young people if they request it, because sometimes the situation they're in is very complex.

And I guess if you weren't having the parents involved and this child was coming to you wanting advice, you would point them in the right direction. And again, all of these areas are confidential. They are. Yeah, so confidential. But yes, we would want to put a support package, a network around that young person to look after them. Sorry, these are hard questions to ask. It's a hard subject. If a child came to you, they were sexually active, they were pregnant, and they didn't take any of the support offered and you were concerned about what was going to happen to the child as far as if they don't tell their parents, if they don't tell anybody, they're only 13, then would you look into what would the procedure be?

Well, again, we would be looking after the health of the young person, but I would then be getting advice from other people who've got more experience in this, some of the youth health specialty people, and I'd get advice from them actually about how to handle that.

10. Addressing the important problem first

When I come to the doctor and I've got a few ailments, how do I know what's the most important one to talk about? Do you ask me, have you got five things you want to talk about today? Well, it would be ideal if we did. So if you did have that, having a list and just writing it down, or just telling me right at the start what the things you want to discuss. Because, firstly, we want to discuss what's important to you, but there may be something on there which sounds to me that that's really important to discuss, because it could be something quite, say, dangerous. And also looking at and seeing if we've got enough time to cover them, because we want to do justice to all of those problems. So I think right at the start, saying, what were the things that you were going to come for? And then you can go into a bit of detail after that. So just make sure, really make sure that we cover the really important things, things that are really important for you, but also, too, that could be medically important that we don't want to miss.

11. Support after the diagnosis

When you get a big diagnosis, like we talked about, you don't hear anything after that, often you'll be quite upset, and do I just get in my car and drive home? Or is there anything that you can put me on to after the fact? Ideally not. Yeah, when you hear something bad happening, yeah, you don't usually hear anything else that I've said after that. If the practice has a health coach or a health improvement practitioner, and they are available, we will often take you down to them, and they can go through things a wee bit more with you, and just help you understand, give you some more information, and just let you decompress.

Sometimes our nurses will also, if the health coach, and... health improvement practitioner weren't available, the nurses can often do that too, because, like you say, it's a lot to take in. Ideally, it would be good for the team to check in with you in the next week or so, because often when you do get home, you've got even more questions in your mind, and if we can help. We can help steer you in the right direction for some good information, because, like we were talking before, there's a lot of information out there, and you really just want the good and true stuff. Yeah. And would you consider, say, for instance, I've got a diagnosis for my child of autism, and would you consider offering me some counselling service for...

to deal with what's... Definitely. Yeah. Definitely. And there's various counselling services out there. If the practice has a health improvement practitioner, you could see them. There's the brief intervention counselling. They have a wait of a few weeks, usually. Then there's the other counselling services around town, and then there's some other private psychologists and counsellors. So there's various people, all with various weights, but definitely... I think the family needs support for any family member who has a significant diagnosis. Often, also, there is support through the various non-governmental agencies, say, Autism New Zealand.

They can give support as well. And the Cancer Society has good counsellors. Okay. Yeah. So there's various agencies who can help. But, yes, it's not just the person who has the condition. No, which is often what you think. You think, okay, now everything's going to the child, and then the parent is sort of left out to dry and trying to juggle everything. And navigate a really complex system. Absolutely. Absolutely. Yeah.

12. Key messages

So I think some of the key messages about coming to the GP is that the general practice is a team of people. And there's team members with a lot of skill. So the GP themselves may be just the person who's going to direct you to the right person. I think it's really important that you build a relationship with your GP and with the whole GP team. With that relationship, it makes it easier for you to get information. It'll make it easier for you to share information as well. And then also, we can individualise the care that you need. But it will take time to develop that relationship. Also, it's really important that the general practice team explains things really clearly to you in language that you like to listen to.

And if we're not making things clear, please tell us. And we'll try to make sure that we get the information to you in a way that you want to hear it. And remember, what you tell the general practice team, is private. And so we don't tell other people about it unless you give your permission. Or, unless we may talk to others, if you're going to harm another person or harm yourself. The privacy, the children's privacy would be the biggest one for me. I just assumed that it was 16. And anything under 16 was... You know, I had... I had the right to, you know, have more info. But it makes complete sense that, you know, that it...

Well, you know, we have people, you know, incest, all that sort of stuff. Oh, absolutely. You don't want to ring up and say, oh, you know, yeah, and I get that. And, yeah, the team side of things being, you know, the GPs talking to each other and sharing, you know, getting advice from each other. I like that. We do that. I'm a vet nurse. So the vets do that. Yeah, yeah. So, yeah. So I like that the GPs do that too. You know, it's not just all on one person's shoulders.