

# Help your GP to help you

With the average GP consultation lasting just 10 minutes, **Joanna Pearl** investigates how you can make the time count - and what your doctor is really thinking

## AT A GLANCE



- ▶ What helps your GP to give you the best consultation
- ▶ Tips on how to communicate effectively to get better outcomes
- ▶ How using information such as your online records can help

**T**hink back to 1957, the year of Which?'s inception and just nine years since the NHS started. You'd have seen 'your' family GP, and the surgery may well have been in your doctor's home. They'd visit if you had a medical emergency at night, and you were the object of your GP's gaze, not their computer.

Fast forward 60 years and the modern GP practice is a vastly different environment. The total number of consultations has risen 15% in the last five years alone. GPs now look after more patients with complicated conditions and medicines that used to be managed in hospital. Extended surgery hours and rising demand for appointments mean there's less 'my GP' and more 'my healthcare team'. You may even have to go to a different place for urgent appointments and only the most frail receive home visits.

It's more important than ever that you know how to make the most of the precious 10 minutes allocated to each GP consultation. To help, we've interviewed 15 GPs – from newly qualified doctors to those with a lifetime of experience – about what you can do to optimise your time.

### Consultation prep

There's a well-worn cliché that your GP hates nothing more than a patient clutching a list of numerous ailments that all need to be addressed in 10 minutes. However, many GPs actually told us that if you share your list at the beginning, and it's short and to the point, then it's often welcome. But be realistic – asking about several ailments means you're likely to need more than one appointment.

In fact, what your GP finds most difficult is the 'hand-on-the-doorknob' scenario. They've spent nine minutes discussing your verruca, and now, as you pull your sock back on, you mention something that's raising red

flags and can't be left. So prioritise before you arrive: what's the most important thing affecting your health right now? Share it right at the beginning so the GP can focus your consultation accordingly.

An estimated 80% of your diagnosis is based on how you describe your symptoms, says Dr Graham Easton, author of *The Appointment: what your doctor really thinks during your ten-minute consultation*. Only 5 to 10% of your diagnosis comes from the examination, and the rest comes from investigations and tests.

The GP doesn't expect you to come with a diagnosis, but they do need to know your symptoms (think: 'I've got a cough and a fever', rather than 'I think I might have a chest infection'). Avoid vagueness ('a really bad headache') and try to describe how it is feeling.

Tell the GP early on what you're thinking and expecting from the consultation (reassurance? A certain medicine? A private referral?), and if you're worried you may have something serious. Otherwise you'll leave without an answer to your main questions.

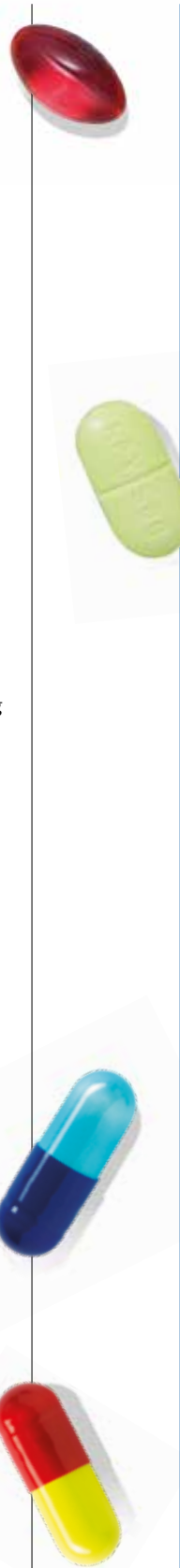
Doctors are taught to elicit your ideas, concerns and expectations ('ICE') and you can help them do it. But keep an open mind – you're there to listen too, share expertise and have a dialogue about what's best for you.

One GP reflected what many told us: 'You'll often hear it from relatives, who say, "Dad came to see you, he's really worried that he's got multiple sclerosis or something", when you know that isn't a possibility... but as they haven't brought it up themselves, you haven't been able to allay their fears.'

### Put symptoms in context

It helps if you can establish a chronology – what order things happened in, and over what period of time. This can help GPs rule out some things and point to others. >

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## What your GP says vs what they mean

*As with any communication, misunderstandings can occur in a GP consultation. Here are some of the common questions GPs ask, and what they really want to know:*

### How are you today?

In other areas of life, this would be interpreted as an invitation to make small talk. Not so with the GP – what they really want to know is the main problem that will be the focus of the consultation. So get straight to the point.

### What do you think's going on?

No, the GP is not expecting you to don a stethoscope and diagnose yourself. Instead they're seeking to understand any ideas you've developed about what might be wrong, and any worries you're having. You are also an expert, in your own symptoms and health, so the GP is consulting you to help crack the case.

### What were you hoping I'd do?

This is not the GP's way of telling you that they haven't got a clue. They are trying to understand what expectations you have so they can best meet them. Are you looking for reassurance, treatment or just acknowledgement?

**And lastly, here's a common one on every phone line to every GP surgery in the land, as you request an appointment...**

### Is it urgent?

The receptionist does not expect you to be the judge of how serious your illness is. That's the GP's job. They are really asking if you're OK to wait for the time it takes to get a non-urgent appointment.

The receptionist knows the GP's specialisms and so can help you to avoid wasting GP appointments, too – for example, by directing vaccinations to the travel clinic, and cholesterol checks to the healthcare assistant.



## Feeling in control of your health records

Would you like a written reminder of what your GP said at your last appointment (the typical patient remembers only about 10%)? Do you want to be able to check that referrals have been made, and see your test results from the comfort of your kitchen table? And when did you last have that tetanus jab?

Ingrid Brindle, a patient of Haughton Thornley surgery near Manchester (see p21), is doing just that. She believes that every patient should be able to do the same by accessing their health records online.

In fact, 92% of surgeries across England now offer patients access to records including test results, medication and immunisations. Some, like Ingrid's, offer full access, including to consultation records and correspondence.

Ingrid has a number of health conditions and at one stage had seven consultants. If one couldn't find her notes, then she could fire up the computer and show them. So when she was told she needed a blood test, there was no need – she had the results of the one the GP had done just a few days before.

When Ingrid travels, she can access her GP medical information from anywhere with an internet connection. And she can find out more about her condition, monitor it and have informed conversations with her GP in 'a partnership of trust'. That, says Ingrid, is how you get the best health outcomes.

Ask at your GP surgery to try these kinds of online services yourself.



A useful question the GP might ask is when you last felt well. Avoid too much extraneous detail ('it started on a Friday night when I was watching *Gogglebox*...'). But do say if big life events may be affecting your health. One GP said: 'It's really common for people to come with what sounds like stress-related symptoms, but what they don't tell you is that someone close to them died a week ago.'

And if you've read about a new drug that you'd like to try, write down some of the specifics of what you've read to share with your GP. But remember that many drug trials are reported by the media at very early stages (sometimes even during animal trials) and long before they're available for NHS use.

A final time-gobbling *bête noir* that most GPs mentioned is the patient who has to unwrap to be examined, even in the heat of summer. Wear clothes that make examination easier – for example, loose trousers to show the GP your knee.

Many surgeries also offer telephone consultations. And, as one GP said, 'they work quite well, for example for results or straightforward conditions where a prescription is needed'.

### Booking your appointment

It may be that you can simply book your appointment online. If not, instead of taking the old-fashioned view of receptionists acting as guard dogs, try to think of them as your ally in finding the person most skilled to help you.

One GP said: 'I see between 30 and 40 patients every day, and a good 10 to 20% of them I didn't need to.' By telling the receptionist what your appointment is for, they can ensure there are fewer wasted appointments.

We also got advice on when it's most useful to see the same GP, and it's mainly when you're dealing with unresolved problems, or if you have multiple chronic illnesses. One GP likened these patients to vintage cars – that they should always go back to the main dealer to be maintained.

It's not so important to see the same GP when you're pretty healthy with an acute or urgent short-term illness. The GP likened these 'fix-it' patients to modern cars – usually OK at any garage.

One GP told us: 'I've got a patient with many very serious conditions, but I know him very well, so, if he's got chest pain, I won't call an ambulance straight away.'

### During the consultation

GPs are trained in communication skills, but you can use the same techniques, as described by GP and communication skills guru Dr Roger Neighbour:

- Establishing rapport & connecting
- Summarising
- Handing over
- Safety-netting
- Housekeeping

#### Establishing rapport & connecting:

This is all about putting you at ease, and it's something you can do too. One GP suggested using simple rapport-building techniques – for instance, even if your GP is running late and you're irritated, eye contact and a smile as you walk in ensure a human connection. This can be just as important for the GP as for you.

GPs confided in us about exhausting workloads. There's no time for tea in a packed day, and a mounting to-do list including test results, hospital letters and repeat prescriptions. 'We're not adequately resourced,' one said. 'We're the restaurant that can't close, even when the tables are full.'

#### Summarising:

Include a summary of why you're there in your first sentence. The GP is trained to summarise their understanding of your priorities, and it's a technique you can use too.

If you're at the surgery for a follow-up on test results, give a 10-second précis of why you're there (for example 'I've been feeling very tired, and so you organised tests to rule out anaemia'). One GP said: 'Patients seem to think that we've had half an hour to read their whole 50 years' medical notes, and we haven't. We've literally opened the notes and called them in.'

Treat it as a shared discussion and let the GP know what's important to you. For example, you might be prepared to take a drug with certain risks if it means alleviating your symptoms.

The GP may have their own agenda (they may be worried about your weight or drinking, for instance) and feel it's important to raise it. Their computer also provides prompts about things they should raise with you. One GP said: 'I've got a little box in the corner of my computer telling me the checks I need to do so the surgery is paid [GP practices are remunerated for measures of good quality care, such as

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patients with diabetes having a satisfactory blood pressure reading and flu jab]. And that may have nothing to do with either my GP “good doctor” agenda, or what the patient wants to talk about.’

**Handing over:** You’ve agreed a way forward and it’s the GP’s job to make sure you’re happy. But it could be helpful to repeat back what’s been discussed and agreed and the next steps (for example, ‘I think what we’ve agreed is that you’re going to do X, and I’m going to do Y?’).

**Safety-netting:** Here the GP makes sure you know what to do if, for example, things get worse or you get certain symptoms. This is the time to check that you understand this and ask any questions (for example, ‘what should I do if...?’), or check the possible side effects of any medication.

**Housekeeping:** The last communication skill that GPs are taught is to do with looking after themselves, and not carrying leftover feelings from one consultation to the next. It also involves updating patient records, which can be an important resource for patients as well as doctors.

One GP who is championing patient access to, and understanding and use of, medical records is Dr Amir Hannan, who runs the Haughton Thornley practice near Manchester. He has faced the challenge of rebuilding trust among the local community, after his practice replaced the one run by Dr Harold Shipman, who was found guilty of murdering 15 of his patients in 2000 and falsifying their medical records.

Dr Hannan gives patients control of their full records, with the aim that everyone should use their patient data to be, what his patient Ingrid Brindle calls ‘your own health information manager’. See p20 for Ingrid’s story.

### After your appointment

If you didn’t try what the GP advised last time, or you haven’t complied with your medication or diet, be honest. ‘We’d rather know that kind of thing up front so we know what we’re working with, instead of just throwing more medications at you,’ one GP said.

Or, if your GP isn’t giving you what you think you need, then seek to understand why. For example, they might be unable to refer you to a specialist or prescribe a medication because of local criteria/guidelines, and knowing this could help you take it forward.

Also don’t always assume that a specialist knows best and what you really need is a referral. GPs are also specialists in their own right – as generalists. One GP also said: ‘It’s not because we’re trying to block you from seeing a specialist, it’s because there are still things that we can do for you as a GP and we haven’t explored all of those options yet, so that’s why we’re saying it.’

And if you’re not happy with your treatment, go back. As one GP put it: ‘GPs are people. We are patients. We are fallible. We do our best under unprecedented pressure, but things do, and will, get missed occasionally. So don’t feel scared to come back.’

You’re perfectly within your rights to see another GP if you’re not convinced by what you’re being told. You can change your GP or surgery if you’re not happy. You can also complain, but do think about sharing your concerns first with the GP or practice manager before escalating things to a body such as your local Clinical Commissioning Group (in England, or equivalent bodies in other parts of the UK).

As one practice manager told us: ‘It can be quicker and more effective for everyone for me to drop everything and spend time with an unhappy patient, rather than deal with a protracted formal complaint.’



## Useful websites recommended by GPs

*60 years ago, you might have dusted off an encyclopedia, but for nowadays here are five trusted websites that our GPs recommend to their patients:*

### ■ Clinical Knowledge

**Summaries – [cks.nice.org.uk](http://cks.nice.org.uk)**

How your GP reviews the current evidence on how to treat you. Technical but comprehensive.

### ■ Healthtalk – [healthtalk.org](http://healthtalk.org)

Patients are recorded talking about their conditions, from atrial fibrillation to arthritis. Great for finding out what it’s really like to have a condition.

### ■ Lab Tests Online – [labtestsonline.org.uk](http://labtestsonline.org.uk)

Practising lab doctors and scientists explain your lab tests, from what to expect, to what the results mean.

### ■ NHS Choices – [nhs.uk](http://nhs.uk)

The huge NHS website includes comprehensive health information, service directories, and reviews and ratings of health and social care services.

### ■ Patient – [patient.info](http://patient.info)

Started by GPs and now part-owned by EMIS, the computer system provider for GPs, it has just the right level of detail on health and medicines.



## THE BOTTOM LINE

**Make the most of your consultation by using the same communication techniques that GPs use and helping to focus the appointment.**

**Prioritise your most important problem straight away, for example, and describe symptoms chronologically. To have really informed conversations with your GP and minimise the need for appointments, look at your patient records and use information such as test results. And get to know what your surgery offers so you can really make the most of its services.**