A Day In the Life of A GP.....

On radio 4’s ‘Today’ Programme, John Humphreys remarked to a GP he was interviewing: “You’re not seriously telling me that GPs work at 8.30 am and don’t leave till 6.30pm. If you did, quite frankly I would not believe you”

I’ll leave that hanging while I’ll describe a typical day with the focus on one Monday last Month. I hope to be able to provide an insight into what we try to do for you and how we try to serve you to the best of our training and ability within the increasingly complex and challenging political and financial framework that we find ourselves in. At our practice we have always believed that looking after your health should be a collaboration between us all to achieve the best possible outcomes.

My Monday in June started at 5.20ish with our youngest of three children bounding down the landing greeting my wife and I with his usual: “Is it wake up time ?” Official start is 5.45 with Farming today on Radio 4 and a cup of tea and juice with everyone in bed head to toe Charley and the Chocolate factory style. We then commence the get up routine which can be quite physically demanding with our youngest who rivals Houdini in getting out of his pyjamas and into his clothes. The older two argue about whose turn it is to pick dads shirt. We are very much breakfast people and we all sit down together and have a healthy breakfast. This is particularly important family time to us as it is usually the only workday meal that I get to have with the boys. I am usually back home too late for the bath time, bedtime and story rituals. I was in surgery and logged on to the computer by 7.10 but I am not usually the first person to arrive. One of our administration team is usually in at 6:30 and Laurence our Practice Manager is usually in around 7am too. My working day starts with the review of the blood, urine, pathology and x-ray results that have been requested within the last few days. The information is sent to us from the hospital electronically overnight and this always needs a clinical assessment as soon as possible in case action is required. For example, we might request that reception team organise a telephone or face to face appointment so that we can discuss the results with you. We use an electronic tasking system to distribute this and all work providing a traceable record of the things that need doing and what has been done when. How long this task takes depends on the number of requests made for investigations over the last few days and the significance of any of the results. As I was duty doctor on this day I had also to review the results of tests that had been requested by colleagues but who were not in the practice that day. For safety reasons this is an essential job and on this particular day it took over an hour.
For those of you unfamiliar with our term ‘Duty Dr’ this describes some additional responsibilities rotated between the doctors on a daily basis. These include dealing with emergencies, general hospital, other doctor, allied professional and prescription enquiries and late requests for urgent home visits. May I take this opportunity to ask that if a home visit is necessary that you please call the reception team by 10.30 am. Strictly speaking home visits are for permanently house bound and palliative patients.

Doctors time is increasingly pressured, and we can see perhaps four or five patients in the time taken for one house call. We appreciate the difficulties you can face but like arriving late for appointments or not turning up for arranged appointments it can significantly impact on the care of other patients.

I usually get a coffee (brought to me – thanks team) before starting my morning surgery at 8.20. As the telephone lines open at 8:00, there are sometimes emergencies to deal with before the surgery starts though not on this day.

Morning surgery is in two parts, split by 30 minutes of administrative work and telephone consultations. The telephone slots are there at the patient participation groups suggestion to increase your access to ourselves and to ensure that those that need seeing can be fitted in as soon as possible. Duty requests for advice or general queries came to me this day and ranged from a request for malarial prophylaxis, to a sick child that I felt I needed to see me as an urgent at the end of morning surgery who I later admitted to hospital. For me, telephone slots work well and I feel that it is a valuable use of time improving your access to clinical advice. If you have need of a genuinely urgent appointment we will always see you on the day.

I was scheduled to see 16 patients in this morning, each was allocated the usual 10 minutes. Much of the enjoyment in being a GP is that you never know what is going to walk through the door and this is interesting, exciting and frightening all at the same time – a different spin on ‘white coat hypertension’!

Appointments can be at completely opposite ends of the spectrum. As you may appreciate, 10 minutes was not going to be sufficient time to help a patient that was depressed and had had thoughts of harming themselves, or the patient with a likely new diagnosis of angina and who needed a referral to hospital. It is not a long time to understand the issue, diagnose a possible problem and agree with you the next steps we wish to take. Some of these consultations will require no further actions whilst other will generate tasks as mentioned earlier e.g. referral letters for hospital appointment, request for tests.
And so onto the middle part of the day. This is rarely a quiet time of day when I can have some lunch and catch up on paperwork as there are usually a large number of visit requests. On the day of writing, we had 21 visit requests and although this is quite high for this time of year, we usually average at about 15 visits per day. This may not sound a lot but if you consider that each doctor may have to drive to four geographically diverse parts of Derby and at each location access (easier than it sounds), assess a patient in their own home (generally not as easy as in the surgery), then you can see that it takes a lot of our time. Of the 21 visits that day many were at one of the nursing homes that we cover and I was fortunate that I was allocated just a single visit to a patient I know very well. I was back at the surgery early therefore and was able to get on with paper work including working through requests for prescriptions. The computer system we use is an excellent one and as you may know if its set up properly in the first instance then we know whether a prescription request is being made earlier than scheduled, we can trace whether a certain medication has ever been issued before and by whom, and we know whether the requester has attended all the necessary safety check appointments. We often even record who picks up the prescription. I think it is fair to say that this is my least favourite part of the day because despite all our safety checks it has the greatest potential to do you harm if not done right. We ask for two working days to turn round medication requests though we usually get them done earlier. Please be courteous to the reception team. If your prescription is not ready and you are not requesting it too early, it won’t be the receptionists fault. There will be a good reason a doctor hasn’t done it and SAFETY has and will always come first to the best of our and the teams abilities. We are very grateful for your continued understanding and support in working with us on this important issue. You may be interested to know that you can order prescriptions electronically (as well as book appointments). It is a very safe and efficient system but again relies on all the necessary appointments and reviews having been completed in a timely manner. Please ask a member of the reception team if you are interested in registering for this service for yourself or for someone that you care for.

Patient participation group members may remember that when I presented a day in the life of a GP at one of our meetings, on the particular day in question, I was called out urgently together with nurse Kay and Laurence to assist a gentleman who had collapsed in the shopping precinct. Fortunately there were no emergencies on this day and I was able to keep my head in the paperwork until my afternoon surgery
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at 3.30 with its mix of acute and chronic problems. I was running a little late so saw my last patient at about 6:15 which was added as an emergency extra at the end of surgery for a patient who felt their problem could not wait until the next day. If I may -a word on running behind. Those that are familiar with the way I work will know that I try to be thorough, cautious and can’t abide leaving things to the next day if it can be done to today. Here in lies a difficult problem as I would much rather be an hour early for an appointment than I would 10 seconds late. For me the reason I wanted to become a GP is that I enjoy talking to you and it’s an absolute privilege to be trusted to help you to the best of my ability and training. So whether the balance between a warm efficiency and a long wait in the waiting rooms is being achieved I guess you will tell me though your comment cards, the practice survey and voting with your feet and choice of Dr.

After 15 more minutes of paperwork, a final check of the computer system and my task list revealed two late home visits which were in the general direction of my own home. By the time I got home it was approximately 7.30. I had looked at, assessed and actioned 31 pathology results, had 38 in person patient contacts, spoken with in the region of 13 patients by phone, checked and signed approximately 60 routine prescriptions, scrutinised 17 repeat requests, spoken with a hospital consultant, liaised with our district nurses, generated 23 tasks for me and others, leaving just three which could not be progressed further that day and visited three patients in their own homes. After greeting my wife we like to check on our boys before dinner. Having fed and watered I reflect on the day. However, there is still work to do in the evening, reviewing literature and keeping knowledge up to date. If you read everything you were supposed to without the helpful summaries published by our professional organisations you would have a pile of literature room high on a yearly basis. Medical thinking changes all the time and this means that we have to keep on top of it to give you the best possible care and show continuing professional development as part of our accreditation to remain a doctor. So on this not untypical day I retired to bed about 10.30.

I hope that you have a flavour of a typical day in the life of one of your GPs and have found it to be interesting and enlightening. It’s a fascinating and fabulous vocation!

Dr Richard Furness