

10 INSIDER TIPS I BET YOU DON'T KNOW ABOUT YOUR GP

Source: [Dr Jon Griffiths](https://drjonggriffiths.wordpress.com/2018/01/30/10-insider-tips-i-bet-you-dont-know-about-your-gp/) in [General Practice](#), [Generalism](#), [health](#) January 30, 2018
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We've all been to the doctor, right? We know how it works; we know how to get an appointment and what to say when we go. I'm always surprised at how little people do understand about how their doctor's surgery *really* works, and how to get the best out of them. Most people don't realise that a GP runs a small business and that they get paid a set fee to provide all of your care. Do you have any idea how long your appointment slot is, or how many patients your GP will see each day? Hopefully you won't need to visit your GP very often, but a bit of insider knowledge can help you when you do need to go! How many of these insider tips and nuggets did you already know?

1. *Your Doctor would like to give you more time*

- Most GPs provide just 10 minutes for an appointment. Although this might not seem very long you must remember that this has increased over the past 20 years from a typical 7.5 mins per appointment, and from even shorter appointments before then. GPs can choose to offer longer appointment times, but there is a balance between length of appointment and how many appointments they make available. This is obvious when you think about it – do you offer fewer, longer slots, or more, shorter ones? What would you do? Depending upon your reason for attending, 10 minutes might be more than enough time, or woefully inadequate. Got a sore throat? You might be in and out in 5 minutes. Hearing voices and suicidal? You might be in there for half an hour, or probably longer. Your doctor will rely on a variety of problems presenting to balance these demands on their time, and hopefully will run roughly to schedule. Often they will run late.
- You can help this by understanding how long your appointment slot is (just ask when you book), and working with your doctor to get things done in the time allowed. *If you already know you are going to need more than 10 mins, ask reception if you can have a longer slot.* They will probably be happy to oblige.

2. *Your Doctor does not like lists*

- Well, let me clarify this. Your Doctor *would* advocate you knowing what you are coming for, and if writing this down in advance will help you, then I would suggest you do so. However, bearing in mind point one above, if you only have 10 minutes and if you pull out a list of 5 problems this is pretty stressful for your GP. Were you expecting 2 minutes per problem? *Be realistic. Prioritise what you want from your doctor.*

3. *If you arrive 10 minutes late, you have missed your appointment.*

- What I mean is that if you are 10 minutes late (or more), then ***you are not just late, but your appointment slot has come and gone.*** The next patient is now due. Remember that the impact of being late is not just on your doctor. They may be prepared to finish their surgery late in order to see you, but what about all the other patients who have booked in and arrived on time? If you arrive late, this is who you are causing hassle for, all the people around you in the waiting room. I guess I'm just asking you to think – is this fair?

4. *Your Doctor is not telepathic*

- Pretty obvious, right? Yet it seems that people think their GP will know what they are worried about, which of their problems is a priority for them and what their hidden fears are. A good doctor will no

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doubt explore all of this with you, but you can short-cut this. *Be up front about what is on your mind.* If you are worried because you think your rash or lump might be cancer, then say so. If you want to exclude some rare condition because your mother had it – let the doctor know. Try not to leave your main problem until the end. You would be amazed how many people get through the whole consultation and then, at the end, say something like “While I’m here, can I mention this chest pain I’ve been getting?”

5. *Your Doctor is a specialist*

- They have just specialized in being a generalist! Don’t make the mistake of thinking that there is a hierarchy of doctors, with GPs at the bottom and hospital consultants at the top. Your GP will have spent a minimum of 5 years in training AFTER medical school. They are experienced doctors qualified to look after you. Sometimes people think that going to A&E means you get to see a ‘proper doctor’ – remember that the junior doctor in A&E is likely significantly less experienced than your GP. Many people think that being a GP is the hardest job a doctor can do. If you are concerned that you might need to see a specialist, then talk this through with your GP – they are in a really good place to decide with you if that is what is needed, or not.

6. *Your Doctor is self-employed*

- Did you know this? Why does it matter? GP partners own the business of the practice and are ‘independent contractors’ to the NHS. Many members of staff at the surgery, including some of the doctors, will be employed, but by the surgery not by “the NHS”. This has a number of implications:
- Firstly, your GP receives a set amount of money per patient per year to provide all of their care. It doesn’t matter whether you see your GP every week all year, or don’t attend for 5 years; your GP gets the same amount of money for looking after you. You must not think that by seeing your GP you are ‘doing them a favour’ by bringing in money for your attendance! The amount of money your GP earns varies from practice to practice (they are all individual small businesses) but the average is around £140 per patient per year. This is really good value (*less than 40p per patient per day*), particularly when you consider this is the money the practice receives to provide all the services and pay all the staff including the doctors.
- Secondly, this means that your doctor’s surgery is contracted to provide certain things, and not others. It’s worth remembering this as this is why you will sometimes be asked to pay for things. In simple terms your GP is contracted to provide medical care, but not to do things outside of this such as the multitude of letters they are asked to sign. If ANYONE asks you to “get a note from your doctor”, you should really question this before heading off to the surgery. Many of these requests are unnecessary and just seek to move a perceived risk from one person to the doctor, who may not be in a position to carry that risk. Check out this website first for more info:

http://www.ganfyd.org/index.php?title=Get_a_note_from_your_doctor

- The payment GPs receive is not affected directly by referrals or prescribing – the costs for this are in a separate budget. If your GP decides to prescribe an expensive medicine for you they are not paying for it themselves. People often think that GPs switch medicines to cheaper ones in order to personally benefit financially. NOT TRUE! They are doing this to help the NHS budget as a whole, which I would hope we would all be in support of.

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- Because they are small businesses, they bear any increasing costs themselves. Rising indemnity fees (insurance against being sued) have to be paid by the doctor themselves. A doctor working only 2 days per week can be paying £6,000 per year on indemnity insurance. Why does this matter to you? Because if they are paying £6,000 on that they are not spending that £6,000 on another receptionist, or nurse, or another doctor. The higher the costs, the less likely the surgery is to be able to add in additional services. So, bear this in mind when you are thinking of suing your GP!
- Despite [what The Sun might tell you](#), your doctor does not earn £700k per year (unless your GP happens to be the sole one in the country that does ...)

7. *Your Doctor wants the best for you*

- If your GP decides not to refer you on, or not to prescribe anything, or not to investigate you it is not because they are trying to be difficult or just trying to save money (don't forget, their take home pay is not affected by these things). It's usually because they don't feel you need any of the above. They also understand, probably better than you, the risks associated with over referral, over treatment and over investigation. This is not a game where you need to see how much you can get from the NHS. This is about keeping you healthy, investigating when appropriate, and treating when we need to. Bearing this in mind, your GP will not mind explaining it to you – just ask. If you were hoping for an X-ray, mention this and *have a grown up conversation with your doctor* about the pros and cons of doing that.

8. *Your Doctor is not taking part in a medical drama.*

- When you watch the TV, watch out for the doctors. I bet, 9 times out of 10, that they get the diagnosis right, first time. I'm afraid this is not real life. Many conditions are not at all obvious, and time is the only sensible way to start to differentiate between them. GPs often get vilified in the press for not picking up serious illness (“I attended my GP 3 times before they referred me with my cancer...”). In reality serious illness often initially presents the same as mild, self-limiting illness. A cough, for example, can be caused by many things, from a simple viral infection to lung cancer. The patient who presents to their GP with a cough that they have had for less than a week is unlikely to get a chest X-ray on the first visit, but if it has failed to settle after 3-4 weeks, then that's a different story. Be aware of this and remember that this is complex stuff. In particular, *ask about the things that you should watch for* and under what circumstances you should return for review

9. *Your Doctor might play golf, but probably not in their lunchbreak!*

- The traditional view that people have of GPs is that they see a few patients in the morning; a couple of visits, then are free until evening surgery at 5pm. Plenty of time for 18 holes in the afternoon? The traditional view is out of date. Most GPs see 18-20 patients in morning surgery, followed by visits, and then a further 18-20 patients in the afternoon. Many GPs see more than this. In addition to these face to face consultations, there will be phone calls and paperwork. Paperwork is an essential part of patient care, but takes time. It consists of looking through the results of the investigations that have been ordered, reading letters from consultants, acting upon these letters (consultants will not infrequently give actions for the GP to undertake), signing prescriptions (signing prescriptions is one of the riskiest things that GPs do – be aware of this and don't be upset if there is a query over your medication – this might just mean that the GP is taking the trouble to check that this is safe for you and won't kill you) and arranging the investigations and referrals from the previous surgery. The waiting room may be

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empty, but that doesn't mean the GPs are all putting their feet up. That's a lot of patients seen, and a lot of decisions made. If you are waiting for the results of an investigation, this can be stressful, and you quite rightly will want the results as soon as possible. Here are some things you should consider:

- If the test was arranged by your hospital consultant – that's who you should go back to for the result. Ring the consultant secretary (ring the hospital switchboard and ask to be put through) and ask when the consultant is going to convey the results to you. If they try to palm you off by saying they will send the results to your GP, ***explain that you want the results from the specialist who arranged them*** who is in by far the best place to give appropriate advice.
- If your GP did arrange the test, the smart thing is to make sure you know from the outset when and how you should expect to get the results. Are they going to phone you, or do you need to call? Speaking to the receptionist if you are uncertain is the way to go – ***explain your problem, and ask how to proceed*** – they will probably be able to help you.

10. *Your Doctor has entrusted their reception staff with an important job*

- And that job is not just to make things as difficult as possible to make an appointment! The receptionist's main job is to deal with enquiries, book appointments and generally ensure all is running smoothly. They are not medically trained, but they will have a really good understanding of the services on offer. My advice would be to ***entrust them with a rough idea of the problem*** that you have. This way they are able to direct you to the most appropriate course of action. Don't forget that everyone who works in the surgery is covered by the same confidentiality clauses. You can trust that the receptionist is NOT going to be talking about you to others. Increasingly doctor's surgeries include clinics run by nurses, physios, pharmacists and more. If you ring and insist on an appointment with a doctor, without explaining that it's because you have a bad back, you might have missed out on seeing the physio – probably a better option for you.
- If you are polite and friendly to reception, they will be polite and friendly to you. They are not trying to be obstructive, they are just doing their job – you might be anxious and stressed, but try to keep calm. The receptionist can be key in getting the right help as quickly as possible – just remember, that help might not be the GP.

So, how many of these top 10 insider knowledge facts did you know? As with all things, the more we know about how things work, the better able we are to work with the system and get what we need done. I hope these facts and tips have been interesting and helpful to you. If they have, why don't you share them with a friend?!