

# WHAT CAN ONE EXPECT OF YOUR GP/ HOW CAN WE HELP OUR GP TO HELP US?

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WELLINGTON

# GENERAL PRACTICE – THE SPECIALITY OF GENERALISM

## Key principles ...

- a commitment to the person rather than to a particular body of knowledge, group of diseases or special technique;
- an understanding of the context of illness;
- an opportunity for prevention and health education;
- an appreciation of the health of the practice population, as well as the individuals within it;
- active participation in the community;
- and sensitivity to feelings and an insight into relationships, including an awareness of self

(McWhinney, 1989)



WELLINGTON

# NEW ZEALAND GENERAL PRACTICE

- 988 General practices
- Approx. 5000 doctors working in primary care
- Approx. 8000 nurses working in primary care
- 20 DHBs that provide specialist services to support General practice
- GPs are very skilled at finding information

# HOW TO HELP YOUR GP HELP YOU

- Enrol in a practice
  - Try to see the same practitioner each visit
  - If you expect to take extra time – please make a double appointment
  - It can be helpful to make a list
  - Make notes about symptoms - time line
- 
- Let your GP know about the services – Duncan Foundation, and suggest they have a look at Health Pathways

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**Health System News**

**Direct-dial CCDHB specialist advice available**

In many cases GPs no longer have to go through Wellington Hospital's switchboard to get advice from an on-call consultant or registrar.

See [CCDHB Specialists: On-call Contact Details](#) for new direct-dial phone numbers, departments, and availability.

**3D HealthPathways Outcomes Evaluation**

For an overview of the findings and key considerations from Synergia's independent 2018 evaluation of 3D HealthPathways, see the [Evaluation of 3D HealthPathways, Executive Summary](#) (page 1).

**Latest Localised Pathways**

- IV Iron Infusion Procedure
- Blood Transfusion Requests
- Iron Deficiency Anaemia in Adults
- Oral Iron Therapy in Adults
- Giant-cell Arteritis (Temporal Arteritis)
- Syncope
- Funny Turns
- Late Effects of Polio



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- Drug Information
- [NZ Formulary \(NZF\) or NZF for Children](#)
- View a [NZF video](#) and [NZF FAQ](#) on using the formulary.

- [Toxnet](#) - Toxicology Data Network
- [LactMed](#) - Drugs and Lactation Database Database



- Health Navigator
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Wairarapa | Hutt Valley | Capital & Coast DISTRICT HEALTH BOARDS

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## Late Effects of Polio

### Background

[+ About late effects of polio](#)

### Assessment

1. Consider alternative causes for symptoms, especially when there is no clear history of polio.
  - Be aware that false attribution of symptoms to polio is an issue.
  - Note that new focal symptoms at a different site may indicate a different diagnosis. Late effects of polio always occur in muscles originally affected, although the original effect may have been so minor as to not be apparent, making this challenging to determine.
2. History:
  - Ask about muscle weakness, wasting, pain, fatigue, respiratory or sleep symptoms, and assess dysphagia, speech difficulties, urinary symptoms, and restless legs syndrome.
  - Establish the history of the original paralytic polio and compare this to the current symptoms.
    - Include sites affected, severity, recovery and surgical history.
    - Take note of progressive neurological symptoms.
3. Assess mental state and social functioning related to disability, including fitness to drive.
4. Examination:
  - Check for focal neurological signs and musculoskeletal abnormalities. Weak muscles show lower motor neurone signs of wasting, fasciculation, and absent reflexes.
  - Measure body mass index (BMI).
5. Investigations are not usually required unless an alternative diagnosis is expected, in which case follow recommendations on the relevant pathway.
  - Electromyography (EMG) is usually arranged by neurologists.
  - If respiratory or sleep symptoms are present, consider arranging spirometry to look for hypoventilation.

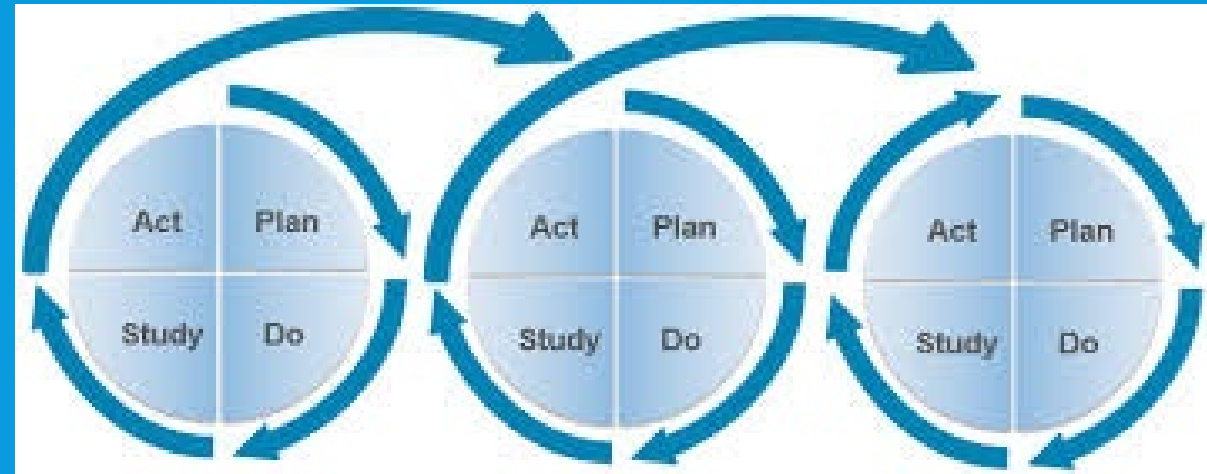
### Management

1. If the diagnosis is not clear or symptoms are rapidly progressive, request non-acute neurology assessment. Most patients with late effects of polio are managed in general practice with allied health assistance.
2. Provide [patient information](#).
3. Provide flu and pneumococcal vaccination.
4. Manage patient symptoms:

# WHAT CAN ONE EXPECT OF YOUR GP?

- Holistic health care from the team at the practice
- Physical health, mental health, acute care, preventative care
- Unlikely to be the “ all the answers ” in the first instance
- Willingness to find out more
  
- Step wise approach - starting with less risky / invasive things
- Review and monitor progress, change approach if needed

# QUALITY CYCLE / APPROACH IN PRIMARY CARE





# GENERAL PRACTITIONERS

- Choose the role because of the patient contact
- Longer term interaction
- Challenging, new, intellectual stimulation
- Being an advocate
- Seeing people in context of their lives and not their illness