



Wendover Dementia Support

Making the most of your GP practice

1. How to make a routine Face to Face appointment with your usual GP:

It is important to aim for continuity of care with your usual GP, so they get to know you and your family. If your problem cannot wait you could consider consulting another GP who will have access to your records or another member of the team. The receptionist will help you signpost you to the most appropriate person to address your concern.

- a. Phone reception during working hours and explain:
 - i. An outline of the problem that needs addressing so the reception team can signpost you to the most appropriate clinician and the level of urgency. Make sure they know you have dementia and whether someone is coming with you to a face-to-face appointment.
 - ii. If you really want a routine face-to-face appointment with your own GP, make that clear and be prepared to wait for an appointment. A phone appointment is usually quicker to access, and the GP can convert this to a face-to-face appointment if they feel it is clinically necessary.
 - iii. Explain the difficulties of any appointment time in terms of your disability and the distance any family member might have to travel in order to bring you to the appointment.
- b. If you are unable to use the phone, try making an appointment by visiting the desk. Explain that you have dementia and that you would find a phone call difficult.
- c. Potential difficulties might be that the receptionist:
 - i. Says there are no appointments available
 - ii. Asks you to ring back at 8.00am and you are unable to do that as you are not up that early
 - iii. Says they will ask your GP to give you a phone call, but you are concerned that they will phone but you will not be prepared to speak and might forget what to say
 - iv. Offers a phone appointment at a particular time which is difficult for you

If that happens, see if you can get family or friends to phone on your behalf and make sure they tell the receptionist you have dementia, what help you need and what difficulties there might be for you keeping an appointment.



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2. **If you are a carer for a patient with dementia** you may need to explain to a GP or a nurse the current dilemmas and problems without the patient becoming distressed by hearing what you say:
- a. You can email or write to the patient's GP on their behalf particularly if you are their next of kin or have Lasting Power of Attorney – even if you live far away or are registered with another practice. Your letter or email will be saved on the patient's medical records. **DO NOT EXPECT A QUICK REPLY.** The GP will not be able to reply to you unless there is written consent from the patient that medical information can be shared – so if the matter cannot wait see Urgent Problem (below).
 - b. It can be a good idea to take a written letter to an appointment with the patient and their GP. Usually, the GP will not refer to the letter in front of the patient, particularly if you ask them not to.
 - c. Here are some suggestions about what to include in the letter:
 - i. Symptoms and behaviours including those that are distressing, including aggression and violent behaviour
 - ii. Medication problems – when you know the patient will say they are taking medication when they are actually not or vice versa
 - iii. What has happened or been decided at recent hospital/memory clinic appointments and anything you do not understand
 - iv. How you, as the family carer, are feeling and coping
 - v. What you want the GP to do and say – and what would be the least distressing explanation for the patient – for example:
 1. The patient needs to stop driving
 2. The patient needs to accept help with personal care/a paid carer/ respite care either as live-in or residential
 3. The patient does not use the word dementia, they prefer “memory problems”
 4. The patient thinks he is coming to the GP about his bad back and does not remember wandering in the night
 - vi. What **you** are expecting or hoping to happen during this consultation
 - vii. What the **patient** is likely to ask the GP this time and therefore what they are expecting to happen during the consultation:
 1. The patient may not remember the previous explanation for a skin lesion, mobility issues or discomfort and you want the GP to acknowledge their concerns but not allow the consultation to be dominated by them



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2. GPs may appreciate being warned in the letter that the issue the patient will raise has either already been fully dealt with previously or is not accurate
 - viii. Consider asking your GP if it is possible:
 1. For you to be able to manage any recurrent problems yourself e.g., - Urine testing strips to diagnose urine infections, testing for blood sugars if the patient has low blood sugar on diabetes medication, standby antibiotics for frequent infections etc
 2. To simplify medication to once or twice a day if someone is needed to come in to give medication
 3. To change to an anticoagulant which does not need regular blood tests if the blood tests are a problem.
 - ix. At the end of the appointment make sure you know what the GP wants in terms of next steps and follow up, and maybe ask the GP to help make appointments if you anticipate problems
- 3. URGENT PROBLEM - how to get an urgent assessment.** It is important to only ask for an urgent assessment if you really think there is an urgent medical problem that needs to be dealt with that day.
- a. **Ring reception** and tell them the patient has dementia and describe the new, urgent symptoms – such as sudden acute confusion, difficulty waking up, acute distress, difficulty breathing etc. **BE CLEAR and ASK FOR AN URGENT CARE APPOINTMENT TODAY.** The receptionist will pass you the information to the Urgent care team. They will phone you back - so tell the receptionist if you think you will not be able to get to the phone. Consider asking family or friends to come and help so you are free to give a clear account of the problem on the phone. It can be helpful to make notes while you are waiting.
 - b. **Phone assessment.** When the urgent care team phone you back, be prepared to describe exactly what the problem is, anything you have observed and whether they have had anything like this before. The team will make an assessment over the phone, may decide:
 - i. To give advice and/or an appointment with your GP or another member of the practice, not necessarily that day
 - ii. To prescribe treatment, such as antibiotics, over the phone and they will ask you which chemist you want the prescription sent to. If so, make sure you know what to look out for and at what point you need to contact the practice again.
 - iii. To offer you an appointment that day
 - iv. To come and assess you at home – in which case it is likely to be a paramedic who visits you.



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- c. **Out of hours.** Ring 111 and ask for a GP assessment as you want to avoid a hospital admission if possible. Explain that the patient has dementia and hospital can make the patient more confused.

4. **Complex Care Team (CCT)** – this is a small multidisciplinary Complex Care team who are part of the Westongrove team. They are there to support and manage complex people at home who have multiple medical problems, including dementia. If you think the patient would benefit from their input, you could ask your GP if the CCT might be helpful for you. This could be done through an email or discussion with any member of the practice team. It is important that the patient is aware of this referral request and the team are clear of your expectations. CCT might not be the most appropriate team to be involved in your care but can signpost you to other services. A member of the CCT will then make contact and arrange to assess your needs at home. The team help support your GP in managing more complex patients and will liaise with your GP.

5. Practice nurse appointments

Patients with dementia need to make sure they have routine check-ups for all their chronic diseases and are often asked to see a practice nurse for the following:

- Annual check-ups for other diseases such as diabetes, high blood pressure, chronic bronchitis
- Blood tests
- Immunisations – shingles, pneumonia
- Dressings and wound care

If you are unable to get the patient to the surgery, your GP can arrange for these to be done at home by the community nursing team.

6. Podiatry

Make sure the chiropodist knows the patient has dementia and what explanation and conversation would be reassuring for the patient (a letter to be given by you is helpful)

If the patient is unable to leave the house for an appointment, explore options for a podiatrist to come to the house.

7. **District nurse, physiotherapy, or OT.** Your GP or the Complex Care team may arrange for these people to visit and assess you at home. Common conditions which could trigger a referral are:

- a. District nurses
 - i. Incontinence
 - ii. Pressure sores, leg ulcers and wounds
 - iii. End of life care
- b. Physiotherapy
 - i. Acute problems requiring exercises to restore mobility e.g., fall
 - ii. Walking aids – frames, sticks
- c. Occupational therapy
 - i. Wheelchairs and stairlifts
 - ii. Changes to a house to allow independent living