

**Rheumatology Event,  
23<sup>rd</sup> June 2017, St Peter's Pavilion, Hindley**

**SUMMARY FEEDBACK**

<b>Event</b>	Rheumatology Engagement Event. (Joint event with Wrightington Wigan and Leigh NHS Foundation Trust colleagues)
<b>Audience</b>	Rheumatology patients, carers and staff.
<b>Number</b>	37

**1. How would you feel if your GP was both prescribing your drugs and monitoring their effectiveness if you are stable?**

*Think about any benefits, or if you have concerns think about what we could do to mitigate them.*

- Trouble getting appointments.
- Wouldn't be closer to home as patient attends Dermatology at Leigh and GP is also in Leigh Health Centre.
- Lower confidence that it would work – less staff – access an issue.
- ? Not enough.
- Not enough continuity with GPs due to too many trainees.
- Happy to be managed by GP (Ormskirk). This is managed well.
- My condition (Lupus) is not stable.
- No – would not trust GP to prescribe and monitor.
- Blood tests – not enough availability of phlebotomy service to attend for bloods when due.
- If disease stable – happy for GP to prescribe and monitor.
- Stable.
- Spec. Nurse.
- General Appointments, Routine.
- In order for this to happen the surgeries would need additional services such as phlebotomy services.
- There is currently some duplication of blood monitoring.
- Would save me running to hospital.
- I prefer to have my tests done at the doctors but I can't get passed the receptionist.
- Some apprehension about results getting back to Wrightington.
- Looking at how long patients have to wait for an appointment, any extra work load would not be feasible.
- Solo (single handed) doctors would not be able to take on this system.
- This would be acceptable presuming that a Consultant/Specialist Nurse did the original prescriptions.
- Have had an experience where the GP wanted to stop drug prescribed by the Consultant, which was not acceptable.
- Depends on competence of GP, e.g. multiple pathologies, affecting meds.
- Size and modernity of practice enables this?, small practices remind of us cottage hospitals!

- Aware of additional workload pressure on GP from working.
- Hoping GPs on board.

## **2. If you see the Specialist Nurses, what do they do for you?**

- Discussion.
- Bloods and prescribing.
- Change of medication.
- Review of RA. And they advise if I need anything different.
- Check Joints, noted flare ups.
- Asked general health and review.
- Requires more information to see patients.
- Some conditions, e.g. Lupus are not covered by Specialist Nurses. There is a cohort of patients that need to be treated and seen by Consultant.
- Get a list of support from Specialist Nurses.
- Can speak to them easily.
- Accessible.
- Examined.
- Confident.
- Consultation.
- ? Allergic reactions.
- Full examination and DAS 28 examination and score.
- Happy with current situation where I see the Nurse Specialist every 6 months and the Consultant every year. Very responsive to changes that are needed.
- Can talk to the Specialist Nurse, feel more at ease, more relaxed, more time than seeing a doctor.
- Not enough information about diagnosis – Missed connective disease.
- When I see the Specialist Nurse she could not do any more for me.
- Listen, give time, get thorough examination and refer for anything needed, i.e. physio, steroid injections.
- Have given steroid injections on the day when in a bad flare.
- Also ordered scan when needed.
- Accommodation and facilities to practice.
- Knock on effect for Wrightington Patients.
- Responsive phone/email contact.
- 1:1 contact, ability to change/prescribe meds.
- More than 10 min. appointment time, you can raise more than 1 issue.

## **3. What would you think about seeing a Specialist Nurse outside the hospital, in a Community Location?**

*Think about any potential benefits, or if you have any concerns what could we do to mitigate them.*

- Like the idea of nurses in the community.
- Not keen on going to Wrightington – infrastructure is poor, footpaths are wonky but service is first class.
- Yes, it would relieve the pressure at the hospital.
- Some patients have a problem getting to hospital.
- Closer to home, expertise, waits.
- Can't work for Out of Area.
- If I saw them, the location would be of minimal importance. It would be more concern that they themselves felt that their time was being used efficiently.

- No problem with it.
- Would need increased nursing staff to manage this.
- All work very hard.
- Could work if stable condition, not having an infusion etc.
- Confident, Wrightington.
- Pathway??
- Would be better.
- Would come down to the Specialist Nurse!
- Resources. Must have adequate facilities to do the job.
- The Specialist Nurse would not see as many patients visiting surgeries as could be seen at Wrightington over the time space.
- This is a good idea particularly for those who have travel difficulties.
- In favour, generally, hopeful it doesn't dilute what's available at hospital.
- Take support of others, ? Newsletter – feedback on developments.

**4. Is there anything else you would like to tell us about the ideas you have heard today or about your experiences using the Rheumatology service?**

- Unsure where I am with my Specialists – would like to see report from recent attendances.
- Patients keen on self-help and will make contact.
- Need more Consultants and Nurses.
- Helpline could be better. Waiting for a call back is hit and miss. I don't have a mobile so if I go out I could miss the call.
- After diagnosis (1.5 years ago) my treatment has been exemplary. I hope Lupus diagnosis is much improved generally. I am sure it is, but I was lucky that I eventually saw Dr Gladstone.
- Would prefer services to remain hospital based.
- Community services may be more suited to new patients who don't require much input / support / intervention.
- Appointments.
- I felt left in Limbo after receiving discharge letters – GP couldn't explain the diagnosis.
- Doctors are in too much of a rush – very nice – but rush you in and out (GP).
- Easier to speak to the nurses.
- Education sessions around Rheumatology conditions would be good.
- Regarding car parking, a space would have to be made available for every patient and this is not possible.
- The patient has a 'duty' to follow up on their care, as a patient be 'pro-active'.
- Appointment system does not appear to be working, have to continually chase appointment.
- Out of area patients – diluted at Wrightington.
- Support from Rheumatology is fantastic, want standards raised.