

# The Monitor

Keep your finger on the pulse of Devon Doctors' health services

August 2010

Issue 12

## Visiting MP praises our social enterprise model

Anne Marie Morris, Conservative MP for Newton Abbot, visited the Devon Doctors control centre and offices this month.

She met with our medical directors and operations managers to discuss our organisation and its approach to the recent Government White paper on the NHS.

It was partly a fact finding visit because of her interest in health-related issues.

Dr Mike Richards, medical director, explained: "She was very complimentary about our structure as a social enterprise, not-for-profit company.

"She explained how this is the model the Government anticipates for future GP consortiums.

"It's these groups that will be responsible for purchasing health care instead of Primary Care Trusts in the future.

"This includes out-of-hours and other services provided by the Devon Doctors group. There's a clear political drive to maximise



L-R: Devon Doctors Operations Managers Jane Moxon & Annette Hammett, Anne Marie Morris MP, Devon Doctors Medical Directors Dr Mike Richards & Dr Chris Bastin

the use of community hospitals, keep people at home as much as possible and provide local specialist services.

"She was pleased to hear that Devon Doctors is keen to be involved in the new services and

take an active role in the move away from the current Primary Care Trust structures.

"After an intensive two hour meeting she then visited the control centre as we went live at 6pm. A return visit is promised."

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## GP practices vote for our board directors

All non executive directors of Devon Doctors must go to the membership for re-election by rotation every three years.

Devon Doctors is owned by all the GP practices across the county. Each practice, no matter what size, has one vote. Please use this vote when the opportunity arises.

The following non executive directors are due to retire by rotation:

**Dr Mike Slot, Mid Devon**

**Dr Peter Holley, South Hams & West Devon**

**Dr Ben Leger, Exeter & East Devon**

If any GP would like to put themselves up for election to any of the above areas, please email [colin.strachan@nhs.net](mailto:colin.strachan@nhs.net) before 9am Monday 11th October 2010.

### Everything's recorded

I have to start by once again reminding all doctors, nurses and control centre staff that all calls are recorded. It doesn't help when dealing with governance issues to have inappropriate remarks on tape, however frivolous they might seem at the time.

### Comments on patient notes

There have also been some recent cases where inappropriate comments have been recorded within patient notes.

Please be reminded that patient notes aren't the place to record personal opinions or judgements.

If you wish to pass on non-clinical information about a patient to a colleague (e.g. you have a concern that the patient or someone accompanying them may be verbally abusive) it's more effective to request a message be passed on via the shift manager.

### Visits

We've all noticed an increasing workload over the last year or so and as a result the way we work has changed.

One example of this is for the mobile doctor to be asked to visit out of area. The idea of boundaries has now changed and



### Visiting doctors and drivers need to be flexible

mobile doctors may be asked to visit other areas at a reasonable distance from their treatment centre.

This will be dictated by clinical need and workload pressures our colleagues might be experiencing. The shift manager decides which is the most appropriate car to attend which visit.

The same applies to 'top slicing' cases for a treatment centre under pressure.

### Diclofenac

An issue recently arose over the administration of a Diclofenac injection and three days of oral medication with that drug. A patient was suffering from boney

pain from prostate cancer secondaries.

I, like many of you, would use Diclofenac in this situation but I've been reminded by Dr Lucy Smyth, consultant renal physician at the RD&E Hospital, that renal failure can be a result of that therapy.

Please bear this in mind if the patient is dehydrated, hypotensive, systemically unwell, on other potential nephrotoxins or known to have a history of renal impairment.

### Verbal handovers

Please could I request colleagues to have a quick chat with each other when starting and finishing shifts, about outstanding cases or any issues that have arisen.

We had a recent case where a patient didn't receive a visit for seven hours because of lack of communication.

### Thank you

A personal thank you to everyone who has worked extra or extended shifts over the last few weeks.

This commitment has enabled Devon Doctors to maintain the high standard of care for which we are known for and has come with a degree of personal sacrifice from you all.

*christopher.bastin@nhs.net*

## CASE STUDY from the governance team

### Concealed pregnancy



#### What happened?

A female patient, aged 23, recently presented at our Torbay treatment centre (in Torbay Hospital) twice in one day.

The first occasion was in the early afternoon and her presenting symptom was "backache". She was examined, no radiation or red flags were noted, and she was advised to take paracetamol and ibuprofen.

The second occasion was in the evening: "pain has got worse in back and stomach, can't really stand, pain started last night".

She was examined again and was prescribed co-codamol capsules 30mg + 500mg one or two every four to six hours as needed.

The patient presented at Torbay Hospital's emergency department later that same evening, and was diagnosed with concealed pregnancy.

#### What was the clinical learning?

The GPs involved and our medical director

Dr Chris Bastin reviewed the clinical management of this case. Their conclusion was that when females of child-bearing age present with similar symptoms, consideration should be given to examining their abdomen (obviously after initially gaining consent from the patient!).

#### Did you know?

Concealed pregnancy is very rare. In a population-based study of hospital deliveries over an 11-year period, it was shown that concealed pregnancies have an incidence of one in 2,500 deliveries.

Source: *The incidence and outcome of concealed pregnancies among hospital deliveries: An 11-year population-based study in South Glamorgan D.Nirmal, I.Thijs, J. Bethal, P.S. Bhal, Journal of Obstetrics and Gynaecology, Volume 26, Issue 2 February 2006, page 118-121*

## Stats Man

18th July - 19th August

Total cases: 10,814  
Avg per day: 608

#### Broken down:

Advice 9,081 (45%)  
TC 5,864 (29%)  
Visit 2,703 (13%)  
District Nurse 2,402 (12%)

1032 cases = advised to attend A&E/ ambulance called  
732 cases = DGH admission  
39 cases = community hospital admission

#### Busiest day

Saturday 31st July.  
1,568 calls  
Control centre took 110 calls between 9am-10am

*martin.shaw3@nhs.net*

## Palliative care

### Syringe drivers

By Tim Harlow,  
Consultant in Palliative  
Care - Hospiscare

Syringe drivers are used alot, both set-up in the community and for patients discharged from hospital.

The old Graseby type are now pretty much worn out and will be replaced before long with an updated type. Contenders are still being tested in our Exeter hospice and the RDE Hospital.

We had a problem recently where a patient was in pain overnight and was advised to press the boost button to give more analgesia.

There are three problems with this:

First, the patient then gets a boost of everything in the driver – up to five drugs for different indications such as pain, obstruction, nausea etc.

Second, the driver then runs out early and the patient can be left with no analgesia at all. This is especially a problem where there are no out-of-hours district nurses to replenish it.

Third, the newer drivers will not have the option of boosting (for the reasons above). So if a patient with a syringe driver is in pain, it may be one of those occasions where there is no alternative but for someone to visit the patient to give extra analgesia.

If a patient's been recently discharged from the hospice, we should be providing appropriate breakthrough medication in the house for this exact reason. Please let us know if we fail to do this!  
[t.harlow@hospiscare.co.uk](mailto:t.harlow@hospiscare.co.uk)

#### Date for your diary

Friday 5th November 9.15am–4pm, Southgate Hotel, Exeter. Hospiscare is hosting a conference on how different faiths and cultures approach end-of-life care. Health care professionals and managers can find full details at [www.hospiscare.co.uk](http://www.hospiscare.co.uk) or contact 01392 688036.

## CONTROL CENTRE, ROTAS, DEVON PRIMARY LINK



With Annette Hammett, Operations Manager

#### DPL handles more Rapid Response

The Devon Primary Link team has increased its coverage of the rapid response line since 1st August. It now answers all rapid response calls outside of Monday–Friday 9am–5pm for Exeter, East and Mid Devon.

[The Rapid Response home care service enables older and/or immobile people who require care to stay at home rather than go into hospital.]

#### Evacuation exercise

We had an evacuation exercise in May to test our information cascade system, in the event of a major incident (like a fire) at the control centre.

Thanks to everyone who took part and fed back on the experience. We've now reviewed and updated the cascade system. The latest guidance is on the intranet and a back-up printed copy is at each treatment centre.

We're running the exercise again between 13th–19th September. A full briefing will be sent to all staff before that week.

#### Rota team's new email contacts

There are new NHS email addresses for the rota team (also available via the intranet home page >> HQ contacts):

Devon GPs [ddocs.gprotas@nhs.net](mailto:ddocs.gprotas@nhs.net)

Devon staff (nurses, call operators, drivers, OAs) [ddocs.staff@nhs.net](mailto:ddocs.staff@nhs.net)

Cheshire GPs, nurses, operational staff

[ddocs.cheshire@nhs.net](mailto:ddocs.cheshire@nhs.net)

Somerset GPs [ddocs.dhs@nhs.net](mailto:ddocs.dhs@nhs.net)

Dentists [ddocs.dhs@nhs.net](mailto:ddocs.dhs@nhs.net)

Rota team manager [kimpalmer@nhs.net](mailto:kimpalmer@nhs.net)

Contact number 01392 823159 is manned 8am–8pm Mon–Fri, and 7am–7pm Sat–Sun.

#### Control centre staff meeting

Tuesday 7th September at 6pm, Unit 8 meeting room. Email agenda items to [annette.hammett@nhs.net](mailto:annette.hammett@nhs.net).

## Linking with Halton Health



*Get together: New Halton Health chief executive Jayne Phillips visited us this month. Jayne was appointed in July to lead our sister organisation. Here she is pictured top left of the table (grey cardigan) with members of the rota and shift manager teams.*

## Keeping special patient messages up-to-date

Please can GP practices ensure they keep their special patient messages (SPMs) up-to-date through internal auditing processes. SPMs can be edited online: <https://nww.devondoctors.nhs.uk/awa/>.

Expired messages cannot be viewed by out-of-hours clinicians on Devon Doctors' Adastra software, so they need to be reviewed by practices as a matter of urgency.

# Devon Doctors out-of-hours GP service



## Snapshots

## of our East Devon treatment centres

We sent our photographer Nosy Parker to our East Devon treatment centres to take some snaps and grab some quotes. First stop was our treatment centre in Honiton Hospital on a Saturday afternoon.

Alice Lamb and Elaine Marshall were on OA duty. Alice was logging all the walk-in patients for the co-located minor injuries unit. Elaine was logging in Devon Doctors patients who'd been triaged to attend the treatment centre.

Their role also includes monitoring that calls are being dealt with within Department of Health standards, and keeping in touch with the visiting car and the control centre.

Alice said: "It's definitely got busier. That's why two OAs are needed here on a Saturday to deal with both MIU and TC patients."

*"It's a very integrated team and we're lucky to have that"*

Elaine said: "The reception has moved position since I started. We've got a good set-up where we have a separate space to MIU but we still work closely with them."

After heading west on the coastal road Nosy Parker arrived at Exmouth Hospital. Mel Jeffery was on OA duty and busy checking Devon Doctors workload on

Adastra. The reception area is shared with the MIU nurses, while our clinicians carry out telephone triage from an adjacent room. The MIU consulting area is near to reception and our clinicians use a consultation room off to the side.

Mel said: "It's nice to have contact with patients and the MIU nursing team are great."

"If Devon Doctors is busy the nurses will step in and help with our patients when they need to. And of course our doctors see MIU patients when asked. It's a very integrated team and we're lucky to have that."



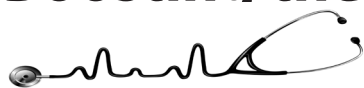
**Honiton TC**  
Clockwise from top left: Honiton Hospital entrance, Honiton TC & MIU reception, Elaine Marshall and Alice Lamb in the reception office



**Exmouth TC**  
Clockwise from top left: Exmouth Hospital entrance, Exmouth TC & reception, MIU nurse Helen Pearce & Mel Jeffery

## Boosting the clinical rota **new appointments**

By Jo Summers, Head of HR



In last month's newsletter chief executive Chris Wright reported the difficulty we had filling summer's clinical rota.

One of our solutions has been to employ some newly qualified GPs to work for our in-hours and out-of-hours services.

### New GPs

We'd like to welcome Dr Melissa Lemon, Dr Sarah Rowe, Dr Faizan Irshad and Dr Frank Schneider to Devon Doctors. They will be working in several localities around

Torbay, Plymouth and Exeter/East Devon. Please make them feel welcome if you see them around.

### Locum opportunities

We're still receiving enquiries from GPs who would like to join us on a salaried basis. We'd be very interested in working with any practice looking to accommodate a GP on a long-term locum basis. The GP would be employed by Devon Doctors, working part of their contracted hours in

the out-of-hours service and the remainder in a practice.

If you would like further information on how this scheme might work to suit your practice please email me (jo.summers1@nhs.net) to discuss in greater detail.

Finally, we appreciate everyone's efforts and flexibility in helping us ensure the rota has been covered over the last few months.

jo.summers1@nhs.net

## E-learning gives greater access

By Rob Masterson

Recruitment & Development Manager

E-learning is enabling staff across the organisation to gain vital knowledge in areas like information governance (IG).

Online learning provides great flexibility – staff can complete the modules on a day and time that fits in with their other work.

During July and August over 110 staff completed the IG modules. This is a very positive take up and there's been some great feedback from learners so far.

### Information governance

The IG module is mandatory for all staff across the organisation. If you haven't received your user details contact Charlotte Wilson or myself by emailing [ddocs.hr@nhs.net](mailto:ddocs.hr@nhs.net).

A handy guide to accessing this e-learning can also be found on the intranet >> training page. By completing this e-learning you will gain valuable knowledge of:

- how we should handle all information
- following the Caldicott Guidelines
- providing a confidential service
- the Data Protection and Freedom of Information Acts
- keeping information secure



*E-learning provides greater flexibility for staff*

### Safeguarding adults

The next mandatory e-learning modules will be on the topic of safeguarding adults. The content comes from Devon County Council and will provide essential knowledge of:

- understanding what abuse is
- how to recognise abuse
- what you should do if you suspect that an adult needs protection from abuse

User details will be sent to all staff during September. If you don't receive these please email [ddocs.hr@nhs.net](mailto:ddocs.hr@nhs.net).

*robert.masterson@nhs.net*

## Introducing our new recruitment & development manager



We're pleased to welcome Rob Masterson to Devon Doctors as our recruitment and development manager.

Rob joined us in June and has been busy managing the introduction of mandatory training for all staff.

Mandatory training will be delivered through a combination of e-learning systems and face-to-face training.

Rob has also been promoting the sharing of training knowledge within our umbrella organisation Urgent Health UK.

## Cycling to work scheme



As previously reported in *The Monitor* we're always looking for ways to improve the benefits available to staff.

We're pleased to announce the introduction of a cycle to work scheme run through 'Bikes for the NHS'.

Staff will be able to choose from a wide range of bikes and some great special offers.

Brochures, order forms and details of outlets have been emailed to all staff.

If you're interested in purchasing a bike through this scheme please email [ddocs.hr@nhs.net](mailto:ddocs.hr@nhs.net) so that the appropriate salary sacrifice can be made.

## Courses coming up

For staff

### Basic life support & equipment familiarisation for OAs and drivers

Weds 8th September 9am–11.30  
Thurs 9th September 10am–12.30pm  
Thurs 9th September 1pm–3.30pm  
Weds 15th September 9am–11.30am

If you haven't attended this mandatory course please choose a time/date from above and email it to [lyn.dearden@nhs.net](mailto:lyn.dearden@nhs.net)

For clinicians

### Telephone consultation workshop

Thurs 16th September

- Presentation and discussion forum
- Analysis and learning from real telephone consultation recordings
- Informal, mutually supportive atmosphere

To register your interest or for further information email [ddocs.hr@nhs.net](mailto:ddocs.hr@nhs.net).

### Paediatric life support

Thurs 16th September  
Weds 8th December

Email [lyn.dearden@nhs.net](mailto:lyn.dearden@nhs.net) with your preferred date.

### Immediate life support

Weds 3rd November

Email [lyn.dearden@nhs.net](mailto:lyn.dearden@nhs.net)



# The waiting room

## Board pauses for thought as directors prioritise puppies over policies\*

### South Devon Healthcare Vacancy

#### Speciality Doctor in Breast Care

Two programmed activities (eight hours per week). Fixed term contract from Mid October for six months.

South Devon Healthcare is an expanding, innovative Foundation Trust set in the heart of Torbay. We are looking for an enthusiastic Speciality Doctor in Breast Care (2 PAs) to join our department and to provide a service that compliments the current directorate activities.

The Breast Surgical Team is staffed by two Consultants, one Associate Specialist, one Specialist Registrar and two F1 Surgical Trainees.

The post is for two PAs per week, (additional sessions may be offered on an ad-hoc basis) and is for applicants wishing to gain more experience in breast disease and breast cancer family history. Time will also be given for personal study, research and audit.

To find out more about this post please contact either Michael Green or Peter Donnelly, Consultant Breast Surgeons on 01803 654840. To apply please visit [www.jobs.nhs.uk](http://www.jobs.nhs.uk)



Medical director Dr Mike Richards (left) brought his labrador puppies Monty and Archie to a recent management meeting. Finance director Colin Strachan (right) was especially in need of therapy...

\*Credit: Paul McCormick

### Congratulations

To call operator Katie Meakin on her recent marriage to Jody Wood



## GREEN GURU

### Update from Chris Shaw, Environmental Project Officer

By the time this newsletter is published, the role of environmental project officer will have ended. Here's a summary of what's been achieved over the last ten months.

#### Why did we bother?

- We have a high energy consumption due to the 24-hour and computer-based nature of the business
- High fuel consumption of our 4X4 fleet
- NHS carbon footprint = 21 million tonnes; more than some medium sized countries.
- It's part of the social enterprise ethos to be environmentally responsible

#### What did we do?

We developed an environmental management system (EMS), with the help of the NHS Sustainable Development Unit and environmental charities.

Our EMS resulted in an environmental policy, and a manual which provides guidance on continually improving performance and keeping updated on environmental legislation.

Our overall aim was to save money through better use of resources, and improve how the healthcare community and public view the Devon Doctors brand.

#### What have we saved?

During the first quarter of 2010 the control centre and offices' **electricity consumption** has been 13.5 per cent lower than the same period in 2009. So we're on track to reduce consumption by around 14 per cent by the end of 2010.

This is because of energy efficiency measures and, most importantly, staff being more aware and doing their bit by turning lights and computers off when not in use.

We installed automatic taps and water-saving devices in toilets which means we'll hopefully have reduced **water usage** by up to ten per cent by the end of this year.

Increased recycling means the amount of weekly **bin collections** has reduced by a third, saving around £200 this year. This will save five to ten per cent on **waste disposal**.

Other measures introduced in our Manaton Court buildings include: staff survey, a cycle rack, cycle-to-work scheme (shower coming soon!), automatic light sensors, photocopier timers, and a full recycling system.

Our patient centres are owned by Primary Care Trusts so it's more difficult to gather

data and make changes to the premises.

Our centres won't fall under the the EMS in the short term but it's hoped the whole organisation can be included in time.

I've surveyed every centre (including Halton) and a report including recommendations for improvements will be provided to the PCTs.

We've saved on **fuel** by upgrading our 4X4 fleet to more a efficient model, saving around £10,000 each year.

#### What happens now?

Devon Doctors will be monitoring and improving its environmental performance, so if you have any ideas or suggestions please put them to your line manager.

Please keep recycling, and saving water and energy. Fifty per cent of the money saved on energy this year compared to last will be donated to charity. At the current rate of 13-14 per cent that should amount to over £1000!

As well as the financial advantages, I estimate that by the end of the year we'll have reduced our carbon footprint by at least ten per cent; that's over 40 tonnes.

Thanks for your help and patience,

**Chris**

**Contact the editor** [loujones@nhs.net](mailto:loujones@nhs.net) Unit 8, Manaton Court, Matford Business Park, Exeter, EX2 8PF [www.devondoctors.co.uk](http://www.devondoctors.co.uk)

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