



# theMonitor

KEEPING YOUR FINGER ON THE PULSE OF DEVON DOCTORS' HEALTH SERVICES



October 2011

## Commitment to care shines through your responses to survey

**A** REALLY big thank you to everyone who took the time to complete our 2011 staff survey, writes chief executive Chris Wright.

One of the most-encouraging features was the fantastic response rate. Over 80 per cent of staff [compared to just 30 per cent last year] completed the survey - the full results of which will be available on the intranet soon.

As a result of the survey, the board and I are keen to see an increase in training opportunities - the current Putting Patients First training initiative for call handlers, which is also being rolled out for all drivers and OAs, is part of this commitment.

We also need to see the new appraisal system being rolled across all areas of our operation so that all staff are able to benefit from the initiative.

Another theme that I picked up on was a desire for staff to be more involved by management in decisions which affect them or, at the very least, being made aware of the rationale behind them.

However, the overwhelming feature of the staff survey was, undoubtedly, the tremendous commitment of the whole team to maintaining and enhancing high standards of patient care.

Once again, my sincere thanks to all those who contributed - your feedback is much valued.



Thanks go to all those who completed the recent staff survey

### Help us make your paper even better

AS you'll notice The Monitor has undergone a bit of a makeover - we hope you like the new look!

Aside from the redesign, we're also looking to enhance the content; it's our aim to ensure these pages are essential reading for everyone connected with Devon Doctors.

With that in mind, we would welcome any thoughts you might have. Let us know what you like, what you don't like and what else you'd like to see on the pages and we'll do our best to deliver!

And if you'd like to contribute then, please, don't hesitate to get in touch!

[damiemills@nhs.net](mailto:damiemills@nhs.net)

### New scheme for graduates is launched

OPPORTUNITY knocks if you're a recent graduate looking to further your career at Devon Doctors.

The company has just launched a new graduate scheme with a view to further growing its management skill set.

Operating at an appropriate level, this role will report directly to a member of the senior management team.

For more details, visit the HR section on the intranet.

### NEWS IN BRIEF

#### Performance stats paint a happy picture

THE latest key quarterly performance statistics make very welcome reading for Devon Doctors.

In the quarter from July to September 2011, 97 per cent of calls to the control centre were answered in line with Quality Requirement 8.

Over the same period, 94 per cent of the routine triage calls we handled on behalf of NHS Devon, and 95 per cent of the urgent

ones, were dealt with within the 20/60 minutes outlined in Quality Requirement 9. This figure fell slightly to 92 per cent of routine calls, and 94 per cent of urgent ones, for NHS Plymouth and Torbay Care Trust.

One hundred per cent of the face-to-face consultations undertaken on behalf of NHS Devon, NHS Plymouth and Torbay Care Trust were completed in line with Quality Requirement 12.

#### Who needs to be told of a patient's death?

IF a GP attends to verify a death during the out-of-hours period, please consider if any other agencies were involved in the care of the patient and if they need to be informed.

For example, a patient who dies on a Friday evening may have a district nurse daily to administer

medication. To avoid a difficult situation on the Saturday please speak to the district nurse co-ordinator in the control centre, who will raise a call in order that the DNs are made aware.

GP practices will be made aware via the call slip which is automatically forwarded to them.

#### Ombudsman points to value of feedback

HEALTH Service Ombudsman Ann Abraham has just published her organisations's annual report into how the NHS is dealing with complaints.

Ms Abraham said: "There is a growing recognition that

patient feedback is a valuable resource for the

#### Comms in the cluster

FOLLOWING discussion with communications teams in NHS Devon, NHS Plymouth and Torbay it has been

decided that Nick Pearson will take the lead on comms work in the cluster.

Nick is available on 01392 267648.

## GP overnight shifts to continue as before

SOME you will be aware that we were asked by the PCT to review the number of GP overnight shifts working across Devon from 2012 onwards with a view to

reducing the number of overnight GPs to seven.

We have done this and the board has elected to retain the existing eight GPs working across Devon for

the rest of our contract [taking us to 2014]. This is a cost-pressure for Devon Doctors but is seen as a priority in supporting both patients and local practices.

Chief executive Chris Wright expressed his thanks to those GPs working in Plymouth who helped Devon Doctors make sense of its data.

### Devon Doctors chief executive Chris Wright provides some further thoughts on his recent article on top slicing



Every effort must be made to stay on top of telephone triage

## Top-slicing is a useful tool when utilized in correct circumstances

**T**OP-SLICING is still very much in the tool box. We will be using it to help out treatment centres under real pressure.

The trouble is that top-slicing has been over used and we are trying to reduce this. We are certainly not stopping it.

There are many reasons why a TC could and should benefit from top-slicing. For example, the TC may be temporarily down on clinical time, the clinicians may be tied up supporting a particularly difficult patient episode, or there's might be something unusual happening to demand at that TC [and not others].

Top-slicing is clearly less of an option when everywhere is under pressure [eg busy winter periods] when asking GPs to come in early and/or stay late can become more of a solution.

Hopefully, the broad principal

is one you would agree with: namely that local triage is preferable both for the patient and the clinician.

We also have the developing problem of some TCs and individual GPs prioritising face-to-face consultations and visits over telephone triage.

Clinicians do have the absolute right to prioritise patients on clinical grounds. However, if we don't stay on top of telephone triage we end up with unhappy patients, some of whom may be at risk, workload being passed

on to the next shift - which may have even fewer clinicians - and dissatisfied commissioners as some patients vote with their feet and inappropriately attend A&E departments or dial 999.

It's fine for the local TC teams that haven't managed the difficult balance between triage and face-to-face work to have their calls taken away to another TC... but not so fine for the TC team that's worked its socks off only to find itself helping out elsewhere while its own workload starts to pile up again.

### Teamwork is oh-so important

Above and beyond any of the above, I expect the team managers to work effectively with their TC colleagues, and to listen and act on reasonable requests for top-slicing.

If a team manager refuses a request for top-slicing, the TC can ask for this to be put in the log book and Jane, Annette or I will look into it and report back to all concerned.

# GP survey results will inform improvements to service we provide

**T**HE responses to our recent GP survey have now been processed and we are seeing what learning can be gleaned from the results, writes *Sophie Andrews*.

The survey was prompted by a desire to obtain feedback on shift rates, working patterns and preferred methods of communication.

It was sent out to each of the 400-plus GPs who are currently working for us and with almost 100 respondents, a great deal of very useful data has been obtained.

One of the survey's main aims was to encourage suggestions as to how we could improve the experience of GPs working with us while, at the same time, enhancing the service we provide to our patients.

With this in mind, one of the questions asked was: 'What is your overall rating of the quality of service Devon Doctors provides?' Reassuringly, the response was extremely positive - 70 per cent of respondents rating the service as excellent and another 27 per cent rating it as good.

Another recurring theme was how favourably the service compares to other out-of-hours schemes across the country and how many patients are, understandably, unaware of this.

The information collected is already being put to good use within the general running of Devon Doctors. For example, the survey highlighted a deficiency with regard to knowledge of GPs' preferred shifts, availability and best means of contact. This has now been addressed, making it much easier for the rota team when it is looking for shift cover in a particular area.

Devon Doctors' GP survey has met with an enthusiastic response



## Some of our learning so far

- 21 per cent of GPs [who responded to the questionnaire] said they would prefer to be contacted by text if short-notice cover was required - this option has now been made available
- More than 45 per cent of GPs rated their dealings with the rota team as excellent, a further 30 per cent said they were good
- 96 per cent of GPs said they were aware of The Monitor and 86 per cent said they were regular readers

Chief executive Chris Wright said: "The questionnaires were interesting to me as much for the individual responses and comments as the overall results.

"However, the overriding theme was that workload was at least as much of a concern as shift rates and if we generate surplus funds then this money is much better directed to increasing GP time at very busy times than to anything else.

"We will continue to put in additional shifts as well as ask GPs to come in early or stay later to help out over the winter.

"Of course, there will be times when we are unable to do more but we will do our best with what we have."

Devon Doctors is indebted to all those GPs who found the time to complete the survey and will continue to welcome suggestions on any ways in which the service could be improved.

## PALLIATIVE CARE



### Choosing the most suitable anti-emetic

I'M often asked for my opinion on which anti-emetics work best in palliative care.

Nausea and vomiting occurs in over 50 per cent of palliative care patients. GPs routinely manage nausea and vomiting in many contexts but it is not always straightforward to choose logically which drug to use in a particular palliative situation.

Assuming realistically reversible cause - such as drug side effects, UTI, hypercalcaemia, constipation, reflux, dyspepsia, cough and anxiety have been addressed - here are some thoughts you might perhaps like to consider.

• **Unknown or multiple causes:** Metoclopramide 30-100mg/24hrs, oral or sc -

prokinetic [so contraindicated in obstruction] and crosses BBB so acts centrally too. Second choice [either added to or in place of Metoclopramide] - Levomepromazine [Nozinan] 6.25-12.5mg sc or oral [can cause drowsiness]

• **Gastric stasis [tumour infiltration, opioids]:**

Metoclopramide 30-100mg/24hrs. If dystonic side effects then Domperidone 30-80mg/24hrs, oral only - not cross BBB much, not much central action.

• **Renal failure/chemical:** Haloperidol 1.5-5mg/ 2hrs oral or sc. Second choice Levomepromazine.

• **Raised Intracranial Pressure:** Cyclizine 100-150mg/24hrs, oral or sc [irritant in sc injection, incompatible with some other syringe driver medications. Prokinetic action of Metoclopramide is antagonised by Cyclizine so do not use them both together. Second choice - Levomepromazine. Dexamethasone 8-16mg can sometimes be very helpful here with any anti-emetic.

• **Radiotherapy or chemotherapy:** Metoclopramide.

Second choice - Ondansetron 8-24mg/24hrs oral or sc.

• **Bowel obstruction:** Cyclizine.

Second choice - Haloperidol or Levomepromazine. Dexamethasone and Buscopan [hyoscine butylbromide] 60-180mg/24hrs sc. Octreotide also used.

• **Functional bowel obstruction:** this can be difficult and we would be glad to discuss individual cases, as we would any intractable palliative symptom or problem - if you'd like to talk phone 01392 688044.

with Dr Tim Harlow



### GOVERNANCE CASE STUDY

## Examining the chest and urine invaluable

ALL doctors working for DDOC will recognise the situation outlined, below, by one of our clinicians.

A constant stream of referrals waiting to be triaged as well as a treatment centre consultation or home visit. Most of my sessions are domiciliary visits and I pride myself on being able to complete the list of visits requested during my shift.

It was 5pm on a Sunday afternoon. I had already visited six patients and was hoping to complete the last two visits before finishing at 6pm.

The seventh visit was to an 87-year-old woman who had been started on an antibiotic five days earlier for a urinary tract infection but did not seem to be improving.

She had dementia, osteoporosis and back and hip pain for which she was taking Tramadol. She lived with her husband who had more severe dementia. They had carers four times daily.

Because of the concern for her well-being her son had come down from London for the weekend. His assertion that she might have disseminated malignancy was incorrect and confusing. He also wanted me to speak by phone to his sister in Cornwall to 'get more details'.

Again I had to listen to a concerned relative be generous with details but no clarifying picture emerged other than

a request to avoid hospital admission

Meanwhile the patient was lying quietly in bed, eyes closed and showing no signs of distress

When I spoke to her she would open her eyes, reply in a coherent manner and then close her eyes again.

She had refused food and drink all that day and not moved out of her bed. She was apyrexial and mildly dehydrated.

By this time I had spent 30 minutes absorbing the family's concern and, in the absence of any localising symptoms, had begun to think that she may have taken too many Tramadol as she had in the past.

I was feeling exhausted and disappointed that I would not be able to get to that last visit.

Moreover, it was taking a great effort to stay focussed and to continue to think about the cause of the patient's condition.

And then she coughed...

It was not a productive cough but it suggested a 'wet chest'. The right lung was consolidated. Her pO2 was 87 per cent.

The diagnosis was pneumonia and I arranged her urgent admission.

We are taught that if we can ask only one question of an elderly patient it should be: "What tablets are you taking?"

For domiciliary visits I think that the rule should extend to examining the chest and urine!

## HR manager Ryan Hewitt takes a look at Devon Doctors latest initiative to ensure exceptional care for patients

# Interactive workshop focuses attention on the needs of patients

CLOSE to 100 control centre staff took the opportunity to attend last month's Putting Patients First workshop.

The workshop covered seven separate topics and featured interactive exercises for participants; it was initiated as a direct result of Devon Doctor's learning points from a tragic case experienced in December 2010.

The topics covered included: accurate record keeping; a new and improved call-back logging process; protocol for referring 'straight to treatment centre'; collaborative working; prioritising and re-prioritising of cases; the patient experience; and active listening skills

Feedback has been overwhelmingly positive and a selection of verbatim comments from participants are detailed to the right.

The sessions have been a hugely worthwhile experience for all control centre staff and the training team are eagerly looking forward to rolling the workshop out to the bases in November.

Sessions will be booked all across Devon on different days to give our OAs and drivers every opportunity to attend a workshop that suits them - details to follow very soon.



Ryan Hewitt addresses staff at the Putting Patients First workshop

### QUOTE UNQUOTE

Really useful, especially as the case was used to illustrate all the different parts of taking a call so you could relate it to every shift.

The training was very useful, because our trainer explained why it was relevant. That was crucial, she went through the reason why each aspect would be helpful in our job and give patients the best care, rather than just telling us what we had to do.

The trainer kept our attention and didn't make us feel lectured at. I felt part of a team who were improving for a positive purpose rather than being told to 'do better', which has made me very keen to do the steps we have been trained in.

## Mum sings the praises of Derriford doctor

A GRATEFUL mother contacted us to sing the praises of out-of-hours GP Dr Julian Franklin.

The woman's daughter suffers from Eczema and she had been consulting with

her own GP in a bid to remedy the problem.

Unfortunately, it got to the point where the mother couldn't even touch her 34-month-old daughter's skin.

After contacting the

OOH service at Derriford Hospital she was seen immediately and Dr Franklin spotted that her eczema had become infected.

"I cannot thank him enough," said the child's

mum. "My daughter was so down that she was misbehaving but having been correctly diagnosed by Dr Franklin her big bubbly character soon returned."

We caught up with Devon Health's head of services Lee Grant and management accountant Carol Wright as they prepared to depart Devon Doctors for pastures new

# Carol and Lee bid a fond farewell as they look to future

REFLECTING on their time at Devon Doctors Carol and Lee agreed it had on occasions been 'an emotional rollercoaster'.

"After nearly six years with DDOC, it's exciting to be able to now do some of the other things I've wanted to do in my life," said Lee.

"At the same time, it's quite daunting without the reassurance of a regular job and, of course, a regular income.

"I've always tried to be a glass-half-full person though and I'm hoping that approach will nudge open a few doors.

"I've been fortunate to be asked to work for the Devon PCT cluster for six months on a couple of projects and that work begins in early November."

Meanwhile Carol, who came to Devon Doctors from South West Water back in 1997, is looking forward to having more time to indulge her passions for film, theatre and walking.

"I've always done



Carol and Lee on their last day at Devon Doctors

three or four miles a day but now I have no time constraints I may even do a bit more," said Carol.

One things for sure, wherever she goes her faithful companion Tom,

the bearded collie, won't be very far behind.

"I'm also looking forward to being 'a lady that lunches' a lot more," enthused Carol, "though, rest assured, I'll make sure I earn them."

While Carol relishes a leisurely stroll in the countryside, Lee enjoys nothing more than jumping on his big, bad Suzuki Katana and burning some rubber.

"I've always had a passion for motorbikes and this summer I passed my advanced motorcyclist test and also achieved an instructor's accreditation," said the father-of-two.

"I'm starting a small part-time business to offer one-to-one coaching to bikers. You can check out the website - [www.thebikecoach.info](http://www.thebikecoach.info)

"What's more, I can promise all Devon Doctors' staff a discount!

"The easy part of leaving an organisation is to do the work handovers, finish off projects and find those mouldy choccy bars that ended up in the back of the desk drawers," added Lee.

"The hardest part is saying goodbye to the great people that I've worked with, some of who have gone on to become good friends.

"But if there's one thing I've learnt it's that the NHS is one enormous family, and families stay in touch, so I'm sure our paths will cross again sometime soon."

With Carol renowned for having the last word, it seems only fitting she should do so here.

"There have been a few moments," she joked. "There is a good crew at Devon Doctors and I shall really miss the people I've worked with.

"Then again, the secret is to always leave them wanting more!"

## Facebook faux pas results in job dismissal

A NEW report has revealed there were more than 800 incidents in which NHS employees breached data protection policies between July 2008 and July 2011.

In one incident at the Nottingham University Hospital NHS Trust, a member of the medical staff was dismissed after taking a photograph of a patient in a bed and sharing it with friends on Facebook.

Of course, we're confident nothing like that goes on at Devon Doctors but, at the same time, it's vitally important staff keep on top of all the latest legislation and avoid inadvertently doing anything they shouldn't.

With that in mind, information governance manager Martin Shaw will be sharing his thoughts in the next edition of The Monitor.

## Tom's got the whole world in his hands

THE control centre has been unusually subdued over the past few days following the departure of popular shift manager/rota team member Tom Hann.

The insouciant 26-year-old bid Devon Doctors a fond farewell last Friday [October 28] to go off travelling.

"I'm not intelligent enough to come up with a witty and appropriate quote for the Monitor," Tom lamented.

"However, I must say that I've had a great time though, as you might imagine, I'm excited about seeing rather more of the world than the inside of the control centre."

Tom has promised to keep Monitor readers up to date on his adventures so watch this space!



The Bike Coach, aka Lee Grant, above, and Carol's faithful canine companion Tom, right



# Sadie wants to help kids smile again

**S**ADIE Willis is renowned for her ability to put a smile on the faces of her colleagues and patients at Heavitree Dental Access Centre.

Now the 26-year-old dental nurse is hoping she will be able to do likewise thousands of miles away in Africa.

Sadie, who works for Devon Dental at weekends, has been invited to join the charity Smilestar on a two-week placement in Kisumu, Kenya.

Smilestar relies solely on volunteers to provide free dental treatment in rural villages throughout Kenya, India and Uganda.

"During my time with the dental access centre and Devon Dental, I have helped treat many patients in extreme pain," said Sadie.

"It is a worthwhile and fulfilling career and I want to take this opportunity to utilise my skills and experience.

"I want to try to help some of the many hundreds, if not thousands, of men women and children who are not as fortunate as us here in the UK and do not have access to dental treatment."

Each volunteer has to pay all their own expenses, including flights and accommodation and the total cost for Sadie will be in excess of £2,000.

This being the case, she is looking for individuals and organisations to help her out with sponsorship - Devon Dental has already volunteered £150.

"I know that I am in a very fortunate position to have the things that I do. Not only material

Sadie Willis, inset, is hoping to put her dental skills to good use with the charity Smilestar



possessions but a stable and loving family," said Sadie.

"My aim is to give as much as possible to those who are less fortunate than me - hopefully

helping them out of pain but even just to put a smile on their faces and make them laugh.

"I really want to make a difference."

● If you'd like to

help Sadie do just that by making a donation towards her costs then, please, contact her on 07772 184323 or, alternatively via [sadie.willis@nhs.net](mailto:sadie.willis@nhs.net).

## END OF THE DAY



with Damien Mills

### Grecian star's medical goal

Footballers aren't renowned for their interest in medicine but, then again, Exeter City's summer signing Guillem Bauza, right, ain't your average pro.

The bilingual 26-year-old Spaniard - who once partnered Fernando Torres upfront in the Spanish youth team - arrives for training on a fold-up bicycle and has been studying for a degree in genetics.

"Now I am doing my

degree, I am trying to transfer it to the University of Exeter," Guillem told the Express & Echo.

"Unfortunately, they don't run a genetics course so I am trying my best to find something suitable because it is a thing I like to do and it is something outside of football.

"Of course, it's also a career to consider when I retire. I've always wanted to be a doctor," added Guillem, whose Spanish girlfriend is already practising in this country.

Who knows, maybe we'll see Guillem putting in a shift for Devon Doctors one day!



### New year, new bicycle

While we're on the subject of cycling, did you know Devon Doctors participates in the government-backed cycle-to-work initiative [whereby you can save almost 50 per cent on the cost of a new bike and accessories]?

The salary sacrifice benefit scheme means you can spread the cost of the bike over 12 months and, better still, it comes tax free.

Why not resolve to go green and get on your bike in 2012? More details are available at [www.cyclescheme.co.uk](http://www.cyclescheme.co.uk) or via the HR section of the Devon Doctors intranet.

### Aladdin's Cave in kitchen

The control centre kitchen is so much more than a place to make a coffee, warm your dinner in the microwave, or catch

up on the latest happenings at Devon Doctors - it's also a veritable Alladin's cave of cut-price books and gifts!

The next time you have cause to visit Unit 10, it's well worth taking a few minutes to check out what treats the Book People have delivered.

Only last month, I picked up a couple copies of Jamie Oliver's latest tome for the bargain price of just £10 [RRP £30] and instantly sorted a couple of Christmas presents.

## theMonitor

If you've got something you'd like to see included in the November edition of the newsletter then please contact [damiemills@nhs.net](mailto:damiemills@nhs.net)