

# Devon Doctors

# Monthly Monitor

The newsletter for Devon's out-of-hours GP service

## GET IN TOUCH

Got an idea to improve our service?

Got an initiative that we could help with?

Get in touch:  
chris.wright1@nhs.net

All other feedback & contributions email the editor:  
loujones@nhs.net

Tel: 01392 822 340

Devon Doctors  
Unit 10 Manaton Court  
Manaton Close  
Matford Business Park  
Exeter  
EX2 8PF

www.devondoctors.co.uk



## Inside this issue

Clinical Focus	2
Q&A with Jean Chapple	2
Chlamydia screening	3
Quick stats	3
Around the TCs	4
Governance spotlight	4
GP-led health centres	5
GP Director elections	5
Rota team changes	6
Desdemona's success	6

## Communicating with patients

By Chris Wright, Chief Executive

**Complaints are great opportunities to learn and if we don't use them as such then they are just great opportunities to feel aggrieved – whether you are the complainant or are being complained about!**

### CASE A: initial problem

We had a complaint last quarter where the GP had to delay going to a planned home visit because he was busy with patients at the treatment centre. Unfortunately, no one told the people expecting the home visit about the situation, even when the patient called the control centre to find out an ETA for the visit.

### Communicating the problem to the patient

Neither the driver nor the receptionist made the call to the patient (though both talked with each other). The patient's relative called an ambulance in the end. The patient's family would have done this sooner if they had been kept in the picture.

### Completing the loop

In an ideal world when the visit was cancelled by the patient and the ambulance was called the GP could also have contacted the patient back to check on their condition instead of closing the call.

### CASE B: Initial problem

A patient in pain attended a treatment centre and not the adjacent emergency department. The out-of-hours shift was just starting. The GP on duty was involved in a complex case. Another clinician arrived on shift early and there were members of staff in reception who could be mistaken as working.

### Communicating the problem to the patient

The patient in pain went to the reception several times to be told that the GP was busy (but not why) and naturally assumed the people around reception were also working. The patient was not offered a drink nor did they feel cared for by the people on reception.

### Completing the loop

When the patient saw the GP the GP did not feel able to apologise on behalf of the service for the delay in that patient being seen. No log book entry was made of a probable complaint so there was no opportunity for the governance team to understand what went wrong for this patient and get back to them before receiving the complaint.

*Continued on page 2*

## Super swimmers make a new record



*They made it! Bruce (centre) with his team mates*

The waves were crashing on to the shore, the sky was heavy with grey cloud and wind was skimming across the sand. But a few miles off Woollacombe Bay a small boat came into view and before long four men in wetsuits emerged victorious from the sea.

As reported in last month's newsletter, Devon Doctors

director Dr Bruce Hughes and his team mates were preparing to be the first people to swim from Lundy Island to Woollacombe Bay. On Sunday 16th August their months of preparation paid off when they conquered the treacherous stretch of ocean without a hitch. The course was navigated by Devon Doctors' finance director and sailing enthusiast Colin Strachan. The team want to raise £10,000 for Children's Hospice South West. As Medical Director for its north Devon branch Bruce didn't need much persuading to brave the waves but how did he feel afterwards? He reported: "It was pretty challenging with a force 3-4 wind and a 1.5m swell, but everything went as planned and we even came in ahead of schedule at seven hours and three minutes! It was great to have done a first and we were amazed that Colin and his excellent navigation skills didn't get us lost!" To donate to the hospice visit [www.justgiving/lundyswim](http://www.justgiving/lundyswim)



# Communicating with patients

continued from front page

I have summarised these complaints and my summaries leave out individual good points and some of the subtleties. But the learning for us as individuals and as an organisation are as follows:

1. These are people as well as patients. And they are probably having a bad day. They need our empathy and our care; which means treating them as we would expect to be treated ourselves. And if we are privy to information which can relieve their anxieties then we should share that information. Which is why we, for example, ask **all** drivers to ring patients with ETAs.
2. Many bad experiences / complaints follow a similar pattern. The initial problem is made worse or at least not improved by not communicating with the patient. (People often want to know why as well as what). There is nearly always the opportunity to salvage a bad situation. We need to recognise a bad situation and then think of what the patient (person) most needs to mitigate the situation. If we can do this and it doesn't hurt anyone else then we should do it.

*chris.wright1@nhs.net*

## CLINICAL FOCUS with Dr Chris Bastin, Medical Director

### Can you guess what it is yet?

Interesting diagnostic conundrum! This lady presented with an inflamed painful foot and a blistering lesion on her second toe. She was taking Flucloxacillin and Penicillin V with little effect. She also explained that she had a similar lesion on her other foot a few years ago and this was diagnosed as a fungal disorder and was treated topically. There were no other symptoms other than itchy hands presumed to be a penicillin allergy. (She had other drug allergies). The picture clearly shows the lesion and the spreading rash (note the pen line drawn by a nurse on the previous day). The diagnosis will be published in next month's newsletter. *christopher.bastin@nhs.net*



## Q&A with Jean Chapple, driver at Bideford treatment centre

**How long have you been working shifts for Devon Doctors?** Five years and nine months.

**What other roles have you carried out besides your present one?** Before joining Devon Doctors I spent 12 years in the ambulance service working on the patient transport side. I've always enjoyed working with the elderly and found it very rewarding. I had some good friends on A&E side of the service.

**What do you enjoy the most about your work with Devon Doctors?** I enjoy working at both Bideford and Barnstaple treatment centres along side the doctors, nurses, and other drivers.

I enjoy driving the doctors around and having a good laugh, it's the best therapy. I also do a bit of operational administration where I enjoy meeting members of the public.

**What do you find most challenging?** Getting lost. I do tend to go east instead of west or north instead of south. This is something the doctors would agree on, ha! ha!

**Is there an incident that sticks in your mind? If so**

**why?** Not so long ago I was working an evening shift at Bideford. The out-of-hours nurses were out, MIU was closed and the doctor was triaging in his room around the corner and couldn't see me.

It was quiet so I thought I would go out to my car and get my book. As I stepped outside the hospital the door closed and I suddenly realised I had left the swipe card inside so I was locked out.

I walked around to the front of the hospital and peered through the windows trying to get someone's attention.

As I looked there were two elderly ladies looking at me so strangely as if thinking I had escaped from somewhere.

I even frightened the nurse who let me in. I explained what had happened and that I couldn't ring the bell because it was embarrassing. We had a good laugh and I had to pass the two elderly ladies who were still looking at me strangely.

**What do you enjoy doing when not on duty for Devon Doctors?** I enjoy time with my family and friends. I also like sports, especially football. I enjoy walking, especially with my two sons' dogs around Codden Hill, it's so peaceful.



## The importance of chlamydia screening for young people explained by Devon's chlamydia screening team

### So what's it got to do with out of hours? What do you need to know?

The National Chlamydia Screening Programme is an opportunistic screening programme set up to address the growing numbers of young people under 25 diagnosed with Chlamydia trachomatis.

The programme aims to promote the early detection and treatment of asymptomatic infection, prevent the development of sequelae and reduce onward transmission of the disease.

Screening is available through many GP practices (bins with packs in, are available in many), youth settings, contraception and sexual health services, pharmacies and through [www.freetest.me](http://www.freetest.me)

Young people may not need to see clinicians face to face; they can pick up a pack at a number of different venues or request a postal pack.

The service we all offer is free and confidential. They will be sent a text of their results and offered treatment at suitable venues if needed.

### How can you help?

Please tell any young people aged 15-24 about the programme, the expectation is that all young people who are sexually active take a test annually and additionally when they change partner (ideally before they stop using condoms).

It's all about them looking after their health. Three key messages to get over to young people are:

- Chlamydia is invisible
- Chlamydia is serious
- Chlamydia is easily spread



*Luke, a sexual health nurse, with Beccy Lyons the Devon co-ordinator.*

An ideal time is when young people might contact you for emergency contraception, the advice to tell them is to get tested straight away and again in two weeks time.

This is because the test is unlikely to pick up the Chlamydia straight away, but it will check whether they already have Chlamydia. The test they do in two weeks will check for this recent exposure.

Many of the programmes have local and national information you can hand out to patients, please contact your relevant office for supplies.

For more information please visit:

[www.chlamydia-screening.nhs.uk](http://www.chlamydia-screening.nhs.uk)

[www.ruthinking.co.uk](http://www.ruthinking.co.uk) or telephone 0800 28 29 30.

[www.condomessentialwear.co.uk](http://www.condomessentialwear.co.uk) or telephone 0800 567 123.

[www.plymouthpct.nhs.uk](http://www.plymouthpct.nhs.uk) then type in 'Chlamydia' (Plymouth website).

[www.checkitout.co.uk](http://www.checkitout.co.uk) (Devon website).

[www.sdhct.nhs.uk/sexual](http://www.sdhct.nhs.uk/sexual) (Torbay website).

Or phone the local Chlamydia Screening Office:

Devon PCT. Tel: 01392 284965

Plymouth PCT. Tel: 01752 434865

Torbay PCT. Tel: 01803 656520

## Stats man's quick stats



We've had fewer calls between 25th July to 25th August compared to the craziness of the June /July period.

(We dealt with 55% more calls in July than in July last year!). We've still been busy though.

### July/August period

23, 900 patients used the service, a rise of 16% compared to the same period in 2008.

The busiest day was Saturday 25th July with 1, 944 patients.

In the same period last year the busiest day was Saturday 23rd August when we dealt with 1, 716 patients.

So our busiest day this year was 13% busier than the busiest day last year - and 23rd August 2008 was a Saturday on a bank holiday weekend!

So this as a warning – the coming bank holiday is going to be very, very busy!

*martin.shaw3@nhs.net*



Check out the **intranet** for the latest guidance, contact details, policies, and performance reports.



## Around the treatment centres

With Jane Moxon, Operations Manager

### Controlled drug verbal requests to Devon Doctors clinicians

Following a recent incident where a nursing home staff member requested the on-duty Devon Doctors GP to provide a prescription for a controlled drug and the issues that arose as a result, Devon Doctors has agreed the following protocol for such requests:

(This should be followed for all CD requests but also for other medications where deemed appropriate.)

1. Verbal Prescription Request is received at the control centre and forwarded to the relevant base for GP telephone triage. The receiving GP must then ask for a written request for the CD, either faxed or brought to the treatment centre by hand.
2. It is not acceptable to fax the prescription to a community

pharmacist for collection as evidence/ID is required both for the person requesting the medication and also the patient.

3. The prescription must be collected from the treatment centre and, on arrival, evidence/ID must be checked. There is a book available at each base to log the hand-over and to state what ID/evidence was provided.
4. Where evidence/ID is not available, and a verbal request is made, it is not acceptable to fax the prescription. This will therefore result in a face-to-face consultation with the patient, which may result in providing a home visit.

All clinicians are asked to pro-actively think about the possible implications in the event of possible fraud or inaccuracies in the medication, strengths, dosages, etc.

*jane.moxon@nhs.net*



## Case study — zero tolerance of racism

### What happened?

The mother of a seven month old child contacted Devon Doctors and demanded a home visit because her daughter was suffering with a cough.

When the duty doctor explained that on clinical grounds a home visit was not appropriate\* and that they should attend the treatment centre the mother subjected the doctor to an outburst of racial abuse and threats.

The duty doctor remained calm and measured in his handling of the call and attempted to have a reasoned discussion about what was in the best interests of the child but this proved impossible as the mother was increasingly offensive.

The mother then called the control centre back and repeated the racist remarks about the doctor to a call operator who warned her that the call was recorded and that we would not tolerate such remarks.

Her request to speak to a doctor again was noted and the call operator contacted the base. He spoke to the receptionist who said that the duty doctor in question would not be calling the mother back as she had been invited to the treatment centre and could choose to attend if she wished.

Unfortunately, the option of passing the call to an alternative base, at least for triage, was not taken and the call was closed.

The incident was reported in the log book and the following morning the governance team contacted the doctor concerned to discuss whether he wished to take any action. The doctor agreed that the abuse had been so exceptional that it should be reported to the police.

The calls in question were anonymised and provided as evidence and the case went to court.

The patient's mother was found guilty of using a public communication network in an abusive, indecent and offensive manner. She was given a 12 month conditional discharge.

### What went well?

Both the doctor and the call operator concerned remained calm and polite throughout the incident.

They demonstrated high levels of expertise in dealing with such a difficult situation and did not allow themselves to retaliate or become involved in an argument.

The subsequent actions by the police in treating this as a criminal matter demonstrated that, along with all other NHS services, abuse against our staff will not be tolerated.

### What can we learn?

The learning for the service was that regrettably, the unacceptable behaviour of the mother had overshadowed the ultimate priority of the child's health.

No call back from a GP was arranged following the second call and the call was left unresolved. As a matter of priority the governance team contacted the patient's own GP the following day and asked that he contact the family to ensure the patient was ok.

The GP surgery itself had not been contacted by the child's mother independently.

This case also highlighted for us that although we will never tolerate such behaviour towards our doctors and staff, we do not have a formal policy for how we respond to violent and abusive patients.

We have now set ourselves a priority to develop a zero tolerance policy for all Devon Doctors group services.

\*our home visit guidance can be found in the treatment centre section of the intranet (click on 'triage support')



## Update on our Devon GP-led health centres

### Bay Health Centre

Operations manager Nicci Hilson brings us up-to-date on our new Torbay health centre: "When it opened in May, the Bay Health Centre was asked by Torbay Care Trust to provide a 'flu service' for Torbay patients who may have been at risk of swine flu.

"This entails visiting flu patients or potential flu patients on behalf of the other twenty one practices in Torbay. These arrangements have had an impact on our ability to advertise the service.

"The centre is still seeing walk-in patients who present at A&E with primary care problems and since our opening we have seen 1686 walk-in patients which is an average of 18 patients per day.

"We are currently in discussions with the PCT with a view to having a full service commencing on 1<sup>st</sup> October, with patients being able to register from then.

### Plymouth GP Health Centre

Here's the lowdown from implementation manager Emily

Street: "The centre opened on time on 1<sup>st</sup> April 2009. The new centre's main location is Mount Gould Primary Care Centre, and we're working seamlessly alongside the current Mount Gould GP service during weekdays and the out-of-hours service at weekends.

"Patients previously registered with the Mount Gould GP practice are making use of the extended hours and the full range of services available, as well as our new patients registering with the Plymouth GP Health Centre.

"Patients who regularly use the service are being encouraged to register with the practice, as are those patients who do not currently have a registered GP but live in the Plymouth area.

"These include patients who regularly use the outreach drop in clinics we have set up and which have already proved to be invaluable access to primary care for hard to reach groups such as the homeless and rough sleepers.

"Plymouth GP Health Centre has also seen over 1600 walk-in patients over the past four months so staff and clinicians are kept very busy!"

## Practices: Have your say about our Board

All of the 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 practices across the county. Each practice, no matter what size, has one vote.

Please use your vote when the opportunity arises. The following non executive directors are due to retire by rotation:

Dr Simon Murray— Torbay

Dr Bruce Hughes — North Devon

Dr Andy Potter – Plymouth

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 12th October.

## The Italian Job

Drivers never know what to expect when on duty for Devon Doctors and the summer season often brings all sorts of calls as holidaymakers and tourists descend on our county.

Mike Long got in touch after a unique shift helping a doctor with a house call to 17 students who had come over from Italy.

Mike recalled: "The doc' and I went in as a team. We had scripts already filled out with names attached to each call sheet. The doctor took their temperatures for me to record on the call slips. None of the cases were swine flu related.

"We were followed by an entourage of the Italian students' leader, his English counterpart and a young Italian doctor...who couldn't speak English! The leader was our interpreter.

"I'm sure they were most impressed with our dynamic approach! Apparently they had tried all day to get a GP to visit, and ended up with ourselves! The Italian Job... woo hoo!"





## All change in the rota team

by Annette Hammett, Operations Manager — control centre

Whilst Kim Palmer, rota team manager, bids farewell to Sue Guppy and Mel Dunn who are transferring to the HR team, she is welcoming Jo Wickens, Jill Sanders, Steve Northey and Marta Robaszekiewicz who will be joining existing rota team members, Paul Mead, Penny Snell, Tina Medcraft and Tom Ham.

Kim said: "I wish Sue and Mel well within their new role and would like to thank them for the work they have done within the rota team.

"With the new members, we will be taking the opportunity in reviewing our period of cover and in due course we will be extending cover within the team at weekends therefore giving more support to all."

### An extraordinary period of demand

"The outbreak of swine flu meant that not only were the rota team having to contact individuals to cover existing shifts due to sickness but with the exceptionally high call volumes they were needing to cover extra shifts in order to meet the demand.

Kim added: "The need for extra personnel meant that the rota team were constantly ringing around and we would like to thank all of those who responded to calls and supported us during this extraordinary period."

### Putting in faces to names

The staff within the rota team tell me that they are traditionally a shy group of individuals, but thought that if you

were able to put a face to the voice when they contact you and say "Hi... we were wondering if you could help us with a shift", you would be even keener to assist.

Kim has therefore commissioned an artist's impression of her team. We will leave it to you to decide who is who...!



### Control Centre Staff Meeting

Wednesday 3<sup>rd</sup> September. To be flexible and ensure maximum attendance we are holding this meeting twice: at 10am and 6pm. If you have any issues that you would like to discuss, please e-mail [paul.mccormick@nhs.net](mailto:paul.mccormick@nhs.net)

### Special thank you to Bob Verrall, a driver at Honiton TC.

The rota team are grateful to him for stepping in to cover shifts this month.

*annette.hammett@nhs.net*

## Success for Desdemona the donkey

By Anja and Graham Burgess

It's Okehampton show 2009, ring 6 and the tension is palpable. The competitors are anxiously waiting to go into the show ring... hey isn't that Vicky? Vicky who? You know Vicky Spence the Okehampton driver and occasional 'shifty' at the control centre. You are right, it's her, but she's not alone - she's got her ass with her. Whadda you mean, her ass? Oops sorry I meant her donkey. Meet Desdemona, her Bulgarian donkey.

For weeks Vicky has been talking to us about showing her ass, sorry donkey, at the Okehampton show. But first a little culture: Desdemona was a character in Shakespeare's play Othello, and she was not Bulgarian but Venetian but who cares.

Admittedly Desdemona is a very good looking donkey and very well behaved until Vicky decided to take a comfort break, when Desdemona started to bray: "Where are you going Mum?"

So, back to the show ring. All the competitors led their donkeys into the show ring, paraded them before a judge (does this judge really know a good ass when she sees one?) a bit of prodding, looking and inspecting teeth etc. And then the final verdict!

Vicky entered in three classes and ended up being awarded second prize, third prize and first prize for the best newcomer, I mean the donkey did. Well done Vicky, and Desdemona! We might have been sceptical but you are having the last laugh.



*Best in show: Desdemona with proud owner Vicky*