

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:
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All other feedback & contributions email the editor:
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Taking a look into the future With Chris Wright, Chief Executive



At the recent staff workshop I was given 15 minutes to talk about 'the future'. Like any good weather forecaster I thought I'd stick to the short term.

From 2009 to 2010 the Devon Doctors group has three challengers which we have to meet if we are to prosper.

1. This year we are doubling our group turnover from 12 1/2 million in 2008/09 to £25 million in 2009/10.

We are developing a primary care arm (primarily the new 8-8 GP practices in Devon and Halton) as well as the in-house primary care service to the Devon prisons.

We need to establish these new services and do all of the things we promised in our tenders.

2. We need to keep our business going forwards. Our model of social enterprise (which invests any surplus back into the business from which it was generated) has much to offer the NHS.

The Board of Devon Doctors wants me to continue to

expand the business.

This does have risks and it's certainly not the easy life, however greater size reduces our unit costs and we have a better chance of protecting people's jobs in the long term future if we are not a one trick pony.

3. We need to continue the high standard of our urgent care out-of-hours work (and do this even within the likely context of surges in demand from flu related illnesses in the autumn).

We are fortunate to have a good, flexible model of delivery, with great GPs and nurses and fantastic staff. We need you to keep your interest in the quality of our service and in the service received by our local population.

The Board of Devon Doctors is planning to invest more money into clinical audit, governance and training.

...Continued on page 2

Breathe life into your skills

A few weeks ago Devon Doctors held a very well attended paediatric resuscitation course at Buckfast Abbey. Our medical director Dr Chris Bastin attended along with many colleagues from the service. Chris said: "This course was exceptional in its presentation and content and I would recommend it to any of you who are considering attending one. There was ample opportunity for practical work and for questions, and the bonus was a very good lunch! Put the date in your diaries and get the application in the post!"

Future courses will be held at a range of venues. Please contact Lyn Dearden in the HR team: lyn.dearden@nhs.net 01392 823155.



The training team



Chris testing his technique among colleagues.

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Chris Wright continued...

In addition, we continue to closely monitor demand on a daily / weekly basis and where it is clear that there are major pressures on staff and clinicians in achieving the standards of care we expect then (somehow!) we will find additional money to invest in additional clinical time at key pressure points.

My other prediction about the future is that Manchester United will win the premiership and England will lose to penalties at the quarter final of the World Cup. Some things never change!

CLINICAL FOCUS with Dr Chris Bastin, Medical Director

NICE guidance on children with 'D & V'

I have recently been reading the NICE guidance with regard to the treatment of diarrhoea and vomiting in children.

I would recommend that all doctors and nurses should read the quick reference guide. The web address is: <http://www.nice.org.uk/CG84>

Clear guidance is given regarding the need to send specimens for microbiological investigation as is the guidance to fluid management.

The table for assessing the symptoms and signs of dehydration and shock is very clear and useful.

Significantly it is pointed out that diarrhoea and vomiting is not confined

to a diagnosis of gastroenteritis. This paper is must-read.

GP practices: passing patients to us before you close

We've had several cases where patients have rung their GP practices while they are still open and they have been referred to Devon Doctors.

Just a reminder to practices that the patients remain your responsibility before 18:00 (or 18:30 in some cases).

Admissions to community hospitals.

We are still having problems with the admission of patients to community

hospitals.

All patients must have a fully completed clerking proforma and a community hospital prescription form. These two documents are carried by every car.

Contact Chris

01392 822 340 or christopher.bastin@nhs.net



Chris spends every Wednesday (9-5) with the governance team.



Good news section

Recent plaudits

"I have never had reason to use the service before. I was impressed with how smoothly all the necessary arrangements were made. I was also impressed with the concern shown by the doctor towards me when explaining the problem."

"We went to the treatment centre for my three-year-old daughter and the doctor was wonderful with her. He made her feel very relaxed and talked to her throughout the whole consultation. I believe this service is fantastic and something the Bay could not do without."

"On all three occasions the staff, both medical and reception, have been courteous, cheery, efficient and totally professional. We were treated promptly and sympathetically."

Email received via our website from a patient who was "very impressed" with how quickly she was dealt with both times, and that she was able to collect her prescription from the chemist within minutes of it being faxed.

Patient rapport can be so important

It's good to be able to highlight some of the excellent work that goes on out in the field so we were pleased to hear from driver Mike Howard this month. Mike got in touch after working an overnight shift with Dr Liz Brown.

He said: "At about 2:30am in the morning we received a call for a gentleman in Ashcombe who suffers from dementia. Without going into details it was apparent that things had taken a turn for the worse, so much so that the police were in attendance.

"When we arrived Liz was out of the car almost before it had completely stopped and immediately walked up to the gentleman who was about to wander off down the lane outside his house.

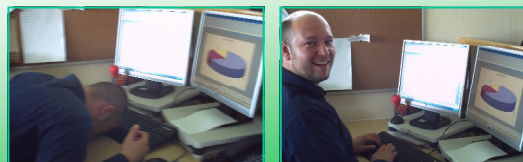
"Within 45 minutes she had this poor agitated man calmed down and made sure he was in bed before we left. From what I saw and overheard it was a brilliant job and I thought it worthy of a mention."

Do you have a positive story from one of your shifts that you would like to share? We'd love to hear from you. loujones@nhs.net



THE STATS MAN

Number crunching with Martin 'two screens' Shaw



Over the next month Adastra will be upgrading our system to the latest version. While the new version may not appear very different at first sight, there are a number of new features including:

Password Security In order to comply with recent Connecting for Health guidelines Adastra have had to increase their password security. From the first time you change your password in the new version your password will need to be a minimum of six characters long and contain at least one character that isn't a letter.

Clinical Templates These will replace the examination questions that appear in the top right of the 'current consultation' screen. They will allow clinicians to view changes in a patient's data, such as blood pressure, over a series of out of hours contacts graphically. They will allow for the collection of a lot of data that we have been unable to collect until now, and data recorded in these templates will be fully clinically coded. We are also able to create our own clinical templates if we feel they would be useful.

Agency Maintenance This module will allow an administrator to update the hospitals and wards available for admission.

We are also hoping to follow the upgrade with some changes to the way we organise the system. These include simplifying the case types, priorities and case flow to make the system more intuitive and reviewing the buttons that appear on the left of your screen.

I will also be including some of the requests that have been sent to me as a result of previous newsletter articles (sorry if I haven't acknowledged your suggestions, I hadn't expected such a good response!).

I am also in discussions with Adastra about the option of amalgamating all of the screens that follow when a clinician clicks the result button into one screen. I feel that the endless clicking of buttons to finish a case has the potential to lead to mistakes.

There will be a number of future developments in the new version and I will try to keep you as up to date as possible using the newsletter. Next month Adastra will be upgrading our system to the latest

As always, if you have any thoughts on the Adastra system or other feedback do not hesitate to email me.

martin.shaw3@nhs.net



Governance spotlight: patient history with Ann Bond, Governance Manager

Here in the governance team we never know what sort of case might come in for investigation. Many patient complaints tend to be about difficult communication with a clinician, or the expectation for a home visit.

Occasionally we receive a complaint that reveals a complex clinical history or problem. Our complaints officer David Evans recently investigated and resolved such a case for our out-of-hours service in Halton, North West England. The details may be food for thought for clinical colleagues:

What happened?

It involved a 23-year-old female who suffers from the congenital disorder thrombophilia, or Antithrombin Deficiency Type 3. She always carries a card giving details of her disorder.

Over six weeks before she was in contact with our Halton service she had given birth to her first child. For six weeks after giving birth she was taking anti-coagulant medication.

She contacted Halton Health after experiencing pain down her left side. She had come off the anti-coagulant medication just a few days earlier.

The triage doctor assessed that she required a home visit. The visiting doctor carried out a thorough examination and found basic indicators of well-being with her temperature,

pulse, and oxygen sat levels all normal.

He diagnosed a trapped nerve and prescribed Co-codamol to be taken PRN (as necessary). The next day the patient, instead of getting back to this service, went straight to A&E where she was found to be suffering pulmonary embolisms and was admitted.

What can be learned from this case?

The medical review found that though the doctor's clinical management of the case had been consistent and justifiable, he should have probed further the nature of the patient's pain and given more weight to the patient's history and less to the outcome of his examination.

What do you think?

If you would like to share your comments about this or have experience of a similar case please email loujones@nhs.net. The newsletter is an outlet for your views.

Naughty notes

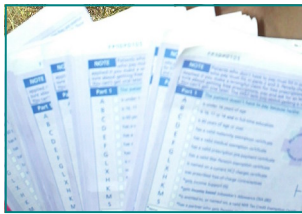
Following some recent incidents, I'd just like to flag up a reminder to clinicians to avoid personal comments when adding clinical notes to a patient's out-of-hours record. These legal documents may be viewed by patients at any time, or staff working for our service (bound by confidentiality).

a.bond@nhs.net



Prescribing at the treatment centres

With Jane Moxon, Operations Manager



The big message I'd like to communicate to all clinicians regards **prescribing**. It's often a bone of contention in the out-of-hours setting but there are some important points to be noted.

Here are our Medical Director's top tips

- In general terms it is a requirement to give a full course of treatment where antibiotics are concerned but when issuing repeat prescriptions no more than 14 days should be given.
- In many circumstances Adastra defaults to a larger supply but this can be manually adjusted.
- When considering the prescribing of analgesics this quantity should be limited to a number sufficient to tide the patient over until his/her GP is next available or an absolute maximum of seven days. This should always be the case with controlled drugs (CDs).
- With regard to CDs it is imperative that a minimal practical quantity is given, previous encounters checked for and proof of identity sought.
- Only written/faxed requests for repeat CD prescriptions will be accepted.
- It is never acceptable to fax a prescription for CDs.
- Please remember that Dihydrocodeine is a frequently abused drug.

jane.moxon@nhs.net

Palliative Care Corner



Devon Doctors works with palliative healthcare professionals across the county to ensure that patients with palliative needs receive excellent care around the clock. Here's a profile of the Marie-Curie Cancer Care and how we can help them to help us.

What is Marie Curie Cancer Care?

Marie Curie Cancer Care is dedicated to the care of people affected by cancer and the enhancement of their quality of life through its caring services, cancer research and education. The charity provides care for today and hope for tomorrow.

Marie Curie provides a free service to the patient and family, supporting their wish to die at home. Marie Curie Cancer Care funds half of the service through charitable donations and the NHS matches our funding.

What can Marie Curie nurses do?



Marie Curie Nurses, both trained and non-trained, provide care during the day or more usually overnight, for a minimum of three hours and generally for a shift of eight to ten hours.

The Marie Curie nurse provides nursing care needed

by the patient, and can provide both practical and emotional advice and support to the patient and family/carers.

The Marie Curie nurse monitors the patient's condition and deals with the changes during the shift. They liaise with the district nurse about the changes in the patient's condition to assist in planning future care.

When do Marie Curie nurses contact DDOC?

Marie Curie registered nurses can give medication prescribed, and carry out other technical nursing procedures, including the management of a syringe driver; however they do not give medications to patients (however some senior health care assistants have been trained to assist with medication where appropriate).

In these circumstances, particularly with patients with syringe drivers, they may require the support and advice of the on call district nursing service or Devon Doctors, if they recognise that there is a problem with the device.

They would appreciate your support and understanding to the senior health care assistants should these circumstances arise. Please be aware that at present, no Marie Curie nurse or senior health care assistant can verify death however, they will be implementing the training following consultation with the PCTs.

How can I find out more?

If you require any further information about the Marie Curie Cancer Care Service, please don't hesitate to contact the local nursing team manager. Emma Baker / Rachel Adey (job share) Torbay Care Trust, (South) Devon PCT and Plymouth Teaching PCT Tel: 07810 483089 / 07777 0544276 Pandora Slinger, Devon PCT (excluding south Devon) Tel: 07798 632972 www.mariecurie.org.uk

Keeping Devon Doctors informed

If you have any feedback about the way a palliative patient's care was managed out-of-hours by Devon Doctors please email our governance manager Ann Bond: a.bond@nhs.net



Join our Clinical Audit Team

Clinical audit is an important priority for all of us in Devon Doctors and is key to our ability to continuously improve the standards of the out-of-hours service.

We are setting up a **clinical audit committee**, which will:



- set priorities for clinical audit within the organisation
- lead in taking forward an agreed work programme.
- report directly to the Devon Doctors Board.

The committee will be chaired by a non-executive Board member. Other members of the committee will include the two medical directors and the governance manager.

We are looking for two more clinicians, who work out-of-hours sessions, to join the committee, at least one of whom should be a non-principal GP.

If you would be interested in joining the committee and helping us with this work, please send an expression of interest to Ann Bond (a.bond@nhs.net) by 17 July.

F/T Admin vacancy at Devon Health

A vacancy will arise shortly for an administrator to support the Devon Health and Devon Dental teams. Monday to Friday 9am to 5pm based in unit 5b. To perform general administrative duties and provide support to the members of both teams.

This post will available from early September. Job share considered. Salary at operational rates.

For more information or an informal chat about the role, contact Michelle Medcraft in Devon Health 01392 823152 michelle.medcraft@nhs.net

River deep, mountain high: editor Lou Jones explores Borneo

After living off 8p instant noodles for two years I finally scraped enough pennies together for a trip to far-away Borneo. It would be a 30th birthday present to myself that I would never forget. With Dr Bastin's warnings about dengue fever ringing in my ears, I set off on an epic journey to reach the 'land beneath the wind'. The trip was run by Intrepid, which specialises in responsible tourism, so after touching down in the steaming seaside city of Kota Kinabalu our tour group had the rare privilege of being welcomed into mountain and jungle villages, eating and dancing with locals and spending the night with Malay families.

A significant proportion of our trip fees went towards supporting the local communities. We went from scaling the nose bleed heights of Mount Kinabalu (4095m), to spending the night in the jungle surrounded by spiders and snakes, to relaxing on palm fringed beaches. We witnessed the rare sight of pygmy elephants bathing in a river, a green turtle laying eggs, hornbills swooping overhead, proboscis monkeys letting it all hang out, and orangutans enjoying feeding time at Sepilok sanctuary. If you don't mind roughing it and want an authentic experience of another culture I'd recommend a trip with Intrepid.

loujones@nhs.net



In sympathy We are saddened at the sudden death of Robin Carter who had worked as a driver in the Torquay and Totnes bases since 1997.

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