

# The Monitor



Devon Doctors

March 2011

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## Bank holiday double-whammy

by Chris Wright, chief executive

**With the winter pressures still fresh in our minds, it's time to start preparing for April's consecutive four-day bank holiday weekends.**

We're expecting our out-of-hours service to be extremely busy when it covers GP practice closures:

- Friday 22nd – Monday 25th April
- Friday 29th April – Monday 2nd May

I welcome the decision of the Primary Care Trusts to work with Devon Doctors over this period. They have agreed to fund out-of-hours cover for the Royal Wedding public holiday on 29th April.

They will fund £10,000 of additional shifts and cover half of the cost of any GP overtime, to help meet extra patient demand.

### Support from GP practices

Devon Doctors will be covering primary care for eight days out of 11 so the support and preparation of GP practices is really important – especially for patients who may be more vulnerable because of the extended closures.

Although we do have some extra funding, this will not be enough without the support of general practice. I'm grateful to the practices organising sessions in

the three days between the two holidays to meet the immediate, urgent care needs of their population.

We don't expect demand to be on the huge level we saw over the winter holidays but we do think we'll be tested. My gratitude as ever to the GPs and staff who give up their time to support us.

### Welcome back

I'm really keen that local GPs come and work for Devon Doctors. We're proud that we've retained the support of local general practice in Devon, unlike in other parts of the country.

This has strengthened us as an organisation and allowed us to continue to deliver a high quality out-of-hours service, which in turn supports in-hours general practice. It also offers a great deal back to GPs and staff who work for us which goes well beyond monetary reward. E.g. clinical and human interest, sharing best practice, working alongside different



*Double dose: The Royal Wedding & Easter mean consecutive four-day bank holidays*

clinicians and staff, and yes, helping others in need – most of whom are very grateful!

In the recent past there has been some frustration in getting registered to work for us.

We've now super streamlined the process for GPs who are already partners or are salaried by local general practice in Devon.

We can get you working for us within 24 hours and no certificates need to be photocopied.

We do need to see more local GPs coming forward. We want to keep it local and GP led, and to do that we need you.

I really hope it's a happy Easter and congratulations to William and Kate. Let's hope it's all worth it!

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## Preparing patients for the holidays

It's vital that as many people in Devon as possible know when their GP practices will be closed, and the appropriate ways to access healthcare. We're working with the PCTs on media messages.

Please can GP practices do everything possible to give their patients advance notice of their closing times, and encourage them to organise repeat prescriptions and appointments for routine issues when they're open.

### Our message to patients

>>Plan ahead for the bank holiday with a **well-stocked first aid kit** and **over-the-counter remedies** from pharmacies

>>Use **NHS Direct** (0845 46 47 www.nhsdirect.co.uk) for routine advice

>>**Pharmacists** can provide advice and over-the-counter remedies for routine issues.

[PCTs inform Devon Doctors of bank holiday opening times. These are available on our

computer desktops.]

>>Contact **Devon Doctors** (0845 6710 270 / 01392 824 600) **if you have an urgent**

**medical condition.** Waiting to use your GP practice for non urgent issues will help free up the out-of-hours service for those who most need it

>> Dial 999 or attend A&E for life threatening conditions

## Prescribing with Karen Button, pharmaceutical advisor

### Methadone prescribing

Methadone should only be prescribed out-of-hours in exceptional circumstances that are outside the client's control (e.g. the regular script had not been delivered to the pharmacy for collection), their request has been investigated and found to be genuine, and if the duty doctor is confident to prescribe.

As always, it's the dilemma of having a system that can accommodate the unusual but has some resistance to abuse.

However, this balance was well demonstrated when we were asked to review and report on methadone prescribing in the out-of-hours period for December.

The record keeping in 75 per cent of cases clearly showed the reason for requesting the methadone, and some evidence that the request had been investigated and



*Out-of-hours clinicians should only prescribe methadone in exceptional circumstances*

confirmed as genuine.

The remaining 25 per cent of cases were likely to be due to the same reason (a pharmacy was unable to open due to the adverse weather) although this was not clear from the case notes.

### Formulary addition – tramadol

As part of the formulary review, tramadol is being introduced as an option for the management of moderate pain.

You will be aware that it is already a second line formulary choice opioid analgesic in

three of the four joint formularies (not South Devon), recommended only where patients are intolerant or unresponsive to the first choice, codeine.

It is intended that manufacturer packs will be provided as stock, in packs of 30x50mg capsules.

This should be enough to cover the maximum dose needed even over an extended bank holiday period.

In January 2011 there were 165 issues of tramadol by out-of-hours services, 15 per cent of issues were for quantities between 31 and 99 caps, 13 per cent were for 100 caps.

Can I ask that tramadol 50mg remains second line and is not issued or prescribed in quantities greater than 30 capsules.

This will hopefully avoid generating problems for in-hours prescribing colleagues.

## Q&A with... Paul Kellow, driver

### Which treatment centres do you work from?

I work mainly at Plymouth, situated at Derriford Hospital, and I occasionally worked at Mount Gould Hospital.

My contracted shifts are for driving, but I also work as an OA/driver occasionally on an overnight shift.

I have my own driving school so my day job is a driving instructor, and I find both jobs can work side by side.

### How long have you worked for Devon Doctors?

I have worked for Devon Doctors for two and a half years.

### What do you enjoy about out-of-hours work?

I very much enjoy the job, the people I work with, and being part of a team that provides a very important service to Plymouth.

### What do you find challenging?

Plymouth is quite a busy centre and on a weekend shift things can get quite challenging. For example, trying to keep on top of the visits and helping things run smoothly.

### Any stories you can share with us?

A funny story is one of a visit I did with a doctor on an evening shift.



Two children came over to our car to say that they thought there was a dead person in a basement flat.

The doctor and I looked down to the basement and could see what appeared to be a person on the floor.

We rang the upstairs bell, and a lady appeared. We explained about the person on the floor down in the basement.

The lady started laughing and explained that it was a mannequin. We were just about to call the police – it was a close call.

### What do you enjoy doing in your spare time?

I like taking my caravan out on the coast, going fishing with my sons, and spending time with my family.

## New websites



We've refreshed our public websites so it's easier to find out how our services work, how our organisation fits together, and what our social enterprise status means.

There's a section for positive news stories and public messages, as well as information about the GPs who represent local practices on our board.

Triage clinicians might also find the treatment centre section of the Devon Doctors website helpful.

It has a map that shows all of the base locations, and links to Google maps and directions.

We will be adding more information and features over time. When you have a moment take a look at [www.devondoctors.co.uk](http://www.devondoctors.co.uk)

## Making Devon Doctors a great place to work

There have been many positive developments since last year's staff survey. Director of corporate services **Jo Summers** explains how Devon Doctors has responded to staff feedback



Around this time last year, I wrote an article for the *Monitor* about the results from the staff survey. It was very important to me that we acted on your feedback.

One of the most common opinions held in the survey was that you wanted us to listen more and act on your suggestions.

Whilst Rome wasn't built in a day and there is always room for improvement, I think over the last year we have made some real improvements based on the feedback you gave us.

One of the biggest issues last year was that you wanted more training in order to do the best job you can for our patients. We recognised this and have invested more time and resources into training and development.

### Training gets a boost

This year alone, staff have completed close to one thousand training modules of one type or another, with more on the way.

Next month's *Monitor* will give you a full update on training, but for now I'm pleased to confirm that we have three operational trainers starting in April.

Louise Bowker-Steele, Tina Medcraft, and Bernie Gander were successful in the recent selection exercise and will be coming to a control centre or operational base near you soon.

Although these roles do not require a financial investment (we are just formalising the current ad-hoc training we already provide) they do represent an investment to our staff development and patient quality.

### Operational team managers

In addition to the new trainer roles, we will shortly be making some changes to the support you receive from management. Again, this is all about responding to the feedback you gave us.

You said you wanted to have effective relationships and good communications with a line manager who can give you feedback and support you in your day-to-day duties.

So we will soon be introducing some new operational team manager roles, both in the control centre and out in the bases. Whilst this does represent a small initial

investment, we calculate that this will be offset by savings they will bring in improved operational performance.

I am really excited about these new roles, as I think they will help us to create the structure we need to communicate more effectively as an organisation and to improve patient experience.

I also think they provide an excellent opportunity for some of you really good people out there who would like to develop your career with Devon Doctors and play a more active role in how the company works.

### Recruitment

As you will have seen, our approach to recruitment is another thing that has changed over the last year.

We now advertise all opportunities across the organisation to ensure we give everyone the chance to apply to do something different – the new team manager roles are no exception.

Look out for the new advert in the next few weeks. If you would like to play a bigger part with us in the future and develop some new skills, get your application in!

And yes, we will make sure the new managers get the training to ensure they do a great job for us.

### Listening to you

I hope this has given you a flavour of some of the things we have been working on to show you that we are listening.

The feedback from last year was that most people really enjoy working for us: "Devon Doctors is a nice place to work".

Our aim over the next 12 months is to make Devon Doctors a *great* place to work and that's the vision that underpins everything we're working towards this year.

However, we can only do that with more of your feedback and suggestions – so look out for this year's survey which will be coming out in a couple of months.

Last year only 34 per cent of staff completed the survey. This year I would like to see that reach at least 60 per cent, and hopefully you will see some of the things you suggest happening during 2011/2012.

[jo.summers1@nhs.net](mailto:jo.summers1@nhs.net)

## A big welcome to new bank drivers

David Barnett  
Andrew Down  
Clive Gammon  
Robert Tollafield  
Stephen Farley  
Richard Wheeler  
David Warren  
Tony Charles  
Sam McGowan



## GP memo

### Overtime payments

Message from Colin Strachan, finance director



Overtime payments for shifts worked will be paid in half hour blocks, with effect from 1st April (as explained in last month's *Monitor*).

GPs should continue to phone in to claim their overtime in blocks of half hours. Example:

Shift due to end at 1pm but ends at 1.20pm = no overtime.

Shift due to end at 1pm but ends at 1.40pm = half hour overtime.

## Good practise and praise

Here's a selection of good practise and plaudits during our January to March period:

A call operator contacted ambulance control after taking a call from a patient who said he couldn't breathe. The patient had only been able to give the first part of their address before hanging up. The call operator passed on the little information he had and an ambulance was dispatched to the patient.

"Grateful thanks for the excellent response and service we obtained from Devon Doctors. My wife felt the need for urgent medical assistance on two occasions recently and your quick attention did a lot to relieve her pain and anxiety."

Patient called from hospital to offer his "heartfelt thanks" to the caller taker and the whole team. His condition was serious and he felt the team were "life savers".

"This was the first time I had needed this NHS service and as it was a bank holiday weekend I felt I was very lucky to receive such excellent service."

Patient's wife telephoned to say how impressed she was with the service. They had attended the treatment centre feeling "absolutely terrified" and came out feeling "so reassured" after speaking to the doctor.

Letter received from patient's GP to thank the duty doctor for advising 999 for a correctly suspected ruptured aortic aneurysm.

"I found the doctor did not rush us, gave us plenty of time, was very informative, extremely pleasant and had a friendly manner. Nothing seemed too much trouble."

"The girls at the call centre were friendly and helpful."

"The nurse who dealt with my initial call was very pleasant to speak to, and most helpful and reassuring."

## Case study

# Diagnosing children with diabetes

### What happened

Nurse practitioner Tina Bell was commended this month after diagnosing a four-year-old boy as diabetic and taking him to A&E. Tina had also diagnosed other diabetic children within the same few weeks. We asked her to share some detail about these cases.

She explained: "The first child was completely asymptomatic – pyrexial for three days – then got better. The parents were very concerned when she started vomiting on Saturday evening. They carried her into the treatment centre. Observations were unremarkable.

"The little girl had abdominal pain but NAD [nothing abnormal detected]. I decided to check the urine, thinking it could be a UTI [urinary tract infection]. I was very surprised to find glucose+++ and a trace of ketone! Blood glucose reading was 15 so I took her straight up to paediatrics.

"I also saw an unwell four-year-old with a high temperature and 'panting'. On initial

examination I thought this could be an atypical pneumonia but I watched the child grab and gulp down his drink, and his dad commented that he was always drinking.

"His blood glucose was over 19, and his colour deteriorated whilst the reading was done. I scooped the child up and charged out of the treatment centre with distraught parent, telling the OA to call A&E to say a child with DKA (diabetic ketoacidosis) was on the way.

"The A&E consultant came to the treatment centre about an hour later to speak to the GP who saw the poorly child earlier that evening. Both cases could have been easily be missed."

### What can we learn

Anybody who is breathless and vomiting needs consideration for a finger prick blood sugar test.

**Do you have an interesting case to share?**  
Email [christopher.bastin@nhs.net](mailto:christopher.bastin@nhs.net)

## Information governance

NHS Net is the only email service that is accredited and approved by the Government for the transmission of confidential data available to us. An account is created for all clinicians when they are added to a performers list, and for all Devon Doctors staff.

- Clinicians working for Devon Doctors who don't have an account should contact the Primary Care Trust which holds the performers list they're on.
- Staff members, or clinicians having problems with the above, can contact our IT team for help on 01392 822 341 or [ddocs.servicedesk@nhs.net](mailto:ddocs.servicedesk@nhs.net).



Thank you to call operator Malcolm Pattison for passing on this quirky recipe:

### Sara Blackmore's Beetroot Cake

Sara is the wife of a Devon-based beetroot farmer. Her husband, Cyril, says it will convert those who aren't quite sure about beetroot. Sara inherited this recipe from her mother. She says: "I sometimes add some cocoa powder or chocolate to the cake ingredients to make chocolate beetroot cake even nicer! I don't usually bother with the icing – it's nice just as it is."

450g self-raising white flour	2 ripe bananas, mashed	225g half fat cream cheese
1 tsp ground nutmeg	350g cooked beetroot, grated	85g icing sugar
1 tsp mixed spice	4 medium eggs	2 tsp lemon juice
275g light brown sugar	300ml sunflower or rapeseed oil	Preheat oven to 180C.
125g walnuts, chopped	Icing, optional	

Serves 8-10. Sift flour and spices. Stir in sugar, nuts, beetroot and bananas. Make a well in the centre add eggs and oil and beat till incorporated. Put into an 8in deep sided round cake tin and bake for 1 hour, or until a skewer inserted in the centre comes out clean. To make icing: Beat together the cheese sugar and lemon juice till smooth. Decorate the cake and enjoy!