The Monitor

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

Devon Doctors

SOCIAL ENTERPRISE Trading for people and planet

September 2009

Issue 1

A brand new look for the future

by Chris Wright, Chief Executive

Welcome to the new format of our newsletter.

The main change is that editor Louise Jones wanted to make this a communciation which relates to all of the activities of the Devon Doctors group.

Louise is right; Devon Dental and Devon Health are very much a part of Devon Doctors - sharing infrastructure, ownership (all owned by the GP practices of Devon) and most importantly sharing our ethos:

- Everything we do has to benefit the local population that we serve.
- We want to continually improve at everything we do.
- All of the surplus we make will be invested back into the service we provide.

And our survey said...

Patient surveys are much maligned. But I have to say I really welcome them. Devon Doctors has sent questionnaires to one per cent of our patients for many years.

Devon Health has followed this example both in the health centres it runs and the acute GP services it manages.

The Devon Doctors Board took the decision to move to CFEP from our own internally generated questionnaires.

CFEP, based at the University of Exeter, is well regarded by general practice and has a nationwide reputation for its patient surveys.

CFEP gives us the advange of an independent organisation which is able to compare us with other organisations like ourselves.

Within out-of-hours services there is a self selecting group of better performing out-of-hours providers, so we are comparing ourselves against the best.

Our first CFEP survey for advice, treatment centres and home visits can be seen on our intranet under the governance section ('patient feedback').

The first quarter's results put us in performance band one (the highest 25 per cent of all mean scores).

The benchmarks used compare us with patient questionnaires from 17 other providers across the UK between 2006 and 2009.

The remarkable thing here is that the April to June quarter was our busiest quarter ever and the service was under great pressure.

Yet we still made band one when compared against 17 self-selecting (better) out-of-hours providers with questionnaire response in much less busy periods.

I recommend all of you to look at the CFEP results. It may take a little while but CFEP results will also be used for clinicians' individual out-of-hours reports, hopefully this will be helpful for appraisals.

chris.wright1@nhs.net

In this issue:

Devon Doctors - OOH GP
Pages 2 - 3
Board elections
Stats man
Top tip
Clinical focus
Fleet update
Q&A with Mike Howard
Case study
Help SWAST to help you

Devon Dental
Page 4
My role as Director
Questionnaires
Round-up at the DACs

Acute Care GP service
Page 5
Latest news
On the frontline
Quick stats & case study

The waiting room
Page 6
New vacancies

Doctor's car gets a backstage pass at Muse concert

Let there be rock: driver Keith George in front of Muse's seafront stadium

If there's a home visit to be done nothing gets in the way of our doctors' cars. Even an outdoor concert put on by one of the world's biggest rock bands.

When Muse staged their huge homecoming concerts in Teignmouth this month the entire seafront and grass den area was blocked off by security.

But that didn't deter driver Keith George who was taking Dr Bates to a patient living in the concert area.

Keith said: "Arrangements were made for us to arrive at gate six where the security people would let us in.

"The security person asked me how his staff would recognise us. I started to give a description of the car's green lights on the roof and the big Devon Doctors logo printed on the doors and he said, 'ok, we won't miss that then!'"

"Once inside, Dr Bates was able to see the patient. On her return to the car the sound checks started on stage and we couldn't hear each other speak. I couldn't even hear the car running when I started the engine!

"It was a privilege to be there as so many people were already queuing outside for the final night's performance."

Do you have a story to share? email loujones@nhs.net

Stats Man

Here's the lowdown on workload between 25th August and 27th September:

Total patient calls
24,412

Breakdown
Advice: 12,393
TC: 8,669
Home visit: 3,350

The 24,412 cases resulted in 36,899 consultations

Busiest day
Sat 29th August
1,689 patient calls

The control centre's busiest day was Sat 19th September. It took 271 calls between 9am and 10am.

martin.shaw3@nhs.net

Opportunities to join the Devon Doctors 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:

Torbay - Dr Simon Murray
North Devon - Dr Bruce Hughes
Plymouth - Dr Andrew Potter

If any GP would like to put themselves up for election to any of the above areas, please email **colin.strachan@nhs.net** before 9am Monday 12th October.

Fleet update

from Colin Strachan, finance director

The lease for the current fleet of X-Trails is due to end in October.

As an interim measure Devon Doctors will be purchasing the vehicles and will continue to run them for a period of time while various options are considered for their replacement.

If anyone has any particular views about the replacement vehicles then they can send their thoughts to fleet administrator Alan Hyde via the internal email.

TOP TIP for call operators 'Type as you talk'

When a caller gives you information (e.g. a telephone number) repeat it back as you input it.

This speeds up the call taking process and any error can be corrected immediately.

Did you guess what it was?

CLINICAL FOCUS

with Dr Chris Bastin, Medical Director

Mystery diagnosis

For those of you who did not get the correct answer to last month's pictorial quiz I can tell you that the diagnosis was acute eczema.

MIU workload

For those of us working within MIUs here's a reminder regarding our standard arrangements:

Clinical need is the first priority, whether the patient presents as a walk-in patient or has been invited to attend the TC.

Devon Doctors patients then take priority over MIU attendees as the latter group of patients will have been thoroughly triaged by the nurses. MIU attendees will then be seen as dictated by your workload.

We have to remember however that our nursing colleagues may well be under pressure from their own workload and be unable to discharge patients without GP review as they have to work to imposed PGDs.

Needle disposal

I was alarmed to learn that there were two instances in this month where a dirty needle was found in the orange bags carried in the cars.

Sharps bins are readily available and all dirty needles and syringes must be placed in them as soon as possible after use.

Can we all be very aware of the potential hazards involved.

Emergency department referrals

It is widely accepted and recognised that any patient attending an emergency department with symptoms that can be dealt with by primary care should be referred to Devon Doctors.

Although protocols are different for each of the Devon acute trust emergency departments, clinicians are asked to accept ED referrals where possible.

If one of our treatment centres has an excessive workload it's good practice for the primary care team within that TC to inform the relevant ED about these pressures.

There will also be patients who do not fall within the primary care criteria and are inappropriate for referral.

Please treat the patient if possible and report the referral to the shift manager so it can be logged and followed up me.

999 ambulances for patients

When a clinician assesses that a patient needs a 999 ambulance it's the clinician's responsibility to arrange the ambulance.

christopher.bastin@nhs.net

Q&A with...

Mike Howard
Driver, Teignmouth TC

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

The monotony of having to work nine 'til five Monday to Friday is not for me so out-of-hours work is ideal.

Working weekends has never bothered me, in fact I think I prefer to have days off during the week; it always seems like a guilty pleasure.

What do you find challenging?

Boxing Day and the sheer volume of work. I have never understood how so many people can all need a doctor at the same time.

Any quirky stories?

Several! Visiting a large country house on Dartmoor which was being used as a film location.

Whilst waiting for the doctor I enjoyed a curry from the catering tent and had a very interesting conversation with Oliver Cromwell who, as it turns out, is a really nice man.

Then there was the visit to a lady who, for reasons best known to herself, decided to insert batteries up and inside her person.

Before we left we made sure that she had signed the purple scripts so that she would be fully charged.

And the day that 'Hope', a patient's guide dog, found the Devon Doctors' biscuit tin at Teignmouth treatment centre...

Tell us something we don't know about you

I have two all consuming interests in life (actually three if you include the present Mrs. Howard): 'rock and roll' music and shooting, although obviously not at the same time.

Any pearls of wisdom for new drivers?

Buy yourself a good quality A to Z. Learn how to use a sat-nav. Enjoy the job, it's great.

CASE STUDY from the governance team

Lemierres Syndrome

What happened?

A patient with suspected swine flu received a home visit.

Swabs were taken and, with the results pending, the patient was advised to see their own GP for a follow-up assessment and treatment.

The following day the patient was admitted to hospital and diagnosed with Lemierres Syndrome.

They spent several weeks on intensive care.

The patient felt their condition should have been picked up during the out-of-hours consultation.

The duty doctor reported carrying out a thorough examination of the patient's ear, nose and throat.

The ENT consultant who treated the patient in hospital said that the outcome would have not have been any different if the duty doctor had identified the syndrome.

What is Lemierres Syndrome?

It's a very rare syndrome – so much so that it is known in medical circles as 'the forgotten disease'.

- Is part of anaerobic normal throat flora and has a predisposition to abscess formation (termed 'necrobacillus' - this is very rare - affecting one per million of population).
- platelet aggregation and virulent toxin production results in internal jugular venous thrombosis (Lemierre's Syndrome)
- cavitating pulmonary lesions and haemoptysis occur as a result of septic embolisation
- other possible features include empyema, septic arthritis, and abscesses in the liver, spleen and muscles

If fusibacteria isolated on a throat swab

- consult local microbiologist for guidance re treatment
- some strains are beta-lactimase producers so there may be advantages of prescribing a beta-lactimase inhibitor such as co-amoxiclav

Reference:
Pulse (2003), 63(4), 72.
www.gpnotebook.co.uk

Help South Western Ambulance Service to help you

Devon Doctors works alongside many healthcare services during the out-of-hours period. South Western Ambulance Service (SWAST) has a particularly important working relationship with us.

We refer patients with life threatening symptoms to the ambulance service, and they refer patients who need a GP assessment to us.

SWAST is seeking your opinions on its plans to become an NHS Foundation Trust, in a public consultation which runs from Monday 14th September until Sunday 6th December 2009.

Do you have views on how the South West's ambulance service is run?

Have you got comments to make about your own experiences, or those of your family or friends, of using emergency, urgent care or patient transport services?

Taking part in the consultation means you can have your say on SWAST's proposed governance arrangements – in other words, how they make sure that high performance and clinical quality standards continue to be met, patients and staff are kept safe, and best use is made of taxpayers' money.

As part of the NHS Foundation Trust application process, SWAST is also aiming to recruit 17,783 members who are representative of the communities they serve.

For more information about NHS Foundation Trusts and membership, or the various ways to get involved in the public consultation, you can visit www.swast.nhs.uk/ft or contact consultation co-ordinator Lynne Paramor on 01392 261 509.

Alternatively, you can attend your nearest public meeting day, when a rolling two hour presentation will be given: 5th October 2009, 9am to 9pm, Guildhall, Plymouth City Council, Plymouth.

My role as a Director for Devon Dental

by Alison Audsley

I qualified from Newcastle Dental School in 1986, and was immediately catapulted into life as a general dental practitioner in Exeter, where I have remained ever since.

After finding my feet, I became interested in providing all aspects of dental treatment for nervous patients under IV sedation, enabling them to build up their confidence and eventually accept most treatments under local anaesthsia.

This became a great 'practice builder' and many of these patients remain with me today.

I have been involved with the out-of- hours service since beginning work in Exeter, and have seen many changes over the years.

I went from seeing three patients a morning and having time for a coffee and a chat, to seeing over 20 patients on a walk-in basis .

I felt extremely frustrated that I was unable to significantly help any of them (and we were still often turning people away).

The service now run by Devon Dental has enabled us to have the time to treat the patients who most need it.

Although no system can be perfect, I believe we do pretty well, and most people who need the service certainly seem to appreciate our efforts.

I was delighted to be asked to join the Board as a non-executive director of Devon Dental because I felt I could provide a clinician's perspective to any issues that needed to be addressed.

Following my first year I look forward to continuing as a Board member and also my sessions at Exeter DAC, where I am best known as the dentist who brings the biscuits!

When I am not in clinic, I am usually to be found in 'mum's taxi', transporting my 11-year-old twins, Christopher and Rebecca , to their various sporting and social engagements!

They certainly keep me busy, but are great fun (most of the time!).

Rebecca insists that she is going to follow in my career footsteps , so maybe one day she too will become a Board member of Devon Dental.

Comments from recent questionnaires

"Very pleased with the service, was prescribed some antibiotics and given good advice on what caused the problem by the on duty dentist. Excellent 10 out of 10! What more can I say?"

"I have used this service before and the staff are always very helpful! Thank you"

"I was very pleased with everything from start to finish. Thank you."

"The staff were very kind and helpful."

"I had an infection in my gum and was very much in pain. I was issued with antibiotics and now the infection has gone. I would like to thank all of the services for their help that day."

"The attention I got when I went to the emergency dentist was very good. I told them I was afraid and they were very good. My faith in dentists has improved very much. My call was taken quickly and they phoned back quickly."

"This appointment was for my son and not myself and there was no treatment needed. I was totally reassured and was not at all made to feel like I had over reacted and wasted the dentist's time. Both my son and myself were more than happy with the way things had been explained. The service we received was fantastic."

Round-up at the DACs

with Monica Raynor, Dental Support Supervisor

CPD evidence

We need to hold a copy of all dentists' and dental nurses' Continuing Professional Development (CPD).

If you take a course and get a certificate please make a photocopy for your HR record here as well as your main employer.

At the end of each year we also need a copy of your CPD submission to the GDC.

I apologise as this means more to remember and more paper work (you can scan them and attach to email if you prefer).

However, Devon Dental needs to demonstrate that it employs professionals who undertake their CPD and keep their skills up-to-date. Please send copies of:

- All CPD certificates for 01/08/2008-31/07/2009
- Your latest GDC CPD submission
- All future CPD certificates/GDC submission
- Indemnity certification
- Annual practicing certificate

Infection Control

Please ensure the filter in the dental suction unit is cleaned at the end of each session.

We've had complaints that staff are arriving on a Monday morning to find filters left in and dirty.

This is infection control issue and is not acceptable - please keep 'em clean!

Patient feedback

The patient surveys this month have been very positive, so thank you and well done to all the team for providing a high quality, professional service.

Professional conduct

Please remember to treat patients with dignity and respect.

If a situation arises where a clinical discussion is required please ensure this takes place out of the public area.

We need to treat patients as we would want to be treated.

Running to time

Managing patient flow is not always easy given the nature of our work. Sometimes the demand exceeds allotted session times.

Please can I request everyone in the team to be mindful of waiting patients.

Patients kept waiting for a long time can become restless and cause problems. We can reduce this with good communication.

Techy bits

Exeter DAC now has digital imaging installed. There's a supply of self developing x-rays in the OOH filing cabinet. Imaging at Barnstaple will follow soon.

Newton Abbot DAC has a new fax machine. User instructions will be left with the machine.

monicaraynor@nhs.net

Acute care GPs make a difference

by Helen Blackman, ACGP Co-Ordinator

The acute care GP (ACGP) service opened at Exeter's RD&E hospital in May 2008 and has gone from strength to strength.

Its basic aim is to cut down unnecessary hospital admissions.

ACGPs use their knowledge of the facilities available in the community to move patients back home with extra help, or into community hospitals, when they might otherwise have been admitted to the district general hospital.

This benefits the patient because they can stay in the community and it benefits the DGH because they have more bed space for patients who really need admission.

The service has seen an increasing number of patients since it started and, importantly, an increasing proportion of these patients have not needed admission.

Often these are elderly patients with complex medical histories who would much prefer to be in a small local hospital nearer to home.

Between March and August 2009 900 patients went through the service.

Of these, 637 were avoided admissions, giving an average of 3.5 avoided admissions per day.

June was the busiest month so far, with over 170 patients seen by the service.

This success has come about because of the hard work of many people, especially the ACGPs and all the staff at the RD&E so a big thank you to all of them!

In February the service moved into the medical triage unit and we increased to three ACGP shifts on weekdays and two at weekends.

The ACGPs have become an indispensable part of the team with the hospital reporting more manageable conditions within the emergency department as a direct result of MTU and the ACGPs.

We look forward to the service's continued success and to working closely with Exeter ACGPs and with the ACGPs at Musgrove Park and Yeovil District Hospitals.

If you would like to know more about the ACGP service feel free to get in touch.

helen.blackman@nhs.net

QUICK STATS FROM MARCH TO AUGUST 2009

Between March-Aug 2009, 900 patients went through the service.

637 were avoided admissions, giving an average of 3.5 avoided admissions per day.

June was the busiest month so far, with over 170 patients.

(These figures include GP-to-GP telephone consultations as well as assessing patients face-to-face).

QUICK CASE STUDIES

At the beginning of August an 84 year-old woman was referred into the service from ED Majors. She had a fractured fibula after a fall and a chronic ulcer to her heel.

Since she lives alone, she was unable to cope at home. The acute care GP was able to find a community hospital bed for her and advise on her treatment once there.

This is a fairly typical case. the majority of patients seen by the service are aged over 70 and many of them have suffered falls.

The ACGPs often make use of their negotiating skills when finding community beds!

Other common presenting conditions include cellulitis, COPD exacerbation and chest pain.

Many patients have complex medical histories and arrive with a combination of conditions. Some patients are dealt with over the phone, so long trips are avoided for the frail and elderly.

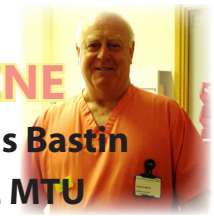
There are also less typical cases, such as the 39-year-old woman with infected insect bites referred from the walk-in-centre, one of many such cases seen in the summer!

WIC staff were worried that she might need admitting, since there was some tracking up her arm.

However, she was able to go home that day after examination and investigation by the ACGP.

ON THE FRONTLINE

with Dr Chris Bastin at the RD&E MTU



Referring stroke patients

It is very important that patients in the medial triage unit are able to make informed choice regarding their healthcare and we are very careful to explain our recommendations with clarity.

When patients are discharged home we make sure that safety netting is in place and understood by both patient and relatives.

Obviously if no clear diagnosis has been made then admission will be required.

The ACGP service is quite happy to discuss an investigation with the referring GP.

It might be that a GP has a patient who requires some urgent bloods or an x-ray which will enable them to treat the patient at home if the results are favourable.

This might prevent an admission at a later date. If you think we can help please give us a ring. Please ring the RD&E and ask for bleep 513.

Discharge follow up

It has been brought to my attention that there might be some confusion regarding the follow up of patients discharged by the ACGP from the MTU.

1. Every patient should have a discharge letter which should be taken to his or her GP. If this does not happen please let me know.
2. The patient's GP will receive a report the morning following the discharge of the patient. It will normally indicate 'Active follow up by GP'.

The acute GP can initiate investigation in the unit but does not have the facility of 'following the patient through'.

3. Most patients will have a full blood screen, chest Xray and ECG and some will have further investigation whilst in the unit (remember the four hour breech rule applies) and that might include a CT scan if a slot is available

However it is most likely that further investigation will be arranged for a later date and the patient's GP will therefore be required to follow up the results and future management.

Strokes

Refer stroke patients via extension 2552 (discuss with secretary or leave message), Referrals can also be faxed to 2595.

christopher.bastin@nhs.net

The waiting room

Internal vacancies

Due to a number of changes in key personnel, and in order to improve the way we structure our support services, a number of opportunities have arisen for which we are inviting applications.

Head of Corporate Services
This is a senior appointment, with overall responsibility for risk management, compliance, HR, communications and performance management.

Governance Manager
Responsible for the line management of the governance team, responsible for the administration and investigation of complaints in line with the organisation's complaints policies and procedures. Investigating patient safety incidents, near misses and serious untoward incidents, and managing the clinical audit process in accordance with the clinical audit strategy.

Human Resources Manager
To be responsible for managing the HR function, providing a high quality, cost effective HR and payroll service that meets customer needs and corporate objectives. Candidates should have a relevant HR qualification and previous experience of managing the full range of HR functions.

Acute Care GP Service Co-ordinator
Supporting the services in Exeter, Yeovil and Taunton. Based in Exeter as a six month secondment with potential for a permanent position. For more information contact Lee Grant on 01392 823152.

More information and application form for all four positions can be obtained from hr.devondoctors@nhs.net. Closing date for completed applications is Mon 19th October 2009.

Full-time partner vacancy Boutport Medical Centre

We are looking for a highly motivated, caring, committed and enthusiastic GP to join our busy GMS practice in beautiful North Devon to replace a retiring partner.

- 5330 patients
- 3 WTE doctors
- EMIS LV system
- High QOF achievement
- No OOH requirement
- Excellent friendly, flexible and supportive staff
- Interest in Diabetes an advantage.

North Devon offers beautiful countryside and lovely beaches and is an excellent place to live and work.

For further details or to arrange an informal visit please contact:
Sheila Beeney, Practice Manager
Boutport Medical Centre
110 Boutport Street
Barnstaple EX31 1TD
Tel. 01271 324106
sheila.beeney@nhs.net

Closing date: 30th October 2009

Discount ATS tyres

ATS tyres are prepared to offer Devon Doctors staff a discount of 18% on replacement tyres.

This is available to all members of our staff provided they can produce the company identity badge at the time of purchase.

All staff purchases will be on a cash/credit card basis. Any special offers by individual tyre manufacturers will still be available to staff.

ATS will also supply and fit exhausts & batteries again at discount prices.

Laughter is the best medicine

Doctors' bloopers courtesy of www.doctorslounge.com

The lab test indicated abnormal lover function.

The baby was delivered, the cord clamped and cut, and handed to the pediatrician, who breathed and cried immediately.

Exam of genitalia reveals that he is circus sized.

She stated that she had been constipated for most of her life until 1989 when she got a divorce.

The patient lives at home with his mother, father, and pet turtle, who is presently enrolled in day care three times a week.

She is numb from her toes down.

The patient was to have a bowel resection. However, he took a job as stockbroker instead.

When she fainted, her eyes rolled around the room.

On the second day the knee was better and on the third day it had completely disappeared.

The patient has been depressed ever since she began seeing me in 1983.

Patient was released to outpatient department without dressing.

The patient is tearful and crying constantly. She also appears to be depressed.

Discharge status: Alive but without permission.

Contact the editor loujones@nhs.net Unit 8, Manaton Court, Matford Business Park, Exeter, EX2 8PF www.devondoctors.co.uk

Images credited to NKZS, www.sxc.hu, microsoft clip art & Devon Doctors' own collection. Items advertised or promoted on this page are not endorsed by Devon Doctors or its subsidiaries.