

#TEXTDavidJarrett

LeadConsultant08.01.02

#CODENC

Consultant since 1989 & Lead Consultant since start of Trust (94).

Acute pts, day hosp & OP at Petersfield. ?? for Trust Liaise with Dean. Lead Consultant - almost 2 sessions (was 1 - increase reflects in > complexity)

#ENDCODE

#CODED7

Liaise with colleagues, management, appraisal & support of colleagues, operational issues, central Trust.

#ENDCODE

#CODENC

9 fulltime cons, some part-time and prof (2 sessions).

#ENDCODE

#CODEB3

Forming into 3 groups as per localities with lead clinicians in each patch. Advertising for extra post, really need 12 % 3 groups of 4.

#ENDCODE

#CODENC

Busy year - dissolution of Trust, PFI at QA (131 acute beds), govt? policies eg. NHS Plan.

#ENDCODE

#CODED11

Appraisal of staff. He appraises Med Dir on his clinical work.

#ENDCODE

#CODED2

Cons appraisal happening. Junior doctor and staff grade been happening for several years.

#ENDCODE

#CODED11

What about GP/Clinical Assistants (CA) - we haven't but we need to ?? in light of type of work that they do. Had at 40CA - across whole patch.

#ENDCODE

#CODED1

Sessions - nature of work has changed over last decade & more so in last 4/5 years - changing ?? of continuing care & changing expectations of pts/relatives ???. Care pts much iller, more complex medical. Has lead to review of GP sessions.

#ENDCODE

#CODED1

Changing role of cont care beds to include stroke rehab.

#ENDCODE

#CODENC

Not convinced that what was happening at GWMH was in anyway different to what happening elsewhere. Have investigated but not afforded the info from CPS or info from Prof Livesley. Mrs M's complaint bypassed the normal procedure & went straight to the police.

Not ?? to what happening & police & Mrs M has actively campaigned through press. Mr

**Code A** actively campaigning in hospital, so been difficult to investigate in usual way.

#ENDCODE

#CODED1

Re: Dr B's letter of Jan 2000. You were aware of increased workload and complexity. At 98/99/ critical incident at QA re: (cont care ward) ?? led them to review the way in which wards staffed - GP to do ward round with consultant.

#ENDCODE

#CODED1

Led to appointment of G staff grade here who is ?? good but been difficult to recruit to CC/?? wards at St Mary's - staff grades not been good.

#ENDCODE

#CODED10

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#ENDCODE

#CODED7

Did you know Dr Barton at that time? Yes but not well. She came to meetings, was lead GP for PCE.

#ENDCODE

#CODED7

Was not really involved in dialogues with Dr B re: letters/situation.

#ENDCODE

#CODEG2

Breaking bad news to relatives - I think it is very important, I personally spend a lot of time - including Reg & Ho Dr's, can't really comment re: GWMH.

#ENDCODE

#CODEH5

Teachers pre Reg HO module, its really complex, no right/wrong, I speak to the families & let them talk, try to ascertain what their expectations are, it takes time, listening, humility, getting down physically to their level. Have d/w colleagues a lot since 98.

#ENDCODE

#CODED1

You describe ideal practice and increased workload/complexity - did there ever come a time when tension led to cutting corners? My honest answer is that I do not know - with 20:20 vision perhaps should have got ?? in sooner.

#ENDCODE

#CODEC1

when asked again about tension - honestly don't know.

#ENDCODE

#CODEE1

Patient flows from acute, every dept, other than Eld Med end to overgloss pts cond/function.

#ENDCODE

#CODEE1

Any pt transferred by Eld Med, med ????? etc & pats/rels understanding OK/realistic.

#ENDCODE

#CODEG2

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#ENDCODE

#CODEH5

But other specialities often med input has been quite junior and image given to rels unrealistic. Can't really comment re: Haslar as do not tend to transfer to Petersfield (ie ?? rehab facilities).

#ENDCODE

#CODEG2

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#CODED6

Dosage - range whip at one time is it fairly usual? Its not usual now & was prob not usual then throughout the service but prob reflects the out of hours commitment of Jane's partners - ie for her colleagues convenience.

#ENDCODE

#CODEE1

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#ENDCODE

#CODEF2

Now we're developed more robust guidelines.

#ENDCODE

#CODEF1

Whether people actually received the too high dose - I would say no & in Mr Wilson's case - independent Ombudsman found not??.

#ENDCODE

#CODED6

GP out of hour cover - do they call on consultant - they can but they don't tend to.

#ENDCODE

#CODEI5

When GP's change or start - Induction? Induction for junior drs. In all honesty, not for the Clinical Assistants or GP's on call.

#ENDCODE

#CODED1

He has letter (in our file?) that for hosp locum staff outlining service etc.

#ENDCODE

#CODEC1

General comment re: nursing & therapy. Not worked here so can't comment as such, but always enjoy coming here, I hear good things.

#ENDCODE

#CODENC

Since 1994, has been on call 1 in 8 - has never been rung.

#ENDCODE

#CODEC1

When asked if he wanted to say anything else, his view - Staff have been through huge turmoil cannot underestimate suffering - staff interviewed under caution??, for hours, ?? with Dr L feeding in questions.

#ENDCODE

#CODEC2

Feel care here is good - if relative of his here - would have no worries.

#ENDCODE

#CODEC5

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#ENDCODE

#CODEI6

Need for com hosp doing IC to ensure training & robust supervision.

#ENDCODE

#CODENC

Local press have not helped the local community through this.

#ENDCODE

#CODENC

Acknowledges that some complaints can not be solved, some due to bereavement

process/ reaction & has on occasion suggested bereavement counselling. Conciliation service ever used? No

#ENDCODE

#CODEA4

CC - HA/SS agreement. Continuing care criteria?

#ENDCODE

#CODEE11

CC - HA/SS agreement. Continuing care criteria?

#ENDCODE

#CODEE1

Health - complex medical & nursing needs that require specialist input eg swallowing/fits.

If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds.

Rehab emphasis / eg slow stream stroke rehab.

#ENDCODE

#CODEB3

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#CODENC

Jubilee House pilot NHS N Home.

#ENDCODE

#CODENC

Total of C/C beds @ 150 - would not be accurate check? St Mary's, Jubilee House, Q Alex (George), St Christophers, Gosport & Petersfield.

#ENDCODE

#CODENC

Is there not a waiting list for C/C beds? Usually - but not always - interpret C/C criteria very strictly, but lack of N.Home beds combination of lack of actual beds as several homes have shut and to some extent awaiting SS funding for placement.

#ENDCODE