

Dr McKenning GP, Portsmouth LMC

Dr M has little direct knowledge of Gosport War Memorial; he has no access to beds on the Sultan ward but can contribute views on clinical assistance and local health economy

Clinical assistant contract (ie GPs employed part-time in hospitals like Dr Barton) is a fairly nebulous, not very robust contract which has been around for about 30 years - simply arrangement where GPs with specialist expertise in particular field help out on short-staffed wards; most GPs who do this sort of work prefer a 'hospital practitioner' contract which are much clearer and allow for more hands-on, supervisory work

Clinical assistants supported by their LMC which negotiates contracts for them and advises when problems arise

Dr Barton was contracted for 6 sessions a week on GWM elderly wards to enable those wards to function fully

Dr M suggests that CHI speak to clinical assistants who cover out-of-hours work at Queen Alexandra

Out of hours arrangements: GPs responsible for ensuring appropriate cover; many use deputising services monitored by LMC, particularly for response times

Particularly concerned about Healthcall which is used by many Portsmouth-area services which relies increasingly on standby doctor as becoming more difficult to fill regular rota

Particular problems in communications between acute trusts and LMC
Elderly medicine is the department which GPs locally would agree is 'a darn sight better than anything else' in secondary care in Portsmouth area; disappointing that CHI focussing on this area as he feels real problems are in acute general and emergency medicine

They get correspondence out quickly; usually see and sort out patients due for discharge efficiently; communications between GWM and primary care not frequent but 'generally good': 'We're not left carrying the can'

GWM discharge summaries are timely and clear and do not leave GPs to sort things out

Dr M is not aware of any outreach work by elderly consultants to GP practices locally

However, there have been attempts to establish outreach clinics (eg Fratton clinic near Fareham)

Patients locally 'think GWM is wonderful'
Bad feeling about impact of Haslar closure on stepping down arrangements, particularly among local GPs

Serious bed crisis in Portsmouth area and signs are it will get worse: 250 beds to be lost in area by 2002; he predicts even greater move to 'dump' patients in community hospitals; 'we're not being given the resources we need to deliver services; pressure to get patients out of acute hospital beds (probably fuelled by pressure to increase FCE completions)

Inappropriate discharge of acutely ill patients into low intensity beds; there are 'many' such

patients in GWM wards

GPs locally consider consultation on new PCT to be a 'farce'