

#TEXTDrAltheaLord

Consultant 7.1.02

#CODED2

Appointed in 1992 to support elderly services in Gosport - acute duties at Queen Alexandra and GWM.

#ENDCODE

#CODEK3

Dr Lord will stay with Fareham and Gosport after PCT gets going.

#ENDCODE

#CODEK3

She does day hospital popular weekly clinic on top of QA duties and GWM work

#ENDCODE

#CODEB3

Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.

#ENDCODE

#CODEC4

Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.

#ENDCODE

#CODED2

Staff grade Doctor appointed in October 2000.

#ENDCODE

#CODEI1

Supervision of clinical assistants -> no formal appraisal process for GPs / clinical Assistants (Cas)

#ENDCODE

#CODEI1

Teaching programme 4 x a year for CAS who covering wards at night.

#ENDCODE

#CODEI1

Otherwise discusses matters informally with GPs.

#ENDCODE

#CODEI1

Attendance at training programmes by GPs after pass - tend to be better attended by Consultants.

#ENDCODE

#CODED7

Meet with ward team before ward round invite social services and therapists.

#ENDCODE

#CODED8

Discuss patient care plan in multi-disciplinary way.

#ENDCODE

#CODED7

Ward meetings also useful for getting feedback from staff about individual patients.

#ENDCODE

#CODEB1

'Everyone chips in' ie no one leads or chairs meetings.

#ENDCODE

#CODED7

Where disagreement, usually compromise.

#ENDCODE

#CODEE1

Dr Lord prefers putting definite deadline for patient ie by date x should go to nursing home.

#ENDCODE

#CODEE1

GWM gets transfers from acute medicine on orthopaedic wards at QA and Haslar.

#ENDCODE

#CODEE1

All referrals for transfer approved by registrar or Consultant. Dr Lord would sometimes visit patients at Haslar before transfer.

#ENDCODE

#CODEA5

Open day. Public invited to see GWM therapy facilities.

#ENDCODE

#CODEE10

Subsequently expectation that patients get more therapy than GWM can provide.

#ENDCODE

#CODEE1

GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.

#ENDCODE

#CODEG4

GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.

#ENDCODE

#CODEG6

GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.

#ENDCODE

#CODEE1

With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.

#ENDCODE

#CODEG6

With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.

#ENDCODE

#CODEE1

Getting more patients with fractured neck of femur and dementia.

#ENDCODE

#CODED6

Out of hours. Increased workload - nurse on ward would contact GP and ask for help.

#ENDCODE

#CODEG3

Out of hours. Increased workload - nurse on ward would contact GP and ask for help.

#ENDCODE

#CODED6

Out of hours contact with duty geriatrician at QA.

#ENDCODE

#CODEG4

Out of hours contact with duty geriatrician at QA.

#ENDCODE

#CODEG3

When Dr Lord contacted usually about need to move patient to acute.

#ENDCODE

#CODEE1

When Dr Lord contacted usually about need to move patient to acute.

#ENDCODE

#CODEI2

Now that nurses have had ALERT course, able to recognise when patient becoming hypotoxic or hypertensive

#ENDCODE

#CODEC2

Now that nurses have had ALERT course, able to recognise when patient becoming hypotoxic or hypertensive

#ENDCODE

#CODEF4

Documentation of required dose ranges, 'wasn't particularly good'.

#ENDCODE

#CODEE5

Documentation of required dose ranges, 'wasn't particularly good'.

#ENDCODE

#CODEF4

Currently reviewers drug charts to make them clearer with Staff Grade Doctor and Dr Dowd and QA elderly team

#ENDCODE

#CODED3

It needs to be safe for nurses in community hospitals.

#ENDCODE

#CODEG2

Need to ensure that information is communicated with relatives more clearly.

#ENDCODE

#CODEF1

Have learned from complaints to be more frank about drugs.

#ENDCODE

#CODEJ4

Have learned from complaints to be more frank about drugs.

#ENDCODE

#CODEG2

Have learned from complaints to be more frank about drugs.

#ENDCODE

#CODEG2

It's a fine balance between being too negative and honest (re patients prospects)

#ENDCODE

#CODEH5

It's a fine balance between being too negative and honest (re patients prospects)

#ENDCODE

#CODEA4

It's important getting contributions from all agencies.

#ENDCODE

#CODEH2

Giving bad news to relatives.

#ENDCODE

#CODEH5

Ideally nurse should see relative first. Then staff grade, then consultant. Need to establish rapport first.

#ENDCODE

#CODEG2

Has found that consultants spending too much time on ward talking to family.

#ENDCODE

#CODEG2

New policy. Relatives now seen routinely at end of ward round for 15 minute appointments.

#ENDCODE

#CODEE1

Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.

#ENDCODE

#CODEH2

Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.

#ENDCODE

#CODEG3

Dr Lord feels she has good relationship with GPs in area.

#ENDCODE

#CODEH3

Agreed procedure for certifying death - doctor can delegate to nurse authority to confirm death. Doctor must later confirm.

#ENDCODE

#CODED3

Staff grade Doctor 9 - 5 -> then Dr Khapman out of hours.

#ENDCODE

#CODED6

Staff grade Doctor 9 - 5 -> then Dr Khapman out of hours.

#ENDCODE

#CODEI5

Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to Dr Lord. Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.

#ENDCODE

#CODEH3

Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to Dr Lord. Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.

#ENDCODE

#CODED2

Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to Dr Lord. Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.

#ENDCODE

#CODENC

Palliation team: called in where complex case.

#ENDCODE

#CODEE3

(Countess Mountbatten (Dr Beewee) specialist) contacted by phone. Often does visit to GWM to see patient.

#ENDCODE

#CODEI1

Docs have joint training meetings led by Dr Barter.

#ENDCODE

#CODEE3

Dr Vardon (Associate Specialist) in palliative care at GWM) leads training on palliative care.

#ENDCODE

#CODEI1

Dr Vardon (Associate Specialist) in palliative care at GWM) leads training on palliative care.

#ENDCODE

#CODEF1

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

#ENDCODE

#CODEF2

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

#ENDCODE

#CODED3

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

#ENDCODE

#CODEF4

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

#ENDCODE

#CODEG2

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

#ENDCODE

#CODEF1

Drugs: "must judge each individual patient as you find them

#ENDCODE

#CODEI1

Dr Lord leads induction on new HCAs and staff grade doctors.

#ENDCODE

#CODEI4

Dr Lord leads induction on new HCAs and staff grade doctors.

#ENDCODE

#CODEI5

Dr Lord leads induction on new HCAs and staff grade doctors.

#ENDCODE

#CODEF3

Prescribing x admin of drugs reviewed by ward nurses -> "we have more consultant input now".

#ENDCODE

#CODED9

Investigation by police "three years of torture - it seems relentless".

#ENDCODE

#CODEJ1

Investigation by police "three years of torture - it seems relentless".

#ENDCODE

#CODEE3

Problems arose with heavy workload precipitated by Haslar.

#ENDCODE

#CODEG2

Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.

#ENDCODE

#CODEE1

Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.

#ENDCODE

#CODEE10

We started doing rehab before we were funded to do it.

#ENDCODE

#CODEB3

We started doing rehab before we were funded to do it.

#ENDCODE

#CODEC4

Numbers of cases rising, complexity growing hence workload rise in 98.

#ENDCODE

#CODEI1

Dr Barter working really hard, sometimes starting early in the morning and visiting GWM up to three times a day.

#ENDCODE

#CODEI2

Not until 99 did GWM appreciate that Dr Barton's workload becoming unsustainable.

#ENDCODE

#CODED2

Not until 99 did GWM appreciate that Dr Barton's workload becoming unsustainable.

#ENDCODE

#CODED10

They had increased Dr Barton's sessions - decided to recruit staff grade doctor to support her.

#ENDCODE

#CODED9

There was probably a delay between Dr B getting stressed out and help coming.

#ENDCODE

#CODED2

One staff grade doctor not sufficient - now apparent that his workload too heavy.

#ENDCODE

#CODED2

Have been fortunate to get some locum staff grade doctor for last year to cover in Dr Akona's leave.

#ENDCODE

#CODED2

Cross-cover annual leave with consultant Dr <???

#ENDCODE

#CODED2

98 - minimal cover (with greater strain on Dr Barten)

#ENDCODE

#CODED9

98 - minimal cover (with greater strain on Dr Barten)

#ENDCODE

#CODED2

98 - 99 started using locums.

#ENDCODE

#CODEI1

Possible problem of staff grade reporting to different consultants.

#ENDCODE

#CODED10

GWM is considering getting SHO.

#ENDCODE

#CODED10

Expect staff grade doctor to move on to registrar post.

#ENDCODE

#CODEA4

Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.

#ENDCODE

#CODEE1

Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.

#ENDCODE

#CODED9

Would like to see improved morale on three wards.

#ENDCODE