#TEXTVickyBanks
Consultant
#CODED2
Psychiatry of Old Age. In post 10 years. Did GP training and then moved into psychology.
#ENDCODE
#CODENC
Been in hospital since opened but also knew it as a GP Hospital. Trained in London &
Bristol and worked in New Zealand.
#ENDCODE
#CODED2
Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good
relationships with GP colleagues.
#ENDCODE
#CODEC4
Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good
relationships with GP colleagues.
#ENDCODE
#CODEC4
Part of wide network of psychology of old age (8 months).
#ENDCODE
#CODED2
Is Associate Head for EMI for Gosport and Fareham.
#ENDCODE
#CODENC
Been independent of Portsmouth and Southampton.
#ENDCODE
#CODED1
Four consultant / 2 part time, 2 full and 5 non consultant grades.
#ENDCODE
#CODED2
Dr ? has responsibility for clinical governance. 1 lead for hospital - Gosport, 1 for St C's.
Clinical Assistant with GP background also covers drugs and alcohol.
#ENDCODE
#CODED2
Has good relationship with Dr Lord. See patients jointly.
#ENDCODE
#CODED7
Stressed team approach to patient care. Gave examples for working together - informal
and formal links.
#ENDCODE
#CODENC
One Dr (Consultant) newly appointed 0 gave regular sessions for joint ward rounds.
#ENDCODE
#CODENC
Strengthened formal links and reviews of patients.
#ENDCODE
#CODEE1
Developed screening mechanisms for patients being admitted from two degree care to
avoid inappropriate admissions. Keeps in touch with known patients in two degree care
by telephone, by CPN etc.
#ENDCODE
#CODEG1
Developed screening mechanisms for patients being admitted from two degree care to

avoid inappropriate admissions. Keeps in touch with known patients in two degree care by telephone, by CPN etc.
#ENDCODE
#CODEC4
Have waiting list at present because of rest home and nursing home closures. Have beds 'blocked' by patients and pressure on EMI beds to admit.
#ENDCODE
#CODEE1
Have developed protocols. Stressed team approach. Assessment tool has been developed recently to aid transfer of patients from two degree section. Helps screen patients.
#ENDCODE
#CODED2
As associate head has appreciated input of local management and their understanding of clinical pressures.
#ENDCODE
#CODED10
Always try for local resolution of problems. Have had problems with medical vacancies and mostly resolved now.
#ENDCODE
#CODEH4
Looked at resuscitation as indicator of pressures.
#ENDCODE
#CODEE3
IE enough time to do things properly.
#ENDCODE
#CODED10
Gosport feels a little like outpost. Executive team is supportive but feels geographically remote.
#ENDCODE
#CODEC2
Have some benchmarks eg <???> and referral rates. Less on outcomes.
#ENDCODE
#CODEC2
Have developed multi disciplinary team assessments, audit results and GP satisfaction with system. Have used results to change and improve practice.
#ENDCODE
#CODEF1
Developed new prescribing charts to improve prescribing.
#ENDCODE
#CODED11
Is involved in divisional reviews - have had major reorganisation - generated by PCT development.
#ENDCODE
#CODEA3
Was part of process of developing change plan. Describes it as being messy.
#ENDCODE
#CODED1
Feels a little anxious about future - whether PCT will understand complexity of service.
#ENDCODE
#CODEK1
Efforts are being made to ensure clinical governance framework is taken forward in new organisation.

#ENDCODE
#CODEK3
Efforts are being made to ensure clinical governance framework is taken forward in new organisation.
#ENDCODE
#CODENC
Many groups - LITs etc are feeding into clinical governance.
#ENDCODE
#CODED1
Was able to use divisional reviews to raise risks associated with need for staff grade doctor. Got good support. Often front-line problems are raised in these meetings for resolution.
#ENDCODE
#CODED2
Still feels quite new within management structure of trusts.
#ENDCODE
#CODEA3
Changing shape for PCT development has meant some key figures are now now around.
#ENDCODE
#CODED7
Lead her to feel uncertain about who to get support from.
#ENDCODE
#CODEA1
Can always talk to Max Millett or Ian (MD) easily.
#ENDCODE
#CODEJ1
Has done this - can phone Max and would know he would help.
#ENDCODE
#CODEJ1
Gave example of patient in EMI where relatives did not want patient to be discharged. Phoned Max who came right away and issue was resolved.
#ENDCODE
#CODEJ1
Gave additional example of Max helping to resolve complaint.
#ENDCODE
#CODENC
Has had to make a lot of workload changes to accommodate management function.
#ENDCODE
#CODED7
Good team ethos which keeps things working.
#ENDCODE
#CODED8
Has had close links with three words. Sultan - very positive, always open to suggestion.
#ENDCODE
#CODED8
Daedalus = has had more input in last two years. Pleasure working with them. As above.
#CODED8
Dryad - least confident in, in terms of managing patients, may be more inflexible. Comes mainly from nurses (the inflexibility).
#ENDCODE
#CODED8
Did not feel they were so open to suggestions.
#ENDCODE

#CODEG2
Spent a lot of time talking to relatives - to mediate and explain what was happening to patients.
#ENDCODE
#CODEJ2
Often knew patients well and so was able to explain treatments and ways forward.
#ENDCODE
#CODED1
Cannot remember whether it was 98 / 99 but there was period of intense work associated with changing role of ward.
#ENDCODE
#CODEA3
Redcliffe House was EMI moved to GWH.
#ENDCODE
#CODEB3
98 - ward changed from continuing care to rehab. Ward staff confused re role. Also for GPs there was some difficulties about treating different group of patients.
#ENDCODE
#CODEB3
Nurses found change from continuing care -> rehab patients quite difficult. Does not think nurses were involved in decision in change of ward.
#ENDCODE
#CODEB1
Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.
#ENDCODE
#CODEB3
Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.
#ENDCODE
#CODEG2
Gave example of patients relatives involved over decisions re internal feeding.
#ENDCODE
#CODED8
Good support between wards ie in helping to manage difficult patients (patients with challenging behaviour).
#ENDCODE
#CODEC4
  If patient cannot be handled on ward will admit to EMI ward for a few days to manage behaviour. EMI Nurses will interact more.
#ENDCODE
#CODEC7
This has been a significant change since 98 - involvement of patients / relatives in decisions re patient care.
#ENDCODE
#CODEG1
If change in patients condition altered from rehab to continuing care, Dr Banks and CPNs would be involved in decision making.
#ENDCODE
#CODEG2
 If change in patients condition altered from rehab to continuing care, Dr Banks and CPNs would be involved in decision making.
#ENDCODE