

File - CHI

COMMUNITY HOSPITALS MEDICAL COVER ARRANGEMENTS

INTRODUCTION

The recent CHI investigation into the care of patients at Gosport War Memorial Hospital made a number of recommendations relating to medical cover at Gosport War Memorial Hospital. These recommendations have national as well as local repercussions and this paper seeks to address these.

In respect of out of hours services, CHI recommended that "the provision of out of hours medical cover to Daedalus, Dryad and Sultan Wards should be reviewed. The deputising services and PCTs must work towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework", (recommendation 13).

Recommendation 16 stated that "the Fareham and Gosport PCT should develop local guidance for GPs working as clinical assistants. This should address supervision and appraisal arrangements, clinical governance responsibilities and training needs".

Although these recommendations are specific to Gosport War Memorial Hospital, it is considered that these represent good practice and should apply to all community hospital beds in East Hants PCT and all medical staff employed by East Hants PCT, as well as (GWMH and) other community hospital beds in Fareham and Gosport PCT.

CURRENT SITUATION

There are two broad groups of community hospital in-patient facilities, GP beds and consultant beds. A variety of routine and out of hours cover arrangements prevails in local community hospitals.

1. GP Beds

It is currently the responsibility of the admitting GP to provide routine and out of hours cover for his/her patients. (This will change in the near future with the introduction of the new GP contract when GPs will no longer have 24 hour responsibility for their patients).

Out of hours cover may be provided by the patient's GPs or through other arrangements made by the patient's GP, e.g. by the practice in which the GP is a principal or by other out of hours arrangements, e.g. by local GP co-operative or by a deputising service.

All GPs who have patients in a GP bed in a community hospital have a responsibility for ensuring that any cover arrangements are robust and of suitable quality.

Where a GP is looking after his/her patients in GP beds in a community hospital, review of this work must be undertaken.

2. Consultant Beds

Overall responsibility for providing cover to consultant beds lies with consultant medical staff providing the service. Routine and out of hours cover to these beds in community hospitals is currently provided by a number of mechanisms (a) junior medical staff, (b) individual Doctors or GPs in GP practices holding a contract for providing that service, (c) GP co-operatives and GP deputising services. GPs involved in such arrangements may contract out their individual out of hours responsibility to GP cooperatives or deputising services.

a) **Junior Medical Staff** Junior medical staff are directly accountable to their supervising consultant for the service they provide.

b) **Individual GPs/GP Practices Holding A Contract For The Provision Of Routine/Out Of Hours Services to Consultant Beds**

The PCT is responsible for both agreeing and monitoring the contract with the individual Doctor/individual GP/GP Practice. The contract must address supervision and appraisal arrangements, clinical governance responsibilities and training needs.

Supervision of the work of GPs will be undertaken as per the PCT's clinical supervision policy and procedures.

There must be at least an annual review/appraisal of the work of all GPs providing such a service. The annual appraisal will address training needs.

- i) Where a GP holds an individual contract, the appraisal of his/her work in providing routine/out of hours cover will be separate from the annual GP appraisal process and will be conducted by the supervising consultant.
- ii) Where the contract for providing routine/out of hours cover to in-patient beds is provided by a GP practice, one or two GPs from the practice should be identified as having a lead responsibility in terms of managing and reviewing the contract and a meeting should be held at least annually to review the service provided.

Where an individual GP or GP practice has responsibility for providing routine/out of hours cover and this is/has been sub-contracted to a GP cooperative or deputising service, the General Practitioner/Practice involved needs to ensure that the organisation to whom he/she/it sub-contracts, is fully conversant with the content of the contract, standards of service, review mechanisms, etc.

c) **Routine/Out Of Hours Cover Provided By GP Cooperatives/Deputising Services to Consultant Beds**

The PCT is responsible for both agreeing and monitoring the contract with the GP cooperative/deputising service. This contract must address supervision and appraisal arrangements, clinical governance responsibilities and training needs.

There should be at least an annual review of the service provided by the cooperative/deputising service. This will involve a consultant from the service concerned. There should be a nominated individual within the cooperative/deputising

service with whom discussions can take place..The designated consultant will supervise/monitor the service provided by the cooperative/deputising service and he/she will take appropriate action to address any clinical concerns which arise as per the PCTs clinical supervision policy and procedures (see attached).