Lynne,
For GWMCH/
Evidence Files.
Thank you.
Attached

Lynne

Code A - P.A. to Directors of Public Health

From: Kathryn Rowles - Director of Public Health
Sent: 24 October 2003 09:47
To: Code A P.A. to Directors of Public Health
Subject: FW: Policies

Code A
Please could you print this attachments off please - GWMH CH evidence. Thanks K

-----Original Message-----
From: Code A
Sent: 17 October 2003 14:42
To: Code A
Subject: Policies

Dr Reid has asked me to e-mail you the attached policies and asked if they could be put on the next agenda of the Professional Executive Committee for both Fareham and Gosport, and East Hants PCT to seek approval.

Many thanks

<<OUT OF HOURS COVER IN COMMUNITY HOSPITALS.doc>> <<Draft of Supervision of Medical staff Policy.doc>> <<Draft of supervision of medical staff procedure.doc>>

Code A
Secretary to Dr Reid
Code A

East Hampshire NHS
Primary Care Trust

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 a part of the annual GP appraisal process.

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 StaffJunior 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).

K/Routes.

→ Fiona

This needs to go into the GWMH evidence file under relevant recommendation + replace existing draft.

Thanks K.

East Hampshire NHS
Primary Care Trust

Department of Medicine for Elderly People
Queen Alexandra Hospital
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Tel: 023 9228 6000
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With compliments

OR REJO

PMP391

East Hampshire NHS
Primary Care Trust

A Policy for the Clinical Supervision of Medical Staff

DRAFT 3

1. Purpose

1.1 The aim of this policy is to ensure that Medical Staff, working within the secondary care services, receive appropriate and effective clinical supervision.

1.2 The GMC states that "the public has a right to expert considerate and competent medical attention from doctors and that doctors have a duty to maintain a good standard of professional work".

1.3 This policy sets out how the PCT will:-

- provide a framework for clinical supervision that ensures patient safety and high quality care whilst being responsive to differing local need.
- Equip members of staff to fulfil their responsibilities for supervision of others
- Support members of staff in participating in supervision of their own clinical practice
- Ensure that poor clinical practices is identified and improvement made
- Ensure that where necessary intransigent poor clinical practice is reported to the appropriate authority

2. Scope/Definition

2.1 This policy applies to the supervision of all medical staff working in secondary care services provided by the PCT.

2.2 What is Clinical Supervision?
Clinical Supervision in this instance means the indirect supervision of a clinician deemed as competent to practise without direct supervision, to ensure that good clinical care is being provided.

2.3 The GMC describes good clinical care as:

- adequate assessment, investigation and treatment
- taking suitable and prompt action
- referring to another practitioner when indicated
- recognising and working within the limits of professional competence
- being willing to consult colleagues
- competent diagnosis and arrangement of treatment
- keeping clear, accurate and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed
- keeping colleagues well informed when sharing care
- paying due regard to efficacy and the use or resources
- prescribing only the treatment, drugs or appliances that serve the patient's needs

2.4 The term Non Consultant Medical Staff applies to all grades below Consultant eg:-

- Specialist Registrar
- Staff Grade
- Trust Doctor
- Clinical Assistant
- Hospital Practitioner
- Senior House Officer
- House Officer
- Pre-Registration House Officer
- G.P., V.T.S., S.H.O.s
- GPs, either working as Clinical Assistants or in a Clinical Assistant type role as part of a contract with a GP practice.

2.5 The supervision needs of the differing medical grades will be met differently.

2.6 This policy also applies to the supervision of Locum Consultants, and links with the Locum Medical Staff Employment Policy.

3. Responsible Person

3.1 The Trust Board is accountable for the medical care provided. This accountability is devolved through the Medical Director and Lead Consultants to each individual Consultant, through the application of this policy.

3.2 Every Consultant is responsible for ensuring that his/her clinical team provides care which is safe, effective and efficient and thus for making appropriate arrangements for supervision of junior staff.

3.3 The Operational Director within every secondary care clinical service is responsible for ensuring that the service has appropriate supervision systems in place.

3.4 The Lead Consultant and General Manager of every department are responsible for developing and implementing a local supervision procedure, for monitoring compliance and effectiveness and for taking appropriate action when poor performance is identified.

3.5 The supervision of non training grade staff will be undertaken by a named consultant within the service concerned.

3.6 The supervision of training grades is met through the associated contractual requirements, and thus responsibility lies with those managing the training arrangements.

3.7 The day to day supervision of junior training grades may be delegated to the specialist registrars.

3.8 The Lead Consultant is responsible for supervising the work of Locum Consultants. This responsibility may be delegated to another named Consultant.

3.9 In all cases the supervising Doctor will take appropriate action if concerns about practice are identified (see document – Clinical Supervision of Medical Staff – A procedure).

3.10 Every medical practitioner, whatever their grade, is responsible for, and accountable for, their own performance and conduct.

4. Requirements

4.1 When assessing competency through clinical supervision, the following professional standards will apply:-

- those published by the GMC (Good Medical Practice & Maintaining good medical practice)
- those set by the specialist Medical Royal Colleges
- those set by specialist Societies and Associations

4.2 Every department will have in place a supervision procedure which covers as a minimum:

- Induction requirements
- frequency of ward rounds and junior doctor attendance
- details and expectations of devolution of supervision to specialist registrars
- supervision in out-patient clinics/Day Hospital
- consultant on-call responsibility and supervision links
- cover arrangements for Consultant annual leave
- instruction and supervision of locum medical staff
- appraisal arrangements

4.3 Each department will monitor Risk/Critical Events and complaints for indication of individual or team problems/learning needs.

4.4 Where specific areas of concerns are identified and action plans developed, these will be reported and addressed within the quarterly divisional review process and annual service review/plan, taking due consideration of confidentiality.

4.5 Every department will have a system whereby new members of the medical team receive formal induction.

5. Audit Standards and Criteria

5.1 The application of this policy and associated procedures will be monitored through the consultant appraisal system.

5.2 Complaint investigation and critical incident review reports will be monitored for supervision deficiencies.

6. Reference Documentation

The following documents were used to assist with preparation of this policy:

- Maintaining Good Medical Practice – GMC 1998.
- Good Medical Practice – GMC 1998.
- Code of Professional Conduct – Nursing and Midwifery Council 2002.

Author: Lesley Humphrey, General Manager, Elderly Medicine

Approved by: Clinical Governance Panel

Date approved: 18 June 2002?

Date of First Review: June, 2003.

East Hampshire NHS
Primary Care Trust

Department of Medicine for Elderly People

CLINICAL SUPERVISION JUNIOR MEDICAL STAFF

This risk assessment checklist summarises the requirements of the clinical supervision of Medical staff policy.

	Yes	No	If no proceed no further
1. Do Junior Medical Staff work in this area?			
2. Is there a written procedure which describes how supervision of these staff will be carried out?			
3. Has this procedure been explained to all regular medical staff?			
4. Is this procedure communicated to all Locum medical staff?			
5. Is this policy/procedure included in Medical Induction programme?			
6. Does this procedure cover (where applicable):- - Ward rounds - Supervision by specialist registrar - Outpatient clinics - Consultant on-call arrangements - Consultant annual leave - Locum medical Staff - Appraisal arrangements			
7. Is this procedure reviewed and updated each year as applicable?			

East Hampshire NHS
Primary Care Trust

Clinical Supervision of Medical Staff

PROCEDURE IN ELDERLY MEDICINE

DRAFT 3

1. Purpose

This procedure confirms the Trust's expectations for supervision of Junior Medical Staff and describes how these will be fulfilled within the department.

2. General Policy/Definition

2.1 It is the policy of the Trust that every junior doctor receives appropriate clinical supervision (see Trust policy).

2.2 The term junior doctor means any doctor below consultant.

2.3 Clinical Supervision, in this instance, means the indirect supervision of a clinician, deemed as competent to practise without direct supervision, to ensure that good clinical care is being provided.

2.4 The GMC describes good clinical care as:

- adequate assessment, investigation and treatment
- taking suitable and prompt action
- referring to another practitioner when indicated
- recognising and working within the limit of professional competence
- being willing to consult colleagues
- competent diagnosis and arrangement of treatment
- keeping clear, accurate and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and drugs or other treatment prescribed
- keeping colleagues well informed when sharing care
- paying due regard to efficacy and the use of resources
- prescribing only the treatment, drugs or appliances that serve the patient's needs

2.5 When working in teams we have a joint responsibility for ensuring the safety of patients and the quality of care provided

3. Arrangements for Supervision

3.1 Consultant Medical Staff – Although it is not appropriate for the work of consultant medical staff to be directly supervised there is frequently the opportunity for other clinical staff, medical and non medical, to observe the work of consultants. Professional accountability dictates that where poor performance is observed there is a responsibility on the clinician seeing poor practice to take action to avoid harm to patients. In the case of poor practice by a consultant this could be done by a number of routes – directly with the consultant, by referral to the lead consultant or by referral to the medical director of the PCT.

3.2 The work of junior medical staff should be regularly monitored by a designated consultant. The frequency of and systems for monitoring will depend on the seniority and experience of the junior doctor, the care setting and the contractual arrangements for training. This procedure does not replace nor should it be used to duplicate the statutory requirements associated with various training posts.

3.3 Day to Day supervision of Senior House Officer, House Officers and pre-registration House Officers in the acute and post acute wards can be delegated to a designated Specialist Registrar.

3.4 Supervision of non training grade doctors should be agreed on an individual basis, dependent on experience and the care setting.

3.5 Supervision is/can be provided in a number of ways, as described below:-

a) Ward rounds
b) Outpatient clinics/day hospitals
c) On-call arrangements/out of hours cover
d) Consultant annual leave cover
e) Locum cover
f) Personal appraisal

a) (i) Consultant Ward Rounds

The purpose of the ward round is to review assessment/diagnosis/treatment and future plans for each patient. This is an ideal opportunity to assess the clinical care already provided and documented by non-consultant medical staff, including GPs where GPs are providing care to patients in consultant beds.

Acute Wards

- to be held at least twice per week

Post Acute Intensive Wards

- to be held [at least] twice per week

Other Post Acute Wards – rehabilitation, stroke, continuing care

- to be held at least weekly

(ii) Specialist Registrar Ward Rounds/Work (Acute Wards)

- to be held at least once per week, in addition to consultant Ward Rounds
- Ward work or visit to each ward at least once per day, Monday to Friday

b) Out-patient Clinics/Day Hospitals

- a Consultant must always be present in the clinic/day hospital

c) On-call arrangements/out of hours cover

- a named Consultant will be on call at all times, to respond to care issues in all ward areas (eg acute, post acute intensive, rehabilitation continuing care, community hospitals etc.)

- a named Specialist Registrar will be on call at all times to oversee the care of all patients in acute and post acute wards, including the rehabilitation wards at St

Mary's Hospital and to respond to any care issues both by telephone advice in the Rehabilitation and Continuing Care wards/beds in Community Hospital Wards.

- the on-call Consultant will visit all acute wards on Saturdays and Sundays and Bank Holidays, to review those patients where there is concern for their condition, and all new admissions.

- non-consultant (including GPs) medical staff are responsible for recognising when senior help or advice is needed and for contacting either the Specialist Registrar or the Consultant on-call as appropriate. When in doubt, shout!

d) Consultant Annual Leave

- arrangements must be made for another Consultant to carry out ward rounds
- arrangements must be made for a named Consultant to act as senior point of reference for junior medical team

e) Locum Cover

- all locum doctors must be made aware of the supervision requirements and what this means for them (Locum information pack and verbal introduction to department)

- the Lead Consultant , or delegated named Consultant, will be responsible for supervising the work of Locum Consultants through feedback from other members of the whole divisional team

- See Locum Medical Staff Employment Guidelines

f) Personal Appraisal

- All consultant medical staff (and associate specialists) will have an annual appraisal, following the BMA/DoH system, with a Lead Consultant or deputy Lead Consultant and a General Manager will usually be in attendance.

- All non training grade medical staff (staff grades, clinical assistants) will have an annual appraisal with a named Consultant. In the case of a GP Principal working as a Clinical Assistant, or in a Clinical Assistant type role, the Clinical Assistant role will be appraised as part of that GP's appraisal in the PCT's GP appraisal scheme.

- Appraisal of training grade doctors will be in accordance with the training scheme arrangements.

N.B. Where an individual general practice or out of hours GP service has a contract for providing services to consultant beds, there will be at least an annual review of that service with the practice/organisation providing the service (as per medical cover arrangements in community hospitals policy).

4. Staff Education/Induction

4.1 Every new non training grade member of the medical team, including Consultants, will receive a formal individualised induction to the department, their role, and the associated supervision requirements.

4.2 Induction of training grade medical staff will be to the standards pertaining to the particular training grade at that time.

4.3 Individual induction arrangements should be made for every new consultant, non-training grade doctor and locum.

4.4 Every new doctor will be given a copy of this procedure in their "welcome pack" and offered the opportunity to discuss the implications as appropriate.

4.5 Every doctor is expected to meet their CME/CPD and PDP requirements.

5. Monitoring

Compliance with this policy/procedure will be monitored as follows:-

- Annual completion of the associated Risk Assessment Checklist
- Via Risk/Critical Events and Complaints, on a quarterly basis by the Service Planning and Development Group
- As part of annual appraisal process

6. When Poor Performance is Identified

6.1 The GMC notes that "Colleagues usually know when a doctor's practice is going seriously wrong .....prompt action at an early stage offers the best chance of avoiding damage to patients and the colleague in difficulty".

- The first step should always be to discuss the identified problem with the doctor concerned. This may improve understanding/skill and solve the problem.

- The initial aim must always be to protect patients and improve clinical practice. Punitive measures should be seen as the very last step.

- When a serious or continuing problem is identified, the appropriate Consultant must be informed. In the case of GPs working as clinical assistants or in a clinical assistant type role, there should be liaison between the responsible consultant, PCT and appraisor. He/she will develop an appropriate education plan with the Doctor concerned.

- When a serious or continuing problem is identified with regard to a Consultant, the Lead Consultant, the Medical Director and General Manager must be informed. Again an appropriate education plan will be agreed.

- When dangerous practice is identified, the Lead Consultant and the General Manager will decide what level of review should be held, in discussion with the Medical Director and the Operational Director. Where appropriate consideration will be given to informing the GMC.

- Serious problems identified will be reported and action monitored with the quarterly Division Review process, taking due consideration of confidentiality.

Procedure Produced by:	Lesley Humphrey, General Manager
Date Produced:	June, 2002
Approved by:	Service Planning & Development Group
Review Date:	June, 2003