

## Fiona Cameron - Operational Director

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From:

Sent: 03 December 2002 14:31  
 To: Ian Reid; s=sommerville;g=gordon;ou1=westlands medical centr po16 9ad;o=nhs portsmouth and se hants hagd;p=nhs national;a=nhs;c=gb;; John Hughes (GP Practice)  
 Cc: s=zaki;g=graeme;ou1=qmail01;o=nhs portsmouth hospitals tr;p=nhs s and w hn;a=nhs;c=gb;  
 Subject: Medical cover at GWMH

Dear Ian, John and Gordon,

Thanks for a very positive meeting this morning. I was very impressed the work that you have done and with the progress that you have made in this delicate issue. The messages that I took away were:

- \* there is a general acceptance locally that the GWMH beds must be utilised properly and that it is not in the interests of GPs or patients that they should close
- \* all recognised the pressures that exist currently on PHT
- \* there is still a lot of anxiety out there, but hard core dissent is limited in size
- \* the immediate threat to the "step-down" beds is not as acute as it was
- \* there is a realistic chance that OOH cover will be found
- \* the Knapman practice have agreed to some flexibility, subject to other arrangements being in train
- \* other models, such as an "intermediate care" physician, are being considered
- \* elderly care physicians are prepared to cover some beds in Sultan, if necessary
- \* there is no immediate need for the PCT to plan for the closure of beds on 31st December

We discussed the issue of thresholds for transfer. Gordon and Ian are meeting with Graeme soon and will raise this again. We noted the issue about the "transfer window" which is fairly constrained at the moment, last admissions by 1300hrs. It was noted that this was a response to poor transfer arrangements in the past. There could be scope for flexibility if the GPs could be reassured about discharge policies/procedures. PHT need to understand the practical effects of this on general practitioners and their work patterns.

I felt that further meetings with the SHA were not required, if progress continued to be positive. I suggested that the PCT will need to have seen some firm agreements before long (?end of next week), so that the planning for closure can be halted.

Many thanks. This issue could only be sorted through effective clinical leadership, which you have all demonstrated. If I can be of any further assistance in this, please let me know.

Best wishes

Simon Tanner  
 Director of Public Health/Medical Director

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