East Hampshire NHS
Primary Care Trust

MEMORANDUM

Respond

From: Dr. A. Lord

To: See below

Ref:

cc

Date: 11.6.03.

Dear Fiona,

Consultant Workload in Gosport – June 2003

I am providing all the Consultant input into Gosport this month except for 1 weekly Day Hospital (Falls) session provided by Jan Beynon. This is proving stressful and difficult for the following reasons:

1) Supervision of junior staff, to include locums with the loss of 2 senior and reliable doctors – Joseph Yikona (Staff Grade after 2 ½ years) and Rachael Ross (Clinical Assistant of 11 years in Dolphin Day Hospital). I am also the current educational supervisor for an HP at QAH (who was previously on A1 at SMH), and an SHO on John Pounds.

2) Cover of Dryad Ward, ½ of Daedalus Ward, and also 6 Elderly Medicine beds on Sultan Ward in addition to my existing sessions in Gosport. These should currently be covered by Dr. L. Qureshi, Locum Consultant (who is on long leave and has now been away for nearly 6 weeks). These sessions were previously covered by Dr. M. Puliyel who personally undertook the Consultant cover of the Elderly Medicine beds on Sultan Ward. Locum Consultants covering the wards in Gosport is dangerous and unsafe practice, especially as we also have locum junior staff. The resultant effect is that I'm in Gosport on Monday, Tuesday and Thursday afternoons, leaving me very little time to attend even important meetings. I have a total of 3 sessions to provide the Consultant Cover for 50 beds which is the same sessional time as is allocated by Elderly Medicine for 27 beds on E4 (post-acute) at SMH.

3) Consultant Geriatricians have been admitting direct from MAU and A & E to the Elderly Medicine beds on Sultan although these are primarily for those waiting for Rest or Nursing Homes and packages of care. I am not being notified of all the transfers as is required in the policy. These were beds previously covered by GPs belonging to the bed fund but are now part of Elderly Medicine. There have been no additional resources to run these beds. In particular, there is no additional dedicated Consultant time.

4) I'm the only Consultant in Gosport available to respond to urgent requests from GPs, carry out ward visits, Domiciliary Visits and Nursing Home Assessments. (I also do the CES visits but have a session on my timetable for it). I do not have a timetabled session for Ward Visits unlike most of the other Consultants; neither do I have an MAU session.

4) Outpatients – waiting time has gone up to 10 weeks as Matthew Puliyel hasn't had an outpatient session for 7 consecutive weeks (including the Bank Holiday). I have also lost the Specialist Registrar input to outpatients and my session now average 5 hours. At this stage I cannot accommodate any urgent OP requests at all in Gosport.

5) Dolphin Day Hospital – Jan Beynon does a Falls session once a week but is also on leave at the end of the month. This means that I will be the only Consultant at GWMH to respond to any queries from GPs, nursing and therapy staff. My day hospital session on a Monday is averaging 6 hours. (I dictate in the evening after I finish the Daedalus Ward round on a Monday afternoon). At present there is no F Grade in post in DDH and the G Grade has no previous experience in Day Hospital and only been in post for 2 weeks. There is no capacity at present to respond to urgent requests from the GPs.

With the changes in locum Consultant availability in the last 2 months, ward round times have changed and this has impacted on sessional time in the Day Hospital. When fully staffed, we could have 3 doctors in on a Tuesday and Wednesday, 2 on a Monday, 1 on a Friday and none on a Thursday. This has skewed the workload heavily to the beginning of the week. As there is uncertainty about the Consultant cover in Gosport in July and thereafter, I'm not able to work on rescheduling the junior doctor sessions.

6) Medical Staffing – the need to ensure that the junior medical staff posts are filled, and subsequently the need for job descriptions and all that's involved in the recruitment process. Further, we have not been able to recruit to the Intermediate Care Physician post and are now pursuing the possibility of another VTS SHO post in Gosport with the intention of appointing a locum for 6 months from early August. The VTS SHO however will need more Consultant supervision than is currently available.

7) Projects I am involved in for Gosport and Elderly Medicine

- Transfusion Guidelines to be finalised – the Madgwick complaint is going to Independent inquiry soon.
- Admission Criteria and Audit – CHI Action Plan.
- Development of the PD project and PDNS post.
- Day Hospital Study Day – Pack to Day Hospitals to be completed and circulated.
- Palliative Care Pathway – needs further discussion.
- Education for medical, nursing and therapy staff in Elderly Medicine and Old Age Psychiatry – this is urgently needed but cannot find the time for this.

8) The PCT has received yet another complaint about my patient care and inadequate communication. In order to submit a report, I will have to peruse more than 8 months of medical, nursing and therapy records.

9) My 2 e-mail addresses (PHT and Community) are on separate networks and the IT Departments are unable to automatically forward messages from 1 address to the other. In order to access my messages and also to leave dictated tapes for Brenda, I have to drive to QAH from Gosport. (Taxi drivers are not reliable in delivering tapes direct to the secretaries).

10) Secretarial Support – with the huge increase in my admin duties, Brenda's workload has also increased considerably. She works a total of 23 hours a week and in that time also does most of the MAU and ward transfers, allocation of ward visits, in addition to my work.

11) Senior Nursing Staff in Gosport are stressed and there are significant shortages of nursing staff on all the wards. I am finding it difficult to ensure that ongoing good practice is continued and am struggling to maintain good multidisciplinary team work.

12) I am on annual leave for a fortnight in July and effectively the wards will not have any Consultant cover. (I haven't been informed of any cover arrangements yet).

13) Inspite of numerous requests in the last few months, I am unable to obtain substantiative Consultant Geriatrician input into work in Gosport.

I am writing to point out the problems and issues and hope that patient care and safety can be improved in Gosport. Good patient care here is as important as in other areas of Elderly Medicine and it is vital that Gosport has an equal share of good and regular Consultant input. I am not prepared to carry the entire workload and responsibilities for Elderly Medicine in Gosport and feel that the issues I have raised need to be discussed by both East Hants and Fareham & Gosport PCTs. I am agreeable that this memo is shared with the Chief Executives of both PCTs.

I would appreciate a reply by the 25th June 2003.

With best wishes.

Yours sincerely,

Code A

Dr. A. Lord FRCP
Consultant Geriatrician
Elderly Medicine
QAH.

Circulation:

- David Jarrett, Lead Consultant, Elderly Medicine, QAH
- Ian Reid, Medical Director, East Hants and Fareham & Gosport PCT
- Lesley Humphrey, General Manager, Elderly Medicine, QAH
- Fiona Cameron, Operations Director, Fareham & Gosport PCT