

Portsmouth HealthCare **NHS**
NHS Trust

Department of Medicine for Elderly People
Queen Alexandra Hospital

MEMORANDUM

From: Dr. A. Lord

To: See Circulation list

Portsmouth HealthCare NHS Trust

Ref:

Cc:

Re

Date: 22.01.02.

23 JAN 2002

General Manager, Portsmouth / Gosport

REVIEW OF MEDICAL STAFFING GWMH

I have jotted down some of the current issues and possible solutions and would be grateful for your comments and ideas.

Many thanks.

Code A

Review of Medical Staffing Elderly Medicine Gosport War Memorial Hospital

Current issues:

- Loss of 1 Clinical Assistant session in Dolphin Day Hospital (Dr. Rachel Sharpe).
- Conversion of 16 Continuing Care beds on Daedalus Ward to General Rehabilitation did not result in any increase in medical time.
- Emergency transfers of unstable patients due to bed crises has resulted in more time and effort required with sick patients soon after admission. This is further compounded by incomplete and/or completely disorganised medical records on transfer.
- A greatly increased workload for the Staff Grade who is very tired and is also unable to attend any of the educational sessions at QAH.
- The Staff Grade's Day Hospital sessions interrupted by calls from the wards about sick patients who need urgent attention.
- Inability to recruit GPs for Clinical Assistant sessions due to pressure of work and poor sessional pay. (Likely loss of a further session in Day Hospital in the next few months).
- Difficulty obtaining locums for annual and study leave as there is no on-call commitment.
- High proportion of referrals with Parkinson's Disease to Dolphin Day Hospital and Outpatients (6 - 10 a week on my lists) with no dedicated sessional time.
- Possibility of taking on a further 6 beds on Sultan Ward for post-acute care.

Possible solutions:

- Employ 2 full-time Staff Grades so that they would cross cover each other's leave.
A - Dryad, Daedalus(1/2) and 1 Day Hospital Session
B - Sultan, Daedalus (1/2) and 1 Day Hospital Session
- Dedicated sessional time in DDH for a Movement Disorder session - 1 Consultant session a week. This will enable the MDT to set aside this session as well and so enable patients have all required assessments at the same visit. This will fit in well with the PD Group that is held in the Day Hospital. It will also enable medical, nursing and therapy staff teaching and training on Movement Disorders.

The above 2 solutions if implemented will require funding for a further full-time (10 session) Staff Grade and 1 additional Consultant session. There is possibly some funding already in place for the Sultan beds and the 1 Clinical Assistant session in Day Hospital.

Code A

Dr. A. Lord FRCP
Consultant Geriatrician

21.01.02.

Circulation for comments:

- **Fiona Cameron**
- Lesley Humphrey
- Ian Reid
- Matthew Puliyeel
- David Jarrett