## Portsmouth HealthCare MIS

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DJ/MW

**NHS Trust** 

Portsmouth Health Care NHS Trust

Received

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**Department of Medicine for Elderly People** 

Queen Alexandra Hospital

Cosham

Portsmouth Hants

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Our ref

Your ref

Date

24<sup>th</sup> January 2002

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Dr A Lord Consultant Geriatrician Department of Elderly Medicine QAH

Dear Althea

## Re: Review of Medical Staffing Elderly Medicine **Gosport War Memorial Hospital**

Thank you for your correspondence, which clearly outlines some of the current issues, related to medical staffing at Gosport War Memorial Hospital. You have also managed to formulate some possible solutions.

The problems of medical staffing at Gosport War Memorial Hospital are similar, although on a larger scale, to medical staffing issues in other community hospitals and non-acute sites. Over the years there has been a constant turnover of staff grades and clinical assistants on all our non-acute sites. We have had to patch together solutions on a peace meal basis. Some solutions have been relatively successful, such as the appointment of the staff grade doctor at Gosport War Some solutions have been less successful such as the Memorial Hospital. appointment of permanent staff grades to the two rehabilitation posts at St Mary's Hospital.

Overshadowing all of this is the increasingly untenable 'out of hours' cover at all our non-acute sites. This has led in some cases to the use of GP Deputizing Services to cover District General Hospital sites. I am currently investigating a critical incident related to this cover at St Mary's. There must be more efficient and timely ways of providing such cover.

The recent CHI visit at Gosport War Memorial Hospital has re-affirmed my feeling that we are vulnerable in this area. It also seems that national shortage of medical staff may not itself be used as an excuse for inadequate input.

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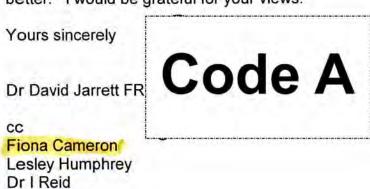
My suggestion is that we set up a small working group to look critically at all medical staffing problems in our non acute sites with a working brief to look at current problems, likely future problems and possible solutions. I would suggest representatives from Gosport War Memorial Hospital, Petersfield, St Christopher's Fareham, Jubilee House and St Mary's Hospital overseen by someone with an overview of the whole department and an understanding of medical staffing issues. They could look at the staffing issues and the opportunities for including the non-acute sites in effective training in intermediate care, rehabilitation and continuing care. We could also look at new ways of securing out of hours cover such as having some of our doctors doing resident on call at the St Mary's site that help reduce the on call burden for senior house officers say on the oncology, dermatology

We need to review whether we need staff grades in all the sites or possibly trust doctors who are increasingly becoming an accepted group of medical staff as long as they have equal access to education and training opportunities. Over the last year we have had quite successful, in terms of enthusiasm and clinical skills, hospital doctor appointments on Guernsey and Kingsclere ward, and we may even, with occasional resident on call be able to recruit good candidates.

At present the "bottle neck" in medical training is between the SHO and the specialist registrar grade. This leaves a number of good doctors, often with the full membership exam, in a training limbo awaiting the specialist registrar with an NTN.

The view from Hugh Shepherd, Regional Adviser to the Royal College of Physicians is that some of these trust doctor posts may well be incorporated into the SHO rotations and be given full accreditation when the increased number of medical students come on line in a few years time. My view is that for too long we have cobbled together quick fit solutions to a problem that needs a more whole system solution.

I suspect the CHI report may be critical about day to day and 'out of hours' cover in the community hospitals. We could use this as a lever to effect change for the better. I would be grateful for your views.



Dr M Puliyel