

## **Medical Infrastructure Elderly Health GWMH**

### **1. Introduction**

GWMH has 108 beds of which 24 are on Daedalus Ward 20 on Dryad Ward. The beds are consultant led and provide a service for stroke patients, (slow stream) 9 beds continuing care, 35 beds.

In addition, Dolphin Day Hospital provides 15 places per day.

Medical cover is provided by Dr Ian Reid and Dr Althea Lord, Consultants in Elderly Medicine.

Out of hours and weekend cover to the wards is provided by Dr A Knapman & Partners.

### **2. Background**

The level of medical cover has given rise to concern for a number of reasons.

The changing workload, increasing complexity of patients and concomitant needs of relatives along with the perception of GWMH as more than just a cottage hospital combine to produce a high level of pressure for the medical staff sustaining the service.

Specifically, the problems can be identified as:

- 1) Increase in consultant workload due to increase in ward visits to Haslar/Sultan and Mulberry.
- 2) Increased activity in Daedalus and Dryad.
- 3) The increasing complexity of admissions and the impact of this on medical time as well as nursing in relation to detailed and often difficult discussions with relatives.
- 4) Annual leave presents its own difficulties in that the remaining consultant is required to undertake both sets of ward visits and trouble shooting on the other consultants' wards.

### **3. Current Staffing**

Dr I Reid	- 1 session /wk -	Day Hospital
	- 1 session/wk -	Continuing Care (Dryad)
	- 1 session/wk -	Ward visits
	- 2 sessions/mth -	Outpatients
Dr Jane Tandy	- 1 session/wk -	Ward visits

Dr Althea Lord	- 1 session/wk -	Day Hospital
	- 1 session/wk -	Continuing Care (Daedalus)
	- 1 session/wk -	Stroke Rehab
	- 2-3 sessions/mth -	Outpatients
	- 2 sessions/mth -	Ward visits
Clinical Assistants	- 4 (out of 5)	Day Hospital Sessions
	- 6 sessions	Continuing Care
	- 2 sessions	Dr Knapman & Partners for out of hours cover.

#### 4. Proposed increase and funding implications

It is proposed in the first instance that an additional two sessions staff grade is funded to provide 10 sessions per week including the 6 (previously) Clinical Assistant sessions and 2 vacant Day Hospital sessions.

The advantages of the above proposal are:

- 1) A medical presence in GWMH 5 days per week.
- 2) Increased flexibility of cover for admissions to the wards from Haslar and QAH.

The current shortfall is £13,000 some of which may be found from the untangling of the Minor Injury Unit component of the Bed Fund GP payments.

- 3) In built flexibility of time of day worked to accommodate relatives.
- 4) Possible decrease on out of hours contact with GP cover.

#### The Future

5. Current government policy and significant funds have been aimed at 'Intermediate Care'. GWMH is well placed to play a role in the future of intermediate care due to its up to date environment, capacity and current services offered. However, issues such as medical cover, therapy input and nursing skill mix and development are central to any development of the above. In addition, diagnostic services such as X-Ray, Phlebotomy, Ultrasound may require to be increased.

The proposed increase of 2 sessions staff grade are a first step in improving medical cover. Future proposals would need to take account of the interdependence of the multi-disciplinary team related to a specific service model.