

Dr Barker  
Letter

PCG  
paper.

Mullberry - Ark Royal

ECT support.

Collingwood

continuity over 24 hrs.

CPA<sup>s</sup>

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## **Medical Infrastructure Elderly Mental Health GWMH**

### **1. Introduction**

GWMH has \*\*\*\* beds of which \*\*\*\* are on Daedalus Ward \*\*\*\* on Dryad Ward. The beds are consultant led and provide a service for stroke patients (slow stream) 9 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. Funding of medical cover is currently managed via**

EM Budget - Dr A Lord  
- Dr I Reid

Fareham & Gosport Division

SLA - Dr Knapman & Practice out of hours  
Contract - Dr J Barton Clinical Assistant.

#### **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 DH sessions.

These sessions to be offered to several medical staff.

##### **Rationale**

The advantages of the above proposal are:

- 1) A medical presence in GWMH 5 days per week.
- 2) Increased flexibility of cover given that there will be a minimum of 2 doctors utilising these sessions.

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) Likely decrease on out of hours contact with GP cover.

#### **5. The Future**

Current government policy and significant funds have been aimed at 'Intermediate Care'.

The Kings Fund definition is

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

14/5/00

# Medical Infra-structure Elderly Health GWMH.

## 1. Introduction

GWMT has ~~35~~ beds of which are on Daedalus Ward on Dnyad. The beds are ~~not~~ consultant led and provide a service for stroke patients (low stream) & continuing care 35 beds

○ ~~low stream responsibility~~ p.

? ~~respite~~

In addition Delphin Day Hospital provides 15 places per day.

~~Medical Staffing~~ <sup>cover</sup> is provided.

○ ~~The current~~ by Dr Jan Reid and Dr Althea Lord Consultants in Elderly medicine.

Out of hours + weekend cover to the wards is provided by Dr A Knapman + Partners

## 2. Background.

The level of medical cover has given rise to concern as relation ~~to~~ ~~is~~ ~~not~~ ~~necessary~~ for a number of reasons

The changing work load, increasing complexity of patients' and concomitant needs of relatives along with the perception of GUMH as more than a cottage hospital has given rise to <sup>two</sup> ~~a number~~ <sup>recent</sup> serious complaints.

Investigation revealed that communication issues were central to these complaints and

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 / Soltau and Mulberry.
- 2) Increased activity in Daedalus + Dayad.
- 3) The increasing complexity of admissions and the impact of this on medical time as well as nursing in relation to detailed + 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 + trouble shooting on the other consultant's ward.

Whilst ~~given~~ the above issues are recognised and require to be addressed immediately. They also enable clarity.

3. Funding of medical cover is currently managed via

EM budget

Dr A. Lord  
" J Reid

F+G Division

SLA Dr Knapman + Practice out of hours  
Contract Dr J Barton. clinical assistant

4. Proposed increase + funding implications

It is proposed <sup>in the first instance</sup> that an additional

2 sessions staff grade is funded to provide 10 sessions per week including the 6 (previously) chasis sessions and 2 vacant PH sessions

These sessions to be offered to several medical staff.



# Rationale.

are The advantages of the above proposal ~~is that there is~~ a medical presence in GWMH 5 days per week.

② Increased flexibility of cover given that there will be a minimum of 2 Drs utilizing these positions.

(calculating staff grade at mid point)

The current shortfall is £13,000 some of which may be found from the untangling of the M10 component of the Bed and GP payments.

③ In built flexibility of ~~the~~ time of day worked to accommodate relatives.

④ likely decrease on out of hours contact with GP cover.

## 5. The future

Current gov't policy and significant funds have been aimed at 'Intermediate care'

The Kings fund definition is

Kings Fund ( )

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 + nursing skill mix and development are central to any development of the above.

In addition diagnostic services such as xray, phlebotomy ultra sound