

Medical Staffing – Feb 2000

Elderly Medicine (Gosport)

Current Staffing:

- IR* Dr. Ian Reid – 1 session/wk – Day Hospital
1 session/wk - Continuing Care (Dryad)
1 sessions/wk - Ward visits
2 sessions/mth – Outpatients
- JT* Dr. Jane Tandy - 1 session/wk – Ward Visits
- AL* 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
- CA* Clinical Assistants - 4 (out of 5) Day Hospital Sessions *Clinical Assistant*
- Continuing Care – ~~5~~ sessions to ~~Dr. Jane Barton~~
and 2 to Dr.A.Knapman and partners for out of
hours cover,

Problems:

1) The major impact on Consultant workload has been from increased ward visits and admissions to Continuing Care. The activity for the current year (Mar 99 to end Jan 00) -

Ward visits (Haslar, Sultan and Mulberry) –**272** (total 1509). = **18%** of total activity for the department.

Increasing activity in Continuing Care Wards – Daedalus and Dryad – **213** admissions for the current year (Total 512) = **42%** of total activity for the department.

2) Increasing complexity of admissions to continuing care requiring detailed and difficult discussions with relatives – for example, feeding and hydration problems, anaesthesia and sedation, palliative care, discharge planning and subsequent disputes. The post-operative care of fractured neck of femur in demented patients has been the most difficult category in the last few years. These patients are not suitable for general rehabilitation (on KRC) because of their poor mental state but a slower stream rehabilitation facility is not available within the department. Relatives often expect patients to get back to their usual pre-operative state as they have 'come through' surgery. All these situations call for an increased level of communication from medical, nursing and therapy staff.

3) Consultant workload has increased steadily in the last few years in all areas. In recognition of the workload in Gosport the department has assigned sessions on our timetables for ward visits, but travelling to and from Gosport is time-consuming and hence these are often done out of hours. 4 – 5 years ago 3 full-time Consultants did the ward visits in Gosport when the numbers seen were much lower. The service is now provided at considerable personal expense - in time and well being.

4) When RIR or AL are on annual leave the present cover arrangements consist of the person who is not on annual leave doing the other's ward visits in Gosport and trouble-shooting on the other's continuing care ward. This is becoming increasingly difficult. Further this workload does not seem to prevalent in areas outside Gosport, making the distribution of work among the Consultant Geriatricians unequal.

5) The lack of medical cover has resulted in the Consultants carrying out minor procedures on the ward and completing discharge summaries.

5) Current litigation as regards the clinical management of patients at GWMH.

6) With Haslar winding down (and probably closing) there is increased scope within Gosport War Memorial Hospital for extending services in Elderly Medicine. This cannot be done without a careful assessment of medical, nursing and therapy staffing levels and training.

7) There is no Consultant Geriatrician in Gosport on a Wednesday and Friday.

Solutions:

1) Increase in medical staffing levels is required urgently. In addition to what is already available I feel we need:

- 5 – 6 Staff Grade sessions for Daedalus and Dryad Wards.
- A full-time Consultant presence in Gosport.

2) Until the above increases in staffing are in place help with ward visits in Gosport is required from the other Consultant Geriatricians. This arrangement needs to be formalised and shared out equally.

3) Guidelines and recommendations are required for management of fracture neck of femur in the demented patient. Time to see the relatives of these patients early on during their admission to Gosport is required and must be provided.

4) Once full-time Consultant Cover is provided in Gosport it would be possible to supervise an SHO. This post would be ideal for a GP Trainee who could work over a 6 month period gaining experience in Elderly Medicine (Continuing Care, Day Hospital), Old Age Psychiatry (Acute, Day Hospital and Continuing Care) and also on the GP Ward (Sultan).

5) Review of therapy staffing levels to cope with some slow stream rehabilitation. Training and education of Nursing Staff in general rehabilitation.

Code A

Dr.A.Lord
22.2.00.

cc:
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David Jarrett
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