NHS

Memorandum

From:
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To:
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c.c. Rebecca Kopecek

22 April 2002

Dr Knapman & Partners
Contract for Services to Dryad & Daedalus Wards, Gosport War Memorial

Further to your enquiry regarding the contract for services provided by Dr Knapman & Partners. I met with Peter King on Friday 19 April and his advice is to go ahead and produce a revised contract to include a specification of medical services similar to that currently held by the Bellenger Practice, for which you are responsible.

I enclose a copy of a recently revised contract which may be of assistance for reference purposes. If I can be of further assistance please do not hesitate to contact me.

Ruq Chris Donohoe
to progress

PORTSMOUTH HealthCare NHS TRUST

PORTSMOUTH HEALTHCARE NHS TRUST

CONTRACT FOR SERVICES - 01/12/99 TO 31/03/00

Revised version taking into account 16 Rehabilitation Beds

a) Dr Cairns and partners are appointed for the care of patients of Portsmouth HealthCare NHS Trust who are patients in Cedar Ward, Petersfield Hospital. Details of the doctors providing day to day care for those patients will be confirmed annually on the 1st April by the practice.The practice will undertake to provide health services under the NHS Acts in accordance with Section 23 contract arrangements and the enclosed description of duties at **Annex B** for continuing care beds and **Annex C** for the Rehabilitation Beds.

b) The Trust will nominate for each patient a named consultant to whom the practice will be professionally responsible for that patient's care.

c) Arrangements of duties will be such as agreed between the consultant and the partners. This will involve a minimum of at least two contacts per week.

d) The practice will provide and arrange suitable cover for medical care of the patients out of hours. This cover will not be part of GMS general practice services, but a specific agreement with Portsmouth HealthCare NHS Trust. Cover will be provided by members of the practice in a rota system. This may include doctors from on-call agencies and co-operatives. The duty consultant on call at night should be contacted by dialing the Department of Medicine for Elderly People on 023 9228 6000 and obtaining the on call consultant's contact number. The 24 hour 7 day a week cover is integral to the agreed payment in paragraph 3.

e) If the doctor providing day to day care for the patients is not available for whatever reasons, another member of the practice will undertake to manage the specific medical problem arising at that time, or a doctor nominated by the practice.

f) The structure of payment will be as follows:- £ 24,809 per annum paid in 4 quarterly payments of £6,202 on 30 June, 30 September, 31 December and 31 March upon receipt of an invoice from the practice.

g) It is anticipated that 16 Rehabilitation Beds will open in December 2000, (including the 4 slow stream stroke beds) for medical services to these beds a further £16,000 per annum will be paid in 4 quarterly payments of £4000. This makes a total of £40,809 per annum and £10,202.25 per quarter.

h) Increases in remuneration will be effective from 1st April annually and adjusted in line with the headline percentage increase applicable to general practitioners remuneration (without staging) as advised by the Doctors and Dentists Review Body.

i) This structure of payment is based on Portsmouth HealthCare NHS Trust paying for continuing care beds and rehabilitation beds. However, the payment structure will need to be reviewed if the number of beds is altered in any further way. The fee structure will also be reviewed every second year.

j) Payments for services will be made quarterly in arrears. The doctor(s) providing day to day care of the residents will be allowed one week's study leave per year.

k) All partners and doctors nominated by the Practice to provide care shall be fully registered with the General Medical Council.

l) The partnership is covered by the NHS Hospital and Community Services. Indemnity against claims of medical negligence arising from commitments outlined within this agreement. However, all carry their own Medical Defence Indemnity cover and this will cover work which does not fall within the scope of the Trust Indemnity for NHS Trust clinical negligence.

m) Procedure for settling differences between the Practice and the Trust related to any matter affecting the terms of this agreement are attached. **Annex A**

n) Statements of the Trust's policy on Health & Safety at work and of the personnel policies applicable throughout its area are available.

o) If acute hospital admission of a patient is indicated on clinical grounds, the doctor providing day to day care, a partner or doctor nominated by the practice will liaise with the duty team at cedar ward Petersfield Hospital and arrange for admission under the relevant clinical team. The referring doctor will also let the named consultant know of the patient's clinical condition and to whose care the patient is being transferred in the hospital.

p) All drugs prescribed for the patients will be provided from Trust resources, the cost of these drugs will be borne by the Trust.

q) All emergency and hospital routine care of the patients will be funded in full by Portsmouth HealthCare NHS Trust.

r) Any practice fees e.g. cremation certificate forms received by the Practice will be counted as private income to the Practice and will not be considered the property of Portsmouth HealthCare NHS Trust.

s) This contract will be reviewed on an annual basis and if the negotiations are necessary to continue the contract, these should be completed within three months prior to the date for the expiry of the present contract. If no agreement is reached within this time the contract will be considered to have ended at the due date.

t) From time to time the Practice and the lead consultant for Elderly medicine may wish to define/review and mutually agree a specification of service.

u) If Portsmouth HealthCare NHS Trust and the Practice wish to accept this contract on the specific terms above, then both parties should sign in the areas indicated below.

Signed .... Code A ..... Personnel Director 7.12.00

On behalf of Portsmouth HealthCare NHS Trust

Signed ..... Code A .....

On behalf of D Cairns & Partners

ANNEX A

PORTSMOUTH HealthCare NHS TRUST

PROCEDURE TO RESOLVE GRIEVANCES

BETWEEN DR CAIRNS PARTNERS AND PORTSMOUTH HEALTHCARE NHS TRUST CONCERNING THE CARE OF PATIENTS AT CEDAR WARD, PETERSFIELD HOSPITAL

1. Should the grievances related to the provision of the services set out in the contract, they are entitled to discuss this with the consultants to whom they are clinically responsible for the medical care of the patients or, if appropriate, the Operational Director of Portsmouth HealthCare NHS Trust.

2. If the grievance cannot be settled informally as set out in paragraph 1, the grievance will be set out in writing by the side with the grievance. If this does not resolve the problem, a member of the Practice with a representative of the Local Medical Committee will meet with a member of Portsmouth HealthCare NHS Trust to resolve the issue.

   In the event of no agreements being reached between the parties - they can:-

   I) Agree to binding arbitration submitting evidence to the Secretary of the Local Law Society for adjudication.

   ii) If either side cannot accept the procedure binding arbitration, a notice period of one month should be given to end the contract.

ANNEX B

PORTSMOUTH HealthCare NHS TRUST

SPECIFICATION OF MEDICAL SERVICES

PROVIDED BY RETAINED MEDICAL OFFICER (RM.)

This specification should be read in conjunction with the Contract for Service.

1. The contract is for 24 hours medical cover arranged by the Practice.

2. The contract provides for total weekly hours - the timing of attendance will be agreed from time-to-time by and can be changed by agreement with the lead consultant to meet patient needs.

3. Contracted attendance times will normally include participation in a ward round at least once per week.

4. The practice will be responsible for suitable cover for medical care of the patients out of hours. Cover will be normally provided by members of the practice or authorised co-operative in a rota system. The duty consultant, or nominee, on call at night may be contacted by dialing the switchboard at Queen Alexandra hospital on: 02392 286000 and obtaining the on call consultant's contact number.

   Each visit will be documented by the medical practitioner in the medical notes. If hospital admission (or admission to an acute ward) of patient is indicated on clinical grounds, the doctor providing day to day care, a partner or doctor nominated by the Practice will liaise with the duty team at the (hospital), and arrange for admission under the relevant clinical team. The referring doctor will also inform the named consultant at an appropriate time.

5. Medication prescribed over the telephone will normally be entered in writing in the appropriate record by the authorising doctor with 24 hours of the verbal advice.

6. The RMO will be professionally and clinically accountable to the named consultant in the absence of the named consultant, information and advice can be sought from another consultant within the department of medicine for elderly people.

7. On admission, the RMO will write in the clinical notes a summary of the clinical problems and reasons for admission. The RMO will record all subsequent clinical interventions in the patients notes.

8. The RMO will prescribe medication on Trust record sheets both on transfer from other wards and during the remainder of the patient's stay.

9. The RMO will follow the discharge procedure of the department. This will involve:

   I) Organising and prescribing discharge medication.

   ii) Completing discharge documentation.

   iii) Completing death certificates.

10. The service will normally be provided by a nominated practice doctor(s). Every effort will be made to provide consistency and avoid dislocation through changes in personnel. Where other doctors are involved in the care, they will be responsible for ensuring relevant information relating to the patients condition is communicated to the nominated doctor.

11. Practice doctors are encouraged to participate in education and audit activities of the department and to contribute to the identification of their educational needs.

ANNEX C

PORTSMOUTH HealthCare NHS TRUST

SPECIFICATION OF MEDICAL SERVICES

TO BE PROVIDED BY THE RETAINED MEDICAL OFFICER TO REHABILITATION BEDS AT PETERSFIELD COMMUNITY HOSPITAL

This specification should be read in conjunction with the Contract of Service.

1. The contract is for 24 hours medical cover arranged by the Practice.

2. Contracted attendance times will include participation in a minimum of ONE ward round per week.

3. The timing of attendance will be mutually agreed with the consultant and can be changed in agreement with the lead consultant to meet patient needs.

4. The practice will be responsible for providing suitable cover for medical care of the patients out of hours. Cover will normally be provided by the practice or authorised co-operative in a rota system. The duty consultant, or nominee, on call at night may be contacted following the normal procedures.

   If admission to an acute hospital is indicated on clinical grounds, the RMO will liaise with the duty team at the hospital and arrange for admission under the relevant clinical team. The referring doctor will ensure the consultant is informed of the admission.

5. Within 24 hours of admission, the patient will be seen and assessed by the members of the multi-disciplinary team, including the RMO. Ongoing medical management will be provided by the RMO in conjunction with the consultant and as such, the RMO will record the initial assessment and all subsequent clinical interventions carried out by him/her in the patient's medical notes.

6. The RMO will prescribe medication on Trust record sheets both on transfer from other wards and during the remainder of the patient's stay.

   Medication prescribed over the telephone will normally be entered in writing in the appropriate record by the authorising doctor within 24 hours of the verbal advice.

7. The RMO will be professionally and clinically accountable to the named consultant.

8. The RMO will follow the standard hospital discharge procedure. This will involve:

   (I) Organising and prescribing discharge medication

   (ii) Completing discharge documentation

   (iii) Completing death certificates

9. The service will normally be provided by a nominated practice doctor(s). Every effort should be made to provide consistency and avoid fragmentation through changes in personnel. Where other doctors are involved in the care, they will be responsible for ensuring relevant information relating to the patients condition is communicated to the nominated doctor.

10. All RMO's are encouraged to participate in education and audit activities of the department and to contribute to the identification of their educational needs.

REHABILITATION WARD -PETERSFIELD HOSPITAL

Cedar Ward

There are currently 20 NHS continuing care and 4 slow stream stroke beds on Cedar ward. These are consultant led beds, with ongoing medical care provided by Dr Cairns and Partners.

Development of a Rehabilitation Ward

Demand for services continues to rise placing increasing pressure on the local health economy to cope. In order to facilitate early discharge from acute care and deliver rehabilitation in a more appropriate setting, dedicated Rehabilitation beds within Cedar Ward will become operational in December 2000.

Initially, 8 beds will be converted from the existing continuing care compliment. The 4 existing slow stream stroke will continue to be used for stroke care. The aim is to convert further 4 beds will be converted by April 2001, subject to review of the workload implications.

Rehabilitation Beds

The rehabilitation beds will continue to be managed by Portsmouth HealthCare Trust. All patients admitted to these beds will be under the care of a consultant.

It is envisaged that the patients admitted to the rehabilitation beds will be over the age of 65, whose medical condition is assessed as stable but who require further rehabilitation in order to increase independence prior to discharge. The anticipated average length of stay is 30 days based on existing rehabilitation beds. Occupancy is anticipated to average 85-90%. 12 beds would allow about 124 patients per annum to be treated.

The Nursing Team

The beds will be managed by nursing staff trained in the assessment and delivery of care specifically related to the process of rehabilitation. The nursing staff will deliver programmes of care as assessed and prescribed by the multi disciplinary team.

The Community Rehabilitation Service

The CRS has been formed to provide a single point of contact for the delivery of all rehabilitation and treatment programmes within the community, ensuring continuity of care for the patient. The service will be multi-agency and integrate existing health and social services. An important component will be the provision of comprehensive rehabilitation services to patients admitted to the Rehabilitation beds within Cedar ward , aiming to increase independence of patients and support and prepare Carers prior to discharge. Physiotherapists and Occupational Therapists, Speech and Language Therapy, Dietetics and Podiatry are components of the rehabilitation service together with Care managers and Home Economist.

The Medical Team

Patients admitted to the Rehabilitation beds will have been previously assessed by a geriatrician for potential for improvement in independence, and to ensure the patient is appropriate for rehabilitation

Patients will remain under the care of a Consultant Geriatrician but it is anticipated that day to day medical care is provided by Dr Cairns and Partners.

Dr Cairns and Partners will provide a key role in the decision making and medical management of the patients, as well providing input, in conjunction with the consultant, into the transfer of care back to the patient's GP at discharge.

With admissions and discharges for rehabilitation patients anticipated to range from 2-3 plus 1 continuing care in any week, it is anticipated that Dr Cairns and Partners will participate in a one ward round per week (to be agreed with the consultant).

Admissions, discharges, occupancy, together with contacts with the practise out of attendance hours will be monitored, to measure the increase in workload created by the change from continuing care to rehabilitation. This information will be freely shared by all parties.

Social Services

A successful discharge plan is reliant on timely and appropriate involvement from Social Services. Much of the preparation for discharge is expected to begin during the patient's stay in the acute setting but will continue during the patients stay in the Rehabilitation beds. Social Services will form an important component of the additional support to Cedar Ward.

Administration

The Rehabilitation beds will be supported by a ward clerk who will have a key role in ensuring effective communication with both the medical and nursing staff, as well as the Community rehabilitation service, patients' family and carers.

Patients and Carers

It is expected that patient and Carers will be fully involved and engaged in the decision making processes both in relation to the patient's specific needs and those of the Carers who are instrumental in the success of the patients transfer back to the community.