

#TEXT1001TLDrBeasleyGP

#CODENC

Accompanied by Dr Coonan, Senior Partner in local GP practice. Accompanied in role as "friend".

#ENDCODE

#CODENC

He was extremely nervous, asked twice for time to confer with colleague, frequently asked for clarification of question/terminology; has not slept for nights, does not know why "picked upon".

#ENDCODE

#CODENC

Arrangement was clearly with Dr Barton (5 clinical assistant sessions per week) - whose partners helped her out. Since 2000, Practice has contract for out of hours cover =- some of which H/O Healthcall.

#ENDCODE

#CODENC

No apparent lines of communication at Trust in terms of workload/workforce planning, guideline/policy development or awareness.

#ENDCODE

#CODENC

Specialist skills?

#ENDCODE

#CODENC

Qualified 1970 - LH Medical College. Then Brighton (geriatrics), Radcliffe (Anaesthetics) then General Practice Gosport 1974. April 1975 Principal 1975 to now.

#ENDCODE

#CODEC4

Historically 1970s hospital very different. Had operating theatres he did 2 sessions per week anaesthetics all beds GP.

#ENDCODE

#CODEC4

1980s elderly medicine acquired beds - loosely described as slow stream rehab. All GPS took turns in looking after.

#ENDCODE

#CODED2

May 1998 - One doctor appointed as clinical assistant. Appointed Dr Barton who is partner in his practice. Trust paid for 5 clinical assistant sessions, contract is with Dr Barton, not the practice. Dr B asked practice to help her out to cover. His involvement is at weekends, evenings and Bank Holidays. After hours - bit loose.

#ENDCODE

#CODEC4

In 1980s slow stream geriatrics on 4 sites, N'wich House, then GWMH rebuilt '92 - Drayad and Daedalus 44 beds, Radcliffe.

#ENDCODE

#CODEC4

Case mix drifted over the years leading to a number of problems.

#ENDCODE

#CODEC4

Daedalus meant to be rehab. Dryad so called continuity care. The concept of slow stream went out of the window (Act of Parliament ... Bartel less than 3) which led to faster throughput of patients.

#ENDCODE

#CODEC4

Over past 2/3 years there has been an acute shortage of elderly beds exacerbated by closure of Haslar acute medical beds. Patients increasingly transferred across, not medically stabilised.

#ENDCODE

#CODEE1

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#ENDCODE

#CODEC4

Complexity of individual cases - regularly patients on drips etc. did not happen 5/6 years prior.

#ENDCODE

#CODED1

So workload complexity increased - what about staffing/infrastructure? Dr B asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH - presents a number of problems - so scream and howl at lot. Had word with Dr Banks (could he make a room soundproof?).

#ENDCODE

#CODEB3

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#ENDCODE

#CODED1

No increase in medical staffing (ie. still 5 sessions). Formula = 1 Clinical Assistant session per 9 beds.

#ENDCODE

#CODED2

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#ENDCODE

#CODED2

Dr Barton subcontracted to other partners - they never had contract with Trust. Staff are aware that practice responsible.

#ENDCODE

#CODED1

Unusually low input for workload? Yes, we were 57p per hour.

#ENDCODE

#CODED6

Unusually low input for workload? Yes, we were 57p per hour.

#ENDCODE

#CODED1

GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to take it on.

#ENDCODE

#CODED2

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#ENDCODE

#CODED1

You just work and work and do it really. I've been a fool, an utter fool.

#ENDCODE

#CODED2

You just work and work and do it really. I've been a fool, an utter fool.

#ENDCODE

#CODED6

You just work and work and do it really. I've been a fool, an utter fool.

#ENDCODE

#CODED6

The precipitating incident. 1999 we realised the situation was untenable in present form for a number of reasons. Obtained professional report to report remuneration - and then other doctors than had contact with Trust (? August 99) were paying £11,000 pa. August 2000 it had gone up to @£13,000 ie. £1.90 per hour. NB there is separation between Dr B's and practice arrangements.

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#CODED2

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#ENDCODE

#CODED2

Relationship between GPs and the Trust - re: management, ward policies, appraisals document. Does not appear to be one. Doctors asked if they understood difference between contracts of and for employment.

#ENDCODE

#CODEI1

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#ENDCODE

##CODEI1

Opportunities for COD etc? Dr Reid/Dr Lord - post grad evening to explain changes in Elderly Medicine. (He obviously saw this as CPD opportunity nothing more specific?). Practice doing 40% of work.

*Doctors B and C requested time to discuss in private so TL and JW left room for a few minutes.

#ENDCODE

#CODED2

Currently 2001/2002 practice has contract of employment with the Trust, invoice quarterly to provide out of hours.

#ENDCODE

#CODED6

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#ENDCODE

#CODED6

Rotas on wards

6 doctors in Knapman Practice

2 of which do all of own out of hours

2 more do own out of hours if then hospital 11pm - 7am (??? Shift) goes to Healthcall.

For example he does all own out of hours on Saturday does ward round after surgery in hospital 11pm and does ward round ????

#ENDCODE

#CODED6

Acknowledged that don't really need rota - but can just dial practice.

#ENDCODE

#CODEK1

???? development - no consultation.

#ENDCODE

#CODEG3

Communication - no formal line.

#ENDCODE

#CODEG3

Communication to Trust any channel? Does not appear to be.

#ENDCODE

#CODEK1

Period of osmosis over the years.

#ENDCODE

#CODEB3

Change in case-mix - letters sent from the time to time.

#ENDCODE

#CODEH5

Certifying death - understand nurses are trained to certify death, if unexpected then doctor called in.

#ENDCODE

#CODEI1

what specialist training does he have eg. palliative care or elderly care? Has done course at Rowans. What about general medical courses? All GPs will have particular interests - would have to look through his files.

#ENDCODE

#CODED6

Consultant in elderly Medical Care/Surgical Reg. On call would discuss with Dr Lord if sensitive area.

#ENDCODE

#CODED6

Admission out of hours - would you be expected to clock in? No not aware.

#ENDCODE

#CODEF1

Medication very little stock on wards - eg. came in Sunday pm wanted to prescribe

Cepaclor no suspension, had to give tablet not ideal (antibiotic) could not get next day.

#ENDCODE

#CODEF1

Is an Antibiotic Policy available? I haven't got a clue. Have to work with what you feel comfortable with.

#ENDCODE

#CODEF1

Hospital familiarity

#ENDCODE

#CODENC

Assessment of pain. What assessment tools in use on ward? Pain Control - Doctor B wanted examples of what this meant. Relies on judgement eg. of patient not able to communicate. Not aware of guidelines.

#ENDCODE

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#CODEC3

Sultan Ward - middle level user.

#ENDCODE

#CODEC4

GP/Direct admin

Pall care

Convalesce

Step down

#ENDCODE

#CODENC

Protocols - EMH not allowed in.

#ENDCODE

#CODED2

Dr B days - on hol? We would look after ward for her - go in very early, WR, do am surgery. Put the screws on those left. Yes.

#ENDCODE

#CODED2

Felt Trust wanted job being done on the cheap. I feel used really.

#ENDCODE

#CODENC

No training on transfers.

#ENDCODE

#CODEE1

Closure of Haslar led to pressure to QA and transfer too early. Potential problem of transferring back and pharmacy.

#ENDCODE

#CODENC

Bed Fund - for admitting people to Sultan. £67 per month for admin to Sultan.

#ENDCODE

#CODED10

Town could not manage without it. Seen as an attraction to draw GPs into the town.

#ENDCODE

#CODENC

Dr B and Dr C then requested time to discuss and they went out of room briefly. When they came back in, said we'll leave it there. Had obviously decided not to discuss whatever he had been going to say. Interview ran over by about half an hour.

#ENDCODE

Document1

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