**Whitby Hospital Medical Staffing - A Model**

**Introduction**

This model is a based on the premise that community hospitals have an important role in the future of the NHS and that they should act as the hub for community services within their geographical area. This document provides a framework for a modern, accountable and innovate new model of care; fit for the coming decade, which is in accord with the wishes of the Trust and the commissioners NHS North Yorkshire Clinical Commissioning Group (the CCG).

**The Model**

This model proposes a block contract providing medical care to Whitby Hospital during the period 08:00 until 18:30 on weekdays. At other times clinical responsibility would pass to the Out of Hours provider. The model assumes an inpatient unit (IPU) of approximately 16 beds providing step-up and step-down services focusing on rehabilitation and an Urgent Treatment Centre (UTC). The model has four distinct elements:

1. A framework of an on-call accountability covering the whole of the hours as stated above.
2. Embedded 3.5 hour clinical sessions to provide specific services to the hospital and community.
3. Palliative Care.
4. Support/clinical lead for UTC

**Framework**

A nonresident service providing a rapid response to the hospital inpatient unit and UTC provided by local GPs within an agreed response time appropriate to clinical circumstances and able to provide a service ranging from emergency medical aid to telephone advice.

Timescales for responses requiring on-site attendance (from the time of the initial request):

* Urgent – within 1 hour
* Routine – within 2 hours

Where an initial call may not be for the on-site attendance then the response time will begin from the point at which the need for on-site support is identified.

**Embedded Clinical Sessions.**

Ten 3.5 hour sessions per normal working week provided by designated GPs with specific clinical responsibilities. These sessions would be resident (RMO) and not on call.

Responsibilities include:

* Clerk in new admissions or complete admissions begun during the OOHs period
* Respond to patient needs as required
* Support the UTC and lead ANP as required
* Supporting the clinical development of staff during the on-site hours

RMOs would be expected to either have appropriate skills and qualifications for their role or be working towards them in an agreed job plan. The number of RMOs should be as small as practicable allowing for holiday cover, sickness, training and future recruitment to ensure continuity of care. RMOs would participate in audit and or research as well as staff training. RMOs would have annual appraisal and mentorship to support their professional development and revalidation. One RMO would be appointed as Clinical Lead.

**Inpatients**

The IPU patients should be actively managed being seen and assessed rapidly with discharge planning an integral part of the admissions procedure. This includes:

* Admission clerking to be completed within 4 hours of admission
* Estimated Date of Discharge (EDD) set and communicated to the patient and their family within 24 hours
* Personalised Care Plan in place and documented within 24 hours of admission
* Medical input to daily ward or board round
* Discharge letters completed within 24 hours from the point of discharge

**Research and Audit**

Community Hospitals and services should be actively involved in service improvement and research. We already have extensive research experience within the Whitby cluster of practices and we would wish to work within this local network and with the National Institute of Clinical Research and HYMS to further this aim.

**Clinical Lead**

To ensure good clinical practice, good governance and safe working practices, a RMO should be appointed as the Clinical Lead for the IPU and UTC.

The principal duties would include:

* Liaising with the Care Division’s GP clinical lead
* Working alongside the Service Manager, Locality Matron and ANP lead for the UTC
* Coordinating and leading the medical model
* Structured supervision for the ANP

Humber Teaching NHS Foundation Trust will retain overall responsibility for clinical governance.