



University Hospitals of Morecambe Bay

NHS Foundation Trust

JOB DESCRIPTION

Job Title:

Consultant Stroke Physician

Care Group:

Acute Medicine

Responsible to:

Lead Clinician

Accountable to:

Clinical Director

JOB SUMMARY:

This post is based at Royal Lancaster Infirmary and is a substantive appointment.

The appointee is required to have appropriate experience and interest in stroke medicine and general medicine.

The creation of Morecambe Bay Acute Hospitals NHS Trust on 1st April 1998 facilitated strategic developments of speciality services for a catchment population of 350,000 in collaboration with existing colleagues.

The Medical Care groups provides services across three hospitals within Morecambe Bay:

- Furness General Hospital
- Westmorland General Hospital
- Royal Lancaster Infirmary

This post will just be based at Royal Lancaster Infirmary

Specialisms in internal medicine include elderly medicine, diabetes and endocrinology, gastroenterology, haematology, rheumatology, cardiology, respiratory medicine and acute medicine. Other medical specialisms include dermatology. In addition, there are excellent colleagues providing services in radiology, pathology, general surgery, ENT, orthopaedics, women's health, paediatrics and intensive care medicine.

SUMMARY

1. BACKGROUND INFORMATION

Lancaster is a university city, close to the Lake District, the Yorkshire Dales and Morecambe Bay. The university provides cultural and sporting facilities. Local educational facilities are excellent with some of the best secondary school education in the country. The M6 makes travelling by road very easy. Manchester is one hour's drive away and London under three hours by train.

The Westmorland General Hospital is situated on the outskirts of Kendal, a market town close to the English Lake District. Driving time between the two hospitals is approximately 30 minutes.

Furness General Hospital provides health care services to the 140,000 population based in the Furness peninsula and the surrounding part of South Cumbria. The majority of the population served is based in Barrow and the surrounding district in the west.

The area is one of outstanding natural beauty with excellent recreational facilities, particularly related to the sea, lakes, fells and countryside. Housing costs within the area are relatively low. There are some excellent educational facilities in Lancaster.

Major industries within the area include shipbuilding, pharmaceuticals, shoe manufacture, paper manufacture, food processing, a large number of medium-sized engineering and chemical companies and within South Lakeland a large tourism industry.

2. ACUTE MEDICINE SERVICES

Stroke services at Lancaster have been developed extensively over the last few years.

The stroke team consists of four consultants and these are based at RLI. The successful applicant will be based at RLI. The post holder would be expected to contribute to daily weekday Stroke Consultant rounds.

The post holder can optionally contribute to a remote thrombolysis advice for a large area in the NW of England (Telestroke on-call).

There is a 7-day Advanced Nurse Practitioner/Stroke specialist nurse Stroke service providing a responsive service to stroke patients presenting in ED. The Stroke Consultants provide face-to-face Thrombolysis within normal weekday working hours and the Emergency Department team access the Telestroke service out of hours for support.

There are approximately 350 Stroke admissions per year to Royal Lancaster Infirmary.

The Combined Acute and Rehabilitation Stroke Unit (Huggett Suite) (32 beds – 6 acute and 25 rehab) provides easy geographical access to the CT and MRI scanning suites.

There is an Early Supported Discharge service for Lancashire patients which has recently been expanded to include the Cumbria area.

Neurosurgical and thrombectomy services (currently available Monday to Friday, 8:00-16:00) are provided by Royal Preston Hospital.

Data from the SSNAP stroke audit and advancing quality initiatives demonstrate the hard work and commitment of staff to develop local services.

The trust has an emergency floor model incorporating the Emergency Department, Huggett Suite, the Acute Medical Unit (AMU), Coronary Care Unit (CCU) and a purpose-built ambulatory care unit (ACU). The Stroke unit is close to the CT and MRI suite and to the Intensive Therapy Unit (ITU) and surgical departments. The acute medical service has been transformed over the past seven years led by Dr Yunus Seth and his team. An ethos of continuous assessment has been developed contributing towards significant improvements in the quality of care patients receive on emergency pathways through our hospital.

Evening ward round is led by the on-call physician of the day. The physician of the day also sees any post take patients on wards other than AMU in the mornings. The physician of the day leads the weekend ward rounds. The unit enjoys excellent teamwork with colleagues from general internal medical specialities, also with colleagues in ED, ITU and support services.

Specialty TIA clinics are held at the RLI on the Huggett Suite.

The AMU is a 43 bedded unit with a purpose built ACU seeing up to 60 patients per day. The on-call team comprises one or 2 ST3+ level doctors, 2 FY1s, 2 FY2/IMT level doctors and care for approximately 50 patients each day

3. GENERAL MEDICAL SERVICES

ROYAL LANCASTER INFIRMARY

General Hospital Facilities

The hospital serves a population of 135,000 and supports a broad spectrum of care. All the usual specialties are provided for and there are regular consultative clinics in Neurology, Cardiothoracic Surgery, Plastic Surgery, Radiotherapy, Nephrology, Immunology, Clinical Genetics and Paediatric clinics, with visiting Regional Paediatric specialists in Neurology, Nephrology, Endocrinology, Cardiology and Paediatric surgery.

The Division is active, innovative and handles virtually 100% of secondary general medical referrals for its area, offering expertise in Cardiology, Care of the Elderly, Dermatology, Diabetes, Endocrinology, Gastroenterology, Haematology, Oncology, Palliative Care, Respiratory Medicine and Rheumatology. It also provides a wide range of techniques and services, including endocrine investigations; DEXA scanning; GI endoscopy; bronchoscopy; chemotherapy; a cardiac, respiratory and oesophageal function laboratory; and ward-based non-invasive positive pressure ventilation.

The general medical wards have ward based junior teams (FY1 and 2, IMT and LED doctors). ST grades are speciality team based. General Medical Wards are single sex and consultants are allocated patients on two wards.

Stroke services are provided from Huggett Suite.

Those candidates with training and an interest in stroke medicine would be supported and expected to contribute to the innovative on-call Telestroke service.

4. CONSULTANT PHYSICIAN WITH A SPECIAL INTEREST IN GERIATRIC AND STROKE MEDICINE

4.1 Employing Authority

University Hospitals of Morecambe Bay NHS Foundation Trust.

Other Medical Staff

Consultant Physicians in the RLI Department of Acute and Non-Acute Medicine:

Dr David Fyfe	Medical Oncology,
Dr Paul Smith	Diabetes, GIM,
Dr Andrew Higham	Clinical Director
	Gastroenterology, GIM, R&D Lead
Dr Colin Brown	Clinical Director
	Gastroenterology, GIM, Bowel Cancer Screening Lead
Dr David Eaton	Medical Oncology
Dr Sri Dampetla	Diabetes, GIM
Dr Adrian Brodison	Cardiology
Dr Mark Wilkinson	Respiratory, Intensive Care
Dr Shahedal Bari	Respiratory, GIM
Dr Gilbert Jifon	Respiratory GIM
Dr Laszlo Szigeti	Stroke
Dr Ian Chadwick	HCE, GIM
Dr Don McGowan	HCE, GIM
Dr James Barker	Stroke, HCE, GIM
Dr Mark Taylor	HCE Clinical Lead (RLI), GIM
Dr Paula Nenn	HCE, GIM
Dr Marwan Bukhari	Rheumatology
Dr Lesley Ottewell	Rheumatology
Dr Yunus Seth	Acute Medicine Clinical Lead
Dr Colin Read	Emergency Physician
Dr Jeremy Harrison	Emergency Physician

Consultant Physicians in the FGH Department of Medicine:

Dr Paul Grout	Emergency Physician
	Clinical Director
Dr Fiona Wood	Rheumatology GIM
Dr Gill Cook	Elderly Medicine
Dr Alan Barton	Elderly Medicine
	FGH Site Clinical Lead

Dr Rachel Jolley
Dr Cathy Hay

Elderly Medicine
Diabetes, GIM

Dr Albert Davies
Dr Richard Lea

Gastroenterology, GIM
Acute Medicine
Gastroenterology
FGH Site Clinical Lead
Gastroenterology, GIM
Emergency Physician

Dr John Keating
Dr Fiona McMillan

4.3 Main Duties

The assignment of specific clinical responsibilities will be agreed with the post holder on appointment. A tentative job plan is included which may be adjusted to suit the service needs and the interests of the new post holder. It is hoped that the post holder would join in developments for Stroke services in Morecambe Bay with the current team.

The post holder will be a member of the Stroke Team and contribute to the provision of a high-quality service, including achievement of the emergency access targets and other relevant quality standards.

The post holder will be expected to provide excellent communication with GPs and members of the multidisciplinary team and to be involved in clinical audit and other clinical governance responsibilities.

Clinics will be held in the Day hospital or main outpatient department. A typical outpatient clinic would include 7 patients (2 new and 5 follow-up patients). An IMT/FY2 or ST3+ doctor will be present when on call duties allow.

TIA clinics are held in the purpose-built TIA clinic room on the Stroke Unit. A typical TIA clinic involves reviewing 3 patients, with 3 protected carotid doppler slots per day and 2 protected MRI brain slots (7 days per week) available for use.

A typical acute stroke ward round involves reviewing 4 to 7 patients and rehab patients are divided between consultants for their care (8 patients per consultant).

Education and training of junior medical staff.

In addition, education of GPs, nurses, technical and paramedical staff where required. Medical students from Lancaster University also are taught within the department. The appointee will be encouraged to contribute to 3rd, 4th and 5th year student sessions on elderly medicine and Stroke.

Contribution to local and regional postgraduate teaching sessions in Medicine at Core and Speciality level will be expected.

Self-development and ensuring CME requirements are met.

The Trust supports the requirements for CME as recommended by the Royal College of Physicians and is committed to providing time and financial support for these activities.

Newly refurbished office accommodation and secretarial support are provided to support the post. This includes provision of computers with Internet access via the Trusts intranet. Office accommodation may be shared.

The trust is currently having an electronic patient record (Lorenzo) and prescribing system. A PACS system is in place for radiology.

The post-holder would undergo appraisal annually, including 360-degree assessment and patient satisfaction surveys, using the online L2P appraisal portfolio. The Trust are fully committed to the Revalidation process. Any issues arising in the appraisal process would be resolved in conjunction with the Medical Director.

Opportunities for mentoring are available in the trust through the Clinical director and new consultants encouraged to use this facility.

There is currently a 1 in 12 on call for general medicine which can be negotiated for those wishing to participate. Weekends are currently split, so Consultants cover every 12th Saturday and every 12th Sunday. Post take ward rounds take place twice each day on call. The acute medicine team see the majority of the new patients however.

The regional stroke on-call is performed on-call from home via Telemedicine on a 1-in-16 basis for 8 different hospitals (Royal Lancaster Infirmary, West Cumberland Hospital, Cumberland Infirmary, Furness General Hospital, Blackpool Victoria Hospital, Royal Preston Hospital, Royal Blackburn Hospital and Southport)

Currently, weekend working in Stroke (other than regional Telestroke on-call) is not required, but if this is introduced, consideration for time of in lieu will be made.

Proposed job plan (negotiable):

Day	Time	Location	Work	Categorisation	No of PAs
Monday	9-12	RLI	TIA/ambulatory clinic + TIA referral triage	DCC	0.75
	12-13	RLI	Neuro-radiol MDT	DCC	0.25
	13-14	RLI	Admin	DCC	0.25
	14-16	RLI	Core SPA	SPA	0.5
	16-17	RLI	TIA/ ambulatory results follow-up	DCC	0.25
Tuesday	9-12	RLI	Rehab W/R	DCC	0.75
	12-15	RLI	Core SPA	SPA	0.75
	15-17	RLI	Medical Education/Service development SPA	SPA	0.5
Wednesday	9-12	RLI	Rehab W/R/ED reviews	DCC	0.75
	12-14	RLI	Acute stroke W/R/ED reviews	DCC	0.5
	14-16	RLI	Rehab MDT	DCC	0.5
	16-17	RLI	Admin	DCC	0.25
Thursday	9-13	RLI	Acute Stroke Unit W/R	DCC	1.0

	13-14	RLI	Core SPA	SPA	0.25
	14-17	RLI	OPD Clinic	DCC	0.75
Friday	8-13	RLI	Acute Stroke Unit W/R/ED reviews	DCC	1.25
	13-15	RLI	Rehab W/R/ED reviews	DCC	0.5
	15-17	RLI	Admin/ED reviews	DCC	0.5
Optional Telestroke on-call			On-call 1-in-16	DCC	1.0

Total DCCs – 8.25 (9.25 with optional Telestroke on-call)

Total SPAs – 2.0

Total= 10.25 (11.25 with optional Telestroke on-call)

5. **EDUCATION FACILITIES**

All Trust sites have a modern, well-equipped, postgraduate education centre with excellent lecture theatre and library facilities.

On Tuesday lunchtimes the Division has a clinical meeting which is well attended and supported by Consultants.

Medical Students from Lancaster Medical School receive the whole of their education, academic and clinical, in Cumbria and North Lancashire following the Lancaster undergraduate medical curriculum. The University Hospitals of Morecambe Bay NHS Foundation Trust is the lead NHS organisation and takes responsibility throughout the five years of the degree for the provision of acute practice placements. In addition to time spent at UHMBFT students spend around a third of their clinical time in the community. Primary care placements are based in practices across Cumbria and North Lancashire, and their mental health placements are provided by North Lancashire Primary Care Trust and the Lancashire Care NHS Trust.

The post-holder will be involved in the further education of FY1 and FY2 junior doctors

6. **CLINICAL AUDIT**

There is an active audit programme supported by the audit department. Audit meetings for medicine occur on a rolling half day each quarter. The post-holder would be expected to participate in the Audit programme.

A half day Telestroke audit meeting take place at least 3 times a year where discussion of cases, reviewing of CT scans provides useful networking with colleagues and CPD.

7. **MANAGEMENT**

The Chief Executive of University Hospitals of Morecambe Bay NHS Foundation Trust is Aaron Cummins, and the Medical Director is Miss Jane McNicholas.

There are 7 cross bay divisions Acute Medicine, Non-Acute Medicine, Surgery and Critical Care, Women and Children, Clinical Support Services, Corporate Business and Knowledge, Education Learning and Development.

The Clinical Director for Acute and Emergency Medicine is Dr Paul Grout, for Elective Medicine it is Dr Andrew Higham and the Divisional General Manager is Ms Diane Smith.

The Medical division meets 4 times a year, but there are monthly meetings of the Division on each of the main hospital sites.

The appointee will be a member of the Division of Medicine and also of the Medical Staff Committee. He or she is expected to take an appropriate share of administrative work relating to the organisational needs of the Division.

8. MAIN CONDITIONS OF SERVICE

The appointee to the post must hold full GMC registration and be included on the specialty register for general internal medicine, stroke, neurology or geriatric medicine or be within 6 months of obtaining CCT at time of interview.

The post is subject to the terms and conditions of service for Hospital, Medical and Dental Staff (England and Wales), as amended from time to time.

The appointee will be required to reside within a 30-minute drive of Royal Lancaster Infirmary, unless specific approval is given by the Trust to reside at a greater distance.

VISITING ARRANGEMENTS

Prospective applicants are encouraged to visit the hospital and to meet prospective colleagues. Arrangements for visits can be made by contacting Dr James Barker (Tel: 01524 519366) james.barker@mbht.nhs.uk or Dr Ian Chadwick (Tel:01539715078) ian.chadwick@mbht.nhs.uk

NOTE

This job description is not intended to be a complete list of duties and responsibilities but is a guide for information to the job. It will be periodically reviewed in the light of developing work requirements. The consultant will be expected to contribute towards this review process.

TERMS AND CONDITIONS

This post will be subject to the terms and conditions of the University Hospitals of Morecambe Bay NHS Foundation Trust.

CONFIDENTIALITY

Information relating to patients, employees and business of the Trust must be treated in strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Freedom of Speech policy.

SAFEGUARDING & PROTECTING CHILDREN

Everyone shares responsibility for safeguarding and promoting the welfare of children and young people, irrespective of individual roles. As a senior manager you will need to be aware of your responsibility in relation to safeguarding and protecting children. You will be expected to provide effective leadership in ensuring safeguarding children is a priority within all service delivery and developments.

ENVIRONMENTAL IMPACT

It is the responsibility of all staff to minimise the Trust's environmental impact by recycling wherever possible, switching off lights, computers, monitors and equipment when not in use and it is safe to do so, minimising water usage and reporting faults promptly.

HEALTH AND SAFETY

The Health and Safety at Work Act stipulates that it is the responsibility of each employee to observe all rules governing safety and conduct and as such safety equipment and Personal Protective Equipment provided must be used.

INFECTION CONTROL

The Trust is committed to protecting the health of all staff, patients and visitors to the Trust. As such all staff is personally responsible for compliance with all Trust and department infection prevention and control policies. Failure to comply with such policies and associated procedures is likely to lead to disciplinary action and may result in dismissal.

MANUAL HANDLING

The post holder will be provided with adequate training in correct lifting techniques by a recognised lifting instructor.

NO SMOKING POLICY

A No Smoking Policy operates across all Trust sites.

QUALITY OF SERVICE

The trust is committed in its use of available resources to obtaining the best possible service for patients and staff. The Post holder must share this objective and seek to maintain and improve the quality of service provided.

EQUAL OPPORTUNITIES

The Trust is pledged to equal opportunities for all and is committed to ensure that no job applicant or employee receives less favourable treatment on the grounds of gender, marital status, age, race, colour, sexual orientation, creed, nationality, ethnic or national origin or disability. We promote flexible working opportunities wherever possible to enable staff to balance their work with their private lives.

TRAINING AND DEVELOPMENT

Maintain your professional standards in respect of education and training and ensure that you are aware of your specific area specialty training and needs analysis.