



**East Suffolk and  
North Essex**  
NHS Foundation Trust

**CONSULTANT IN GENERAL AND GERIATRIC MEDICINE**

East Suffolk and North Essex NHS Foundation Trust

**Responsible to:** Divisional Director Dr Selina Lim

**Accountable to:** Chief Medical Officer Dr Angela Tillett

## EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST

### Message from the Chief Executive

Dear colleague

Thank you for your interest in joining East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

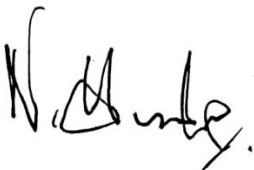
ESNEFT provides integrated care to a population of almost a million people. We employ more than 11,000 staff across two acute hospitals in Colchester and Ipswich and in community hospitals, clinics, surgeries and patients' homes. We are a partner in the Suffolk and North East Essex Integrated Care System.

We would like you to help us provide the best care and experience for the communities we serve in east Suffolk and north Essex. You can find out more about us on [our website](#).

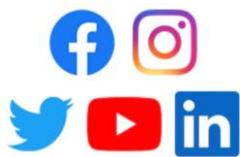
We are committed to being a great place to work, and great place to train and a great place to receive care. As a large organisation, we offer exciting opportunities for development, innovation, research, education and training.

We have a simple philosophy: time matters. Time matters for our patients, their families and our staff. By focusing on time, we can remove unnecessary stress and frustration – giving our patients a better experience and to make sure you have more time to care and make the most of your skills.

Yours sincerely,



Nick Hulme  
Chief Executive



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# We are...

## East Suffolk and North Essex NHS Foundation Trust

We provide healthcare to a population of almost a **million** people in



But we don't work alone. We work alongside a multitude of teams in health, social care, voluntary services and other organisations to make care work well for local people whether they are at home or in hospital.

### Time matters



Our philosophy is that time matters. Dealing with health issues can be stressful, both for the patient and for those who care for them. There is the necessary stress of the health need and the emotional effort of caring.

However, too often the complexity of the health and care system adds unnecessary stress. At the heart of this is time. Time is important to everyone whether as patients, as family or carers, or as staff delivering care.

We will improve services to make every moment count.

### There's no place like home



#### 1 in 5

of our staff work out and about in the community

And our NHS teams are supporting local people to stay in control of their health at home

When people need care in hospital we are committed to getting them home again as soon as possible

We can join the dots between care at home and hospitals



### Size matters



We are the largest NHS organisation in East Anglia employing more than 11,000 staff and several of our clinical services are among the largest in England:

- Acute children's services
- Oncology
- Trauma and orthopaedics
- General surgery
- Urology
- Ophthalmology

Our values are: **optimistic, appreciative and kind**

## Background of East Suffolk and North Essex Foundation Trust

ESNEFT was formed on 1 July 2018 following the merger of two NHS trusts in Colchester and Ipswich & east Suffolk. We became one of the largest NHS organisations in the region, and in 2021 grew further still when we began working in collaboration with other providers to provide community services in north east Essex.

As well as Colchester and Ipswich hospitals, our teams provide care and services from Aldeburgh, Clacton, Harwich, Halstead and Felixstowe hospitals, Bluebird Lodge in Ipswich and the Primary Care Centre in Colchester. Our community teams are based in local health clinics, surgeries and visit patients' homes.

## Living in east Suffolk and north Essex

Whether its ambling through Constable country, dancing the night away at Latitude, paddle boarding along the peaceful River Stour or tucking into fish and chips by the sea at Frinton, there's plenty on offer for everyone in Suffolk and Essex.

There's no need to choose between spending your free time in the town or countryside when the two counties combine the best of both worlds. Ipswich is bustling with life and is the perfect place to shop, relax by the regenerated waterfront or spend time at a bar or cafe. Over the border you'll find Colchester, which lives up to its heritage as Britain's oldest recorded town by boasting a rich history and strong cultural identity with numerous galleries, theatres and arts venues. The city also has great transport links, with direct trains taking you into the heart of London in just over an hour.

Those who prefer nature and exploring the great outdoors are also spoilt for choice. The two counties boast golden sands and rolling shingle along a picturesque 400-mile coastline, from the historic pier and quaint beach huts in Southwold to the lively amusements at Clacton. With an array of beautiful beaches to choose from and water sports to suit every ability, Suffolk and Essex's coast provides the perfect day out for families and couples alike. And once you've worked up an appetite, why not head to one of 23 local restaurants featured in the Michelin Guide and enjoy a delicious meal to round off the evening?

When setting up home, there are also options for everyone. Felixstowe and Dedham Vale were both named in the Sunday Times' Best Places to Live guide 2023, but many other towns and chocolate box villages also offer pretty scenery, quaint shops, cosy pubs and the promise of long, uninterrupted weekend walks. You can get good value for money when buying a house here, along with an excellent choice of both state and private sector schools.

Aside from Essex and Suffolk's natural beauty and man-made attractions, one of the area's main selling points is its people. In our region, the community is welcoming, multi-cultural and diverse. Temples, churches, mosques and synagogues are all available, offering places where people of every religion can worship. Crime rates are low, while the counties regularly rank highly in national polls for the quality of life they offer.

Our video will give you a taste of what to expect if you choose to work for ESNEFT and make Essex or Suffolk your home: [www.youtube.com/watch?v=GkPu7HphU8A](https://www.youtube.com/watch?v=GkPu7HphU8A)

## Our structure and people

Our Chief Executive is Nick Hulme. Our Trust chair and Non Executive lead is Helen Taylor. Information about our Trust Board can be found on the [About Us section of the ESNEFT website](#).

Our Trust is organised into clinical divisions supported by a series of corporate services:

- Medicine (Colchester) and Medicine (Ipswich)
- Cancer and Diagnostics
- Musculoskeletal and Special Surgery
- Surgery Gastroenterology and Anaesthetics
- Women's and Children's
- Integrated Pathways
- North East Essex Community Services

This post sits within the Integrated Pathways division.

Each division at ESNEFT has a divisional clinical director, an associate director of operations and an associate director of nursing, as well as a series of senior leadership positions supporting the clinical delivery group.

The Integrated Pathways divisional leaders are:

- Divisional director Dr Selina Lim
- Associate director of operations John Tobin
- Associate director of nursing Vicky Thompson

## Older People's Services

The Trust structure allows older people's services in the acute site, therapies and community services including community hospitals for Ipswich and East Suffolk to sit within the same division ensures seamless working between acute and community services and allows the flexibility to meet patient needs wherever they may be.

Acute services are based at Ipswich Hospital with bed based rehabilitation units in Ipswich, Felixstowe and Aldeburgh.

### **Acute Geriatrics:**

We run a ward based service which has allowed development of areas of expertise in the management of older people living with frailty and complex co-morbidity. The Constable Suite comprises Haughley and Grundisburgh wards which specialise in neurocognitive disorders and complex comorbidity. These wards have been refurbished with bright colours, way finding, easy signage, mood lighting and removal of the nurses station to provide a dementia friendly environment and extra facilities for end of life care and are recognised in the King's Fund Enhancing the Healing Environment project.

Our short stay complex care ward has pioneered multidisciplinary team working and developed the model that is now used trust wide. The Fragility Fracture Unit is jointly run by orthopaedic and orthogeriatric consultants and an excellent working relationship and innovative, enthusiastic staff has led to a unit that provides high quality and efficient care. Both these wards have also been refurbished to be dementia friendly environments. We have close working relationships with the rheumatology service who run the Fracture Liaison Service and share nursing staff across orthogeriatrics, community osteoporosis and the Fracture Liaison Service which enables close working across departments and smooth care for our joint patients.

We believe that access to specialist services should not depend on which ward you are on or the team you are under, so in addition to the orthogeriatric service we have developed outreach medical and surgical liaison services and the complex wards are a useful resource for the rest of the hospital. The Movement disorder service has been restructured and is supported by 4 Consultants and 2 WTE specialist nurses, the consultants run locality based services which enables the development of close working relationships with the GPs and community teams. A close working relationship with neurology and monthly joint MDT ensures patients are managed by the most appropriate team for their needs.

### **Front door geriatrics:**

The Frailty Assessment Base (FAB) opened in October 2015 and links with the hot phone service. A mobile phone is carried by a consultant five days a week – this provides instant access for GPs and community teams for advice or to arrange urgent assessment. Up to four patients each half day can be seen in FAB where they receive a Comprehensive Geriatric Assessment by our dedicated multidisciplinary team. Referrals for this come via the hot phone or a dedicated email referral and the aim is to see all urgent referrals within two working days. The feedback from patients, referrers and staff has been excellent and the unit has won several national awards (Health service journal acute service redesign award 2016 and PENNA 2017 patient experience and friends and family

awards). The Ipswich element of the medical led falls service is also run in FAB with the aim of seeing all falls referrals within 2 weeks.

To support the development of a more front door model for FAB we have developed the Frailty Interface Team. These are senior nurses and therapists based in ED who are able to assess and support admission avoidance seven days a week for the frailer patients attending ED. They link with the FAB team to facilitate assessments (same day or pre booked) for patients who don't need admission but need a more in-depth assessment than ED can provide and link in with Reactive Emergency Assessment Community Team (REACT) and the virtual frailty ward. Feedback for this service has been excellent and in future we would like to develop the service to in reach into acute admission areas and develop our non-medical colleagues into advanced practice roles to support increasing frailty support for the front door.

### **Community geriatrics:**

The department has always seen our link with the community as vital to a high quality service. Over the last 10 years we have been able to increase consultant sessions working with community teams. We currently provide consultant time to our three bed based rehab units (Aldeburgh, Felixstowe and Ipswich). In addition we provide community clinics in Aldeburgh, Felixstowe and Stowmarket. These are a combination of Geriatric Liaison Integrated Neighbourhood Team (GLINT) joint clinics with the community therapy team able to provide general geriatric and falls assessments and community Parkinson's clinics enabling closer to home care.

Our consultants provide medical support to REACT, our admission avoidance/crisis service which can provide up to 4 visits a day as well as nursing and therapy review in the patients home. There are strong links with the community Dementia Intensive Support Team, social services and the Red Cross to support people in through a short term deterioration in health and function and our Care Home Effective Support Service (CHESS). We also support the Frailty virtual ward.

We are keen to support the development of advanced practitioners within the department; we have ACPs supporting the community hospitals who work a long side our junior doctors and have plans to develop more innovative roles. The team have supported over a dozen staff through the non-medical prescribing courses enhancing the depth of knowledge and experience in our teams.

The department has a strong record of providing post graduate training to core medicine and specialist geriatric medicine trainees.

This is an exciting time to join our dynamic team of consultants who have overseen numerous innovative service developments over the last few years. We have a team who support each other and work together to continuously improve the services we provide for our older population.

ESNEFT has funded four additional Older Peoples consultants, recognising the contribution that the department has provided to the care of older people in East Suffolk, both in an acute inpatient setting and in the community.

ESNEFT works closely with the other partners in Ipswich and East Suffolk Alliance. The department would be happy to accommodate the post holder to actively participate in developing integrated pathways of care, should they so wish.

## Medical Staff

### Consultants:

Dr Selina Lim – Divisional Director

Specialist interests – interface geriatrics

Dr Dan Coates - Clinical Departmental Lead

Special interests - complex care, end of life lead

Dr Jane Shoote – Clinical Lead Community Services

Specialist interests- dementia, complex care, frailty lead

Dr Julie Brache – Orthogeriatrics, falls, tilt testing

Dr Elena Jamieson – Movement disorder, dementia, stroke (works in geriatrics and stroke)

Dr Sam Blows – complex care, education, Parkinson's lead

Dr Shazia Awais – complex care, delirium lead

### Junior team:

For our geriatric wards we currently have three Specialist Registrars, 1 CMT, 2 GP trainees, one FY2 and 5 FY1 trainees, there is a minimum of 2 trainees on each ward every day. The orthogeriatric service is supported by an orthogeriatric FY1 and the orthopaedic juniors. In addition, we have trust posts, training posts and ACPs in our community services.

## Main Duties and Responsibilities of the Post

This is a full time post however candidates wishing to work part time will be considered and the responsibilities and timetable adjusted accordingly.

The successful candidate will share a complex Older Peoples Ward with a colleague and will be responsible for 14 inpatients. This is supported by a team of juniors – middle grade, CMT and FY1 doctors. The post holder will be the clinical supervisor of some of these juniors. Ward cover will involve a daily consultant led board round, regular ward rounds and time for relatives meetings as well as monthly clinical governance meeting. The post holder will be expected to provide appropriate clinical leadership to the progressive, innovative multidisciplinary ward team, in conjunction with the other consultant and ward sister.

This post includes 2 FAB sessions per week, this involves seeing up to 4 patients with the specialist nursing, pharmacy and therapy team in FAB for a Comprehensive Geriatric Assessment, we have access to dietitian, community therapy and REACT. There will be a share of covering the “hot phone” this is a mobile phone which enables any GP or community therapist to phone for advice, currently this is 2 – 8 calls a day and is part of the FAB session. The number of FAB session per week can be altered to accommodate the sub-specialty interest of any successful candidate. For example – Movement Disorder, Falls, Surgical Liaison, Interface Geriatrics and Frailty.

This post includes a slot on the general medicine on call rota. This is 1 in 16 weekend days – 12 hour shift in EAU, then availability overnight from home if needed. This is supported by an acute on call junior team and 2 medical SpRs. There has been an investment of over £1 million in developing our acute care which includes multiple new consultant posts with the view to moving to a speciality based weekend cover once all posts are filled.



### Indicative time table

Exact details of job plan will be agreed with the successful candidate after their appointment, and adjustments can be made to accommodate specialist interests. Additional sessions can be timetabled if agreed between post holder and the department.

|                  |           |  | <b>PAs</b>                     |
|------------------|-----------|--|--------------------------------|
| <b>Monday</b>    | <b>am</b> | Board and ward round   | 1 DCC                          |
|                  | <b>pm</b> | Dept education meeting and lunch<br>FAB or sub-specialty interest    | 0.25 SPA<br>0.75 DCC           |
| <b>Tuesday</b>   | <b>am</b> | Board round/admin then lunch   | 0.5 DCC<br>0.5 DCC             |
|                  | <b>pm</b> | Ward troubleshooting / admin / relatives                             | 1 DCC                          |
| <b>Wednesday</b> | <b>am</b> | Board round<br>Admin, ward referrals                                 | 0.25 DCC<br>0.75 DCC           |
|                  | <b>pm</b> | FAB or sub-specialty interest  | 1 DCC                          |
| <b>Thursday</b>  | <b>am</b> | Board and ward round   | 1 DCC                          |
|                  | <b>pm</b> | Afternoon off  |                                |
| <b>Friday</b>    | <b>am</b> | Board round/ relatives<br>admin<br>Dept consultant meeting and lunch | 0.5 DCC<br>0.3 DCC<br>0.25 SPA |
|                  | <b>pm</b> | SPA  | 1 SPA                          |
| <b>Ad hoc</b>    |           | Cross cover for colleagues leave                                     | 0.25 DCC                       |
| <b>On call</b>   |           | 12 hour EAU shift 1 in 16 weekend days                               | 0.7 DCC                        |

### Management

The Divisional Director is responsible for managing the Clinical Delivery Group, and its performance, and plays an important part in the strategic management of the hospital as a member of the Trust Senior Leadership team. All clinicians are encouraged to play an active role in the management of the hospital and services.

East Suffolk and North Essex Foundation Trust expects its entire professional staff to maintain a high level of competence, maintaining their time effectively and using expensive resources both responsibly and efficiently. Naturally, it is assumed that all staff will treat patients with both dignity and understanding, and that they will strive to work well together.

Medical members of staff are expected to contribute to the general management of the hospital, and to develop links with the community. They are also expected to work as members of the team with Resource Management accountability to the Divisional Director.

### Continuing Professional Development

The Trust supports the requirements for continuing professional development (CPD) as laid down by the GMC and Royal College and is committed to providing time and financial support for these activities.

### **Research, Audit & Teaching**

Research is encouraged with the support of the ESNEFT Research Team and Local Ethical Committee. There is an excellent research team who will support consultants who are interested in contributing to clinical research. Consultants are expected to participate in and support juniors in audit and QI projects and attend the regular clinical governance and mortality meetings and will be supported by the Trust to deliver this.

### **Revalidation**

The Trust has the required arrangements in place to ensure that all Consultants have an annual appraisal with a trained appraiser and supports Consultants going through the revalidation process.

### **Mentoring**

The Trust is keen to support newly appointed consultants with named mentors.

## **EDUCATION AND TRAINING**

We are keen to develop our staff and have excellent learning and education facilities at both Colchester and Ipswich hospitals.

All consultants are expected to contribute to our teaching programmes for foundation, IMT, GP and higher specialty training. The current cross-site programme is:

| <b>Grade</b> | <b>Day</b>                    | <b>Time</b>      |
|--------------|-------------------------------|------------------|
| F1           | Tuesdays                      | 12pm – 1pm       |
| F2           | Tuesdays                      | 1pm – 2pm        |
| IMT          | Fridays                       | 1pm – 2pm        |
| Med SPR      | Third Thursday of every month |                  |
| Grand Rounds | Wednesday                     | 12.30pm – 1.30pm |
| Journal Club | Thursday                      | Lunchtime        |
| Surgery      | Friday                        | 8am – 9am        |

In addition, there are many opportunities to support multi-professional teaching and development.

The Trust has medical students attached from the University of Cambridge, University of East Anglia, Anglia Ruskin University and Queen Mary's School of Medicine. Departments organise local teaching and all consultants are encouraged to participate.

We expect all consultants and SAS doctors to become educational and clinical supervisors. We offer a dedicated training and support package locally and with Health Education East of England.

The appointee will be expected to participate in audit projects associated with the department. Medical audit sessions are held regularly every month and attendance is mandatory (consultants are expected to attend 75% of sessions during the year).

The appointee will participate in clinical governance activities, risk management, clinical effectiveness and quality improvement program activities as requested by both the Trust and external organisations.

Research is encouraged with the support of the ESNEFT Research team and Local Ethical Committee.

Study leave for all senior grade doctors (consultant and SAS) to complete continuing professional development is 30 days over a three year period. The Trust will fund activities up to a local ceiling which is currently £700 per annum, per consultant.

The postholder will be required to keep himself/ herself fully up-to-date with their relevant area of practice and be able to demonstrate this to the satisfaction of the Trust.

## **General conditions of appointment**

The Trust requires the successful candidate to have and maintain full registration with the General Medical Council, NHS Indemnity and private cover if appropriate. The appointee is advised to maintain membership of a Medical Defence Organisation for professional duties not included within the NHS Indemnity Scheme.

Consultants are required to have continuing responsibility for the care of patients in their charge and for the proper functioning of their departments. They are expected to undertake administrative duties that arise from these responsibilities. Specifically, consultants will co-operate with the Divisional Clinical Directors to ensure timely and accurate production of discharge letters and summaries of patients admitted under their care. "Timely" will, as a minimum, be the meeting of standards agreed between the Trust and the purchasers. Current standards are that a discharge letter will be given to the patient on discharge with a copy to the GP on the same day, while a summary will reach the GP within 10 working days of patient discharge.

The appointee will be accountable managerially to the Divisional Clinical Director and the Chief Executive, and professionally to the Chief Medical Officer of the Trust.

The post is covered by the terms and conditions of service of ESNEFT, which primarily reflect the new consultant contract, "Terms and Conditions – Consultants (England) 2003". Consultants will normally be appointed on the bottom of the consultant salary scale, except where they have recognised seniority at a consultant level.

The appointee may be required to undergo a medical examination prior to appointment and will be required to attend the Occupational Health Department within one month of commencement.

The post is exempt from the provisions of section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions, which for other purposes are "spent" under the provision of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

In accordance with the Protection of Children Act 1999, Criminal Justice and Court Services Act 2000 and Care Standards Act 2000 (Part VII – Protection of Vulnerable Adults), the Trust has a legal duty to safeguard children and vulnerable adults in its care from the potential risk of associating with persons with previous convictions involving children and vulnerable adults. In order to carry out checks on those persons having access to children and vulnerable adults, the Trust will use the Disclosure and Barring Service (DBS).

ESNEFT is a no smoking site and smoking is not permitted on any of the Trust's premises. All Trust staff are responsible for complying with Trust infection control policies and clinical guidelines.

## GENERAL INFORMATION

### **Electronic patient records system**

We operate an established hospital information and support system (Lorenzo in Ipswich and Medway in Colchester). A project is underway to upgrade to a new electronic patient records system – it's the biggest digitisation investment at ESNEFT for the next 10 years.

### **Quality**

The Trust is committed to providing patient care of the highest quality and requires all staff to play an active role in achieving this.

### **Confidentiality**

During the course of his/her duties, the postholder may have access to confidential information which must not be divulged to any unauthorised persons at any time. This includes compliance with the Trust's policy on data protection.

### **Trust policies**

The postholder is required to comply with all the Trust's policies.

### **Relocation package**

The Trust has designed its scheme to be as flexible as possible to enable employees to maximise their benefits. Further information is available from Human Resources.

### **Interview expenses**

The Trust will only reimburse travel and hotel accommodation expenses in respect of the interview and one preliminary visit. In the case of candidates attending from outside of the United Kingdom, expenses will only be met from the port of entry.

### **Enquiries and visits**

Applicants or prospective applicants are encouraged to visit the department and meet prospective colleagues. Arrangements for visiting can be made by contacting us.

Requests for visits to the unit should be made to:

Dr Dan Coates

Clinical lead

Email: [Dan.Coates@esneft.nhs.uk](mailto:Dan.Coates@esneft.nhs.uk)

Direct line (Secretary) 01473 704674

## PERSON SPECIFICATION

**GRADE: CONSULTANT**

**SPECIALITY: GENERAL & GERIATRIC MEDICINE**

| <b>JOB REQUIREMENTS</b>                          | <b>ESSENTIAL</b>   | <b>DESIRABLE</b>  |
|--|--|---|
| <b>Qualifications</b>                            | <ul style="list-style-type: none"> <li>• MRCP or equivalent</li> <li>• Full registration with GMC</li> <li>• Inclusion on the GMC Specialist Register for Geriatrics and General (Internal Medicine) or within six months of expected date of CCT (or be eligible for entry onto these registers within 6 months of application)</li> </ul>  | <ul style="list-style-type: none"> <li>• Training in appraisal techniques</li> <li>• Postgraduate diploma or higher degree</li> <li>• Evidence of participation in research and publications in peer reviewed journals</li> </ul>   |
| <b>Clinical Experience</b>                       | <ul style="list-style-type: none"> <li>• Evidence of completion of higher specialist training</li> <li>• Detailed knowledge of Geriatrics and G(I)M and of the specialist skills required for this post</li> <li>• Demonstrable experience in Clinical Governance activities</li> <li>• Demonstrable experience in teaching and training</li> </ul>  | <ul style="list-style-type: none"> <li>• Management training programme</li> <li>• Post Graduate Certificate in medical education or equivalent</li> <li>• Knowledge of current national agendas affecting the NHS and the implications</li> <li>• Evidence of subspecialist interest</li> </ul> |
| <b>Skills, Knowledge and Personal Attributes</b> | <ul style="list-style-type: none"> <li>• Ability to take on independent clinical responsibility whilst working as part of a multi-disciplinary team</li> <li>• Ability to organize and manage staff and resources effectively and prioritise complex demands</li> <li>• Ability to communicate effectively with GPs and other professionals in hospital and the community</li> <li>• Flexibility to respond to changing service needs</li> </ul> |   |
| <b>Personal Disposition</b>                      | <ul style="list-style-type: none"> <li>• Caring attitude to patients</li> <li>• Flexible and co-operative approach to colleagues and team members</li> </ul>   |   |
| <b>Other requirements</b>                        | <ul style="list-style-type: none"> <li>• Prepared to live within 10 miles or 30 mins of Ipswich Hospital</li> </ul>  | <ul style="list-style-type: none"> <li>• Full Driving Licence and regular access to a car</li> </ul>  |