

Successful sharing of Medical Expertise



Since March 2017, Dr Debbie Talbot, Medical Director at Birmingham St Mary's Hospice (BSMH), has been offering sessional commitment to John Taylor Hospice (JTH). The aim of this is to promote collaboration, share best practice and most importantly, improve patient experience.

Agreed priorities

1. Review of existing medical staffing arrangements, to make future workforce planning recommendations, including how to optimise chances of recruitment into vacant consultant post(s).
2. Identify opportunities for collaborative working, especially around shared job roles and clinical redesign projects.
3. Lead a joint Hospice initiative, to effect system wide change for end of life care (EOLC) across Birmingham and Solihull.

Impact so far...

Workforce planning and collaborative working

- Multiple recommendations presented to senior management team with some immediate changes implemented including:

Development of a new Consultant job description. Although based at JTH, the new post will become part of a shared Hospice Medical Team that will participate in a combined 2nd on call rota between the Hospices and University Hospitals Birmingham.

Implementation of a formal job description for JTH out of hours doctors and recruitment to bank on call posts.

- Review of ward nursing staff levels and support for new Director of clinical services with decisions around service change, to maintain patient safety.
- Attendance at clinical governance, providing advice on updating processes and improving data quality for assurance.

- Dual Hospice away day, for senior clinicians to identify priority areas for joint working.
- Sharing of BSMH therapeutic Day Hospice programme and volunteer led Welcome group model to help JTH update their existing Day Hospice services.
- Joint CQUIN project agreed.
- Sharing of various policies, procedures and guidelines.
- Review of the JTH Community Team caseload, resulting in the implementation of active caseload management and service improvement initiatives.

System wide change for EOLC

- Spearheading stakeholder engagement around integrated clinical modelling and end of life care coordination for Birmingham and Solihull.

Conclusions

- Joint clinical working has provoked service change that will make the Palliative care offer across the city more equitable.
- Sharing of resources such as policies, guidelines and education material has heightened efficiency around clinical governance.
- Positive impact on patient care, with less staff time being expended on duplicating efforts.

Next steps

- Scoping of joint working opportunities around support functions such as IT and HR.
- Work is progressing to drive wider collaboration between end of life care providers across the STP footprint.

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