



Internal Medicine Team strategy

Kenny Naughton

Service Line Cluster Manager

University Hospitals Plymouth NHS Trust

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Problem

- ‘Unestablished’ wards in the hospital were not formally owned by any team and therefore led to poor governance, engagement and clinical support to the ward team.
- Wards were covered by a medical outlier rota and this led to cancelling consultant outpatients in services with large time critical backlogs and key diagnostic procedures in Hepatology, Gastroenterology and Endoscopy.
- Wards lacked identity and clinical stewardship.
- Wards were staffed by junior doctor locums at a high cost.

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Aim

- To provide sustainable and engaged consultant and junior doctor ownership of wards.
- Return specialist consultants back to outpatient and endoscopy. Reduce outsourcing of endoscopy.

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Plan



- Recruit Internal Medicine consultants and junior doctors
- Set up clinical team with appropriate infrastructure

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Benefits

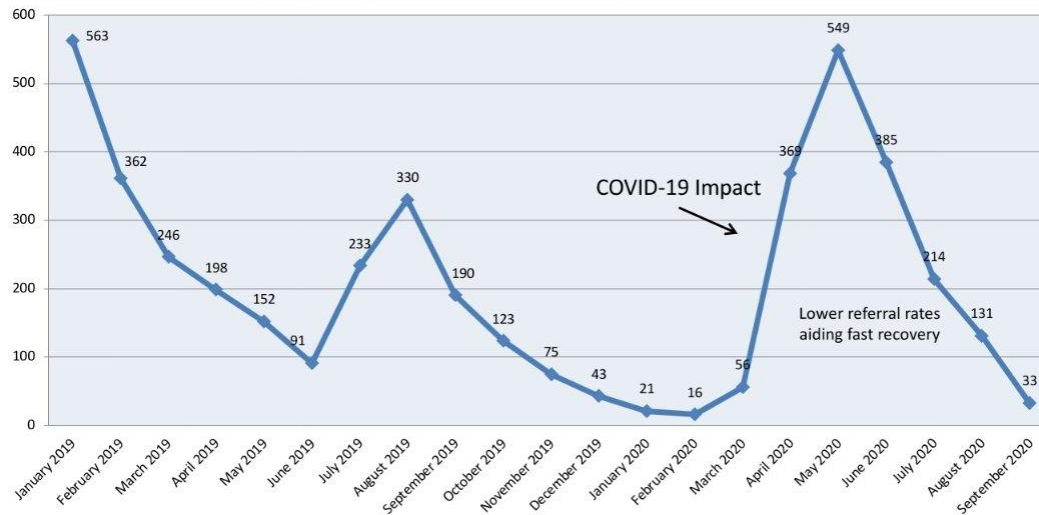
- It has allowed Gastro to return to Endoscopy, this in turn has led to less people waiting <6weeks for their endoscopy.
- Once all juniors are recruited the recurring benefit would be £500k saving every year.
- For Endoscopy for every 100 lists (1,000units) that need to be outsourced costs the Trust £250,000. Internal Medicine accounted for 50% of the benefit of Gastro's position returning to higher contribution levels, this would account for £324k saved recurring.

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Measures: Endoscopy

Diagnostic Standard Breaches

Patients breaching the diagnostic standard in September 2020: **33**



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Resources & team

- Approval for 4x WTE consultants
- 2x WTE StR Higher doctors
- 6x WTE StR Lower doctors

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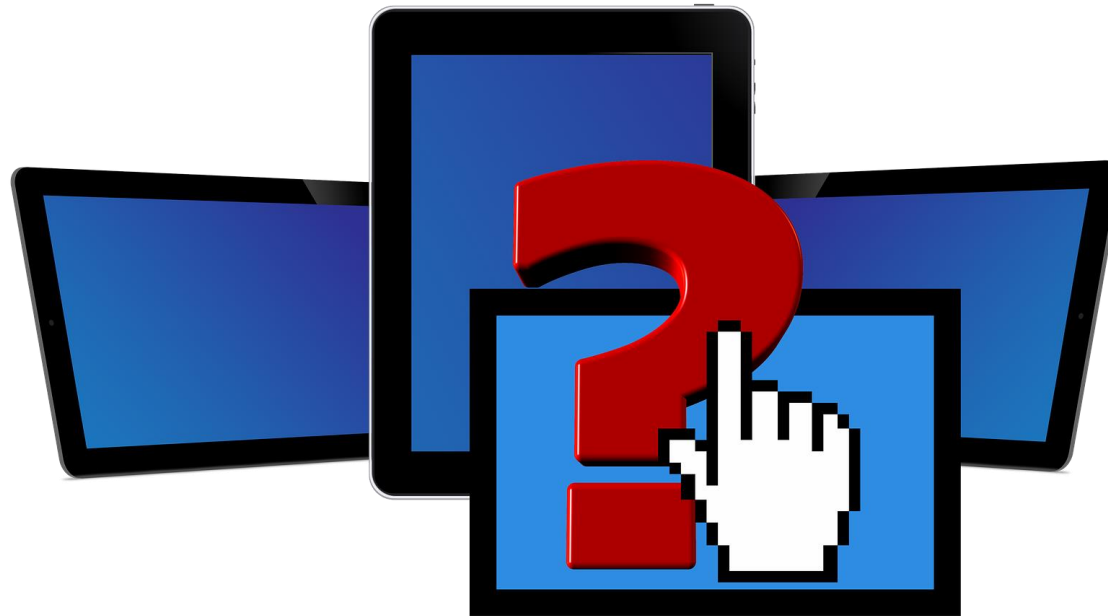
Learning



- Ensuring that retention and job satisfaction is important to keeping the benefit long term.
- Going at risk and trying something new.

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Questions



kennynaughton@nhs.net

@UHP_Gastro_Card

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