

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 24 APRIL 2014**

<b>Title:</b>	<b>GASTROENTEROLOGY CONSULTANT AND NUTRITION SUPPORT WORKFORCE EXPANSION</b>		
<b>Responsible Director:</b>	Andrew McKirgan, Chief Operating Officer		
<b>Contact:</b>	Nick Murphy, Divisional Director, Division B Lynn Willetts, Divisional Director of Operations, Division B		
<b>Purpose:</b>	To request Board of Directors approval for the expansion of current Gastroenterology medical and Nutrition Support Team Workforce		
<b>Confidentiality:</b>			
<b>Medium Term Plan Ref:</b>	<ul style="list-style-type: none"> <li>• Always put the needs and care of patients first</li> <li>• Maintain our reputation and position at the leading edge of performance and quality</li> <li>• To research and develop the healthcare services of the future</li> </ul>		
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• Growth in inpatient and home parenteral nutrition services, requiring expanded consultant and multi-disciplinary team support</li> <li>• Requirement to increase consultant direct clinical contact capacity in out-patient, ward and endoscopy to address growth in the specialty and prevent increased waiting times</li> <li>• Increased demand for endoscopy associated with Bowel Cancer Screening, following an age extension and symptom awareness campaign</li> </ul>		
<b>Recommendations:</b>	The Board of Directors is asked to: <b>Approve</b> the expansion of the gastroenterology specialty workforce.		
<b>Approved by;</b>	Andrew McKirgan	<b>Date:</b>	15 April 2014

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**EXPANSION OF THE GASTROENTEROLOGY  
MEDICAL AND NUTRITION SUPPORT TEAM WORKFORCE**

**PRESENTED BY CHIEF OPERATING OFFICER**

**1. Purpose**

This paper requests approval for expansion of the existing medical, multidisciplinary nutrition and administrative support workforce in Gastroenterology.

**2. Strategic Context**

In and out-patients with a range of digestive disorders are managed by gastroenterology. The service at UHB has a number of sub-specialties and areas of input which include: Nutritional Support for enteral and parenteral feeding, support to Endoscopy services, management of Acute Gastrointestinal bleeding, Intestinal Failure, and Inflammatory Bowel Disease, input to the Bowel Cancer screening programme, and Research.

Current Service

The Gastroenterology specialty has shown overall growth over the last 4 years with no additional consultant resource during this period.

The specialty has experienced a continued increase in demand in the outpatient setting, with activity also being attracted from out of the regular QE catchment area. This is driven by patient preference via Choose and Book – due to the short wait-time for Endoscopy, patient's are specifying QEHB above their local hospital.

Gastroenterology out-patient waiting times are at the upper end of the Trust target for an appointment within 6 weeks.

Demand for in-patient Endoscopy has also increased between 2010 and 2013 – this workload supports patients across all divisions and in-patient areas across the Trust, including acute GI emergencies.

**3. Proposal**

The Gastroenterology workforce encompasses consultants and their administrative support, as well as nursing and allied health professionals who contribute within specific areas of the service. This paper requests approval for funding for two additional consultants, to meet the growth and external demands.

### 3.1 Proposed Consultant Job Plans

QEHB gastroenterologists work an annualised contract which provides flexible job plans to ensure backfilling of endoscopy, clinics and all other clinical duties. Both posts will be equivalent to 10PA's providing 267 clinical sessions annually.

### 3.2 Nutrition Support Multi Disciplinary Team

The Nutrition Support Team requires additional resource to support the 50% increase in activity that has been seen. This team completes a ward-round every week-day, requiring the presence of all members to optimise patient management and provide continuity of care.

The service requirement is for:

WTE Band 6 nutrition clinical nurse specialist to address the growth in inpatient activity.

## 4 **Finance Income and Activity Analysis**

Table 1 below details the income and expenditure associated with the proposed development.

Table 1 – Income and Expenditure

	WTE	£000's
<b>Income</b>		
Outpatient Income		221
Imaging Income		100
BCH SLA		2
<b>Income Total</b>		<b>322</b>
<b>Gastroenterology Expenditure</b>		
<u>Pay</u>		
Consultant Pay with 5% on call	2.00	(247)
Baseline budget - endoscopy consultant	(1.00)	115
Outpatient clinic pay		(5)
Band 3 Medical Secretary	0.50	(11)
Baseline budget - admin	(0.50)	9
CNS Band 6	1.00	(36)
Imaging pay		(42)
Sub-total Pay	2.30	(217)
<u>Non Pay</u>		
Outpatient consumables		(1)
Imaging non pay		(37)
Dietetics non pay		(1)
Sub-total Non Pay	0	(39)
Gastroenterology Expenditure Total	2.3	(256)
<b>Surplus/ Deficit</b>		<b>67</b>
<b>% Contribution</b>		<b>21%</b>

The investment required for Gastroenterology relates to the appointment of 2wte Consultants, a Clinical Nurse Specialist and associated admin support. It should be noted that one of the two consultant posts is already funded within Division B's baseline budget as it relates to endoscopy activity that was included within the endoscopy expansion business case of 2012.

A contribution of 21% will be made through this investment.

## 5 Anticipated Outcomes and Post-Implementation Review

<b>Anticipated Outcome</b>	<b>Lead Manager</b>	<b>How will it be measured?</b>	<b>Initial Review Date/ Mechanism</b>	<b>Future Review</b>
Improved patient care and outcomes through daily ward round, triage and immediate access to urgent endoscopy for acute bleeds	CSL/GM	Audit and data collection. Discussion at M&M meetings and MDT meetings	6 months from consultant appointments	Through established annual review process
Increased activity in line with ongoing rise in inpatient and outpatient activity	CSL/GM	Access to outpatient appointments with no delays. Reduction in waiting times for outpatient appointments	6 months from consultant appointments by data analysis and monthly access target reports	Monthly by GSM
Increase in research and development activity for digestive disorders involving input from members of the QEHB Gastroenterology Department	Academic Lead	Increased portfolio and update from R&D	3 months of consultant appointment	Ongoing reviews by R&D

## 6 Risk Assessment

The proposed posts allow the service to maintain its existing activity, the main risk being that the expected demand will not be realised and therefore the unit will be over established

## 7 **Exit Strategy**

Based on an inability to meet current demands on capacity, it is not anticipated that an exit strategy would be required. However, if this was to eventuate, the direct clinical contact sessions of medical staff could be redeployed to other areas within the Division including the Endoscopy Unit and out-patients clinic capacity, where demand continues to increase. Gastroenterology has also had a recent retirement, with the consultant returning to QEHB on a 10 PA contract. If activity and demand targets are not realised and re-allocation of resources is insufficient to mitigate financial risk, the return retiree's contract could be terminated.

## 8 **Conclusion**

The service has continued to respond to the demands placed upon them without any additional resources but this no longer sustainable.

The service has adopted both a responsive and a proactive approach to the delivery of the general and specialised gastroenterology services, which will serve to further enhance the reputation for the delivery of a quality service for the local, regional and national population.

## 9 **Recommendations**

The Board of Directors is asked to:

**Approve** the expansion of the gastroenterology specialty workforce.