

Consultant in in Palliative Medicine





Contents

About Northampton	3
The Hospital	4
Partnership with the University of Leicester	5
Current Service	9
Other specialist palliative care providers in the county	14
Other components of the service	16
The Role	17
Roles within the job plan	20
Support for the Role	21
Information about the wider hospital:	22
Summary of Contractual Terms	22
Person Specification	24
Come and meet us!	26

About Northampton

Northamptonshire is at the heart of England and is known as the Rose of the Shires. There is easy access to road and rail networks that will see you in London, Oxford, Cambridge or Birmingham within an hour, as well as several airports in easy range.

We have some of the most beautiful countryside, wonderful parks, many stately homes, great shops, theatres and cinemas. Northampton boasts some beautiful country parks as well as the canal network that runs through Becket's Park just adjacent to the hospital. The University of Northampton Waterside campus is located close to the hospital.

Northamptonshire is at the heart of motorsport, the home of Silverstone and the British Grand Prix. Northampton Saints rugby team is very popular, and the town hosts a first-class county cricket team, football team and excellent water sport centres.

Northampton is one of the fastest-growing modern commercial towns in the UK. We have a relatively young population, with people from many different nationalities, ethnic backgrounds and cultural beliefs, as well as a growing number of people who are aged over 75.

The Hospital

Northampton General Hospital is one of the largest employers in the area and we are on an exciting journey. All of our divisions are committed to doing things better, with more efficiency as we update, modernise, and advance. We have also entered into a Group Model with neighbouring Kettering General Hospital NHS Foundation Trust.

Being a large DGH with a proud history, we are big enough to get interesting cases, but small enough to care, coach and develop. With over 200 consultants, a similar number of trainees and approximately 60 (with existing plans to expand to 80+) medical undergraduates throughout the year, NGH provides comprehensive care and extensive training opportunities.

With this in mind, we have built a state of the art emergency assessment unit (Nye Bevan building) and are developing new ways of working to streamline in-patient care and optimize working with our partners.

We are a clinically led organization with most of senior management coming from nursing and medical roles. This offers great opportunities to get involved with all levels of care from departmental to the wider picture of the hospital as a whole.

NGH has an excellent social centre with a large library, gym with swimming pool and the Cripps Education Centre where lunch and snacks are available in one of our restaurants away from the main hospital. Frequent educational sessions run in the Centre for all levels of staff and it serves as an oasis from the clinical areas.

Our Excellence Values



Compassion

We care about our patients and each other. We consistently show kindness and empathy and take the time to imagine ourselves in other peoples shoes.



Accountability

We take responsibility for our decisions, our actions and our behaviours. We do what we say we will do, when we say we will do it. We acknowledge our mistakes and we learn from them.



Respect

We value each other, embrace diversity and make sure everyone feels included. We take the time to listen to, appreciate and understand the thoughts beliefs and feelings of others.



Integrity

We are consistently open, honest and trustworthy. We can be relied upon, we stand by our values and we always strive to do the right thing.



Courage

We dare to take on difficult challenges and try out new thinks. We find the strength to speak up when it matters and we see potential failure as an opportunity to learn and improve.

Partnership with the University of Leicester

University of Leicester

Partnership with the University of Leicester

College of Life Sciences <http://www2.le.ac.uk/colleges/medbiopsych>

Pro-Vice-Chancellor, Head of College & Dean of Medicine: Professor Thompson Robinson
BMedSci MD FRCP FESO

The University of Leicester, with the University Hospitals of Northamptonshire (Northampton General Hospital NHS Trust - NGH) and Kettering General Hospital NHS Foundation Trust - KGH), is committed to enhancing the partnership between academia and the NHS in Leicester, Leicestershire, Rutland, Northamptonshire and the wider geographical area. A strong synergy between our organisations is the key to success. Major contributions made by consultant colleagues to the academic mission through research, teaching and education, clinical leadership, enterprise and innovation are recognised by the award of a range of honorary titles from Honorary Fellow through to Honorary Professor.

The mission of the College of Life Sciences is to pursue the highest standards of research, education and training in biomedical and related subjects, and to apply this knowledge and expertise to enhance the quality of life and economic prosperity of populations, both locally and in the wider world. Its considerable academic resources mean that it is widely recognised for its world-leading and internationally excellent research and the quality of its undergraduate and postgraduate teaching.

Based in some of the newest purpose-built and modern facilities in the UK, the College offers a wide range of courses and education in the areas of laboratory, clinical, and population health through the provision of innovative education and globally recognised research. The George Davies Centre is the largest investment in medical teaching and applied research by a UK university in the last decade. Building on the foundations laid at the inception of the medical school in 1975, the College provides an academic and physical environment to enable scientists and clinicians to work together across traditional boundaries to address some of the key outstanding questions in biomedical research, and to engage with increasing effectiveness with commercial and public bodies. We are a thriving community of academic expertise based in laboratory, clinical, health and social science settings.

The high calibre of our academic endeavour is increasingly being recognised, with the latest Research Excellence Framework (REF2021) ranking the University of Leicester 2nd for Clinical Medicine (UoA1), with 95% of our submission ranked world-leading (4-star) or internationally excellent (3-star). In addition, we were also the 2nd highest rated institution for Sports and Exercise Sciences (UoA24). These results have had a significant impact on our international and national standing; Leicester was ranked 18th (of almost 3,000 medical schools) in both the 2021 and 2022 Shanghai World Ranking, and 5th in the UK (the highest rank for Clinical Medicine outside of the Golden Triangle). In addition, Medicine was ranked 7th in the Complete University Guide 2023; a rise of 18 places.

The College comprises a matrix structure of four Research Departments: Cardiovascular Sciences, Genetics and Genome Biology, Molecular and Cell Biology, Population Health Sciences, Respiratory Sciences; two Teaching Schools: Leicester Medical School, School of Biological Sciences; and two combined Research and Teaching Schools: School of Healthcare and School of Psychology and Vision Sciences.

The University Strategy recognises the Mission of the University as ‘diverse in our make-up and united in our ambition, we change lives through education and research’. Our vision is to provide inspiring education and research working in partnership with our communities to become a truly inclusive theme. Our strategy consists of three themes, World-Changing Research, Research-Inspired Education and Our Citizens, underpinned by our three values of: **Inclusive**, diverse in our makeup and united in ambition; **Inspiring**, passionate about inspiring individuals to succeed and realise their ambitions; and **Impactful**, as Citizens of Change we generate new ideas which deliver impact and empower our community

World-Changing Research

The University’s institutional research strategy emphasizes our commitment to research that informs and enhances our teaching and learning, and is underpinned by the core values of excellence, rigour, originality and integrity. A key part of this strategy was the establishment of flagship interdisciplinary Research Institutes, Centres and Networks. We host a number of these within our College around which much of our research is now focused. These include two Institutes: [Leicester Institute of Structural and Chemical Biology \(Led by Prof John Schwabe\)](#) and the Leicester Institute for Precision Health <https://le.ac.uk/research/institutes/precision-health> (led by Professor Chris Brightling); and nine Research Centres: Centre for Cancer Research, Centre for Diabetes Research, Centre for Microbial and Infectious Disease, Centre for Environmental Health and Sustainability, Centre for Phage Research, Centre for Lifespan Health and Wellbeing, Centre for Fibrosis Research, Centre for Sarcopenia and Muscle Research, and Centre for Population Health.

The NIHR Biomedical Research Centre (BRC) is a collaboration between the University of Leicester, the University of Loughborough, the University Hospitals of Leicester NHS Trust and the University Hospitals of Northamptonshire NHS Group. A recently awarded expanded BRC with six themes has received a 2.5-fold increase in funding, and brings together the work of: Cardiovascular; Respiratory and Infection; Lifestyle; Personalised Cancer Prevention and Treatment; Environment; and Data innovation for Multiple Long-Term Conditions and Ethnic Health.

The College’s central provision in support of research and teaching includes a Preclinical Research Facility, Core Biotechnology Services (covering bioinformatics, imaging technologies and protein and DNA facilities); a Central Technical Service (supporting teaching laboratories); a Clinical Trials Unit, and the Leicester Drug Discovery and Diagnostics Centre.

The College continues to grow funded research activity with a dual approach of encouraging individuals to win project grants and personal fellowships, and supporting teams to achieve major awards with large strategic initiatives. Examples of Leicester’s infrastructure success include: an NIHR Biomedical Research Centre, an NIHR Global Research Centre, an NIHR Patient Recruitment Centre, an NIHR Applied Research Collaboration Centre (ARC), an NIHR Clinical Research Facility, an Experimental Cancer Medicine Centre, an MRC Impact Accelerator Account, an MRC Midlands Cryo-Electron Microscope Facility, the Midlands Health Data Research UK Substantive Site, a British Heart Foundation Research Accelerator Award, and a Wellcome Doctoral Training Programme for Health Care Professionals.

We are responding to the rapidly changing national and international research landscape that places an increasing emphasis on interdisciplinary and impactful research. For this purpose, we are working closely with our key NHS and other partners, University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust and University Hospitals of Northamptonshire NHS Group, West Anglia NHS

Foundation Trust and LOROS (Hospice Care for Leicester, Leicestershire and Rutland), and growing our industrial engagement with biotech companies and pharma to meet the goals of the Government's Industrial Strategy and Life Science Sector Deal. In addition, we are building exciting research programmes with partners in overseas countries through the Global Challenges Research Fund. We are also very conscious of the need to play to our institutional and regional strengths, and are engaging closely with Leicester City and County Councils, and the Midlands Health Innovation network of regional Universities.

Research-Inspired Education

Our ambition is to deliver a world-class, discovery-led and discovery-enabling learning experience in all teaching. There are programmes in Medicine and a growing range of healthcare professions including Midwifery with Leadership, Nursing with Leadership, Operating Department Practice, Physiotherapy and Radiography; a new Clinical Pharmacy course is also planned.

A new more patient-centred undergraduate curriculum in Medicine was launched in 2016 with long 'apprenticeship-style' placement blocks developing student skills as they enter the clinical phase of our course. We are particularly proud that our course has for many years delivered doctors who progress. We have been ranked third in UK medical schools for progression to Core & Specialty training over the past five years.

The course features:

1. A clinical focus throughout underpinned by excellence in bioscience, and access to one of the largest dissection suites in the UK;
2. Early clinical experience including a new Healthcare Assistant (HCA) programme in year one;
3. A strong group-work provision supporting student learning throughout the course;
4. A wide range of hospital and GP placements with many areas of national excellence;
5. Excellent intercalated degree opportunities, with particular strengths in our iMSc in Research and a new Masters in Clinical Education; and
6. Foundation Assistantships in year 5 which has enhanced our graduates preparedness for work as a Foundation doctor

We are also proud of our work widening participation to medicine, and have developed an excellent [Medicine with Foundation Year MB ChB](#) which was launched in 2017. This recruits 35 students to an integrated Foundation Year enabling progression onto Year 1 of the MB ChB course. Since 2020, we also have an international joint educational partnership with the Chongqing Medical University, where students gain a Clinical Medicine degree in China and a Bachelor of Sciences in Clinical Sciences from the University of Leicester; spending a year of their course at Leicester.

The Stoneygate Centre of Excellence in Empathic Healthcare was launched in 2022, following a major philanthropic donation to the University. The Centre will be a flagship institute and be world-leading: in the development and delivery of transformational empathy training; in establishing the best means of assessing clinical empathy; and in measuring the impact of empathic healthcare on patient and practitioner outcomes.

In addition there are a broad range of programmes in Biological Sciences and Psychology at both undergraduate and postgraduate levels, including the DCLinPsych. A new suite of postgraduate programmes reflecting the areas of research excellence in the College is under development including

strengths in epidemiology, diabetes, medical statistics, quality and safety in healthcare, and social sciences in medicine.

Our Citizens

We value, nurture and celebrate our people and relationships, ensuring they are inclusive, impactful, sustainable, and influence positive change in our world. Accordingly, we nurture strong partnerships with the NHS and other organisations, including the University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust and University Hospitals of Northamptonshire NHS Group, West Anglia NHS Foundation Trust and LOROS (Hospice Care for Leicester, Leicestershire and Rutland), that support the delivery of our strategy. Through our NHS relationships, as well as strategic partnerships with the wider community including the Integrated Care System, the Borough, City and County Councils, and other East Midlands Universities (through the Civic University Agreement), we seek to shape policy and influence decision-making locally, regionally and nationally, to improve lives and livelihoods. We work with others to tackle the big issues of today and tomorrow with a focus on climate change, inclusion and wider

Current Service

Our current Palliative Care Management Team:

Divisional Lead Nurse: Jo Smith

Divisional Director: Mr Owen Cooper

Clinical Director: Harieta Garofide

Divisional Manager: Sandra Neale

Directorate Manager: Jemma Moody

Palliative Care Lead Nurse: Claire Mansfield

Clinical Lead Nurse: Victoria Cartwright

Clinical Lead: Dr John Chambers

Current Service:

The hospital palliative care team is a nurse-led service. The team comprises:

- Claire Mansfield, Macmillan Lead Nurse – Specialist Palliative and End of Life Care
- Kerry Messam, Macmillan Deputy Lead Nurse – Specialist Palliative & End of Life Care
- Hayley Cole, Macmillan Specialist Palliative Care Practice Educator/Specialist Nurse
- Alison Thompson, Personal Assistant to Dr John Chambers
- Ally Rourke, Clinical Nurse Specialist
- Audry Panchal, Team Secretary
- Cathy Leyland, Clinical Nurse Specialist in Urgent Care
- Cora Granfield, Clinical Nurse Specialist in Urgent Care
- Crystal Flanagan, Clinical Nurse Specialist
- David Riley, visiting Consultant in Palliative Medicine from the local hospice (3 PAs)
- Elle Marshall, Clinical Nurse Specialist
- John Chambers, Consultant in Palliative Medicine (10 PAs)
- Julie Melvin, Clinical Nurse Specialist
- Prisca Mundopa, Clinical Nurse Specialist
- Vanessa Grice, Clinical Nurse Specialist

The Clinical Nurse Specialists operate a seven-day/week ward visiting service. Within the last year, a new Specialist Palliative Urgent Care Service (SPUCS) has been established, in which two Clinical Nurse Specialists have been embedded in the Urgent Care Department, to facilitate rapid discharge of palliative care patients wherever possible and to ensure prompt hospital palliative care team input for those patients in need of inpatient admission. The Deputy Lead Nurse has undertaken a very thorough “Walking the Walk” exercise throughout the hospital, in which she carefully considered the patient experience at every point on the inpatient journey, looking for areas that would benefit from change. This has resulted in numerous procedural and design changes, including a complete overhaul of the mortuary viewing area; the repurposing of a several single rooms on hospital wards into “Swan

Rooms”, to make them more conducive to the provision of End-of-Life Care; and the establishment of a dedicated rest area that can be used by the family of a dying hospital inpatient. As a result of this work, she was presented with a Chief Nursing Officer Silver Award by Professor Mark Radford, Deputy Chief Nursing Officer, and Chief Nurse of Health Education England, for her outstanding contribution to patient care. There has been full roll-out of the AMBER Care Bundle to all adult non-obstetric wards within the hospital, and one of the team’s Clinical Nurse Specialists audits AMBER Care Bundle performance on a monthly basis. She has been rewarded for this work with a national Daisy Award for Extraordinary Nurses. The hospital has devised a system of automatically notifying the hospital palliative care team of all patients put onto an End-of-Life Care Plan, and all such patients receive a visit from a team member to ensure that the clinical tool is being used properly and that everything is in place for the delivery of the highest quality care. Patients discharged home for End of Life care have a “Special Patient Note” of important information that is available to the professional health and care providers; they and their families are provided with a 24-hour/day “Rapid Response” telephone number where a specialist team can triage calls to ensure that any questions or problems that arise are dealt with swiftly and optimally; and they return home with a small supply of subcutaneous medication for use by any visiting health professionals in the event of distressing symptoms at the close of life. The hospital palliative care clinical nurse specialists have won the Northampton General Hospital Best Possible Care Award for Team Excellence in 2010, 2014 and 2019. They have also won a National Daisy Team Award for Extraordinary Nurses in 2021. Furthermore, Julie Melvin has won an individual Northampton General Hospital Best Possible Care Award for Excellence.

The hospital palliative care team enjoys a high profile and good working relationships throughout the hospital, but links are particularly strong with:

- Cancer site-specific Clinical Nurse Specialists (Breast, Colorectal, Lung, Upper GI, Skin, Head & Neck, Gynaecology, Neuro-oncology, and Haematology).
- The Macmillan Social Care Co-ordinators and the Marie Curie End of Life Care Nurse, who set up Fast Track Continuing Health Care-funded care packages for patients in the closing weeks of their life.
- Hospital pharmacists.
- Physiotherapy and Occupational Therapy Services.
- The Chaplaincy Team.
- The Emergency Department.
- The Mortuary Department.
- The hospital executive.

Indicative population and hospital activity data

The catchment area for Northampton General hospital roughly coincides with the boundaries of the former Nene Clinical Commissioning Group. Indicative figures for 2022 are summarised below:

Old Nene CCG population estimate:	638,619
Old Nene CCG over-65 population estimate:	129,440 (18.9% local population)
Total emergency admissions:	38,700
Total new referrals to the Cancer Centre:	2,800



Total referrals to the hospital palliative care team:	1,832
Total patients seen by the palliative care team:	1,641
Total palliative care CNS team bedside visits:	4,700
Total 1.0WTE Palliative Care Consultant bedside visits:	982
Palliative care consultations in outpatient settings:	12 (approximate)
Malignant: non-malignant split:	50:50

Most palliative care and end of life care patients are found in the over-65 age group. By 2042, the Office for National Statistics projects that 24% the local population will fall within this age bracket.

Hospital palliative care team interventions concluded in the following ways during 2022:

Inpatient death:	41.7% cases
Discharged back to ward-led care:	31.1% cases
Discharged to their own home:	16.4% cases
Discharged to a hospice:	4.5% cases
Discharged to a nursing or residential home:	4.4% cases
Discharged to a district hospital:	1.2% cases

Indicative consultant activity

The 1.0WTE Consultant in palliative medicine maintains a personal record of their bedside visits. Activity levels in recent years are as follows:

Year	Bedside visits made by 1.0 WTE Consultant
2019	966
2020	709
2021	1,492
2022	982

These figures do not include bedside visits performed by the 0.3WTE Consultant in Palliative Medicine. Based upon available figures, it is estimated that the consultant component of the hospital palliative care team performs about 20% all bedside visits made by the hospital palliative care team each year. 60% patients seen by a consultant receive just one or two visits and many of these are either already on the Clinical Nurse Specialist caseloads and seen at their request or they are transferred onto such caseloads after initial consultant assessment. About 15% patients seen by a consultant receive 5 or more consultant visits and these comprise many of the most complex inpatient cases.

Whilst modest year-on-year growth in service demand is anticipated, it is expected that the existing consultant caseload will simply be shared equally between the existing consultants and the new appointee, allowing all consultants some protected time for Supporting Professional Activities.

Relevant quality markers

The Hospital Standardised Mortality Ratio (HSMR) has been under 100 for over a year and in the latest Dr Foster report it stood at 91.1. 5.16% of admissions in this cohort received a palliative care coding, compared to a national average of 4.91%. Likewise, the hospital's Standardised Mortality Ratio (SMR) and Standardised Hospital Mortality Index (SHMI) are both below expected at 89.8 and 89.52 respectively.

The Care Quality Commission score for End-of-Life Care Services at Northampton General Hospital jumped from "Inadequate" in June 2015 to "Good" in February 2017, and we look forward to our next inspection visit when we hope for further improvements in our score. We believe that the present quality of our service is better reflected in our 2021 National Audit for Care at the End of Life (NACEL) scores, of which 10 out of 11 exceed the national average, as presented below:



Role of the consultants in palliative medicine

The consultants in the Northampton General Hospital Specialist Palliative Care Team currently:

- Provide specialist symptom management advice for hospital in patients with advanced incurable illness, both malignant and non-malignant, focusing on the most complex cases. The doctors maintain a small personal caseload and provide advice to the wider team of Clinical Nurse Specialists.
- Help to ensure that all staff within the hospital provides basic end-of-life care to a high standard, and routinely encourage use of the AMBER Care Bundle and the hospital's individualized End of Life Care Plan when clinically appropriate.
- Help with difficult decision making in this patient group, particularly in matters with an ethical or mental capacity component to them.
- Encourage patients, their families, and relevant staff to engage in Advance Care Planning activities.
- Facilitate safe rapid hospital discharge of palliative care patients whenever possible, with suitable care packages, anticipatory medications, information-exchange between key providers, and community-based specialist palliative care follow up.
- Arrange hospital-to-hospice transfers for patients.
- Provide regular formal educational sessions in the training programmes of medical students, FY1 doctors, FY2 doctors and the junior haematology and oncology doctors, as well as at hospital Grand Rounds and the Internal Medical Training Programme. Further educational sessions are provided to different clinical teams and departments throughout the hospital whenever these are requested.
- Attend the weekly specialist palliative care multidisciplinary team meeting, as well as the weekly multidisciplinary team meetings for oncology inpatients, haematology inpatients, the lung cancer pathway, and the Cancer of Unknown Primary pathway.
- Routinely attend Morbidity and Mortality Meetings for oncology, haematology, vulnerable adults, and those patients for whom a second structured judgement review is considered necessary.
- Routinely attend the hospital's Learning from Death's group, in which high level hospital mortality data is routinely scrutinised to ensure the hospital continues to deliver clinical care of the highest possible quality.
- Attend the hospital's End of Life Care Strategy Group, which meets monthly to monitor palliative care performance and development across the hospital, and to set strategic goals on a rolling 5-year cycle.
- Attend the Northamptonshire All Ages Last Years of Life Delivery Group, which is hosted by the Northamptonshire Integrated Care Board and has representation from all health and care stakeholders concerned with the delivery and further development of palliative and end of life care across the county.
- Attend Hospital Resuscitation Committee meetings.
- Contribute to the countywide palliative medicine on-call rota.

- Host four-month full-time clinical placements in hospital palliative care for junior doctors in the hospital's acute medicine rotation and/or the local GP training scheme.
- Host three-month 1PA/week clinical placements in hospital palliative care for overseas doctors in the Department of Elderly Medicine who are applying for consultant status via the CESR route, and who need palliative care experience as part of this process.
- Provide educational supervision and/or clinical placements for Allied Health Professionals taking higher education modules in palliative care and/or palliative care prescribing.
- Provide Shadowing for doctors wishing to have taster experience in the clinical discipline.

Whilst there are no dedicated hospital-based palliative care outpatient clinics (these are provided at the local hospice), the doctors within the hospital palliative care team will see patients in the outpatient clinics of other disciplines, as well as the chemotherapy and radiotherapy suites.

With further expansion of the medical component of the hospital palliative care team, it is envisaged that we will be able to:

- Increase the amount of time available for educational work.
- Perform more clinical audit.
- Expand and enhance the quality of the clinical placements we provide.
- Explore the possibility of palliative care outpatient clinics in the hospital.
- Improve service penetration and into the palliative care of non-malignant conditions and create disease-specific guidance on End-of-Life Care, in line with NICE guidelines.

Other specialist palliative care providers in the county

We have close working relationships with our colleagues in the following settings:

Cynthia Spencer Hospice

This is a 16-bedded hospice with a day centre, outpatient clinics, community palliative care team, hospice at home service, and bereavement support for the families of patients already known to the hospice.

Consultants: Dr Bhav Acharya, Dr David Riley, Dr Kerri McEvoy. Dr Bhav Acharya has a special interest in the palliative care of neurodegenerative conditions.

Cransley Hospice

This is a 10-bedded hospice with a day centre, outpatient clinics, community palliative care team, hospice at home service, and bereavement support for the families of patients already known to the hospice.

Consultants: Dr Sanjay Shah, Dr Fiona Wiseman. Dr Sanjay Shah is Clinical Lead for Specialist Palliative Care Services in Northamptonshire NHS Foundation Trust. Dr Fiona Wiseman is Training Programme Director for Palliative Medicine East Midlands, South and she is also Vice Chair of the Palliative Medicine Specialist Advisory Committee.

Lakelands Hospice

Day hospice and bereavement support for family of patients known to the service.

Kettering General Hospital

This is a 600-bedded general hospital with no cancer centre.

Visiting Consultants in Palliative Medicine: Dr Kerri McEvoy, Dr Fiona Wiseman



Other components of the service

Appraisal and training: We are dedicated to making sure appraisals happen in a timely way and that consultants have time to dedicate to SPA and CPD. We support doctors to become appraisers as well as educational supervisors

Research: We are currently expanding and developing academic roles within the trust. We are supported by a well-led research nurse group who can support clinical projects. We have links with both Glenfield hospital and Oxford University Hospital trusts so projects can be potentially be developed in collaboration. We have an active quality improvement team who are always willing to support doctors undertaking QI projects and audit.

Teaching: We have a strong history of teaching and close links with Leicester and Oxford Medical schools. Students undertake placements at Northampton General Hospital with excellent feedback. If you enjoy teaching, there are plenty of opportunities to develop this role including working with our excellent simulation centre.

Management opportunities: There are plenty of opportunities to become involved with the management the wider hospital. Being a clinically led organization, we embrace and support doctors who are keen to lead.



The Role

It is essential that the post-holder should hold the MRCP (UK) or an equivalent qualification and be on the GMC specialist register or will obtain a relevant CCT/CESR(CP) within 6 months of interview.

Suggested timetable: Each post will have approximately the same number of clinics and ward rounds as listed below, but the activities may be allocated to different days of the week.

Day	Work	Categorisation
Monday AM	Team handover. Ward visits.	1 DCC PA
Monday PM		
Tuesday AM	Oncology inpatient MDT meeting. Palliative Care Team MDT meeting. Patient allocation meeting.	1 DCC PA
Tuesday PM	Ward reviews	1 DCC PP
Wednesday AM	Haematology inpatient MDT meeting	1 DCC PA
Wednesday PM	Teaching	1 SPA PA
Thursday AM	Audit, governance activities, EOL Strategy Group, CPD activities, mandatory training, etc.	1 SPA PA
Thursday PM	CUP MDT meeting Lung cancer MDT meeting	1 DCC PA
Friday AM	Team handover Ward visits	1 DCC PA
Friday PM	Grand Round Ward visits	0.5 SPA PA 0.5 DCC PA
Out of hours	1-in-6 countywide on call rota	1 DCC PA (and 5% uplift to total salary)
Total Direct Clinical Care Programmed Activities		7.5
Total Supporting Professional Activities Programmed Activities		2.5
Total weekly Programmed Activities		10.0

Whilst the job plan is represented with 10 PA allocation the integration of specialist clinics and other interests will allow this to be increased up to a maximum of 12 PAs in line with NGH Trust policy.

Initially, the job plan is 10 PAs. This comprises:

- 7.5PAs of Direct Clinical Care, of which:
 - 6.5PAs are for clinical duties during the working week.
 - 1PA contributes towards remuneration for on-call duties.
- 2.5PAs of Supportive Professional Activities, of which:
 - 1.5PAs are for appraisal, continuing, professional development, mandatory training, audit, morbidity and mortality group meetings and governance. The Trust supports the requirements for continuing professional development (CPD) as laid down by the Royal College of Physicians and is committed to providing time and financial support for these activities.
 - 1PA is for educational supervision, teaching and service development, all of which are integral parts of the role.

The job plan will be reviewed after 3 months in post.

The consultant countywide on-call rota is 1-in-6 and it covers the provision of advice for all palliative care patients in Northamptonshire. Out-of-hours consultant telephone advice is provided to help any professional colleagues manage palliative care patients in the community, Kettering General Hospital, and Northampton General Hospital. There is no requirement to visit patients in any of these settings, but it is sometimes necessary to explore the possibility of out-of-hours hospice admission with the nurse in charge at either hospice. Whilst out-of-hours telephone advice generally suffices for the support of professional colleagues caring for patients in Cynthia Spencer Hospice or Cransley Hospice, about once a year this might need to be backed up with an in-person visit to the hospice and it is expected that such visits will be made within 2 hours of the call. There are no out-of-hours post-take ward rounds. On call duties are conducted in one-week blocks, starting at 5pm on a Monday and ending at 9am the following Monday. A typical on-call night involves handling between 0 and 2 calls, which can take up to 30 minutes each. A typical Saturday or Sunday might involve handling up to 6 such calls. Remuneration for on call has been fixed by Northamptonshire NHS Healthcare Foundation Trust, who co-ordinates the rota, at 1PA and a 5% uplift to the basic salary. The 9PA/week job plan incorporates compensatory rest within the job plan, with time off in lieu every Monday afternoon.

The job plan will be agreed with the post holder upon appointment. Whilst this job description describes a full-time post, applications are welcome from individuals who wish to work less than full time or flexibly.

If the postholder is a newly appointed consultant, a mentor will be found to help them with their development in the new role, should they request this. We will also provide leadership development, networking, education, and personal wellbeing support.

OTHER DUTIES

The successful candidate will be required to undertake managerial duties associated with their clinical role in the care of patients and the running of the Clinical Team.

They will understand the wider health agenda and modern NHS. The successful candidate will be required to work in a multidisciplinary team and supervise juniors.

Education of undergraduate and postgraduate trainees and other health care professionals is part of the consultant role. Opportunities exist to expand on this educational role.

Office space, computer access and secretarial support will be made available

Roles within the job plan

This is a permanent Consultant post in Palliative Medicine based exclusively at Northampton General Hospitals NHS Trust.

- To undertake clinical and managerial responsibilities within the hospital palliative care team. This includes liaison with consultant colleagues, ward staff in all professions and general practitioners involved in the management of palliative care patients.
- Continuing responsibility for the symptom management advice for patients on your caseload, as well as those on the caseload of Clinical Nurse Specialist colleagues when asked for help, in liaison with the patient's named responsible consultant or representatives from their clinical team, in line with the Operational Policy and Strategic Plan (as amended from time to time).
- To attend and partake in the management of patients through the various MDT meetings that the hospital palliative care consultants are members of, maintaining national standards and participating in Peer Review.
- To share responsibility with the named responsible consultant and their team for the quality of palliative care service provision throughout the hospital, either through direct liaison in the care of specific patients or through the impact of educational activities.
- To show responsibility for professional standards within palliative care and ensure compliance with the standards required to satisfy national standards and the local quality system.
- To work as part of the Multidisciplinary Team.
- To attend national, network and local meetings as appropriate.
- To demonstrate a firm commitment to clinical governance including active participation in effective clinical audit and continuing medical education.
- To co-operate with local management in the efficient running of services and to share with consultant colleagues in the medical contribution to management. To contribute to management within the Trust through the Directorate.
- To participate in all teaching programmes for medical staff, medical students and other hospital employees as required.
- To take part with other consultants in the countywide on-call rota.
- To comply with departmental and Trust policies and procedures.

Education, Teaching and Training

All consultants are expected to contribute to teaching and training of undergraduate students and postgraduate trainees as part of their role as a consultant.

However, the post of Consultant in Palliative Medicine carries additional educational responsibilities, and this is reflected in the PA allocation for supporting professional activities.



Support for the Role

You will be provided with secretarial support and computing facilities to be able to access all the information technology required for your role. We have on line dictation, prescribing, discharge summaries, clinic letters, investigation requests and results and radiology.

All new consultants are invited to attend a series of monthly new consultant seminars to support you in your new role. These cover all aspects of being a consultant and working effectively at Northampton General Hospital.

All new consultants at NGH are offered access to a consultant colleague mentor within the trust who will be able to support you as you take on your new role.

You will be supported in acquiring CPD points with regular medical meetings on Wednesday afternoons, Grand rounds and junior doctor education on Friday afternoons. Northampton General Hospital provides a study budget of £3000 over a three-year cycle and up to 30 days of study leave to attend external courses.



Information about the wider hospital:

John MacDonald – Group Chairman
Richard Mitchell – Chief Executive UHN
Heidi Smoult – Hospital CEO

Directors

Mr Hemant Nemade – Medical Director (NGH), Honorary Associate Professor (UoL)
Palmer Winstanley – Chief Operating Officer
Nerea Odongo – Director of Nursing, Midwifery & AHPs
Paula Kirkpatrick – Chief People Officer
Richard Wheeler – Group Chief Finance Officer
Rebecca Taylor – Group executive director of transformation and quality improvement
Stuart Finn – Group Director of Estates and Facilities
Tracey Robson – Director of Human Resources and Organisational Development
Dan Howard – Digital Director

Non-Executive Directors

Annette Whitehouse
Professor G Andre Ng
Jill Houghton
Denise Kirkham
Elena Lokteva

Summary of Contractual Terms

Contract. Appointment will be offered on Northampton General Hospital Trust contract. General Terms and Conditions of Service are contained in the “Terms and Conditions, Consultants (England) 2003”. Copies of this are available on-line on the Department of Health website or from the Human Resources Department. Any locally agreed terms, conditions, policies and procedures applicable to this post are available from the Human Resources Department or through the LNC or Human Resources intranet sites.

Governance and Statutory. The post holder is expected to comply with the governance arrangements and policies and procedures of the organisation, available on the Trust intranet site.

Equal Opportunities and Diversity. The Trust has an absolute commitment to equal opportunities based on sound management practice, respect for the individual and legislative compliance. The post-holder must at all times carry out his/her responsibilities with regard to the Trust’s Equal Opportunities Policy & the Race Equality Scheme. The Trust’s Staff Networks (REACH – Race, Ethnicity and Cultural Heritage, LGBT+ and Disability) also work with the Board to further the EDI agenda – ensuring the Trust empowers all of their staff. Membership to the Networks can be facilitated via HR.

Health and Safety & Risk management. Employees must be aware of the responsibilities placed upon them under the Health and safety Work Act 1974, to ensure that the agreed safety procedures are carried out to maintain safe working environments for patients, visitors and employees. Employees must wear personal protective equipment where provided. All employees are expected to comply fully with the Trust and Departmental fire policies and procedures to meet their responsibilities in relation to fire safety. All staff are expected to maintain safe infection control practices at all times. All employees are responsible for reporting any accidents, untoward occurrence and potential hazards to their Head of Department even no injury or property damage has resulted.

Relocation Expenses. Relocation expenses may be available subject to eligibility in line with the Trusts policy.

Health Clearance. The appointment is made subject to satisfactory fitness for employment. The candidate will therefore be required to complete a preemployment health-screening questionnaire and may/will subsequently be required to attend for health screening.

Revalidation. The trust has the required arrangements in place, as laid down by the Royal College of Physicians, to ensure that all doctors have an annual appraisal with a trained appraiser and supports doctors going through the revalidation process.

Study & Annual Leave. The annual leave is 30 working days plus 2 statutory day holidays. All Consultants are expected to take advantage of study leave to maintain and develop their clinical skills to comply with CME requirements. Study leave is available as provided for under the

Terms and Conditions of Service and Hospital Medical and Dental Staff. Study leave consists of 30 days over a three-year period commencing from date of employment.

Approval of annual and study leave is subject to the procedures set out within the individual departments and the Postgraduate Medical Centre. So far, as is practical, the Consultant appointed will be expected to share in the provision of cover for the annual and study leave of other Consultants in the specialty.

Person Specification



Requirements	Essential	Desirable	Method of Assessment
QUALIFICATIONS AND TRAINING			
MBBS or Equivalent.	Y		
Full basic GMC Registration.	Y		
MRCP, MRCGP or equivalent.	Y		
Fully Accredited for on the GMC Specialist Register for Palliative Care via one of the following: (i) Certificate of Completion of Training (CCT). The proposed	Y		
Higher degree e.g. MSc, MD, PhD or equivalent.		Y	
TEACHING / AUDIT / QUALITY IMPROVEMENT			
Experience of, and commitment to teaching undergraduate	Y		
Enthusiasm and ability to inspire others	Y		
Experience with a range of different teaching approaches.		Y	
Appraisal and assessment skills		Y	
Training in teaching and/or postgraduate qualification in		Y	
MANAGEMENT EXPERIENCE			
Good team member. Able to work effectively in multidisciplinary	Y		
Experience of and willingness to supervise undergraduates and	Y		
Able to manage/prioritise time, information and resources appropriately. Able to manage own workload.	Y		
Willingness to share administrative responsibilities with others in	Y		
Awareness of Service Development issues. Commitment to further	Y		
Information technology skills. Ability to use a web browser, medical	Y		
Awareness of the national palliative care agenda and its relevance	Y		
Understanding of wider health agenda and modern NHS		Y	
Accredited management training		Y	



Come and meet us!

We would love the opportunity to discuss the post and your career aspirations at Northampton General Hospital.

Please do not hesitate to contact:

- Dr John Chambers, Consultant in Palliative Medicine, and
 - Claire Mansfield, Lead Nurse for the Hospital Palliative Care Team
 -
- via our team secretary Audry Panchal on 01604-634700, extension 4484.

You are also most welcome to arrange an informal visit.

