

**Consultant in  
Palliative Medicine  
Substantive/Locum  
Full time (would consider  
0.8WTE)**

**Application pack**

# Our Values

## Working Together

The Hospice will never be able to achieve our vision if we try to do it alone; we have much more impact when we work together across teams and disciplines, with partner organisations, the community, our patients and their families to make sure that we focus on the right things and make the biggest and best impact we can.

## Caring for and supporting one another

If we care for one another then our patients and their families will feel reassured that we will care for them when they need it too.

The work we do can be difficult, so supporting one another, acknowledging our differences, our strengths and weaknesses will help us give the best we can, and help us work as a team which is kind to one another, listens, challenges, is empowered to find solutions to problems and feels valued regardless of role.

## Respect and professionalism

By being a diverse organisation we can include people with a range of knowledge and skills to achieve our vision. If we engage with this diversity, acknowledging that everyone contributes to achieving our goal and if we act professionally and treat others as we would like to be treated, we will learn from others and instil confidence in the Hospice so that when local people need our care they are less anxious and fearful about approaching us.

## Striving for the best and being forward thinking

We should never be complacent about the care that we provide or the work that we do; by seeking feedback, reflecting on our work, learning from others and continuously improving we will maintain our ambition to be the best and to lead others to give expert care, support and education to dying people in Greenwich & Bexley. If we pay attention to the small things, the more difficult things will be easier to achieve.

**Our Values underpin everything we do and we demonstrate them in the way we behave towards each other, our patients, their families and carers, our customers, supporters and our partners**

## Hospice vision and mission

We believe that every dying person in Greenwich and Bexley should have the best care, support and quality of life possible and that our role is to lead the way by giving expert care, support and education to people with terminal illness, their families, friends and professional carers.

We do this by responding to the needs of our community, supporting people who have incurable diseases such as cancer, heart failure, respiratory disease, neurological conditions and advanced dementia.

Our services and support extend outside of the Hospice inpatient unit and outpatient services, into the community in patients' homes, care homes, prisons and in hospital. Our staff work in our own services and in partnership with other health and care organisations to help people maintain connections with their community and to maximise their quality of life.

# The organisation

The Hospice was established by 2 local people with cancer in 1994 and provides Specialist Palliative Care and End of Life Care using a multi-professional team approach. The Hospice has good links with both Greenwich and Bexley integrated care systems, as well as with SE London CCG and has a strong reputation in the local area and more widely for working collaboratively with other organisations to improve care for people with life limiting illness. The Hospice has a partnership with St Christopher's Hospice to provide education and training to health and care professionals across SE London. We also maintain close links with all local voluntary and statutory service providers as well as with NIHR CLAHRC South London and the Health Innovation Network (AHN). The Hospice leads a partnership with Marie Curie Cancer Care and Oxleas NHS Foundation Trust to deliver integrated end of life care services in Greenwich and the Hospice CEO Chairs the Greenwich and Bexley end of life working group.

The Hospice has educational links with the University of Greenwich, South Bank University and King's College, London and is committed to the development and education of its own staff as well as developing other health and social care professionals.

The Hospice has a turnover of £9m, with around 200 staff and 500 volunteers. There is no charge for the Hospice's services, outside of the Coronavirus Pandemic, approximately a third of funding comes from statutory sources with the remaining £6 million per annum coming from the Hospice's retail outlets, the loyal support of the local community and corporate, trust and legacy fundraising. During COVID19, like other charitable hospices, we have benefitted from significant additional government support to help boost fundraised income and to help us develop new services.

Reporting to a Board of Trustees, Greenwich & Bexley Community Hospice is led by Kate Heaps, Chief Executive, who in turn leads a Senior Management Team:

Aneta Saunders, Director of Income Generation

Justice Allotey, Associate Director of Finance, IT and Estates

Brendan O'Neill, Lead Medical Consultant

Wendy Lethem, Nurse Consultant and

Jon Devlin, Business Development and General Manager Ali

McCarthy, Matron Community Based Services

Ellen Tumelty, Matron Hospice Based Services

Sue Smyth, PA to the CEO

## Our Strategy

Having conducted a detailed exercise to plan for the next 3 years in 2019, we were about to finalise a new Hospice strategy and plan for a new governance structure. The Coronavirus Pandemic struck and we were faced with a level of uncertainty like never before. Overnight we had to make changes to our operations and our charitable income was slashed; the staff team and board have worked together to maintain operations throughout the past 4 months and due to our hard work in fundraising and the government rescue packages available, our Hospice remains in a reasonable financial position.

Not only have we survived, but we have seen unprecedented change in our own organisation, across the health and social care system and throughout society. Whilst this has had its challenges, there are some definite opportunities which we should capitalise on to sustain and strengthen our charity and the services we provide. It is agreed that it would be a missed opportunity to simply return to life as it was pre-COVID-19, and that we should use this experience as a catalyst for positive change in our Hospice.

We continue to be uncertain about the future with regard to the Coronavirus pandemic and the prevalence of COVID-19. Although the Hospice and the wider system are planning for the recovery

phase of the pandemic, almost everyone is also anticipating a second wave at some point. This likely future also includes an increased need for palliative and end of life care services with anticipated increases of cancer deaths in the future, as a result of the delays in treatment caused by the NHS response to the pandemic. The local Greenwich and Bexley plan includes end of life as key to the COVID-19 pathway as well as end of life and bereavement being seen as everyone's responsibility in the post-COVID world, additional capacity is being maintained across the system with a focus on 'home first' and 'virtual by default'. The Hospice is ideally placed to take a leadership position to maintain end of life care at the top of the agenda.

The Recovery and Transformation Programme (RTP), will over the next 12-15 months, focus on seven priority areas, identified and crystallised by the COVID19 experience.

This work will help us during a time of significant, residual uncertainty, to make progress towards achieving our vision, respond to opportunities and become more resilient to future threats. It will also help us to shape and develop our longer-term strategy.

Alongside this programme, a renewed governance structure will be established to support this recovery and transformation work, and to provide the oversight and assurance required as the Hospice moves forward to the next stage of its development.

Our Recovery and Transformation Priorities are as follows:

1. Service Transformation
2. Refreshing Volunteering
3. Staff Wellbeing and Development
4. Diversity and Inclusion
5. Retail and Commercial Development
6. Fundraising Development
7. Stakeholder Engagement

## **Our services**

The Hospice has a 13 bedded Inpatient Unit and ambulatory care facilities based at the Hospice including outpatient clinics and rehabilitation. We also have a large community team of Clinical Nurse Specialists as well as GPs with a special interest in palliative care, Social Work and a Hospice at Home service. The Community Team support people at home, in care homes and in our 3 local prisons.

In addition to the Hospice inpatient and community activity, the Hospice provides an in-reach MDT service to the Queen Elizabeth Hospital (part of Lewisham and Greenwich NHS Trust), a part time consultant at Darent Valley Hospital and additional medical support on the University Hospital, Lewisham site. The specialist palliative care team at QEH enjoys a high profile in the Hospital which has a cancer unit with outpatient clinics, day case and inpatient services. The team provide input into the cancer site specific Multi- Disciplinary Meetings for malignant disease, service planning and direct clinical work and are active members of the Trust's End of Life Group.

Referrals to the Hospice are accepted from any source but will only be accepted after confirmation with the doctor in current clinical charge of the patient. Patients with any advanced progressive disease are eligible to receive the service, with about 45% of all patients currently having a non-cancer diagnosis.

Clinical Audit is embedded in services to enable quality improvement and monitoring. The Hospice takes part in regional multi-centre research and has developing links with the academic departments at Kings College London and the University of Greenwich with some clinical staff holding honorary contracts and contributing to educational courses.

For more information about Hospice services please refer to the Hospice website:  
[www.communityhospice.org.uk](http://www.communityhospice.org.uk)

# The role

This 0.6WTE substantive post has become available due to retirement. The post is available from Autumn 2020. The 2.8 WTE Consultants are supported by a 0.4 WTE Associate Specialist in palliative medicine, 1.5 WTE experienced Staff Grades in palliative medicine, GPs with experience of SPC and GP VTS trainees. The post holder will work with the current post holders to ensure that an appropriate level of medical support and leadership is provided across the organisation. The Consultant Physician in Palliative Medicine will work in partnership with the Lead Consultant already in post to provide medical leadership to the multidisciplinary team, delivering palliative care services within the Hospice, the community services and the in reach service at Queen Elizabeth Hospital, Woolwich.

In the Hospice, the Consultant will initially focus on providing clinical support for the Inpatient unit. There are opportunities to work in both community and secondary care settings depending on experience and needs of the service, and this would be explored in partnership with the rest of the team. The post-holder will also be allocated responsibility in the areas of education, audit, service development and research.

The appointee will have the ability to develop the skills and educate other health professionals through our partnership with St Christopher's and will work to strengthen links with other specialities to increase access to Specialist Palliative Care for patients with end-stage malignant and non-malignant disease, and to develop any specific services which seem appropriate for them in conjunction with the other consultants. The post-holder will also be expected to take an active part in the Hospice's ongoing in house education programme.

The post holder's contract will allow access to the post graduate facilities at Queen Elizabeth Hospital such as library support and there is potential for the post holder to develop stronger links with the Cicely Saunders Institute, KCL. The ethics committee based at the Hospital runs bimonthly meetings and palliative care involvement is encouraged.

The post-holder will be expected to work closely with the other senior members of the clinical team and provide cover for annual and study leave within the medical team. Mentoring and support for the new appointee is available from the Lead Consultant, who has over 16 years experience at Consultant level.

The Consultant has four key roles to play in supporting the delivery of the Hospice's clinical services and strategy:

**1 Service delivery** - Ensuring the highest possible standard of patient care, by the provision of informed professional clinical leadership. Working with other senior medical, nursing and allied health professional members of the team to drive improvements in quality of care and service delivery as well as line managing members of the medical team; this will require a well-rounded, credible doctor, who works well in a team and is a role model for all clinical staff.

**2 Strategic development** - The post holder will play a role in the development of services to meet the needs of patients and families as identified in feedback from patients, families, referrers, commissioners, Hospice staff, and in line with Hospice strategy. The post holder will have input into the clinical management team and be expected to be involved in strategic planning and service development. The post holder will be expected to have an understanding of change management and have the skills to work collaboratively with colleagues to come up with creative solutions to current and future challenges.

**3 Leadership** - both internally and externally. It is critical that Greenwich & Bexley Community Hospice continues its integrated care approach. The post holder will develop and maintain effective partnerships with local health providers and research and education providers to improve palliative care service provision for people who need the Hospice's care and support.

**4 Clinical responsibility** - In the Hospice, the consultant will initially focus on providing clinical support for the inpatient unit. This will involve working with the multi-professional team to develop the services to be as responsive and flexible as possible ensuring that Hospice resources are utilised to maximum impact.



## The job description (part time)

### Principal Responsibilities

#### 1. Corporate Responsibility

Develop effective partnerships with relevant external organisations to provide enhanced services.

Provide medical leadership and management in collaboration with the Lead Consultant.

Provide professional leadership to clinical staff within the Hospice fostering a culture which values continuing professional development and strives for excellence in the delivery of care at all levels.

Work with members of the Hospice management team to develop and implement hospice strategy in selected areas of the organisation.

Ensure that Greenwich & Bexley Community Hospice acknowledges and welcomes diversity in all parts of the organisation and in all service delivery areas and actively seek to develop policies and procedures which promote equality of opportunity.

As required, attend and take an active part in Hospice activities such as fundraising events raising the profile of the Senior Management Team.

Work with other members of the Hospice Management Team to promote the Hospice, ensuring that Hospice services are widely understood and helping to widen access to services.

#### 2. Professional

Alongside the rest of the medical team, provide senior medical input for the multidisciplinary team at the Hospice providing care to patients in the Inpatient unit, the QE Hospital, and people in their own homes/ in care homes/prisons across Bexley and Greenwich.

Alongside the medical team take continuing responsibility for the care of patients in their charge and for the proper functioning of the medical department.

As required, undertake administrative duties associated with the care of patients and the running of the medical departments.

Liaise with other health and social care professionals involved in caring for patients with palliative and end of life care needs in the community in the boroughs of Greenwich and Bexley.

Participate in networking opportunities so as to engage in the range of issues relevant to patient care and medical development.

### **3. Management and Service Development**

Effectively manage people and performance.

Assume responsibility, both singly and corporately, for the management of junior medical staff. In particular, be responsible for approving and monitoring junior staff rotas and junior staff locum arrangements, where appropriate.

Support the professional development, both clinical and personal, of their trainees.

Work across organisational boundaries to support the delivery of seamless services between GBCH and partner organisations.

Work with other senior members of the clinical team to develop services across the Hospice in response to patient need and Hospice strategy.

### **4. Governance Quality and Risk**

In collaboration with other Senior Clinical Staff, maintain, develop and implement quality standards and clinical pathways.

In collaboration with other members of the medical team represent the medical team in the Hospice Quality and Safety Committee and support clinical governance across Hospice services. Ensure that evidence based practice is incorporated into clinical work and the appropriate audit and research is undertaken.

Take the lead for designated aspects of clinical risk management as part of the quality and safety agenda. Ensure the medical team play a key role in undertaking relevant and effective audit, which will contribute to the enhancement of patient services and/or professional development.

Adhere to Greenwich & Bexley Community Hospice policies and procedures, and ensure current professional registration.

### **5. Education, Training, Research**

Ensure that the medical team are competent to deliver the service and provide a positive learning environment for all staff to encourage life-long learning.

Work with other members of the Clinical Team and colleagues at St Christopher's to continue the development of the partnership as a local education provider and create/ respond to opportunities for the delivery of education to the wider health and social care community.

Act as an educational supervisor for training grade doctors including providing day-to-day supervision and teaching as well as active participation in objective setting, appraisal and assessment of junior medical staff.

Participate in education of the wider multidisciplinary team including specific support and mentorship to individuals advancing their own practice (e.g. Non-Medical Prescribers).

In conjunction with Hospice colleagues, promote research which is relevant to local service needs. Promote the application of published research into clinical and professional practice.

### **6. Other**

Deputise and provide clinical cover for other members of the medical team when required.

The post holder will take part in a 1 in 5 second on call service. As part of the on call service the post holder would be expected to provide telephone advice to health care professional looking after patients with palliative care needs in all settings within the boroughs of Greenwich and Bexley, and support to secondary care site of Queen Elizabeth Hospital Woolwich and Darent Valley Hospital, Dartford. The post holder will be issued an honorary contract with the local acute Trusts to facilitate this out-of-hours medical support

The post holder will be required to live within a reasonable distance of the Hospice.

Designated administrative support is provided for both clinical and non-clinical activities undertaken by the medical team in general and the consultant workforce in particular. The post holder has desk space and the necessary IT support to enable remote and on site working.

## 7. Timetable

The following timetable provides a guide. The exact timetabling of these sessions can be altered in negotiation with the other team members.

Monday	Tuesday	Wednesday	Thursday	Friday
<ul style="list-style-type: none"> <li>- Admissions meeting</li> <li>- IPU ward round</li> </ul> <p>(1 clinical PA)</p>	<ul style="list-style-type: none"> <li>- Admissions meeting</li> <li>- IPU MDT</li> </ul> <p>(1 clinical PA)</p>		<ul style="list-style-type: none"> <li>- Admissions meeting</li> <li>- Complex case reviews</li> </ul> <p>(1 clinical PA)</p>	
<ul style="list-style-type: none"> <li>- Clinical Management</li> <li>- Family meetings</li> </ul> <p>(1 clinical PA)</p>	<ul style="list-style-type: none"> <li>- Medical Meeting</li> <li>- Consultant meeting</li> <li>- CPD (Hospice)</li> </ul> <p>(1 supporting PA)</p>		<ul style="list-style-type: none"> <li>- Management (Governance, education, audit meetings etc.)</li> </ul> <p>(0.5 clinical PA)</p> <ul style="list-style-type: none"> <li>- Clinical Management</li> </ul> <p>(0.5 clinical PA)</p>	

## 8. Performance Review and Appraisal

The job description will be used as a basis for individual performance review between the post holder and the Lead Consultant. In addition there will be specific annual objectives agreed as a result of the Hospice Strategy. The annual appraisal process for the post holder is mandatory and an integral part of this will revolve around job planning and continuing professional development and revalidation

Job Plans will list all the duties of the Consultant, the number of programmed activities and agreed supporting resources. Job Plans may be changed in negotiation between the Hospice and the post holder.

## 9. Induction

All newly appointed Consultants will be issued with an individualised induction programme and it is mandatory for all aspects of the induction programme to be undertaken. Mandatory training is accessed in person and via an online portal.

## 10. Continuing Professional Development

The appointee will be expected to fulfil the Royal College of Physician's recommendations for CME/CPD as a minimum. Study leave is available in accordance with Hospice policy. Monthly medical and multi-professional education meetings are held to gain internal CPD points.

## 11. Salary/ Contract Details

The post is covered by the Terms and Conditions - Consultants (England) 2003 and the General Medical Council's Conditions of Service. An on call premium of 3% (of a fulltime salary) is payable.

The salary for Consultant staff is set out in Schedule 13 of the Terms and Conditions - Consultants (England) 2003. The basic salary will increase when the post holder receives pay thresholds in

accordance with the Terms and Conditions. Staff will not receive pay thresholds automatically but it is expected that they progress through the thresholds if the criteria in Schedule 15 of Terms and Conditions are met.

This post is subject to the National Health Service Regulations for superannuation and the NHS pension scheme is available for existing members.

Where the post holder intends to undertake private professional services other than such work carried out under the terms of this contract, whether for the NHS, for the Independent sector or for another party, the provisions in Schedule 6 of the Terms and Conditions apply.

Reference should be made to the "Code of Conduct for Private Practice" which sets out standards of best practice governing the relationship between NHS work, private practice and fee paying sessions.

Applicants to the post are required to declare any involvement, either directly or indirectly, with any firm, company or organisation which has a contract with the Hospice.

All newly appointed whole-time Consultants will be appointed for 10 PAs in the first instance (or part of if a job share/ part time post is offered). Within approx. 3 months of commencement a job plan will be agreed and signed off.

Because of the nature of the work of this post, it is exempt from the Section 4(2) of the Rehabilitation of Offenders Act (1974) by virtue of the Rehabilitation of Offenders Act (Exemption Order 1975).

Applicants are therefore not entitled to withhold information about convictions including those, which for other purposes are "spent" under the provisions of the Act and in the event of employment any failure to disclose such convictions could result in dismissal or disciplinary action by the Hospice. Any information given will be completely confidential and will be considered only in relation to application for positions to which the order applies. Posts are offered subject to clearance from the Criminal Records Bureau.

Whole-time Consultants are entitled to 32 working days leave per annum, for part-time staff the leave allocation is pro rata. Consultants with 7 completed years of service get an additional 2 working days. Consultants are expected to plan their annual leave well in advance so that their absence is not detrimental to the service. They should give no less than 6 weeks' notice of intention to take leave.



## The person

Qualifications, experience and professional background	essential	desirable
Higher degree MSc, MD, PhD		·
Advanced Communication Skills course (Maguire or similar)		·
Teaching course		·
Management training course		·
Excellent clinical skills	·	
Experience of palliative medicine, general medicine and pain and symptom management	·	
Additional experience of old age medicine, general practice, oncology or specialist medicine in a relevant field		·
Experience of providing care to people from diverse ethnic, socioeconomic and religious backgrounds	·	
Experience of leading and participating in audit	·	
Understanding and interest in research	·	
A good understanding of End of Life Care Strategy and other relevant Government Policy/ National Guidance	·	
An understanding of social, psychological and spiritual care needs of people at the end of life and their families and carers	·	
Experience of teaching or mentoring at post and under graduate level	·	
Understanding and/or experience of change management and an ability to influence other people's practice	·	
Experience of multi professional team working	·	
Experience of providing medical support to palliative care outpatient clinics/ day hospice		·

Skills and Abilities	essential	desirable
Leadership and managerial skills	·	
Excellent communication skills - able to communicate with enthusiasm and warmth on a one-to-one basis, in groups and to large audiences	·	
Empathy and Understanding of the challenges faced when working in a palliative care setting	·	
An ability to appreciate the political and commissioning environment in which Hospices operate	·	
Ability to motivate and lead own team and evidence of effective team working	·	
Ability to evaluate evidence and apply to practice	·	
Understanding of the role of audit in improving clinical care	·	
Report Writing skills	·	
IT skills in Excel, Word, PowerPoint and database use	·	
Ability to apply research outcomes to clinical practice	·	
Ability to think strategically and develop challenging vision for the future	·	
Ability to be assertive and successfully manage conflict	·	
Car driver and access to own road transportation	·	
Attributes	·	
Demonstrates drive, enthusiasm and resourcefulness	·	
Drive for excellence	·	
Patient focused	·	
Commitment to service improvement	·	
Flexible approach to work	·	
Ability to participate in On Call Rota	·	

# The process

## Timetable

Closing Date:

Initial interviews & Short listing: TBC

Formal Interview: TBC

## Application

Application is by CV and supporting statement of no more than two pages addressing the requirements of the person specification.

Please submit your application by e-mail to: [tyrathurston@gbch.org.uk](mailto:tyrathurston@gbch.org.uk)

HR Administrator  
Greenwich & Bexley Community Hospice  
185 Bostall Hill  
Abbey wood  
London  
SE2 0GB

Please quote Consultant on all correspondence.

## Further information and queries

For more information on Greenwich & Bexley Community Hospice please visit [www.communityhospice.org.uk](http://www.communityhospice.org.uk)

If you would like to have an informal conversation or visit before submitting your application, please contact Dr Brendan O'Neill, Senior Consultant on 020 8320 5819