

st elizabeth hospice

Job title:	Consultant in Palliative Medicine
Reports to:	Medical Director
Department:	Medical Team
Based at:	Ipswich site

Job summary:

To work together with the other palliative medicine consultants in the provision of medical services to patients of St Elizabeth Hospice, Ipswich Hospital, James Paget Hospital and East Coast Community Healthcare and to support the related multidisciplinary staff. To develop services and improve integrated working between local Palliative Care providers (Hospice, Hospital and in the wider community of the Integrated Care Systems). This post will predominantly support provision of community palliative care services.

General

This post is 0.9 WTE. Terms and Conditions will be based on the current NHS Consultant Contract (see Job Plan below) with the postholder's contract held at the Hospice. There will be honorary contract with the relevant partner organisations as required.

The new post holder will join a growing medical team who work collaboratively and supportively to cover services across the two service areas, and rotation of area of responsibility is usual. The current consultant body is:

- Dr Alison Blaken (Medical Director at St Elizabeth Hospice)
- Dr John Zeppetella (Hospice)
- Dr Cecily Wright (Hospice and Ipswich Hospital)
- Dr Claire Bates (Hospice and James Paget Hospital)
- Dr Abigail Hensley (Hospice and James Paget Hospital)
- Dr Chloe Rodger (Hospice and James Paget Hospital)

Current Medical consultant provision is 4.9 WTE of which 0.2 WTE supports Ipswich hospital alongside another 1.65 WTE consultant. There will be cover from the other consultants for leave and as need arises. There are also 3 full time Nurse Consultants embedded within the team, one of whom provides clinical and service development support for Great Yarmouth and Waveney services.

There are two Specialty Registrars on the East of England Palliative Medicine Specialty Training Scheme. There are also four middle grade doctors providing support to both the IPU's as well as the outpatient clinical areas. There are 6 GP vocational training scheme doctors on attachment rotating with other specialties and two foundation year doctors.

The team works closely alongside the full multidisciplinary team including nurses, Clinical Nurse Specialists, healthcare assistants, nurse associates, Physiotherapists, Occupational Therapists, counsellors, spiritual care workers and volunteers.

The On call commitment is currently approximately 1 in 8 second on call with 5% availability supplement. This provides telephonic medical and symptom control advice to St Elizabeth Hospice, Ipswich Hospital, West Suffolk Hospital and St Nicholas Hospice Care in Bury St

Edmunds, James Paget Hospital (Gorleston), and community calls in Suffolk and the Great Yarmouth and Waveney area. This may involve taking calls from GPs, hospital doctors, nurses or allied healthcare professionals. There is no formal expectation of face to face reviews on call but should the consultant be on site during that time then this time will be deducted from their clinical PAs in the next week and remunerated accordingly. There may be the need to do occasional first on-call on an emergency basis and this will be compensated by a PA off in lieu for each PA done as first on-call (week night equals 1 PA and weekend equals 6 PAs).

Formal consultant appraisal is completed by the hospice appraisal team with St Elizabeth Hospice as the designated body and the Medical Director of the Hospice as Responsible Officer. The postholder will be supported through the appraisal and revalidation process.

All new consultants can be mentored by an established consultant within the organisation or by one of the consultants from the neighbouring Palliative Care service providers to enable them to settle into the post and to support them in their initial years as a consultant. Established consultants will also have access to mentoring or support as needed.

The postholder will have shared administrative support from a pool of administrators and will have a dedicated computer station in a shared office. Additional office facilities will be available if attending other sites of work. IT team support is available.

About our services

St Elizabeth Hospice serves the population of Ipswich, East Suffolk, Great Yarmouth and Waveney, and supported almost 4,000 patients and their families last year. It was established in 1989 and has an 18-bedded inpatient unit in Ipswich as well as a substantial community team, a virtual ward and a 24/7 telephone advice line called OneCall which is at the core of the Palliative and End of Life Care Co-ordination Hub.

The hospice delivers outpatient clinics, therapy, counselling and physiotherapy services, with a comprehensive bereavement programme called LivingGrief that supports families across East Suffolk. It also delivers an education programme collaboratively with St Helena Hospice in Colchester and Farleigh Hospice in Chelmsford, and works with the University of Suffolk's Health and Wellbeing Institute.

The hospice is committed to encouraging Compassionate Communities as a public health approach to improving cultural confidence in supporting one another through the experience of dying, death and grief. Active research links are being established with University of Suffolk (UoS), University of East Anglia (UEA) and University of Cambridge. A research facilitator works as part of the team supported by NIHR funding.

Since 2019, the hospice has been sub-contracted by East Coast Community Healthcare (ECCH) to deliver specialist palliative care in Great Yarmouth and Waveney, six specialist palliative care beds within Beccles Hospital, a specialist community team and providing in-reach support to the James Paget University Hospital. Outpatient clinics operate out of Beccles Hospital, the Louise Hamilton Centre in Gorleston, Martham Health Centre and the Pear Tree centre in Halesworth. Our strategic partner ECCH hold the contract for Community Services for Great Yarmouth and Waveney, as part of the Norfolk and Waveney Integrated Care System.

St Elizabeth Hospice delivers a transition programme for young adults moving on from the care of the local children's hospice (EACH). This transition programme is called Zest and offers

exchange days, medical support, social activity days and nurse-led short break respite care. There are currently 50 young adults registered with Zest and is being gradually extended to a wider geographical footprint.

In East Suffolk, the hospice works closely with Ipswich Hospital and is a full member of the Ipswich and East Suffolk Alliance. In Great Yarmouth and Waveney the hospice has representation on the Place Board. It is anticipated that the hospice will be fully represented on both Suffolk and Norfolk Die Well programme boards following the outcome of the ICB restructure.

The Hospice has a Chief Executive and a Senior Leadership Team which includes the Medical Director, Director of Care, Director of Income Generation and Chief Operating Officer.

St Elizabeth Hospice has 400 employees and 1,500 volunteers, including 800 volunteers in our 36 retail stores and two Moments coffee shops. We also have a social enterprise domiciliary care agency called St Elizabeth Care Agency, whose profits contribute to the hospice's charitable funds.

New Hospice Build

Following the merger of St Elizabeth Hospice with East Coast Hospice in 2023, the hospice has been able to develop plans for construction of a brand new community hospice facility in the Gorleston area, which has never previously had a dedicated hospice facility. Located on a rural site but in close proximity to the acute hospital, the facility will house an outpatient and community hub as well as a 16 bed inpatient area. Planning permission was granted in 2025 and construction is anticipated to start in 2026.

East Coast Community Healthcare CIC (ECCH)

ECCH is a staff owned Social Enterprise, providing community based NHS and social care in Norfolk & Suffolk with at least 70,000 people registered as service users. In addition to providing adult community services for the Great Yarmouth and Waveney area ECCH run the Beccles Hospital. ECCH hold the contract for local community services of which the specialist palliative care service provision provided by St Elizabeth Hospice is a component.

Beccles Hospital

The six specialist palliative care beds are situated in Beccles Hospital on Minsmere ward. Beccles Hospital is an intermediate care unit with in-patient facilities for those requiring medical care or therapy that do not require acute care in a general hospital. The ward is staffed by registered nurses, health care assistants, therapists and with regular support from Rosedale Health centre GPs (weekdays) to the non specialist beds.

In addition to the Beccles Hospital nursing staff there is additional clinical support from a Nurse Consultant in Palliative Medicine (1 WTE) alongside a specialty grade doctor, GPST posts, foundation year doctor and Palliative Medicine consultants. Emergency out of hours support is provided by the local out of hours GP service (based on site) with specialist advice available via St Elizabeth Hospice Onecall and the consultant on call. There is also a range of specialist palliative care professionals from a range of disciplines including physiotherapy, occupational therapy, emotional wellbeing and spiritual care.

The hospital's 22 non specialist beds can provide intermediate care for patients from across Great Yarmouth and Waveney who need longer term care due to medical and/or social/domestic complexities. This may include care after complex cancer treatment or short term rehabilitation.

James Paget University Hospitals NHS Foundation Trust

The James Paget Hospital is part of James Paget University Hospitals NHS Foundation Trust and provides care to a population of approximately 230,000 residents across Great Yarmouth, Lowestoft and Waveney. The main site is in Gorleston and the Hospital formed a Foundation trust in 2006. Since May 2025 the Trust has been part of Norfolk and Waveney University Hospitals Group.

The Trust provides a full range of general acute services and works collaboratively with a number of local primary care colleagues, community services and other acute trusts, to ensure that patients receive the best care in the right place. The Trust has approximately 500 inpatient beds located on the James Paget Hospital site. These are a mix of critical, intensive and high dependency care, general surgery and medicine, maternity, paediatrics and neonatal, and escalation beds used when experiencing high demand. They employ over 3,000 staff, both part and full time, making them the largest local employer in the area. As a University Hospital, the Trust trains over one third of the medical students from the University of East Anglia and has a strong national reputation for research and excellence in the quality of training facilities. A new hospital build is in advanced stages of development as is implementation of an electronic health record.

Specialist Palliative Care input to the Hospital is usually 9-5, 5 days a week with face to face visits Monday to Friday and telephone or face to face support at weekends, and is run jointly with the community service with the aim of optimising continuity as much as possible and to provide robust service provision across clinical areas. The new service will continue with the joint service model whilst providing palliative medicine consultant input to support clinical services, education and service development. The Hospital Team currently assesses approximately 150 patients a month.

Ipswich Hospital

Ipswich hospital is a large District General Hospital run by East Suffolk and North Essex NHS Foundation trust, with approximately 600 beds, situated very close to the St Elizabeth Hospice Ipswich site. There is a purpose built Oncology centre which comprises a dedicated 25 bed ward and outpatients together with a chemotherapy day unit and radiotherapy centre. A full range of oncological treatments is provided, including intensive chemotherapy and PBSC together with radiotherapy including IMRT and IGRT and 4D planning. The radiotherapy facility has recently installed two new state-of-the-art linear accelerators and has been identified as a Varian reference site for the use of IMRT.

The team of Consultants and clinical nurse specialists, supported by an End of Life Clinical Skills nurse and an audit coordinator, provide a 7 day a week hospital wide advisory service seeing 150-200 patients per month. In addition to the cross site hospice post detailed above, the hospital based Palliative Care Consultants are Dr Samuel King and Dr Sarah Maan. The team work closely with hospital based family support workers, the chaplaincy team and the complex discharge team. There is a weekly Consultant outpatient clinic. There are no designated beds for palliative

care within the Trust. Patient who require specialist inpatient care or hospice care are transferred, where appropriate, to the relevant local hospice.

Safeguarding responsibilities:

- To demonstrate a commitment to keeping adults and young people safe
- To report any disclosure made to you to the appropriate person
- To report any safeguarding concerns in the workplace to the appropriate person
- To maintain an awareness of the hospice's policies in relation to safeguarding

Key responsibilities:

Professional and Managerial

1. On call will be based on NHS terms and conditions, and will be at 5% based on a frequency of 1 in 8. Should the frequency reduce then the availability supplement will be reviewed. There is no formal expectation of face to face reviews on call but should the consultant be on site during that time then this time will be deducted from their clinical PAs in the next week. The job plan will then be reviewed to determine if a designated PA is needed for on call.
2. To assist in the supervision of junior medical and other staff in the hospice, ensuring that medical care and practice follow professional guidelines and St Elizabeth Hospice Policies and Procedures. This includes acting as named clinical supervisor for trainees on GP training scheme.
3. To support effective liaison and communication with relevant disciplines in respect of all aspects of palliative and end of life care.
4. To attend multidisciplinary team meetings at St Elizabeth Hospice or in the community (such as GSF meetings).
5. To establish and provide outpatient clinics and day services at St Elizabeth Hospice or at other community sites as required and to undertake domiciliary visits as necessary.
6. To be responsible with the other consultants for the admission, inpatient care and discharge of patients at hospice inpatient sites.
7. To develop and maintain knowledge and skills to a level appropriate to the responsibilities of the post.
8. To work with colleagues in the development and provision of education and training in palliative care at St Elizabeth Hospice inpatient sites, Ipswich Hospital, James Paget Hospital and the community.
9. To contribute to the initiation and conduct of research projects in Palliative Care. Any agreed research activity will be in discussion with the medical director with appropriate SPA allocated to support the research project from existing SPA allowance or additional SPA if part time employees. Sessions as researchers with local research units may require acting as principle investigator or chief investigator and to maintain good clinical practice (GCP) training.
10. To initiate and participate in audit and quality improvement activity regarding palliative and end of life care in the hospice, hospital and community, and participate in all aspects of the hospice governance programme such as incident review and responding to complaints and concerns.

11. To represent the Hospice on local and national bodies as appropriate.
12. Formal consultant appraisal for revalidation will be completed by the hospice appraisal team with St Elizabeth Hospice as the designated body with the Medical Director of the Hospice as Responsible Officer. The hospice 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.
13. The postholder will have administrative support from the Medical Team PA, the patient services administrators and will have a dedicated laptop computer with docking station facilities in a shared office and office facilities at associated sites. Facilities for remote working are provided, to reduce unnecessary travel between sites.

Service Development

14. To work alongside colleagues in the development of hospice policies, procedures and services.
15. There will be opportunity for post holders to develop service roles that may include appraisal and clinical supervisor roles. Appropriate SPA will be allocated to support these activities if programmed SPA is insufficient.

General

16. To be a fully subscribed member of a recognised professional defence organisation and to provide evidence of membership to the Hospice People and Culture Business partner annually, or on request.
17. To work at all times within the policies and procedures of the Hospice, reviewing same and contributing to their development as appropriate, and to ensure compliance to same by other members of staff.
18. In conjunction with members of the Hospice Governance Committee and the Quality Assurance and Improvement Group, to develop quality assurance and audit policies to monitor medical standards of care and practice.
19. To develop and maintain personal contact with key professionals within local health and social care providers and commissioners.
20. To promote St Elizabeth Hospice philosophy of care towards patients, relatives and visitors.
21. To play an active part in the development and maintenance of good relationships with all who do business with St Elizabeth Hospice.
22. To respect at all times the confidentiality of information covering patients, staff and volunteers.
23. To contribute to and participate in the Hospice fundraising and public relations programme when required.
24. To be responsible for complying with the hospice Infection Control policies and clinical guidelines. This may include working from home to optimise social distancing during a pandemic
25. To have annual medical appraisal as well as annual performance reviews.

26. To ensure training and development needs detailed in your personal development plan are followed up and the effectiveness of the acquired training and development evaluated in terms of self, patient and service.
27. To meet the Royal College of Physician recommendations on appropriate completion of continuing professional development activity and be committed to the GMC revalidation process
28. To be responsible and accountable for ensuring that all staff under your direction comply with Hospice Infection Control policies and clinical guidelines
29. To conduct annual Performance Development Reviews, and progress reviews, for staff in your charge (if applicable) and, through this process, to identify and facilitate development opportunities to improve the performance of the individual and the organisations.
30. Ensure training and development needs identified in the individual's personal development plan are followed up and assist staff to identify their development needs and to promote a learning culture.
31. To be responsible for the quality of data recorded. The data should be accurate, legible (if hand written), recorded in a timely manner, kept up to date and appropriately filed.
32. All employees must comply with the St Elizabeth Hospice Equal Opportunity Policy and must not discriminate on the grounds of sex, colour, race, ethnic or national origins, marital status, age, disability, sexual orientation or religious belief.
33. Employees have a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by St Elizabeth Hospice. St Elizabeth Hospice seeks to establish a safe and healthy working environment for its employees and operates a non-smoking policy.
34. All employees have the right to work in an environment which is safe and to be protected from all forms of abuse, violence, harassment and undue stress. All employees are responsible for helping to ensure that individuals do not suffer harassment or bullying in any form. All employees will be personally accountable for their actions and behaviour in cases of complaint of harassment or bullying.

The post holder may on occasion be asked to undertake other duties to help maintain the high standard of care expected of a specialist palliative care service.

This job description is not necessarily exhaustive and may be subject to review by the Medical Director in conjunction with the postholder.

Job Plan

The job plan included below is indicative of the likely timetable. The exact timing of MDTs and clinics is to be determined. It is recognised that applicants may vary in preferences for the hours worked and the timetables may be adjusted according to the percentage of WTE hours with some adaptation possible to accommodate personal preferences.

	MON	TUES	WEDS	THURS	FRI
AM (0830-1230)	1PA Community support (DCC)	1PA Community cover (DCC) Monthly caseload reviews	Non working time	1 PA Community cover (DCC) Monthly caseload reviews	1PA Zest / Community support (DCC)
Lunch break					
PM (1315 to 1700)	0.75PA Outpatients 0.25PA clinical admin	0.5 PA Community cover (DCC) 0.5 PA Clinical admin	1PA SPA Monthly consultant meetings	1PA SPA	0.5PA Zest / community support (DCC) 0.5 PA clinical admin

Community support sessions may include 2-3 visits individually or jointly with CNS team, or face to face or remote advice to the CNS team. Outpatient clinics typically 2-4 on site reviews.

Person specification:

Requirement	Essential	Desirable
Qualifications & training	Registered medical qualification MRCP, MRCPGP or equivalent. Full registration with GMC and name on Specialist Register for Palliative Medicine on date of taking up appointment.	Other Higher Degree or Diploma (eg Diploma or MSc in Palliative Medicine or MD).
Knowledge & experience	Wide experience in all aspects of palliative care, culminating in entry onto the GMC specialist register via CCT, CESR or European community rights. Experience in medical procedures such as paracentesis.	Experience of general medicine and other specialties such as oncology, care of the elderly, general practice. Advanced Communication skills course or qualification.
Administration	Experience in day-to-day organisation of specialist palliative care services.	Familiar with current structure of NHS and conversant with recent initiatives and changes.
Management	Possession of basic management skills.	Management course and /or qualification.
Audit/Quality improvement	Thorough understanding of principles of medical audit and quality improvement. Experience in undertaking and completing audit projects.	Presentation or Publication of Audit results.
Research and publications	Knowledge of the principles of medical research and of the palliative care literature.	Research experience. Publication of research and /or review article(s).
Personal skills	Effective communicator. Able to work in a close-knit team and co-operate with all medical, nursing and other healthcare staff. Flexible, able to cover colleagues' absence.	Familiarity with information technology and general computer skills.
Personal attributes	Professional attitude towards work, reliability, good record of attendance and tidy personal appearance.	
Teaching	Experience of postgraduate teaching.	Teaching skills course and /or qualification.
Other	Car driver with driving licence (Driving will be an essential part of day to day work in this area)	