

## Cumbria and Lancashire Telestroke Network

### Job Planning Options

<u>Option</u>		<u>Current on call</u>	<u>On call with telestroke</u>
Option 1	Current situation, no extra consultants, take on extra telestroke work. 1 X PA per week service lost per person in backfilling time. But no reduction in work to allow time off This is not going to be sustainable and is not feasible	1:13 gen med week ends 12 per year	1:13 gen med 1:15 telestroke telestroke week ends =7 combined on-call approximate 1:7 combined total week ends 19 per year
Option 2	Current situation. No extra consultant. Drop general medical on-call to allow Telestroke. Not desirable as have to keep up general medical skills. Will not maintain a sustainable general medical rota. Would free up PA for on call work so no additional service lost	1:13 gen med 12 week ends per year	1:15 Telestroke 7 week ends telestroke
Option 3	Employ additional consultant in stroke medicine /elderly care. This would allow backfill of service lost. It would reduce the frequency of on-call. It would allow a reduction in general medical on-call. There would be a more equitable split in work across elderly care.	1:13 gen med 12 week ends per year	1:20 gen med 8 gen med week ends telestroke 1:16 or 1:20 telestroke weekends 7 or 5 depending on rota arrangements combined on call approximately 1:9-1:10 combined week ends 13-15. 13 may be acceptable