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**CLINICAL ASSISTANT ELDERLY MEDICINE GOSPORT WAR MEMORIAL HOSPITAL**

I feel that this is an opportune moment to examine my post for a number of reasons.

Firstly there is currently a review of the arrangement of Elderly Services and their relationship with future Primary Care Trusts and a future Trust configuration. These will undoubtedly impact on the future use of present continuing care beds throughout the District.

Secondly the Clinical and Managerial Integration between the Hospitals Trust and DSCA and the possible future implosion of acute work at Haslar will have a major effect upon the types of subacute and post acute care offered at Gosport War Memorial Hospital in reconfigured services on the peninsula in the future.

Thirdly and perhaps more relevantly at the moment, the type and throughput of patients who are currently using our beds is completely different from those I looked after when I took up the post twelve years ago. The types of patients and their medical conditions have changed markedly and perhaps this issue has not been looked at comprehensively within the Trust. . There is no such thing as Continuing Care nowadays, and Palliative care is something that I do perform without a great deal of specialised back up.

At a clinical level this manifests itself in a number of ways, the most strikingly obvious of which is the expectations of patients and their relatives.

In part I feel that this stems from a mistaken perception that Gosport War Memorial is a Hospital with a capital 'H', ie resident medical staff and full on site resuscitation facilities. It is also apparent during discussions that relatives take the word rehabilitation literally and expect a much higher level of care and expertise than the current staffing levels and my time allow.

Whereas as recently as three years ago I would expect to spend a specific period of time with a worried relative over and above the normal consultation process once every few weeks, currently I find myself having to do this on a more frequent than weekly basis. In addition the climate of complaint, litigation and actual prosecution fuelled by intense media interest at present in care of the elderly and the issue of dying makes my position as a General Practitioner attempting to provide day to day care extremely difficult.

I am finding the pressures on me to continue to provide what I consider appropriate care for patients, proper consultation with their relatives and support of my hard pressed nursing staff almost intolerable. The current Police investigation into a charge of attempted murder only serves to highlight the almost impossible task faced by a team dedicated to offering seriously ill patients a dignified and peaceful passing.

I would be most grateful if you would give this matter your earliest attention as I feel that the issue is placing considerable stress on the nursing staff and I personally feel extremely vulnerable to litigation for reasons that are outwith my control.

Yours Sincerely

Jane Barton

Copy to Dr A Lord  
Max Millett