CQC100156-0001

Community Health Council

Community Health Council

Margaret Lovell Chief Offices Christine Wickles Vice Chair Joyce Knight Chair

Joyce Knight

Programme of quality visiting try to visit every NHS site over 3 years

If there are several complaints during the 3 years, CHC will do an ad hoc visit.

Last visit to GWMH was in 98 (Joyce was involved)

Have not been notified by office that there's any reason for special visit.

Next visit to War Memorial is in the spring of 2002

545, 000 people in Portsmouth District (biggest CHC population in country)

Joyce has been member of trusts' clinical governance panel over the last year

Helps to ensure that voice of patient is heard

has recently been involved in action planning by trust in response to incidents at War Memorial

Margaret: CHC has no longer been doing one-to-one complaints since the autumn (31 Oct 2000) level decision by Dept of Health

Much reduced ability to analyse complaints on keep aware of trends across local health economy

In the interim have been helping and advising

3 complaints, 3 month period about GWMH

Drugs administration Amount of morphine and lack of care and treatment Drugs admin and care and treatment

3 complaints in 3 months absolutely exceptional

Information problems and poor communication with relatives resulted in all 3 complaints

Patients not getting fed ad properly cared for also complaints about relatives dying suddenly after they had appeared quite well

Were not in a position to judge whether or not drugs been given properly

Neither were these relatives – they must felt things weren't right.

Contacts Chief Executive of Trust in Dec 99 then contacts again in Jan/Feb 2000 unable to speak to him - thinks she may have left message with receptionist saying she had concerns

After Autumn/Winter 99, more complaints came through and encouraged them to put them through scheme

Once knew police involved decided to keep out of it

Pleased to see introduction earlier this year by health authority to pick up public concerns about individual trusts

CHC did special visit to elderly ward at Queen Alexandra – produced a very critical report which evoked very positive response from trust management

They would have made a similar visit to Gosport if there hadn't been police inquiry

I've heard as many positive as negative things informally

Is this a general pattern across care of elderly? Suggested to clinical governance Committee at Gosport War Memorial that too much concentrated on 3 wards in one community hospital

No qualitative data monitoring of care on wards to check that improvements are actually taking place

I don't feel that they are trying to hide things – they held a very open, approving about sharing things.

Description of chair is that theres a very good feeling about War Memorial

CHC has concerns about communication between staff & partners & staff & relatives

Some people have difficulty in dealing with grief and families guilt about not being able to help more

Chair sent in a dummy complaint and got a very fast response, very detailed

Trust responses to complaints quite defensive says chief officers & dismissive – think that it has improved

Most complaints came to CHC on advice from CAB rather than because of information in hospital

Elderly medicine in district under considerable pressure

Many elderly patients at War Memorial coming from outside local area which may have resulted problems over getting informatio to relatives about patients as GP not nearby

Vice chairs has picked out concerns about GP's when patients at War Memorial hanging on to beds there and making discharge more difficult Informally meets regularly with trust chairman

Chief Executive very good at responding says chief offices

We tend to leave people in peace until we need something specific

Sense of isolation among people walking in community hospitals sense that little of no back up because of concentration on big acute hospitals

Serious reservations in CHC about new PCT in Gosport - proposal is to overload the trust by giving them too much work i.e learning disability service and elderly services

Staff have taken a real bashing at Gosport

Gosport fought to keep War Memorial when threats of closure

So impressed by atmosphere at GWM "conversation clusters of patients"

Poor level of domestic services at time of incidents

Much confidence in Max Millett big strength of trust

Chair & CHC raised major concerns about charging for investigation trust would otherwise have problem broken even on their arrival budget

Charging is discouraging good NHS organisations by penalising them for doing an investigation