Hampshire and Isle of Wight NHS
Health Authority

Oakley Road
Southampton
SO16 4GX

Tel: Code A
Fax:
Direct Dial:

www.hiow.nhs.uk
Code A

20th September 2002

Gareth Cruddace
Chief Executive
Hampshire and Isle of Wight Health Authority

Dear Gareth

Gosport War Memorial Hospital

As you know, I came into this post in April 2002, having not dealt with this issue before that time.

I thought it might be sensible for me to put on paper a summary of my impressions of the situation, which have influenced the advice that I have given to the Health Authority and the actions which I have taken to date. This summary is a mixture of reported fact, personal impression and hypothesis and is intended as an aid to understanding and discussion rather than formal conclusions, which will be for others.

There is nothing in this summary which I would not be prepared to repeat openly. You may copy it to anyone you think appropriate.

When I first became involved with the situation and the people dealing with it on the ground, I was struck by the very strong sense of defensiveness and hurt that was being expressed. Clearly, a number of people were working extremely hard to maintain services in Gosport against a background of suspicion and enquiry which they seemed to think was inappropriate or unjustified. My subsequent reading of the papers that were passed on to me by Peter Old confirmed this, in terms of responses to complainants and reactions from managers and clinicians to the referrals to regulatory bodies.

It is my perception that this defensive attitude has been pervasive throughout the period of enquiry, though rarely has it been openly or formally expressed.

I cannot be certain as to why this is the case, but I believe that the relatively isolated nature of the Gosport peninsula is a factor in its generation. My experience over the last six months of dealing with issues in the Portsmouth area, is that the internal focus has tended to take precedence over the external, with a relative blindness to the outside viewpoint. The fact that many of the senior managerial and clinical leaders have worked for years in different parts of the same system does not assist in the development of an outward-looking culture.

Against the background that I have experienced and described, my instincts were sensitised at the time of the Commission for Health Improvement investigation. The final report came to me in draft form soon after my taking-up of this post. Despite my attempts to draw attention to the potential for serious questioning regarding the findings of poor prescribing practice in 1998, the Primary Care Trust seemed determined to concentrate their attention on anything in the report that confirmed the adequacy of current systems. The Trust was very unwilling to dwell on past performance, however this linked to the present. I accepted that this might be a reasonable approach to press handling, but warned the Trust at the time of the publication of the CHI investigation, that questions about 1998 would not go away.

At no time, to my knowledge, has there been any hint of the situation before 1997/8, other than, possibly, a reference in the CHI report:

"CHI was told by staff of the previous practice of anticipatory prescribing of palliative opiates. As a result of the pain and assessment policy, this practice has now stopped" Para. 4.11 p.17[1]

The pain and assessment policy came into force in April 2001. This reference from the CHI report does not make clear the timeframe of "previous practice"; i.e. whether this practice developed around the time of the first complaint (1998) and stopped in 2001, or whether it had been in place before that time.

The revelation that there was discussion as early as 1991 about the same allegations of poor prescribing practice, and that individuals involved are still active in local health services has only increased my sense of unease about the issue. On the face of it, and linked to the comments quoted above, we have either two isolated periods, 1991 and 1998-2001 when prescribing practices were questionable, or possibly a period of ten years (1991–2001) when anticipatory prescribing of opiates via syringe driver was tolerated practice. This clearly requires investigation.

We have a duty, I believe, to examine the possibility of serious management and clinical collusion in obscuring details of poor clinical quality. There is a disturbing hypothesis which, in my view, must be considered, and subjected to rigorous analysis before rejection:

- There was a culture within Gosport War Memorial Hospital during the 1990s, which tolerated the prescription of opiate analgesia in inappropriate situations and inappropriately high doses
- Local medical and nursing staff were aware of this and the likely consequences to patients
- When concerns were raised by nursing staff, the managerial and clinical response was inadequate and a culture of "doctor knows best" prevailed
- The clinical response was collusive, with a desire to "let sleeping dogs lie"
- The emergence of complaints to the Trust in 1998 did not trigger an adequate response, because individuals were aware that a deeper analysis of the issue would potentially incriminate individuals still working in the local health system
- The response of the organisation to the police enquiries and the CHI investigation was influenced by the same considerations

[1] Investigation into Portsmouth Healthcare Trust at Gosport War Memorial Hospital. Commission for Health Improvement. July 2002

- The decision taken by the Trust in March 2002, not to revisit the disciplinary investigations into involved nursing and medical staff, was partly motivated by the knowledge that their defence might include reference to formal notification of concerns dating before 1998
- The failure by the Trust to review complaints, or audit prescribing records or clinical notes relating to the period before 1997/8 was a result of the same considerations

I recognise the seriousness of these points. They constitute a hypothesis, based upon my own experience of handling this issue since April 2002, not a series of allegations. I believe that the logic of these points stands up, though, clearly, there may be a completely different explanation for the sequence of events that we have seen unfold over the past few months. I hope that this is the case.

Yours sincerely

Dr. Simon Tanner
Director of Public Health/Medical Director