

Fareham and Gosport Primary Care Trust

FHS Complaints Service

List of Correspondence

Mr G Duggan (re the late **Code A**)/Dr J Grocock

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①

Code A

Code A

Dr J H Grocock

Code A

04 March 2002

Dear Sir,

Code A Date of Birth; **Code A** Died; **Code A**

I wish to lodge a formal complaint over the treatment received by my late father by the Primary Care Services at [redacted] formulate my complaint I would appreciate a copy of [redacted] as soon as possible. I require both copies of paper and electronic [redacted] g.

GP

- a. My father's complete medical history from January 01 to date.
- b. My father's prescribed medication from [redacted] to date.
- c. Details of Flu vaccinations received by my father became a patient of yours.
- d. Over 75 Health Checks offered/undertaken by you or your practice staff since my father became 75 years of age.
- e. Any notes in respect of the treatment and or management of my father's prostate problem including blood and liver function tests undertaken.
- f. Any District Nurse visits/assessments made in the last 5 years.

Yours faithfully,

Code A

Code A

**Code A****Code A**

Dr J H Grocock

Code A

04 March 2002

Dear Sir,

Code A

Date of Birth;

Code A

Died;

Code A

I wish to lodge a formal complaint over the treatment received by my late father by the Primary Care Services at your Practice. In order to formulate my complaint I would appreciate a copy of my father's medical records as soon as possible. I require both copies of paper and electronic notes for the following:

- a. My father's complete medical records from 1 January 01 to date.
- b. My father's prescribing record since 1 January 96 to date.
- c. Details of Flu vaccinations offered/given since my father became a patient of yours.
- d. Over 75 Health Checks offered/undertaken by you or your practice staff since my father became 75 years of age.
- e. Any notes in respect of the treatment and or management of my father's prostate problem including blood and liver function tests undertaken.
- f. Any District Nurse visits/assessments made in the last 5 years.

Yours faithfully,

Code A**Code A**

Drs J.H. Grocock, S.R.E. Morgan, S.M.E. Lynch

Mr. G. Duggan
Code A

Tel: **Code A**

COPY

7th March 2002

Dear Mr. **Code A**

Dr. Grocock has asked me to thank you for your letter of 4th March concerning your father,
Code A

We are sorry that you are not happy with the service provided by the practice and Dr. Grocock will be in touch with you as soon as he has the relevant information to hand.

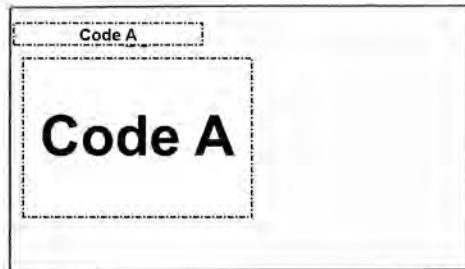
Yours sincerely,

Pamela Wayman (Mrs.)
Practice Manager

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Dr. John H. Grocock

COPY



22 March, 2002

Our ref: JHG/ICS

Dear Code A

Thank you for your recent letter of 4th March 2002. I am extremely sorry that your father died in February of this year and would like to offer you my condolences. I am sorry to note that you are unhappy with the care your father received.

I note your request for copies of your father's records, unfortunately I am not able to release the records to you at this stage without the consent of your father's next of kin in this case, Mrs Code A your mother. This is in order to comply with the Access to Health Records Act 1990.

As I have mentioned above, I am sorry to note that you are unhappy. I would be more than willing to explore any grievances you may have and to discuss the matter further with you with the appropriate consent of your mother. A meeting can be arranged by contacting my practice manager, Mrs P Wayman, on telephone number: Code A

Kind regards.

Yours sincerely

Dr John Grocock

④

Code A**Code A**

Dr J H Grocock

Code A

23 March 2002

Dear Sir,

Code A

Date of Birth;

Code A

Died;

Code A

Thank you for your letter of 22 March 02 informing me that you are unable to release copies of my father's records without consent of my mother. I therefore attach that consent.

I note that my request for these documents was made on 4 March 02 and Mrs Wayman acknowledged receipt of that letter on 7 March 02. It has therefore taken approximately 17 days to communicate the need for the Consent to Investigate and Release Information authority.

As I am sure you are aware under the Access to Health Records Act 1990 there is a requirement under law to respond to the applicants request within 21 days. This is the case if the patient's medical records have been added to within the 40 day period preceding the request which is probably the case with my father's medical records.

Two other separate health care organisations who received similar requests on 4 March 02 have already supplied me with the relevant medical records after requesting Consent to Investigate and Release Information authority.

Thank you for your offer of a meeting, but at this time I need to formulate my complaint. I therefore need a copy as stated previously of my father's medical records, both paper and electronic notes for the following:

- a. My father's complete medical records from 1 January 02 to date.
- b. My father's prescribing record since 1 January 96 to date.
- c. Details of Flu vaccinations offered/given since my father became a patient of yours.
- d. Over 75 Health Checks offered/undertaken by you or your practice staff since my father became 75 years of age.
- e. Any notes in respect of the treatment and or management of my father's prostate problem including blood and liver function tests undertaken.
- f. Any District Nurse visits/assessments made in the last 5 years.

Yours faithfully,

Code A**Code A**

Code A

23 March 2002

Dr J H Grocock

Code A

Dear Sir,

Consent to Investigate and Release Information

Code A authorise Dr John H Grocock to release details of my late husband, including clinical information to my son Glenn Michael Duggan of **Code A**

I also authorise my son Glenn to pursue a complaint through the NHS procedure if he deems it appropriate.

Yours sincerely,

Code A

Irene Florence Duggan

Next of Kin of:

Code A
DOB: **Code A**

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Receipt of Letter

On behalf of Dr J L Grocock I acknowledge receipt of **Code A** letter hand delivered letter dated 23 March 02.

Signed: **Code A**

Print Name: *Grocock*

Date: *27th March 02*

(Please return immediately to Mr Duggan in the stamped addressed envelope provided)

7

COPY

Dr. J.H. Grocock

Mr. G. Duggan
Code A

Code A
Te

3rd April 2002

Dear Mr. **Code A**

Re: Mr. Arthur Duggan i.e. **Code A**

Please accept my apologies for the delay in responding to your letter of 23rd March. I was away last week but did call in to the surgery on Wednesday, which was when I was given your letter. I acknowledge receipt of your mother's signed authorisation for us to release medical information to you concerning your father.

As requested, please find enclosed herewith:

- a. Copies your father's medical records from 1.1.2002 to date including his computerised records.
- b. A print out of computerised prescriptions given.
- c. Your father did not wish to be vaccinated against influenza as is recorded on one of his FP7s on 15.11.01.
- d. As you will see from the FP7s **Code A** has been seen regularly by the practice since his 75th birthday.
- e. Mr. **Code A** was first seen at Haslar regarding his prostate problem in 1995 and we have enclosed all correspondence, results, etc. since that time.
- f. We do not hold District Nursing notes as District Nurses are employed by the Primary Care Trust.

Yours faithfully,

8

NEEDS APPT	URGENT	SHOW TO
ANTE NATAL	11 APR 2002	RECORD ON COMPUTER

Code A**Code A**

Dr J H Grocock

Code A

09 April 2002

Dear Dr Grocott,

Arthur Edward Duggan, Date of Birth; **Code A** Died **Code A****Code A**

Thank you for your letter of 3 April 02 enclosing the medical records I asked for in relation to my late father. I have examined them with interest and seek clarification on the following please:

- a. Re my father's prostate problem, there appears to be no blood and liver function test results included with the notes. Are they held by the practice?
- b. From the FP7 there is no record of my father attending the surgery for the period 22 July 00 until 15 November 01, almost 16 months. Is this correct please?
- c. Would you confirm that the FP7 is the only record of consultations made at the practice and that no further records appear on the Medical Information System.

I would also appreciate clarification of 4 points during a conversation that my mother informs me you had with her during a visit to her at home last week:

1. My mother informs me that you had recently spoke to my father about the Cyproterone medication. When was that please because I am unable to see this from the notes.
2. My mother also informs me that you stated that the Cyproterone whilst helping with his prostate cancer killed my father by affecting his liver. She states that she questioned you further on this point and you confirmed your original remark.
3. My mother states that you informed her that whilst my dad was an in patient at Gosport War Memorial Hospital, Dr Lynch reported to you that dad's eyes were yellow (jaundiced) and that you remarked that you had not noticed that. Is this true please?

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4. My mother states that you informed her that you were aware that my father was very ill several months ago. Is this true please and what led you to that diagnosis?

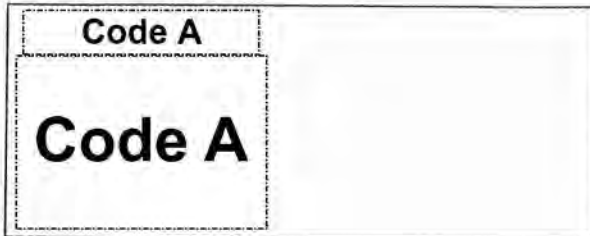
Yours sincerely,

Code A

Glenn Duggan

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Dr J.H. Grocock



Our Ref: JHG/ICS

16th April 2002Dear **Code A**

I am in receipt of your letter of the 9th April 2002. The FP7's that you were sent are the only records of consultations. You have received the copies of the hospital letters concerning your father's prostate problems. The records and results are held in the department of Urology, Royal Hospital Haslar, Gosport, where he had originally been referred by me, and under whose care he had remained.

I am unable to comment on the other points that you raised; I do not have your mother's permission to breach confidentiality.

May I again invite you and your mother to a meeting with me and our practice manager, to discuss your concerns. Could I suggest Thursday 25th April at 2.00pm. If this is convenient with you please could you contact Mrs. Wayman so that this can be arranged or, if not, another time could be sorted out that is convenient to everyone.

Yours sincerely

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Code A

Code A

Dr J H Grocock

Code A

19 April 2002

Dear Dr Grocock,

Thank you for your letter of 16 April 2002 in which you clarify questions 'a' and 'c' from my letter. You did not clarify 'b'. I therefore assume that neither yourself nor any of your colleagues saw my father between 22 July 00 and 15 November 01.

I note that you feel that you are unable to comment on questions 1-4 inclusive because you do not have my mother's permission to breach confidentiality. I am some what mystified as to what rules of confidentiality you are applying in your statement. All four questions relate to the conversation you had with my mother regarding my father's medical history. You are in possession of my mother's letter to you dated 23 March 2002 in which she authorises you to release details of my father to me, including clinical information ~~to me~~.

I can only assume that you feel that releasing information about my father's medical condition in some way breaches medical information about my mother. I am therefore including a copy of my mother's original consent regarding my father and I am now including a new consent regarding my mother's clinical information. I therefore assume that this will now remove any fear that you might have of any breach of confidentiality regarding comments made on my father's care. I hope this clarifies everything for once and for all. I wish to reiterate that at this stage I am only investigating the care given to my late father. I would therefore appreciate an early response to questions 1-4 of my letter of 9 April 02.

Thank you for your offer for my mother and I to meet with you and your Practice Manager. We will decline this offer at this time and await your Response to the 4 questions posed. In addition my mother is still grieving and I wish to protect her as much as possible from any unnecessary stress that may result from revelations of inadequacies of the treatment of her much loved husband.

Yours sincerely,

Code A
Glenn Duggan

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Code A

Code A

Dr J H Grocock

Code A

19 April 2002

Dear Dr Grocock,

Consent to Release Information

Code A authorise Dr John H Grocock to release details (including conversations) in respect of my self, including clinical information to my son **Code A** **Code A**

Code A

I also authorise my son Glenn to pursue a complaint through the NHS procedure if he deems it appropriate.

Yours sincerely,

Code A

Dr. John H. Grocock

Code A

Code A

Tel: Code A
Fax: Code A

29 April, 2002

Our ref: JHG/ICS

Dear Mr. Code A,

I am in receipt of your recent letter dated 19th April 2002, containing your mother's consent to my releasing details of consultations that I have had with her.

I saw her on a home visit on 4th April 2002. During the visit she told me of her shock at how jaundiced her husband had become when she last saw him in Queen Alexander Hospital. I did confirm that jaundice had first been noticed by Dr Lynch, one of my partners who felt that his eyes were slightly yellow when she saw him on Sultan Ward at the Gosport War Memorial Hospital, during the weekend after his admission. The blood test which I had organised on his admission subsequently confirmed it. I am not able to be precise about dates, as I do not have a copy of these notes.

The risks of the Cyproterone Acetate medication were discussed with your father, when he was seen in Squadron Leader Hall's out patient clinic at Royal Hospital Haslar on the 30th July 2001, and are documented in the letter in his general practice notes, of which we sent you a copy.

Toxicity to the liver is a recognised side effect of the use of Cyproterone Acetate, and I did tell your mother that I felt that it was likely to have contributed to his development of liver failure and death.

The comment I made about your father having been ill was based on the fact that he was suffering with carcinoma of the prostate, for which he was receiving palliative treatment.

I can confirm that there is no record of him being seen in the practice by myself or one of my colleagues, between the 22nd July 2000 and 15th November 2001. I did see Code A on 19th May 2001, when visiting your mother at home. He was seen in July 2001 at Royal Hospital Haslar as mentioned earlier. He did during this period continue to collect his repeat prescriptions. The counterfoil which he would have used to request further prescriptions carried an invitation to make an appointment for a medication review. This is automatically printed onto the script if someone has not been seen within the previous six months, requesting that they make an appointment for review of medication.

Yours sincerely

Code A

Code A

Dr J H Grocock

Code A

9 May, 2002

Dear Dr Grocock,

Arthur Edward Duggan, Date of Birth; **Code A**
Died; **Code A**

Thank you for the various correspondence. After reading those items and in conjunction with observations made from various other records I am in possession of, I am now in a position to lodge a formal complaint over the treatment received by my late father.

Response to my requests for papers/information

I am somewhat disappointed with the responses you have made to my requests of papers and information, necessary to write this letter. Your Practice Manager acknowledged my letter of 4 March 2002 and said that you would be in touch with me as soon as information was to hand. You took a further 15 days to state that you could not release the information I was requesting without the consent of my mother (my father's next of kin). I obtained that consent and forwarded it on 23 March 2002. You finally forwarded the documentation on 3 April 2002.

I sought further clarification from you on 9 April 2002. This concerned a conversation you had with my mother and the information sought was solely about my father's medical condition. You stated in a letter dated 16 April 2002 that this was breaching confidentiality. I obtained further consent from my mother for you to answer those questions, even though I believe this was not necessary.

In my original letter of 4 March 2002 I requested details of any district nurse visits or assessments made in the last 5 years. You replied in your letter of 3 April 2002 as follow: 'We do not hold District Nursing notes as District Nurses are employed by the Primary Care Trust'. I find this response very unhelpful. I am very aware that District Nurses are employed by the PCT and formerly the local Community Health Trust. We also know that District Nurses are 'Attached Staff'. Hence they may or may not be using the Community Nurse

software on the EMIS system. If they were not using your medical information system they would be using their own system, which may well be installed in your building, particularly as it is a Health Centre. In any event I feel you could have approached the District Nurses to provide you with the information to pass on to me. I consider your approach not helpful. This is an example of a practice that appears to me to be working in isolation from the other health care professionals and failing to provide a 'seamless' level of NHS care to my father and failed to work together to monitor and protect him

Flu Vaccinations

The practice has not been proactive in vaccinating my father (an at risk patient). It appears the only time that the subject of Flu vaccination was discussed with my father was in November 2001 when you recorded that he refused the vaccination. No attempt has been made in previous years to educate him when he was younger and less affected by age and the toxicity of the drugs he was taking, to discuss the advantages of vaccinating. I believe that if he had been vaccinated for flu there is a good chance he would be alive to day. The practice failed in a duty of care to my father to act as a team.

Over 75 Health Checks

The EMIS Patient Summary states that my father was eligible for Over 75 Health Checks from 30 September 1982 (?) which I believe is incorrect. However he should have received formal over 75 health checks from 1994/95, which is part of your GMS contract. From the medical records formal Over 75 Health Check have not taken place. You state in your letter of 3 April 2002 that you had regularly seen my father since his 75th birthday, but as you admit in a subsequent letter (29 April 2002) neither yourself nor a colleague saw him between 22 July 2000 and 15 November 2002.

It saddens me as his son that my father at a time of his greatest need diagnosed by yourself as needing palliative care was not seen by any health professional at his practice for some 16 months. It may be that you have delegated these checks to District Nurses and or Health Visitors but of course you did not supply me with their records.

Cyproterone Acetate

The LV Screen Dump (Print Screen) you supplied me with in respect of the above drug shows that you were the authorising doctor and that my father was originally issued with this drug on 15 December 1997. Your EMIS prescribing record shows that 42 times you authorised a repeat prescription to my father for this drug. I can find no entry in the medical records to show that you ever discussed with my father the recognised side effects of toxicity you state in your letter of 29 April 2002 and which you also state was likely to have contributed to my father's liver failure.

Furthermore I can find no evidence in your records that my father was receiving any investigations to assess any side effects of your prescribing. The only documentation I can see is to place that responsibility on any elderly and increasingly frail man whose health was deteriorating due to the side effects of inappropriate prescribing by your self.

The only occasion Cyproterone Acetate was discussed with my father was by a junior doctor, a Senior House Officer, Surgeon Lieutenant MacKie at Royal Hospital Haslar on 30 July 2001. This doctor was unsure that my father was still receiving Cyproterone Acetate and he wrote to you seeking confirmation that this was so. Your only action was to write to confirm the medication.

Your letter to me of 29 April 2002 points out that a medication review reminder to the patient is shown on the counterfoil of the repeat prescription. You will be aware that these reminders do not work well and that it is necessary for a practice to have a medication review system. I would be interested what review system you use for your patients.

I do not believe you can rely on a usually feint written message to an 82-year-old, man whom I believe was becoming increasingly frail and needed assessment if he was able to make an informed choice. To me my father was always a compliant gentle man who would have left such decisions to the professional offering him the treatment as people of that generation generally are of the opinion that the doctor knows best.

You state you were aware that Cyproterone Acetate carried a known risk and I believe you failed to regularly review my father. I believe you should have been seeing him at least 12 monthly for a formal medication review. Instead you relied on Royal Hospital Haslar and they were not sure what medication he was receiving.

In Haslar's letter of 3 December 1997 it was stated that my father would be started off on Cyproterone and consideration would be given to converting him to Zoladex. No other mention is made of Zoladex until Haslar's letter of 15 November 1999. This letter states: 'On Zoladex has responded very well'. I cannot find any record of Zoladex recorded in the practice notes. Was Zoladex ever given and if it was, was it being given in addition to the Cyproterone?

In Haslar letter of 26 May 1999 there is a note made on the letter which includes the following: 'to stop cyprostate (proprietary name for Cyproterone) in 6 weeks. Whose writing is this on the letter please, and was this action taken?

I note that since August 2000 you were issuing this repeat prescription two monthly rather than monthly. In October 2001 the dose suddenly doubled, can you explain to me the reasons for the changes please.

Management of my father from 22 January 2002 until 25 January 2002

The Healthcall Doctor who visited my father early on 22 January 2002 after his first fall recorded on the Fax sent at 0505 to your surgery: 'Dr to check please'. Neither you nor your colleagues visited my father. An entry is made on the FP7 for 24 January but this was not as a result of a visit to my father. Despite the falls you and the fact that you were the admitting doctor into one of your beds you never saw my father until after he was admitted to the Gosport War Memorial Hospital on 25 January 2002.

The Ambulance Forms (AS62s) for my father's falls on 21 January, 23 January and 25 January are not present in your GPs records. When ever a patient is attended by an ambulance and not admitted to hospital an AS62 should be faxed to the patient's doctor informing them of the event.

My mother states that you told her that you were aware that my father was seriously ill. I sought confirmation of your statement to my mother in my letter of 19 April 2002. You neither confirmed nor denied this statement, but you did state in your letter of 29 April 2002 that your comment was based on the fact that he had prostate cancer and receiving palliative care. The autopsy did not confirm prostate cancer as the cause of death. It reported that there was no macroscopic evidence of prostatic carcinoma seen. I am therefore interested in your definition of palliative care in this incidence. Furthermore I do not believe that the Gosport War Memorial Hospital was the correct hospital to admit such a patient.

Visit to my mother (date not known) but post my father's admission to QA

After my telephone call to you on 1 February 2002 informing you that in my opinion my father needed to be transferred to an acute hospital you arranged for that transfer on that date. Subsequently my mother received a home visit from you and a nurse was present when you arrived. A conversation was taking place between my mother and the nurse and you asked 'what is the matter with **Code A**'. The nurse replied: '**Code A** is dying'. You replied 'Oh' and made no further comments or enquires. As the family GP I feel that this it is inexcusable that you showed no compassion, concern or sympathy. I can therefore only reach the conclusion that you had made the hospital transfer again without a proper assessment of my father.

My Complaints are therefore as follows:

1. The unhelpful responses to me.
2. You failed year on year to ensure that my father was made aware of the importance of flu vaccinations given his age and medical condition.
3. You failed to ensure that proper and regular over 75 health checks with my father were carried out.
4. Your failure to correctly manage Cyproterone and carry out regular and proper medication reviews in respect of my father. This includes regular blood tests.
5. Failure to ensure that proper monitoring and action to any side effects of medication being prescribed by you.
6. The absence of any record of the issue of Zoladex on the Patient's Record.
7. The failure to cease Cyproterone in 1999 and the change in prescribing frequency in Aug 2000 and dosage in 2001.

8. Your failure to respond to the Healthcall doctors request of 22 January 02.
9. The breakdown in communication between Hampshire Ambulance Trust and your surgery re the incidents my father was experiencing at home.
10. Your decision to admit my father without a prior assessment by you to an inappropriate hospital for his condition.
11. The lack of a proper management plan for my father's admission to Gosport War Memorial.
12. Your lack of appropriate GP care for a patient receiving palliative care.
13. The lack of concern and sympathy displayed over my father's condition when you were informed.

In your letter of 16 April 2002 you repeat your offer of meeting with me to discuss my concerns. I would like to do so, but I would like to received a formal written response to each of my complaints. This will then save us all a great deal of time and work and hopefully eradicate the need for further meetings.

In addition, as I am sure you are aware I have made complaints about my father's care to other organisations. I have asked them to provide me with a formal written response as well. Once I have these responses as well as your response, and to save me meeting with different organisations on different occasions, I would like to meet with you all at one meeting. I believe this will prove advantageous to you as well as me. Some of the complaints need to be answered in a seem less manner and meeting together will be appropriate. The two other organisations involved are:

- a. Fareham & Gosport Primary Care Trust - Contact: **Code A**
(Investigating Officer) Telephone **Code A**
- b. Royal Hospital Haslar – Contact: Lt Col Thomas

I can offer a quiet meeting place but if you would prefer a neutral meeting place I would be happy to consider any suggestions that are mutually acceptable to everyone. The same of course applies to date and time. I look forward to hearing from you will a joint proposal. I will be out of the country from the 28th May until 20th June 2002 but I look forward to meeting with you all on my return.

Yours sincerely,

Code A

Glenn Duggan

C JPM (14)

Drs J.H. Grocock, S.R.E. Morgan, S.M.E. Lynch

Code A

Code A
Tel

13th May 2002

Dear Mr. **Code A**

Dr. Grocock has authorised me to open his private and personal post during his absence this week.

I, therefore, confirm receipt of your letter of 9th May 2002 and that I will hand it to Dr. Grocock on his return to the practice on Monday 20th May.

Yours sincerely,

Pamela Wayman
Practice Manager

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Dr J. H. Grocock

Code A

Tel: Code A
Fax: Code A

29th May 2002

Code A

I am now in receipt of your letter of 9th May 2002, which has been passed to me by my Practice Manager, Mrs. Wayman. My answers to your specific complaints are below:

1. The unhelpful responses to me.

I responded to your requests for information as soon as was possible. Some delay was necessitated by my taking legal advice on the release of information. If my replies seemed unhelpful it was not intentional but due to concerns about the release of information without proper consent.

2. You failed year on year to ensure that my father was made aware of the importance of flu vaccination given his age and mental condition.

We take every reasonable opportunity to offer flu vaccination to all our patients who fall within the vaccination criteria. You father had been offered by me, and declined, flu vaccinations in the past, though I accept this has not been recorded in the notes prior to last year. We display notices, hold a large supply of leaflets in our waiting room and every repeat prescription request slip that is printed in the late summer/autumn months bears a reminder to patient to have a flu vaccination, indicating the recommended eligibility criteria. National campaigns in the last few years have promoted flu vaccination in the media. It is difficult to believe that patients were left unaware of the importance of vaccination. However, vaccination is voluntary and we would not try and force any competent patient to undergo vaccination that they did not want.

3. You failed to ensure that proper and regular over 75 health checks with my father were carried out.

We have not been offering over 75 checks by invitation but have been undertaking them informally, on an opportunistic basis, as patients are seen in the practice and at home. The 75 year check required an assessment of a patients general health covering, where appropriate, observations on sensory functions, mobility, mental condition, physical condition including continence and use of medicines. Your father was seen in the practice and these observations made. Where necessary, such as with the provision of a hearing aid, interventions were made. There was a sixteen month gap in his consultations between July 2000 and November 2001. I did see him during this time when I visited your mother on 19th May 2001. He did receive invitations to have an appointment to review his

medication, on his repeat medication counterfoils. I am sorry that this was not followed up when he did not respond.

4. Your failure to correctly manage Cyproterone and carry out regular and proper medication reviews in respect of my father. This includes regular blood tests.

The management of your father's prostate cancer was undertaken by the Urology department at Haslar Hospital. It is customary for the prescribing to be undertaken by the patient's general practitioner, who is kept informed by the hospital department through letters so that he/she has sufficient knowledge to continue to prescribe. This is due to prescribing budgetary arrangements in the NHS and for the convenience of the patient who can request and collect repeat prescriptions from their G.P. Monitoring of the drug was being undertaken by the hospital department who arranged the follow up themselves and were keeping us informed by letter.

5. Monitoring and Side Effects

Your father was attending his appointments at Haslar urology department and they were undertaking monitoring of his medication including blood testing. Follow up intervals were decided by them, and additional testing by us was not requested. He did not report any side effects to us, requiring an intervention by us. We received letters after each attendance at Haslar Hospital keeping us informed.

6. The absence of any record of the issue of Zoladex on the Patient's Record

We did not prescribe or administer Zoladex injections to your father at any time.

7. The failure to cease Cyproterone in 1999 and the change in prescribing frequency in Aug 2000 and dosage in 2001

The dose of Cyproterone Acetate was 100mg three times a day. It is formulated as 50mg tablets. Your father was advised to take 2 tablets three times a day. The dosage was not changed, although the amount he received was increased from one months supply (180 tablets) to two months (360 tablets) in August 2000. This was most likely done to reduce, at his request, the number of journeys he was making to the surgery to request and collect prescriptions. I am not able to account for the increase in frequency of his requesting and being given prescriptions at the end of 2001.

In the notes there are two copies of a letter dated 26th May 1999. On the second there is a hand written addition which states: "*PSA 1.9, slightly elevated serum bilirubin 24 micromol To stop cyprostat in 6 weeks I will discuss with patient the need for other treatment possibly orchidectomy.*" I interpreted this to indicate that he was going to be seen again in six weeks when Cyproterone would be stopped and other treatment discussed. However, we received no recommendation for any change in his management plan. Your fathers continued to request and receive prescriptions for Cyproterone. Zoladex, an injection, was mentioned in the letter from Haslar dated 15.11.99. Unfortunately, at the time this anomaly was not noticed or challenged. It was not mentioned in any other letter received in the practice and your father did not request any scripts for it or it's administration to him by us.

8. Your failure to respond to the Healthcall doctors request of 22 January 02

The Healthcall slip for 21st/22nd January 2002 (70212) states: 'Dr. to check please.' This is an instruction made by the person who answered and triaged the request for a call and resulted in Dr Harrison visiting your father. There were no requests for any doctor from the practice to revisit.

9. The breakdown in communication between Hampshire Ambulance Trust and your surgery re the incidents my father was experiencing at home.

Ambulance Forms (AS62s) are left in the patients' homes by the ambulance crew and are never faxed to the practice. The ambulance crew did arrange for the call from Dr Harrison. We have not received any AS62s relating to your father.

10. Your decision to admit my father without prior assessment by you to an appropriate hospital for his condition.

See answer below.

11. The lack of a proper management plan for my father's admission to Gosport War memorial.

I admitted your father from his home to Sultan Ward on the 25th January 2002. He had an out of hours "Healthcall" visit on 22.01.02 after he fell getting out of bed. A diagnosis of viral illness had been made and paracetamol recommended. I had seen him the previous day at home (24.01.02) and diagnosed bronchitis in association with viral symptoms that had resulted in him "being off his feet". He had had 2-3 falls in which he had slipped to the floor, as his legs felt weak. I had started him on an antibiotic, Amoxicillin.

On the day of admission (25.01.02), I had been rung by Code A at lunchtime to say that he had fallen to the floor, that he had no apparent injuries and that she needed to call an ambulance to lift him back on to his bed. Although the enabling nursing service was going in, having been arranged the day previously, she did not feel that she could look after him at home. She also was receiving treatment from me at this time and asked if he could be taken to hospital. I told her that the ambulance would take him to Queen Alexandra Hospital or that he could be admitted to the Gosport War Memorial Hospital, where he would be looked after by me, the other doctors of the practice and receive the nursing care that he needed. She asked that he went to the Gosport War Memorial Hospital and arrangements were made for his transfer there.

I felt that the War Memorial Hospital was an appropriate place to admit him to, as he was a generally fit man, suffering an acute illness from which full recovery was anticipated. His main requirements on admission were general nursing care and oral antibiotics. Physiotherapy and occupational therapy were on hand. The development of progressive liver and organ failure was not predictable at the time of his admission.

12. Your lack of appropriate GP care for a patient receiving palliative care.

In my letter to you of the 29th April I comment that your father was receiving palliative treatment with Cyproterone Acetate for his carcinoma of the prostate. This is treatment to alleviate the effects of the cancer but which will not provide a cure. Your father was aware of his diagnosis throughout. The risks of the Cyproterone were discussed with him, by Haslar. He was always an independent, competent gentleman who, I believe, received care appropriate to his declared needs and wishes.

13. The lack of concern and sympathy displayed over my father's condition when you were informed

I do not accept that your version of the events on a house visit to your Mother is correct in alleging a lack of compassion, concern or sympathy on my part. I did inquire of your mother how your father was on my arrival to be told by the district nurse that he was very ill and dying. We then both sat and discussed the situation for some while with your mother before addressing the purpose of the visit to see her. I did express shock at the speed of his deterioration and my sympathy to your mother.

(15)

I remain willing to meet with you and the other parties involved, should you wish to discuss further your complaints after you have received all the replies to your letters. However, I feel that if you remain dissatisfied with the responses to your complaints, and wish to have a meeting, then the matter should be passed to the PCT or Health Authority, and that they are asked to appoint an arbitrator/conciliator for any meeting that is held. I will not be available at all between 24.06.02 and 01.07.02 or between 29.07.02 and 12.08.02.

Yours sincerely,

Code A**Code A**

Dr J H Grocock

Code A

04 July 2002

Dear Dr Grocock,

Arthur Edward Duggan, Date of Birth; **Code A**
 Died; **Code A**

Thank you for your letter dated 29th May 02, which was waiting from me when I returned from 3 weeks away.

I do indeed wish to discuss further with you my complaints and I have been in touch with Ann Turner the Complaints Manager of Fareham & Gosport PCT to make arrangements for us all to meet at either the PCT offices or Gosport War Memorial Hospital. I note your closed dates, and I have offered her the following availability in respect of myself:

19th July 02 - Any time that day.
 22nd July 02 - Any time that day.
 23rd July 02 - Any time that day.
 24th July 02 - Morning only.
 25th July 02 - Morning only.

I would be grateful if you would liaise with Ann over your availability.

Yours sincerely,

Code A

Glenn Duggan

NEEDS APPT	URGENT	NOTES TO	
ANTE NATAL	05 JUL 2002		RES
		DATEM SCRIPT MEN	RECORD OF COMPUTER

Code A**Code A**

Dr J H Grocock

Code A

17 September 2002

Dear Dr Grocock,

Arthur Edward Duggan, Date of Birth; **Code A**
Died; **Code A**

In your letter of 8 July 02 to the Complaints Manager at Fareham and Gosport PCT you stated that you did not wish to meet with me and others until you had an opportunity to see the answer to my complaints made to the Fareham and Gosport PCT. That report was sent to me on 16 August 2002 and I have informed the Chief Executive that I remain dissatisfied with much of its content. He has offered to meet with me and I have asked that you and the Director of Nursing also attend to discuss my complaint. I believe once this complaint meeting is concluded it would be an ideal opportunity for us to meet at the PCT HQ to discuss the separate complaints I have with you as my father's General Practitioner. I trust this meets with your approval.

My availability at this time (which I have communicated to Mr Ian Piper) is as follows:

27 September, 30 September, 1-4 October, 7 October, 30 October, 31 October, 5 November, 7 & 8 November, 11 November, 13 & 14 November, 18 & 19 November, 21 & 22 November, 25-28 November

I have asked the PCT to make the necessary arrangements.

Yours sincerely,

Code A

Glenn Duggan

Dr. John H. Grocock

Code A

Code A

27 September, 2002

Our ref: JHG/ICS

Dear Mr **Code A**

I am in receipt of your letter of 20th September and have written to the PCT informing them that I will make myself available for a meeting with you. I have asked them to suggest some dates when Mr Piper and the Director of Nursing are also available. I have asked the PCT to provide a conciliator to chair the meeting at which you wish to discuss my answers to your complaint against the practice.

Yours sincerely

(19)

Code A**Code A**

Dr J H Grocock

Code A

02 October 2002

Dear Dr Grocock,

Arthur Edward Duggan, Date of Birth; **Code A**Died; **Code A**

Thank you for your letter JHG/ICS of 27 September 02. I write to seek clarification of what you are saying. As I read your letter, you have asked the PCT to provide a conciliator to chair the first meeting where I am meeting with the Chief Executive, Director of Nursing and yourself. You have not mentioned the second meeting I was proposing (which would follow the first meeting and would be between yourself and myself).

Under chapter 5.16 of the NHS Complaints Guidance (March 1996) a conciliator's assistance is made available to help facilitate agreement between the practitioner and complainant when either party has requested it (in this case yourself). The conciliator would therefore only apply to the second meeting between yourself and myself, which I assume you have agreed to, and not the first meeting between myself and staff of the Fareham and Gosport Primary Care Trust, which of course includes yourself under bed fund arrangements.

Yours sincerely,

Code A

Copy to:
Chief Executive Fareham & Gosport PCT



Dr. John H. Grocock

Code A

Code A

Tel: **Code A**
Fax: **Code A**

4 October, 2002

Our ref: JHG/ICS

Dear **Code A**

I am sorry if my last letter was unclear. I understood that you were requesting two meetings.

The first with Mr Piper, The Director of Nursing and myself. The second with myself to discuss your complaint against the practice. It is for this second meeting that I have requested the provision by the PCT of a conciliator.

Yours sincerely

cc to Mr Pickering, Chief executive of Fareham and Gosport PCT, Fareham Reach.

Code A

Code A

Dr J H Grocock

Code A

7 November, 2002

Dear Dr Grocock,

Code A, Date of Birth; **Code A**

As you are well aware I have been trying for some time to arrange a meeting with Fareham & Gosport PCT followed by a meeting when we can discuss the complaints I have raised with you as my father's Independent Practitioner.

I regret that there seems to be major problems with Fareham and Gosport PCT being able to arrange such a meeting. I therefore believe that it would be best for us to arrange a meeting between ourselves at an early opportunity to try local resolution of my complaints. I look forward to hearing from you.

Yours sincerely,

Code A

Glenn Duggan

NEEDS ADMIT	URGENT	NOTES TO	SHOW TO
ANTE NATAL	09 NOV 2002		NURSES
<i>AD</i>		TREATMENT SCRIPT GIVEN	RECORD ON COMPUTER

(22)

Dr. John H. Grocock

Code A

Code A
Tel: **Code A**
Fax: **Code A**

Our ref: JHG/ICS

11th November 2002

Dear **Code A**

I have received your letter of 7th November 2002.

I understand that the meetings will take place on Wednesday 27th November 2002 at Fareham Reach.

Yours sincerely

Sent T. Rawlings ²³
on 18/11/02

Dr. John H. Grocock

Ms Ann Turner
Complaints Manager
Fareham & Gosport PCT
Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 0FH

Code A

13 November, 2002

Our ref: JHG/ICS

Dear Ms Turner

Re: Meeting with **Code A** on Wednesday 27th November 2002.

Enclosed are copies of the correspondence held between **Code A** and myself. Please would you kindly forward these to Mr Terry Rawlings, Independent conciliator, who will be assisting at the meeting on 27th November.

Yours sincerely

Code A



Code A

Code A

The Complaints Convenor
 Fareham & Gosport Primary Care Trust
 Unit 180 Fareham Reach
 166 Fareham Road
 Gosport Hants
 PO13 OFH

01 January 2003

Dear Sir,

Arthur Edward Duggan, Date of Birth; **Code A** Died; **Code A**

A Conciliation Meeting took place at Fareham Reach on 27 November 02 with Dr Grocock, an Independent Conciliator (Terry Rawlings) and myself. This meeting discussed the complaints I made to Dr Grocott in my letter of 9 May 02 and his subsequent reply to me on 29 May 02.

After careful consideration, I am writing to you to request an independent review of my complaint. I remain dissatisfied with the responses from Dr Grocock in the following areas:

1. Why Dr Grocock continued to prescribe Cyproterone Acetate 100mgs tds over a 4 year period. Was this a suitable time span or was it because of his lack of knowledge of the long-term effects of the drug?
2. Why did the GP fail to check my father's PSA level and carry out Liver Function Tests?
3. Why did the GP fail to act on written instructions from Haslar Hospital on a letter dated 26 May 1999 to stop Cyproterone in 6 weeks?
4. Why did the GP issue double prescriptions over a 3 month period from October 2001 to December 2001?
5. The failure of the GP to monitor my father for flu vaccinations and Over 75 Health Checks?

I enclose a Summary of Complaint Hearing at Fareham and Gosport PCT on 21 November 2002 which outlines my complaint.

I wish to reassure the Convenor that I do not intend to instigate legal proceedings.

Yours faithfully,

Code A

Glenn Duggan

Summary of Complaint Hearing at Fareham and Gosport PCT with Dr. JH Grocock General Practitioner

27 November 2002

Present:

General Practitioner – Dr. JH Grocock

Mediator – Mr. T Rawlings

Complainant – Code A

Complaint

The meeting was held to resolve the concerns raised by the complainant in his letter of 9 May 2002 and Dr. JH Grocock's response dated 29 May 2002. The concerns were regarding the care provided to the complainant's father, Code A deceased.

Background

Code A had been a patient of Dr Grocock for a number of years. In 1997 he had been diagnosed with cancer of the prostate and had been under the joint care of Haslar Hospital and Dr. Grocock

Mr Duggan had been attending Haslar Hospital for Consultant Specialist Treatment on a 6 monthly basis. All medications were recommended by Haslar Hospital and prescribed by Dr. Grocock. The essence of the complaint is the failure of the Dr Grocock to monitor the care of Code A and inappropriate prescribing.

Flu Vaccinations and over 75 Health Checks

There was a failure by the practice to adequately ensure attendance for flu vaccinations and Over 75 Health Checks.

The complainant believes that the risk of his father suffering untoward effects from a viral infection would have been substantially reduced if a flu vaccination had been given.

The complainant believes that had his father been fully screened at an Over 75 Health Check the following would have taken place:

1. Face to face counselling of the patient would have resulted in patient compliance to flu vaccinations as he was of a generation that believe "Doctor knows best."
2. History taking would have revealed a recent unexplained car accident and memory loss, together with recent falls and disorientation. Recent small CVA's, found on post mortem examination, may have been diagnosed and appropriate care undertaken.
3. Urine and blood tests undertaken to monitor function of liver and kidneys on a patient who was receiving toxic drugs as a treatment of prostate cancer.

4. A Regular Medication review would have taken place.

The GP informed the complainant that the following his investigation into this complaint, processes were now in place to ensure attendance for flu vaccinations and for over 75 Health Checks as recommended in the GMC guidelines. Evidence for these changes was not produced at the meeting. The following improved procedures were verbally outlined

1. All patients are now given a verbal request.
2. Opportunistic requests when attending for other conditions.
3. Posters in the practice.
4. Standard wording on prescription sheets.
5. Since this complaint the GP now wrote to all 'at risk' patients with a personal invite. Again no evidence was produced at the meeting.

Complainant remains dissatisfied

1. Failure to ensure an 'at risk' patient was protected from flu virus that caused his admission to hospital.
2. Failure to call an 'at risk' patient for Over 75 check, which would have detected increasing frailty, symptoms of TIA, and misuse of drug administration and prescribing
3. Over 75 Health Checks are a requirement of the General Medical Services (GMS) contract and so there is therefore a failure to fulfill GMS contract requirements.

Prescribing

Code A had been prescribed Cyproterone Acetate 100mg tds which had commenced in December 1997 (4 Years before his death) for the treatment of Ca Prostate Gleason Grade 6. Prescribing commenced at Haslar Hospital and was continued by **Code A** GP Dr. Grocock.

The response received from the Independent Conciliator from the meeting held on 21 November 02 recorded:

1. GP unaware of problems with long term prescribing of Cyproterone "did not ring any alarm bells".
2. GP admitted he was unaware of over-prescribing of medication.
3. GP admitted that he had misunderstood instructions on letter of 26 May 1999.
4. GP admitted that he had not noticed missing Liver Function Tests.
5. GP stated that toxic medication would precipitate a reaction and would have impaired the liver function as also the susceptibility to complications from the viral infection, which contributed to his death.

Code A

Code A

Karen Connolly (Mrs)
 Assistant Complaints Mnager
 Fareham & Gosport PCT
 Unit 180 Fareham Reach
 166 Fareham Road
 Gosport
 Hants, PO13 0FH



11 January 2003

Dear Mrs Connolly,

Code A Date of Birth; **Code A**
 Died; **Code A**

Thank you for your letter Comp/007/2002 of 7 January 03 which, I regret to report is incorrect. My letter of 1 January 03 was indeed addressed to the Complaints Convenor but was not referring to the treatment and care of my father at Gosport War Memorial. This letter refers to the care provided by Dr Grocott as my father's GP i.e. in his capacity as an Independent Contractor.

My letter of 2 January 03 to your Chief Executive refers to the care of my father at Gosport War Memorial Hospital. I would be grateful for an acknowledgement of this correction to your records and confirmation that the Complaints Convenor is going to treat my two letters as separate Independent Review requests.

Yours sincerely,

Code A