Ms Karen Woods
Office of the Complaints Convener
c/o Unit 180, Fareham Reach
166 Fareham Road
Gosport
Hants
PO13 0FH

08 April 2003

Comp/007/2002

PRIVATE AND CONFIDENTIAL

Dr J Rees The Surgery Park Lane Stubbington PO14 2JP

Dear Dr Rees				
Complaint from	Code A	re his late father,	Code A	against Dr J Grocock
the above matter.	The relev	vant medical records	for the late	advice, at convening stage, on Code A have been to you as soon as they have
On reading throu circumstances, the stand up to independent	clinical tr	eatment provided by	me know if Dr Grocock	you believe that, given the is normal practice and would
I should be gratefu	if you coul	ld send me your respo	onse via the c	office at Fareham Reach.

Karen Woods **Complaints Convener**

Yours sincerely

ASK
ANNIN
COMILLINISIS

Jean Jorget
about this now.

Code A COMPLAINT

1. A question for the Hospital Consultant who transferred him. Did he meet the admission criteria for GWMH?

Code A was admitted from home by his GP, Dr Grocock who advised he considered GWMH appropriate place to admit him as he was a generally fit man suffering an acute illness from which full recovery was anticipated. Main requirements on admission were general nursing care and oral antibiotics. Physiotherapy and Occ. Therapy on hand.

- 2. Answered as per our letter.
- 3. What evidence is there that the "report" was never acted upon? Does the report contain clear actions and for whom?

As per our response. All investigations requested were completed on 28 January

4. Not clear what this is a ref to? If the notes – do they state specific action and what evidence that it failed to take place?

As per our response

5. Assuming the statement is correct – this is a nursing/medical question

See our response.

6. Where was his father on evening of 31 January? In who's care? What evidence that this situation constitutes "uncared for" given his father's state and clinical needs.....?"

On the ward - see our response 6.

- 7. **Medical/nursing question** our response 7.
- 8. Assumes a) he was dehydrated b) he needed a hospital to rehydrate c) GWMH failed to provide rehydration? facts/evidence

Seen by 3 drs on 4 separate occasions and not considered to be dehydrated until 1 February. Biochemistry on 28th not significantly abnormal. On 1st Feb Dr Grocock agreed that his condition had deteriorated since seeing him on 29.1.02 and arranged for him to be transferred.

- 9. Medical question (subjective statement) as per 8 above, see our responses 8 and 9.
- 10. Are we clear what records he refers to? Are they inaccurate in practice? If so why might this have happened?

Clear what he refers to – some records are inaccurate – we have stated this is below standard we would expect – investigating officer mitigated that ".... Due in some part to pressures on staff..."

11. Is this factually correct – if so why?

Yes - no mention in patient's notes - "busy shift, ward full of high dependency patients and only 4 staff on duty"

2. Juillets notice that he was not taking enough Liquid - cirrosis of liver mean he will not want to take gived. Area Dead mant he did not near reject. For juils / tea.

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