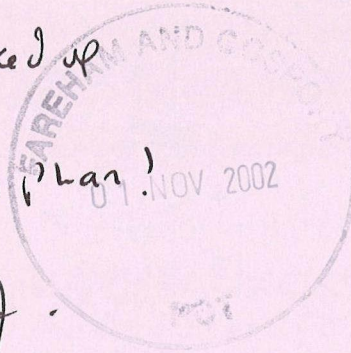


Kathryn

Is this picked up
within our
CHI Action plan?



23rd October 2002

Dr A Lord
Department of Medicine for Elderly People
East Hampshire Primary Care Trust
Queen Alexandra Hospital
Cosham
Portsmouth
PO6 3LY

Dear Althea

Comments on the CHI Report GWMH

Althea, as I was working through Tony's correspondence I found a letter that you had written to Ian with a copy to Tony on 27th August 2002. Clearly this was something that Tony and Ian would have wanted to ensure was incorporated in the final CHI report. It is obvious from Ian's comment in the margin that he had every intention of doing so and was grateful that your comments had been made.

Hopefully you will have received a formal response from Fareham and Gosport, but I wanted to reassure you that I have passed your comments to Sue Damarell-Kewell, Head of Service Quality for East Hampshire PCT, who will ensure that they are considered in terms of the implications for this organisation.

Best wishes,

Yours sincerely

Paula Turvey
Acting Chief Executive

Cc: Alan Pickering – Fareham and Gosport PCT
Sue Damarell-Kewell – Head of Service Quality, East Hampshire PCT

East Hampshire **NHS**

Primary Care Trust

Department of Medicine for Elderly People
Queen Alexandra Hospital

MEMORANDUM

From: Dr. A. Lord
To: Mr. Ian Piper, Chief Executive ,
Fareham & Gosport PCT
Ref: cc Mr. Tony Horne, Chief Executive,
East Hants PCT
Date: 27.8.02.

CHI Report on GWMH

I'm sending you some thoughts on the CHI report and have mentioned some inaccuracies. I have also tried to look at the current services in Elderly Medicine in Gosport, and feel that we do deliver a good service but there is still much that can be done to improve further. This however, will need an investment in terms of money, time and people.

I am happy to discuss.

Yours sincerely,

Anna

cc to Tony

Chi Report and Action Planning – Thoughts and Comments

- Correct
- 1) Page 4 2.1 – “the Police were contacted” by another daughter. The report omits to mention this.
 - 2) Page 4 2.3 – “11 other families raising concerns”. While this is published in the report I am not aware of the names of all 11 patients whose families contacted the police. Can I please be informed of all the names?
*Miller am J
Police did not release names, apart from 4 whose notes were requested.*
 - 3) Page 27 6.3 – “On Dryad, ward rounds were scheduled fortnightly, though occurred less frequently.” This is untrue. Ward rounds were only cancelled when I was on annual leave or study leave as there was no other consultant cover at the time. This was the same situation as on Daedalus ward. I would like specific instances as to when I was supposed to have cancelled ward rounds on Dryad, for reasons other than those mentioned above. In 1998/1999 I worked hard to cover both Daedalus and Dryad Wards and visited at times other than was timetabled at the request of the Nursing Staff or Clinical Assistant if there were urgent issues that needed attention.
*working
agree
with Jim
Reid.*
 - 4) Page 30 6.12 - Out of hours cover. According to this report, there is no explicit cover arrangements between 8.30 am and 9 am. The Staff Grade is contracted to work 40 hours a week between the hours of 9 am and 5 pm from Monday to Friday. (I have checked this with Medical Personnel). If a doctor is required between 8.30 and 9 am the nursing staff do contact Healthcall. The GP cover for out of hours needs to be available between 5pm and 9 am and this needs to be clear in the GP contract. ✓
*No 8.30am-5pm
Staff grade.
5pm-8.30am
GP cover.*
 - 5) Page 23 5.17 – Even when good practice was observed by the Chi team the statement doubts as to whether this is always the case. It is clear that the team was determined in their efforts to discredit hardworking staff even when they observed good practice!
*- can only be
assessed.*
 - 6) Page 58 – I am not a Lead Consultant and as such have not had 2 sessions a week for associated responsibilities. (Page 27).
Correct.
 - 7) Page 19 4.21 – Pharmacy training for Clinical Assistants – I am not aware of any organised programme and would be grateful for details. If Clinical Assistants are to attend these sessions there will inevitably be a reduction in their workload. I also made several requests for more Pharmacy input at Elderly Medicine Departmental meetings, CES Steering Group meetings and at discussions at GWMH about self medication for inpatients and was told on each occasion that there was inadequate Pharmacy Staff for an improved service for inpatients. When Dolphin Day Hospital opened 9 years ago, Pharmacy input was requested (as was already available at ADH and THDH) but again the funding and staff for this was declined.
 - 8) Page 31 6.20 – I agree that good multidisciplinary team work is vital for caring for elderly people with complex needs. In the last 2 years this has declined considerably in Gosport. There is no social worker present at meetings and with the re-structuring of Occupational Therapy services we do not have OT feedback on the majority of patients discussed. Referral to a therapist needs to be filled in on paper and faxed to the relevant disciplines and this needs to be carried out by already overworked nursing staff. The poor MDT working on
- Accepted.
Working with
PHT to
improve the
service.*
- Will*

Daedalus and Dryad Wards and Dolphin Day Hospital is illustrated with 2 examples:

- On Kingsclere Ward (General Rehabilitation) at St. Mary's Hospital Portsmouth there are dedicated OTs who attend and are able to feedback on all patients at MDT meetings. This was specially funded by Portsmouth City and East Hants PCTs. On Daedalus ward, the OT present at MDT meetings is not able to provide information or feedback on the majority of patients who are seen by colleagues based at St. Mary's or QAH. OTs are less involved now on working with patients' ADLs, transfers, the predominant role being of carrying out home visits.
- The Community Enabling Services (Fareham & Gosport) team has an informal referral system between all disciplines who need to be involved. This is done at the weekly team meetings. The clerical staff then fax the original referral form with the patient details to the relevant discipline.

Agree.
I will send
Fiona to
coordinate.

I feel it is important that a small group to include senior therapists, senior nursing staff, a geriatrician, a PCT representative need to look at how MDT working in Gosport could be improved. This is not a recommendation in the Chi report but I feel it is extremely important for rehabilitation, goal setting and assessment of the whole person. Daedalus ward was converted from Continuing Care to an Intermediate Care ward for inpatient rehabilitation. At the same time the MDT working has declined to an all time low in terms of communication between team members and mechanism of referral to therapists.

will see FC to follow up

9) Education in Elderly Medicine – This is currently being addressed with Dr. Knapman and his partners. However Dr. Grocock and his partners and the other medical staff on Mulberry Wards and Phoenix Day Hospital deal with medical problem and emergencies and there is scope for educational sessions to include medical and nursing staff in Old Age Psychiatry.

10) Page x 16. (of Executive Summary) – Supervision of Clinical Assistants. This needs to be adequately resourced in terms of

- Consultant time to include time to write up and implement agreed action plans and also travelling time to Gosport.
- The Department of Elderly Medicine needs to commit to an equal share of the Consultant input into Fareham and Gosport as compared with East Hants and Portsmouth City PCTs. This has never been equal or proportionate to the workload in Gosport and is in danger of being further jeopardized with recent plans for reconfiguration of acute medical services.
- Clinical Assistant time – will need a reduction in clinical duties if fitted in to the same session. If this is not possible then adequate remuneration needs to be available if the Clinical Assistant is required to attend at a time other than the usual session. (There is very little flexibility for those clinical assistants who work one or 2 sessions a week and have other commitments during the rest of the week).
- Office space for clinical supervision and appraisal to take place. There is urgent need for a doctors' office at Gosport War Memorial Hospital. This would be for the use of all grades of Medical Staff in Elderly

TH - ? EH
uw

(FC)

Medicine based in Gosport. The Office requires a filing cabinet, bookshelves, desk, computer with links to the network for all systems for patient information and results, internet and e-mail facilities, a printer, telephone and fax machine. It would provide a quiet space for dictation of discharge summaries and letters, and also a resource of medical textbooks and reference articles, policies and procedures. At present we use a vacant room in Dolphin Day Hospital but these same rooms are also used by Occupational Health and other agencies during and after normal working hours.



Dr. A. Lord
27.8.02.