

File
Comm Hosp
Dte 1

Portsmouth Health Care NHS Trust

Received

06 JUL 2000

General Manager, Fareham / Gosport

Code A

MM/BM/YJM

04 July 2000

4378

Dear **Code A**

The letter which you handed into the Health Authority early in June 2000, has now been passed to my office for handling under this Trust's formal complaints procedure, as Gosport War Memorial Hospital is managed by Portsmouth HealthCare Trust. I know that you have already received an explanation and apologies from the Health Authority for this delay. Please find enclosed a copy of the Trust's complaints leaflet which explains the procedure and the future options open to you.

I am extremely sorry to hear of your husband's distressing experiences during the past few months, and will ensure that all of the concerns you raise about the services at Gosport War Memorial Hospital are fully investigated. I will write to you again as soon as that investigation is complete, which should be within four weeks. The Health Authority will be responding to you separately on the other issues you raised.

In the meantime I do hope your husband's recovery has continued, and that you have been able to access any help you need by returning to your general practitioner in the first instance.

Yours sincerely

Code A

Max Millett
Chief Executive

Silent copy to: Mrs J Peach
Mrs F Cameron
Ann Turner - Health Authority

Portsmouth Health Care NHS Trust

Received

- 3 AUG 2000

General Manager, Fareham / Gosport

Code A

MM/BM/YJM

01 August 2000

4378

Dear **Code A**

I am writing further to my letter of 4th July, 2000 now that I have received the report of the investigation into your concerns about your husband's stay at Gosport War Memorial Hospital earlier this year. **Code A** time in hospital was upsetting for you and we are very sorry that you felt such distress. Your letter raised a number of specific points and I will respond to each of these in order.

1. Availability of pain-killing medication

You were concerned that **Code A** did not receive any painkillers during his first twelve or so hours at the War Memorial Hospital and that there was no doctor or pharmacist to prescribe or provide such medication.

Code A was admitted from the Accident and Emergency Department at Haslar Hospital on the evening of 4th April, 2000. His medication chart shows that he was given regular painkillers from the time of admission:

4th April at 9.35 p.m. - 10 mgs MST (morphine)
5th April at 5.15 a.m. - Co-codamal (codeine and paracetamol)
5th April at 8.10 a.m. - 10 mgs MST
5th April at 1.30 p.m. - Co-codamal

These medications are stock items and were freely available on the ward. However, **Code A** had also been taking Baclofen, Lansoprazole and Lacidipine at home. These are specialist drugs that are not routinely kept at the War Memorial Hospital. The call you received at home was to ask for these medications to be brought in; only one of these tables - Baclofen, which is a muscle relaxant - would perhaps have assisted with pain relief.

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There is no doubt that **Code A** was in severe pain, and that pain control proved difficult, despite all the efforts which were made. We are very sorry for any confusion which occurred about the availability and the giving of painkillers to your husband.

Although Gosport War Memorial Hospital does not have a doctor or a pharmacist on site twenty-four hours a day, both medical and pharmacy cover is provided regularly. The medical cover is provided by the admitting general practitioner, who visits regularly (usually daily) and when requested by the nursing staff. Twenty-four hour medical cover is provided through the general practitioner practice on call arrangements. A pharmacist also visits the hospital regularly and pharmacy deliveries are made daily.

2. The events of Sunday, 9th April, 2000

You were concerned that **Code A** condition deteriorated on this day, but that there was no immediate medical help and that the initial diagnosis of stroke was later changed to severe dehydration and analgesic coma.

The nursing staff, who are very skilled in patient observation, were concerned that **Code A** appeared to be unrousable that day and called the duty general practitioner at 1 p.m. Dr. Williams attended at 3 p.m. and gave **Code A** a full examination. By 3.45 p.m. **Code A** was rousable, able to talk and able to drink. Dr. Williams felt the likely diagnosis to be a stroke, a view which was supported by the medical staff at Haslar Hospital when they agreed to his transfer.

Subsequently a stroke was ruled out and the medical transfer letter back from Haslar Hospital raised the suggestion that an overdose on MST might have caused this problem, and that **Code A** might have suffered a degree of dehydration. As **Code A** MST had been stopped two days before he became unrousable this was ruled out.

We are very sorry for any occasions when **Code A** was unable to reach his drinks. There was a concern that he needed encouragement with drinking and that at times he was reluctant to do so; I am assured that help was regularly offered.

3. Rheumatology referral

You expressed concern that there were four days between the referral being made and Dr. Sheban visiting the ward. A referral was made on Thursday, 13th April for Dr. Sheban to visit **Code A** on the ward. This visit was made on Monday, 17th April as Dr. Sheban was already visiting the hospital for an outpatient clinic. We can appreciate that this must seem a long time to you but we would not generally expect to get a much swifter response than two working days, except in the case of emergency.

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4. Discharge arrangements

You express concern that no follow-up appointments were made. By the time of discharge **Code A** pain seemed to be under control and he was making steady progress with mobilising. His condition was chronic and already being managed by his general practitioner, who arranged his referral into the War Memorial Hospital. Dr. Sheban did not ask for a follow-up appointment to be made. If you have concerns about your husband's future care these would be best discussed with his general practitioner.

You made some more general comments about Gosport War Memorial Hospital which I thought it might help if I addressed. You indicated that you thought that the hospital had few nurses, that it is a convalescent hospital and not for real illness. The staff are saddened by this comment as Sultan Ward in particular cares for patients who are directly admitted from home by their general practitioner in an acute phase of their illness. The ward also cares for a large number of post-acute patients who are transferred to the care of their general practitioner following a short acute phase of illness in Queen Alexandra or Haslar Hospitals. The nursing team consists of two qualified general nurses on each shift who are very skilled and able to make decisions. The ward team felt they had tried to support you during your husband's illness, and are sorry for any occasions when the care did not reach the level you expected.

Your husband clearly had a terrible experience and suffered a great deal of pain and discomfort during April this year. I hope this letter helps to answer some of your concerns.

Thank you for taking the trouble to write to me. Whilst we are confident that **Code A** received the appropriate care in the appropriate place, your complaint highlighted some issues for action. The ward staff will be reflecting on how they can improve communication with relatives, particularly in clarifying expectations of the care planned. The Trust is currently developing a new policy and protocol for the management of pain relief, which the staff of the War Memorial Hospital will contribute to and be working from in the future.

Yours sincerely,

Code A

Max Millett
Chief Executive

Silent copy to: Mrs. J. Peach
Mrs. F. Cameron

On Thursday 30th March, 2000, my husband, who has chronic arthritis, but rarely complains, was experiencing more pain than usual. I called in our GP who prescribed different pain killers.

Friday 31st the pain was much worse so I called the GP again. This GP prescribed steroids.

Over the weekend my husband's pain was so severe he could not even stand; let alone walk. I called the GP again on the Sunday. This GP told us to double the dose of the steroids to reduce inflammation.

By Tuesday April 4th the condition was far worse with every joint in severe pain. I called the GP again because I could not help my husband move to the bathroom as he was in so much pain.

I am severely disabled, partially sighted and weigh 7stone - my husband weighs 15 stone! I asked the GP for some help in moving my husband, washing dressing etc. The GP sent him to Haslar.

where a severe arthritic flare up was diagnosed. He had an injection of morphine but then we were taken to the War Memorial.

I asked for him to be kept at Haslar, but as the condition just needed complete bed rest and pain killers a bed was not justified. I refused Q.A. as I cannot get there to visit etc..

Wednesday 5th April pm. a lady from War Memorial phoned and asked me to get my husband's pain killers to him as he was in such pain.

I asked why hadn't he been given pain killers over the previous night & morning and was told there is no pharmacy nor Doctor at the War Memorial!!

I got to the hospital with the tablets to find my husband beside himself with pain. His pillows were slipping and he could not

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even move himself enough to straighten them. I called some nurses. It took 5 girls to try and alter the pillows without causing Jim any more pain.

He stayed at the War Memorial for several days getting worse.

Sunday 9th April as I arrived at the hospital, a nurse said they were very concerned about Jim they could not waken him. They had also called the Emergency Doctor. My friend & I sat all day trying to wake Jim - this was not sleep - he was unconscious!

After 6 hours of waiting the only one Emergency Doctor to cover the whole of South Hampshire on a Sunday!!! arrived. He diagnosed a catastrophic stroke and said it was very serious. He said as QA had no beds he would be sent to Haslar again.

Monday 10th April I telephoned to see how Jim was. I was told he was not very well - I asked about a brain scan to determine the effects of the stroke. What stroke they asked! I spoke to the doctor at Haslar who said No stroke, just severely ~~de~~ dehydrated and was in an analgesic coma.

He was dehydrated because at the War Memorial Drink was put on the table at the end of the bed but because of the pain he could not reach it and nobody had thought to help him!!

He did not recognize me for several days but said he could see faces in the curtains and people were chasing him. Very very confused and he looked so terribly ill.

After a few more days I was told that Jim did not warrant a high dependency bed and that he was going to be sent back to the Memorial.

3.

12th April he was returned to the War Memorial. He was still very ill confused and by now his joints, elbows knees, toes looked as though Tomatoes had been stuck on them. If it had not been so tragic it would have looked funny.

13th April the GP visited him in hospital and said that he should have started some physiotherapy and he should be at least standing. Two physiotherapists arrived but when they saw his swollen joints they refused to touch him until a rheumatologist gave them instructions, as they said any movement would cause more damage.

A rheumatologist was requested on an urgent basis. 4 days later she arrived. She also telephoned me at home on my insistence. She diagnosed Gout in all joints, prescribed more steroids, stopped several other pain killers which had been accelerating the condition and ordered Xrays to be done. Gout is a particularly vicious form of arthritis.

A week later the pain is being controlled and Jim can now shuffle with a Zimmer frame. He cannot drive nor walk properly as his ankles are still very painful. He was discharged 20th April. — no follow up no out patient appointment — nothing. Jim has had 5 weeks of excruciating pain — I've been to hell + back what is happening here?

Code A