

East Hampshire **NHS**  
Primary Care Trust

Our Ref: EC/gm/J118150

**Elderly Mental Health Services**  
Gosport War Memorial Hospital  
Bury Road  
GOSPORT  
Hants PO12 3PW

Dr J Anderson  
2 Gregson Avenue  
Bridgemary  
Gosport  
Hants

TEL: 023 9260 3267  
FAX: 023 9258 4062

Ext 2267

Date: 21 April 2004

Dear Dr Anderson

**Bronwen STAPLES – D.o.B.: 30.03.1929**  
**76 Layton Road, Gosport, Hants, PO13 0JQ**

Wendy Ford, Community Psychiatric Nurse has discussed this outpatient with me, although I have not seen her personally.

I do not think that there is any convincing evidence that she needs to receive Venlafaxine at present. This is generally an agitating and activating drug, which is usually the last thing that patients who suffer from dementia need. I would therefore be grateful if this could be stopped. She will then be reassessed in a month's time regarding her need for any anti-dementia drug.

Yours sincerely



Dr E M Cybulska  
DM, DPM, MRCPsych  
Locum Consultant in Old Age Psychiatry

cc: Wendy Ford, Community Psychiatric Nurse

East Hampshire   
Primary Care Trust

Our Ref: EC/gm/J110736

**Elderly Mental Health Services**  
Gosport War Memorial Hospital  
Bury Road  
GOSPORT  
Hants PO12 3PW

Dr D Evans  
Gosport Health Centre

TEL: 023 9260 3267  
FAX: 023 9258 4062

Date: 26 April 2004

Ext 2267

Dear Dr Evans

**Peggy HUGHES – D.o.B.: 03.05.1916**  
**Ferndale House Residential Care Home, 38-40 Grove Road, Gosport, Hants**

I have visited this patient today, together with Wendy Ford, CPN.

Having read her previous notes I gather that she has not been well since first seen by Dr Banks in August 2002. This is despite trials with various anti-depressants including Trazodone, Citalopram, Mirtazapine. In addition she has had Olanzapine up to 12.5mg daily. Fortunately this psychotropic medication has now been stopped.

Of interest is the fact that she is on Prednisolone 5mg daily (for her Polymyalgia Rheumatica) and this can affect mood.

When I saw her today I was struck by her bradykinesia she also has a slight Parkinsonian tremor in her right hand. What she does not have however, is a primary depressive illness. The arguments against it are:

- Lack of biological symptoms,
- Lack of previous psychiatric history or a history of depressive illness in the family,
- Indirectly, her local lack of response to anti-depressants.

She has slight cognitive impairment; scored 26/28 on MMSE (she lost some points due to her poor vision) and today she was surprisingly well orientated in time, place and person and able to carry a meaningful conversation.

In summary I think that her main problem is Parkinsonism, which has not received any attention thus far.

/Continued

I suggest that she is now started on Madopar 62.5mg bd to be increased to tds after a week if she tolerates it well. I shall be reviewing her together with Wendy Ford in 5 weeks time.

I shall be very happy to discuss this case with you if necessary. The best time to get in touch with me is on Monday afternoon after 3.00 p.m.

With Best Regards.

Yours sincerely



Dr E M Cybulska  
DM, DPM, MRCPsych  
Locum Consultant in Old Age Psychiatry

cc: Wendy Ford, Community Psychiatric Nurse, Phoenix Day Hospital

Wendy O'Keefe } - work at these surgeries  
Neudy Ford }

Wendy Ford

Inconsistency

lectures

taking off medicine

doesn't listen

flipped at ward round, shouting at staff when discussing medication

doesn't like most drugs

but will Rx (argacil)

calls drugs poison

inappropriate letters

Sue Rin

Thursday

Family meeting meant to be increasing

Trazedone told family poison all medication

poison, pt doesn't need it so took her off it

pt agitated in evening family trying to manage

her don't want rest home care so quite difficult

today - daughter rang no faith in consultants

wants to make complaint

Dr Smith took pt back and reinstated trazidone

family much happier

Dr Smith

Concerns nurses by passing going to him making things difficult  
 He recently started some of these medications  
 What happens when need to be restarted.

Carly - HCSW.

Did ward round  
 pt not eating + drinking - told "bad nursing care"  
 asked for some medication for psychosis - told incompetent  
 team - shouting, rude,  
~~at~~ Most patients according to Dr on unnecessary medication

Jane Wallington

Won't listen

Rude

Dangerous for pts and service

Undermining

Autocratic

Nurses have to placate relatives pts, homes etc.

Jerry

Won't listen

Agreed 10.30 ward round ~~there~~ in

reasons given - can't release t/n before this

can't be pm unless Thu/Fri not appropriate

new JD changed could be tuesday

Memo changing to ~~10.30~~ <sup>9.30pm</sup> Jerry unable to release

t/n at this time but won't/can't change

Anti medication

pt not eating / drinking - want Rx daughter (nurse)

anxious upset - frightened mother could die without

treatment - threatening complaint

Jerry worried about safety of pts + staff without

appropriate meds -

one pt elated without med <sup>will go</sup> higher + higher

Dr Eva

problems with nursing staff

① CPN want prescriptions for pts not seen by consultant - not good practice

Also she has never carried Rx pad and

doesn't intend to start new. Its for GPs to Rx

Drugs should not be first response can be toxic cause more harm than good.

② Nursing staff on Arr Royal difficult - manager looks disinterested agreed ward round 10.30 unable to supply trained nurse

Her decisions are questioned wouldn't Rx for pt not eating + drinking "good nurses" would be able to get

pt to eat + drink. Did not need drugs if anything ECT would be best course of action

Had good team in last substantive post unlike staff on

AR questioned by nurse Newman - s/he consultant dr

her decision Need need found to be long thorough no



good trying to scrimp on time

Feels staff have been let do things own way to long

need to listen to consultant

Need to improve nursing care / standards so pts can

get better without drugs.

**EAST HAMPSHIRE NHS  
Primary Care Trust**

**M E M O R A N D U M**

**TO:** Ward Manager  
Ark Royal Ward

**Date:** 20.04.04

Ward Manager  
Collingwood Ward

**FROM:** Geraldine Morle  
Secretary to Dr Eva M Cybulska

**CC:** Health Care Support Workers  
Occupational Therapists  
Social Services  
Social Workers  
Physio Therapists  
Dr Sajeev Kumar

**RE: Ward Round on Wednesday a.m.**

Please note that as from next week (Wednesday, 28 April 2004) the Ward round will start from 9.30 a.m. and will take place on Ark Royal Ward for both wards.

**Our Ref:** JC/kb  
**Date:** 27<sup>th</sup> April 2004

**Elderly Mental Health Services**  
Gosport War Memorial Hospital  
Bury Road  
GOSPORT  
Hants  
PO12 3PW

Dr Cybulska  
Gosport War Memorial Hospital  
Bury Road  
Gosport

Tel: 023 9252 4611  
Fax: 023 9260 3306

Dear Dr Cybulska

**Re: Ward Round Wednesday a.m.**

Thank you for the above memo of 20.04.04, which I received today.

You have stated that the ward round will start at 9.30 a.m. from 28.04.04. However, at last week's ward round of 19.04.04 it was agreed that the ward rounds would commence at 10.30 a.m. with Collingwood starting first as there is a problem in Ark Royal releasing a trained member of staff for an earlier start, and would mean a Health Care Support Worker in their place which would not be suitable.

I did contact your Secretary last week and leave a message that a Tuesday afternoon is now available as Dr Daoud is reviewing all her patients on a Monday now, so I am sure it would be easier for both wards to ensure Trained Staff attendance if Tuesday afternoons – 2 p.m. onwards, could be the allocated time for your review.

I hope that this time is made available as it will ensure improved communications with yourself and the EMH ward team at your ward rounds.

Yours sincerely

Jerry Clasby  
Senior Nurse  
Ark Royal Ward  
GWMH

27/04 04 TUE 14:35 FAX 02392584062

GWMH-AMH

00

East Hampshire   
Primary Care Trust

## MEMORANDUM

**To:** Jerry Clasby, Senior Nurse, Ark Royal Ward

**From:** Dr E Cybulska, Locum Consultant in Old Age Psychiatry

**Date:** 27 April 2004

**Fax:** 023 9258 4062

### WARD ROUND

Thank you for your recent memo regarding the above

I do not mind whatsoever what day the ward round is, as long as an appropriate time is allocated to it (which means a full session).

As it happens there is CPNs' supervision/community visits on Tuesday pm at Phoenix Day Hospital, which takes the whole of the afternoon. If you wish the ward round to take place on that day I suggest that you liaise directly with the CPNs for a straightforward swap.

Meanwhile I shall be turning up tomorrow as planned at 9.30 on Wednesday.