

4/15

PORTSMOUTH
HealthCare
NHS
TRUST

DR A LORD FRCP
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AL/BN/S518104

30 October 1998

Code A

Mrs S Frogley
Project Officer
Portsmouth HealthCare Trust
Havant and Petersfield Divisional Office
Civic Offices
Civic Centre Road
Havant
Hants
PO9 2AX

Dear Sue

RE: BRIAN CUNNINGHAM (DECEASED)

Code A

Please find attached my report on Mr Farthing's complaint regarding Mr Cunningham's care. If you wish further clarification please contact me at QAH.

I am sending his medical notes and Dolphin Day Hospital nursing records to Jackie Tarrant, Nursing/Residential Care Home Inspector at her request. The psychiatry notes are being returned to Old Age Psychiatry in Gosport.

With best wishes.

Yours sincerely

Code A

Dr A Lord FRCP
Consultant Physician in Geriatrics

Enc.

Reply to letter of 2/10/98 from C.R.S. Farthing
Re: Brian Arthur Cunningham (Deceased).

I have answered the points as numbered and highlighted in the attached letter.

1. The Post-Mortem was requested by Dr. Brooks after discussion with me. I was contacted by Dr. Brooks on the morning of the 1st October while I was in Outpatients in Gosport. (She works part-time and was not at work that day but had been contacted by her surgery). Mr. Farthing was not happy to accept the certificate that was issued and wished it to be changed to "Septicaemia due to Sacral Ulcer". I said this could not be done as we had issued a professional document and advised Dr. Brook to contact the Coroner which she did the same day. After a post-mortem was held the same cause of death was issued by the Coroner. (Dr. Brook discussed the original Death Certificate with me before it was issued).
2. When Mr. Cunningham was discharged from Mulberry Ward, GWMH, I arranged Day Hospital follow-up as we'd been concerned about his physical state - loss of weight, myelodysplasia, retention of urine in addition to his long-standing Parkinsons' Disease and lumbar spinal injury. On his 1st admission to Dolphin Day Hospital (14/9/98) he had grazing of the sacrum and a linear black scar in the natal cleft. (Photograph in the medical notes). Advice was given to the Nursing Home about ensuring adequate pressure relief in bed and on chairs, as well as to ensure that he did lie on his side. This was repeated by S/N L. Shaw (DDH) on 17/9 and I was witness to this conversation. I also spoke to Mr. C on the 17/9 and emphasised to him the importance of lying on his side. I felt this was important as Mr. C did not always comply with medical and nursing requests. I also told him that I'd see him again on the 21/9. He said he wished to die and did not feel he'd still be alive on the 21st. The OT from DDH had also contacted the Nursing Home about pressure relief. However on review on 21/9 the sacral sore was much larger, necrotic and extremely offensive. I felt that this required hospital care and admitted him the same day to Dryad Ward.

The Day Hospital has patients for that day at the end of which they return back 'home' to their carers and GP. As in this case appropriate advice was given to the Nursing Home. I do not feel that Day Hospital (we are not a Day Centre and Mr. C. did not attend one) is in anyway responsible.

3. The medical staff of the continuing care wards at Dolphin Day Hospital consist of Dr. Jane Barton (Clinical Assistant) and myself. Br. Barton visits on a daily basis and I have one session time-tabled every fortnight. Out of hours cover and Dr. Barton's holiday cover is shared by her partners, one of whom is Dr. S. Brook. Dr. Barton was on Annual leave from 25/9 to 2/10.
4. My next ward round on Dryad was scheduled for 28/9 and Mr. Farthing was given an appointment for 5 p.m., as I see relatives at the end of the round. In our records we had Shirley Selwood (Mr. C's previous home carer and friend) as Mr. C's NOK. I was not aware of Mr. Farthing's existence or involvement till 22/9. At no time in the past (I had known Mr. C. since Sep 97) had I been contacted by any member of Mr. C's family. (Mr. C's physical and mental decline was in fact considerable even in July 98 - he had lost a lot of weight.) With the pressure of work and the fact that each ^{morning} 'session' that I have in Gosport exceeds 5 hours I am unable to see relatives except after the ward round of that ward.
5. Sr. G. Hamblin (Dryad) phoned me on 23/9 and said that Mr. Farthing wanted Mr. C's Syringe Driver with Morphine turned off so that he could speak to him. We discussed Mr. C's problems, his extreme pain and anxiety and a necrotic, offensive pressure sore that could not be dressed or debrided without analgesia and I felt it was not opportune to discontinue Mr. C's analgesia as I felt our main aim of treatment at that point was to keep him pain free and comfortable. I asked Sr. Hamblin to relay this to Mr. Farthing.
6. At no time did I decline to see Mr. Farthing or cancel any appointments. He had been told by the Nursing Staff on Dryad ward that I would see him after I had seen the patients on the ward. Mr. Farthing then cancelled the appointment, and mentioned that he had to be in London for a couple of days. He was advised to contact my Secretary at QA. He did so and was given an appointment for 3 p.m. on 2/10. This was cancelled by Mr. Farthing around noon of 2/10.

I hope this is helpful. If further details are required, please get in touch.

Code A

DT. A. LUTG
29/10/98