

## **Fiona Cameron - Operational Director**

---

**From:**  
**Sent:** 04 December 2002 09:03  
**To:** Fiona Cameron - Operational Director  
**Cc:** sommerville gordon (J82161) Dr Sommerville & Partners  
**Subject:** Visit

Just to keep you updated on our recent visits.  
 Dr Knapman and partners- not an easy visit!

This did not start too well as I thanked Peter for agreeing to continue until mid February and not all partners were involved, as some had opted out but felt that it should have been a practice decision! We got over that problem and pledged our support for the difficulties that they had had regarding inappropriate referrals, and support for their work.

This led to some anecdotal evidence and they were happy to provide names if we wished. Some evidence of discharge home after refusal for Sultan ward by GP, who then was called to home and had to admit to Sultan (does this mean that the hospital does not get a re admission status for that patient?) Others who were admitted and were very sick relatives had been told they were going to Gosport for rehab but that was not the truth they were terminal patients. This does not help the present hospital situation and anxiety by relatives. Some people refusing to go into Gosport. Also some too sick to be on the ward, not properly diagnosed. Some had to be re admitted to QA

Happy to send own patients on to Sultan and this actually saved a hospital bed, Knapman a little annoyed that the Ian Reid idea was his i.e. acceptance of patients who have been assessed by elderly medicine consultants! However this did appear it may be a goer. Were not prepared to come to any decision except through the Gosport Committee. Gordon got an invite eventually, but this is towards the end of the month.

Relatives ringing the practice to say ward had asked if they would ring the GP to ask if GP would accept the looking after of their relative at Gosport, relative at present in QA or St Marys.

There was more but I think this is the one to focus on immediately

**The biggest problem that needs highlighting and looking into urgently however is the continuing lack of pharmacy do not get even weekly visits and also for destroying CDs. There was some talk about the last visit being JULY for destroying CDs.**

**Doctors being asked to prescribe on their own prescription forms this has happened twice to Dr Peters and he believes to be dangerous.**

**Also there have been no changes or training since the Chi report they are just continuing as they were, does this need looking into urgently??**

**Rehab facilities not good and the amount of physio is not as people think. Cannot loose X ray facility.**

### **Dr Lacey and partner**

Had not experienced problems lately as he had been fierce in his accepting only what he was prepared to have. Having said that in the not too distant past had refused a patient admission and then they turned up on the ward. One of the problems if they turn up like this it often requires a call out at night and of course that costs them through Healthcall (Primecare) Again not recently they have also had undiagnosed patients appearing with acute retention, dehydration, confusion and diagnosis was UTI.

Gordon do not know if you want to add or subtract anything.

Margaret Smith

Code A