

11th April 2002.

Dear David/ Lesley/ Fiona,

The last week has been particularly stressful and difficult. I do appreciate that this is a time of extreme stress for all of you but am writing in the hope that some of the problems can be addressed.

The issues are multifactorial and it hasn't helped that I am still expecting a letter from the GMC about a possible investigation and on a daily basis dread the arrival of a letter sent by recorded delivery. The CHI report is awaited and has been delayed. The response from the 4 families involved in the Police investigation is awaited. Some of the other factors include:

- I have had to change acute wards to accommodate other Consultant requests and have worked on John Pounds since November last year. For the last 21/2 weeks I have had to do a whole ward round which has averaged 6 hours and there has not been any reduction in other duties. Over this period the ward has also been run by an F Grade 'acting up'.
- Lack of staffing for 3 Clinical Assistant sessions in Dolphin Day Hospital but with GPs still expecting the wide range of services with the same promptness as before. My Day Hospital 'session' was 6 hours this week. (I do not have Rachael Ross's help now on a Monday morning).
- We have a high proportion of patients with Parkinson's Disease in Day Hospital with no dedicated medical or nursing time. 7 out of 10 people whom I saw on Monday had Parkinson's Disease or a variant.
- My Gosport Outpatient 'session' this week was 6 1/2 hours (8.30 am to 3 pm).
- The net effect, when I do the whole of John Pounds, is that the Monday, Tuesday, Thursday and Friday morning sessions are an average of 6 hours.
- Reduction in Consultant input to Gosport - Dr. L. Qureshi doesn't have any sessional time in Gosport now and all the Domiciliary and Community visits and ward visits have been undertaken by either Matthew Puliyel or myself while there are 4 full-time Consultants for Portsmouth City.
- My inability to take a day off after a duty weekend as previously agreed, due to pressure of clinical work and covering of Consultant colleagues at QAH as well as Gosport.
- Closure of Haslar Hospital to the acute medical take and medical inpatients has resulted in more patients being admitted to QAH and St.Mary's. On discharge, there is an increasing number being booked in as follow-ups into the Gosport Outpatient clinics.

There are no easy solutions but I would like the following suggestions addressed:

- Reduction in Dolphin Day Hospital numbers on a Monday to a maximum of 8. If a VTS SHO is appointed in the future their work will need to be supervised and hence an increase in numbers even then will not be possible. This will result in a delay in patients being reviewed by a Consultant and will not comply with the existing standard that each new patient needs to see a Consultant after 3 attendances.
- Increase the Consultant sessions to Dolphin Day Hospital.
- Ward follow-ups of patients not previously under my care are booked into a new slot as I cannot summarise their notes, examine, arrange investigations, adjust medication and talk to the patient and relatives whom I've never met before, in 15 minutes. If this does not reduce the time spent in outpatients then there needs to be a reduction in Outpatient numbers to 2 new and 5 follow-ups. (At present 2 new and 7 follow-ups). I would hope this would apply to Matthew Puliye's clinic as well.
- A dedicated Movement Disorder session is set up in Dolphin Day Hospital with dedicated additional nurse and Consultant time. This would be for Fareham and Gosport patients.
- Urgent review of the Consultant time in Gosport so that there is equity in all three PCTs. Urgent review of how Consultant Cover of wards (Acute and Community Hospital), Annual and Study Leave is organised.
- Gosport GPs are informed of the shortfall in staffing and hence the difficulty in coping with urgent requests in Day Hospital.

In 1998 I accepted and carried out an onerous workload on behalf of the department. This has resulted in a battering to both my professional and personal esteem, and the trauma is still ongoing. I do not feel that I can remain silent and uncomplaining about an excessive and stressful workload, particularly as there are more Consultants now and the sessional commitments are variable.

I would appreciate a reply.

Yours sincerely,

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Althea Lord
Consultant Geriatrician

- David Jarrett, Lead Consultant, Elderly Medicine, QAH
- Lesley Humphrey, General Manager, Elderly Manager, QAH
- Fiona Cameron, Locality Manager, Fareham & Gosport