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Mhu/FPD/2000/2047

**GENERAL
MEDICAL
COUNCIL**

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guiding doctors*

4 October 2002

Ms Fiona Cameron
Operational Director
Fareham and Gosport
NHS Primary Care Trust
Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 0FH



Dear Ms Cameron

Re: Gosport War Memorial Hospital

Thank you for your letter and enclosures of 30 September 2002, the contents of which have been noted.

Your correspondence has been passed to Mr Michael Hudspith for his attention.

Yours sincerely

Code A

Desrine Emmanuel
Fitness to Practise Directorate
Phone: 020 7915 3603
Fax: 020 7915 3642

Fareham and Gosport 
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
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Mr Michael Hudspith
Fitness to Practise Directorate
General Medical Council
178 Great Portland Street
London
W1W 5JE

FC/MT

30 September 2002

Dear Mr Hudspith

Re: Gosport War Memorial Hospital

Thank you for your letter of 3 September. In response I am enclosing Code A original complaint and Portsmouth HealthCare Trust's final response to the complaint. Dr Ian Reid was the consultant in charge of this case and Dr Jane Barton the clinical assistant working with him.

I hope this information is helpful. However, if there is anything further you require, please do not hesitate to contact me.

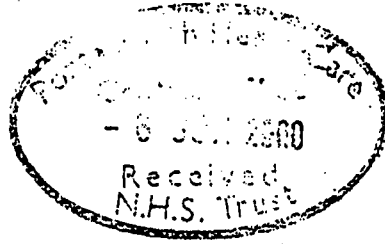
Yours sincerely

Fiona Cameron
Operational Director

Enc.

Silent copy: Dr Ian Reid

app ①



Code A

2 June 2000

Dear Mr Millett,

Would you please take this document as a formal complaint about the treatment that was metered out to my mother Mrs Velma Gilbertson whilst she was a patient at the Gosport War Memorial Hospital last November/December? My complaint is directed towards Dryad Ward and no other. The week she spent in Mulberry Ward was splendid, the care here was second to none and I am most grateful for their excellent efforts on Mum's behalf. Every day Mum was washed, dressed and taken into the main ward where she enjoyed the inter-activity and banter enjoyed by most members of a ward when that patient is so obviously on the road to recovery after a very long journey. She had two, much longed for baths and had her hair washed and set. The contrast therefore was so much greater when she was transferred to the floor below.

For ease and clarity I have taken the liberty of merely listing the problems, which we as a family encountered, my brother Code A is also in agreement to the sending of this letter: -

1. In opposition to advice given by every other medical person we had encountered, (Mum having been in Queen Alexander Hospital since the beginning of September), it was decided by Dryad Ward to confine Mum to bed the reason stated was that this was the best way to begin the healing process of the pressure sores that she had developed. In fairness a proper mattress was provided but that was all. Why does this ward offer different pressure sore advice to every other, outside, (including the District Nurses) medical practitioner who without exception says confining the patient to bed is the last thing a pressure sore needs to heal it?
2. Pain Relief. Mother was indeed in a great deal of pain and discomfort with both her back and her legs; she has suffered from Osteo-Arthritis for many years. At the first of many meetings with the medical team, it was mentioned that Oral Morphine might be the best form of pain control. In truth my initial horror at the suggestion of the administration of any form of this strong medication was only assuaged by Dr Barton who advised me that Morphine was not only an excellent pain reliever but; enhanced healing, stimulated the appetite and was a most efficient mood enhancer. Whilst subsequent medical folk have agreed with the pain killing effect, they have without exception shown great surprise at any mention of this drug being either a healer or an appetite stimulant. Having regard to the suggestion of their being any mood enhancing, they have suggested the opposite in that it is a drug that will by its very nature, make the patient very drowsy. Would you please try to explain this difference in advice?
3. As stated in 1 above, Mum's pain was great and following another meeting this time with Dr Reid, my brother and the ever present, note taking, Sister Hamlin, it was decided to proceed with the prescribing of Oral-Morphine. The anti-inflammatory drugs Mum had been having were withdrawn. Day after day, night after night found Mum sitting bolt upright in

remember being reduced to tears at that stage as I had arranged Mum's transfer to Gosport to improve her health not to watch her die.

I believe that Dryad Ward practices a regime that is totally out of date and needs serious modernisation. To exclude a family that has so obviously put lots of time and effort into the well being of their beloved parent seems somewhat arrogant to say the least. The frustration that we all felt during this most stressful time cannot begin to be explained and it is with little surprise that tempers were frayed on more than one occasion. To be told repeatedly that, (even about the simplest of tasks) "We don't do things like that on this ward", can only lead to conflict and that was what we experienced every day of Mum's hospitalisation.

I have been in contact with C.A.B and Age Concern who have both urged me to write this letter to you. I have written this within the timescale laid down and I write in the hope that drawing attention to our problems even at this late stage may help other families who feel that the system has let them down. I have not as has been suggested to me sent a copy of this to the local M.P. I would wish to hear from your office in the first instance.

I am, yours most sincerely,

Code A

bed, to say that she looked very uncomfortable would be an under statement to top all others. Obviously the staff was reluctant to move Mum, because of her suffering. Why then did it take a week and a day for the Morphine to arrive onto the ward and the administration begin?

4. My brother and I have always been encouraged by all other Hospital Wards to offer as much mental help by way of visits and support, and practical help, by way of assisting with dressings, eating and washing. Imagine then our total shock when we encountered the regime practiced by Dryad Ward. As next of kin we did not expect to be asked to leave the room every time a dressing was changed or Mum was washed. Arguably the Ward may say that it was not a mans place to be there at these times but my brother and I have personally and intimately cared for Mum over a long period of time and especially since the loss of Dad over three years ago. The Ward was aware of this. My brother and I were removed from the room at all times and the last straw was when, following the most stressful and acrimonious period, Dr Reid came to Mum's room on the evening we were scheduled for yet another meeting to discuss our feelings of frustration and helplessness regarding Mum's treatment, my brother and I were asked to leave the room and the door was actually closed with us left outside feeling humiliated and staggered at the total lack common courtesy shown by this senior practitioner. He was accompanied as always by another member of staff, Sister Hamblin on this occasion, because never in the weeks Mum was in this ward did staff ever attend alone, always in twos, which gave the impression, rightly or wrongly that there was a need for a chaperone or another member of staff as witness at all times. I can only speak for myself on this occasion when I say that I have never before encountered such total insensitivity towards and disregard for, feelings and consider this action to be the height of rudeness and bad manners and especially so, coming from professional people such as these. One would never have thought we were Mum's next of kin.

Why were we so totally excluded from any input regarding our Mother's well being it was as though our love and regard for Mum was not even part of the equation? Surely this Dickens - ion approach to hospitalisation is shocking in the light of todays political correctness.

5. I was sitting with Mum one evening when I asked one of the senior nurses who was at that time attending to the drugs trolley, what medication mum was on and yet again on this ward I felt thoroughly rejected when I was given the answer that this information could not be given, as it would contravene the patient's charter. The drugs record file was quite literally slammed shut. I asked what Mum's blood sugars were, same answer, I asked what levels of insulin Mum was on and yet again this information was not forthcoming. I had taken in for Mum some Kamillosan (a herbal lip salve) for her dry lips and some Bonjella to help the discomfiture of a gum ulcer. When I looked for these two items in Mum's drawer, they had been taken away; I was told by the same senior nurse that all medication was to be kept in the drugs cupboard. The items were returned on request and I was told that they were not to be used and that I should take them home.

Why this totally unsympathetic and dictatorial approach? We were encouraged by all other local Hospitals as I have said before, to have total input and interest in our Mother's treatment and improvement. Again why the total reverse system at Gosport?

6. Having regard now to Mum's food and liquid intake. Mum is a diabetic and has been at great efforts over these past few years to ensure that blood sugar levels were kept to within an acceptable level this you will agree is done by monitoring the food intake level. We are therefore quite familiar with what is and is not correct. There were no food or drink charts



kept despite our advising the ward that Mother's appetite was poor. In an effort to tempt Mum to eat more I took in diabetic milk puddings, low sugar drinks, various fruits and was told that under no circumstances was I to take in any "titbits", their word not mine. I asked that a Dietician could be called to advise us, told her all the things that I had been bringing in and asked why was it now the wrong thing to give diabetics to eat. Of course she was totally shocked at the suggestion the these foods were not appropriate and gave me another copy of the booklet to leave on the ward, a copy of which we have at home and have always worked too. Dr Ravenjanni had obviously I suggest assumed that it was these foods that had caused the blood sugars to rise, if that was the case, for that must have been the reason to stop home prepared food. I brought in other savoury diabetic foods because the hospital food did not look appetising, though I realise that mass catering is difficult. Because as previously stated as a family we were not made aware of Mum's progress I can draw the conclusion that, as Mum was catheterised a U.T.I may have caused the blood sugar levels to rise. We were never given a reason for the food from home restriction!

7. Whilst I am touching on the subject of the catheter, I will mention the two occasions when I noticed the very dark colour of the urine therein. I twice drew this to the attention of the nurse and the comment was made that, here I quote that nurse "Well she's not drinking very much" my response was to ask why the staff were not actively encouraging Mum to drink more. A shrug of the shoulders was the reply I received. Why was the liquid intake not monitored to avoid possible kidney problems? Q.A had monitored both food and drink throughput continually.

To conclude this very lengthy and I most truly hope, not too rambling letter of complaint I must add that the few weeks that Mum was in Dryad Ward saw her total decline. Having watched Queen Alexander pull out all the stops to provide everything that Mum could need be it daily physiotherapy, lots of chat and encouragement from all the staff (even though this was a very busy surgical ward, there was always a moment for Mum) they re-kindled the spark of hope in Mum, we had to watch, through the total lack of both mental a physical stimulation, the extinguishing once again, of that spark. Apart from being washed and nightdress changed at least three times a day, (I know this is a fact because I took them home to wash each day) and the administration of the medication, the social input and effort on Mum's behalf seemed minimal. When my brother first met Dr Reid at the beginning of this awful period in all our lives, Dr Reid expressed grave doubts as to his ability to re-habilitate Mum and with that idea in mind I honestly believe that no effort was made to even try.

On the 21st December last year and with the help of Dr Reid, I had Mum brought home to live with us. She remains a poorly lady and indeed progress has been slow but with the help of Fareham District Nurses who attend every other day, a wonderful, supportive and understanding G.P and the total family support she has always enjoyed we look forward to even better days to come.

I believe that both Dr Barton and Dr Reid assumed that Mum had cancer and with only scant evidence from one out of three biopsy tests assumed that Mum was terminally ill. They to my knowledge made no attempt at further diagnostic tests and at the initial meeting with me and in the presence of the note taking Sister Hamlin, Dr Barton suggested that, in her words, "We had had Mum for a further five or six years following a mastectomy what more did we want". To say that I was shocked would be another under statement; I seem to

remember being reduced to tears at that stage as I had arranged Mum's transfer to Gosport to improve her health not to watch her die.

I believe that Dryad Ward practices a regime that is totally out of date and needs serious modernisation. To exclude a family that has so obviously put lots of time and effort into the well being of their beloved parent seems somewhat arrogant to say the least. The frustration that we all felt during this most stressful time cannot begin to be explained and it is with little surprise that tempers were frayed on more than one occasion. To be told repeatedly that, (even about the simplest of tasks) "We don't do things like that on this ward", can only lead to conflict and that was what we experienced every day of Mum's hospitalisation.

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I am, yours most sincerely,

Code A

Daphne Batson.