

Chosen



**PATIENT ADVICE AND LIAISON  
CONTACT INFORMATION**

Ref: <b>404</b>	Date: <b>10.08.04</b>	Method: <b>TELEPHONE</b>
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(e.g. telephone/fax/e-mail/in person)

PALS officer: <b>JH</b>	PCT: <b>FLG</b>	Name of service query relates to <b>EM.</b>
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Enquiry received from:

1. Name: <b>ICAS 10W. KAREN COOPER S/W.</b>	<b>Caller information</b>
2. Address: <b>SOCIAL SERVICES Gosport Wentworth Tues Wed Fri pm } opposite number. Has answers phone</b>	Telephone: 8. Home: <b>Code A</b>
3. Gender: <b>F</b>	Master = <b>Code A</b>
4. Calling on behalf of another person? (Yes/No)	9. Work: <b>Code A</b>
5. Ethnic Origin	10. Mobile:
6. (Name of other person and relationship) <b>Code A</b>	11. Other:
7. DOB of other person <b>Code A</b>	12. Address, telephone no of other person <u>if different from above</u>  <b>INPT AT G.W.M.H. SULTAN WARD. X <b>Code A</b></b>
How did you find PALS info: <b>REFERRED BY WARD STAFF AND ICAS.</b>	<b>DIL <b>Code A</b></b> Hospital No:

Permission Status:		
Not required: <input checked="" type="checkbox"/>	Required:	Received:

Enquiry (Area of concern – eg Specialty, GP, Staff, Other)

**CONTINUING CARE ISSUE - FUNDING.**

**END STAGE PARKINSONS CORTICOBASAL GANGLION DEGENERATION? ON THIS DIAGNOSIS**

Breakdown of concern: (e.g. Waiting times, home visit – GP practice problem, etc) \* **NEUROLOGICAL DISORDER WITH SYMPTOMS SIMILAR TO PARKINSONS ACCORDING TO TONI SCAMMEL.**

(or specified needs, eg. Blind person/deaf person)

CLIENT WOULD LIKE EXPLANATIONS FOR DELAYS IN REQUESTED INFORMATION.  
PLUS WANTS INFORMATION RELEVANT TO HER NEEDS.  
CONT CARE PANEL SUBMISSION (SECOND) IN PROGRESS.  
SOCIAL WORKER KAREN COOPER ACTED TO ASSIST THIS LADY. **Code A** (FLG  
(COMMISSIONING) WROTE TO KAREN BUT FAILED TO WRITE OR CC PATIENT.

**PLAN**

- ESTABLISH IF CLIENT WOULD a) LIKE TO USE PALS b) WERE ENOUGH TO DO SO.  
ESTABLISH FACTS - **I AM TOLD BY NURSING STAFF THAT CLIENT NOT ABLE TO COMMUNICATE WELL.**
- SPEAK TO MODERN MATRON TONI SCAMMEL ✓
- SPEAK TO ACTING 'UP' SNR S/M YONG PEASE ALL UNTIL 16/08/04 ✓
- SPEAK TO VICKI BULLIMORE - TO WARE WITH S/W AND TONI SCAMMEL ✓
- FEED BACK TO CLIENT OR HER DESIGNATED PERSON WARD MANAGER.
- FEED BACK TO S/W.

**Follow up information:**

Further Action required? <input checked="" type="radio"/> Yes, <input type="radio"/> No	If YES, what action? SEE PLAN.
Refer to Other Service? <input checked="" type="radio"/> NO	If YES, which service

1. Date Contacted: 11.08.04.	Who Contacted: NO ONE I CONTACTED WAS AVAILABLE.	Action required:
2. Date Contacted: 12.08.04	Who Contacted: TONI SCAMMEL MODERN MATRON	Action required: TONI TO SPEAK WITH PATIENT AND ESTABLISH FACTS ABOUT HER CONCERN ✓
3. Date Contacted: 13/14/18/08/04 V.B. SICK ON 18/08/04.	Who Contacted: MESSAGES LEFT FOR VICKI - BULLMORE. SHE RETURNS MY CALL VIA MY ANSWERPHONE.	Action required: DECIDED TO DICTATE A MESSAGE TO HER VIA HER SECRETARY ASKING THAT IF POSSIBLE WOULD SHE PLEASE WRITE ✓
4. Date Contacted:	Who Contacted:	Action required: TO CLIENT DIRECTLY OR CC HER IN TO ANY CORRESPONDENCE.
5. Date Contacted: 13.08.04 13.08.04	Who Contacted: KAREN COOPER S/W ICAR IOW	Action required: FED BACK PROGRES/ACTION'S ANSWERPHONES IN BOTH AREAS.
6. Date Contacted: 18.08.04. 18.08.04	Who Contacted: TONI SCAMMEL ✓ WARD MANAGER SULTAN NOT AVAILABLE	Action required: NOA. TONI HAS WAIVED WITH SWS/H LONG PAGES AND TOGETHER THEY WILL ENSURE PT IS AWARE AND KEPT IN LOOP.
7. Date contacted: 18.08.04	Who Contacted: S/W	Action required FED BACK AND CLOSED CASE. ASKED HER TO USE TONI SCAMMEL AS A POINT OF REFERENCE.

Resolution achieved? Yes/No/Part <input checked="" type="radio"/> Part	If YES, Date:	Brief description
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Comment: TONI SCAMMEL WILL TAKE OVER ALL RESPONSIBILITY FOR CLIENT. SHE WILL Liaise WITH WARD MANAGER WHO IN TURN WILL ENSURE CLIENT IS KEPT INFORMED OF PROGRESS IN SUBMISSION.

If required was written consent asked for? Date: If YES, was written consent received: Date

Lessons Learned?

Signed: ..... **Code A** ..... Date: 18/08/04