From: Harriman, Sue </O=BAS EXCHANGE/OU=FIRST ADMINISTRATIVE

GROUP/CN=RECIPIENTS/CN= Code A

Sent:04 March 2009 16:08To:Samuel, RichardCc:Hughes2, John

Subject: RE: GWMH case-mix - URGENT

Sensitivity: Confidential

Categories: To do

Hi Richard,

By way of an update I have spoken to Susan Chan this morning who wants these issues to be managed through an informal (non-whistle blowing process) and is pleased that I was involving John Hughes. I asked for more clarity around her concerns and although they are not without substance I feel that they are being taken slightly out of context. Susan rightly identifies what we know about community hospitals that the acuity of the patients has increased and matching the skills of the staff to the acuity of the patient is a constant struggle for us, this is one of the main stays of the risk that I have described to you and others before.

Susan reassured me that her advice is never ignored by the GP's but they have different views on what constitutes appropriate levels of opiates in isolated cases. I have asked John Hughes to investigate this point in more detail however John expressed a school of thought about the need to use higher levels of opiate e.g. under direct palliative care team advice. So again this point needs investigating before we raise any alarm bells. Susan did talk generally about communication between GP's and nursing staff and this has been identified in a recent SUI at Havant, John has been working proactively with the GP's and nursing staff to improve communication supported by the governance and contractual elements.

In summary, we will investigate, however I feel that this list of concerns on initial reading is alarming on actually discussing with Susan Chan identifies no new issues that are not already being managed and should not create additional risk in relation to event at GWMH.

We will obviously keep you updated. We can discuss in full on Friday. Kind regards Sue

Sue Harriman
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From: Kimpton, Heather, On Behalf Of Samuel, Richard

Sent: 04 March 2009 08:58

To: Harriman, Sue

Subject: FW: GWMH case-mix - URGENT

Importance: High Sensitivity: Confidential

Sue,

Richard has asked that I forward you the attached

Kind regards

Heather Kimpton

PA to Richard Samuel, Director of Performance and Standards & Hilary Tyler, Director of Finance

Hampshire Primary Care Trust Omega House 112 Southampton Road Eastleigh Southampton S050 5PB

Tel: 023 8062 7583 Fax: 023 8064 4789

From: Deeks, Mary

Sent: 03 March 2009 11:28

To: Samuel, Richard Cc: Williams, Elaine Subject: GWMH case-mix Importance: High Sensitivity: Confidential

Richard

I have not shared with you a concern that is an outcome of the complaints work that was done as a follow up to the measuring ourselves against the CHUI recommendations.

It has emerged that the acuity of patients (not only at GWMH, but at Havant and Petersfield as well) being cared for by the GPs has been getting higher over the last couple of years. Susan Chan, the pharmacist employed by Care Services since the CHI report came out in 2002, rang me with her concerns about the way the GP service is working at GWMH. She didn't know who else to raise them with.

These concerns are:

- 1. Patients come into a bed and she discovers errors in their medication that they come in with.
- 2. She raises concerns about patients with either/both nursing staff and the GPs but nothing happens. For example, the appropriate way to escalate opiate prescribing to control pain is by raising the dose by 50%, but they often double it, despite her having pointed out the mistake.
- 3. More importantly, she thinks the patients are sicker than the staff are used to, and sicker than the admission criteria allow for, and the nurses are sometimes out of their depth. For example, she raised concerns with the nurses about tissue viability of a patient on admission, but nothing was done for days. I suppose the nurses wait for instruction from the GPs, and the GPs don't do anything. She said a lot of the problem was political, as the ward is supposed to reduce admissions to the acute sector, and they feel they must do it, but it is resulting in a potentially risky situation. I wouldn't want an untoward incident on Sultan Ward while the inquests are open.

I wondered if you could raise this with Katrina when you see her to discuss other GWMH matters?

Happy to discuss.

Regards

Mary Deeks
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