From: Hughes2, John </O=BAS EXCHANGE/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN= Code A
Sent: 04 March 2009 20:40
To: Harriman, Sue; Samuel, Richard
Subject: RE: GWMH case-mix - URGENT

Sensitivity: Confidential

Categories: To do

Sue / Richard : met with the Sultan [FACE] GPs tonight. The general issue has been complicated by fact that FACE are now wanting more money to implement the consultant supervision which the governance around the Gosport inquest has suggested. I will take this up with Alex who set the original service spec but I suspect we will have to go out to tender again with a tighter spec than previously.
On the specifics of this case raised by Susan [and a ? related issue raised by Richard with me this afternoon relating to nurse feedback picked up by Toni Scammell] there are a few issues.
Firstly concerns should be raised through the correct process. Eliz Emms was unaware of either issue and neither was the locality manager or the modern matron. Not sure why Susan would take the route she did nor why Richard became involved in the more general nursing issues. I did bring both of these up with the FACE GPs but without rather more considered detail this kind of thing is impossible to investigate. I have concerns about the process being adopted and 'hares' sent running if there is no substantive evidence or issues to address.
The FACE GPs were very surprised that any concerns had been raised over palliative care prescribing especially as they and Susan had jointly attended a palliative care update very recently given by 2 consultant specialists. They are also not aware of any nursing concerns.

There may or may not be any governance issues here to deal with but I think we need to be very clear what the lines of communication are if staff have concerns, and that some substantiating evidence [even if anecdotal] is required before anyone's clinical judgement is seriously called into question.
As far as the palliative care issue is concerned the second hands statement which we were first given differs from the now stated position of Susan. This is a clear example of how not to communicate!!!

We need to keep an open mind about the FACE / Sultan issues but I suspect they will be rectified anyway following the latest discussion with them about their contract.

Happy to discuss but not to take these matters further unless there is a bit more than heresay!!

John

From: Harriman, Sue [mailto: Code A
Sent: 04 March 2009 16:08
To: Samuel Richard - Hampshire PCT External
Cc: Hughes John - Chairman for APAC and Medical Director for Care Services
Subject: RE: GWMH case-mix - URGENT
Sensitivity: Confidential

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
Director of Nursing, Therapies and Clinical Standards
Hampshire Community Health Care
8 Sterne Road
Tatchbury Mount
Calmore
Southampton
SO40 2RZ

Code A

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
Project Officer (GWMH)
Hampshire Primary Care Trust
HQ, Omega House
112 Southampton Road
Eastleigh, SO50 5PB

Tel: Code A Direct dial
Tel: 023 8062 7444 Office
Fax: 023 80622976 (Safe Haven)
Email:
Secure Code A

Please use NHSmail for all personal identifiable data and notify me at Code A of its transmission

Unless otherwise stated, the information transmitted and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed and may contain confidential and/or prvileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you have received this in error, please contact the sender and delete the material from any computer.