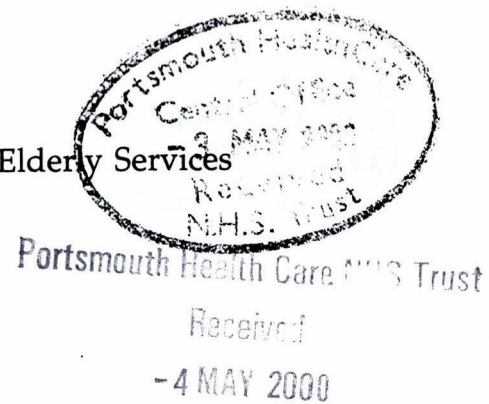


Peter King
 Personnel Director
 Portsmouth Healthcare trust
 St James Hospital
 Portsmouth PO48LD

Dr.JA Barton
 Clinical Assistant in Elderly Services
 148, Forton Road
 Gosport
 Tel Code A
 28th April 2000



References:

- a. My letter 28.1.2000 to Clinical Director Elderly Medicine
- b. My letter 22.2.2000 to Dr David Jarrett (copies of both letters attached)

Dear Peter,

Over recent months I have become increasingly concerned about the clinical cover provided to the continuing care beds at Gosport War Memorial Hospital. I have highlighted these worries on two occasions previously in the enclosed letters.

I returned from my Easter leave this weekend to find that the situation has deteriorated even further. For example on one of the wards I will only be having locum consultant cover until September. In addition an increasing number of higher risk "step down" patients continue to be transferred to the wards where the existing staffing levels do not provide safe and adequate medical cover or appropriate nursing expertise for them.

The situation has now reached the point that, with the agreement of my partners, I have no option but to tender my resignation.

My original contract of employment signed in 1993 indicates I am required to give you two months notice. However, I wish my serious concerns and anxieties to be placed on record during the notice period.

Yours sincerely,

Code A

Jane Barton
 Copies to:
 M Millett
 Dr I Reid
 Dr A Lord

Copy please ~~Fiona~~ Biel

Dr Ian Reid
 Clinical Director
 Elderly Medicine
 Portsmouth Healthcare Trust

Dr Jane Barton
 Clinical Assistant in Elderly Services
 The Surgery
 148, Forton Road
 Gosport
 HANTS PO123HH
 Tel Code A
 28th January 2000

CLINICAL ASSISTANT ELDERLY MEDICINE GOSPORT WAR MEMORIAL HOSPITAL

I feel that this is an opportune moment to examine my post for a number of reasons.

Firstly there is currently a review of the arrangement of Elderly Services and their relationship with future Primary Care Trusts and a future Trust configuration. These will undoubtedly impact on the future use of present continuing care beds throughout the District.

Secondly the Clinical and Managerial Integration between the Hospitals Trust and DSCA and the possible future implosion of acute work at Haslar will have a major effect upon the types of subacute and post acute care offered at Gosport War Memorial Hospital in reconfigured services on the peninsula in the future.

Thirdly and perhaps more relevantly at the moment, the type and throughput of patients who are currently using our beds is completely different from those I looked after when I took up the post twelve years ago. The types of patients and their medical conditions have changed markedly and perhaps this issue has not been looked at comprehensively within the Trust. . There is no such thing as Continuing Care nowadays, and Palliative care is something that I do perform without a great deal of specialised back up.

At a clinical level this manifests itself in a number of ways, the most strikingly obvious of which is the expectations of patients and their relatives.

In part I feel that this stems from a mistaken perception that Gosport War Memorial is a Hospital with a capital 'H', ie resident medical staff and full on site resuscitation facilities. It is also apparent during discussions that relatives take the word rehabilitation literally and expect a much higher level of care and expertise than the current staffing levels and my time allow.

Whereas as recently as three years ago I would expect to spend a specific period of time with a worried relative over and above the normal consultation process once every few weeks, currently I find myself having to do this on a more frequent than weekly basis. In addition the climate of complaint, litigation and actual prosecution fuelled by intense media interest at present in care of the elderly and the issue of dying makes my position as a General Practitioner attempting to provide day to day care extremely difficult.

I am finding the pressures on me to continue to provide what I consider appropriate care for patients, proper consultation with their relatives and support of my hard pressed nursing staff almost intolerable. The current Police investigation into a charge of attempted murder only serves to highlight the almost impossible task faced by a team dedicated to offering seriously ill patients a dignified and peaceful passing.

I would be most grateful if you would give this matter your earliest attention as I feel that the issue is placing considerable stress on the nursing staff and I personally feel extremely vulnerable to litigation for reasons that are outwith my control.

Yours Sincerely

Jane Barton

Copy to Dr A Lord
Max Millett

Dr David Jarrett
Elderly Medicine
Portsmouth Healthcare Trust

Dr Jane Barton
Clinical Assistant in Elderly Services
The Surgery
148, Forton Road
Gosport
HANTS PO123HH
Tel Code A
22nd February 2000

CLINICAL ASSISTANT ELDERLY MEDICINE GOSPORT WAR MEMORIAL HOSPITAL

I was very disappointed and also quite concerned to be shown a letter from yourself dated the 16th February on the subject of the bed crisis at Queen Alexandra and addressed to the various ward managers and Sisters.

Less than a month after I wrote a letter to the Clinical Director expressing my concerns about the situation in our continuing care unit., I find that we are being asked to take on an even higher risk category of patient .

These post acute patients have a right to expect a certain standard of medical care, appropriate levels of therapy and supervision and appropriate out of hours cover during this period of time in hospital.

I find myself without a consultant or seamless locum consultant cover for a period of a further month on one of the wards and the other consultant cannot be expected to provide anything other than firefighting support during this time.

As a result I am unable to do the clinical Assistant job to a safe and acceptable standard which will inevitably lead to further serious and damaging complaints about the service given in my wards. In addition my staff are subjected to ever increasing pressures from patients and relatives , causing stress and sickness levels to rise.

I would also question the term understilisation in a unit which is handling approximately 40% or the continuing care don by Elderly Services at this time.

I hope you will give this serious consideration,

Yours Sincerely