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Form MG11(T)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: LORD, ALTHEA EVERESTA GERADETTE

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: COMMUNITY GERIATRICIAN

This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: A Lord Date: 15/03/2005

I am employed by the East Hants Primary Care Trust as a Community Geriatrician for Fareham and Gosport Primary Care Trust. I have held this position since the 21st June 2004 (21/06/2004).

In 1978 I graduated from the Faculty of Medicine at the University of Sri Lanka, Colombo. I obtained an MB which is a Bachelor of Medicine and a BS which is a Bachelor of Surgery.

In 1983 I obtained a post graduate qualification as a Doctor of Medicine at the University of Sri Lanka.

I have worked at the General Hospital, Colombo as a Senior House Officer and a Registrar in General Medicine up to May 1984.

From May 1984 I was employed as a Registrar in Nephrology under the supervision of Professor H A LEE at the Renal Unit at St Mary's Hospital, Portsmouth , I held this position until October 1985.

Between October 1985 and September 1988 I was employed as a Registrar in Geriatric Medicine at St Mary's and Queen Alexandra Hospitals, Portsmouth .

From October 1988 to March 1992 I was employed as a Senior Registrar on a rotation between Southampton and Portsmouth Hospitals.

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From the 31st March 1992 (31/03/1992) until June 2004 I was employed as a Consultant Geriatrician for the Department of Medicine for older people in Portsmouth. During this period I worked at Queen Alexandra, St Mary's and Gosport War Memorial Hospitals .

In 1997 I obtained a F.R.C.P which is the Fellowship of the Royal College of Physicians.

My General Medical Council Registration Number is Code A.

I have been asked to detail my involvement with the patient Ruby LAKE , DoB Code A.

I have examined Ruby LAKE's medical records exhibit JR/19A . I note that the patient was admitted to Queen Alexandra Hospital, Portsmouth in 1993.

This was an acute admission, she was a patient from the 7th - 21st September when she was under my care.

I have no direct recollection of this admission. I see from her records that the diagnosis on admission were renal failure and aortic sclerosis. The records also mention that she had arthritic knees.

She was discharged from Queen Alexandra Hospital on the 21st September 1993 921/09/1993) with a follow up appointment with me 10 days later on the 30th September 1993 (30/09/1993). This was at the out patient clinic at Gosport War Memorial Hospital.

Mrs LAKE was subsequently reviewed in out patients Gosport War Memorial Hospital on the 4th November 1993 (04/11/1993) and 3rd March 1994 (03/03/1994). On these occasions she was seen by a registrar in elderly medicine. She was then discharged back to the care of her GP.

Mrs LAKE was next admitted to Gosport War Memorial Hospital on the 26th September 1995 (26/09/1995). She was seen by me on the 28th September 1995 (28/09/1995).

I examined her and reviewed the results of blood tests and x-rays that had been requested and made a differential diagnosis of either gout or pseudo gout. I did not feel there was evidence of septic arthritis.

I offered follow up in Dolphin Day Hospital at Gosport War Memorial Hospital when she was discharged back home.

Mrs LAKE commenced attendances in Dolphin Day Hospital on the 24th October 1995 (24/10/1995).

I reviewed her on the 20th November 1995 (20/11/1995). I made a diagnosis of acute exacerbation of gout and discharged her from the day hospital. I followed her up once in out patients at Gosport War Memorial Hospital on 18th January 1996 (18/01/1996).

She was discharged back to the GP on that occasion.

I can confirm that I saw Mrs LAKE at Haslar Hospital, on E3 Ward, on the 13th August 1998 (13/08/1998) as a result of a referral from Captain FARQUHARSON-ROBERTS consultant orthopaedic surgeon at Haslar.

I have written the following entry on page 73 of exhibit JR/19A.

13/8/98 (13/08/1998)
Elderly Medicine
Than you. Frail 85 year old with

1. L (left) cemented hemiarthroplasty of hip 5/8/98 (05/08/1998)
2. LBBB = (left bundle branch block) and LVF = (Left ventricular failure), improving
3. Sick sinus syndrome (AF = (atrial fibrillation)
4. Dehydrated but improving
5. Bilateral buttock ulcers

6. Bilateral leg ulcers
7. Hypokalaemia
8. Normochromic anaemia
9. Vomiting and diarrhoea ? cause

Suggested:-

1. K+ supplements - slow K ÝÝ bd (as on digoxin)
2. Hydrate orally
3. Stools C+S (culture and sensitivity) (if not sent already)
4. It is difficult to know how much she will improve but I'll take her to an NHS continuing care bed at Gosport War Memorial Hospital next week.

Signature.

To further clarify my entries on page 73 items 1 - 9 was a list of the problems of the patient.

1. Left cemented hemiarthroplasty of the hip 5/8/95 (05/08/1995) - this is a fracture repair of the hip.
2. LBBB = This is a cardiac conduction as normality which has been picked up on a 12 lead ECG (electro cardiograph) and is indicative of cardiac pathology.

Where I have written LVF this indicates left ventricular failure. This is indicative of poor cardiac function. I have noted that the medical team on E3 had instituted treatment for heart failure with some clinical improvement.

Where I have written 3) Sick sinus syndrome. This is indicative of irregularities in the heart beat and is a further indication of cardiac pathology.

Entries 4, 5 and 6 are self explanatory.

Where I have written he entry at 7, Hypokalaemia this indicates a low serum potassium level. A normal potassium level is important in maintaining good cardiac function.

8. Normochromic anaemia, this is a shortage of haemoglobin. The red cells however were of normal colour as indicated by details in a full blood count (pathology results).

On pages 92 and 94 of exhibit JR/19A a record of the details of the full blood count are recorded.

The word normochromic refers to the MCH and MCHC being within the normal range.

MCH refers to mean corpuscular haemoglobin and MCHC to the mean corpuscular haemoglobin concentration which has MCH 29.6pg (normal range 27-33).

MCHC = 332 g/I - normal range 310 - 350.

Where I have written entry 9 vomiting and diarrhoea ? cause. The cause of the vomiting and diarrhoea was not clear and hence required further investigation.

Items 1-4 in the second half of my notes is a summary of the management plan.

1. K+ = potassium supplements - to be prescribed as slow K tablets two to be taken twice a day.

As the patient was also on digoxin it was important that the potassium level was within the normal range in order to prevent digoxin toxicity.

A normal serum potassium is also important in maintaining good cardiac function.

2. I have written hydrate orally. I felt that this was the best form of fluid replacement for Ruby LAKE as intravenous fluids may have worsened the existing heart failure.

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Entry 3) stools culture and sensitivity. This is to exclude an infective cause for the diarrhoea. At this time I was uncertain as to whether a sample had been sent.

Point 4) In view of the list of 9 problems I have listed in the first part of the entry and in particular the presence of pressure sores (bilateral buttock ulcers). I was of the view that Mrs LAKE's case was relatively complex and I felt it prudent to offer admission to Gosport War Memorial Hospital.

This was designed to offer her specialist medical and nursing care and attention in respect of what were by this stage complex needs.

I can confirm that I have dictated the letter on P23 and P25 of exhibit JR/19A.

Letter reads:

Dear Surgeon Captain FARQUHARSON-ROBERTS

WARD VISIT - WARD E3, ROYAL HOSPITAL HASLAR
Ruby LAKE, DoB Code A
H/a = Code A

Thank for referring Mrs LAKE, whom I visited on E3 at Haslar on 13 August 1998 (13/08/1998). She was admitted with a fractured left neck of femur and has had a cemented hemiarthroplasty on 5 August. She is catheterised and diarrhoea and vomiting have been problems recently, her appetite is poor, she is eating and drinking very small amounts. Her ECG's show atrial fibrillation but also a variable PR interval indicating a sick sinus syndrome, ischaemic heart disease and LVF have also been problems recently. Biochemically she is still dehydrated, hypokalaemic and has a normochromic anaemia.

If the diarrhoea persists I would be grateful if stool cultures could be sent. Potassium supplements would also be required as she is on Digoxin, in order to prevent Digoxin toxicity

Signed: A Lord Signature Witnessed by:
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associated with hypokalaemia.

Mrs LAKE also has problems with chronic leg ulcers and recently buttock ulcers as well and overall she is frail and quite unwell at present. I am happy to arrange transfer to an NHS continuing care bed at Gosport War Memorial Hospital. At this stage I am uncertain as to whether there will be a significant improvement, as prior to this admission Mrs LAKE lived on her own and was supported by her daughters.

With best wishes.

Yours sincerely

DR A LORD FRCP
Consultant Physician in Geriatrics

I have written a formal reply to Capt FARQUHARSON-ROBERTS setting out my observations and recommendations as recorded in the patient's records.

The letter was copied to Dr NORTH (Mrs LAKE's GP) and a copy faxed to the receiving ward, in this case Dryad Ward. A copy is usually filed in Elderly Medicine. A copy of the letter was also sent to the receiving ward for filing in the medical notes.

I acquired consultant responsibility for Ruby LAKE when she was admitted to Dryad Ward, Gosport War Memorial Hospital on the 18th August 1998 (18/08/1998). I carry 24 hr responsibility. There is a duty consultant geriatrician who can be contacted for emergencies out of normal working hours. All nursing and medical staff are aware of this cover.

At that time I was the consultant geriatrician on Daedalus and Dryad wards at Gosport War Memorial Hospital.

I did a weekly ward round in Daedalus on a Thursday afternoon, this was for a limited number

of stroke rehabilitation patients.

On Monday afternoons I would see either the remaining Daedalus Ward patients or the entirety of Dryad Ward patients on an alternating basis. To clarify, with the exception of the stroke/rehabilitation patients who were seen weekly, I saw all other in patients on Daedalus and Dryad on a fortnightly basis.

The fortnightly ward round that I conduct is a mandatory and multidisciplinary review of each patient. The multidisciplinary team consist of nursing, medical, therapy and staff from social services, all contribute to the patients management and care.

If there are problems with the patient between ward rounds the medical and nursing staff could contact me for advice or for an earlier review.

Any such contacts or attempts to contact me should be recorded in the patient's records.

I should clarify that I had no consultant responsibilities for Haslar Hospital.

In 1998 I had consultant responsibilities for Philip Ward, Queen Alexandra. This is an acute ward belonging to the dept of Elderly Medicine at Portsmouth.

With reference to the entry at Paragraph 2 on page 25 of exhibit BJC/67 commencing - 'if the diarrhoea persists'.

I have recommended that the stool cultures be collected by the nursing staff and this be sent to the Haslar pathology Laboratory accompanied by a request from which is completed by a doctor at Haslar.

I have no recollection of a discussion with Dr BARTON concerning Mrs LAKE and there is no note of any such discussion in the records of Ruby LAKE.

Sources of information as to Mrs LAKE ongoing care upon transfer from Haslar to Gosport War Memorial Hospital should have been available from all or any of the following sources;

1. The faxed copy of my assessment letter.
2. Transfer letter from the nursing and medical staff at Haslar.
3. A verbal handover from the nursing staff at Haslar to the staff at Gosport War Memorial Hospital.

The above points provide the background of the patient. There would be a clinical examination of the patient upon admission to the ward which would form the basis of the care plan for the patient.

I would expect Dr BARTON to address the medical needs of the patient on a day to day basis in her capacity as clinical assistant to Daedalus and Dryad Wards and to consult me if in her opinion it was necessary.

My letter relating to my examination of Mrs LAKE on the 13/08/1998 contains my recommendation for management of the patient.

The care plan is devised by the receiving elderly medicine team and would take into account their assessment of the patient upon arrival.

Mrs LAKE would have been treated in accordance with the care plan.

Ruby LAKE was screened for methicillin resistant stepphaccolus aures (MRSA) on the 18th August 1998 (18/08/1998) which was negative.

I did not have any further contact with Ruby LAKE after my initial assessment of her at Haslar Hospital on the 13th August 1998 (13/08/1998).

STATEMENT TAKEN - Code A

Signed: A Lord
2004(1)

Signature Witnessed by: