

# ELTHAM PALACE SURGERY

28 COURT YARD, ELTHAM SE9 5QA

TEL: [REDACTED]

FAX NO: [REDACTED]

EP/jw

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Dr Phillip Barlow  
Assistant Coroner  
Southwark Crown Court  
1 Tennis Street  
London  
SE1 1YD

06 January 2015

Dear Dr Barlow,

**Philip Allen DOB: 28/02/1943**  
[REDACTED]

I am sorry for the delay in responding to your letter regarding the above named gentleman. I was not directly involved with this gentleman's care but from reviewing his computer notes I have identified the following:

1. I received a call on the 7 September 2012 from the nursing manager at the time, [REDACTED]. She advised me that [REDACTED] had apparently stopped his Quetiapine on the 19 June 2012 but that for some reason carers had continued to give it until that day! I advised her to log that as a significant event as there was no record/notification to the surgery that it had been discontinued, and to let me know the outcome of her investigation.
2. [REDACTED] reviewed Mr Allen on the 20 June 2012. The letter to [REDACTED] was dated 3 July 2012. The letter was not sent to us and were only received by the practice on the 25 11 2014, when I started to make inquiries into the case.

There is no record that any clinician or member of staff at the practice was informed about the change in medication.

Unfortunately, I am yet to receive the nursing notes or paper notes which may have an entry related to the alteration of medication for Mr Allen.

## Questions to ask.

- a. Was [REDACTED] informed of the change and this was not actioned?
  - b. Had the carers at the time also failed to inform Eltham Palace Surgery?
  - c. Why was the letter from [REDACTED] never sent/received by the practice?
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- [REDACTED]

As a practice we have made several changes to our policy in dealing with the care of clients at the Oaks Nursing Home:-

- Twice weekly ward rounds are conducted by myself and [REDACTED]
- Medication reviews are done every 3 months by our Prescribing Advisor [REDACTED] who is head of Medicines Management at the CCG.
- Medication reviews are done twice a year by the attending clinician at the practice were we have the ability to update the computer records which can then be translated into electronic prescriptions which are sent directly to the pharmacist.
- No handwritten prescriptions are done at the home any longer and this is to ensure a proper audit trail of all prescribed medication.
- We have continually asked for an N3 line to be installed at the home so that we have direct access to up to date computer records concerning patients at the home. At the moment we have to hand write the [REDACTED] notes which have to be photocopied and then translated into the computer records when the attending clinician returns to the practice.
- We have bought laptops which allow us to access some records but we are unable to access all our request forms and referral letters using this method. It is also time consuming and doubles our workload as all notes have to be made twice as the staff at the home have no access to patients computer records.

Yours sincerely,

[REDACTED]