

**Oaks
Medical Centre**



199 Shady Lane
Great Barr
Birmingham
B44 9ER

119 Chester Road
Streetly
Sutton Coldfield
B74 2HE

www.oaksmedical.net

Please send all correspondence to Shady Lane address

12 September 2018

Black Country Coroners Court
Jack Judge House
Oldbury
B69 2AJ

Dear Sirs

Re: [REDACTED] D.O.B.: 02 March 1928 [REDACTED]

I am [REDACTED], senior partner at the Oaks Medical Practice. I have been a GP for the past 28 years and have the following qualifications:

Bachelor of Medicine, Bachelor of Surgery (Leicester University 1984)
Member of the Royal College of General Practitioners: (Edinburgh 1989)
Diploma of the Royal College of Obstetricians and Gynaecologists
Diploma of Community Child Health
Diploma of Palliative Medicine

I am writing on behalf of the practice as [REDACTED] left the Practice on 1st May 2017.

[REDACTED] was a patient of the practice registered with us from 13th December 1966.

She was on the following regular medication:

Cavilon Durable barrier cream (3M Health Care Ltd) 2 gram - use as directed
Adcal-D3 Dissolve 1500mg/400unit effervescent tablets (Kyowa Kirin Ltd) 28 tablet - take one daily

Aendronic acid 70mg tablets 4 tablet - take one weekly Administrative Notes: As per discharge summary 17.11.17

Aspirin 75mg dispersible tablets 28 tablet - take one daily

Macrogol compound oral powder sachets NPF sugar free 120 sachet - 2 sachets twice a day
Administrative Notes: Ad per discharge summary 17.11.17

Paracetamol 500mg tablets 224 tablet - take 2 tablets four times a day

Senna 7.5mg tablets 56 tablet - take 2 at night

Amoxicillin 250mg capsules 28 capsule - 1 EVERY DAY

Splenectomy NEC (78403)

Gaviscon Advance Mint chewable tablets (Reckitt Benckiser Healthcare (UK) Ltd) 28 tablet - ASD, Mint

Fortisip Compact liquid strawberry (Nutricia Ltd) 15000 ml - 1 twice daily

I have known [REDACTED] since 12th April 1991. I was the last Doctor to have visited [REDACTED] prior to her unfortunate death.

Over the years she has become increasingly frail and became bedbound by 6th October 2017. When I saw her at home with her son present with a swelling of her left elbow. This was investigated with blood tests which were found to be acceptable and was treated with Naproxen and Omeprazole (this was stopped on 17th October 2017 following a telephone call as her elbow was better).

Last contact was with her son on 22nd March 2018 in order to continue her nutritional support.

On looking at her records

1. [REDACTED] was called by City Hospital for removal of her pessary in December 2013 but this was cancelled by the patient as she was not feeling well. Following this [REDACTED] (who also left the Practice on 1st November 2017) carried out a telephone call with her son and noticed that the ring pessary had not been changed since 2013, a referral was carried out on that day and an appointment was made on 1st August 2016. We have had no further correspondence regarding this referral.
2. She was seen on 13th February 2017 by [REDACTED] (currently on leave, returning on 25th September 2018) who carried out a home visit with her son present, as carer's had noticed a pessary coming out. He noted that she has a pessary for vaginal prolapse, on examination the abdomen was soft non-tender and inspection of vulva and introitus - no vaginal prolapse seen, no pessary seen. [REDACTED] had a discussion with [REDACTED] son and agreed as he cannot see a pessary coming out today or a vaginal prolapse, to wait and see. Advice was given to the son that if carer's notice the pessary again, to contact us to refer to Gynaecology.
3. Looking through the records her last admission prior to 21 May 2018 was 29th October 2017 for Urosepsis secondary to "L"ureteric calculus, further investigation was not deemed possible due to patient frailty.
4. There were no further assessments by the GPs at the Practice.
5. There was an assessment for nutritional support on 30th November 2017.

I believe the contents of this statement are true and to the best of my knowledge.

It is with great sadness that the practice heard of her untimely death and I would like to convey our deepest sympathy at this sad time on behalf of the Oaks Medical Practice. I had dealt closely with [REDACTED] and her son for many years and developed what I thought was a strong Patient - G.P. relationship.

Yours sincerely

[REDACTED]
Diabetes Care.
Practice Code - [REDACTED]