RESTRICTED

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: REES, JUDITH ELIZABETH

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: GENERAL PRACTITIONER

This statement (consisting of 6 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: Code A Date: 15/11/2005

I am a General Practitioner Partner at Stubbington Medical Centre . My GMC number is 2248598.

My qualifications are as follows:

1971 B. Sc Upper Second Honours Biochemistry London University

1974 MB. BS (Lond) The London Hospital

1977 DCH (Eng)

1996 MRCGP

2004 Diploma in Medical Education Dundee University.

I have held the following positions:

February 1975 - July 1975	House Physician Torbay Hospital
August 1975 - January 1976	House Surgeon Torbay Hospital
February 1976 - July 1976	SHO Paediatrics Torbay Hospital
Sept 1976 - Sept 1977	SHO Paediatric Rotation Freedom Fields Hospital Plymouth
January 1978 - July 1979	Partner in General Practice Crownhill Surgery Plymouth
April 1981 - December 1981	Clinical Assistant in Paediatrics King George Hospital Ilford
January 1982 - September 1983	Partner in General Practice Buckhurst Hill Essex
October 1983 - October 1984	GP Retainer Dr SPINK and Partners Gosport
October 1984 - July 1990	Partner in General Practice Dr ALLCOCK Portsmouth.

I have been in my current employment as GP Partner in Stubbington Medical Practice since 1990.

I have been asked if I remember a patient named Helena SERVICE , I can say that I do remember her but not the details of her medical history. I have been asked to go through the entries in her medical notes.

I have been shown her GP notes labelled TAS/9 . From these notes I can comment on the sequence of events as follows:

Helena SERVICE had heart problems from 1984.

I first saw her in 1990 when she had fallen at home. I recall that she lived alone, had nice neighbours who were also patients of mine.

In February of 1991 she had symptoms of heart failure with shortness of breath. She refused to go to hospital and so I treated her at home and her neighbours offered to look after her. She was given Digoxin and Frusemide, which were drugs used conventionally for the treatment of heart failure. I saw her the next day when she was a lot better and her breathing had improved.

In June of the same year I was able to cut down her Frusemide (one of the drugs used to treat her heart failure) dose.

I saw her several times that year mostly on routine visits.

In March 1992 I saw her on a routine visit and noted "Marvellous old lady managing alone with help from neighbours".

In November of the same year I saw her after she had fallen. No treatment was required.

In December 1992 she was seen by one of my partners having collapsed onto the floor at home. Mrs SERVICE was admitted to A&E at Queen Alexandra Hospital and following a short stay in hospital she was discharged to Willow Cottage Rest home as she was felt unable to cope on her own at home, where she remained.

In May 1993 I treated her for an eye infection.

She was seen by a GP colleague in October 1993 and treated for a chest infection.

In March of 1994 I treated her again for another chest infection. I saw her twice in May firstly for back pain and then when she had a small stroke.

In December 1993 I saw her on a home visit with increasing shortness of breath and treated her with Frusemide for heart failure.

I saw her once again the following month, January 1994, by then she was a little worse, I would have preferred her to go to hospital but she declined to be admitted. I prescribed an additional heart failure drug Lisinopril (Zestril). I was concerned about her and I decided to discuss her case with a consultant geriatrician colleague. I spoke with Dr LORD who suggested increasing her Lisinopril and substituting her Frusemide for Bumetanide - a stronger diuretic.

I saw her in May 1996 when she had a skin infection followed in June by an itchy rash.

In December of 1995 Helena SERVICE was treated by a colleague for a respiratory tract infection.

In January 1996 I referred her to the orthopaedic department at Queen Alexandra Hospital with a swollen hot right wrist, as I was concerned she may have a joint infection. That diagnosis of septic arthritis was confirmed and she was treated in hospital.

In September of 1996 she was treated by a colleague for a chest infection.

In March of 1997 she was seen by me as she was shouting at night apparently keeping the other residents awake. I prescribed a small dose of a sedative, Melleril, to be administered by care staff in the Rest Home for night time agitation.

Early in May of 1997 she complained of low back pain treated with paracetamol.

A few days later she developed a fever and a chest infection and was treated with antibiotics.

On the 12th May 1997 (12/05/1997) her drowsiness increased, she had ankle swelling and her chest infection appeared to have exacerbated her heart failure symptoms. She was very unwell and in my judgement was dying and I did not think that hospital admission was appropriate. After discussion with the staff at Willow Cottage I decided to recommend nursing care and monitoring at home. On the 17th May 1997 (17/05/1997) I again visited her at the home. She was hot, drowsy and dehydrated. The rest home were unable to provide the level of nursing care she now required so I admitted her to Queen Alexandra Hospital.

I have been shown a copy of a letter contained on pages 51 and 52 of Helena SERVICE's hospital notes labelled BJC/72 . This is the letter sent with Mrs SERVICE when she was admitted. The letter is written and signed by myself and is dated 17/05/97, it reads as follows;

Dear Dr LISTER ,

Thank you for admitting this elderly lady who has a history of gout, non insulin diabetes, CCF. She has been seen by Dr TANDY in the past.

She recently developed a UTI & responded initially to antibiotics. She has now been increasingly short of breath, confused, disorientated and the rest home is unable to cope with nursing her.

Her current medication is.

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Zestril 2.5mg bd

Bumetanide 1mg daily

Aspirin 75mg daily

Melleril Syrup 25mg at night if required.

Allopurinol 100mg once daily.

Thank you for your help.

Yours sincerely

Code A