EXPERT WITNESS REPORT of Dr Andrew WILCOX (27 September 2005)

Report commences with CONCLUSIONS – will come back to at end

Chronological Case Abstract:

Page 8 (4): DEPRESSION-yes, DEMENTIA-rubbish, Subject never mentioned until Dr Lord's final assessment on the day of admission where she mentions the possibility of an **element of dementia** (without saying what) I want it understood by the jury that ADBC was **in full possession of his faculties and was a sharp intelligent person**

Page 8 (5): His mobility was always awkward due to his wartime injury, and actually declined gradually after acquiring an electric scooter. In his last few weeks, the drugs he was taking no doubt weakened him and reduced his mobility further

Citing CONFUSION is not correct. ADBC was always clear in his thoughts and expression (although often repetitive)

Page 8/9: RUBBISH. Backache was caused by a fall at the Rest Home, he NEVER complained about pain from his old injury

Page 11/12: The most obvious symptoms of his Parkinson's was an occasional trembling left hand and the gathering of excess saliva on the lips. In CRSF's opinion, any stiffness noted on 14 Sep was something else

Page 12: Should not CRSF have been notified of any non-compliance????

Page 14: MISSING

Page 15: **Describes ADBC as sedated at 2200 on 21 Sep**, yet a syringe-driver was commenced at 2310. What is your opinion of this??

Would you have proceeded along these lines????

Page 16: It is NOT CORRECT that CRSF was informed that a syringe-driver had been commenced – SHOULD HE HAVE BEEN???? Your analysis is confused. As it refers to events on the evening of 21 Sep but dated 22 Sep.

Page 21: Starting with a 20mgs dose of Diamorphine, how long would you expect to remain on that dose before need to increase?????

Page 26: NOT TRUE that he had chronic back-pain caused by his injuries. One reason why he could not get comfortable at night was because he was **deprived of the monkey pole** he had previously had in his apartment, and thus unable to adjust his position without help

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Success Fees-

- Lisa Barham v. Dr Athreya and Barking, Havering and Redbridge NHS Trust

  Gloucestershire County Council v. Evans and Others

  Crane v. Canons Leisure Centre

- Woolley v. Haden Building Services Ltd
- C v. W

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Costs Capping

Willis v. Nicholson 2007 EWCA Civ 199

- Timing required - careful selection
- Leaving an application to close to trial - hopeless
- If done properly likely to be expensive and as time consuming as a Detailed Assessment
- Rules Committee to decide changes

SI 2008 - No 3327 (L29) 29th December 2008

Comes in to force April 2009

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Hot off the press

- VAT - 15% from 1st December 2008
- Jones v. Attrill 16th January 2009
- Birmingham City Council v. Rose
- Forde (2009) EWCA 12QB
- Worrington

AGREE UNANSWERED QUESTION:

- **Page 27/28:** Having been admitted for more intensive therapy on his ulcer, why was terminal care applied from the outset?
- **Page 29:** Why necessary to apply a double dose of Oramorph at 2015 (also what about the missed dosage due at 1850)?
- **Page 29:** Why weren't his usual drugs given on the day of admission? (How might that have effected his behaviour?)
- **Page 29:** If already sedated at 2200, why necessary to commence syringe-driver?
- **Page 29:** Who decided to commence the syringe-driver?
- **Page 30:** If the needs of patients varies greatly as you say, what is your opinion of BARTON'S prescription and control?
- **Page 30:** ADBC was not demented, therefore your assumptions are not relevant
- **Page 31:** Needs to be explained why further increases in regular analgesia/sedation not applied before a syringe-driver was commenced, **especially** when still able to take treatments orally as late as 22 Sep
- **Page 31:** CRSF was angry to find a syringe-driver in use as he guessed (correctly) that ADBC's life was being intentionally terminated (as his mother's had been by the same method some years before – **in Gosport!!!!!!**)
- **Page 31:** Dr Lord should also be asked to explain why she cancelled my appointment with her on Wed 23 Sep.
- **Page 32 et al** An explanation is needed as to why doses were increased (esp. 100% step), and who decided
- **Page 38:** Does this imply that the application of excessive opiates could have been the eventual cause of bronchopneaumonia????

CONCLUSIONS:

Line 4: INCORRECT, ADBC did not have long-standing back pain

Line 9: INCORRECT ADBC was not demented

Line 20: Admitted for curative treatment of bedsore, NOT TERMINAL CARE

Line 24: Barton fell short of GOOD STANDARD OF CARE

- Lack of clear notes (line 26)
- Inadequate assessment of patient (line 26)

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Any Questions?

Michael.kain@kain-knight.co.uk
01279 505974

- Prescribing an unjustifiable large range of diamorphine (line 27-31)
- Failing to pursue other pain strategies, especially in early days and during turning
- Permitting excessive doses of diamorphine without clear reason
- Disregarding ADBC's safety

What knowledge do you have of earlier expert assessments done by Dr Munday and Profs Ford and Forrest??

SUMMING-UP
Whilst you correctly observe that ADBC was admitted for treatment of a bedsore and not terminal care, and that BARTON fell short of providing a good standard of care, your expert evidence has been based on SIX incorrect statements by police witnesses:

1. ***Contrary to being demented**, ADBC sharp, well-educated and had a good memory*
2. *He could **never** be described as being CONFUSED about anything*
3. *Any backache he had was due to a **recent fall, not** his old war injury*
4. *Family were **never informed** that a syringe-driver was to be used, and your analysis appears to confuse the dates*
5. *Multiple moves of Care Home **were not** due to dissatisfaction with standard of care (haunted)*
6. ***He did not** suffer from any form of mental impairment*

Does any of this have a bearing on your conclusions??????????/

Kain Knight Group PLC

Change in the Standard Rate of VAT from 1 December 2008

The recent change in the standard rate of VAT has caused some debate and confusion on the treatment that should be adopted. Set out below is a brief summary of our view of the VAT rules that mostly affect the work of Solicitors, Barristers, Law Costs Draftsmen and the like.

Tax Point

Basic VAT rules state that the VAT rate to charge on a supply of goods or services depends on when the supply takes place which is called the tax point.

The tax point is normally the earlier of:

1. Receiving payment,
2. Issuing a VAT invoice,
3. Supply of goods or services (actual supply of goods or completion of service) unless an invoice is raised within 14 days of this date when the invoice date takes precedence and becomes the tax point.

In his Pre-Budget Report on 24 November 2008 the Chancellor announced that the standard rate of VAT be reduced to 15% from 1 December 2008.

However with regard to services provided by Solicitors and Barristers it is not as simple as it sounds because there are differing tax point rules.

Solicitors

Solicitors need to determine whether a particular job is:

- A single supply of services; or
- A continuous supply of services

HMRC consider that the majority of supplies made by a Solicitor are single supplies, including work undertaken over an extended period of time, such as litigation, PI claims as well as more clearly defined one-off services, such as preparing a will.

However, there are some types of legal work which fall within the scope of the rules for continuous supplies of services. There is also a special rule relating to extension of tax points which has been centrally agreed with **HMRC** allowing a 3 month extension of the 14 day rule, the impact of which is explained below.

Before going into the detail it is worth restating that a payment for VAT purposes is when it is in the office account. Monies held in the client account are not considered to be payments for