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RECORD OF INTERVIEW

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(SDN / ROTI / Contemporaneous Notes / Index of Interview with VIW / Visually recorded interview)

Person interviewed: REID, RICHARD IAN

Place of interview: FAREHAM POLICE STATION

Date of interview: 08/08/2006

Time commenced: 0907 Time concluded: 0949

Duration of interview: 42 MINUTES Tape reference nos. (→)

Interviewer(s): DC1162 QUADE / DC2479 YATES

Other persons present: MR CHILDS, SOLICITOR

Police Exhibit No:	Number of Pages:
Signature of interviewer producing exhibit	

Person speaking	Text
DC YATES	This interview is being tape recorded. I am DC2479 Chris YATES from Hampshire's Major Crime Department and my colleague is …
DC QUADE	DC1162 Geoffrey QUADE.
DC YATES	… I'm interviewing Doctor Richard Ian REID. Doctor will you please give your full name and your date of birth?
REID	Richard Ian REID, date of birth 12/05/51.

DC YATES — Thank you. Also present is Mr CHILDS who is Doctor REID's solicitor. Can you please introduce yourself with your full name?

CHILDS — It's Will CHILDS from Radcliffes Le Brasseur in London.

DC YATES — Thank you. This interview is being conducted in an interview room at Fareham Police Station in Hampshire. The time is 0907 hours and the date is Tuesday the 8th of August 2006. Doctor at the conclusion of the interview I'll give you a notice explaining what will happen to the tapes. I must remind you doctor that you're still entitled to free legal advice. Mr CHILDS is here as your legal advisor. Have you had enough time to consult with Mr CHILDS in private or would you like further time?

REID — No I've had enough time thank you.

DC YATES — Thank you. If at any time you wish to stop the interview and take legal advice just say so and we'll stop the interview in order for you to do this yeah? We'd also like to point out that you've attended voluntarily, you're not under arrest, you've come here of your own free will. So if at any time you wish to leave, just say and you can leave, yes? We'll caution you and that is you do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely

on in court and anything you do say may be given in evidence. Do you understand that caution?

REID — Yes.

DC YATES — Okay just for my own peace of mind I'll break it down into the three bits just so that I'm happy that you understand it. As I said it can be broken into three sections and the first is quite simple, it's your right not to say anything when asked questions by us. The second part is the slightly more confusing part. If this matter should go to court and that is an if it should go to court, it may harm your defence if you wish to rely on something as part of your defence if you had the opportunity to mention it now. In other words the court might think doctor why didn't you say that when you were asked, okay. In other words the court may draw what they call an adverse inference and as I said wonder why you didn't mention it earlier and the third and last part is again quite simple. The interview is being tape recorded and if it should go to court, should it become necessary either a transcript of the interview can be read or the tapes can be played in court. Okay on this occasion, as before, the room is equipped with a monitoring facility. Whenever that red light there is on, which it is at the moment, it means the room is being monitored. Today it's being monitored by Detective Inspector David GROCOTT. The reason we do this is to enable us to carry out any enquiries we need to, as a result of anything said here today,

expeditiously and then possibly ask you about them later on in the day, yeah?

REID — Yeah.

DC YATES — When the tape machine is not running, nothing can be heard in this room. So the tapes have got to be in and turned on for anything to be heard in this room. So if you want to use it to consult or anything like that it's quite safe to do so. On this occasion it will be me speaking to you the majority of the time but DC QUADE will almost certainly be making some notes. As before this investigation is called, well known as Operation Rochester. It's being conducted by Hampshire Constabulary and started in September 2002. So it's been running for pretty much four years now. It's an investigation into allegations of the unlawful killing of a number of patients at the Gosport War Memorial Hospital between 1990 and 2000. Now as I said before no decision as to whether an offence or even any offence has been committed but it's important to be aware that the offence range, offence range being investigated runs from potential murder right the way down to assault. Now part of the ongoing enquiry is to interview witnesses who were involved in the care and treatment of the patients during that period and I believe we're right in saying you were the Consultant Geriatrician for the Gosport War Memorial Hospital during part of that time when these deaths occurred. So your knowledge of the working of the hospital and the care and the treatment of the patients is

very, very central to our enquiry. Now I know you're going to want to say something in a minute but the majority, well nearly all of today will be concentrating on the patient Geoffrey PACKMAN.

REID — Yes.

DC YATES — He was a 67 year old man who was transferred to Dryad Ward from the QA Hospital, the Queen Alexandra Hospital, on the 23rd of August 1999 and he subsequently died on the 3rd September 1999 and the cause of death was given as a myocardial infarction.

REID — Right.

DC YATES — And as before all the groups of questions will come under particular topic headings. It may seem a bit repetitive but it's just a way of breaking everything down so you get a chance to explain everything. We get a chance to understand it as well and what I'll do is I'll endeavour to explain the topic headings as we change to each one. Before we go much further can I just confirm with both you and Mr CHILDS that you were provided with a full copy of Mr PACKMAN's medical file by way of advance disclosure, probably about ten weeks ago now actually I think but some time ago. Have you got this file with you today? Excellent. Right well before we go on to Mr PACKMAN you intimated that you wanted to say something about a previous interview ...

REID Yes, yeah.

DC YATES ... I'll let you open that that then.

REID Well this is in relation to the care of, the last interview, which was about Enid SPURGIN.

DC YATES SPURGIN, right.

REID Because you posed me a lot of questions around the care based on sort of review of the care by sort of medical experts who'd had sort of voiced criticisms and I just felt a little concerned that maybe the sort of the big picture had been lost in discussion around the detail. As you're aware she was a 92 year old lady who had sustained a fractured femur and who appeared to be in pain for most of her stay in hospital, both in Haslar and in Gosport War Memorial Hospital and we did have some discussion around the sort of, what the reasons for that pain might be and I think that what I wanted to emphasis was that even from the first time I saw this lady I felt that her prospects for re-mobilising and getting rid of her pain were poor. We went into summaries of why she might be having pain and we talked about the fact that the hip might be dislocated but usually that produces a sudden increase in pain whereas this lady seemed to be in pain all the time. We talked about, you know, wound infection, superficial wound infection. There wasn't any evidence of that for the first sort of couple of

weeks obviously so her pain during that first couple of weeks unlikely to be due to the wound, superficial wound infection. We also mentioned and this is really what I wanted to come round and say possibly the impacts of having a deep wound infection and what I wanted just to make clear was that implications of that are sort of fairly horrific for a 92 year old lady because it's not just a simply matter of treating with antibiotics. What one would almost certainly have to do is to take this lady back to theatre to possibly move the screw, remove the top half of the, the sort of ball and as you can imagine a further operation in a sort of frail 93 year old lady her chances of getting over that are probably less than getting over the first operation. The other possibility is that, or other two possibilities, the socket in which the hip sits ...

DC YATES Yeah.

REID ... can sometimes fracture, break, if that's the case again that's another sort of disaster in terms of trying to get someone back on their feet again in that what would probably have to happen is this lady will have to have traction applied which is, you know leg out like that with weights on the end, I'm sure you've seen pictures sort of thing. To get the pelvis to heal you're talking a minimum of six weeks, probably three months on traction so, by which time any prospect of sort of getting back on your feet has gone and the last thing is with a dynamic hip screw the head of the femur can just sort of crunch down and I've

already recorded that this lady had two inches of shortening. So what I just really wanted to say was I find it difficult to see any way that this lady was going to be out of pain, in matters of what had happened and I think that when I saw her on the last occasion that the right approach was to pal..., was palliation and I mean that feeling is further borne in mind that one thing we didn't touch on was in the nursing notes there's record to the effect that the prognosis had been discussed with the nephew who had said something to the effect that if his aunt wasn't able to mobilise and get home again, she would think that was an extremely poor outlook for her and his view was that it would be important just to let his aunt be kept comfortable. So just really to summarise in saying I felt this lady's prognosis, looking at the whole thing, was extremely poor in terms of pain relief, getting back home again.

DC YATES — From the start?

REID — From the start and there's nothing a subsequent course would change that fact, only reinforced that view. Yes I think, think that's it.

DC YATES — Well it certainly seems very clear to me.

DC QUADE — It does although I have a number of questions that come up from that but I don't think it's appropriate to ask those right at this very moment because the whole purpose of today is to talk about ...

REID — Is to talk about Geoffrey PACKMAN.

DC QUADE — … Geoffrey PACKMAN. We appreciate and don't let that inhibit you today about whatever you want to speak about but it may well be that as a consequence of what you've said we may ask you some further questions later on today.

REID — Yeah, okay.

DC QUADE — But I think it's important to do the case for which you've prepared.

REID — Fine, okay.

DC QUADE — And, with the purpose of today's interviews.

REID — Yeah.

DC YATES — Okay?

REID — Yeah.

DC YATES — Right well moving on to Geoffrey PACKMAN then doctor. As I said we'll break everything in to topic areas for you and the first topic area I'd like to talk about is clerking. We discussed this before, it's central to ensuring that patients needs and treatments are identified and that suitable care plans is in place.

REID — Yeah.

DC YATES — What I'd like to do now if we can is to establish what you believe is the purpose of clerking. As I said it might sound a bit repetitive but it keeps everything in order for us and what procedures you expected to be followed and identifying what you see as the role of either the nurse or the doctor. Now if we go to the, can you give me the …

DC QUADE — It's the main file.

DC YATES — … no the Good Medical Practice, if you can just get it out so I can, I'm going to refer you doctor to the document from the GMC, Good Medical Practice 2001. It's got an ID Reference of CSY/HF/2.

DC QUADE — Before we start on that doctor you're going to, Chris is going to be mentioning a lot of exhibits, a lot of them you will be familiar with because you've seen them before. Most of them I should think and if at any time you want to see any of those exhibits …

DC YATES — Closely.

DC QUADE — … they're here, right and that's the purpose of having them in this interview room now so you can see them.

DC YATES Right now that's a copy, a photocopy, contained in that, in the first pages ...

REID This?

DC YATES ... is that right, yeah. It's just a photocopy that one is.

REID Yeah I appreciate that I was just wondering which date this one.

DC YATES It should be a copy of the 2001 I think.

REID Yeah but this is 1999.

DC YATES 19, yes, yeah.

REID So that's ...

DC YATES But it's, this is just a quick reference the best one we had to photocopy. We have made enquiries and the part we read from, I think you'll agree, has been in place for years, which is, they say Good Medical Practice, 'Good clinical care must include adequate assessment of a patient's condition based on history and symptoms and if necessary as appropriate examination'. It also goes on to say 'In providing care you must keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, decisions made. The information given to patients and any drugs or other treatments prescribed'. It

also says 'It must include taking suitable prompt action where necessary and also prescribe drugs and treatments including repeat prescriptions only when you have adequate knowledge of the patient's health and medical needs'. That's a quick summary ...

REID — Yeah.

DC YATES — ... of it. I think first of all would you agree that that has been the case for years? Okay, was Mr PACKMAN, and you've had a look through the notes. Well first of all can you remember Mr PACKMAN?

REID — No.

DC YATES — So everything we'll talk about today is, is from the notes?

REID — Yes.

DC YATES — Okay well from looking at the notes over the past ten weeks, was Mr PACKMAN provided with a suitable and adequate assessment?

REID — Are you talking about Gosport ...

DC YATES — We're talking about ...

REID — ... or QA?

DC YATES ... Gosport. Gosport first. We shall talk about QA later but Gosport at the moment.

REID Well he was, the first note from Gosport is written by Dr RAVINDRANE and that sort of outlines, the sort of medical problems. There are sort of reflections of the sort of drugs he was taking, reflection of the mental status, also reflection, there's a, examination of the, it's been noted that the heart and respiratory system have been sort of examined and the legs have been looked at and there is a reference to the ulcers which would have been dressed yesterday. So Dr RAVINDRANE obviously didn't take down the dressings but just recorded that the patient had ulcers.

DC YATES Okay.

REID So I think it's a reasonable summary of ...

DC YATES That's a reasonable summary, yeah.

REID ... of the care that had happened up to that date.

DC YATES Okay and that was Dr RAVINDRANE?

REID Yeah.

DC YATES Okay and what was Dr RAVINDRANE's position?

REID — At that time he was a Senior Registrar.

DC YATES — Mm, mm.

REID — And the post is a training post.

DC YATES — Right, okay. Now also at the Gosport War Memorial Hospital we have, or you had at that time, a Clinical Assistant.

REID — Yes.

DC YATES — And that was Doctor BARTON.

REID — That's right.

DC YATES — So what was the purpose of the Clinical Assistant in the context of looking after the patients?

REID — To provide sort of day to day care and respond to needs which probably the nursing staff would have identified, like "Could you please come and assess this patient cos they're not well, or ill" or whatever. Also to clerk new patients in. To, and as part of that clerking would be you know history examination, problems, treatment plan etc and, yeah I think that's, that's basically the role.

DC YATES — I mean we have a copy of Dr BARTON's job description, which we can get out if you want to have a look. I can

quickly summarise or just go through the, I think it's 15 or 16 points, and I'll ask you if you agree or disagree if that's pretty much what the Clinical Assistant should be about.

REID Yeah.

DC YATES To provide 24 hour medical cover to long stay patients in the War Memorial Hospital and the patients are slow stream or slow stream rehabilitation?

REID Yeah.

DC YATES And it's important to be seen not only as a medical advisor but a friend and counsellor to patients, relatives and staff.

REID Yes.

DC YATES And she was, or the Clinical Assistant was to visit the unit on a regular basis and to be available on call as necessary.

REID Yeah.

DC YATES To ensure that all new patients are seen promptly after admission. To be responsible for the day to day medical management of the patients.

REID Yeah.

DC YATES To be responsible for the writing up of the initial case notes and to ensure that follow up notes are kept up to date and reviewed regularly.

REID Yes.

DC YATES To complete upon discharge the discharge summary and HOM60.

REID Yes.

DC YATES To ensure that prompt preparation of death certificates and for cremation certificates where appropriate.

REID Yes.

DC YATES Take part in the weekly consultant rounds.

REID Yes.

DC YATES To prescribe as required drugs to the patients under the care of Consultant Physicians in geriatric medicine.

REID Yes.

DC YATES To participate wherever possible in multi-disciplinary case conferences and discussions relating to the patients in the unit and to provide clinical advice and professional support to other members of the caring team.

REID Yes.

DC YATES To provide clinical advice and professional support to other members of the caring team. Just repeated myself there ...

REID Yeah.

DC YATES ... I'm sorry. To identify opportunities to improve services so that a high level of care can be provided within the resource available. To be available when required to advise and counsel relatives and to be responsible for liaison with the general practitioners with whom the patient is registered and with other clinicians and agencies as necessary.

REID Yes.

DC YATES So that's 15 or 16 points and is that how you understand the role of the Clinical Assistant?

REID Broadly speaking, yes.

DC YATES Broadly speaking.

REID Yeah. I mean I haven't seen the contract ...

DC YATES Oh we can show you the contract.

REID ... well no you showed me it last time, I've seen it before ...

DC YATES Yeah.

REID ... but I hadn't seen it ...

DC YATES You hadn't seen it at the time.

REID ... at the time.

DC YATES Yes, no I accept that. So when we're talking about provide 24 hour medical cover. What would you expect or what would you have expected then more importantly, for that to entail?

REID Well to respond to the nursing staff, you know at any time sort of day or night to a problem with the patient.

DC YATES Yeah.

REID You know either you know by, maybe over the telephone or coming in and seeing or making alternative arrangements.

DC YATES How often would you expect the Clinical Assistant to visit the patients?

REID I don't know what, I don't know that, I mean I came in with an already established practice.

DC YATES Yeah.

REID Which seemed to be that Doctor BARTON usually visited two or three times a day and so I sort of accepted that as the way she sort of discharged her duties.

DC YATES You talk about sessions don't you quite often?

REID Yes.

DC YATES Right how long is a session, I believe it's changed recently as well hasn't it?

REID Yeah I mean a session when you're talking about medical employment was sort of three and a half hours.

DC YATES Right so I think Doctor BARTON was contracted to five sessions per week. So it would ...

REID Yes.

DC YATES ... 18, 20, 20½ hours.

REID Yes I mean that was the payment currency if you like that was not her commitment in hours.

DC YATES Oh right. Is that, are you, are you saying, I understand what you mean by that was the payment currency.

REID Yeah.

DC YATES Are you saying that her commitment could have been less or ...

REID Yes it, oh yes definitely because she was providing 24 hour cover.

DC YATES ... cover.

REID So I would not necessarily have expected her to be in the hospital five times, three and a half hours per week.

DC YATES But you mention that Doctor BARTON was attending up to three times a day.

REID That's what was reported to me by nursing staff.

DC YATES Yes. So there's a fair chance with that level of commitment that she was actually probably ...

REID Oh yes.

DC YATES ... reaching the three and a half hours a day so to speak.

REID Yes.

DC YATES — What would be the minimum then, bearing in mind that a Clinical Assistant is on 24 hour cover as you say, or 24 hour call? What would be the minimum attendance? Not when you're called in but what would be the minimum attendance that you would expect to allow really?

REID — I mean it would be sort of local negotiation. I mean this was often the way of providing cover in community hospitals and it would depend on the number of beds, you know that there were in hospital. For example say it was 20 beds you might expect somebody to come in maybe for half an hour in the morning and half an hour in the afternoon and that was some, and be given a number of sessions in recognition of her coming in and the on call commitment but I, you know I wouldn't have a clue really.

DC YATES — Okay, alright. I mean Doctor BARTON ...

REID — It would be a matter for the local negotiation.

DC YATES — ... yeah I understand what you mean. I mean Doctor BARTON had indicated anyway that she'd come in Monday to Friday from about half past seven (0730), till nine in the morning (0900). Virtually every lunch time, quite often again in the evening about seven o'clock (1900).

REID — Yeah.

DC YATES Especially if she was the duty doctor.

REID Yeah.

DC YATES I was going to ask how would you ensure that a Clinical Assistant attended the hospital but you've pretty much answered that saying that it was all down to local negotiation was it, you're saying?

REID Yes and I mean in some sense it was left to the, it would be left to the Clinical Assistant to decide themselves how they discharged their duties. I mean within the, so I mean all I think it says there is you know attend regularly. It doesn't specify how regularly but it says come on the ward round once a week. So that would be expected that someone would be there for that but for example I mean someone might just choose not to come in regularly and just respond to the calls as they came in. I mean I wouldn't say that was a good way of doing it but ...

DC YATES Yeah so, and with Mr PACKMAN the actual clerking which is the topic area that we're trying to, that we're working through, that was actually on this occasion done by ...

REID ... Doctor RAVINDRANE.

DC YATES ... yeah and I think he's written up as Doctor RAV or something hasn't be?

REID RAVI.

DC YATES RAVI.

REID Yeah.

DC YATES Alright. From the notes then why was Mr PACKMAN admitted to the War Memorial Hospital?

REID Right. I mean it, I mean it doesn't specifically say but I mean it refers to the, to the leg ulcers.

DC YATES Right. If you actually go through the notes, which I know you have already, I might just be able to, if I can find the right bit, would I be right in saying that he suffered a fall at home?

REID I wasn't aware that he'd suffered a fall at home. I thought he was immobile.

DC YATES Um, I thought he suffered a fall and was then immobile but he was, two ambulances anyway took him to ...

REID QA.

DC YATES .... Yeah the A&E at QA. He's morbidly obese?

REID Yes.

DC YATES Leg ulcers and cellulitis.

REID Yes.

DC YATES So once he was transferred from the QA to the War Memorial Hospital. What sort of care was he there for?

REID Well I mean it doesn't specifically say in the notes why he was transferred from QA and there's also no reference in the QA notes as to why he was transferred.

DC YATES Transferred.

REID But reading between the lines my view is he was transferred for nursing care.

DC YATES Would it be what's called continuing care or ...

REID Well I mean probably and I think it's, well almost certain given this, the fact that this man was morbidly obese with pressure sores on his buttocks and the leg ulcers and cellulitis. I mean I think it, I mean I don't know whether it's helpful to say at this stage, someone just, I mean I just happened to mention to one of our ward sisters that I was being questioned about this patient and she said "Well I think I remember him" she said "We actually had to put

two beds together on Ann Ward because he was so obese" and I sort of have a vague memory of that but nothing more. I think it's important to say that just to sort of emphasis just how large this man was.

DC YATES — I think somewhere in the notes or I've read somewhere it actually took two ambulances, two ambulance crews ...

REID — Yes.

DC YATES — ... to take him to the hospital where he was so heavy and ...

REID — And I think that if you're as obese as that and it said that he hadn't been walking for a week before he came into hospital. He'd got pressure sores, he'd got severe arthritis in his knees. He, this man is terminally ill. In the sense that he's not going to get back on his feet again, he's got huge risk factor for developing infection etc. So his life expectancy is poor.

DC YATES — ... and he was ...

REID — Only 67 or 68.

DC YATES — ... 67, 68.

REID — Tragic.

DC YATES Mm. So are you saying with a man of that age, of that obese there's no chance of him losing weight or, that's what you're saying is it?

REID Yeah.

DC YATES So normally the first function is when a patient arrives on a ward is clerking?

REID Yeah.

DC YATES Right and on this case, on this occasion it was done by Dr RAVINDRANE.

REID Yeah.

DC YATES Quite often it's done by the Clinical Assistant …

REID Yes.

DC YATES … at the War Memorial Hospital.

REID Yes.

DC YATES What notes would have been available to, actually Dr RAVINDRANE on this occasion, when the patient arrived, on admission?

REID — Well one, one would have hoped that the notes from Queen Alexandra were transferred with the patient.

DC YATES — And is that a normal practice?

REID — Yes. It doesn't always happen but that's what should happen.

DC YATES — Okay and the actual process of clerking involves the examination and the recording of …

REID — Yeah looking at the notes, see what's happened already.

DC YATES — Yeah.

REID — … taking the history and get one from the patients, examining the patients and making a plan.

DC YATES — Excellent and on this occasion you feel that that's quite a satisfactory clerking do you?

REID — Yes I mean I think it would have been helpful just to have said, you know plan and for you know admitted for leg ulcer management and nursing care. Or pressure sore management and nursing care.

DC YATES — But he has been examined as we can see.

REID — Yeah.

DC YATES I think we've touched on this already but why is this initial assessment, this clerking, so important?

REID Well it's to set the direction of travel for the patients care. So that those who come along behind us know what the initial thoughts, plans are.

DC YATES And I think people have mentioned before something like a, it also sets a baseline?

REID Yeah.

DC YATES And you can tell whether a patient is improving …

REID Yes.

DC YATES … or deteriorating?

REID Yes.

DC YATES Had, you touched on this slightly, earlier. Had the opinion been formed then, on Mr PACKMAN's admission at the War Memorial Hospital that he was in fact in a terminal phase of his life?

REID Well there's no record to that effect.

DC YATES Right.

REID — Not that I can, not that I've seen.

DC YATES — From reading the notes, which I accept is all you can do now.

REID — Yeah.

DC YATES — Over this period of time you certainly said earlier on that the prognosis for this man, a 67 year old man who was that morbidly obese, not been mobile for a week, arthritis in his knees, the ulcers etc, was very poor.

REID — Yes.

DC YATES — If you turn to, I think, hopefully I'm right, pages 44 and 45 I'll see if I can find any originals and these, the it's an SHO, it's the clerking notes at the QA and they run for ...

REID — Two pages.

DC YATES — ... two pages. Now would you say this is a good example of clerking?

REID — That's what I would expect the clerking to look like in Queen Alexandra Hospital.

DC YATES — Mm, that's it. Now the patient's already been to one hospital, he's now been transferred to the War Memorial

Hospital and what you say is it wouldn't be normal practice then, having had such a full, if you've come from one hospital now it would not be normal to have such a full entry ...

REID — That's right.

DC YATES — ... right. But again on page 54 isn't it, which is Dr RAVINDRANE's entry, it's not as detailed but it seems to, it does show the problems ...

REID — Yeah.

DC YATES — ... and the treatment plans etc. Is there anything you want to add on clerking?

DC QUADE — No not at the moment Chris, no.

DC YATES — Right we'll carry on along the theme of clerking then with the initial assessment. Now the idea of just asking you a few more questions about the initial assessment is to identify what you consider to be the fundamental purpose of the initial assessment. What routine you'd expect to be followed and the reasons behind the assessment. So what routine would you expect, you know adopted to to follow on an initial assessment?

REID — Well as I say ...

DC YATES Now you've explained it can, it can differ between the two hospitals ...

REID ... yeah.

DC YATES ... because one is admission from outside and the other one is a transfer but what, well we'll start with the QA then, what routine would you expect your doctors to follow on initial assessment?

REID Well taking a full history from a patient ...

DC YATES Yeah.

REID ... if the history's not available from the patient, speaking to relatives. If the relatives aren't available you know are they being (inaudible) neighbours, friends, GP whatever. Cos the history, the history is really sort of key.

DC YATES Right.

REID And 80 per cent of diagnosis is made on the basis of the history, that would be followed by examination of the sort of four main sort of body systems. Heart, chest, abdomen and the nervous system usually and anything else that seemed appropriate. Then a statement as to what the sort of diagnosis or problems were and an investigation and treatment plan.

DC YATES — Right, which, yes I mean that's how I would picture it. Now move that on to what would you expect then having, a patient having been transferred to the Gosport War Memorial Hospital? What would you expect of an initial assessment there?

REID — Well I think an outline of the sort of problems, the main problems. Asking the patient if they had any particular sort of symptoms which were troubling them. Um examining them and you know making a treatment plan.

DC YATES — Right so you'd still expect the examination?

REID — Oh certainly expect an examination, yes.

DC YATES — And …

REID — I mean that might be only a very basic examination …

DC YATES — … yeah.

REID — You know just listening to sort of heart, chest, checking blood pressure.

DC YATES — Mm, okay but also the hope should be, the doctor should be equipped with the notes from the previous hospital?

REID — Should be yes.

DC YATES Which is going to help with the previous medical history I suppose?

REID Yes.

DC YATES Okay. Again I mean that Good Medical Practice Guide covers this that good medical care must include an adequate assessment of the patients condition, placed as you say, on history and symptoms and if, it says actually '... and if necessary appropriate examination'. But you're saying that you would expect at least a basic examination?

REID I would expect you know the persons pulse rate and blood pressure and ...

DC YATES Yes.

REID ... and possibly temperature. You know just make sure the patients were stable.

DC YATES Okay and once the examination has taken place, once the, that initial assessment has taken place where would you expect that to be recorded?

REID In the medical notes, well the bit that had been done by a doctor, it's meant to be in the medical notes.

DC YATES Yeah and how would you expect that to be written?

REID Well sort of problems, examination, plan.

DC YATES So and it would be abbreviated, short and precise?

REID It would be fairly short in size yeah.

DC YATES But covering those …

REID It should cover the salients.

DC YATES … yeah problems, what the care plan is going to be, what you expect, yeah. Who would you expect to then read that entry?

REID Well any sort of doctor who is following on behind but also the nursing staff.

DC YATES That's what I was going to ask, would nursing staff read it?

REID They might do.

DC YATES Okay. How normally then, having made that examination and come up with treatment plans, care plans etc, how would that normally be passed on to the nursing staff?

REID Well I mean if, I mean I can only say what I'd, I would do.

DC YATES Yes.

REID — Which would be, I'd probably have, seek out the senior nurse I'm talking about the War Memorial here and say "I've seen the patient there's nothing to be, or there are things to be done and these are the things". So I'd normally want to speak to the nursing staff to you know give them some guidance because I wouldn't just want to rely on them looking at the notes. I mean I couldn't say that, that sometimes that didn't happen or if you're called away to see someone then the nurses might have to go to the notes you've written.

DC YATES — But with a new patient once the patient's been seen by the doctor initially, if the nurses hadn't had verbal direction they'd know where to go?

REID — Yeah they would know, yeah go to the medical notes.

DC YATES — When would a patient be seen by a doctor for the first time then and we're talking about transferring to the War Memorial Hospital? Would you be seen straight away or ...

REID — Well we used to expect them to be seen that day, although if they come in very late at night, I mean I don't know what the GP, Clinical Assistant or the GP's on call might do is say to the nurses "Well are they stable, you know is the pulse and BP okay and do you feel that it could wait until

the morning?" and then the patient would be clerked in sort of the following day.

DC YATES — Yeah so there wasn't a particular time for ...

REID — No.

DC YATES — A patient could appear at any time?

REID — No.

DC YATES — So looking at, and it is page 54 then, having looked at that assessment what does that tell you that Mr PACKMAN was being treated for?

REID — Well what it says is repeat, sort of like down the bottom of the page is rpt is repeat, hb is haemoglobin which is a blood test, u's and e's which are another set of blood tests and lft's but it doesn't refer to any other medical treatment.

DC YATES — So you've got, yeah so the bottom sort of like three lines says 'Repeat haemoglobin' what did you say the other one was?

REID — There's the haemoglobin, urea and electrolytes and the last one is lft's, which is liver function tests.

DC YATES — And why would these be asked for, is this a regular ...

REID — Well my guess is that because Dr RAVINDRANE's recorded up near the top of the page, about fifth or sixth line down, ? Meleana. Meleana means that, well it's a motion that's basically composed of motionless blood and there's also been reference in the medical notes at QA to this patient passing black stools and that can be passing blood and in these circumstances you would want to check what someone's blood count is and urea and electrolytes, liver function test they are just sort of fairly basic.

DC YATES — Fairly basic.

REID — Yes.

DC YATES — So on the initial assessment then Dr RAVINDRANE has actually written 'Query meleana, 13th of August' which is ten days prior, so he's looked at them, it would appear he has had a chance to look at the notes, from writing that.

REID — It would appear so.

DC YATES — And he's thought I want this checked out so he's asked for blood.

REID — Yeah.

DC YATES — So reading through the, that initial assessment, he's obese, he's got arthritis in both knees, he's immobile and he's got pressure sores …

REID Pressure sores.

DC YATES ... he's on a high protein diet and Dr RAVINDRANE's also worried about the fact that he's possibly bleeding and he's having that checked.

REID Yeah but he's also, after that episode, the haemoglobin had been checked again ...

DC YATES Yeah.

REID ... and it was stable, which is what he said ...

DC YATES Yeah.

REID ... in his next statement.

DC YATES Excellent. So what was then the medical care plan are you saying for Mr PACKMAN?

REID I think it was just to check that he was his haemoglobin was still stable, reading between the lines.

DC YATES Yeah reading between the, is there anything, was there any plan about his obesity or his immobility?

REID No.

DC YATES Okay. What was your responsibility then as the consultant with regard to Mr PACKMAN?

REID Well I was responsible for this care while he was in the War Memorial Hospital.

DC YATES Mm, mm okay. Just fine the pages, I think pages 82 and 83 is the nurses care plan.

REID Yeah.

DC YATES Or part of the nursing care plan. So he's constipated ...

REID Yeah.

DC YATES ... or is prone to constipation.

REID Yeah and Dr RAVINDRANE's noted that there's constipation too.

DC YATES So the nurses have either been told or taken it from Dr RAVINDRANE's notes and the desired outcome is to try to achieve a regular bowel movement.

REID Yeah.

DC YATES That's to be evaluated daily. (Coughs) excuse me. So that's one of the plans that they wish to put into, he's got a urinary catheter in place as well.

REID Mm, mm.

DC YATES According to this, to the, if you look at page 84.

REID Yep.

DC YATES So obviously this care plan is for that. He's unable, if you look at page 86, unable to maintain his own personal hygiene, requires full assistance.

REID Mm, mm.

DC YATES So, and that's just part of his immobility, I would assume.

REID Mm, mm.

DC YATES So looking through those the plan is to keep him comfortable but I haven't and I can't see anything, which is what you said earlier, about trying to reduce weight or anything like that.

REID Yeah.

DC YATES And you've told us that the direction has come from ...

BUZZER SOUNDS INDICATING THE END OF THE TAPE

DC YATES ... oh that went quickly, the direction has come from either Dr, verbally, Dr RAVINDRANE verbally telling them or if he hasn't, he's looked at the notes. Okay well that buzzer is just signifying that's the end of that tape. Is everyone happy just to crack on?

DC QUADE Mm, mm.

DC YATES Okay well the time is 0949 hours and we'll turn these tapes off and put some others in.