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RECORD OF INTERVIEW

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Person interviewed: REID, RICHARD IAN

Place of interview: FAREHAM POLICE STATION

Date of interview: 08/08/2006

Time commenced: 1055 Time concluded: 1139

Duration of interview: 44 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 is a continuation of the interview with Doctor Richard Ian REID. The time is 1055 hours. The date is the 8th of August 2006 and doctor can you just confirm that we took a short break while we stretched our legs?
REID	Yes.
DC YATES	Same people are present?
REID	Yes.

DC YATES And have you been asked any questions about this matter while the tapes have been off?

REID No, no.

DC YATES Thank you. Right the last tape ran out we were just about to start on another topic area which is the topics of pharmacies and really I think the prescription and administration of controlled drugs. It's a specialist subject and what we want now is explanations as to how you were involved in pharmaceutical prescriptions. Your level of training and understanding of the drugs that were prescribed by others, as well as yourself and the uses of those drugs and how did you ensure that you were up to date in the knowledge that you had in respect of pharmaceutical issues. So we'll start that one off quite easily, what pharmaceutical training had you received at the time of Mr PACKMAN's admission to the hospital?

REID Well medical student.

DC YATES As a medical student. How would you keep up to date with pharmaceutical issues and new drugs and ...

REID Well by reading certain medical journals and research papers and you get to know what drugs are coming on the market. There's often review articles about the appropriate use of new drugs (inaudible) often lectures to be sort of

updated and so, and colleagues keep you up to date with things to.

DC YATES … yeah, is it compulsory or is this self discipline to read these articles and attend lectures then?

REID I mean there's not, there's nothing compulsive about doing the pharmacy but we now have to do so many hours per year of what we call continuing professional development which will, there will be pharmaceutical issues within that.

DC YATES Was that the case at the time of Mr PACKMAN's admission?

REID I think we had to do, yes fifty hours a year. It started around that time I wouldn't like to be …

DC YATES So it's almost …

REID … absolutely sure.

DC YATES … an hour a week sort of thing?

REID Yes.

DC YATES As and when. So you'd know what drugs to prescribe the patients from your medical training and from lectures and further development?

REID And experience.

DC YATES And experience. There's a book called the BNF, the British National Formulary ...

REID Yes.

DC YATES ... which has got a reference of CSY/HF/12.

REID Yes.

DC YATES What role did that book play?

REID Well I mean that's a sort of, I think we've referred to it before as the bible of prescribing.

DC YATES Is that a book that you carry around in your briefcase or is there one on every ward?

REID There's usually one on every ward.

DC YATES Yeah. Okay and how often are they updated those books?

REID Six monthly.

DC YATES Six monthly and the hospitals always have the most up to date?

REID Almost invariably, yes.

DC YATES Okay. How many pharmacists worked at the War Memorial Hospital in 1999?

REID No idea.

DC YATES Right.

REID I mean I believe there was a part time pharmacist but I don't know any more than that.

DC QUADE Incidentally on the BNF doctor how do they change in the six months? What causes the changes every six months?

REID Well ...

DC QUADE Is there anything typical or ...

REID ... research and new drugs would become, new drugs becoming ...

DC QUADE ... mostly new drugs?

REID ... yes.

DC QUADE Yeah.

REID — And occasionally there'll be deletions of drugs you know which have hit the media with nasty side effects etc, which weren't picked up at their trials.

DC QUADE — Yeah, okay.

DC YATES — And how often would you refer to that book?

REID — Well pretty frequently.

DC YATES — That's purely for the prescribing of drugs is it or …

REID — Oh no often looking for the side effects, you know and some, somebody could come in with some symptom and say, wonder if it could be drug, cos a lot of symptoms are due to side effects from drugs. So we use it very frequently for, for that to look up the side effects of drugs cos you can't keep it …

DC YATES — So it would be a question of going through the notes, finding out what drug a patient may be on …

REID — … what the patient's on and then looking …

DC YATES — … and looking at the side effects …

REID — … at that and …

DC YATES — … would coincide with …

REID ... yeah.

DC YATES ... okay. Right what about the PCF, which I think is the Palliative Care Formulary, a similar sized book with a reference of GJQ/HF/18. Is this a book that you're familiar with?

REID Never seen it.

DC YATES You've never seen it?

REID No.

DC YATES Okay and the, I think it's the Nurses Prescribing Formulary is the other book we've got.

DC QUADE Yeah.

DC YATES Which is GJQ/HF/17.

REID No I haven't seen that either.

DC YATES In relation to Mr PACKMAN then were any of the drugs used in his treatment, were any of them new or seldom used?

REID Oh God I.....

DC YATES Have a look, yeah.

REID No I don't see anything there. There's nothing that stands out, no.

DC YATES Were any of the drugs that were used to treat Mr PACKMAN used outside of their licence, I think they call it?

REID I think, without looking, without looking at that it would be difficult to say

DC YATES But I'm right in saying the meaning of being used outside their licence, if Drug A, was intended for flu …

REID Yeah.

DC YATES … but experience tells doctors that it's actually, works very well for B …

REID … works well for something else, yeah.

DC YATES … yeah then that can be used?

REID Yes, yeah.

DC YATES But it's not necessarily what the drug was initially licensed for?

REID That's right.

DC YATES Is there anything that, is there anything that jumps out on you there? It's not a trick question cos I'm not going to say ha, ha, yes there is but is there anything that jumps out?

REID I can't, ...

DC YATES So I think it would be probably fair to say that with all the drugs that have been prescribed there, that are on those prescription sheets, there are all, are they all regularly used?

REID ... yes.

DC YATES Yeah and regularly used for the sort of disorder that Mr PACKMAN had?

REID Yes.

DC YATES Yeah.

REID No I can't see.

DC YATES What was the purpose of the Wessex Protocols? Have you ever heard, had you heard of the Wessex Protocols?

REID No.

DC YATES Have you heard of them now?

REID There's a Wessex Palliative Care ...

DC YATES Handbook.

REID ... Handbook which I hadn't heard of at the time.

DC YATES Right, okay. Now we have a got a copy and this is CSY/HF/3. Sorry Geoff.

DC QUADE That's alright, it's here. This is a copy of that.

REID I've seen that now, yes.

DC YATES But you were not aware of that in 1999?

REID I wasn't aware of that (inaudible) no.

DC YATES Okay what pharmacy guidelines were available for the prescribing of medicines within the Gosport War Memorial Hospital?

REID I couldn't tell you.

DC YATES No. Is that through time that's elapsed or you wouldn't have known?

REID — Um, well certainly time that's elapsed, I mean I'm not, not aware ...

DC YATES — Okay, no that's just a ...

REID — ... we did have Drug Therapy Guidelines in Queen Alexandra Hospital but I'm not clear whether they were designed, if you like, with say Gosport War Memorial Hospital in mind cos clearly it's two very different situations. But I'm not aware of any sort of specific guidelines for drugs in Gosport.

DC YATES — Okay. Geoff is there anything you want to ask here?

DC QUADE — So did you apply the guidelines from the QA down at Gosport?

REID — No, no. I think it's unlikely I'd have done that. A, I don't think there'd be copies on the ward down in Gosport and because it's often, in relation to patients who are sort of acutely unwell and can only be used where patients are say to be regularly monitored. Which is not the case down in Gosport so a lot of them wouldn't be applicable down at Gosport. I mean some might be, I mean I couldn't, I couldn't say.

DC YATES — Okay? In prescribing medicines there's a requirement obviously to complete different parts of a prescription chart?

REID Yes.

DC YATES Perhaps we can go, have you got that blank copy somewhere Geoff?

DC QUADE Mm, mm.

DC YATES Perhaps we could hand you a blank copy and ask you if you could actually explain what the various pages for, are, on a prescription chart and how they should be completed.

DC QUADE Have we seen this one .

DC YATES Think so, it might be separate. Here give us the folder while you're looking through there, it might be separate.Here I've got it Geoff.

DC QUADE Oh you got it.

DC YATES Yeah. This is CSY/HF/10, it's a blank Fareham and Gosport NHS Prescription Sheet. Is that the sort of sheet that was being used at the time in 1999?

REID Yes I think so, it looks similar the heading would be different. Yes.

DC YATES Yeah.

REID Yeah it's essentially that except with a different heading.

DC YATES Can I ask you to explain what each, because each page I think has got a different …

REID Yes, yeah, okay …

DC YATES … part to it.

REID … well there's sort of, the first page you've got, well the second, the first page is a sort of cover …

DC YATES Yeah.

REID … sort of information. Second is for once only drugs and also for as required prescriptions.

DC YATES So can you explain once only drugs please?

REID Well I mean one of the examples given here is pre-medication so if someone's going for an operation.

DC YATES Operation. So it's a drug that is likely to only be used the once?

REID The once, yes.

DC YATES Yeah and won't be part of a treatment or a continual treatment?

REID — Um, well it could, I mean you, for example I mean the case in point you might want to give a stat dose of Diamorphine and then follow it up for as required or regular cos a patient needed immediate relief of the symptoms so you might write it in this section and then prescribe it regularly after that.

DC YATES — I see yeah, yeah and the as required drugs mentioned, as it says, as it says on the label?

REID — Yes, yeah.

DC YATES — Drugs that will be used as the patient …

REID — Yes.

DC YATES — … requires it.

REID — And pages three and four are for regular prescriptions, drugs required regularly and then daily review prescriptions, that's probably the sort of least used section but it's, I mean drugs, like blood thinning types like Warfarin where the dose has to be monitored and adjusted in the light of blood results, that sort of thing you might put in there.

DC YATES — Right, okay and who completes these sheets?

REID — Well it can be any sort of qualified doctor but I mean usually it would be the person who, in the case of somebody who has been admitted to hospital, the admitting doctor, so the Senior House Officer, the Clinical Assistant etc.

DC YATES — So, and am I right in thinking that the doctor fills out one half of a page and the rest is for the administration of the drug?

REID — That's right, yes, the recording of administration.

DC YATES — Which the nurses do.

REID — Nurses do.

DC YATES — Yes. What was the, what was the prescribing policy at the Gosport War Memorial Hospital? Was there a prescribing policy?

REID — Not that I'm aware of at that time.

DC YATES — Right. What medicines and drugs were prescribed to Mr PACKMAN?

REID — At Gosport?

DC YATES — At Gosport.

REID — Would you, how do you want, do you want to start in chronological order or from the prescription sheet?

DC YATES — Take it from the prescription sheet it will probably easier to follow later wouldn't it.

REID — Right, okay. Well if you turn to the sort of, to page 168 which is the once only medications.

DC YATES — Yeah.

REID — And the first drug that's prescribed is Aloperimide and I think that's 2 milligrams, I think these are a 2 milligram tablet, the route I think is PO for oral and the dose is 2. Aloperimide is usually used to treat Diarrhoea. Do you want me to keep going through them?

DC YATES — Yes please, yeah so on the 25th of August …

REID — Yeah at, whatever I can't, I'm not quite sure what the time is but …

DC YATES — … yeah that's alright.

REID — … then the 26th of August 1999 at 1800 hours, Diamorphine 10 milligrams is muscularly prescribed on the basis of a verbal message from Doctor BARTON and then I'm not sure whether it's the 27th or 28th a similar dose was prescribed …

DC YATES — 28th it looks …

REID — … right but there's no time against that.

DC YATES — … yeah, that's Diamorphine?

REID — Yeah. Then going down the as required prescriptions …

DC YATES — Yeah.

REID — … there's a Alivine Dressing which is applied to skin, presumably to wounds, Mepitol dressing to wounds. Gaviscon which is used for indigestion, which was given once on the 25th of August at midday (1200) and then Temazepam 10-20 milligrams orally, one or two tablets, which is 10 or 20 milligrams, prescribed on the 24th of August, given on the 24th of August at 2210 and the 25th of August at 2205. 10 milligrams the first time and 20 milligrams on the second occasion.

DC YATES — And what is Temazepam for?

REID — Sorry it's a sleeping tablet and the next page I've got is just exceptions to …

DC YATES — Yes, no.

REID — ... okay. Then the next page, page 170 is Doxazosin 4 milligrams. That's a drug which is used to treat high blood pressure and that was administered well from the 24th through to the 31st and was omitted on the 1st of September. Similarly with Frusemide 80 milligrams administered from the 24th through to the 31st. Clexane which is an injection, subcutaneous injection, administered twice daily from the 24th and the morning of the 25th. Paracetamol 1 gram, four times daily, started on the, or continued from the 23rd. Then a sort of topical cream, I'm not quire sure what 50/50 cream is for. Then it's Magnesium Hydroxide to be given by mouth, 10 mils, twice daily and that was given intermittently.

DC YATES — Right so just quickly then that's Dox ...

REID — Doxazosin, yeah.

DC YATES — ... and what's that for the treatment of?

REID — Blood pressure.

DC YATES — Frusemide?

REID — Usually for the treatment of heart failure or ankle swelling.

DC YATES — Like a diuretic of some sort, yeah.

REID — Clexane is to prevent clotting. Paracetamol is pain killer. Magnesium Hydroxide is for constipation, laxative.

DC YATES — So he's suffering, possibly then, you would assume with his bowels anything from constipation to diarrhoea?

REID — Yes and there's just the one dose of Aloperimide given …

DC YATES — On the 25th.

REID — … on the 25th.

DC YATES — Yeah.

REID — And you know the Magnesium Hydroxide was withheld for several days after that and then given again.

DC YATES — Yeah. Okay. Now daily review prescriptions …

REID — Mm, mm.

DC YATES — … that's actually still under regular prescriptions isn't it?

REID — Yeah and so regular prescriptions, Metaclopromide 10 milligrams intramuscularly every 8 hours, a verbal message.

DC YATES — What's that for?

REID It's for nausea and vomiting.

DC YATES Right.

REID And that was administered twice on the 25th and the 26th. Aloperimide again is, was again written up presumably for, about three doses of it, presumably following an episode of diarrhoea and then it was stopped and then Oramorph was written up, oral solution 10 milligrams, four hourly on the 26th of August but the patient doesn't seem to have received any.

DC YATES Why would that be the case doctor?

REID Well I can't think why if it's written in the daily review section, um, I mean the only, the only reason I can think of is that ...

DC YATES Well on the 26th, all the drugs have been ...

REID ... where it's on the, on the prescription sheet that's in the reverse, could, if you, could you give me a ...

DC YATES ... look at ...

DC QUADE Which book is it?

REID ... it's, no it's just a blank prescription sheet.

DC YATES ... sorry have you got a blank prescription sheet?

DC QUADE Yeah.

REID So that's written on there. The way the drug charts were laid out was it's a plastic three section folder like this, so you opened the thing up ...

DC YATES Yeah.

REID ... you could see this and it was enclosed by some transparent covers here. So with something written on there someone might not have turned over the page to look at it.

DC YATES Yeah.

REID I mean that's a, I mean I'm only speculating but it seems a bit strange that it was given in a, I can't explain that and then followed on by Diamorphine 40-200 milligrams subcutaneously in 24 hours. Written up on the 26th but doesn't look as though it was given until the 30th and then on the 31st and then the 1st when the dose was discarded at 1915 and replaced by 60 milligrams and then it was further increased to 90 milligrams on the 2nd of September. The next, and Diamorphine as you're aware is an analgesic. Midazolam is a sedative written up on the 26th in a dose of 20-80 milligrams subcutaneous in 24 hours. I mean I'm speculating here that the first dose of 20 milligrams was

given on the 30th at the same time as the Diamorphine above. Do you follow?

DC YATES — Yeah.

REID — And ditto the 20 milligrams on the 31st and then 40 and 60 milligrams on, or 40 milligrams initially on the 1st and then increased to 60 milligrams later on that day, 80 milligrams on the 2nd. Then moving over the page and I supposed this might be the reason why the, that sort of, Oramorph wasn't given earlier because it's written up under regular prescription chart, 10 milligrams in 5mls, to be given orally, 10-20 milligrams four hourly and prescribed at 6.10, 2 o'clock and 6 o'clock which the patient receives for three days from the 27th and in addition a 20 milligram dose at night time at 2200 hours which is administered from the 26th. So I don't know why that daily review of the Oramorph on page 171 was written up and then Hyoscine has also been prescribed with a dose of 800 micrograms to 2 milligrams subcutaneously in 24 hours, written up on the 2nd of September but never administered.

DC YATES — Why are those ranges of drugs prescribed? For instance Diamorphine 40-200 milligrams I should think that is?

REID — Well I think as we've discussed before in the, in the immediate sort of non availability of sort of medical staff it would allow the nursing staff discretion to increase the dose.

DC YATES — Well taking that as a particular example, the Diamorphine 40-200 milligrams is that …

REID — It's too large a range.

DC YATES — … too large a range?

REID — Yes.

DC YATES — When you're doing your rounds do you check and read through all the prescription sheets?

REID — Usually I do.

DC YATES — If you'd noticed this would you have left it 40-200 milligrams?

REID — Well I mean I noticed that I did see the patient on the 1st of September when this prescription was (inaudible) and I don't remember noticing it so I can't say what my thoughts were at the time but I think at that time the patient was either on 60 or 90 milligrams so it may have been that I felt that you know in the near future the patient might need that sort of dose but I don't think it was appropriate at the time the prescription was written.

DC QUADE — But when you saw the patient on the first …

REID Yeah they were taking …

DC QUADE … it was 40.

REID … 40 milligrams.

DC QUADE Yes.

REID Yeah.

DC YATES So …

REID No …

DC QUADE Was it not?

REID … was it, I thought it was 60, 60 mill …

DC QUADE It was 40 and then it was discarded.

DC YATES … and it went up to 60.

REID And then it went up to 60.

DC QUADE And then later that evening it went up to 60.

REID Yeah okay I mean with hindsight I should have …

DC QUADE What time was your ward round doctor?

REID ... well I would think it was almost certainly in the afternoon. Usually it was, if it was a Monday it was usually afternoon.

DC QUADE And the dose was increased at 1915 wasn't it?

REID Yes, that ...

DC QUADE Yeah so that was way after your ward round then wasn't it?

REID ... yes, yes.

DC QUADE Yeah and your ward round states that the patient was rather drowsy doesn't it?

REID Yes it does.

DC QUADE Yeah, okay.

DC YATES I mean what are the, for instance what are some of the side effects of Diamorphine?

REID Well drowsiness, nausea, vomiting, constipation, respiratory depression.

DC QUADE Does confusion come into that as well?

REID — It could do.

DC YATES — Well accepting that these are what you call common side effects, is it that the intention when giving a patient diamorphine that you make them drowsy?

REID — No.

DC YATES — Is the intention to relieve the pain?

REID — Relieve the pain or distress the patient's suffering.

DC YATES — So am I right in thinking a patient is drowsy may be an indicator that the dose is slightly high?

REID — Yeah it might be.

DC YATES — What is a proactive prescribing policy doctor?

REID — It's prescribing in the event that a patient may develop something or if, it can also be I think applied to, writing up a variable dose. So that if someone gets more pain or more uncomfortable, whatever the dose could be increased so they don't need that particular dose at the time but might require it at a later stage, that's my understanding.

DC YATES — But, so the proactive prescribing policy is, your understanding is that is prescribing in a case that a patient may need a particular drug?

REID Yeah.

DC YATES An example I give, which is probably totally the wrong example but if I'd just come out of an operation amputated leg shall we say …

REID Yeah, you …

DC YATES … you're going to know it's going to hurt when I wake up …

REID … yes so you prescribe proactively.

DC YATES … proactively but at the time I possibly might not need it because I'm still under the influence of anaesthetic of whatever.

REID Yes, yeah and that would be good practice …

DC YATES Yes, yeah.

REID … because you'd tried to avoid something.

DC YATES The variable, the other one is a variable policy …

REID Dose.

DC YATES … and that's the ranges is it?

REID Yes.

DC YATES And so what is the purpose behind a variable dose?

REID Well it's to allow nursing staff the flexibility in terms of if a current dose isn't relieving patients symptoms to increase the dose.

DC YATES I'm sure we'll move on later, shortly on how doses can be increased and what the recommendations are but allowing a variable dose of 40 to 200 milligrams, Diamorphine in this case, is that, is that necessary?

REID I think we sort of covered this ground last time, I think no it isn't necessary.

DC YATES Okay. What would you expect a variable dose to be in a case like this?

REID I think it's very difficult to say what I would've expected at the time but prob..., cos things have moved on a long way since then but I mean I would've thought something like, if a patient was, if 40 milligrams was an appropriate starting dose, at that time I would've thought something like 40-80 would've been an appropriate sort of variable dose prescription. That wouldn't be acceptable now.

DC YATES Right. So I think some, some people seem to get the two types of prescribing policies confused and, the proactive and the variable policies and call one the other. How do they come about? We'll start with the proactive policy then which is prescribing in case a patient may need a particular medication. How did that policy come about?

REID I mean that's always been ...

DC YATES That's always been the case?

REID ... it's always been the case.

DC YATES Right, okay and the variable dose then, policy?

REID Well it's, I mean I'm, I'm not an expert in palliative care and I haven't and I've certainly never worked in a community hospital before and I, I can't recollect using sort of variable dose prescriptions very much before this. I just can't remember.

DC YATES Had you worked in this field, you'd worked in this field before had ...

REID Not in palliative, I hadn't worked in palliative care and where I'd worked before in a community hospital we had Monday to Friday, 9 to 5 medical cover.

DC YATES … so is the, could it possibly be the fault of the lack of medical cover that this practice …

REID Yes.

DC YATES … was in place?

REID Because there wasn't someone there all the time.

DC YATES 9 to 5, 24 hours or whatever?

REID Yes.

DC YATES Have you got CSY/HF/27 Geoff? Policy. It's a very poor copy I must admit, it's a faxed copy. CSY/HF/27, I know you have seen this before because we've shown you. Protocol for the prescription and administration of diamorphine by subcutaneous infusion.

REID Yeah.

DC YATES Prescription, under the heading Prescription, 'Diamorphine may be written up as a variable dose to allow doubling on up to two successive days, eg, 20- 60', that's been written over it's very difficult to see but it's been cut down by some '… but the reason for prescribing should be recorded in the medical notes'. If I just hand you that.

REID Yeah.

DC YATES And it is difficult to see in parts but do you recognise that?

REID Well I, I think I said last time I recognise these two pages and then you showed me something else later on which is, in a slightly different format and I recognise, obviously the covering letter from me so, I mean I didn't immediately recollect it but um, ...

DC QUADE It was the same text wasn't it but it was in a different layout?

REID ... yes a different font and, yeah.

DC YATES Well this is a policy about variable doses, is that right?

REID Yeah well it was a sort of draught ...

DC YATES A draught.

REID ... protocol.

DC YATES And what date was all that?

REID Well the letter, the other exhibit you showed me I think it was a letter from December 1999 asking somebody else to take a look at it.

DC YATES So what spurred you on, or made it necessary to bring this protocol about?

REID Well I think, I think as I've said before a number of things. I mean I was aware of the Gladys RICHARDS complaint and although I hadn't seen the notes I was aware that there were issues around prescribing. In our wards at Queen Alexandra Hospital I think we'd had a complaint about the use of opiates where the problem was related to poor documentation, why the opiates were being administered. SHIPMAN had happened sort of in the Autumn of 1999. The, I think the Chief Medical Officer produced a sort of, or the Department of Health had produced a report which was, and I can't remember what it was entitled, was it called Clinical Governance, which really made it much clearer what sort of health professionals responsibilities were. I became aware that we didn't have a policy in Gosport and I think all of these things together sort of prompted ...

DC YATES I think it's actually only fair to say that because, I mean yes we have spoken on other days about other matters but perhaps we should make it clear during this interview. You had an additional role in 1999 didn't you?

REID ...yes that was as Medical Director of the Portsmouth Health Care Trust.

DC YATES — Which is why possibly you would've had these responsibilities of ...

REID — Yes, yeah.

DC YATES — ... yeah, okay. Can I just have that back.

DC QUADE — But you did have some concerns about the prescribing in Gosport?

REID — Um, I, I don't, I mean I remember speaking to Doctor BARTON about a variable dose prescription and as I remember it was 20-80 and I accepted her explanation for that.

DC QUADE — Yes.

REID — But I don't recollect having concerns in relation to what a patient had received. You know with what dose they'd actually been given by the nursing staff.

DC QUADE — But you felt it necessary to instigate a policy?

REID — Well yes, for all these other reasons.

DC YATES — I mean included in this policy though under Prescription is, is one sentence which is quite important. 'The reason for prescribing should be recorded in the medical notes'.

REID Yes.

DC YATES Was that always the case, should be recorded ...

REID Yes.

DC YATES ... in medical notes? And an interesting paragraph under administration. 'If pain has been adequately controlled within the previous 24 hours the nurse should administer a similar dose of Diamorphine over the next 24 hours. If the previous 24 hour dose has made the patient unduly drowsy etc, the nurse should use his or her discretion as to whether the dose to be administered for the next 24 hours can or should be reduced within the prescribed doses regime and if the minimum dose appears to have made the patient too drowsy the on call doctor should be contacted'.

REID Yes.

DC YATES Lots of references to drowsiness. 'If the patients pain has not been controlled a nurse should use his/her discretion as to the dose to be given over the next 24 hours, ie, he or she may administer up to double the previous 24 hours dose'. Which I mean that has been scribbled out by somebody else ...

REID I think Dr VARDON .

DC YATES ... yeah Val VARDON and I think and lowered, is that correct?

REID Yes I think so yes, yes.

DC YATES It's not double the figure it's increased by half isn't it ...

REID Yes.

DC YATES ... is the recommended ...

REID Yeah.

DC YATES ... so if it was 40 it could go up to 60?

REID Yes.

DC YATES Yeah. Now was this document used as policy at the Gosport War Memorial Hospital? I know this came out in 1999 and this came out after Mr PACKMAN.

REID It may, it may have been, it may have been used or the documentation surrounding the charting of the pain may have been used from December 1999 or early sort of 2000 as a sort of pilot. We certainly did try to, I remember we that we tried to pilot on a couple of wards I think, one at QA, about having better documentation around the administration and I'm particularly thinking about nursing documentation and the reasons why it had been given.

DC YATES That's the infusion of pain control chart …

REID Yeah.

DC YATES .. and the Diamorphine infusion of pain control chart.

REID Yes that's right.

DC YATES Is there any way that the actual protocol though before agreed and sanctioned it should have made it's way on to the wards.

REID Well it shouldn't have done.

DC YATES So again talking of ranges though, if you, if you're prescribing a range of drugs between, you know even between 40 and 80 what is the purpose of having a doctor on call? If a range of drugs has been given so that the nurses can actually have the ability to make the decision themselves as to where …

REID Well the nurse might want to phone up the doctor to sort of check that um, that you know that, you know say the patients in control, can I increase the dose to 60 milligrams if she felt uncomfortable about doing that.

DC YATES … so …

REID — And there's always going to be a need for doctors to respond to other things.

DC YATES — … well turn the question around on itself then, if there is a doctor on call what is the need for prescription dose within a range?

REID — Well it's, I mean nurses and nursing policy really prefers there to be a written prescription rather than receiving a verbal order. So that's the thinking behind that.

DC YATES — Okay. Can you explain what is meant by telephone prescribing and how it works?

REID — Well I'd assume what is meant by telephone prescribing is what we call a verbal order. In other words a nurse phones up the doctor with a problem and the doctor says, could you give the patient such and such.

DC YATES — Mm, mm is there a protocol that nursing staff have to follow during that or would you not be …

REID — There certainly is now, there may have been at that time but I couldn't, I'm not sure, I just don't know to be honest.

DC YATES — … okay well what is that protocol now then, what have they got to do now?

REID — Oh well there is a protocol but I couldn't tell you what's …

DC YATES Oh right.

REID ... what's in it.

DC YATES Yeah. Geoff?

DC QUADE Well only to say that on the 26th one of the nurses, as a result of Mr PACKMAN not feeling very well, it's page 62 by the way, contacted Doctor BARTON by phone and Doctor BARTON prescribed, I think it was 10 milligrams wasn't it, of Diamorphine?

REID Yes.

DC QUADE Which was given at six o'clock ...

REID Yeah.

DC QUADE ... and then a further dose I think was, no I'm not sure but I think a further dose was given later on and that was without the proactive prescribing wasn't it?

REID Yes.

DC QUADE So that was an example of how pain can be controlled by nurses contacting the doctor ...

REID Yeah.

DC QUADE … and that was part of Doctor BARTON's role.

REID I think there's a lot of reluctance to administer opiates from verbal orders.

DC QUADE Well then, and then again later on that day Doctor BARTON came back into the hospital …

REID No I really meaning in terms of writing up a variable dose prescription. The nursing staff would prefer to have a written prescription rather than to rely on verbal prescribing, particularly diamorphine but obviously in …

DC QUADE … but then that would go into that conversation shall we call it, of who controls what, what is then administered, when you've got this proactive prescribing policy in place, who controls what is administered?

REID … well it's the nursing staff.

DC QUADE Mm.

REID And that has to be, and that, it's a balance judgement of what of which is better giving verbal orders or you writing up a variable dose prescription. There are advantages and disadvantages to both.

DC QUADE Because you, you saw the patient didn't you on …

REID The 1st.

DC QUADE ... the 1st.

REID Yes.

DC QUADE And the patient was drowsy, yeah?

REID Yeah.

DC QUADE And you must acknowledge ...

BUZZER SOUNDS INDICATING THE END OF THE TAPE

DC QUADE ... you must acknowledge that at that time the patient was on a dose of 40, yeah, that afternoon?

REID Yes.

DC QUADE And then, but within a short space of time of you leaving the patient ...

REID Yeah the dose has been increased.

DC QUADE ... within hours the dose has been increased by, who, was the dose increased by doctor? Turn to page 64 if you will.

The top entry is dated the 1st of the ninth and it's signed at the bottom.

REID — I don't know who the signature, but it looks, Sister HAMBLIN is it, Jill HAMBLIN?

DC QUADE — It looks like it to me doesn't it?

REID — Yes.

DC QUADE — So is Sister HAMBLIN using her vast experience and greater experience of, of community care hospital over your experience there?

REID — Well I mean she's written 'Diamorphine increased as previous dose not controlling symptoms'.

DC QUADE — But there's no mention of that in that afternoon's visit is there?

REID — No there isn't, no, no.

DC QUADE — And in actual fact you said that the patient was drowsy.

REID — Yes.

DC QUADE — Okay, Chris.

DC YATES — It's not controlling a lot of symptoms really though isn't it?

DC QUADE Chris the tape is just coming to an end so we'll have to turn it off.

DC YATES The time is 1139.