

RESTRICTED**RECORD OF INTERVIEW**

Enter type: FUL
 L TRANSCRIPT
 (SDN / ROT1 / Contemporaneous Notes / Index of Interview with VIW / Visually recorded interview)

Person interviewed: REID, RICHARD IAN
 Place of interview: FAREHAM POLICE STATION
 Date of interview: 11/07/2006
 Time commenced: 1150 Time concluded: 1232
 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 QUADE	This is a continuation of interview with Doctor Richard REID. The time by my watch is 1150. Doctor can you just confirm again that we've stopped the tapes to change them over and another comfort break and we haven't spoken to you about the matter for which you're being interviewed?
----------	--

REID	No.
------	-----

DC QUADE	Thank you very much. The last part of that interview ...
----------	--

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 2 of 51

REID Yes.

DC QUADE ... session we were talking about the x-ray ...

REID Talking about the x-ray?

DC QUADE ... x-ray, yeah and we can't establish whether Enid SPURGIN was x-rayed or not.

REID No.

DC QUADE You asked for her to be x-rayed on the 7th and an appointment was made for the following day for three o'clock (1500) and we know that by her nursing notes.

REID Yes.

DC QUADE What would, what would ensure that didn't happen? Why couldn't that have happened?

REID I've no idea.

DC QUADE There's seems to be nothing, no significant change in the patient on the 8th does there ...

REID No.

DC QUADE ... to warrant, saying you know she's not too uncomfortable to go or ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 3 of 51

REID Well I mean there's obviously a process you go through.

DC QUADE ... yeah.

REID Which is, if you want someone to be x-rayed you write out an x-ray card, someone has to take that round to the X-ray Department. It has to be booked in and then arrangement would be made for porters to come and collect the patient at the appointed time.

DC QUADE Yeah.

REID I mean what one doesn't know did the x-ray, did the x-ray form get to the X-ray Department, or it seemed likely if there was an appointment booked, or I mean might the ward just have phoned up and said "This patient needs an x-ray when is it likely to be done?" They've looked at the appointments book, said three o'clock (1500) but then no one's taken the form round. I don't know, I mean there are processes you use but I can't, I can't understand it.

DC QUADE And you have already explained your note of the 12th doesn't refer to the x-ray and the reason for that is because you'd formed the opinion by that stage that Mrs SPURGIN ...

REID Mrs SPURGIN was dying.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 4 of 51

DC QUADE ... was dying.

REID And that, you know yeah.

DC QUADE So we're saying she was terminally ill at that stage?

REID Yeah.

DC QUADE Yeah and so effectively she was getting palliative care then?

REID Effectively, yeah.

DC QUADE Yeah and the 7th was a Wednesday, 8th was Thursday, Friday, Saturday, Sunday so she had a long weekend ...

REID Yeah.

DC QUADE ... with that x-ray and another, Doctor BARTON was seeing her three times a day and ...

REID Well she was coming into the hospital three times a day.

DC QUADE ... yeah, yeah and would you have expected Doctor BARTON to have looked for that x-ray at some stage?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 5 of 51

DC QUADE Because why did you write on the form, on page 24, about the x-ray, what was the purpose of you writing that?

REID (Inaudible) would have done.

DC QUADE 'For x-ray, right hip'?

REID Yeah and so that I would remember next week and so if anyone else came to see her they would be aware that there was an issue about the right hip.

DC QUADE You've got concerns about her right rip?

REID Yes.

DC QUADE Yeah, so much so that you want it x-rayed to ...

REID Yes.

DC QUADE ... see, to see what ...

REID If anything ...

DC QUADE ... possibly that might be the cause of her pain.

REID ... yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 6 of 51

DC QUADE Yeah and as well as an instruction to, well you would've instructed the nursing staff at the time wouldn't you, on the ward round?

REID In terms of ...

DC QUADE You would've instructed that you wanted her x-rayed?

REID ... yes I mean, I mean I would almost certainly fill out the x-ray form myself.

DC QUADE Yeah and so is this not a note for doctors following up her treatment.

REID Yes, yeah, yes it is, yeah.

DC QUADE Yeah and this is what we've discussed this morning the purpose of the notes isn't it?

REID Absolutely, yes it is.

DC QUADE And this is a good example of it?

REID Yes it is.

DC QUADE Yeah but for some reason nothing seems to have ...

REID Happened.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 7 of 51

DC QUADE ... I've seen, I've seen medical notes where a doctor has written, 'Chase up x-ray'.

REID Yes.

DC QUADE And that does happen doesn't it?

REID Yes it does.

DC QUADE Yeah cos things do get, I mean patients do get forgotten in systems don't they and ...

REID Yes, yeah.

DC QUADE ... I know it's not long, it's only from Wednesday to Monday when you next see her but would you have expected somebody to have chased up the x-ray by then?

REID Yes I would've, yeah.

DC QUADE I mean it should have been available by the weekend?

REID Yes it should've been with her by the Friday.

DC QUADE It doesn't help us to know whether she was x-rayed or not but nonetheless there should've been a note there shouldn't there?

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 8 of 51

DC QUADE Yeah. Were you aware when you asked for that x-ray that she'd been x-rayed post op at Haslar?

REID I can't say for sure but that wouldn't surprise me cos it was, it was quite often sort of, well I don't know what, I don't know a lot about orthopaedic surgery but I, I think, my recollection would be and I might be wrong about this that they would normally do an x-ray after surgery to make sure everything was okay.

DC QUADE Yeah.

REID I would've thought. I mean they would normally do that sort of, I would've thought in the immediate, around the time of the op, I'd have thought it might even have been done before the patient left the theatre say, is they were to do that.

DC QUADE Yeah.

REID If she'd an x-ray (inaudible) it would suggest they might've been concerned about some problem with the hip. So I think it's practise to sort of do an x-ray after the hip operation just to make sure everything is okay and a subsequent x-ray would (inaudible) the problem.

DC QUADE She was x-rayed on the 21st of March ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 9 of 51

REID Right, yes.

DC QUADE ... If you'd have known that she was x-rayed on the 21st
would you still have called for your x-ray on the 7th?

REID I think I probably would've done, yes, yeah.

DC QUADE Yeah. Again in actual fact the reason we know she was x-
rayed is because we know that a doctor asked for an x-ray,
the same as you did right and we know that in the nursing
notes, there's a nursing note saying 'Seen by doctors, x-
rayed, seen okay' or something to that effect. Regarding
Enid SPURGIN charts etc that don't appear in this file as
she was getting poorer, so that by the, by the 12th you say
that she was terminally ill, yeah ...

REID Well I guess that what it was, yes.

DC QUADE ... yeah, would those charts have, have recognised that fact
and blood pressures and that sort of thing would that have
made any difference, temperatures or anything like that?REID I mean the only thing that it might've done would be to
lower blood pressure.

DC QUADE Right. Okay. Any questions on that Chris?

DC YATES No.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 10 of 51

DC QUADE The next section again might not be too long, we have covered some of it before, pharmacy and we talked about the role with the pharmacy and pharmacist in the hospital and you've already explained to us haven't you that, that you used the BNF ...

REID Yes.

DC QUADE ... yes, the formula. Can you just briefly tell us how you use that doctor, again?

REID Well you'd usually consult it where you are unsure about, well doses, frequency of the dose. If you're converting from and we've talked about it before, say from Oramorphine to MST tablets, to Diamorphine.

DC QUADE Yeah. There's another guide, the palliative care form, the PCF, would you use that at all?

REID I don't, (inaudible) recollect ...

DC QUADE No?

REID ... (inaudible).

DC QUADE It's a similar publication. What about the nurse prescriber form, the MPF?

REID No I don't know anything about it.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 11 of 51

DC QUADE Were any of the drugs that were used with Mrs SPURGIN new or seldom used? (Inaudible).

REID What just that prescription sheet or are we moving onto the next one?

DC QUADE If you go all through yeah, through the whole prescription sheets.

REID Well not for someone who's, you know terminally ill. Think it's, you know basically morphine, sedative, something to dry up secretions, antibiotics.

DC QUADE I tell you that might be a good idea actually doctor, if we go onto page, I'm not sure whether it's marked, 1, 2, 3 for you but it's the Oramorph which is prescribed on the 26th of the third.

DC YATES (Inaudible).

DC QUADE Yeah.

REID Metachloride?

DC QUADE No sorry, I want you ...

REID Oh Oramorph you said?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 12 of 51

DC QUADE ... yeah we'll go to that page with the, in fact unless you ...

REID I've got to think about it now, 125 I think it is.

DC QUADE ... yeah.

REID This says 'Oramorph ...

DC QUADE That's the one, that's the page ...

REID ... 10 milligrams for (inaudible)'

DC QUADE ... that's the page I was after, yeah. Well we know Oramorph is an analgesic isn't it?

REID Yes.

DC QUADE Yeah for pain relief and what's the next one day from, after Oramorph?

REID Well there's the two Oramorphs, then there's Lactulose.

DC QUADE Yeah and what's Lactulose for?

REID Constipation.

DC QUADE Constipation, yeah and then we got another two Oramorph's haven't we?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 14 of 51

REID Yes, yes.

DC QUADE Hyoscine?

REID Yeah that's, often people who are terminally ill and certainly when they start, if they are becoming sort of drowsy, secretions will often tend gather and they become very bubbly.

DC QUADE Yeah.

REID So Hyoscine dries up secretions.

DC QUADE Uh huh and that's typical, typically used when diamorphine is used in a syringe driver isn't it?

REID Can be used in other situations too.

DC QUADE But often with syringe drivers?

REID Often used, yes.

DC QUADE And why is that written in brackets PRN next to it?

REID Presumably because she didn't want, well she wanted to give, if it was only, it was necessary.

DC QUADE Yeah well shouldn't that have been in the 'As required' prescription?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 15 of 51

REID Yes, yes it should but I mean I think why that might've been done is because how these drugs go into the syringe driver, so there is a certain logic in putting them all together to make sure let's say that one isn't missed and if you put something, the nurse might, if you just say the Diamorphine and Midazolam might, a nurse might go and draw it all up, put it in the syringe driver and then find there's this and then have to discard the whole lot and start again so ...

DC QUADE Okay that's fine, yeah and the next one, Midazolam.

REID Yes that's a sedative for again, used usually in people who are sort of terminally ill. For treating distress, anxiety, agitation.

DC QUADE And then we've got Lactulose again haven't we?

REID Yes and senna tablets which is used for constipation and then you've got Cyclozine which is, it's an antiemetic, it stops you being sick.

DC QUADE Uh, huh.

REID And that's been prescribed as a PRN ...

DC QUADE And often that would be prescribed along with the Morphine would it ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 16 of 51

REID ... yes, yeah.

DC QUADE ... cor Morphine induces sickness ...

REID Sickness.

DC QUADE ... doesn't it, yeah.

REID And constipation.

DC QUADE Thank you, yeah. Turning the page over ...

REID Yes.

DC QUADE ... and the first one is?

REID Metoclopramide.

DC QUADE Uh huh and what's that for?

REID And that's an antiemetic again but that's given orally or by,
you know injection.

DC QUADE Injection, yeah. Senna tabs again.

REID Yes.

DC QUADE Morphine MST?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 17 of 51

REID Yes that's Morphine tablets.

DC QUADE And that's a slow release one isn't it?

REID Yes it is.

DC QUADE Yeah and what's the purpose of Morphine MST as opposed to say Oramorph?

REID Well it's, Oramorph has got a very short duration of action say three to four hours so you have to give it very frequently. MST lasts for twelve hours.

DC QUADE Okay and then another MST.

REID Yes.

DC QUADE And then the next one?

REID Septrafluxotine is an antibiotic and (inaudible) is an antibiotic.

DC QUADE And who prescribed those last two?

REID Doctor BARTON.

DC QUADE Doctor BARTON and think that's the end of the drugs isn't it?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 18 of 51

REID

Yes.

DC QUADE

Thank you for that. We talked about proactive prescribing

...

REID

Yes.

DC QUADE

... and we had an understanding of proactive prescribing but as I understand from what you said before proactive prescribing as far as you're concerned, well you tell us again what proactive prescribing is.

REID

Proactive prescribing is to, it's, prescribing something, prescribing a drug which is not required at that time. I think is how I would describe it.

DC QUADE

Yeah.

REID

So as we discussed before someone gets repeated chest infections, urine infections might on occasion give patients a supply of antibiotics to, so that they can get it treated properly. Proactive prescribing would also apply if you were to be, have a hip operation, you'd almost certain be written up for Morphine post operative. You don't require it at the time but it was written up proactively. That's what I understand by proactive (inaudible) prescribing.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 19 of 51

DC QUADE And we had that protocol out as you recall, the one that you didn't remember straight away.

REID Oh that was the one about the Diamorphine was it?

DC QUADE Yeah.

REID Yeah.

DC YATES (Inaudible)

DC QUADE And as I recall it was a document that you raised wasn't it?

REID Yeah it was the, it was the sort of, if you like the precursory of the sort of yellow document that you showed me earlier.

DC QUADE Oh I see, yeah.

REID That was the first stage of developing that.

DC QUADE And was that actually adopted as a practice doctor?

REID No as I said last time I don't think it was because what we did was we trialled it, if I remember on a couple of wards and we found that the documentation, you know the recording chart weren't up to, well they weren't fit for purpose. The nurses didn't find it easy to complete. That's what I remember happened but it wasn't formerly adopted, to the best of my recollection.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 20 of 51

DC QUADE And what year did you say that was?

REID That was at the end of 1999 I think wasn't it, because there's an accompanying letter from me ...

DC QUADE That's right.

REID ... yeah.

DC QUADE Yeah but you trialled it first, you think, you trialled it ...

REID I think we trialled the documentation. I'm not sure whether we trialled the written policy, that was circulated as a draft for comment as I remember.

DC QUADE ... is there any possibility that that may have been taken on board on some of the wards and used?

REID Well that was after this patient.

DC QUADE Yeah.

REID That was the end, I think that was the end of 1999, this was April 1999.

DC QUADE Mm, mm.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 21 of 51

REID So I don't think there's any possibility of that being used for, with this patient.

DC QUADE Oh no, no, no not this form, no but was this form ever taken on and used in the wards at all by anybody?

REID I'm, I don't know, not as far as I'm aware but I, people may have seen it as a draft, thought it was a policy and put it into practice. I couldn't say that that didn't happen.

DC QUADE Under prescription, the section under prescription reads 'Diamorphine may be written up as a variable dose ...' and I think it says '... to allow doubling on up to two successive days and the people have scribbled ...

REID Scribbled some comments on it.

DC QUADE ... yeah and somebody felt it was necessary to write this down as a policy at this stage in 1999?

REID Yes.

DC QUADE Yeah?

REID Yes.

DC QUADE Because presumably there had been problems with it, had there?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 22 of 51

REID Well what I've said before is that I developed this in response to the fact that there had been the, Gladys RICHARDS case, there'd been, the SHIPMAN stuff had become public and we'd had a complaint about inaccurate pain documentation and I mean as I remember at the time my concern was actually more about the documentation of pain, or the lack of it.

DC QUADE Because that's practically what Jane BARTON was doing in 1999 and previously wasn't she?

REID Yes, um well from ...

DC QUADE She was prescribing Diamorphine ...

REID ... 20 to 80 milligrams ...

DC QUADE ... and Midazolam and Hyoscine actually in variable doses wasn't she?

REID Yes.

DC QUADE Prior to that policy being even thought about?

REID Yes.

DC QUADE So somebody thought that there was a need for a policy like that ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 23 of 51

REID Yes I did .

DC QUADE ... yeah and yet a Clinical Assistant was already doing that.
You're putting that policy about variable dosage ...

REID Yes.

DC QUADE ... yeah but it was a practice that your Clinical Assistant
was already ...

REID Yes.

DC QUADE ... employing?

REID Yes.

DC QUADE Yes, yeah. With your approval?

REID Well the clin..., the variable dose prescribing one?

DC QUADE Yeah,

REID I had, I had a conversation with Doctor BARTON about the high range of variable dose prescription and asked her why that was happening and she told me that it was because she wasn't always immediately available and sometimes her partners were difficult about attending to patients in a timely way. So she did this because this was a way of ensuring that patients got adequate analgesia when they

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 24 of 51

required it and didn't have to wait several hours for her to attend.

DC YATES But how ...

DC QUADE Yeah ...

DC YATES ... sorry Geoff go on.

DC QUADE ... so ...

DC YATES Well how could it be monitored?

DC QUADE ... yeah.

REID How could it be monitored?

DC YATES Yeah.

REID Because it's recorded, the, with a variable dose prescription you write down the date, the time and the dose given.

DC YATES I mean how is it super, who makes the decision on a variable dose as to where within those two dose, within the range, would those starts?

REID It would be, well in this situation it would be the nursing staff.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 25 of 51

DC YATES So when there's a large variation ...

REID Yes.

DC YATES ... well what's to stop the nursing staff to starting at the top end of the range?

REID Well you have to, well two things. You have to trust the nursing staff, this is not the only situation where you write variable dose prescriptions, so you have to trust the nursing staff. With controlled drugs there's always two nurses have to administer that, so if you like there's a, there's an extra safeguard to stop that sort of happening.

DC QUADE But all that means is you're trusting two nursing staff rather than one nursing staff ...

REID Yes.

DC QUADE ... because it's a legal requirement for them to be present when they take the strong opioids out of the cabinet.

REID Yes.

DC QUADE Yeah?

REID Yes.

DC QUADE The controlled drug out the cabinet.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 26 of 51

REID Yes.

DC QUADE Yeah which is what the legal requirement is for isn't it?

REID Yes, yes.

DC QUADE It's because it's a controlled drug?

REID Yes.

DC QUADE And it's the only way of controlling drugs so they don't get into the wrong hands.

REID Yes.

DC QUADE Isn't it?

REID Yes but it also ensure that you know that because it's, you know, because they're controlled drugs it makes sure that the patients get their ...

DC QUADE Yeah and one of it's other purposes, as I understand it, in the two members of the nursing staff, is that if for instance you write, I don't know, I'm probably being clumsy here but say for arguments sake you write 20mg ...

REID ... yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 27 of 51

DC QUADE ... and one of the nurses draws 20ml ...

REID Yes.

DC QUADE ... yes the other one says "Oh no that's mg not" ...

REID But there is that issue too.

DC QUADE ... it's because of that isn't it as well?

REID Yes it's an additional safeguard.

DC QUADE Yeah. and I see it as that's one of the requirement is, don't get me wrong but I don't think I quite follow you when you're saying that it's a nurses, you're putting trust in the nurses over this, the variable dose and that's one of the reasons why you have two nurses because I don't think that is one of the reasons you have two nurses. I think the reason you have the two nurses is to control the drug.

REID I'm not, I'm not really with you, I thought ...

DC QUADE Well let's put it this way doctor if you're prescribing 20 milligrams of Diamorphine ...

REID ... yes.

DC QUADE ... yes, the two nurses go the cabinet ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 28 of 51

REID Yes.

DC QUADE ... yes, they get the 20 milligrams of Diamorphine out ...

REID Yes.

DC QUADE ... yes?

REID Yes.

DC QUADE Yes and they then take it out and then they prescribe it in the prescribed manner ...

REID (Inaudible).

DC QUADE ... (inaudible) prescribed manner and that is what I see the role, that dual role, that's what it's there for ...

REID Yes.

DC QUADE ... it's because it's a controlled drug right and it's controlled by law.

REID Yes.

DC QUADE Yes, yeah and it's also to stop mistakes occurring.

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 29 of 51

DC QUADE Yes so it does that, well hopefully by stopping people from getting 20mg instead of 20ml or whatever.

REID Yes.

DC QUADE And if you recall in your other interview you mention syringe drivers?

REID Yes.

DC QUADE And if you recall you said that at one stage there were two types of syringe driver on the market.

REID That's right yes.

DC QUADE Or being used rather.

REID And that was exactly the issue.

DC QUADE But that's exactly the issue isn't it?

REID Yes.

DC QUADE Right and that was one of the ways hopefully that would stop it because the two nurses would say, "Oh hold on we've got the wrong one here ..." ...

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 30 of 51

DC QUADE ... "... this is the other syringe driver".

REID Yeah.

DC QUADE Yeah, what Chris has just pointed out, we're not talking about, that's not the issue here with the variable dose. The issue with the variable dose is that we've just explained if it was a 20mg then they go and draw out the 20mg, yes?

REID Mm, mm.

DC QUADE But here if you prescribe them in a range of 20 to 200 ...

REID Yes.

DC QUADE ... why, what stops the nurse from drawing out 200 on the first go?

REID Because I would expect any nurse to start with the smallest dose, that would be my expectation.

DC QUADE Okay. Alright, right okay so let's take it there then you expect the nurse to go with the smallest dose ...

REID Yes.

DC QUADE ... okay so that ...

REID Unless ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 31 of 51

DC QUADE ... and the doctor was prescribing 20 to 200 ...

REID ... yeah, yes.

DC QUADE ... yes?

REID Mm, mm.

DC QUADE Why doesn't the doctor go with the smallest dose as well
the, she's the person who's prescribed it?

REID (Silent).

DC YATES Can we take it from a slightly different perspective then?
Nurses are very, very skilled, very well trained people ...

REID Yes.

DC YATES ... but they haven't undergone the training of a doctor?

REID No.

DC YATES Nurses are not allowed to prescribe?

REID No.

DC YATES Doctors ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 32 of 51

REID Well they are now but ...

DC YATES ... well yeah they are now but they weren't then. The doctors through their extra training are allowed to prescribe. Now there are several parts of prescribing, one is you obviously make a diagnosis and you decide what form of drug the patient requires.

REID ... yes.

DC YATES And would I be right in thinking that the second part of prescribing is you decide how much that patient should have?

REID Yes.

DC YATES So there's two main parts of prescribing?

REID Yes.

DC YATES Right. Now by prescribing within these ranges ...

REID Yes.

DC YATES ... variable dose, you're giving part of the prescribing duties to a nurse to decide how much.

REID No the prescription has already been written.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 33 of 51

DC QUADE In a variable dose.

DC YATES Yes between 20 and 200 a variable dose.

REID Yes.

DC YATES But they're deciding now how much the ...

REID Well variable dose prescribing was common place for all I know it may be, still be happening.

DC YATES ... I mean don't get me wrong we're just asking because ...

REID Yeah but that would mean that every time when changing the dose you'd have to get a doctor to rewrite the prescription.

DC QUADE No Doctor, no ...

DC YATES ... no, no.

REID Well I think that's what you're saying ...

DC QUADE ... just go back well ...

DC YATES It's the, go on carry on.

DC QUADE ... this goes back specifically to this case, Enid SPURGIN.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 34 of 51

REID Right.

DC QUADE You're just talking about how you trusted the nurses to prescribe the right amount.

REID To administer the right amount, to administer the lowest dose.

DC QUADE To administer the lowest dose, right that's what you said?

REID Yes.

DC QUADE Right on the 12th of Mar..., April 1999 ...

REID Mm, mm.

DC QUADE ... Doctor Jane BARTON prescribed 20 to 200 milligrams
..

REID Yes.

DC QUADE ... of Diamorphine ...

REID Yes.

DC QUADE ... subcut, over 24 hours.

REID Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 35 of 51

DC QUADE Yes?

REID Yes.

DC QUADE Right. Her ward round started at, I think, seven thirty (0730).

REID Mm, mm.

DC QUADE Yeah so it could've been at any time between seven thirty (0730) and nine o'clock (0900) when she prescribed that, yes?

REID Okay.

DC QUADE Yeah, by nine o'clock (0900) that day, that patient had received ...

REID Mm, mm.

DC QUADE ... the first dose.

REID Yes.

DC QUADE Yes?

REID Mm, mm.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 36 of 51

DC QUADE And we both know because we both looked at the records that the first dose was 80 milligrams?

REID I think that was, was that not, I think Doctor BARTON put her initial against that.

DC QUADE That's the point I'm making doctor. She prescribes 20 to 200 ...

REID And then gave 80.

DC QUADE ... and then gave 80.

REID Yeah I can't understand why that was done.

DC QUADE That was the whole point, five minutes, obviously I didn't get it across. So we're talking about a doctor prescribing between 20 and 200 and starting at 80 ...

REID I just ...

DC QUADE ... so where do you expect nurses to come in on that?

REID ... well I mean I've never ever seen that before. I can't imagine why that was done.

DC QUADE And to put a line under the importance of that, if I refer you to your entries on the, page 24 ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 37 of 51

REID Mm, mm.

DC QUADE ... dated the 12th what did you?

REID Reduce the dose.

DC QUADE Why?

REID Because it was too much.

DC QUADE Because it was too much and that was a doctor who prescribed it herself. She gave too much. So how can you put that responsibility on nurses?

REID But my expectation would be that the nurses would always start with the smallest dose in a variable dose prescription.

DC QUADE But we've just seen the danger of it now haven't we. It perfectly highlights it.

REID I don't think it does because it was Doctor BARTON who made the decision.

CHILDS I was going to say it's not the nurses giving her 80 mls is it it's ...

REID This is Doctor BARTON ...

DC QUADE As an experienced Clinical Assistant.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 38 of 51

DC YATES Who started at 80 and given too much.

REID ... well I think she gave too much.

DC YATES Yeah well I mean the patient was drowsy, unrousable,
wasn't it from your entry?

REID Yes, yes, yes.

DC YATES Yeah so you reduced it?

REID Yes.

DC YATES But what DC QUADE's saying is this, well that's the
doctor, an experienced doctor that's made the mistake so
she's not only prescribed it between 20 to 200 but she's
then started the dose at 80.

REID I mean to me it's just completely inexplicable why
someone would do that.

DC YATES But what we're asking is if a doctor can make that mistake
then should that responsibility but on the nurses?

REID Well there's two nurses.

DC QUADE But two nurses don't make a doctor.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 39 of 51

REID Well at least there's two people looking at the prescription and, rather than just one.

CHILDS ... the nurses that you're working were aware that if they had this variable dose they should start at the bottom?

REID Yes and I've never seen anything other ...

CHILDS I mean ...

REID ... than the lowest dose ever be administered by a nurse.

DC QUADE Okay.

CHILDS Presumably it's difficult for you to cope with a situation where you couldn't trust to follow basic guidelines?

REID Absolutely, yes.

CHILDS If it be the case that Doctor BARTON hasn't, I'm not sure that necessarily equates to nurses therefore wouldn't follow what they were expected to do either. I think that's perhaps a bit of (inaudible) that you're making.

DC QUADE Okay. So tell us about telephone prescribing then?

REID Well it's, a nurse has a problem with the patient and will ring up the doctor on call and describe the problem and as a result of that the doctor may decide to initiate, ask nurse to

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 40 of 51

administer medicine, what's called a telephone order, or a verbal order ...

DC QUADE Yeah.

REID ... for which I think there are policies.

DC QUADE Yeah.

REID And at the first opportunity when the doctor is available they'll write up the dose when they come to the ward.

DC QUADE So in this case, say for arguments sake you thought 40 was a reasonable dose, you thought 40 was a reasonable dose.

REID Yeah.

DC QUADE Why couldn't 40 have been prescribed ...

REID I've no idea.

DC QUADE ... and then have break through pain PRN prescription as well?

REID Yeah I've no ...

DC QUADE Would that have worked?

REID ... sorry?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 41 of 51

DC QUADE Would that have worked?

REID Well it might've done.

DC QUADE Well would that be a reasonable thing to do?

REID Yes I think it would be a reasonable thing to do.

DC QUADE Is it something that occurs?

REID Yes.

DC QUADE Is it practised?

REID Yes.

DC QUADE Then because, tell me if I'm being stupid here now I'm not
a doctor ...

REID I mean Doctor BARTON has ...

DC QUADE ...yeah.

REID ... earlier in, in this patient described in that way ...

DC QUADE Yeah.

REID ... of giving her a regular prescription and ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 42 of 51

DC QUADE Of Oramorph.

REID ... of Oramorph and also written up as, as required dose.

DC QUADE So there is no need for anybody to phone a doctor up, saying look it's not controlling her pain, there's no need for her to phone doctor up and say can I give her something else because she's already prescribed it in PRN hasn't she?

REID Yes that's right.

DC QUADE And it's a known dose. In this patient, you saw the patient twice?

REID Yes.

DC QUADE Was that patients condition that grave that it was likely that at some stage she was going to go between that 20 and 200 milligram requirement overnight?

REID Not over, I would have thought that, no not overnight.

DC QUADE No so could that prescription have been written as a lower dose with a PRN break through pain ...

REID Yes it could have been.

DC QUADE ... caveat?

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 43 of 51

REID Yes.

DC QUADE Yeah?

REID Yes.

DC QUADE So, which is one of the purposes of the telephone prescribing, verbal orders isn't it?

REID Yes.

DC QUADE Another way you can do a verbal order as well?

REID Yes.

DC QUADE Yeah if she hadn't have, if you'd have just prescribed her 40 milligrams of Diamorphine ...

REID Mm, mm.

DC QUADE ... without the break through pain and the 40 wasn't enough ...

REID Mm.

DC QUADE ... she could've done that via verbal order couldn't she?

REID Yes. Yes.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 44 of 51

DC QUADE And this is why we have doctors on call isn't it?

REID Yes.

DC QUADE Or one of the reasons obviously.

REID Yes.

DC QUADE Yeah. Okay I think we've already discussed about nurses and you say now that you have nurse prescribers don't we?

REID Yes.

DC QUADE But we didn't have then and it's not all nurses is it, it's only trained ...

REID They've got to pass, well there are different situations in which, and different categories of nurse prescribers.

DC QUADE ... yeah. On admission on the 26th ...

REID Mm, mm.

DC QUADE ... the notes tell us that Mrs SPURGIN was apparently seen by Doctor BARTON, yeah and it appears that Doctor BARTON's opinion is that Nurse BARRETT advised analgesia and she then prescribed Oramorph. Was that the

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 45 of 51

way the ward was being run then? Where nurses are advising doctors what to prescribe?

REID No that I'm aware of.

DC QUADE They weren't taking a lead in drug prescription, particularly with opiates?

REID No, not that I'm aware of, no.

DC QUADE Was it something you would have allowed?

REID Well it's up to a doctor to assess the patient.

DC QUADE I think we've discussed the lack of note taking and particularly here with the Diamorphine because it isn't written down here is it from Doctor BARTON, we've discussed that already.

REID Yeah. Yeah.

DC QUADE So if she wasn't the doctor on call that night another doctor coming in wouldn't have been given clear guidance about her treatment from Doctor BARTON's notes would she?

REID Well they would have been able to do what I did which is to look at the prescription sheets, speak to the nurses if necessary, (inaudible) records.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 46 of 51

DC QUADE Yeah.

REID (Inaudible) Doctor BARTON.

DC QUADE No. We talked about policies and obviously that was one of your responsibilities presumably was it to ensure that current policies were ...

REID As ...

DC QUADE ... (inaudible) prescription were being applied?

REID ... within the KCTE, yeah.

DC QUADE Yeah. Yeah and how did you do that by, like for instance in your role as a consultant rather than as a director.

REID No the Medical Director did it because when I came to the PCT to the Healthcare Trust as it was ...

DC QUADE Yes, yeah.

REID ... in 1998 we didn't actually have a Medicines and Prescribing Committee nor an Infection Control Committee nor a whole load of other things and I set them up.

DC QUADE Yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 47 of 51

REID And it was through the Medicines and Prescribing Committee that we developed well that initial draft we saw and then there was the yellow form which you showed me.

DC QUADE Are these things that you saw because of your experience in other Trusts?

REID I, when I came from Southampton in 1998 and I wasn't aware of any Pain Management Policies in Southampton.

DC QUADE It's just something that you thought was ...

REID Well I think, I thought it was indeed yeah, the time had come we needed it.

DC QUADE ... yeah, I'm not saying you pinched it from somewhere else ...

REID No.

DC QUADE ... but it's not a, it's not something that you thought oh we had that there I'll bring that with me or ...

REID No it's saying to me that, you know because of what I said before you know a complaint about inadequate documentation etc.

DC QUADE ... mm. What, were there any sort of policies that weren't, that were being contravened when you came in or ...

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 48 of 51

REID Wasn't aware of any policies or anything.

DC QUADE ... no?

REID No, the answers no.

DC QUADE No. So you instigated a few policies in ...

REID Yes.

DC QUADE ... and in that other role that we discussed earlier?

REID Yes.

DC QUADE Yeah. Okay. Any questions Chris?

DC YATES Yeah just quickly. We discussed, quite a while ago now, actually about, it's an absence of charts, your fluids charts and things like that, they're just not in these records are they?

REID Right ...

DC YATES And you can't understand that should be the case, that's what you said?

REID ... absolutely.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)

Page 49 of 51

DC YATES But who had the responsibility for these?

REID Nursing staff.

DC YATES Right. Should you or Doctor BARTON have ensured that they were completed?

REID Well I would not see that as a major part of my role. I mean the only situation in which I'd be, I mean if a patient was unwell I'd you know what to see the, you know the observation chart and if the observation chart wasn't there I'd certainly want to know why no observations being done on the patient who wasn't well.

DC YATES Yeah.

REID That's generally the way things worked but I mean I wouldn't look, I mean that's a nursing responsibility by and large.

DC YATES Right but the reason I'm just bringing this up here again here on this bit is, would these charts, these sort of charts, would they have played any part in the prescribing of drugs?

REID No. No.

DC YATES Right, okay.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 50 of 51

REID Not in the prescribing of drugs.

DC YATES So, I'm just thinking ...

REID What, tell me what ...

DC YATES ... thinking out loud and I might be completely off the track but fluid charts etc for patients dehydrated all those sort of things would that make any effect on whether you'd prescribe certain sort of opiates with certain types of drugs?

REID ... I mean I can't off my head think that a fluid chart would ...

DC YATES That was just as an example so ...

REID ... alter a ...

DC YATES ... so as far as you're concerned they wouldn't play a part in ...

REID ... no. I mean I've said before that you know Morphine can lower your blood pressure but I mean my view would be if your blood pressure was low, I mean you might be more cautious about the dose of Morphine you employed ...

DC YATES ... well yeah.

2004(1)

RESTRICTED

RESTRICTED

Interview of: REID, RICHARD IAN

Form MG15(T)(CONT)
Page 51 of 51

REID ... yeah but you'd still give it, it wouldn't stop me giving the Morphine.

DC YATES No but it might, but ...

REID But it might ...

DC YATES ... use that as an example ...

REID ... it might effect the dose you gave, yeah.

DC YATES ... (inaudible) might influence the dose.

REID Yes, yeah.

DC YATES And I mean could there be any other examples that certain observation charts could play?

REID I just, (inaudible) I can't think of that just now.

DC YATES No, okay that's fine. No right.

DC QUADE No, well look the time by my watch is 1232 and we'll turn that tape off.

DC YATES It was coming to the end anyway.

DC QUADE Oh that was good.

2004(1)

RESTRICTED