

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: TANDY, JANE C

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CONSULTANT GERIATRICIAN

This statement (consisting of 12 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: Jane TANDY

Date: 20/12/2004

I am employed by East Hants Primary Care Trust as a Consultant Geriatrician in Elderly Medicine and have been so employed since 1994.

From 1997 I continued in this position on a part time basis.

My General Medical Council registration number is Code A.

Code A**Code A**

Signed: Jane TANDY
2004(1)

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Code A

My current responsibilities as a Consultant Geriatrician include working on Mary Ward an acute ward at the Queen Alexandra (QA) Hospital. Patients admitted to this ward are in the main patients over the age of 65 who have suffered from a stroke.

I also hold an 'out patients' session once a week at St Mary's Hospital. I see general medical patients as well as stroke patients. I cover ward rounds on a rotational basis with other colleagues for the Medical Admission Unit at the Queen Alexandra Hospital.

If there are patients on the Medical Admission Unit or the Accident and Emergency Department whose likely diagnosis is a stroke, then subject to availability of a bed, the patient will be transferred to the Mary Ward at the QA.

Mary Ward is currently the responsibility of Dr JARRETT and myself. Patients admitted to this ward are seen on consultant ward rounds. Dr JARRETT and myself conduct two ward rounds per week.

Day to day medical care is provided by junior hospital doctors.

With regards to the one 'out patient' session held at St Mary's Hospital, Portsmouth.

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GP's and occasionally hospital DR's refer their patients to this Out Patients session.

I also conduct ward visits where patients are referred by other departments within the hospital to give advice, re elderly care.

On occasions I conduct domiciliary visits at the request of the elderly patient's GP.

I have been shown a photocopy of the microfiche exhibit BJC71, page 9 which is a provider spell summary (which every patient admitted to hospital should be provided with).

I can confirm that I was the consultant for the patient Code A

I have checked the spell summary (page 9, BJC71), I am unable to establish what the diagnosis was in relation to this patient as it is illegible.

I can state that I have no recollection of Code A or subsequent examinations.

On examination of this form I note there are codes relating to the specific diagnosis of the patient.

These codes are inputted by the coding department within the hospital. I am unable to decipher the codes.

On the 10th January 1996 (10/01/1996) I was the consultant for Dryad Ward, Gosport War Memorial Hospital . I had overall medical responsibility for the ward.

Dryad Ward largely contained frail and elderly patients who would be difficult to manage in a nursing home because of their medical and or nursing needs.

These patients would have been assessed prior to transfer to Dryad Ward by a Consultant

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Geriatrician.

Dryad Ward was a long term care ward and generally patients were transferred from other wards within Portsmouth Hospital.

At this time in 1996 there was not a resident doctor for these patients on Dryad Ward.

Day to day cover was provided by the local GP. In the case of Dryad Ward this was Dr BARTON and possibly others from her practice.

My responsibilities included a ward round on Dryad Ward once a fortnight. I would normally be accompanied by a senior member of the nursing staff and Dr Jane BARTON.

My usual routine when conducting a ward round would be see all patients. I would discuss the care of the patients with the ward team. I would talk to the patients and examine them if appropriate.

I would review drug regimes where relevant with the ward team. I would also review any blood test results, x-rays or other test results relating to the patient. I would check the medical notes thoroughly especially if the patient was new to me.

One of my responsibilities was to review the prescription of drugs on the Dryad Ward at Gosport War Memorial Hospital.

The majority of drugs can only be prescribed by a doctor. The day to day administration of drugs would be by qualified nursing staff.

As a consultant Geriatrician I covered Dryad Ward from 1994 until the end of 1996.

Drugs can only be prescribed by a doctor. Drug doses could be modified, current drugs stopped or new drugs added depending on the patient's condition.

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The drug regime would be reviewed by the consultant on the ward round as appropriate during the week by the General Practitioner (GP) where necessary.

There was no requirement to notify me of every change to drugs prescribed to a patient by the GP during his or her ward round unless the GP sought my advice.

From my experience it was very infrequent that a doctor would phone me for advice.

I have examined the drug chart page 16, a photocopy of the exhibit BJC71 in relation to Code A

Code A

On the drug chart there is recorded the following entries as I understand them commencing on the 5th January 1996 (05/01/1996).

Code A

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This was initiated by Dr BARTON.

On the 10th January 1996 (10/01/1996) I conducted a ward round together with Dr BARTON and Sister HAMBLIN on the Dryad Ward.

Code A

On the 11/1/96 (11/01/1996) the drug chart was re-written by Dr BARTON.

Code A**Code A****Code A**Signed: Jane TANDY
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Code A

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Code A

However I must point out that I did not see the patient when this dosage was commenced.

At that time there was no resident doctor at Gosport War Memorial Hospital to review the medication and these dosages.

Therefore the prescribing doctor cannot always be present to change the dosage if and when required.

I will add that I am not an expert in palliative care.

From the 18/1/96 (18/01/1996) the doses of **Code A** were not changed.

Code A 20/1/96 (20/01/1996).

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Code A

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