

E:\COMMITTEE\VC\FOLLOWUP\SEPTEMBER\Code A

In reply please quote **ACE/JJC/VC/2000/2047**

Please address your reply to the Committee Section FPD

Fax Code A

23 September 2002

Special Delivery

Dr Jane Barton

Code A

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

Dear Dr Barton

Notification of Decision of the Interim Orders Committee

On 19 September 2002 the Interim Orders Committee of the GMC considered whether it was necessary for the protection of members of the public or was otherwise in the public interest or in your own interests to make an Order under Section 41A(1) of the Medical Act 1983 as amended (the Act).

You were present at the meeting, and were represented by Mr Jenkins, Counsel, instructed by the Medical Defence Union.

At the conclusion of the proceedings of the Interim Orders Committee in your case on 19 September 2002 the Chairman announced the Committee's determination as follows:

"Dr Barton: The Committee has carefully considered the information before it today and has determined that it is not necessary for the protection of members of the public, in the public interest or in your own interests that an Order under Section 41A of the Medical Act 1983, as amended, should be made in relation to your registration whilst the matters referred to the GMC are resolved.

The view of the Committee is that there is no new material in this case since the previous hearing of the Interim Orders Committee on 21 March 2002. The Committee has reached this determination in the light of this and the legal assessor's advice."

Yours sincerely

Code A

Peter Gray
Assistant Registrar

cc: Ian Barker – Medical Defence Union, 230 Blackfriars Road, London SE1 8PJ
[ref: ISPB/515/0005940/legal]

Venessa Carroll Code A

From: Christine Payne Code A
Sent: 27 Aug 2002 14:37
To: Venessa Carroll Code A
Subject: Dr Barton

Venessa

This case is in PPC day 1. CHI have prepared a report which has just been sent to us. It does not name Dr Barton specifically but refers to the criminal investigations and criticises systems in place at the time. I have a call out to Ian Barker at MDU to see if he wishes for report to be made available to PPC; if not it can be on file but I am not sure how necessary it is for PPC to know about it - it could be flagged up to Chairman though.

Christine

Venessa Carroll Code A

From: Christine Payne Code A
Sent: 28 Aug 2002 10:24
To: Venessa Carroll Code A
Subject: RE: Dr Barton

I have spoken to Ian Barker - he is content that CHI report is flagged up as being available to Chairman. I will place on file (Barton has its won box!)
Christine

-----Original Message-----

From: Venessa Carroll Code A
Sent: 27 Aug 2002 14:44
To: Christine Payne Code A
Subject: RE: Dr Barton

okay. thanks

-----Original Message-----

From: Christine Payne Code A
Sent: 27 Aug 2002 14:37
To: Venessa Carroll Code A
Subject: Dr Barton

Venessa

This case is in PPC day 1. CHI have prepared a report which has just been sent to us. It does not name Dr Barton specifically but refers to the criminal investigations and criticises systems in place at the time. I have a call out to Ian Barker at MDU to see if he wishes for report to be made available to PPC; if not it can be on file but I am not sure how necessary it is for PPC to know about it - it could be flagged up to Chairman though.
Christine

Venessa Carroll Code A

From: Christine Payne Code A
Sent: 27 Aug 2002 16:03
To: Venessa Carroll Code A
Subject: FW: Dr Jane Barton (PPC 29/08/02)

For information

-----Original Message-----

From: Michael Hudspith Code A
Sent: 07 Aug 2002 13:45
To: Christine Payne Code A
Subject: Dr Jane Barton (PPC 29/08/02)

Christine

Please see message below for information. Mrs McKenzie is the daughter of Gladys Richards, one of the patients whose death we are looking into. Her contact details are on the case file.

Should the case proceed to PCC our solicitors may wish to be aware of other possible complaints with a view to possibly adding these in.

Mrs McKenzie has also requested that when looking at the case the PPC also be asked to consider referring the matter back to the police and ask them to re-open their investigation. I have informed Mrs McKenzie that I have never heard this done and was not sure that it would even be appropriate in this case as

1) the information came from the police in the first place and they have already decided (on advice from CPS) not to bring charges

2) the CPS's area of expertise is criminal law and ours is professional conduct and performance. It is not our place to advise or suggest to the CPS that their original decision was flawed and should be revisited.

Hope this is clear. Any questions please ask.

Mike

-----Original Message-----

From: Seaton Giles Code A
Sent: 30 Jul 2002 11:42
To: Michael Hudspith Code A
Subject: Phone call

For info:

Gillian McKenzie called re: Dr Barton & Gosport War Memorial Hospital. She wished to inform us that the Deputy Chief Constable of Hants Police was seeking further advice from the CPS regarding the investigation into Dr Barton's actions. She also stated that following publicity, she is now aware of a further 6 cases.

Thanks

Seaton

Venessa Carroll Code A

From: Christine Payne Code A
Sent: 29 Aug 2002 10:04
To: Venessa Carroll Code A
Subject: Dr Barton-URGENT message

Importance: High

You should probably tell the PPC about the information re point 2 below. Thanks
 Christine

-----Original Message-----

From: Michael Hudspith Code A
Sent: 29 Aug 2002 10:03
To: Christine Payne Code A
Subject: FW: Phone messages

Please see point 2 for info in case of Jane Barton. Gillian McKenzie is the daughter of patinet Gladys Richards.

Mike

-----Original Message-----

From: Helen Morran Code A
Sent: 29 Aug 2002 10:00
To: Michael Hudspith Code A
Subject: Phone messages

Mike

I took two calls for you yesterday.

1. Code A rang about the case of Dr Sinha, which she said you were dealing with. She just wanted to let you know that she has spoken to Dr Sinha and explained that the Police want to interview him under caution. He is seeking legal advice about this interview.

She will keep you updated on further developments.

2. Gillian Mackenzie phoned to say that she has had a letter from Police HQ in Winchester to say her papers re: Dr Barton are being referred back to the CPS. She wondered if you had been notified of this.

Thanks

Helen

TELEPHONE MESSAGE PAD

FROM

TO

TIME/DATE

GENERAL
MEDICAL
COUNCIL

Protecting patients,
guiding doctors

File Note

Rec'd a call from Inspector Mark Wise, Hampshire police re Barton. Calling on behalf of Deputy Chief Constable who is meeting relatives of patients who died under her care this pm.

I confirmed in strict confidence that Dr Barton had been referred to PCC - stressed that letters not for Gent + relatives must not be told.

Case to be handled by Superintendent Paul Parker

Stukler

Code A

Code A

11/9/02

Message taken by

TELEPHONE MESSAGE PAD

FROM Venessa CarrollTO Re: BARTON.TIME/DATE 12/9/02GENERAL
MEDICAL
COUNCILProtecting patients,
guiding doctors

Mike Gill - Regional Director Public Health telephoned re: Dr Barton to inform me that the police are now submitting 4 more cases to CPS having previously only submitted one case (Gladys Richards) - Police now considering 5 cases. I informed Mike Gill that GMC considering re-referred to IJC & I will keep him informed. Explained info provided in confidence.

Code A

12/9/02

Mike Gill -

Code A

Message taken by.....

Your reference
In reply please quote

MK/2000/2047

**GENERAL
MEDICAL
COUNCIL**

Please address your reply to Conduct Case Presentation Section, **FRD**
Fax Code A *Protecting patients,
guiding doctors*

12 September, 2002

Mr B Page

Code A

Dear Mr Page

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Code A Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Code A case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Code A

Michael Keegan Code A
Conduct Case Presentation Section

Code A

**GENERAL
MEDICAL
COUNCIL**

Your reference
In reply please quote

MK/2000/2047

Please address your reply to **Conduct Case Presentation Section, FPD**
Fax *Protecting patients,
guiding doctors*

12 September, 2002

Mrs M Jackson

Dear Mrs Jackson

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Michael Keegan
Conduct Case Presentation Section

12/09/2002

PAGE 01/02

TELEPHONE MESSAGE PAD

FROM Venessa Carroll

TO Re: BARTON.

TIME/DATE 12/9/02

GENERAL MEDICAL COUNCIL

Protecting patients, guiding doctors

Mike Gill - Regional Director Public Health telephoned re: Dr Barton to inform me that the police are now submitting 4 further cases to CPS having previously only submitted one case (Gladys Richards) - Police now considering 5 cases. I informed Mike Gill that GMC considering re-referral to IJC & I will keep him informed. Explained info provided in confidence.

Code A

12/9/02

Mike Gill -

Message taken by Code A

Michael Keegan Code A

From: Paul Philip Code A
 Sent: 12 Sep 2002 12:28
 To: Venessa Carroll Code A Peter Swain Code A
 Cc: Michael Keegan Code A
 Subject: RE: Inquiry re: Dr J Barton

Peter,

Can we discuss please.

Paul

-----Original Message-----

From: Venessa Carroll Code A
 Sent: 12 Sep 2002 10:07
 To: Peter Swain Code A
 Cc: Michael Keegan Code A; Paul Philip Code A
 Subject: RE: Inquiry re: Dr J Barton

I have now spoken with Mike Gill who informed me in confidence that the CMO has now looked at all the papers in this case having been notified by a whistleblower (not identified to me). The CMO wants a full investigation into the deaths in that hospital, the handling of which is going to be difficult and public as the whistleblower is likely to go to the press in a matter of days.

I informed Mike Gill that the police were again involved with this case and that Superintendent Paul Stickler was responsible for the case. Mike Gill indicated that he would contact the police.

MG is concerned that the IOC considered this case and made no order. I indicated that it was possible for IOC to reconsider if new information was placed before it. He will discuss this with the police. MG is concerned that when this becomes public, questions will be asked about Dr being allowed to continue to practise. MG used the expression "institutional euthanasia".

It was left that MG would speak to the police.

If the police are going to proceed or there is going to be an inquiry then this of course may affect any action the GMC takes.

Venessa

-----Original Message-----

From: Peter Swain Code A
 Sent: 12 Sep 2002 09:13
 To: Scott Geddes Code A; Paul Philip Code A; Venessa Carroll Code A
 Cc: Michael Keegan Code A
 Subject: RE: Inquiry re: Dr J Barton

Venessa

This case was allocated to Michael under your mentorship. Please could you telephone Mike Gill this morning.

Peter

-----Original Message-----

From: Scott Geddes Code A
 Sent: 12 Sep 2002 09:08
 To: Paul Philip Code A; Peter Swain Code A
 Subject: Inquiry re: Dr J Barton
 Importance: High

Mike Gill, Regional Director of Public Health, SE region, telephoned this morning Code A to discuss a serious matter relating to the case of Dr J Barton, who was apparently referred by PPC to PCC end of last month.

MG asked if we could get back to him before 10:30 this morning.

Scott

**GENERAL
MEDICAL
COUNCIL**

Your reference
In reply please quote

MK/2000/2047

Please address your reply to Conduct Case Presentation Section, **FRD**
Fax **Code A** *protecting patients,
guiding doctors*

12 September, 2002

Mr I Wilson

Code A

Dear Mr Wilson

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Code A

Michael Keegan
Conduct Case Presentation Section

Code A

Code A**Venessa Carroll** **Code A**

From: Peter Swain **Code A**
Sent: 12 Sep 2002 09:13
To: Scott Geddes **Code A**; Paul Philip **Code A**; Venessa Carroll **Code A**
Cc: Michael Keegan **Code A**
Subject: RE: Inquiry re: Dr J Barton

Venessa

This case was allocated to Michael under your mentorship. Please could you telephone Mike Gill this morning.

Peter

—Original Message—

From: Scott Geddes **Code A**
Sent: 12 Sep 2002 09:08
To: Paul Philip **Code A**; Peter Swain **Code A**
Subject: Inquiry re: Dr J Barton
Importance: High

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Scott

Next Thursday.

Your reference
In reply please quote

MK/2000/2047

**GENERAL
MEDICAL
COUNCIL**

Please address your reply to Conduct Case Presentation Section, **FPD**
Fax *Protecting patients,
guiding doctors*

12 September, 2002

Mr C R S Farthing

Code A

Dear Mr Farthing

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Code A

Michael Keegan
Conduct Case Presentation Section

Code A

Your reference
In reply please quote

Chief supt/JJ/DM
MK/2000/2047

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

Please address your reply to Conduct Case Presentation Section, **FPD**

Fax

12 September, 2002

C.I. J James
Hampshire Constabulary
Police Headquarters
West Hill
Romsey Road
Winchester
Hampshire
SO22 5DB

Dear C.I. James

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information you provided about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Code A

**Michael Keegan
Conduct Case Presentation Section**

Code A

**GENERAL
MEDICAL
COUNCIL***Protecting patients,
guiding doctors*

Your reference
In reply please quote

MK/2000/2047

Please address your reply to Conduct Case Presentation Section, **FPD**
Fax

12 September, 2002

Ms G M MacKenzie

Dear Ms McKenzie

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Michael Keegan
Conduct Case Presentation Section

Michael Keegan [Code A]

From: Paul Philip [Code A]
Sent: 12 Sep 2002 12:28
To: Venessa Carroll [Code A]; Peter Swain [Code A]
Cc: Michael Keegan [Code A]
Subject: RE: Inquiry re: Dr J Barton

Peter,

Can we discuss please.

Paul

-----Original Message-----

From: Venessa Carroll [Code A]
Sent: 12 Sep 2002 10:07
To: Peter Swain [Code A]
Cc: Michael Keegan [Code A]; Paul Philip [Code A]
Subject: RE: Inquiry re: Dr J Barton

I have now spoken with Mike Gill who informed me in confidence that the CMO has now looked at all the papers in this case having been notified by a whistleblower (not identified to me). The CMO wants a full investigation into the deaths in that hospital, the handling of which is going to be difficult and public as the whistleblower is likely to go to the press in a matter of days.

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MG is concerned that the IOC considered this case and made no order. I indicated that it was possible for IOC to reconsider if new information was placed before it. He will discuss this with the police. MG is concerned that when this becomes public, questions will be asked about Dr being allowed to continue to practise. MG used the expression "institutional euthanasia".

It was left that MG would speak to the police.

If the police are going to proceed or there is going to be an inquiry then this of course may affect any action the GMC takes.

Venessa

-----Original Message-----

From: Peter Swain [Code A]
Sent: 12 Sep 2002 09:13
To: Scott Geddes [Code A]; Paul Philip [Code A]; Venessa Carroll [Code A]
Cc: Michael Keegan [Code A]
Subject: RE: Inquiry re: Dr J Barton

Venessa

This case was allocated to Michael under your mentorship. Please could you telephone Mike Gill this morning.

Peter

-----Original Message-----

From: Scott Geddes [Code A]
Sent: 12 Sep 2002 09:08
To: Paul Philip [Code A]; Peter Swain [Code A]
Subject: Inquiry re: Dr J Barton
Importance: High

Mike Gill, Regional Director of Public Health, SE region, telephoned this morning [Code A] to discuss a serious matter relating to the case of Dr J Barton, who was apparently referred by PPC to PCC end of last month.

MG asked if we could get back to him before 10:30 this morning.

Scott

Michael Keegan [Code A]

From: Jonathan Inkpen [Code A]
Sent: 12 Sep 2002 09:40
To: Michael Keegan [Code A]
Subject: Dr Jane Barton 2000/2047

Michael,

I took a call from Rachel Dixon of the CMO's office. She wanted to know whether or how much of the PPC's decision to refer Dr Barton to PCC was in the public domain as Dr Barton's employers were not aware of it.

I checked with Remi and told Miss Dixon that you had only just been allocated the case and as far as I could see no-one had been notified yet. Therefore none of the info was in the public domain, I also said we would only tell people who had a legitimate interest, but the employers would be told.

I said you would be sending out the letters asap but I did not know when as I had no idea what had to be done procedurally when notifying a doctor of a forward referral.

If you want to speak to her her number is: [Code A] (She's not expecting you to call).

Any queries give me a shout.

[Code A]

Fitness to Practise

[Code A]

e-mail address: [Code A]

Copy of Memo passed to President 12/9/02.

Memorandum

To 1. Mr Peter Swain
Acting Head of CCPS
2. President

From Venessa Carroll
Senior Caseworker
Conduct Case
Presentation Section
Code A

Date 12 September 2002

Referral of Case to the Interim Orders Committee: Dr J A Barton

1. The Preliminary Proceedings Committee (PPC) considered this case on 29 August 2002, when the Committee directed that the case be referred to the Professional Conduct Committee (PCC). A copy of the item considered by the PPC is attached (Flag A). Having referred this case to the PCC, the PPC was made aware of the fact that this case had been considered by the IOC and that no Order had been made (see note of discussion, Flag B). The Committee did not therefore make a decision about referral to IOC.
2. At the time of the hearing the Committee was aware that the case of Gladys Richards had been referred back to the CPS. Since that meeting, through contact with the police and the Regional Director of Public Health (SE region), I have been informed that the CPS are now considering all five cases against Dr Barton, not just the case of Gladys Richards as they did previously. In view of this and the fact that the status of the case has changed as it has now been referred to the PCC, you are invited to consider referring this case to the IOC for it to reconsider this case.
3. Please telephone me if you would like to discuss this further. I should be grateful if you could confirm your decision as soon as possible.

13/09/2002 1 15 02079725577

DEPT OF HEALTH

PAGE 01/02

copied to Finlay 13/9/02



Code A

Department of Health
Investigations and Inquiries Unit
Room 543B Skipton House
80 London Road, London SE1 6LH

Telephone: 020 7972 6069 (gtn 396 26069)

Mobile: Code A

Fax: 020 7972 5577 (gtn 396 25577)

020 7972 6020 (gtn 396 26020)

email: Code A

From: Michael Evans

To: Paul Philip GMC

Fax no: Code A

Pages (including this): 2

Date: 13 September 2002

Message:*For information*

Please see the attached press release issued by the Department of Health this afternoon.

IMPORTANT

The information contained in this fax sheet or attachments may be confidential. If you receive this fax in error please contact the sender, above, who will arrange its return. Thank you.

2002/0380

Friday 13th September 2002

GOSPORT WAR MEMORIAL HOSPITAL**STATEMENT FROM THE CHIEF MEDICAL OFFICER SIR LIAM DONALDSON**

Following the publication of the Commission for Health Improvement report and the police investigation into concerns about the care of elderly patients at Gosport War Memorial Hospital, the Chief Medical Officer has commissioned a clinical audit of the service concerned.

" Even though both previous investigations found no grounds for serious concern, neither was in a position to establish whether trends and patterns of death were out of line with what would be expected. It was a wish to ensure that all necessary investigation was carried out that led to the decision to carry out this further investigation.

" I have asked Professor Richard Baker from the Clinical Governance Research and Development Unit at the University of Leicester to undertake the audit. The timing of the audit will be agreed in consultation with the police," Sir Liam said.

Note to Editors:

1. Media inquiries only to Alison Pitts-Bland in the Department of Health Media Centre
on Code A

[ENDS]

Code A

13 September 2002.

Mr Michael Keegan
Conduct Case Presentation Section,
General Medical Council,
178 Great Portland Street,
London, W1W 5JE.

Dear Mr Keegan,

Re: MK/2000/2047. Dr Jane Bolton.

Please accept this as written confirmation that all necessary correspondence regarding the above should be sent to my daughter Miss Emily Leeds. Her address is as follows:-

Code A

Due to my work commitments and the stress this situation has caused me, my daughter had agreed to step in. However, my daughter had my full support and co-operation in this matter.

Yours sincerely,

Code A

Michael Keegan Code A

From: Michael Keegan Code A
Sent: 13 Sep 2002 10:07
To: Venessa Carroll Code A Peter Swain Code A Paul Philip Code A
Cc: Michael Keegan Code A
Subject: Dr Barton

Rachel Dixon of the Chief Medical Officer's office called today to advise that a statement is being released today (copy to be faxed to Paul Philip's office) that a clinical audit is to be commissioned into the mortalities at Gosport War Memorial Hospital.

This has arisen as a result of concerns that the various police, CHI, etc. reports have not been adequate.

She advised that Sir Richard Baker had been commissioned to conduct the audit and that this will probably inflame press interest, as he was involved in the Shipman inquiry.

Rachel Dixon's tel no's are: Code A

Michael

In reply please quote VC/MK/2000/2047

GENERAL MEDICAL COUNCIL

Please address your reply to the Committee Section FPD

Fax Code A

*Protecting patients,
guiding doctors*

13 September 2002

Special Delivery

Dr J A Barton

Code A

Dear Dr Barton

I am writing to notify you that the information about your conduct received from Hampshire Constabulary and referred by the Preliminary Proceedings Committee on 29 August 2002 for an inquiry by the Professional Conduct Committee, has now been considered by the President of the GMC under Rule 4(a) of the General Medical Council (Interim Orders Committee) (Procedure) Rules 2000.

The information considered by the President is as was considered by the Preliminary Proceedings Committee, a copy of which I enclose. The President was also made aware that the Police and the Crown Prosecution Service are now considering all five cases against you.

The President has noted the powers vested in the General Medical Council by the Medical Act 1983 (Amendment) Order 2000 and the General Medical Council (Interim Orders Committee) (Procedure) Rules 2000 and considers that the circumstances are such that you should be invited to appear before the Interim Orders Committee in order that it may consider whether it is necessary for the protection of members of the public or is otherwise in the public interest, or is in your own interests that an interim order should be made suspending your registration or imposing conditions on your registration in exercise of the powers under section 41A(1) of the Medical Act 1983 as amended.

The President reached his decision having considered the information that the Police and Crown Prosecution Service are now investigating five cases and the fact that the Preliminary Proceedings Committee considered it necessary to refer this case for an inquiry by the Professional Conduct Committee.

You are invited to appear before the Interim Orders Committee at 11.30 on 19 September 2002 at the Council's offices at 44 Hallam Street, London, W1, if you so wish, to address the Committee on whether such an order should be made in your case. You may, if you wish, be represented by Counsel, or a solicitor, or by a member of your family, or by a representative of any professional organisation of which you may be a member. You may also be accompanied by not more than one medical adviser. The Committee is, however, empowered to make an order in relation to your registration irrespective of whether or not you are present or represented.

You are invited to submit observations on the case in writing. Any observations will be circulated to the IOC before they consider your case. Your observations should be marked for the attention of Adam Elliott, Committee Section

You are invited to state in writing whether you propose to attend the meeting, whether you will be represented or accompanied as indicated above, and if so, by whom.

The Interim Orders Committee normally meets in private but you may if you wish, under the provisions of rule 9 of the Procedure Rules, direct that the meeting should be held in public. If you wish for the meeting to be held in public could you please notify Adam Elliott, Committee Section (fax number as above), as soon as possible.

The GMC is under a statutory duty to publish the outcome of IOC hearings. It is our usual practice to do so by placing the outcomes of hearings on our website. If you do not attend the hearing could you please supply Adam Elliott (fax number as above) with a telephone or fax number where you can be contacted on the day of the hearing so we can let you know of the decision before placing the information on our website. If you do not provide such a contact number, or we are unable to contact you, the outcome of the hearing will still be published.

If you intend to consult your medical defence society, or to take other legal advice, you should do so without delay.

I enclose copies of the relevant provisions of the Medical Act, the Interim Orders Committee Procedure Rules, and a paper about the procedures of the Interim Orders Committee.

The documents enclosed with this letter may contain confidential information. This material is sent to you solely to enable you to prepare for this hearing. The documents must not be disclosed to anyone else, except for the purpose of helping you to prepare your defence.

Please will you write personally to acknowledge receipt of this letter quoting the reference above.

Yours sincerely

Code A

Venessa Carroll
Assistant Registrar

cc: **By Courier**
Mr Ian Barker
The Medical Defence Union
MDU Services Limited
230 Blackfriars Road
London
SE1 8PJ
(your reference: ISPB/TOC/9900079/Legal)

Memorandum**To Paul Philip****From Venessa Carroll
CCPS****Date 13/09/02****Copy Jackie Smith
Finlay Scott
Stephanie Day
Peter Swain****Dr Jane Barton**

1. At its meeting on 29 August 2002, the Preliminary Proceedings Committee referred this case for an inquiry by the Professional Conduct Committee. It has today been referred to the Interim Orders Committee for a hearing on 19 September 2002. This will be the third time that the IOC have considered the case having previously made no order. Below I have set out, under separate headings, the history of the case and what the case is about.

The history of the case

2. In July 2000, this case began as a police investigation into the circumstances surrounding the death of Gladys Richards, a geriatric patient at Gosport War Memorial Hospital (GWMH), and was subsequently extended to 4 other deaths - Arthur 'Brian' Cunningham, Alice Wilkie, Robert Wilson and Eva Page.
3. The case was first considered by the IOC in June 2001. At that time the police investigation was at an early stage and only Gladys Richards' death was being investigated. The information before the Committee was limited and it made no order.
4. By February 2002 the police/CPS had decided against a criminal prosecution and their papers were disclosed to the Council to decide on issues of potential spm/sdp. The case was screened in May 2002 (Screener: Malcolm Lewis) who referred it to the Preliminary Proceedings Committee and also referred the case back to the IOC. *R
Finlay*
5. The IOC considered the case for the second time on 21 March 2002 and again made no order.
6. On 28 May 2002, Mrs MacKenzie (daughter of the late Gladys Richards) wrote to the GMC copying the letter to David Blunkett MP, the police, Nigel Waterson MP, Peter Viggers MP, the Police Complaints Authority, the CPS and David Parry Treasury Counsel, concerned about the failures of the police investigation. I understand that it is because of Mrs MacKenzie that the police investigation has been re-opened.

13 September 2002

7. The Rule 6 letter was sent to Dr Barton on 11 July 2002 notifying her of the PPC hearing on 29-30 August 2002. The charge set out in the Rule 6 letter is set out below.
8. In July 2002, CHI published a report titled "Gosport War Memorial Hospital: Investigation into the Portsmouth Healthcare NHS Trust". The report does not name Dr Barton specifically but refers to the criminal investigations and criticises systems in place at the time.
9. On 30 July 2002 Mrs MacKenzie informed the GMC that the police were seeking advice from the CPS about the investigation. We understand the present position to be that the CPS are reconsidering the five cases.

What the case is about

10. *The Charge set out in the Rule 6 letter is set out below. You will see that the case relates to Dr Barton's prescribing to five patients between the ages of 75 and 91 between February 1998 and October 1998. These patients were attending Gosport War Memorial Hospital, mainly for rehabilitation. It was Mrs Lack's concerns (who was an experienced nurse in elderly care) about the treatment of her elderly mother (Mrs Richards) in the ward, which precipitated the reviews of other patients. Dr Barton was a visiting clinical assistant who was responsible for the day-to-day management of these five cases. Dr Barton in her defence maintains that that overwork had apparently affected patient care. There have been expert reports and in his report, Professor Ford concludes that the prescribing regime was variously reckless, excessive or highly inappropriate. The view is that death appears to have been precipitated if not caused by the drug regime in each case.*

In the information it is alleged that:

1. At the material times you were a registered medical practitioner working as a clinical assistant in elderly medicine at the Gosport War Memorial Hospital, Hampshire;
2. a.i. On 27 February 1998 Eva Page was admitted to Dryad Ward at Gosport War Memorial Hospital for palliative care having being diagnosed at the Queen Alexander Hospital with probable carcinoma of the bronchus
 - ii. On 3 March 1998 you prescribed diamorphine, hyoscine and midazolam to be administered subcutaneously via syringe driver

13 September 2002

- b. Your prescribing to Mrs Page of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. she was started on opioid analgesia in the absence of prior psychogeriatric advice
 - ii. the medical and nursing records do not indicate that Mrs Page was distressed or in pain
 - iii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs were not adequately recorded in medical or nursing records
 - iv. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mrs Page's condition;

3. a. i. On 6 August 1998 Alice Wilkie was admitted to Daedalus Ward at Gosport War Memorial Hospital for observation following treatment at the Queen Alexandra Hospital for a urinary tract infection
- ii. You prescribed diamorphine, hyoscine and midazolam to be administered subcutaneously
 - iii. These drugs were administered to Mrs Wilkie from 20 August 1998 until her death the following day
 - iv. Mrs Wilkie had not been prescribed or administered any analgesic drugs during her time on Daedalus Ward prior to this

- b. Your prescribing to Mrs Wilkie of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. insufficient regard was given to the possibility of alternative milder or more moderate treatment options
 - ii. the prescription for diamorphine, hyoscine and midazolam was undated
 - iii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs were not adequately recorded in medical or nursing records

13 September 2002

- iv. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mrs Wilkie's condition
- c. Your management of Mrs Wilkie was unprofessional in that you failed to pay sufficient regard to Mrs Wilkie's rehabilitation needs;
- 4. a. i. On 11 August 1998 Gladys Richards was admitted to Daedalus Ward at Gosport War Memorial Hospital for rehabilitation following a hip replacement operation performed on 28 July 1998 at the Haslar Hospital, Southampton
- ii. Despite recording that Mrs Richards was 'not obviously in pain' you prescribed oromorph, diamorphine, hyoscine, midazolam and haloperidol
- iii. Although Mrs Richards did not have a specific life threatening or terminal illness you noted in the medical records that you were 'happy for nursing staff to confirm death'
- iv. On 13 August 1998 Mrs Richards artificial hip joint became dislocated and underwent further surgery at the Haslar Hospital, returning to Daedalus ward on 17 August 1998
- v. On 18 August 1998 you prescribed diamorphine, haloperidol, midazolam and, on 19 August 1998, hyoscine which was administered to Mrs Richards subcutaneously and by syringe driver until her death on 21 August 1998
- vi. Between 18 and 21 August 1998 Mrs Richards received no foods or fluids
- b. Your prescribing to Mrs Richards of opiate and sedative drugs was inappropriate and/or unprofessional in that
 - i. you knew or should have known that Mrs Richards was sensitive to oromorph and had had a prolonged sedated response to intravenous midazolam
 - ii. insufficient regard was given to the possibility of using milder or more moderate analgesics to control Mrs Richards pain

13 September 2002

- iii. opiate and sedative drugs were administered subcutaneously when you knew or should have known that Mrs Richards was capable of receiving oral medication
 - iv. You knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mrs Richards' condition
- d. Your management of Mrs Richards was unprofessional in that you failed to pay sufficient regard to Mrs Richards' rehabilitation needs.;
5. a. i. On 21 September 1998 Arthur Cunningham was admitted to Dryad ward at Gosport War Memorial Hospital with a large sacral necrotic ulcer with necrotic area over the left outer aspect of the ankle
- ii. After reviewing Mr Cunningham you prescribed oromorph and later, via syringe driver, diamorphine, midazolam to which was added hyoscine on 23 September
 - iii. Although Mr Cunningham did not have a specific life threatening or terminal illness you noted in the medical records that you were 'happy for nursing staff to confirm death'
 - iv. Dosages were increased daily between 23 September 1998 and Mr Cunningham's death on 26 September 1998
- b. Your prescribing to Mr Cunningham of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. insufficient regard was given to the possibility of alternative milder or more moderate treatment options
 - ii. the reasons for the switch to subcutaneous infusion and the subsequent increases in dosages were not adequately recorded in medical or nursing records
 - iii. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mr Cunningham's condition
- c. Your management of Mr Cunningham was unprofessional in that you failed to pay sufficient regard to Mr Cunningham's rehabilitation needs;

13 September 2002

6. a. i. On 14 October 1998 Robert Wilson was transferred from to Dryad Ward at Gosport War Memorial Hospital for rehabilitation, following treatment at the Queen Alexandra Hospital for a fractured left humerus
 - ii. Between 16 October 1998 and Mr Wilson's death on 18 October 1998 you prescribed oromorph, diamorphine, hyoscine and midazolam
 - iii. Diamorphine, hyoscine and midazolam were administered subcutaneously to Mr Wilson via syringe driver from 16 October 1998
- b. Your prescribing to Mr Wilson of opiate and sedative drugs was inappropriate and/or unprofessional in that
 - i. the prescription for diamorphine, hyoscine and midazolam was undated
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- c. Your management of Mr Wilson was unprofessional in that you failed to pay sufficient regard to Mr Wilson's rehabilitation needs.

Memorandum**To Paul Philip****From Venessa Carroll
CCPS****Date 13/09/02****Copy Jackie Smith
Finlay Scott
Stephanie Day
Peter Swain****Dr Jane Barton**

1. At its meeting on 29 August 2002, the Preliminary Proceedings Committee referred this case for an inquiry by the Professional Conduct Committee. It has today been referred to the Interim Orders Committee for a hearing on 19 September 2002. This will be the third time that the IOC have considered the case having previously made no order. Below I have set out, under separate headings, the history of the case and what the case is about.

The history of the case

2. In July 2000, this case began as a police investigation into the circumstances surrounding the death of Gladys Richards, a geriatric patient at Gosport War Memorial Hospital (GWMH), and was subsequently extended to 4 other deaths - Arthur 'Brian' Cunningham, Alice Wilkie, Robert Wilson and Eva Page.
3. The case was first considered by the IOC in June 2001. At that time the police investigation was at an early stage and only Gladys Richards' death was being investigated. The information before the Committee was limited and it made no order.
4. By February 2002 the police/CPS had decided against a criminal prosecution and their papers were disclosed to the Council to decide on issues of potential spm/sdp. The case was screened in ~~May~~ ^{February} 2002 (Screener: Malcolm Lewis) who referred it to the Preliminary Proceedings Committee and also referred the case back to the IOC.
5. The IOC considered the case for the second time on 21 March 2002 and again made no order.
6. On 28 May 2002, Mrs MacKenzie (daughter of the late Gladys Richards) wrote to the GMC copying the letter to David Blunkett MP, the police, Nigel Waterson MP, Peter Viggers MP, the Police Complaints Authority, the CPS and David Parry Treasury Counsel, concerned about the failures of the police investigation. I understand that it is because of Mrs MacKenzie that the police investigation has been re-opened.

13 September 2002

7. The Rule 6 letter was sent to Dr Barton on 11 July 2002 notifying her of the PPC hearing on 29-30 August 2002. The charge set out in the Rule 6 letter is set out below.
8. In July 2002, CHI published a report titled "Gosport War Memorial Hospital: Investigation into the Portsmouth Healthcare NHS Trust". The report does not name Dr Barton specifically but refers to the criminal investigations and criticises systems in place at the time.
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13 September 2002

- b. Your prescribing to Mrs Page of opiate and sedative drugs was inappropriate and/or unprofessional in that
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 - ii. the prescription for diamorphine, hyoscine and midazolam was undated
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13 September 2002

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13 September 2002

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13 September 2002

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TELEPHONE MESSAGE PAD

FROM

Code A

TO

Kenneth Carroll

TIME/DATE

13/9/02 (16:12)

**GENERAL
MEDICAL
COUNCIL***Protecting patients,
guiding doctors*

Spoke to Mike Aclit - informed him that Dr Barten has been sent details of her forthcoming appearance before the LOC on Thursday 19th Sept. + referral to PCC

He said he understood that she had just had surgery + asked whether she would be fit enough to attend. I informed him that her legal rep had also been informed.

Message taken by

Code A

TELEPHONE MESSAGE PAD

FROM Michael Kergan

TO Venuea Carroll

TIME/DATE 4.20pm 17.9.02

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

● H/c from Dr Gill **Code A**

Dr Barton has taken special (sick) leave following surgery.

He was concerned re: her supervisor (Dr Lord) + o/s or potential GMC proceedings against her & whether local action should be taken.

● Would like to be called back.

Message taken by **Code A**

TELEPHONE MESSAGE PAD

FROM Michael Keegan

TO Venuea Carroll

TIME/DATE 4.20pm 12.9.02

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

He from Dr Gill

Code A

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Code A

Message taken by

1
C
P
P
P

TELEPHONE MESSAGE PAD

Code A

FROM

TO *Kenessa Carron.*

TIME/DATE *13/9/02 (16:12)*

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

SPOKE to Mike Gill - informed
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sent details of her forthcoming
appearance before to LOC on
Thursday 19th Sept. + referral to PC

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she had just had surgery +
doubted whether she would be fit
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been informed.

Message taken by

Code A

13/09/2002 13:15

Code A

DEPT OF HEALTH

PAGE 01/02



copied to Finlay 13/9/02

COPY

Code A

**Department of Health
Investigations and Inquiries Unit**

Room 543B Skipton House
80 London Road, London SE1 6LH

Telephone: 020 7972 6069 (gtn 396 26069)

Mobile: Code A

Fax: 020 7972 5577 (gtn 396 25577)

020 7972 6020 (gtn 396 26020)

email: Code A

From: Michael Evans

To: Paul Philip GMC

Fax no: Code A

Pages (including this): 2

Date: 13 September 2002

Message:

For information

Please see the attached press release issued by the Department of Health this afternoon.

IMPORTANT

The information contained in this fax sheet or attachments may be confidential. If you receive this fax in error please contact the sender, above, who will arrange its return. Thank you.

2002/0380

Friday 13th September 2002

GOSPORT WAR MEMORIAL HOSPITAL**STATEMENT FROM THE CHIEF MEDICAL OFFICER SIR LIAM DONALDSON**

Following the publication of the Commission for Health Improvement report and the police investigation into concerns about the care of elderly patients at Gosport War Memorial Hospital, the Chief Medical Officer has commissioned a clinical audit of the service concerned.

" Even though both previous investigations found no grounds for serious concern, neither was in a position to establish whether trends and patterns of death were out of line with what would be expected. It was a wish to ensure that all necessary investigation was carried out that led to the decision to carry out this further investigation.

" I have asked Professor Richard Baker from the Clinical Governance Research and Development Unit at the University of Leicester to undertake the audit. The timing of the audit will be agreed in consultation with the police," Sir Liam said.

Note to Editors:

1. Media inquiries only to Alison Pitts-Bland in the Department of Health Media Centre on

[ENDS]

Notification of Receipt of Contact



Date: 18 September

Your Ref: (037) MK/2000/2047

Dear Mr Keegan

Thank you for your letter/email/telephone call of 16 September 2002 received at the Commission for Health Improvement on 17 September. If appropriate, you will receive a response within 20 working days.

Yours sincerely

Code A

Investigations Department
11th Floor

Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal

Your ref: ACE/HJ/FPD/2000/2047

16 September 2002

Mr Adam Elliott
Committee Section
General Medical Council
178 Great Portland Street
London, W1W 5JE

Also by fax: Code A



MDU Services Limited
230 Blackfriars Road
London
SE1 8PJ

DX No. 36505
Lambeth

Legal Department of The MDU

Freephone: 0800
Telephone: 020 7202 1500
Fax: 020 7202 1663

Email: mdu@the-mdu.com
Website www.the-mdu.com

Dear Mr Elliott

Dr Jane Barton

I write with reference to our telephone conversation on Friday concerning the forthcoming appearance of Dr Barton at the Interim Orders Committee. As I indicated when we spoke on Friday, Dr Barton is presently on sick leave having recently undergone operation. It would not therefore be possible for her to appear at the hearing on the 19th September. In these circumstances I write now to request that this hearing is adjourned to a time when Dr Barton can attend.

I am enclosing with my letter a sickness certificate, from which you will see that Dr Barton has been advised that she should refrain from work for a period of 3 weeks from today's date.

I understand the next period over which the IOC will consider cases is 1st – 3rd October. May I respectfully suggest that in the circumstances Dr Barton's case should be adjourned until 3rd October. Although she would in theory still be on sick leave at that point, she would hope to be in a position to attend then. If that were not to be possible then clearly I would endeavour to notify you in good time. That should at least ensure that this matter is heard as soon as possible, but with reasonable delay to ensure that Dr Barton is recovering. I anticipate you will agree that a hearing on 1st or 2nd October would be unwise, simply increasing the risk that she might not have recovered by that time.

Finally, can I let you know that Dr Barton will not be practicing – for obvious reasons – during the currency of the sickness certificate enclosed – being 3 weeks from today's date.

Specialists In: Medical Defence Dental Defence Nursing Defence Risk Management

MDU Services Ltd is an agent for The Medical Defence Union Ltd (the MDU) and for Zurich Insurance Company, which is a member of the Association of British Insurers (ABI). The MDU is not an insurance company. The benefits of membership of the MDU are all discretionary and are subject to the Memorandum and Articles of Association.

Registered in England 3957086 Registered Office: 230 Blackfriars Road London SE1 8PJ

Our ref: ISPB/TOC/0005940/Legal
Your ref: ACE/HJ/FPD/2000/2047
16 September 2002

Page 2 of 2

I look forward to hearing from you and please do not hesitate to contact me if I can assist further.

Yours sincerely

Code A

Ian S.P. Barker
Solicitor Code A
Code A

NOTES TO PATIENT ABOUT USING THIS FORM

You can use this form either:

1. For Statutory Sick Pay (SSP) purposes - fill in Part A overleaf. Also fill in Part B if the doctor has given you a date to resume work. Give or send the completed form to your employer.
2. For Social Security purposes -
To continue a claim for state benefit fill in Parts A and C of the form overleaf. Also fill in Part B if the doctor has given you a date to resume work. Sign and date the form and give or send it your Local Social Security Office QUICKLY to avoid losing benefit.

NOTE: To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IS1 (from Social Security Local Offices).

Doctor's Statement

In confidence to Dr Jane Barton
Mr/Mrs/Miss/Ms

I examined you today/yesterday and advised you that

(a) You need not refrain from work
(b) you should refrain from work for 3 weeks

OR until

Diagnosis of your disorder causing absence from work TCRE

Doctor's remarks

Doctor's signature

Code A

Date of signing

16/9/02

**Drs Hajiantonis, Harrison
and Peters
69 Bury Road
Gosport, Hants**

Form Med 3



The Medical Defence
Union Limited
Legal Department

Facsimile

To:	Mr Adam Elliott
Company:	GMC
Fax no:	Code A
From:	Jan S.P. Barker
Date sent:	16/09/02
Time sent:	
No. of sheets inclusive:	4
Re:	DR J. BARTON

If you do not receive legible copies of all the pages please notify us immediately by telephone or fax.

Privacy & Confidentiality Notice

This facsimile may contain privileged and confidential information intended for the named recipient only. If you have received this facsimile in error please notify us immediately by telephone.

Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal

Your ref: ACE/HJ/FPD/2000/2047

16 September 2002

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Committee Section
General Medical Council
178 Great Portland Street
London, W1W 5JE

Also by fax: Code A



THE
MDU

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Code A

Jan S.P. Barker
Solicitor

Code A

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Doctor's remarks

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Drs Majanionis, Harrison and Peters
69 Bury Road
Gosport, Hants

Form Med 3

**GENERAL
MEDICAL
COUNCIL**

Your reference

In reply please quote

MK/2000/2047

Please address your reply to **Conduct Case Presentation Section, FPD**

Fax

*protecting patients,
guiding doctors*

16 September, 2002

Ms Julie Miller
Commission for Health Improvement
103-105 Bunhill Row
London EC1Y 8TG

Dear Ms Miller

I am writing to inform you, in confidence, that the Council's Preliminary Proceedings Committee have considered the information provided by the Hampshire Constabulary about Dr Barton. They have decided that a charge should be formulated against Dr Barton on the basis of the information, and that an inquiry into the charge should be held by the Council's Professional Conduct Committee.

No date has yet been fixed for the hearing of Dr Barton's case. It may well be necessary for a member of the GMC's solicitors to contact you in the near future in connection with the preparation of the case, and I should be grateful for your assistance.

Yours sincerely

Code A

Michael Keegan
Conduct Case Presentation Section

Code A

Memorandum

To Miss Fiona Horlick

**From Venessa Carroll
Conduct Case
Presentation Section**

Code A

Date 16/09/02

IOC 19 September 2002 – Dr Barton

Miss Horlick,

1. I understand that you are representing the GMC at the IOC this week. I attach instructions for the case of Dr Barton which is to be considered on Thursday 19 September 2002 at 11.30am. I apologise for the lateness in providing this information which is due to the fact that the President only referred the case to the IOC on Friday 13 September.
2. A copy of the IOC item will be provided to you as soon as possible, but in the meantime I attach a copy of a memo which sets out the background to this case.
3. As a letter was only sent to the doctor informing her of this hearing on 13 September, it is likely that her solicitors will ask for the hearing to be adjourned.
4. Please contact me if you require any further information.

Fax

To Mr Ian Barker

Fax number 020 7202 1663

From Michael Keegan

Direct Dial

Code A

Direct fax

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

No. of pages 4
(inclusive)

16:10

Date 17 September,
2002

Please see attached letter.

Your reference: ISPB/sls/9900079/Legal
 In reply please quote MK/2000/2047

**GENERAL
 MEDICAL
 COUNCIL**

*Protecting patients,
 guiding doctors*

Please address your reply to Conduct Case Presentation Section, FPD

Fax

17 September, 2002

Also by fax: 020 7202 1663

Mr I Barker
 The Medical Defence Union
 MDU Services Limited
 230 Blackfriars Road
 London SE1 8PJ

Dear Mr Barker

Thank you for your letter of even date regarding the referral by the Preliminary Procedures Committee (PPC) of Dr Barton to the Professional Conduct and Interim Orders Committees.

I copied to you my letter of 12 September 2002 addressed to Dr Barton in which the PPC's decision was related. I attach a copy for your convenience.

You already have a copy of the report considered by the PPC on 29 August 2002 and I can confirm that there has been no further written correspondence between the GMC and the Department of Health or, indeed, the Police. Any additional information received, including that the police have apparently reopened their investigations, has been received by telephone.

I am sorry that I can be of no further assistance at this time.

Yours sincerely

Code A

**Michael Keegan
 Conduct Case Presentation Section**

Code A

E:\Conduct Case Presentation\Richard Clifford\ioc\notification to doh letter barton, abraham, selva rajan.doc

Your reference

In reply please quote RC/FPD/1998/0869, 2001/1393 & 2000/2047

Please address your reply to the Conduct Case Presentation Section FPD

Fax

**GENERAL
MEDICAL
COUNCIL**

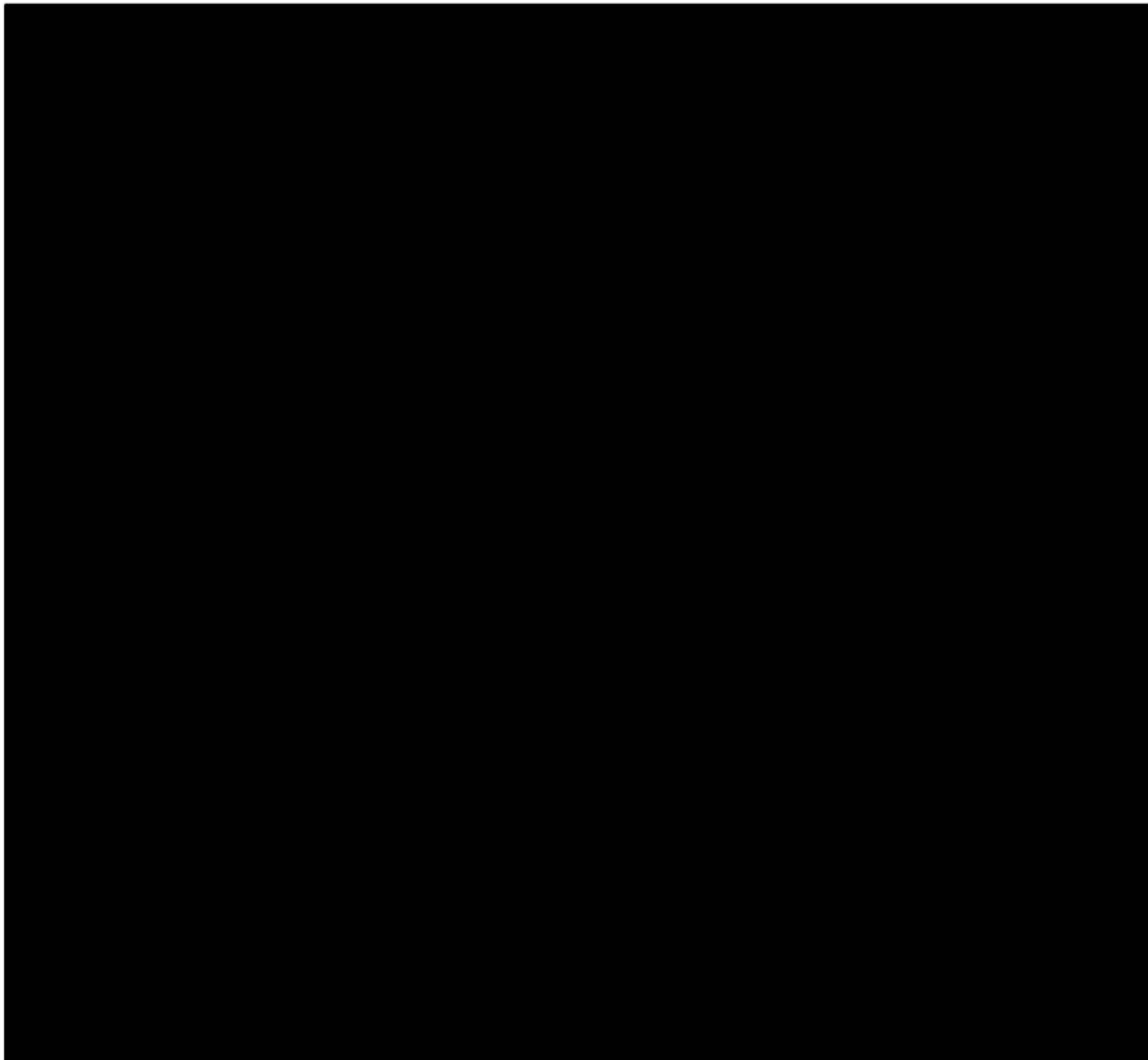
*Protecting patients,
guiding doctors*

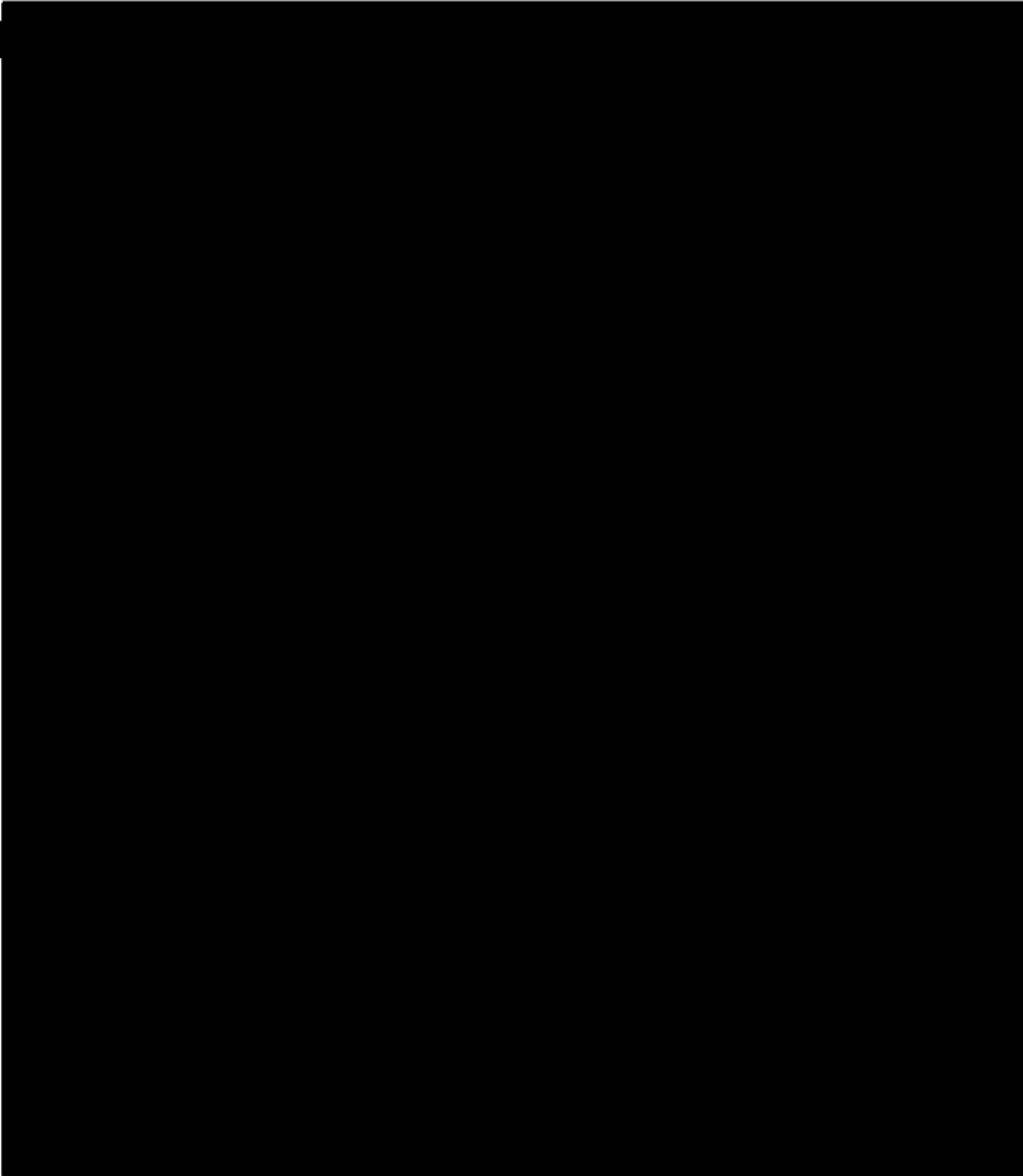
17 September 2002

Mr Martin Sturges
NHS Executive Headquarters
Department of Health
Quarry House
Quarry Hill
Leeds LS2 7UE

Dear Mr Sturges,

Notification of IOC referral





Yours sincerely

Code A

Richard Clifford
Conduct Case Presentation Section

Code A

*Protecting patients.
guiding doctors*

TRANSMISSION VERIFICATION REPORT

TIME : 17/09/2002 16:53
 NAME : GMC
 FAX : Code A
 TEL :

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

17/09 16:52
 Code A
 00:00:30
 02
 OK
 STANDARD
 ECM

Fax

To C S J James

Fax number 01692 871 244

From Michael Keegan

Direct Dial

Code A

Direct fax

No. of pages 2
 (inclusive)

16:45

Date 17 September,
 2002

**GENERAL
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Please see attached letter.

Your reference:
In reply please quote

Chief Supt/JJ/DM
MK/2000/2047

**GENERAL
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COUNCIL**

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Please address your reply to Conduct Case Presentation Section, FPD

Fax:

17 September, 2002

Also by fax:

Chief Superintendent J James
Hampshire Constabulary
Police Headquarters
West Hill
Romsey Road
Winchester
Hampshire
SO22 5DB

Dear C S James

Further to my letter of 12 September 2002 (in which I referred to you as C I James, and for which I apologise) I write now to inform you, in confidence, that the President of the GMC has also referred Dr Barton to the Interim Orders Committee, which is scheduled to consider the matter this Thursday, 19 September 2002.

In light of this and telephone messages received about the reopening of your inquiries, I should be grateful for a very brief summary of current state of police investigations into events at the Gosport War Memorial Hospital as soon as possible.

If you wish to discuss this matter please do not hesitate to contact me on the number below.

Yours sincerely

Code A

**Michael Keegan
Conduct Case Presentation Section**

Code A

Please quote our reference when communicating with us about this matter

Our ref: ISPB/sls/0005940/Legal
Your ref: ACE/HJ/FPD/2000/2047
17 September 2002



MDU Services Limited
230 Blackfriars Road
London
SE1 8PJ

DX No. 36505
Lambeth

Legal Department of The MDU

Mr Adam Elliott
Committee Section
General Medical Council
178 Great Portland Street
London, W1W 5JE

Also by fax: Code A

Telephone: 020 7202 1500
Fax: 020 7202 1663

Email: mdu@the-mdu.com
Website www.the-mdu.com

Dear Mr Elliott

Dr Jane Barton

I write with reference to our telephone conversation yesterday evening, when you kindly advised me that the application for adjournment of Dr Barton's case at the Interim Orders Committee has been rejected by the Chairman.

I feel obliged to express concern at the position which now results. It seems that either Dr Barton will not attend the hearing, or that she will attend when not medically fit to do so. In either case, Dr Barton's right to a fair hearing appears to be compromised.

I understand, though of course I appreciate you have not had an opportunity to provide with the written reasons for the decision, that there is concern this hearing should take place as soon as possible in terms of the public interest.

I assume that concern is based upon the understanding that the five cases considered by the Police have now been referred to the Crown Prosecution Service. Previously only the case of Gladys Richards had been the subject of referral. It appears the Council attaches some significance to this.

It may assist if I explain that following the decision of the Police to take no further action, not even considering it necessary to refer the cases of Mr Wilson, Mrs Page, Mr Cunningham and Mrs Wilkie to the CPS, relatives of the patients expressed concern at this decision. The Police therefore decided that in all fairness to the relatives the cases should be passed to the CPS for consideration. In fact, the Police have no new information or evidence available to them and indeed have no further concerns. Accordingly, the decision to refer these matters to the CPS is not in reality any significant development in this case.

Yours sincerely

Code A

Ian S.P. Barker
Solicitor Code A

Specialists in: Medical Defence Dental Defence Nursing Defence Risk Management

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Registered in England 3957086 Registered Office: 230 Blackfriars Road London SE1 8PJ

17/09 '02 13:51 FAX 0207 2021663

THE M D U LEGAL

001



The Medical Defence Union Limited
Legal Department

Facsimile

To:	Ms Lorna Johnston
Company:	General Medical Council
Fax no:	Code A
From:	Ian Barker
Date sent:	17 September 2002
Time sent:	
No. of sheets inclusive:	2
Re:	Jane Barton

If you do not receive legible copies of all the pages please notify us immediately by telephone or fax.

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Please quote our reference when communicating with us about this matter

Our ref: ISPB/sls/9900079/Legal
Your ref: 2000/2047
17 September 2002



THE 1
MDU

Ms Lorna Johnston
General Medical Council
178 Great Portland Street
London
W1W 5JE

MDU Services Limited
230 Blackfriars Road
London
SE1 8PJ

DX No. 36505
Lambeth

Legal Department of The MDU

Also by fax:

Freephone: 0800
Telephone: 020 7202 1500
Fax: 020 7202 1663

Email: mdu@the-mdu.com
Website www.the-mdu.com

Dear Madam

Re: Dr Jane Barton

Although I have not received a copy of the letter to Dr Barton following the recent consideration of her case by the Preliminary Proceedings Committee, I understand that the case has been referred on to the Professional Conduct Committee.

I would be grateful if you could therefore provide me with all documentation available to the Council, pursuant to Rule 21 of the General Medical Council Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules 1988.

In particular, I would be grateful for sight of any documents relating to communications between the Council and the Department of Health in this matter, whether in letter form or of notes of telephone communication.

I look forward to hearing from you as soon as possible.

Yours faithfully

Code A

Ian S P Barker
Solicitor

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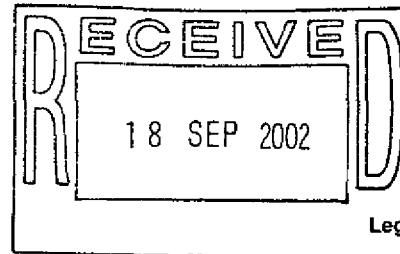
Registered in England 3957086 Registered Office: 230 Blackfriars Road London SE1 8PJ

Please quote our reference when communicating with us about this matter

Our ref: ISPB/sls/9900079/Legal
 Your ref: 2000/2047
 17 September 2002



Ms Lorna Johnston
 General Medical Council
 178 Great Portland Street
 London
 W1W 5JE



MDU Services Limited
 230 Blackfriars Road
 London
 SE1 8PJ

DX No. 36505
 Lambeth

Legal Department of The MDU

Also by fax:

Freephone: 0800
 Telephone: 020 7202 1500
 Fax: 020 7202 1663

Email: mdu@the-mdu.com
 Website www.the-mdu.com

Dear Madam

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In particular, I would be grateful for sight of any documents relating to communications between the Council and the Department of Health in this matter, whether in letter form or of notes of telephone communication.

I look forward to hearing from you as soon as possible.

Yours faithfully

Code A

Ian S.P. Barker
 Solicitor

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TRANSMISSION VERIFICATION REPORT

TIME : 17/09/2002 16:12
 NAME : GMC
 FAX : Code A
 TEL :

DATE, TIME	17/09 16:11
FAX NO./NAME	972021663
DURATION	00:01:05
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

FAX

To: Mr Ian Barker

Fax number: 020 7202 1663

From: Michael Keegan

Direct Dial

Code A

Direct fax

No. of pages : 4
(inclusive) 16:10Date 17 September,
2002

**GENERAL
 MEDICAL
 COUNCIL**

*Protecting patients,
 guiding doctors*

Please see attached letter.

E:\COMMITTEE\ADAM\IOC\LETTERS\2002\SEPTEMBER\BARTON-ADJOURN

Your reference **ISPB/TOC/0005940/Legal**
 In reply please quote **FPD/ACE/JJC/2000/2047**

GENERAL MEDICAL COUNCIL

*Protecting patients,
guiding doctors*

Please address your reply to the Committee Section FPD

Fax

By fax and Post 020 7202 1663

17 September 2002

Mr Ian Barker
 Medical and Defence Union
 230 Blackfriars Road
 London
 SE1 8PJ

Dear Mr Barker

Dr Jane Barton

I write in response to your letter and fax dated 16 September 2002, in which you request an adjournment of the Interim Orders Committee (IOC) hearing scheduled to take place on 19 September 2002.

Your application has been placed before the Chairman of the IOC and I confirm that the Chairman has not acceded to your application. The Chairman did note that Barton is currently unwell and appreciates that Dr Barton may not be able to attend the hearing. However, due to the nature of the serious allegations raised the Chairman considers that it is necessary in the public interest that the case be heard as soon as possible.

The Interim Orders Committee will therefore consider the case of Dr Barton at 11:30 on 19 September 2002 at the Council's offices, which are located at 44 Hallam Street, London W1. You are invited to submit observations on the case in writing. Any observations will be circulated to the IOC before they consider Dr Barton's case. Your observations should be marked for the attention of Adam Elliott, Committee Section . You are further invited to state in writing whether you propose to attend the meeting, and/or instruct Counsel.

It is of course open to you to make a further application to adjourn the consideration of Dr Barton's case in writing prior to the hearing of the case by the IOC and/or at the outset of the hearing on 19 September 2002. Please would you write to acknowledge receipt of this letter quoting the reference above.

Yours sincerely

Adam Elliott
Interims Order Committee Secretariat

FILE NOTE – 18/9/02

RE: DR BARTON (2000/2047)

Further to my fax to C S J James, to which no response had been received, I called Superintendent Paul Stickler at 4.30pm on 18 September 2002. He was at home and so unable to respond to my query in writing. He also indicated that nobody else I could speak to would be able to assist more than he.

I asked what the current 'state of play' was.

He said that his involvement was limited to having disclosed to the CPS additional papers that had not been considered re: Mrs Richards only.

He had been asked to do this following some criticism of C S James from the families of the deceased.

He said that the papers had been sent yesterday and the CPS's response was awaited, but that it would not be received before next week.

He also indicated that Steve Watts (CID) would be taking a leading role in the matter.

Michael Keegan
18/9/02

Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal

Your ref:

18 September 2002

Mr Michael Keegan
Conduct Case Presentation Section
General Medical Council
178 Great Portland Street
London, W1W 5JE



MDU Services Limited
230 Blackfriars Road
London
SE1 8PJ

DX No. 36505
Lambeth

Legal Department of The MDU

Also by fax:

Telephone: 020 7202 1500
Fax: 020 7202 1663

Email: mdu@the-mdu.com
Website www.the-mdu.com

Dear Mr Keegan

Dr Jane Barton

Thank you for your letter of 17th September by fax. I am grateful also for the copy of the letter of 12th September to Dr Barton which accompanied your letter. I am sorry to say that any previous copy of the letter to Dr Barton has not yet arrived with me.

In your letter you state that I already have "a copy of the report considered by the PPC on 29th August 2002 and [you] can confirm that there has been no further written correspondence between the GMC and the Department of Health or, indeed, the Police" (emphasis mine).

This observation appears to suggest that there is in existence a report from the Department of Health, and indeed that this was available to the PPC. I have reviewed the papers provided to Dr Barton for the purposes of that hearing, and I am presently unable to locate any documentation at all emanating from the Department of Health. I would be grateful if you could clarify, and pass to me any such Department of Health material if it exists.

I note your observation that any additional information received has been received by telephone. Can I reiterate that I am concerned to have access to notes made of telephone conversations in this matter, including with the Police and Department of Health.

Can I also point out what appears to be a misunderstanding of the present position of the Police. You make reference to the fact that "the Police have apparently re-opened their investigations...". In fact, the Police have not done this. Following expression of concern by the relatives, the Police have referred the matter to the Crown Prosecution Service for the CPS to express a view. The Police have no new information or concerns in this matter. However, in circumstances in which it seems communications with the Police have been by way of telephone conversation, this underlines the importance of my request for notes of telephone conversations, including those with the Police, so the full extent of the picture can be seen clearly.

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Our ref: ISPB/TOC/0005940/Legal
Your ref:
18 September 2002

Page 2 of 2

I look forward to hearing from you.

Yours sincerely

Code A

Ian S.P. Barker
Solicitor

Code A



THE
MDU

The Medical Defence
Union Limited
Legal Department

Facsimile

To: Mr Michael Keegan

Company: GMC

Fax no: Code A

From: Ian Barker

Date sent: 18/09/02

Time sent:

No. of sheets inclusive: 3

Re: Barton

If you do not receive legible copies of all the pages please notify us immediately by telephone or fax.

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Our ref: ISPB/TOC/0005940/Legal

Your ref:

18 September 2002

Mr Michael Keegan
Conduct Case Presentation Section
General Medical Council
178 Great Portland Street
London, W1W 5JE



MDU Services Limited
230 Blackfriars Road
London
SE1 8PJ

DX No. 36505
Lambeth

Legal Department of The MDU

Also by fax:

Telephone: 020 7202 1500
Fax: 020 7202 1663

Email: mdu@the-mdu.com
Website www.the-mdu.com

Dear Mr Keegan

Dr Jane Barton

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Our ref: ISPB/TOC/0005940/Legal
Your ref:
18 September 2002

Page 2 of 2

I look forward to hearing from you.

Yours sincerely

Code A

Ian S.P. Barker
Solicitor

Code A

TRANSMISSION VERIFICATION REPORT

TIME : 18/09/2002 16:30
 NAME : GMC
 FAX : Code A
 TEL :

DATE, TIME	18/09 16:28
FAX NO./NAME	972021663
DURATION	00:02:04
PAGE(S)	09
RESULT	OK
MODE	STANDARD ECM

Fax

To: Mr Barker

Fax number: 020 7202 1663

From: Michael Keegan

Direct Dial

Code A

Direct fax

No. of pages 9
 (inclusive)

16:25

Date 18 September
 2002

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Please see attached letter.

Your reference:
In reply please quote

ISPB/TOC/0005940/Legal
MK/2000/2047

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Please address your reply to Conduct Case Presentation Section, FPD

Fax Code A

18 September, 2002

Also by fax: 020 7202 1663

Mr I Barker
The Medical Defence Union
MDU Services Limited
230 Blackfriars Road
London SE1 8PJ

Dear Mr Barker

Thank you for your letter of even date.

I am able to clarify that I have no report from the Department of Health. I am sorry if this was not clear in my last letter. The telephone conversations have been with the Regional Director of Public Health (Mr Gill). I enclose telephone notes of conversations with both Mr Gill and the police.

I thank you for clarifying that the police have asked the CPS to express a view. I also wrote to the police asking for a summary of the current situation and they today confirmed that papers in addition to those first considered by the CPS were submitted this week and that they await a response from the CPS.

Yours sincerely

Code A

Code A

**Michael Keegan
Conduct Case Presentation Section**

Code A

TELEPHONE MESSAGE PAD

FROM
TO
TIME/DATE 19.9.02

**GENERAL
MEDICAL
COUNCIL**
*Protecting patients,
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● Dr Barton

He's → ① Mike Gill (Dep. Dir. of P.H.)
& ② Simon Tanner (Director of
P.H. @ Portsmouth H.A.)

● ① Told him that loc made no order
today.

② Left message for him to call me back.
→ Did so → Told him.

Code A

Message taken by 19.9.02

Michael Keegan [Code A]

From: Michael Keegan [Code A]
Sent: 19 Sep 2002 10:34
To: [Code A]
Subject: FW: Dr Barton

Ms Chrystie,

I have recently been appointed as a Senior Caseworker with the CCPS in the GMC.

I understand that you have been instructed by the Council in relation to Dr Barton.

I have been asked to arrange an early case conference with you involving Peter Swain, Venesa Carroll and I. May I suggest the week after next.

If you wish to discuss the matter please telephone me on the number below.

Michael Keegan
Conduct Case Presentation Section

Direct Line: [Code A]
Direct Fax: [Code A]
Email: [Code A]

—Original Message—

From: Peter Swain [Code A]
Sent: 19 Sep 2002 10:12
To: Venessa Carroll [Code A] Paul Phillip [Code A]
Cc: Michael Keegan [Code A]
Subject: RE: Dr Barton

Venessa

Thanks. We will have to consider the tactics of this. Usually, we hear the substantive case first, and then assess on the basis of the findings whether others have a case to answer for not reporting concerns earlier. However, this runs the risk that witnesses in the substantive case will not give evidence for fear of incriminating themselves. We overcame this in the Bristol case by charging the Chief Exec at the same hearing as the other doctors.

We need some early dialogue with the instructed solicitors. Please keep me informed; I will want to attend all case conferences for this case.

Peter

—Original Message—

From: Venessa Carroll [Code A]
Sent: 19 Sep 2002 09:38
To: Peter Swain [Code A] Paul Phillip [Code A]
Cc: Michael Keegan [Code A]
Subject: Dr Barton
Importance: High

Peter and Paul

I have just spoken with Simon Tanner, Director of Public Health [Code A] at Portsmouth Health Authority regarding a further development in this case.

On Tuesday (17th) following the announcement about the CMO audit, ST met with Dr Barton to ensure that she was not working at the moment. Sir Liam Donaldson had indicated that voluntary restrictions on Dr's prescribing should be reintroduced. I understand that the vol undertaking had ceased following last decision of IOC to place no order. ST assured that Dr currently on sick leave.

Followign his mtg with Dr B, ST met with the staff at Gosport Hospital when 2 nurses handed over a dossier of files/letters which refer to concerns about the Dr's prescribing back as far as 1991 (as you know the current alleges relate to 1998). Included in the file are copies of minuted meetings, correspondence with the Royal College of Nursing and the Chief Executive. The report names individuals for example the CE of East Hants PCT. What this report suggests is that concerns were raised back as far as 1991 and people failed to act. By way of example, ST told me that the first page of the report which relates to a nurses mtg in 1991 refers to patients being given diamorphine when they had no pain, indiscriminate use of a syringe driver, and patients' deaths being hastened.

The report has been copied to the Police and the CMO and a copy will be sent to me.

I informed ST that the IOC is today considering Dr B's case and I would notify him, as well as Mike Gill, of the outcome.

Venessa

Your reference:
In reply please quote MK/2000/2047

**GENERAL
MEDICAL
COUNCIL**

Please address your reply to Conduct Case Presentation Section, CPD

Fax **Code A**

*Protecting patients,
guiding doctors*

19 September, 2002

Dr Peter Old
Acting Chief Executive
Hampshire and Isle of Wight
Practitioner & Patient Services Agency
Coitbury House
Friarsgate
Winchester
Hampshire SO23 8EE

*Dr Old has
left & been
replaced by
Dr Tanner at*

Code A

Dear Dr Old

I wrote to you on 11 July to inform you that allegations made against Dr Barton, who is contracted to your Health Authority, were to be considered by the Council's Preliminary Proceedings Committee.

As you are no doubt already aware, the Committee considered the matter at their meeting on 29 August 2002, following which they decided that the allegations, if proved, would amount to serious professional misconduct, and have therefore referred the matter to the Professional Conduct Committee. Further investigations will now be undertaken, and once these are complete, a hearing date will be fixed. We will notify of this date closer to the time.

Yours sincerely

Code A

Michael Keegan
Conduct Case Presentation Section

Direct Line **Code A**

Direct Fax: **Code A**

Email: **Code A**

Michael Keegan Code A

Subject: FW: Dr Barton

-----Original Message-----

From: Michael Keegan Code A
Sent: 19 Sep 2002 15:28
To: 'Chrystie, Judith'
Subject: RE: Dr Barton

Judith,

I can confirm that the IOC made no order today.

I am also able to confirm the proposed date, time and venue for the case conference.

Thanks

-----Original Message-----

From: Chrystie, Judith Code A
Sent: 19 Sep 2002 13:53
To: 'Michael Keegan' Code A
Subject: RE: Dr Barton

Dear Mr Keegan

Thank you for your email.

I am available on any day in week commencing 30 September 2002 but I am aware that Matthew Lohn would also like to be involved in the conference and he has a number of meetings already scheduled for that week. Are you, Venessa and Peter available on Thursday 3 October 2002 at 2.30pm?

Would it be possible for the meeting to take place at FFW offices? Unfortunately Matthew will have undergone two knee operations by the 3rd and it would make life (and pain!) considerably easier for him if we could hold the meeting here.

Please do call if you would like to discuss the matter.

Kind regards
Judith

Judith Chrystie
Professional Regulatory Group

Code A

Michael Keegan [Code A]

From: Michael Keegan [Code A]
Sent: 20 Sep 2002 09:17
To: [Code A]
Subject: Dr J A Barton

David,

Richard Clifford asked me to email you re: IOC referral for the above.

I can confirm that the IOC made no order.

Michael Keegan
 Conduct Case Presentation Section
 Direct Line: [Code A]
 Direct Fax: [Code A]
 Email: [Code A]

-----Original Message-----

From: Richard Clifford [Code A]
Sent: 20 Sep 2002 09:05
To: Michael Keegan [Code A]
Subject: FW: Notification of IOC referral

Michael

See below. Yet another person at the DoH wanting to know the outcome of Barton's case.

Could you reply.

Richard

-----Original Message-----

From: [mail] [Code A]
Sent: 20 Sep 2002 08:01
To: [Code A]
Cc: [Code A]
Subject: Notification of IOC referral

IN CONFIDENCE

Richard

Thank you for the notification of IOC referrals dated 17th September.

I should be pleased if you would let me know the outcome of the hearing yesterday into the case of Jane Ann Barton.

David O'Carroll
 Deputy Branch Head
 Health Regulation Bodies Branch
 [Code A]
 fax [Code A]

Michael Keegan Code A

From: Venessa Carroll Code A
 Sent: 20 Sep 2002 16:41
 To: Michael Keegan Code A
 Subject: FW: Dr Barton

Michael

Could you please make a note to call Mike Gill when we have dossier and to also let him know if its to go back to IOC.

Venessa

—Original Message—

From: Venessa Carroll Code A
 Sent: 20 Sep 2002 16:40
 To: Peter Swain Code A; Paul Philip Code A
 Cc: Michael Keegan Code A
 Subject: Dr Barton

Paul and Peter

Mike Gill has just phoned to check whether we have received the dossier from the Health Authority. If you have received this could you please let me know so we can confirm receipt.

He also asked that once we have read the dossier the case be referred back to IOC. I said I would keep him informed of any developments.

Thanks
 Venessa

I called Mike Gill 23/9/02 & confirmed receipt of Dr Simon Tanner's file of correspondence. I said I couldn't yet tell him if this would result in referral of case back to IOC but that I would inform him when I did know.

He indicated that local action may be taken to suspend Dr Barton.

Code A

23/9/02

E:\COMMITTEE\IOC\FOLLOWUP\SEPTEMBER\2002\BARTON-HA(2)

In reply please quote **ACE/JJC/VC/FPD/2000/2047**

Please address your reply to the Committee Section FPD

Fax

23 September 2002

Mr Peter Bingham
Chairman
Practitioner and Patient Services Agency
Coitbury House
Aldermaston Road
Basingstoke
RG24 9NZ

GENERAL MEDICAL COUNCIL

*Protecting patients,
guiding doctors*

Dear Mr Bingham

Dr Jane Barton
GMC Registration No: 1587920

I am writing to you in connection with Dr Barton.

The GMC's Interim Orders Committee (IOC) considered the case of Dr Barton at its meeting on 19 September 2002.

Dr Barton attended the meeting, and was legally represented.

After considering submissions from Counsel instructed by the GMC and also from Dr Barton's legal representatives, the IOC considered that it was **not** necessary for the protection of the members of the public, in the public interest or in Dr Barton's own interests to make an order affecting her registration.

Yours sincerely

Code A

Adam Elliott
Committee Section

Email:

Hampshire and Isle of Wight **NHS**
Health Authority

Oakley Road
Southampton
SO16 4GX

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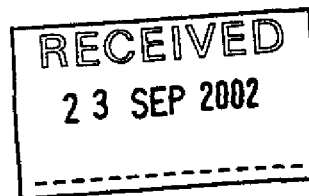
Tel: 023 8072 5400
Fax: 023 8072 5466
Direct Dial:

19 September 2002

www.hiow.nhs.uk

For the Attention of

Vanessa Carroll
Conduct Section
General Medical Council
178 Great Portland Street
London
W1W 5JE



Dear Vanessa

Dr Jane Barton

I enclose a file of correspondence, which was passed to the management of Fareham and Gosport Primary Care Trust by a member of staff on Monday, 16th September 2002.

I believe that the contents of the file have relevance to the ongoing enquiries at the General Medical Council.

If you have any queries about this, please contact me on

Yours sincerely

Code A

Dr Simon Tanner
Director of Public Health/Medical Director

Chair: Peter Bingham
Chief Executive: Gareth Cruddace

Syringe driver & Pain control courses attended.

Pain control and use of the Syringe driver
(Code A) 1 hour, 10/12/90.

Pain Management.
(Steve King) 2 hours, 20/8/91.

ENB 941 (Drug review – pain control, Article review – Use & Abuse of Syringe drivers) 1991 – 1992.

Psychological Aspects of care & Pain control
(E. Cole – Jubilee House) 1 day, 13/2/92.

RCN Palliative care update,
Sept 1992.

Administration of drugs in the community & community hosps.
(Miranda Knight & Barbara Robinson) 1 day, 7/3/94.

Palliative care group 'At a loss',
QAH 1 day, 7/11/94.

RCN UPDATE – ukcc Guidelines on drug administration & record keeping
½ day, 22/2/96.

Effective pain control & management
QAH Elderly med. 1 1/2 hours 27/11/98.

Syringe drivers & drug compatibilities

(Rhonda Cooper) 2 hours, 11/5/99.
Update into use of Opiates
(Code A) 1 hour, 26/8/99.

Palliative care issues including pain control
1 day, 12/5/00.

Summary of Meeting held at Redclyffe Annexe on 11.7.91

A meeting was arranged for the trained staff at Redclyffe Annexe following concern expressed by some staff at the prescribed treatment for 'Terminal Patients'

	Mrs. Evans	
<u>Present:-</u>	Sister Goldsmith	S/N Williams
	Sister Hamblin	S/N Donne
	S/N Giffin	S/N Tubbritt
	S/N Ryder	S/N Barrington
	S/N Barrett	E/N Turnbull

The main area for concern was the use of Diamorphine on patients, all present appeared to accept its use for patients with severe pain, but the majority had some reservations that it was always used appropriately at Redclyffe.

The following concerns were expressed and discussed:-

1. Not all patients given diamorphine have pain.
2. No other forms of analgesia are considered, and the 'sliding scale' for analgesia is never used.
3. The drug regime is used indiscriminately, each patients individual needs are not considered; that oral and rectal treatment is never considered.
4. That patients deaths are sometimes hastened unnecessarily.
5. The use of the syringe driver on commencing diamorphine prohibits trained staff from adjusting dose to suit patients needs.
6. That too high a degree of unresponsiveness from the patients was sought at times.
7. That sedative drugs such as Thioridazine would sometimes be more appropriate.
8. That diamorphine was prescribed prior to such procedures such as catheterization* - where dizepam would be just as effective. (S enoos !)
9. That not all staffs views were considered before a decision was made to start patients on diamorphine - it was suggested that weekly 'case conference' sessions could be held to decide on patients complete care.
10. That other similar units did not use diamorphine as extensively.

Mrs. Evans acknowledged the staffs concern on this very emotive subject. She felt the staff had only the patients best interest at heart, but pointed out it was medical practice they were questioning that was not in her power to control. However, she felt that both Dr. Logan and Dr. Barton would consider staffs views so long as they were based on proven facts rather than unqualified statements. Mrs. Evans also pointed out that she was not an expert in this field and was not therefore qualified to condemn nor condone their statements, she did, however, ask them to consider the following in answer to statements made.

/...

- 2 -

1. That patients suffered distress from other symptoms besides pain but also had the right to a peaceful and dignified death. That the majority of patients had complex problems.
2. If 'sliding scale' analgesia was appropriate in these circumstances, particularly when pain was not the primary cause for patient distress. That terminal care should not be confused with care of cancer patients.
3. The appropriateness of oral treatment at this time considering the patients deterioration and possibility of maintaining ability to swallow. The range of drugs available to cover all patients needs in drugs that can be given rectally together with patients ability to retain and absorb product.
4. It was acknowledged that excessive doses or prolonged treatment may be detrimental to patients health but was there any proven evidence to suggest that the small amounts prescribed at Redclyffe over a relatively short period did in fact harm the patients.
5. It could be suggested to Dr. Barton that drugs could be given via a butterfly for the first 24 hrs. to give trained staff the opportunity to regularise dose to suit patient.
6. That treatment sometimes needed regularising as patients condition changed - were staff contributing signs of patients deterioration to effects of drug? Few patients remained aware until the moment of death.
7. What was the evidence to suggest that thioridazine or any other similar drugs would be better.
8. Again, what was the objection to diamorphine being used in this way and how was diazepam better.
9. Mrs. Evans wholly supported any system which allowed all staff to contribute to patients care however, she could not see that weekly meetings were appropriate in this case where immediate action needed to be taken if any action was required at all.
10. What was the evidence to prove that these other units care of the dying was superior to ours, before any change could be taken on this premise it would need to be established that we would be raising our standards to theirs rather than dropping our standards to theirs.

It was evident that no one present had sufficient knowledge to answer these questions with authority, it was therefore decided that before any criticism was made on medical practice we needed to be able to answer the following questions.

- What effect does Diamorphine have on patients.
- Are all the symptoms that are being attributed to Diamorphine in fact due to other drugs patients are receiving, or even their medical condition.
- Is it appropriate to give Diamorphine for other distressing symptoms other than pain.
- Are there more suitable regimes that we could suggest.

/...

- 3 -

To try and find the answers to these questions Mrs. Evans would invite Kevin Short to talk to staff on drugs and ask Steve King from Charles Ward Q.A. if he would be prepared to contribute to discussion.

This would take time to arrange meanwhile staff were asked to talk to Dr. Barton if they had any reason for concern on treatment prescribed as she was willing to discuss any aspect of patient treatment with staff.

I hope I have included everyones views in this summary, as we will be using it to plan training needs, please let me know if there is any point I have omitted or you feel needs amending.

IE/LP
16.7.91

Confidential

REPORT OF A VISIT TO REDCLIFFE ANNEXE, GOSPORT WAR MEMORIAL HOSPITAL

AT 21.30 HOURS ON THURSDAY 31 OCTOBER 1991

BY

GERARDINE M WHITNEY, COMMUNITY TUTOR, CONTINUING EDUCATION

Purpose of Visit

The visit was in response to a request by Staff Nurse Anita Tubbritt to discuss the issue of anomalies in the administration of drugs.

Present

Staff Nurse Sylvia Giffin
Staff Nurse Anita Tubbritt
Enrolled Nurse Beverly Turnbull
Nursing Auxiliary Code A (Does not normally work at Redcliffe Annexe)
2 RGN's and 1 EN wished to but were unable to attend the meeting.

Background Information

The staff present presented the Summary of the Meeting held at Redcliffe Annexe on 11 July 1991 - appendix.

Problems Identified on 31 October 1991

1. Staff Nurse Giffin reported that a female patient who was capable of stating when she had pain was prescribed Diamorphine via syringe driver when she was in no obvious pain and had not complained of pain.
2. Staff Nurse Giffin reported that a male patient admitted from St Mary's General Hospital who was recovering from pneumonia, was eating, drinking and communicating, was prescribed 40 mg Diamorphine via a syringe driver together with Hyoscine, dose unknown, over 24 hours. The patient had no obvious signs of pain but had increased bronchial secretions.
3. Staff Nurse Tubbritt reported that on one occasion a syringe driver "ran out" before the prescribed time of 24 hours albeit that the rate of delivery was set at 50 mm per 24 hours.
4. The staff are concerned that Diamorphine is being prescribed indiscriminately without alternative analgesia, night sedation or tranquillisers being considered or prescribed.
5. Nurse Tubbritt reported that a female patient of 92 years awaiting discharge had i.m. 10 mg Diamorphine at 10.40 hours on 20.9.91, and a further i.m. 10 mg Diamorphine at 13.00 hours on 20.9.91, administered for either a manual evacuation of faeces or an enema.

6. There are a number of other incidents which are causing the staff concern but for the purposes of this report are too many to mention. The staff are willing to discuss these incidents.
7. It was reported by Staff Nurse Tubbritt that:
- a) 42 ampoules of Diamorphine 10 mg were used between 20 April 1991 - 15 October 1991.
 - b) 57 ampoules of Diamorphine 30 mg were used between 15 April 1991 - 15 October 1991 (24 of the 57 ampoules of Diamorphine 30 mg were administered to one patient, who had no obvious pain, between 9 September 1991 and the 21 September 1991).
 - c) 8 ampoules of Diamorphine 100 mg were used between 15 April 1991 - 21 September 1991 (4 of the 8 ampoules of Diamorphine 100 mg were administered to the patient identified in 7b above, between 19 September 1991 and the 21 September 1991).

Note - This patient had previously been prescribed Oramorph 10 mg in 5 ml oral solution which was administered regularly commencing on 2 July 1991.

The staff cannot understand why the patient was prescribed Oramorph and Diamorphine.

When the staff questioned the prescription with Sister they were informed that the patient had pain. The staff recalled having asked the patient on numerous occasions if he had pain, his normal reply was no.

Conclusion

1. The staff are concerned that Diamorphine is being used indiscriminately even though they reported their concerns to their manager on 11 July 1991 (appendix).
2. The staff are concerned that non opioids, or weak opioids are not being considered prior to the use of Diamorphine.
3. The staff have had some training, arranged by the Hospital Manager, namely:
 - The syringe driver and pain control
 - Pain control
4. Staff Nurse Tubbritt wrote to Evans the producers of Diamorphine and received literature and a video - Making Pain Management More Effective.

5. Staff Tubbritt is undertaking a literature on Pain and Pain Control.

Signed:

Code A

Time: 23.35 hours

G M Whitney
Community Tutor, Continuing Education

Date: 31 October 1991



PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

1-11-91

*Christa,
I am meeting Sue Frost this pm.
for her to check the Report. Will keep
you informed,*

Code A

Northern Parade Clinic
Doyle Avenue
Hilsea
Portsmouth
PO2 9NF

Tel: Portsmouth (0705) 662378

With Compliments



PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

COMMUNITY HEALTH CARE SERVICES

PORTSMOUTH CITY DIVISIONAL HEADQUARTERS
NORTHERN PARADE CLINIC
DOYLE AVENUE
PORTSMOUTH
PO2 9NF

Portsmouth (0705) 662378

Our ref:

Your ref:

Please ask for.....

GMW/PSE

4 November 1991

Mrs. Anita Tubbritt

Code A

Dear Anita

Report of a Visit to Redclyffe Annexe, 31.10.91

Herewith a copy of the above named report. I have given copies of the report to:

Mrs. Susan Frost, Principal Solent School of Health Studies, QAH.

Mr. W. Hooper, General Manager (West) Gosport War Memorial Hospital.

Mrs. I. Evans, Patient Care Manager, Gosport War Memorial Hospital.

Those who were present at the meeting.

I also wish to assure you of my support and help in this matter. Please do not hesitate to contact either Sue Frost or myself if you require any guidance.

Yours sincerely

Code A

Gerardine M. Whitney
Community Tutor, Continuing Education.

ENC.

**PORTSMOUTH AND SOUTH EAST
HAMPSHIRE HEALTH AUTHORITY**

COMMUNITY HEALTH SERVICES AND SMALL HOSPITALS UNIT

GOSPORT WAR MEMORIAL HOSPITAL
BURY ROAD,
GOSPORT,
HANTS. PO12 3PW
Gosport 524611 Ext.

Our ref:

Your ref:

Dear S.N Tubbritt.

Thank you for your letter dated 31.10.91 informing me of the meeting that took place on 31.10.91 with Gennie Whitney at Reddlyffe Annexe re the use of Diamophen at Reddlyffe Annexe.

May I take this opportunity to once more state that I am happy to discuss any areas of concern that staff may have, in fact I would welcome open discussion. ~~as I feel~~ as I feel the only alternative is disruptive criticism which achieves nothing positive and leaves staff feeling frustrated

Yours Sincerely.

Code A

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

MEMORANDUM

FROM: Mrs. I. Evans
Patient Care Manager
Gosport War Memorial Hospital

TO: See Distribution

Your Ref.

My Ref. IE/LP

7th November 1991

It has been brought to my attention that some members of the staff still have concerns over the appropriateness of the prescribing of Diamorphine to certain patients at Redclyffe Annexe.

I have discussed this matter with Dr. Logan and Dr. Barton who like myself are concerned about these allegations. To establish if there is any justification to review practice we have agreed to look at all individual cases staff have or have had any concerns over and then meet with all staff to discuss findings.

I am therefore writing to all the trained staff asking for the names of any patients that they feel Diamorphine (or any other drug) has been prescribed inappropriately.

To ensure everyones views are considered I would appreciate a reply from every member of staff even if it is purely to state they have no concerns, by 21st November.

I am relying on your full co-operation and hope on this occasion everyone will be open and honest over this issue so we are able to address everyones concerns and hopefully resolve this issue in a constructive and professional manner.

Code A

I. Evans

Distribution

Every trained member of Staff at Redclyffe Annexe

- copy to: Night Sister
- Dr. Logan
- Dr. Barton
- Mr. Hooper

visited
MRS Evans
to take
27/11/91 9:30 am.

WESSEX REGIONAL OFFICE

General Secretary:
Christine Hancock
BSc(Econ) RCN

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the Queen Mother
Her Royal Highness
the Princess Margaret
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8 Southgate Street
Winchester SO23 9EF
Telephone 0962 868332
Fax 0962 855819

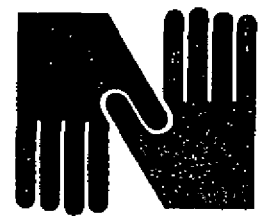
SB/FFO

Code A
(K. Murray)

22 November 1991

Mrs I Evans
Patient Care Manager
Gosport War Memorial Hospital
Bury Road
Gosport
Hants
PO12 3PW

ROYAL
COLLEGE OF
NURSING



Dear Mrs Evans,

I refer to your memorandum to staff at Redclyffe Annexe dated 7th November 1991 and Keith Murray's letter to you dated 14th November 1991. I believe it is important that I reinforce the RCN's position as indicated to you in Mr Murray's letter.

This office was aware of the concerns that had been expressed by staff earlier this year and other discussions that had taken place with yourself as the Manager. It had been understood that the concerns raised would be addressed and the RCN had anticipated that clear guidance/policy would be promulgated as a result of the very serious professional concerns Nursing Staff were expressing.

It is now a matter of serious concern that these complaints were not acted upon in the way that had been anticipated and that Management are, some months after those discussions now seeking formal allegations. I would reinforce Mr Murray's position that this is not acceptable and the RCN is not prepared to be drawn into what could emerge as a vindictive witch hunt that would divide Nursing Staff, Medical Staff and Management. The complaints were adequately reported to Management earlier this year and you have received further evidence by way of Gerrie Whitney's report dated 31 October 1991. We now expect a clear policy to be agreed as a matter of urgency.

If it is not possible for Management to achieve this, the RCN will need to seek further instructions from its membership to pursue this matter through the grievance procedure on the basis that Management have failed to manage this situation properly.

Yours sincerely

Steve Barnes
RCN Officer - Wessex

C.C: Keith Murray



Headquarters:
20 Cavendish Square
London W1M 0AB
Telephone 071-409 3333
Fax 071-355 1379

General Secretary:
Christine Hancock
BSc(Econ) RGN

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the Queen Mother
Her Royal Highness
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Countess of Snowdon

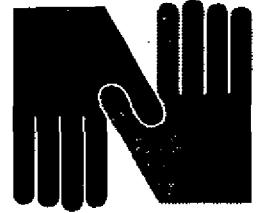
20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
Fax 071 355 1379

2nd December 1991

Anita Tubbritt,

Code A

ROYAL
COLLEGE OF
NURSING



Dear Anita,

Thank you for giving me the opportunity to speak to you over what I know is a very emotive and difficult subject.

As agreed at our meeting I have written to Chris West, District General Manager and enclosed a personal copy, I will keep you informed of any information as I receive it. I have spoken to Gerrie and also sent her a copy.

I would like to take the opportunity to reinforce the fact that you have the support of the RCN in this subject and if I can be of any more help please don't hesitate in contacting me.

With best wishes.

Regards,

Code A

Keith Murray

Branch Convenor

Code A

enc.



General Secretary:
Christine Hancock
BSc(Econ) RGN

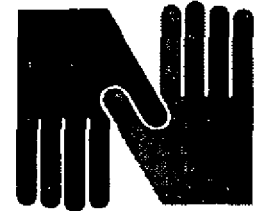
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20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
Fax 071 355 1379

20 December 1991

Mr C West,
District General Manager,
District Offices,
St. Mary's Hospital,
Milton,
Portsmouth,
Hants. PO3 6AD

ROYAL
COLLEGE OF
NURSING



Dear Chris,

I am seeking your advice on how best to resolve a problem which was brought to my attention in April 1991 but apparently has been present for the last 2 years.

I was contacted by a staff nurse who is currently employed on night duty in Redclyffe Annexe, her concern was that patients within Redclyffe were being prescribed Diamorphine who she felt did not always require it, the outcome being that the patient died. The drug was always being administered via 'syringe drivers'. It is fair to say that this member of staff was speaking on behalf of a group of her colleagues.

On my advice the staff nurse wrote to Isobel Evans, Patient Care Manager putting forward her requirements under the UKCC Code of Professional Conduct. Following this I had a meeting with Isobel Evans Patient Care Manager on the 26th April 1991, the outcome of this was that a 'policy' would be produced to specifically address the prescribing and administration of controlled drugs within Redclyffe. In addition a meeting would be held with the staff and Isobel where they could voice their concerns, this meeting took place on the 11th July 1991 and the minutes circulated, as these give a clear outline of the concerns of the staff I have enclosed a copy for your perusal.

Following the aforesaid meeting two study days on 'Pain Control' were arranged, as you will see from the minutes relating to the meeting of the 11th July 1991 some of the concerns voiced by the staff were that diamorphine was being prescribed for patients who were not in pain. These study days did temporarily alleviate the worries of the staff.

Regrettably the concerns of the staff have once again returned, one of the staff nurses who is currently on an ENB course was talking about this subject to Gerrie Whitney, Community Tutor, Continuing Education. Gerrie visited Redclyffe on the 31st October 1991 and subsequently wrote a report. Copies of her report were circulated to Isobel, Bill Hooper and Sue Frost, as I feel it is pertinent I have obtained Gerrie's permission to enclose a copy.



After receiving this report Isobel responded by sending a 'memo' (copy enclosed) to the trained staff at Redclyffe. As the 'concerns' had now apparently become "allegations" I wrote to Isobel voicing my concern on this point, also that she had to date not produced the policy to which we had agreed in April 1991. I also informed her that it was my view that unless I heard to the contrary a grievance would have to be lodged. To date Isobel has not responded.

I feel the staff have acted professionally and with remarkable restraint considering that it is fair to say that since highlighting their concerns there has been a certain amount of ostracization. After talking to the staff and thinking it through I now feel that a grievance may not completely resolve this issue. I have been told that it is only a small group of night staff who are 'making waves', this could be true as a majority of the day staff have left over the period of 2 years that this situation has been present, whether this was a reason for their leaving I am unsure.

I have various concerns, for the patients and subsequently their relatives, the staff in that they are working in this environment but also that this could be leaked to the media. While none of the staff or myself have any desire whatsoever to use this means there is serious concern from both myself and the staff that someone could actually leak this and I hope you know my feelings about the media and using it as a means of resolving problems. On this basis alone I hope you agree with me in that we have to address this issue urgently.

As I stated at the beginning I am seeking your advice on what I think you will now feel is a difficult problem. I must stress that none of the staff have shown any malice in what they have said and that their only concern is for the patient.

Your comments/advice would be greatly appreciated.

Yours sincerely,

Keith Murray

Branch Convenor

Code A

General Secretary:
Christine Hancock
BSc(Econ) RCN

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the Queen Mother
Her Royal Highness
the Princess Margaret
Countess of Snowdon

20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
Fax 071 355 1379

2nd December 1991

Beverley Turnbull,

Code A

ROYAL
COLLEGE OF
NURSING



Dear Beverley,

Thank you for giving me the opportunity to speak to you over what I know is a very emotive and difficult subject.

As agreed at our meeting I have written to Chris West, District General Manager and enclosed a personal copy, I will keep you informed of any information as I receive it. I have spoken to Gerrie and also sent her a copy.

I would like to take the opportunity to reinforce the fact that you have the support of the RCN in this subject and if I can be of any more help please don't hesitate in contacting me.

With best wishes.

Regards,

Code A

Keith Murray

Branch Convenor

Code A

enc.



PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

MEMORANDUM

FROM: Mrs. I. Evans
Patient Care Manager
Gosport War Memorial Hospital

TO: All trained Staff at Redclyffe
copy to: Night Sisters
Mr. W. Hooper
Dr. Logan
Dr. Barton

Your Ref.

My Ref. IE/LP

5th December 1991

Due to the lack of response to my memo of the 7th November Dr. Logan will be unable to comment on specific cases, however, we have arranged a meeting for all members of staff at Redclyffe who have concerns on the prescribing of Diamorphine on Tuesday 17th December at 2 p.m. to discuss the subject in general terms.

It is not our intention to make this meeting in any way threatening to staff, our aim is purely to allay any concerns staff may have so I hope everyone will take the opportunity to attend and help resolve this issue.

Code A

I. Evans

General Secretary:
Christine Hancock
BSc(Econ) RCN

Patrons:
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the Queen Mother
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the Princess Margaret
Countess of Snowdon

20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
Fax 071 355 1379

10th December 1991

Mrs I Evans,
Patient Care Manager,
Gosport War Memorial Hospital,
Bury Road,
Gosport,
Hants.,
PO12 3PW

ROYAL
COLLEGE OF
NURSING



Dear Mrs Evans,

I am receipt of a copy of the letter dated 5th December 1991 you have sent to Mr S Barnes RCN Officer.

As far as I am aware it is not the use of syringe drivers that is the cause of concern and I refer you to the minutes of the meeting that you produced after your meeting of the 11th July 1991 with the staff.

I further note that you are holding a further meeting with the staff "to once again re-address this problem". As you are fully aware of the issues which are causing the concerns from the staff the purpose of this meeting has to be doubtful. I refer you to the agreement following our meeting on the 26th April 1991 which was that a policy would be drawn up to address the issue of the concerns voiced by the staff. This has failed to materialise.

I would reaffirm the position as stated in my letter 14th November 1991 and reiterated by Mr Barnes in his letter dated 22nd November 1991 the serious concern in the lack of a positive response to what is considered a perfectly reasonable request from staff who have acted both professionally and with remarkable restraint. Furthermore that some seven months have passed since this issue was first drawn to your attention. Unless I receive a response in that a policy will be drawn up which clearly addresses all the concerns is received from the staff following your meeting I will be raising a grievance on behalf of the staff.

Yours sincerely,

Keith Murray

Branch Convenor

Code A

cc Mr S Barnes, RCN Officer - Wessex



General Secretary:
Christine Hancock
BSc(Econ) RGN

Patrons:
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the Queen Mother
Her Royal Highness
the Princess Margaret
Countess of Snowdon

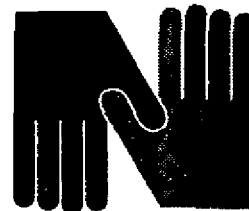
20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
Fax 071 355 1379

10th December 1991

Anita Tubbritt,

Code A

ROYAL
COLLEGE OF
NURSING



Dear Anita,

I enclose a copy of the letter I have sent Mrs Evans.

I think I have made it quite clear that unless you receive confirmation at your meeting that a policy will be drawn up which addresses all the concerns that you first brought to Mrs Evans attention back in July then a grievance will be lodged. If I hear from Chris West in the meantime I will naturally let you know immediately.

I hope my letter brings a positive response, the important thing at your meeting to remember is that you are the ones acting professionally and correctly, try to be assertive and don't be fobbed off. I will be thinking of you.

With best wishes.

Yours sincerely,

Code A

Keith Murray

Branch Convenor

Code A



General Secretary:
Christine Hancock
BSc(Econ) RCN

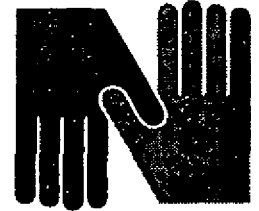
Patrons:
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the Princess Margaret
Countess of Snowdon

20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
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10th December 1991

Mrs I. Evans,
Patient Care Manager,
Gosport War Memorial Hospital,
Bury Road,
Gosport,
Hants.,
PO12 3PW

ROYAL
COLLEGE OF
NURSING



Dear Mrs Evans,

I am receipt of a copy of the letter dated 5th December 1991 you have sent to Mr S Barnes RCN Officer.

As far as I am aware it is not the use of syringe drivers that is the cause of concern and I refer you to the minutes of the meeting that you produced after your meeting of the 11th July 1991 with the staff.

I further note that you are holding a further meeting with the staff "to once again re-address this problem". As you are fully aware of the issues which are causing the concerns from the staff the purpose of this meeting has to be doubtful. I refer you to the agreement following our meeting on the 26th April 1991 which was that a policy would be drawn up to address the issue of the concerns voiced by the staff. This has failed to materialise.

I would reaffirm the position as stated in my letter 14th November 1991 and reiterated by Mr Barnes in his letter dated 22nd November 1991 the serious concern in the lack of a positive response to what is considered a perfectly reasonable request from staff who have acted both professionally and with remarkable restraint. Furthermore that some seven months have passed since this issue was first drawn to your attention. Unless I receive a response in that a policy will be drawn up which clearly addresses all the concerns is received from the staff following your meeting I will be raising a grievance on behalf of the staff.

Yours sincerely,

Keith Murray

Branch Convenor

Code A

cc Mr S Barnes, RCN Officer - Wessex



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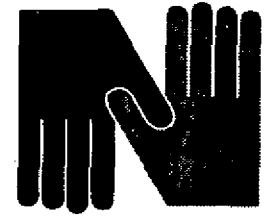
20 Cavendish Square
London W1M 0AB
Telephone 071 409 3333
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10th December 1991

Beverley Turnbull,

Code A

ROYAL
COLLEGE OF
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Dear Beverley,

I enclose a copy of the letter I have sent Mrs Evans.

I think I have made it quite clear that unless you receive confirmation at your meeting that a policy will be drawn up which addresses all the concerns that you first brought to Mrs Evans attention back in July then a grievance will be lodged. If I hear from Chris West in the meantime I will naturally let you know immediately.

I hope my letter brings a positive response, the important thing at your meeting to remember is that you are the ones acting professionally and correctly, try to be assertive and don't be fobbed off. I will be thinking of you.

With best wishes.

Yours sincerely,

Code A

Keith Murray

Branch Convenor

Code A



Notes of a Meeting held on Tuesday 17th December 1991 at Redclyffe Annexe for staff who had concerns related to the use of Diamorphine within the unit.

PRESENT

Mrs. Evans, Patient Care Manager *
Dr. Logan, Consultant, Geriatrician
Dr. Barton, Clinical Assistant
Sister Hamblin
S.N. Donne
S.N. Barrett
S.N. Giffin
S.N. Tubbritt
E.N. Wigfall
E.N. Turnbull

All trained staff were invited to the meeting if they were concerned with this issue, no apologies were received.

Mrs. Evans opened the meeting by thanking everyone for coming and highlighting the following:-

1. A staff meeting was held on 11th July 1991 to establish all staff's concerns re: the use of Diamorphine for terminal patients at Redclyffe Annexe.
2. A second meeting was held on 20th August where Steve King, Nurse Manager, Elderly Services Q.A.H. and Dr. Logan spoke to the staff on drug control of symptoms. The aim of this meeting was to allay staff's fears by explaining the reasons for prescribing. As no one challenged any statements at this meeting or raised any queries, it was assumed the problem had been resolved and no further action was planned.

A recent report from a meeting held with Gerrie Whitney, Community Tutor, indicated some staff still had concerns, so a further meeting was planned for 17th December 1991.

3. Staff were invited to give details of cases they had been concerned over but no information was received; it was therefore decided to talk to staff on the general issue of symptom control and all trained staff would be invited to attend.
4. This issue had put a great deal of stress on everyone particularly the medical staff, it has the potential of being detrimental to patient care and relative's peace of mind and could undermine the good work being done in the unit if allowed to get out of hand. Everyone was therefore urged to take part in discussions and help reach an agreement on how to proceed in future.
5. Staff were asked to bear in mind that the subject was both sensitive and emotive and to make their comments as objective as possible.

/...

- 2 -

As Mrs. Evans had presented staff's concerns she stated the problem as she saw it and invited staff to comment if they did not agree with her interpretation:-

1. We have an increasing number of patients requiring terminal care.
2. Everyone agrees that our main aim with these patients is to relieve their symptoms and allow them a peaceful and dignified death.
3. The prescribing of Diamorphine to patients with easily recognised severe pain has not been questioned.
4. What is questioned is the appropriateness of prescribing diamorphine for other symptoms or less obvious pain.
5. No one was questioning the amounts of Diamorphine or suggesting that doses were inappropriate.

All present agreed with these statements, no other comments were asked to be considered.

Mrs. Evans then reminded staff that at the July meeting it had been agreed that she neither had the authority or knowledge to write a policy on the prescribing of drugs, but she would be happy to talk to staff at the end of the meeting if any member of staff had concerns relating to the administration of drugs which was not amply covered by the District Drug Manual or U.K.C.C. Administration of Medicines. Dr. Logan then spoke to the staff at length on symptom control covering the following points:-

- a. First priority was to establish cause of symptom and remove cause if possible.
- b. Where appropriate the 'sliding scale' of analgesics should be used.
- c. Oral medication should be used where possible and when effective (this raised the issue of the availability of Hyoscine as an oral preparation).
- d. The aim of opiate usage was to produce comfort and tranquility at the smallest necessary dose - an unreceptive patient is not the prime objective.
- e. The limited range of suitable drugs available if normal range of analgesics not effective.
- f. That Diamorphine had added benefits of producing a feeling of well being in the patient.
- g. The difficulty of accurately assessing levels of discomfort with patients who were not able to express themselves fully or who had multiple medical problems. The decision to prescribe for these patients had therefore to be made on professional judgement based on knowledge of patients condition, to enable patient to be nursed comfortably.
- h. It was not acceptable for patients who are deteriorating terminally, and require 2 hrly turning, to have pain or distress during this process. They require analgesia even if they are content between these times.

/...

- 3 -

Following general discussion and answering of staff questions Dr. Logan stated he would be willing to speak to any member of staff who still had concerns over prescribed treatment, after speaking to Dr. Barton or Sister Hamblin. Comments raised during discussion were:-

- (a) All staff had a great respect for Dr. Barton and did not question her professional judgement.
- (b) The night staff present did not feel that their opinions of patients condition were considered before prescribing of Diamorphine.
- (c) That patients were not always comfortable during the day even if they had slept during the night.
- (d) There appeared to be a lack of communication causing some of the problem.
- (e) Some staff feared that it was becoming routine to prescribe diamorphine to patients that were dying regardless of their symptoms.

All staff agreed that if they had concerns in future related to the prescribing of drugs they would approach Dr. Barton or Sister Hamblin in the first instance for explanation, following which if they were still concerned they could speak to Dr. Logan.

Mrs. Evans stated she would also be happy for staff to talk to her if they had any problems they wanted advice on.

With no further points raised, Dr. Barton, Dr. Logan, Sister Hamblin and S.N. Barrett left the meeting to commence Ward rounds.

Mrs. Evans spoke to the remaining nursing staff.

Staff were asked if they felt there was any need for a policy relating to nursing practice on this issue. No one present felt this was appropriate. Mrs. Evans stated she was concerned over the manner in which these concerns had been raised as it had made people feel very threatened and defensive and stressed the need to present concerns in the agreed manner in future. She agreed with staff that there did seem to be a communication problem within the unit, particularly between day and night staff which had possibly been made worse by recent events. Mrs. Evans had already met with both the Day and Night Sisters in an attempt to identify problem and she advised staff to go ahead with planned staff meetings and offered to present staff's views from both Day and Night staff if they felt this would be useful. Mrs. Evans spoke to Sister Hamblin and S.N. Barrett the following morning to ask them to organise day staffs views and ask them to make every effort to ensure patients assessments were both objective and clearly recorded in nursing records.

Mrs. Evans would arrange a further meeting with both Night Sisters and Sister Hamblin following the staff meeting to ensure problems have been resolved with information handover from Day to Night Staff and vice versa.

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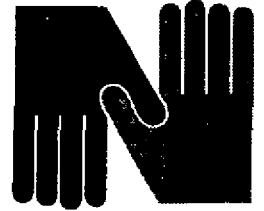
20 Cavendish Square
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11th January 1992

Mrs A Tubbritt,

Code A

ROYAL
COLLEGE OF
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Dear Anita,

I have now heard from Chris West District General Manager, in his letter Chris has passed the situation onto Max Millett Unit General Manager. I was at a meeting with Tony Horne General Manager, Community Unit who informed me that he had already spoken to Bill Hooper about the concerns that I had put in my letter to Chris West, Tony will be getting back to me in due course. I hope this is clear!

I know that after your last meeting with Mrs Evans your concerns may be alleviated, I still feel that the underlying problem is still there. I therefore hope that you agree with allowing this to run the course.

With best wishes for 1992.

Yours sincerely,

Code A

Keith Murray

Branch Convenor

Code A



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11th January 1992

Mrs Beverley Turnbull,

ROYAL
COLLEGE OF
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Code A



Dear Beverley,

I have now heard from Chris West District General Manager, in his letter Chris has passed the situation onto Max Millett Unit General Manager. I was at a meeting with Tony Horne General Manager, Community Unit who informed me that he had already spoken to Bill Hooper about the concerns that I had put in my letter to Chris West, Tony will be getting back to me in due course. I hope this is clear!

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With best wishes for 1992.

Yours sincerely,

Code A

Keith Murray

Branch Convenor

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