

From: [Code A]
Sent: 21 June 2006 10:58
To: [Code A]
Cc: Peter Swain [Code A]
Subject: Dr Jane Barton

Peter

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[Code A]

From: [Code A]
Sent: 28 July 2006 12:23
To: [Code A]
Cc: [Code A]
Subject: RE: OP Rochester..Gosport War Memorial Investigation.

Dear Det Supt Williams

Thank you for the update.

I look forward to receiving a further update once you have met with Treasury Counsel.

[Code A]

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

From: [Code A]
Sent: 28 Jul 2006 12:11
To: [Code A]
Cc: [Code A]
Subject: OP Rochester..Gosport War Memorial Investigation.

Code A

Dear [Code A] (GMC)/ [Code A] (NMC) /J [Code A] (SHA) David HORSLEY(H.M. Coroner)

Please find attached a family group update letter that I am sending today to relatives of the 10 remaining cases under investigation.

<<Operation ROCHESTER Family Group Update 28/7/2006.>>

All files have now been forwarded to the CPS and I am meeting with Treasury Counsel next week Wednesday the 2nd August to discuss the outcome.

We have also been interviewing (under caution) a consultant Geriatrician Dr Richard Ian REID in respect of 2 cases (of the 10 above) the deaths of Edith SPURGIN and Geoffrey PACKMAN. The final interview with Dr REID is being held on 8th August 2006.. The police investigation into these matters is then essentially complete.

Once the decision in respect of any prosecution is made (in my view not all of these cases meet the standard of evidence required to prosecute criminally and the public interest hurdle remains to be addressed) then we will need to get together to discuss further disclosure to the GMC and NMC.

I spoke with Dr BARTON's legal rep Ian BARKER last week, he confirmed that Dr BARTON was still adhering to the voluntary agreement not to prescribe Opiates

and Benzodiazepines.. She has however now taken a senior practice partner position at her surgery..

I will be in touch post 2nd August to discuss the way forward.. It may be appropriate to pull all stakeholders together to talk this through including the local Portsmouth Coroner Mr David HORSLEY.

Regards..

Dave WILLIAMS Det Supt..

Code A

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From: **Code A**

Sent: 15 February 2007 16:57

To: **Code A**

Cc:

Subject: Dr. Barton

Attachments: CAR_LIB1-#1779271-v1-
GMC_Barton_Case_Summaries&_Comments_14_2_07.DOC

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Code A

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Kind regards

Code A

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GENERAL MEDICAL COUNCIL AND **Code A**
CASE SUMMARIES AND COMMENTS

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GENERAL MEDICAL COUNCIL- DR BARTON

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From: Code A
Sent: 13 March 2007 10:54
To:
Subject: Code A

Code A

We have to be careful that we do not end up investigating every case that the Police rejected, or end up being used as a stick to beat the Police with. In Mr Stevens' case, the Police initially categorised it as being serious, then changed their minds without, apparently, getting a detailed expert report. Whilst I can justify asking you to carry out further investigations of Mr Stevens' case, I cannot justify asking you to carry out further work on Mr Wilson's case.

It is for Mr Wilson to obtain the relevant information from the Police, not for us to do so.

On another point, I have just received a telephone call from Ian Barker at the MDU who represents Dr Barton. During the conversation he asked that we disclose to him any information that we can on a piecemeal basis, which from his point of view will make it more manageable. I agreed that I would ask you to make such disclosures as you feel able to do so. However, having thought about it, we need to discuss a way forward in this case before any disclosures can take place, after all we do not at this stage know what we will use as evidence and what we will classify as unused material.

Code A

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

From: Code A
Sent: 13 Mar 2007 10:15
To: Code A
Subject: Dr. Barton

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Code A

I have been contacted by the relative of another former patient of Dr Barton, Mrs Purnell. I attach a copy of a letter received from the patient's son, Mr Wilson. The letter follows a recent telephone conversation with him.

He contacted me to ask whether I have any documents relating to his mother. When I spoke to him on the telephone, he indicated that he intended to make a complaint against the Police concerning their investigation of his mother's death.

On checking the position, I established that the medical records relating to Mrs Purnell were sent to us some time ago by the GMC (I assume that the Police had previously sent these documents to the GMC).

I explained to Mr Wilson that we only have the medical records and the files in our possession do not include any other documents relating to the Police's investigation. I also explained that currently I am looking at a total of 13 cases being the most serious cases (category 3) identified by the Police. I mentioned also that his mother's case is not included in the list of 13.

Having discussed the position with Mr Wilson, I understood that he would be contacting the Police directly to obtain any further information from them. However, you will see from the attached letter that he has written to me making a number of points about the Police's investigation. I am not in a position to comment on the points made, unless of course I write to the Police to request all the documents. You will see attached to Mr Wilson's letter a copy of a letter which the Police sent him on 6 September 2004. This refers to a categorisation of his mother's case in category 2 i.e. sub optimal care. Also enclosed with Mr Wilson's letter is a note which appears to have been made by one of the experts involved in the Police's review of the case. This gives very brief details to support a conclusion that Mrs Purnell received sub optimal treatment, but that Mrs Purnell would have died in any event without opiates being prescribed.

Would you please confirm that I am authorised to deal with Mr Wilson in the same way that I am dealing with the queries relating to Mrs Stevens i.e. by seeking copies of all the relevant documents relating to the assessment by the Key Clinical Team.

As a general observation, which concerns both this case and the case involving Mrs Stevens - I expect that we will obtain only a very brief synopsis of the experts' views. I do not expect to receive any detailed expert evidence relating to either case. If it transpires that sub optimal care is highlighted in either or both cases, I am not sure that a case examiner would have sufficient information on which to take a view. Further, more detailed expert evidence may be required, whereas in the 13 cases which I am already looking at, a number of detailed experts' reports have already been prepared.

I look forward to hearing from you.

Regards

Code A

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Field Fisher Waterhouse

Case Report
May 2008

