



Ms YEATS

V

GM1 00104401



GM1 00104401



GM1

DR BARTON



F7500001722293

lookout

File Reference **00083140**

Home Location IM Manchester

Owner Location Fitness to Practise

Subject **Case**


Case Number **2003/1509**

Complainant Emily Yeats Ms

Doctor Barton, Jane

Volume

Date Created 26/06/2003



00104401

transfer file

foolscap



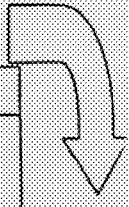
F26059

CONNECT

D - Case Direction

Casework Manager to complete:

<p>Treat as New Case</p> <p>Case to be taken managed by: -</p> <div style="border: 1px dashed black; padding: 10px; text-align: center; font-size: 2em; font-weight: bold;">Code A</div>	or	<p>Treat as General Correspondence</p> <p>Comments</p>
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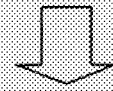


Go to signature page

<p>Take forward in accordance with casework manual</p>	or	<p>Close using criteria in SDF1 attached</p>
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For additional points to include in closure letter go to Comments on next page

Referral case that may require further discussion with local body/NCAA	
Treat as high priority	
Allow screener to consider early IOC referral	
Health concerns – pass to Health Section	
Refer for Initial Screening	



Go to 'Information to be collected'

Medical Records	
Expert opinion	
Contact Trust/HA to establish level of local investigation (if not done already by CWM)	
Details of correspondence with NHS or other party	
Other information to be collected (please list)	

Additional comments

Tracing delayed due to papers being reviewed by CCPS as they have a case on St Barton.

Explain that, due to the legal framework within which we operate, we are ^{usually} unable to act upon complaints received from third parties.

Advise complainant that her sister's family friend will need to ^{personally} contact the care with her concerns.

Open as a new case and close if no contact is forthcoming.

Signature of Casework Manager

Code A

25/6/03

Screening decision form
Section 1
Consideration by the Registrar:
to determine whether enquiry is a complaint
Completed by the Office

GENERAL
MEDICAL
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*Protecting patients,
guiding doctors*

FPD enquiry reference

2	0	0	3	1	5	0	9	0	1
---	---	---	---	---	---	---	---	---	---

Date

2	6	0	6	0	3
D	D	M	M	Y	Y

Dr's name Jane Barton

- 1.1 Is the enquiry about a doctor?
Yes → Q1.2
No → Q1.10a
- 1.2 Has the doctor been charged or convicted?
Yes → Q1.3
No → Q1.4
- 1.3 Is the offence a minor motoring offence **not** involving drugs or alcohol?
Yes → Q1.10a
No → SDF 3
- 1.4 Did the event(s) complained of occur more than five years ago?
Yes → Q1.10a
No → Q1.5

- 1.5 Is the enquiry **only** about the following?
If multiple options apply, only tick the box for the main option
- a. Concerning fees charged for private treatment/service
 - b. Delay of less than six months in providing a single medical report
 - c. The doctor's profession is incidental to the matter, e.g. a dispute between neighbours, one of whom happens to be a doctor
 - d. Objections to the contents of medical reports or records where there is no suggestion that the doctor acted unreasonably
 - e. Irrational / incoherent enquiry
 - f. Patently frivolous/trivial non-clinical matters, e.g. doctor a few minutes late for a routine appointment
 - g. Doctor failed to take up a post following a verbal agreement to do so, but gave two weeks' notice or more
 - h. A complaint from a third party where it is clear that the principal party does not want to pursue the matter, and no other reason for proceeding

If any tick here go to Q1.10a

- i. A doctor's immigration status
- j. The level or quality of service provided by a healthcare organisation where there is no suggestion that the doctor is directly responsible
- k. Removal from a GP list where there is no suggestion that the doctor's decision was unfair or contravened GMC guidelines
- l. Practice or Departmental disputes where there is no suggestion that patients are being put at risk
- m. Failures in local complaints handling procedures
- n. Correspondence is a copy letter which does not specifically request GMC action
- o. The correspondent is explicitly seeking only an apology
- p. Anonymous complaint where there is no reason to suspect that the doctor is an immediate threat to patients

If any ticks here go to Q1.10a

No, none of these

Q.1.6

1.6 Is the enquiry from a person acting in a public capacity (or on their behalf)?

- Yes →
 No →

SDF 2
Q1.7

1.7 Is the enquiry about any of the following?
If multiple options apply tick the box for the main option

- a. a doctor working in the NHS
- b. an assessment carried out by SchlumbergerSEMA
- c. a doctor working in private practice
- d. access to health records
- e. [In England, Wales or Northern Ireland] compulsory admission under the Mental Health Act and/or treatment received thereafter
- f. [In Scotland] care or treatment given to those suffering from mental disorder
- g. none of these →

If any ticks here go to Q1.8

Q1.9

1.8 Is there any reason to believe that the enquirer has already referred this matter to the appropriate complaints' handling body and exhausted that body's procedures before writing to the GMC?

- Yes →
 No →

Q1.9
Q1.10a

1.9 [NOTE: before the caseworker proceeds to seek consent etc. from the enquirer, where necessary, under the following section, he or she should consider whether this case should be referred to screeners under the initial screening procedures for treatment-related cases using SDF section B]

Is the enquirer willing to:

a. Identify the doctor(s)?

Yes →

Q1.9b

No →

Q1.10a

b. Allow the GMC to disclose this to the doctor(s)?

Yes →

SDF 2

No →

Q1.10a

If any answers are unknown, request further information from the enquirer before completing this section and progressing to Section 2. This can include requesting information for medical screening.

1.10a Is there any other reason why the enquiry should be seen by the Medical Screener?

Yes →

Q1.10b

No →

Q1.11

1.10b Please say why briefly (or append separate note)

.....
.....
.....
.....

} SDF 2

1.11 Declaration and certificate to close enquiry

Completed by Caseworker

I certify that I have processed this case in accordance with the instructions approved by the Screeners and that the information on this form matches that on the FPD system.

Signature Date

Name

Completed by Casework Manager

I have examined this case. I certify that in my opinion there are no grounds to seek information about the doctor's fitness to practise from a source other than the complainant. I am satisfied that this case may be closed.

Signature Date

Name

Case Direction Form – CDF 1

Casework Assistant to complete sections A, B + C and pass to Casework Manager.

A – Doctor Identification

Doctor's Name: Jane Barton

Doctor details from complaint (please circle):
 Initials* Full name Surname Surname &
 Work address Home address Registration number Other

Is this enough for a full match identification? (please circle) Yes / No

Date	Initials
<u>17/6</u>	<u>KM</u>

If no, please follow the steps below:

Action (as appropriate)	Date	Initials	Full match (Y/N)
1. Integrated registration system (IRS) check	<u>17/6</u>	<u>KM</u>	<u>Y</u>
a. Full name			
b. Surname only			
c. Surname spelling alternatives (please specify below):			
d. Names in reverse order			
2. Medical directory check (a; b; c; d as above)			
3. Tel. HA, Trust, hospital, clinic or GP practice			
4. Request RD team check			

If full match

- is the doctor aware of complaint through our ID enquiries?
- is the complaint about a Council member?

Yes / No

Yes / No

- confirm alarm code added to doctor's IRS record
- confirm print-out of doctor IRS record on file

Date	Initials
<u>17/6</u>	<u>KM</u>

If no full match – please outline current doctor ID status: Full Reg -

B - Doctor previous history - FPD system search

Action	Date	Initials	
Any previous FPD history (please circle)?	Yes / No	17/6 km.	
If yes, current status (please circle)?	Open / Closed / Both	" "	
Please record details of case(s) below:			
Case number	Case stage	Caseworker name	Name of Complainant
2000/2047	Code A	PCC	Hampshire Constab
2002/0553	Closed IS	Code A	Mrs Ann Reeves
2002/0941	PCC		Mrs M Jacobsen
2002/1345	Collection of Info		Mrs R Carby

C - Complainant previous history - FPD system search Miss Emily Yeats

Action	Date	Initials	
Any previous FPD history (please circle)?	Yes / No	17/6 km.	
If yes, current status (please circle)?	Open / Closed / Both		
Please record details of case(s) below:			
Case number	Case stage	Caseworker name	Name of Complainant
If other closed cases exist, order file(s) from Sentinel		Date	Initials
Name of CWA	Code A	Date	17/6/03



UID	Code A		Address		
Family Name	Barton	Date Of Birth	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <h1>Code A</h1> </div>		
First Name	Jane	Sex			Woman
Title	Dr <input type="checkbox"/> Include In Med Reg	Communication Log Electronic Contact Details Quick Address			
Register Name	Barton, (Mrs) Jane Ann				Town/City
Other Names	Ann	Reg. Status			Full registration
Post Nominals		PMQ	BM BCh 1972 Oxf	County	
		Certificate	Fully registered medical	Post Code	
				Country	United Kingdom

More Details | **Quals.** | Certificate | Affiliations | Tests | Examiner | Booking

Corres. Name	Dr. J. A. Barton	Nationality (1st)	Not Known	PMQ Language	
Salutation	Dr Barton	Nationality (2nd)		List Type	Principal List
Previous Name		Ethnic Origin			
Constituency	England	1st Language			

Individual Type

Doctor

Specialist Register

Specialty	Sub Specialty	Date of Entry

[More Contact Info](#) | [Alarms](#)

Brown File Labelled 2003/1509 Ms Yeats v Dr Barton

Document	Relates to
Correspondence between Miss Yeats and GMC re complaint against Dr Barton	

Code A

*Alcag
R21
Rec'd
11/6/03*

02 June 2003

General Medical Council
178 Great Portland Street
London
W1W 5JE

Dear Mr **Code A**

RE: Jane Barton – Gosport War Memorial

I am writing further to our recent telephone conversation during which I expressed further concerns about Dr Jane Barton. I have also spoken to Owen Kenney from Hampshire Constabulary who advised me to contact you as the issues raised are of serious concern.

I have recently been given some information which I consider to be of the utmost urgency. A friend of my sister's family is a patient of Barton at her surgery. She recently visited the surgery with a mouth abscess and was given drugs from Barton's desk drawer. No prescription was given and only three days supply was given. When the patient went to the emergency dentist at Queen Alexandra hospital she was further told that the drugs given were the wrong kind for the treatment of mouth abscesses.

Of most concern to me is the holding of drugs in her surgery, in her desk drawer no less, and giving them without a prescription. I am led to believe that this is NOT normal practice and considering the seriousness of the criminal investigation which is currently under way I am surprised that this is happening. It also raises concerns as to what other drugs may be held in the surgery which may have more harmful consequences if given to patients without prescription?

The person concerned is not, at this stage, willing to make a complaint herself. As she is not fully conversant with the problems with Jane Barton she is not aware of the implications of her actions. However, I AM concerned and I am bringing this to your attention as I cannot stand by knowing that this is taking place. I am expecting this to be thoroughly investigated, particularly in light of the problems already noted with Barton and her actions. I will take this further if necessary.

I look forward to hearing from you soon.

Yours sincerely

Code A

Miss Emily Yeats

Your reference

In reply please quote LE/FPD/2003/1509

Fax 020 7 915 3642

26 June 2003

Confidential

Miss Emily Yeats

Code A

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

Dear Miss Yeats

Thank you for your letter of 2 June 2003. Your correspondence is being considered and we shall write again as soon as possible.

Your case has been allocated the following reference number **2003/1509**. It would be very helpful if you could quote this reference number whenever you write or speak to us.

Yours sincerely

Code A

**Casework Assistant
Fitness to Practise Directorate**

Code A

Your reference

In reply please quote LE/FPD/2003/1509

2 July 2003

Miss E Yeats

Code A

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

Dear Miss Yeats

I write further to the information you provided us with concerning Dr Barton following your telephone conversation with my colleague **Code A**

I have enclosed a leaflet which explains our remit and how we assess complaints that I hope you will find helpful. As you know the role of the GMC is to maintain the medical register and we can only take formal action against a doctor in response to a complaint about a doctor's conduct or performance, where there is information which suggests that his or her behaviour or conduct has been so poor that removal or restriction of his or her right to continue in medical practice may be justified. The Medical Act 1983 (as amended) describes behaviour of this sort as 'serious professional misconduct' ("SPM") or 'seriously deficient performance' ("SDP").

Due to the legal framework within which we operate, we are usually unable to act upon complaints received from third parties. I would suggest that your sister's family friend contact us personally with her concerns in order that we can consider this matter further. I would be grateful if she would contact me within the next three weeks should she wish to pursue a complaint.

If you have any questions, or would like any further information, please telephone me on the number given below. It would be very helpful if you could quote the following reference number – LE/FPD/2003/1509 - when you write or speak to us.

Yours sincerely,

Code A

**Caseworker
Fitness to Practise Directorate**

Code A

GENERAL MEDICAL COUNCIL

*Protecting patients,
guiding doctors*

How do we deal with complaints?

About us

We give doctors their licence to practise medicine in the United Kingdom. We were set up to protect patients and guide doctors. We do this by:

- Promoting good medical practice;
- Keeping an up to date register of qualified doctors;
- Promoting high standards of medical education; and
- Taking action if we have doubts about whether a doctor should stay on the register.

Our legal powers

We have been given legal powers by Parliament which cover doctors in all branches of medicine, including hospital and general practice, whether in the NHS or in private practice.

We consider very carefully every enquiry we receive to see whether it is something we are able to deal with; we may not have the power to deal with some, while others may be dealt with in a better way by another organisation, such as the NHS. We cannot generally take action if the events being complained of occurred more than five years ago.

How will complaints be dealt with?

If we decide a complaint is something we can deal with, we may need to gather further information before a final decision can be taken.

Once we have the complainant's permission to do so, the complaint will be sent to the doctor for any comments. The doctor is not under any obligation to comment, but any comments received will be shown to the complainant who can provide any further observations they have. Those will be sent to the doctor who has a final chance to respond.

The complaint will then be assessed by one of our medical screeners; these are medical members of the GMC appointed to consider complaints.

What if we decide not to take action?

If the medical screener does not think that we should take the complaint forward, the complaint must be sent to a lay (non-medical) screener. Only if the lay screener agrees will the complaint be closed. We may conclude the case by taking no further action or by sending a doctor a letter about their future practice. If the lay screener disagrees with the medical screener, the complaint will go forward.

If we decide to take no action, the complaint will be held on our files for up to three years and may be re-opened if we receive another complaint about the same doctor within that time.

What if we decide to take action?

If the medical or lay screener decides we should take action, the law gives us three ways to take the complaint forward. These are:

- the conduct procedures
- the performance procedures
- the health procedures

If a complaint progresses to one of the above stages, further information will be provided to explain the procedures in more detail.

What if a doctor poses an immediate risk?

We have powers to restrict or suspend a doctor's registration on an interim basis if, on the information available, it appears that the doctor faces allegations of such a nature that it may be

- necessary for the protection of members of the public, or
- otherwise in the public interest, or
- in the interests of the doctor,

for the doctor's registration to be restricted whilst those allegations are resolved. As well as the protection of the public, the public interest includes:

- preserving public trust in the profession.
- maintaining good standards of conduct and performance.

Further information

Further information can be obtained from our website at www.gmc-uk.org, our Screening section on 020 7915 3603 or, if we have written to you previously, by telephoning the number given at the foot of the letter.

Miss Emily Yeats

Code A

09 July 2003

General Medical Council
178 Great Portland Street
LONDON
W1W 5JE

Dear **Code A**

Reference: LE/FPD/2003/1509

I am writing in response to your letter dated 02 July 2003 regarding my complaint against Jane Barton.

I am surprised that you are unwilling to pursue this matter unless my sister's friend makes a direct complaint to yourselves. As I explained in my initial correspondence, this person is unwilling to make a complaint. Not only is she happy to be getting free prescriptions, she does not appreciate or understand the seriousness of the actions of Jane Barton, and the wider issues concerning this doctor.

Your letter states that you do not "usually" act on complaints by third parties. Does this mean that there are exceptions to this? In light of the seriousness of outstanding complaints against Jane Barton and the ongoing criminal investigation that is currently taking place, which the GMC are fully aware of, I would have thought that you would have shown slightly more concern than you have done.

I have discussed your letter with Owen Kenney from Hampshire Constabulary and with other members of the Gosport War Memorial Action Group. It would appear that there is little else I can do at this stage as you are unwilling to investigate the serious issues raised because they have come from a third party. However, I have brought this matter to your attention and your failure to act has been noted. I am sure that as the investigations into Jane Barton continue issues like these will enter the public domain, at which point it will be up to yourselves to justify your lack of interest. I only hope that there are no serious repercussions of Barton's actions if she continues with this practice and an innocent person is not affected. Copies of all our correspondence have been forwarded to Hampshire Constabulary.

Please contact me if you wish to discuss this matter further.

Yours sincerely

Code A

Miss Emily Yeats

Code A

Please quote: MP/FPD/2003/1509

15 July 2003

Miss E Yeats

Code A

**GENERAL
MEDICAL
COUNCIL**

*Protecting patients,
guiding doctors*

Dear Miss Yeats

Thank you for your letter of 9 July 2003 to my colleague **Code A**. I have been asked to reply on her behalf.

I am sorry if my colleague's letter to you of 2 July was not clear. However, I can only reiterate that we operate within a statutory framework that does not allow us to proceed with complaints from third parties in most circumstances. The exception would be complaints where the evidence available were of a standard that we could demonstrate beyond reasonable doubt that an issue of serious professional misconduct or seriously deficient performance existed on the part of a doctor.

As we have explained, our role is to licence doctors to practise in the United Kingdom. We provide guidance to doctors about what constitutes good medical practice, though not all alleged breaches of that guidance will warrant action by us. We take action against a doctor where their behaviour justifies our restricting or removing their right to practise medicine.

Your complaint is that a friend of your sister went to see a doctor and was apparently given some drugs from the doctor's draw. You were not present at the consultation and you have not provided any substantiation of your complaint. Therefore, as the patient herself is unwilling to proceed, it is difficult to see how your complaint in itself could justify formal action by the GMC against the doctor, or how we could obtain sufficient evidence to allow us to take such action.

Our previous letter did not suggest that we were unwilling to pursue the matter further, or that we were disinterested. We invited you to provide us with further information that would allow us to look into the matter. I am unsure what role the Hampshire Constabulary or the Gosport War Memorial Action Group have in this matter – if they can provide substantive evidence they are welcome to contact us.

However, without information that demonstrates that we should restrict or remove Dr **Code A** right to practise medicine we will be, sadly, unable continue with your complaint.

Yours sincerely

Code A

Caseworker
Fitness to Practise Directorate

Code A