GMC100914-0001

Scanned docs checked

DR J. A. BARTON

GM1 00112112

GM1

CINTAS

Correspondence

File

Case #
2000/2047/02

2000/2047

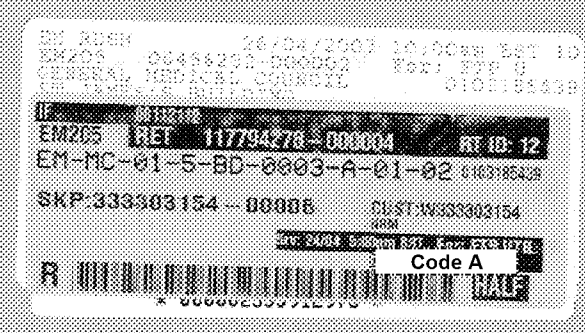
Vol. III

e

File Reference	00027029
Home Location	IM Manchester
Owner Location	Fitness To Practise
Subject	Case
Case Number	2000/2047
Complainant	Wilson M E Mr
Doctor	Barton, Jane A
Volume	3
Date Created	14/02/2000

00112112

2000/2047 DR J. BARTON III



SAP Back Scan Exercise

Case File Number 2000/2047.

Doctor Number 1587920

Date Sent to DV 8

Booked Out By **Code A**

Date Returned from DV 13/12

Booked In By

Comments

initiative office products

Colours available:	
Colour	Ref. Code
Blue	SS7089
Buff	SS7092
Green	SS7093
Orange	SS7090
Pink	SS7091

Code A

From: Code A
Sent: 16 Mar 2006 11:32
To: Code A
Subject: Phone call

Hi

You had a phone call from Gillian Mackenzie. She said she had a 3hr IPCC meeting in London. It was frank, constructive and instructive. You can await her complaint about senior officers of the Hampshire constabulary about the way her case has been handled.

CPT DOCUMENTS BEGIN

FITNESS TO PRACTISE DIRECTORATE

CONDUCT & REFERRALS

TELEPHONE MESSAGES

Call taken by: Code A	
Date: 16 January 2006	Time: 13:00
Name of caller: Hampshire Police (Operation Rochester)	Caller's status: (eg MP, patient's mother)
'Phone number of caller: Code A	Address of caller: (if necessary)
Doctor(s) complained/enquired about Dr Jane Barton	If we have file already open - file reference: 2000/2047

Summary of 'phone call:

1. I called Operation to ascertain whether Police had interviewed Dr Barton. I was informed that she had been but that the Police were reluctant to disclose any further details at this time.

For next action by:

Code A

From: Code A
Sent: 09 May 2005 10:55
To: Paul Philip Code A
Subject: RE: Gosport

Paul

I will draft a letter for Code A signature today.

Code A

-----Original Message-----
From: Paul Philip Code A
Sent: 06 May 2005 15:34
To:
Cc: Code A
Subject: Gosport

Where are we on getting advice from Code A on the police response please?

Paul

Sent from my BlackBerry Wireless Handheld

FITNESS TO PRACTISE DIRECTORATE

CONDUCT & REFERRALS

TELEPHONE MESSAGES

Call taken by: Code A

Date: 13 March 2006	Time: 11:45
Name of caller: DC J Quade	Caller's status: (eg MP, patient's mother) Hampshire Police officer
'Phone number of caller: Code A	Address of caller: (if necessary) Hampshire Police, Major Crime Unit, Fareham Police station
Doctor(s) complained/enquired about Dr Jane Barton	If we have file already open - file reference: 2002/0941

Summary of 'phone call:

1. The Police Officer called regarding Dr Barton's registration status, as they had tried to access her registration details online without success.

2. I explained our procedure in respect of FPD 02 alarms and our statutory duty to notify employers of FtP action against a doctor. I also confirmed that Dr Barton did not have any restrictions on her registration at that time.

3. I explained that the GMC were due to review Dr Barton's case later this week and asked that a report updating us as to the current stage of the Police investigation be sent to me by email prior to Thursday's hearing. I asked that Kate Robinson be asked to provide such a report, as she has been in regular contact with the GMC in this case and is aware of the issues that concern the GMC regarding the time it has taken to progress the Police case.

4. I was assured by DC Quade that such a report would be provided.

For next action by: Chase up report on 16 March if not already received.

June 06 - Aug 08

CPT FILE
(Lon)

CPT DOCUMENTS BEGIN

DC Stark

HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MCIPD
Chief Constable

Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 ONA

Our Ref. Op Rochester

Your Ref.

Code A

7th December 2005

Code A
General Medical Council
350 Euston Road
London
NW1 3JN

Dear Code A

Re: Operation Rochester

I thought it might be appropriate to write to you and provide you with an update as to our ongoing investigation.

As you are aware, we have been conducting an investigation into a number of deaths at the Gosport War Memorial Hospital (GWMH). During the course of the investigation the number of deaths has risen to allow for cases being belatedly brought to our attention. So far, we have reviewed in excess of 90 deaths.

From our previous discussions, you are aware that each of the cases is reviewed by a team of experts in order to consider that treatment and identify the appropriateness or otherwise of that treatment. This has allowed our investigation to focus on those cases that provoked the most concern to our team of experts. These cases were then subjected to an evidential examination by alternative experts. Whilst we have been undertaking that process, we have also been interviewing, on a case by case basis, a Doctor from the GWMH.

We have submitted a number of these specific cases to the Crown Prosecution Service for their consideration. We anticipate that we will have submitted all of the cases that provoke the more serious concern to the CPS by the end of this year, or the very early part of the New Year.

In the meantime, we have set about providing both your body and the Nursing and Midwifery Council with copies of all the cases reviewed by our experts, where the treatment received by the various patients was considered to be optimal or sub-optimal. To date, I understand that we have delivered the notes of 80 patients to your offices.

Our criminal investigation is very much ongoing and is likely to continue into the early part of next year.

I hope the above information is sufficient by way of an update. I will, of course, seek to answer any specific question you may have. In addition, either David Williams or I will be only too happy to meet with you to discuss this matter further, should you think that is desirable.

If I can assist you any further, please do not hesitate to contact me again.

Yours sincerely

Code A

Nigel Niven
Deputy SIO

HAMPSHIRE Constabulary

Code A

CONFIDENTIAL

Our Ref. : Operation Rochester
Your Ref. :

Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 0NA

Tel: 0845 045 45 45
Direct Dial: Code A
Fax:
Email:

Code A
General Medical Council,
Regents Place,
350 Euston Road,
London.
NW1 5JE

25 November 2005

Dear Code A

Please find enclosed the contact details for the family group members in relation to the patient files delivered to you on 21st November 2005.
For your information, Mr Leslie Hall did not wish for any police action to be taken and Miss Margaret Brennan had no concerns about her mother's treatment.

Yours sincerely,

Code A

Kate Robinson.
DC Code A
Operation Rochester.

CONFIDENTIAL

21 October 2005
For Immediate Release

IPCC Publically apologises to six complainants

The Independent Police Complaints Commission has today issued an apology to six complainants, who complained in 2002 about an investigation by Hampshire Police.

The complaints were against the investigation by Hampshire Police of allegations of unlawful killing against Gosport War Memorial Hospital. The case was inherited by the IPCC from the Police Complaints Authority when it was set up on 1 April 2004.

IPCC deputy chair John Wadham said: "The usual high standards that the Commission has set itself have not been applied in this case and I wish to publicly apologise to the complainants for that.

"There have been a number of problems with the way that this case has been handled, not least the unacceptable length of time it has taken.

"I have also today offered to meet with all the complainants with IPCC Commissioner Rebecca Marsh, who has recently been given responsibility for this case.

"We will assure the complainants that the IPCC will now move quickly to deal with their complaints.

"Rebecca Marsh will also be reviewing the handling of this case."

-ends-

Notes for editors

- The IPCC is the body with overall responsibility for the police complaints system in England and Wales. It has the task of increasing public confidence in the system and aims to make complaints investigations more open, timely, proportionate and fair. The 17 IPCC Commissioners guarantee the independence of the IPCC and by law can never have served as police officers.
- Since April 1 2004 the IPCC has used its powers to begin 62 independent and 222 managed investigations into the most serious complaints against the police. It has also set new standards for police forces to improve the way the public's complaints are handled. Since 1 April 2004 it has upheld 363 appeals (out of 1102 valid appeals) by the public about the way their complaint was dealt with by the local force.
- The IPCC is committed to getting closer to the communities it serves. It has regional offices in Cardiff, Coalville, London and Sale plus a sub office in Wakefield. Commissioners are regionally based and supported by 84 independent investigators, as well as case workers and specialist support staff.
- The IPCC web site is constantly updated at www.ipcc.gov.uk or members of the public can contact the IPCC on 08453 002 002.

For further information please contact:

David Nicholson, IPCC Press Officer on 020 7166 3250 or the out-of-hours duty press officer on 07717 651157.

HAMPSHIRE Constabulary

Chief Constable Paul R. Kernaghan CBE QPM LL.B MA

CONFIDENTIAL

Our Ref. : Operation Rochester
Your Ref. :

Code A
General Medical Council,
Regents Place,
350,Euston Road,
London,
NW15JE

Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 0NA

Tel: 0845 045 45 45

Code A

10th October 2005

Dear Code A

Please find enclosed the contact details for the family group members in relation to the patient files delivered to you on 29th September 2005.

Yours sincerely,

Code A

Kate Robinson
DC Code A
Operation Rochester.

Ernest J Stevens

Code A

19 August 2005

Dear Code A

Following my Fathers recent telephone conversation regarding the death of my Mother (Mrs Jean Irene Stevens), on 22nd May 1999 at the War Memorial hospital.

My Father and I are unhappy with the decision of my Mothers death being accidental, as we were originally told she had been categorised as a level 3, most serious case. There was also concern for possible negligence clinical abuse.

Thank you for agreeing to help my Father and I bring closure at this sad time.

Yours Sincerely

Code A

June Bailey.

HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MCIPD
Chief Constable

Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 ONA

Mr Stevens

Code A

21st July 2005

Dear Mr Stevens,

The purpose of this letter is to set out, in order, the investigation relating to your late wife's treatment at the Gosport War Memorial hospital (GWMH) prior to her death in May 1999.

Can I remind you of the sequence of events.

Operation Rochester was commenced in 2002 in order to investigate concerns raised by a number of families regarding the circumstances of relatives whilst patients at the GWMH. You reported your concerns to us on 16th September 2002.

As you may remember, on the 6th Jan 2003 the Police obtained the medical records relating to Mrs Stevens, from the Gosport War Memorial Hospital. These records were copied and distributed to a team of medical experts who specialised in the following fields, Toxicology (the study and effect of chemicals upon the body). Palliative (the care of the terminally ill), Geriatrics (Care of the elderly), General Medicine and Nursing.

Having studied the content of the medical records, the experts came to the joint conclusion that the care that your wife received gave them cause for grave concern. Their review paid particular attention to the medication that she was both prescribed and administered. Accordingly your wife's case was categorised as a level 3 (most serious).

The medical experts identified that there appeared to be a lack of initial detailed medical information and thus could not identify why she received the care that she did. As a direct result, the police investigation was centred on discovering further medical records that related to your wife's initial admission. These records were subsequently found at the Royal Naval Hospital Haslar.

The records were seized on the 16th October 2003, copied and re-distributed to the medical experts. The medical team performed a further detailed review of these notes. They reported their findings at a conference held last February.

Their conclusions were amended in the light of the Haslar records. They noted that your wife had been admitted to Haslar Hospital on 26th April 1999 having suffered a CVA (stroke). Her recovery was affected when she later suffered a Myocardial Infarction (heart attack) on 28th April 1999.
Mrs Stevens was transferred to the Gosport War memorial hospital on the 20th May 1999. She subsequently died two days later.

The medical experts all agreed that the treatment Mrs Stevens received had been the correct and appropriate treatment from the day of her admission to Haslar. Her treatment and the subsequent care plans were fully in line with what they would expect in light of her continuing illness.

Mrs Stevens had been prescribed and administered appropriate levels of analgesics (pain relief) to alleviate her pain and potential discomfort from the date of her admission. This care continued whilst she was a patient at GWMH.

In reviewing the medical records in their entirety, the experts are now of the opinion that the care and treatment of your wife was fully in accordance with standard medical practice. Accordingly they were able re-categorised your wife's case as level 1.These means that they had no cause for concern regarding the treatment provided by any healthcare professional and that your wife died of natural causes.

These findings have subsequently been ratified by an independent medical legal expert to ensure that all possible enquiries have been concluded.

Enquires of this nature are complex and detailed and inevitably take time. As new evidence emerges it can change significantly the way we need to we view each case. I know from my previous visit to you and from what Kate Robinson has reported to me, how distressing this matter has been for you and your family.

I would therefore like to take this opportunity to thank you for the patience, support and dignity you have displayed during our investigation.

Yours sincerely

Code A

Nigel Niven
Deputy SIO

[redacted]

OE Start

HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MCIPD
Chief Constable

Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 ONA

Our Ref. Operation Rochester

Your Ref.

Tel. 0845 0454545
Fax. 023 92891663

19th January 2005

Code A
General Medical Council
Regents Place
350 Euston Road
London
NW1 5JE

Dear Code A

Re: **Operation Rochester – case of Edna Purnell**

The case of Edna Purnell is one of the category 2 cases which, has already been referred by us to your organisation.

Edna Purnell's son, Mr Wilson, has been corresponding with us for some time regarding the death of his mother and he has on occasions forwarded to us documents relating to his complaint to the Health Service Ombudsman.

I enclose a copy of a recent letter to Mr Wilson from our Senior Investigating Officer, David William's together with a batch of other letters and documents which may be of assistance to you when considering this case.

If I can be of further assistance to you regarding this matter please do not hesitate to contact me.

Yours sincerely

Code A

Owen Kenny
Detective Inspector

HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MCIPD
Chief Constable

Fareham Police Station
Quay Street
Fareham
Hampshire
P016 ONA

Our Ref. Op Rochester

Your Ref.

Tel. 0845 0454545
Fax. 023 92891663

18th January 2005

Mr M.E.WILSON

Code A

Dear Code A

Re - The death of your mother Mrs Edna PURNELL.

Thank you for your letters of the 18th November and 26th November 2004, raising your concerns in respect of the care afforded to your mother prior to her death and the final category 2 assessment by the multi-disciplinary panel of experts examining your mothers case.

You have received general feedback from the legal/medico lawyer commissioned to independently quality assure the findings of the panel of experts.

I can add that the experts took the view in your mother's case that she suffered dementia and fractured neck of femur, she was in pain and distressed hence the use of opiates. It was difficult to assess whether the dose of diamorphine via syringe driver needed increasing in the last 24 hours but overall the use of opiates appeared appropriate. Mrs PURNELL would have died without opiates being used.

I take on board your concerns and confirm that I have received your enclosures highlighting issues around:-

1. **The apparent readiness for the war memorial hospital to prescribe opiate analgesia to your mother shortly after her admission, and the appropriateness of imposing this drug regime, particularly at the levels administered.**

2. **The issues around pain levels being experienced by your mother.**

3. **The issue that your mother was not treated for dehydration on 17th November 1998.**

4. That generally your mother did not receive reasonable medical and nursing care after her transfer to Gosport War Memorial Hospital on 11th November 1998.

I will ensure that copies of these papers are forwarded to the General Medical Council and Nursing and Midwifery Council who are conducting their own investigations into the care afforded to category 2 patients at Gosport War Memorial Hospital and the conduct of healthcare professionals.

Finally whilst I appreciate that you do not accept the views of the multidisciplinary panel in terms of their assessment, the police have used this process to determine whether or not there is a sufficiency of evidence to justify ongoing criminal investigation.

To prove criminal allegations in respect of the death of your mother requires proof of gross negligence and a standard of care more than minimally contributing towards your mother death, there is not a sufficiency of suspicion or evidence to meet this standard.

Upon the basis that your mother has been assessed of dying through natural causes there is no realistic prospect of a criminal conviction in this case.

Yours sincerely,

David Williams
Senior Investigating Officer
Operation Rochester

Code A

Dear Mr.Williams,

Please find enclosed two pages from my mother's War Memorial hospital notes which I overlooked to send you.

They mention syringe drivers which I believe are used primarily in palliative care and more so in the later stages of ones life.

I gather the medical experts took note that the earliest date my mother was given the syringe driver, at least according to the medical notes as they are incomplete, was on the 22nd November 1998. Now considering that she was not transferred to the W.M.H. as a palliative care patient then why I ask did she require a syringe driver eleven days before she died.

If she was in so much pain then from what? As I said in previous letter bed sores do not require morphine unless perhaps in very advanced stage, but when my mother left Haslar hospital as we all know from her medical notes she did not require even co-codamol.

Do you know what I think, not that it counts for much, but this whole business pertaining to the W.M.H. is going to swept under the carpet and this was the intention right from the beginning. That is why up to the letter I sent you I have kept in the background, listening and watching the others who shall remain nameless but you no doubt can gather which individuals I mean, have been running here, there and everywhere like a chicken with it's throat cut.

That's it, no more letters, will leave you to get on with it in peace.

Yours sincerely,

Code A

M.E.Wilson. (mr)

MRS. E. I. PURNELL
W.M.H. MEDICAL NOTES

6

PORTSMOUTH HOSPITALS NHS TRUST — SPECIALITY HISTORY SHEET

Respiratory Medicine | Cardiology
General Medicine | Elderly Health
Infectious Diseases | Neurology
Clinical Haematology | GP Medicine
Diabetes | Endocrinology

0081278 002
PURNELL EDNA
ACDENBROOKE RES HOME
WILLES ROAD
GOSPORT
HANTS
18.02.1907 POST INA
DR G BURLEIN 18020707

Medicine

Date	CLINICAL NOTES: Each entry must be dated (and timed where appropriate), include an indication of the patient's consultant, and be legibly signed by the person making the entry.
	Plan:
	1) SC fluids il over 24-36 hrs to keep mouth moist + skin intact. If not being absorbed → stop
	2) Use Diamorph / Diamorphine + Diazepam / Midazolam to keep comfortable.
	3) If >1 injection of Diamorphine is req. wanted → for syringe Driver.
	4) I feel she is dying and the aim of management should be to keep her free of pain + distress.
	5) I am happy to discuss with son if he arrives.
	6) NOT for NG feeding. [signature]
23/11/98	Mr. Wilson not arrived on ward yet.
18.45	— Mr. Robinson waited from 2-3 pm to see him. She's agreed to contact solicitor + mention Mrs. Purnell poorly condition + that she'd deteriorated.
	— If Mr. Wilson wishes to see me I could he contact my secretary (6923 at QA) for an appt.
	[signature]

Wessex Regional Form 0021

Syringe Driver
No date assume
22/11/98.

STATES MY MOTHER IS DYING THIS WEEK AFTER 10 DAYS AT W.M. HOSPITAL AND YET SHE LIVES FOR 10 MORE DAYS. SO MUCH FOR THE GENTLE REHABILITATION SHE WAS GOING TO HAVE.

Date	Clinical...
23/11/98	
1515	
29-11-98	
1-12-98	
2-12-98	
4-12-98	

PORTSMOUTH HealthCare TRUST

Patient Name ...

Summary

Summary of Significant Events *(including Relevant Medical History)*

Syringe Driver Before 23 Nov 98

Date	
	Visited.
	Syringe driver recharged with Diamorphine
	20mgs and Midazolam 40mgs at a rate
	of 50mm/hr [signature]
am 30.11.98	Mrs Purnell remains extremely poorly.
	All care has contd. Mouth care given.
15:10	Syringe driver recharged with
	Diamorphine 20mgs and Midazolam 40mgs
	at a rate of 50mm/hr. [signature]
1-12-98	Syringe driver recharged at 13.15 with
	Diamorphine 30mgs Midazolam 40mgs at rate
	of 50mm/h. All care contd. Mrs Wilson
	has visited. [signature]
2.12.98	All cares continued remains extremely poorly,
	chest "bubbly". Syringe driver recharged at 12:10hrs
	with Diamorphine 40mgs Midazolam 40mgs and
	Hyoscine 200mcg at a rate of 50mm/hr [signature]
pm	Catheter bypassing. No urine in drainage
	bag. Catheter removed. Was not felt
	appropriate at this stage to recatheterise.
	Re-useable sheet placed in her bed. [signature]
N/C	Syringe Driver maintained
	Mrs. [illegible]
	[illegible]
	Condition very poor [signature]
3.12.98	Syringe driver recharged at 10.50hrs
	Diamorphine 40mgs Midazolam 40mgs
	Hyoscine 400mcgs. Hyoscine increased as

PORTSMOUTH HealthCare TRUST

Date	
	[illegible]
11.30hrs	[illegible]
11.40hrs	[illegible]

Code A

Mrs. Edna Purnell
Code A

Dear Mr. Williams,

Thank you for your letter dated the 6th September 2004 and I am sorry about being tardy in replying but at first though I had no intentions of doing so. What then you may well ask has caused me to change my mind.

To be honest I was disappointed that my mother's case was only classified according to the 'experts' as a natural death albeit that her care/treatment was sub-optimal.

I have no critcism whatsoever as to the police involvement in this investigation BUT the so called medical experts are another matter completely. Now take the attached page which you sent me with your letter titled 'Expert Review' where in paragraph 3 Code A states 'a readiness to move quickly from co-codamol to oramorph.

Note that he doesn't say how long my mother had been a patient at the W.M.H. before being given such medication, but the facts are it was 20mg the day after my mother was admitted to Dryad ward and the amount was administered in just 8½ hours (on the 12th Nov.98).

I have enclosed as follows (not in the cellophane envelope) copies of letters and my replies starting with No.1 which pertains to my reply to Max Millett's letter of the 24th June 1999.

Letter No.2 again from Max Millet is attached to a copy from Code A (supposedly an independent report) of the elderly care services in Southampton. See my comments if you will please in the margins and on an attached letter from me where I have lettered various sections of Code A Code A letter and commented on them in mine.

Finally No3A the Ombudsman's report with my comments on it and a No.3B letter attached where I have gone through a number of sections, such as on Page 8 Section 21 line 8 of the report which relates to palliative care when all along my mother was according to Dr.Lord's report of the 6th Nov.98 being transferred to the W.M.H. for rehabilition. No mention of palliative care.

A good example of who do you believe when it comes to the medical experts is on Page 1 in the 2nd paragraph where Code A states that co-codamol is an opiate containing drug. Now turn to No.3A (ombudsman report) for here it says on Page 3 Section 11 that co-codamol is a non-opiod drug. It would seem that the experts cannot even agree with one another.

Dr.Lord in her report written on 6th Nov.98 at Haslar Hospital makes as I said, no mention of palliative care and only refers to 'gentle rehabilitation'. Yet Code A in the ombudsman report states on Page 8 Section 21 that the staff of the WMH were correct in their judgment that my mother required palliative care, her disease not being responsive to curative treatment. For heaven's sake she had a hip operation, that is all, not exactly a terminal illness is it.

The copies in the cellophane envelope you already possess but they maybe of some use to refer to if you care to read through the enclosed pages numbered 1. 2. 3A & 3B.

If you haven't seen my mother's medical notes from the W.M.H. then they might come as an eye opener to you in that they (the nursing staff at the W.M.H.) tried to intimidate me by threatening to call the police and have me arrested on a technical assault if I attempted to give my mother any fliuds or food. See medical notes Page 6 in the cellophane envelope, also No.7 which mentions destroyed medical notes. This of course was inadvertently or so the Portsmouth Health Trust say.

I have letters from Mr.R.Burt (29th May 2001), a Code A (24th August 2001) and a Code A (9th May 2002) all of which talked about coming to see me. No one ever did. I assumed that they might have had in mind an interview.

Further to this those who happened to witness the events at the W.M.H. especially what occurred on Tuesday the 17th Nov. 1998 when I was ushered from Dryad ward by the security staff, have never been interviewed either. Even the ombudsman didn't bother. One witness though was a qualified nurse and was willing to act on my behalf for it was she who pointed out to me that my mother was dehydrating on the evening of the 17th Nov. 1998.

How can such people as this Code A who compiled the ombudsman report take everything on face value that the W.M.H. nursing staff and doctors said when he knew that my mother's medical notes pertaining to fluid and food intake had been accidently destroyed. How can he ignore the fact that my mother was dehydrating and severely on that Tuesday. He had a qualified nurse as a witness to the situation but choose not to interview her.

Conclusion then is that the W.M.H. had no intentions of carrying out any 'gentle rehabilition' on my mother as stated they would do in Dr.Lord's report of the 6th Nov.1998.

I would appreciate it if you could spare the time to read through the paperwork numbered 1.2.3A &3B as I doubt if anyone of the 'experts' ever have.

Sadly I firmly believe there was a concerted effort (as has been done many times before in hospitals around the country) to help my mother on her way so to speak and nothing after what I have heard and seen will ever make me think otherwise.

Thanking you for your time, most appreciated.

Yours sincerely,

Code A

M.E.Wilson (mr)

P.S. No need to return any of the copies and includes those in the cellophane envelope for they were simply enclosed to save you the job of hunting them down if you felt the need to refer to them.

2

Reply to N.P.S. Ltr 24-6-99

No 1

Code A

Dear Sir,

Please find enclosed a photo copy of your letter dated 24th June. I have made a number of comments on the pages which I would like you to read.

It would be appreciated if you could arrange for an independent medical opinion from outside the district as we seemed to be at loggerheads on two key issues. One of course being A the morphine question regarding amount given and in light of my mother's condition on being admitted to the War Memorial why was it given to her at all.

The other points being E & F and more so F in that no satisfactory reason has been given for not treating the dehydration on the 17th Nov 1998 until it was pointed out to the duty staff that my mother was infact dehydrating. Also why no member of staff noticed that she was.

You see we come back to no times or dates as in the case of A when you state that my mother was given morphine not simply for bed sores. I am not talking about when she was actually dying from the 23rd Nov1998 but from day one of her being ADMITTED AS a patient at the W.M. – the 11th Nov 1998. Why such a high dosage on the 12th and following days, a dosage more in keeping with someone suffering from a terminal illness and not someone who has just been transferred from one hospital to another with nothing more serious than MAGNOY healing bed sores and old age.

A lot of poppycock that is what I keep on getting and as for (D) I intend to pursue this further through other channels when the complaint regarding my mother is finally resolved.

Thank you for your help in arranging, as you put it, one last attempt to conclude matters under local resolution.

Yours sincerely,

Code A

M.E. Wilson (Mr)

PORTSMOUTH
HealthCare
NHS
TRUST

Mr. M. Wilson,

Code A

Our ref
MM/BM/YJM
Your ref

Date
24th June, 1999
Ext
4378

Dear Mr. Wilson,

I am responding to your letters of 12th June, 1999 (received in this office on 15th June, 1999) and that of the same date addressed to Dr. Reid. I am very sorry to hear that you remain dissatisfied despite our several attempts to resolve your complaints. In particular it is a matter of regret that issues still remain after the formal meeting between yourself, Dr. Ian Reid, Code A and Mrs. Barbara Robinson (from the Trust) and Code A and Code A (from the Community Health Council). All the staff concerned with your late mother's care are genuinely sorry that your grief has been compounded in this way, and hope you will find the following helps in finally resolving your concerns.

* NOT GRIEF. ANGER IS THE WORD AT THE LACK OF CARE THAT I BELIEVE CONTRIBUTED TO MY MOTHER'S DEMISE.

Your letters identify the key outstanding issues as:

(a) The need for morphine to have been prescribed.
(b) The decision to treat - or not.
(c) Your knowledge of other similar complaints
(d) Complaints about your own treatment, and the stress you have experienced.
(e) Your mother's experience in a darkened room on Dryad Ward.
(f) Dehydration.

Dr. Reid, and the Gosport War Memorial Hospital staff have been given an opportunity to comment on both letters, and the following response reflects their views:

(a) *The need for morphine in response to the pain resulting from the bedsores*: Bedsores themselves can be extremely painful, and the degree of pain does not necessarily equate to the size or degree of the problem.* However, your mother was not simply given morphine for her bedsores.

BANDAGES TAKEN OFF ON 14TH NOV. 98

BEDSORES WORSE AT WEEKEND BUT NO MORPHINE WAS GIVEN TO HER

* SO WHAT WAS SHE GIVEN MORPHINE FOR ON 12TH NOV. 98 THROUGH TO AND INCLUDING 16TH NOV 98.

PORTSMOUTH HEALTHCARE NHS TRUST CENTRAL OFFICE

St. James' Hospital
Locksway Road, Portsmouth, Hants PO4 8LD
Tel: 01705 822444 Fax: 01705 293437

/continued - page 2

SO AT HASLAR ON THE 10TH NOV 98 SHE WAS NOT IN PAIN THERE FORE NOT IN NEED OF ANY KIND OF PAINKILLERS . THEN ON 12TH AT THE W.M. HOSPITAL SHE NEEDED 20mg OF MORPHINE WHY? FOR PAIN

Both the medical and nursing staff assessments at Gosport War Memorial Hospital concluded that Mrs. Purnell was suffering a significant level of pain, and she was given a low dose of morphine to relieve generalised pain and discomfort.

The fact that she was given no pain relief at Haslar from 5th November, 1998 until her transfer to the War Memorial Hospital does not, as you believe, prove that the subsequent use of morphine was inappropriate. As you would expect, her condition was changing from day to day and the move itself may have contributed to her discomfort. The staff could only react to her condition and needs as they found them not as they had been, and this is what they did.

(b) *The decision to treat*: You express the view that "someone of authority" decides in each individual patient's case whether or not the cost or effort of treating them is justified - we would be appalled if this were the case. It is not a resource issue, it is a matter of clinical judgement as to what is best for the patient. There has to be an assessment of each individual's potential to survive and an acceptance that in some instances intensive active treatment may simply prolong the pain and distress by delaying the inevitable outcome.

WHY THEN WAS SHE TRANSFERRED FROM HASLAR HOSPITAL

When Mrs. Purnell arrived at Gosport War Memorial Hospital she was suffering from many health problems, and was in significant pain. She was close to the natural end of her life, and it is, I think, regrettable that this was not made clearer to you at the time. I have already highlighted this, and apologised to you, in my letter of 8th January, 1999.

X

(c) *Other complainants*: I am sorry to hear that other patients or relatives have expressed their concerns to you - and can only advise you to encourage them to complain directly to me, so that their individual circumstances can be investigated. Our complaints leaflet is widely available and I hope it is clear that we do want to hear from people who have reason to complain, so that any problems identified in this way can be addressed.

(d) *Your own complaints*: You again indicate that compensation and legal redress are on your agenda, and I can only reiterate that the complaints procedure is not appropriate in such circumstance and that you should instead pursue matters through the formal legal channels.

(e) *Left alone in a darkened room on Dryad Ward*: The time in question was a winter afternoon, with the evening drawing in. Mrs. Purnell was asked if she would like the main light switched on and she declined. We appreciate that you do not think your mother would make such a choice, but this is what happened.

12 Nov. 98 20 mg.
13 —"— — 10 mg
14 —"— — 10 mg
15 —"— — 20 mg.
16 —"— — 10 mg

TOTAL 70 mg morphine. IN 5 DAYS.

THE STATE MY MOTHER WAS IN DUE TO AMOUNT OF MORPHINE GIVEN TO HER UP TO THE 17TH NOV 98 WAS SUCH THAT NO WAY COULD SHE HAS ANSWERED ANY QUESTIONS COHERENTLY. ASSUME TIME AS 3.p.m. BECAUSE AT 3.45pm A VISITOR FROM PORTSMOUTH HEALTHCARE TRUST ROOSEVELT RES. HOME COMPLAINED TO STAFF NURSE THAT MY MOTHER WAS DEHYDRATING. AND IN A HIGHLY SCORED CONDITION. SO FROM 3p.m IN LESS THAN ONE HOUR MY MOTHER CAN DETERIORATE THAT FAST SHE CAN NO LONGER TALK TO ME.

MY MOTHER WAS SEVERELY DEHYDRATING ON 17/1/98 (5 DAYS AFTER BEING ADMITTED TO THE LORD MAYOR TRELOAR HOSPITAL) AND SHOULDN'T HAVE BEEN "TOWARDS THE END OF HER LIFE" AS SHE LIVED A FURTHER 16 DAYS. SHE WAS DYING BECAUSE OF LACK OF CARE BY THE NURSING STAFF.

/continued - page 3

(f) *Your mother's dehydration on Dryad Ward*: As Mrs. Purnell's condition deteriorated, her ability to take oral fluids fluctuated. Fluids were, however, given when she was able to take them. Whether or not to commence subcutaneous fluids when a person becomes unable to take sufficient oral fluid, towards the end of their life, is not a simple decision. This links with decisions about treatment as explained in (b) above. Your concerns about this issue have already been throughly addressed during your meeting with Dr. Reid and Mrs. Robinson.* There is simply nothing more we can add.

* IT COULD BE EXPLAINED AS TO WHY SHE WAS DEHYDRATING SO SOON AFTER BEING ADMITTED TO W/M. HOSPITAL

If you remain dissatisfied it is important to identify what further steps the Trust could take to resolve your concerns. In one last attempt to conclude matters under local resolution, I would gladly arrange for an independent medical opinion from outside the District on the key issue of the appropriateness of the morphine administration. Alternatively you may choose to move on to the next stage in the NHS complaints procedure by requesting an Independent Review or, indeed, going straight to the Ombudsman. Back in December 1998 I sent you copies of two leaflets which explain how the NHS complaints procedure works. I enclose further copies for your information.

WHICH IS JUST THAT MY QUESTION

I would be grateful if having considered these options you would let me know within the next month if there is any further action you would wish me to take, otherwise we will consider the matter closed. ← YOU HAVE TO BE JOKING.

Yours sincerely,

Code A

Max Millett
Chief Executive

PORTSMOUTH HealthCare NHS TRUST

No 2

PORTSMOUTH
HealthCare
NHS
TRUST

Mr. M. Wilson,

Code A

Our ref
MM/BM/YJM
Your ref

Date
1st October, 1999
Ext
4378

Dear Mr. Wilson,

I am writing further to my letter of 6th August, 1999 now that I have received the report from Dr. G. Turner, Clinical Director, Elderly Care Services, Southampton. I enclose a copy for your information.

In my letter of 24th June, 1999 I suggested that obtaining a second opinion should be the conclusion of the local resolution of your complaint. You echoed this sentiment in your letter of 19th July, 1999. In view of Dr. Turner's conclusions I assume that you will not wish to pursue the matter further at this level but please contact me within the next month if there are any further steps you would wish me to take.

SIR YOU ASSUME TOO MUCH.

Yours sincerely,

Code A

Max Millett
Chief Executive

PORTSMOUTH HEALTHCARE NHS TRUST CENTRAL OFFICE

St. James' Hospital
Locksway Road, Portsmouth, Hants PO4 8LD
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2

Southampton University Hospitals NHS Trust

Southampton General Hospital
Tremona Road
Southampton SO16 6YD

Telephone 01703 777222

Ref: GFT/SMP

Tel (01703) 794658

16 September 1999

Mr M Millett
Chief Executive
Portsmouth Healthcare NHS Trust
St James Hospital
Portsmouth
PO4 8LD
For the attention of **Code A**

THE LETTERS IN THE MARGIN PERTAIN TO MY REPLY WHICH IS ATTACHED TO THIS LETTER.

Dear Mr Millett

Re: Complaint regarding Mrs E I Purnell

Thank you very much for inviting my comments on two aspects of the care of the late Mrs E Purnell resulting from her son, Mr M E Wilson's continuing concerns. I have been through the notes in great detail and am happy to comment on the areas that you requested from my position as Clinical Director of a district Elderly Care Service.

Firstly the use of morphine. In my experience, it is frequently the case that elderly people, when transferred from an acute environment to a rehabilitation unit, become unsettled after transfer. This is partly related to the disruption and the anxiety of the new environment and also undoubtedly partly due to the physical stress of the journey itself. It is noteworthy that when Mrs Purnell was admitted to the Gosport War Memorial hospital, morphine was not written up straight away but after 24 hours a doctor was asked to assess her because she was in pain which was not
A controlled by the oral analgesics which had been given to her. (A) These were the same analgesics that she had been given on transfer from Haslar and I think it is probably worth pointing out that
X Co-codamol is an opiate containing drug. As a result of the concern of the nurses and the doctor
B who assessed her the day after admission, (B) a very small dose of an oral Morphine preparation was used. In fact, on analysing the drug charts it seems that over the subsequent week to ten days
C she was actually only given between 10 and 20 mgs of morphine per day. (C) More often than not this was at night in order to help her sleep and was a perfectly appropriate response to the fact that the
D night nurses often noted that she was very uncomfortable at night. (D) It is not clear exactly from where her pain originated, from her fracture site or from her pressure sores, but there is plainly concern within the nursing notes that she was in discomfort and it is known that the pain from pressure sores can sharply deteriorate when skin separation occurs

E In my opinion, the use of morphine is entirely justified in any (E) old person who is in pain. It is an easy drug to use because it is easily administered and more reliably absorbed and therefore much more immediately acting than some of the so called minor analgesics. Because its side effects are well recognised, it is not dangerous if used in appropriate quantities which I believe was the case here, and because it can induce a sense of well being, it often relieves a lot of the anxiety to which I have alluded.

SEE PAGE 5 SECTION 11. OF THE OMBUDSMAN'S REPORT WHICH STATES CO-CODAMOL IS NOT AN OPIATE DRUG. SO MUCH FOR MEDICAL EXPERTS AND THEIR OPINIONS.

F Over the subsequent two weeks her need for pain relief was assessed regularly and she was still only receiving between 10 and 20 mgs Oramorph. On the 23 November Dr Lord's extremely good summary and proposed management plan in the notes makes it quite plain that at that stage the patient was in a very poorly condition, was hardly responding to any questions but was groaning in discomfort when disturbed. She made the then entirely justifiable decision to change the administration of morphine from oral administration to the use of firstly subcutaneous injections which are generally regarded as virtually painless and then subcutaneous infusion.

I suspect that it still may not be clear to Mr Wilson how little morphine his mother actually had. Whilst I recognise that as an elderly lady she would be susceptible to the effects of morphine, the small doses that she received until the first record of him becoming concerned on 17 November, G would not be sufficient to explain her deteriorating state. Indeed on the 14, 15 and 16 November she received only 10 mgs of morphine at night which is a very tiny dose and is frequently used in many other situations in order to help sleeping. It is usually the case that the first dose of morphine is the most likely to cause drowsiness. He himself noted on 12 November how much brighter she was - even after the first dose of morphine at 14.05.

In summary I therefore believe the use of Morphine was entirely appropriate and that the amounts administered could not be considered excessive. At the time when a decision was made to change her to parenteral administration of the drug as opposed to oral administration, that decision appears to be entirely justified by the excellent documentation in the notes.

The second area for which you have asked my comments is the concern about dehydration. The question of dehydration is a particularly common and worrying one for all small rehabilitation units where patients are often frail and the culture of rehabilitation can sometimes mean that fluid intake is not measured. In this respect I do not believe that the Gosport War Memorial Hospital is any different to any other community rehabilitation unit. The Nursing care plan has recognised that her fluid intake was poor. Indeed this was alluded to by Dr Lord when she originally visited Mrs Purnell over at Haslar. By the 14 November the nurses had noted that her urine had become rather concentrated and the plan then and on the next day was to encourage fluids although fluid intake was noted still to be poor. It is certainly true that the nurses having failed to increase the patient's fluid intake to appropriate amounts on two successive days might have requested a doctor to consider subcutaneous fluids. However this would only have meant that that request would have H been made on 16 November rather than the 17 November when a doctor was asked to see her, at X which point of course her son also noticed that she was dry. However I am sure there is not a doctor at Gosport War Memorial Hospital every day, again in common with most other peripheral rehabilitation units, and I feel that there is no evidence presented in the notes which would suggest that fluid being administered by drip from the 16th would have made any difference at all to her outcome. In as much as it is possible to say from the records that I have seen, she continued to receive subcutaneous fluids, at least one litre in 24 hours for the next two to three weeks, which was an appropriate attempt to ensure that any deterioration due to dehydration was corrected and reversed. The fact that she did not improve at all with parenteral rehydration I think also goes to demonstrate the poorly state she was in was not due to fluid depletion.

I In summary therefore I believe that the use of analgesia was appropriate both in terms of the type of drug and the amount used, especially in the early stages, and I feel that dehydration was noted by the nurses who took appropriate action in the early stages and there was not an unreasonable delay before starting her on alternative methods of fluid provision once oral rehydration was shown to be unsuccessful. It is very hard for me to criticise these two aspects of the management of this patient.

* H (ABOVE) IMPLIES THAT A MEMBER OF NURSING STAFF ASKED THAT A DOCTOR SEE MY MOTHER WHEN IN FACT I NOTICED SHE WAS DEHYDRATING AND DEMANDED A DOCTOR EXAMINE MY MOTHER

X See my CHRONOLOGICAL LIST FOR EVENTS of 17TH NOV 98

SEE CHRONOLOGICAL LIST FOR

I hope these comments are helpful. Please let me know if there is anything more I can tell you.

With best wishes.

Yours sincerely

Code A

Dr Gill Turner
Clinical Services Director
Elderly Care Unit

REPLY TO MAX MILLETT OBTAINING MY COMMENTS WITH RESPECT TO DR GILL TURNER'S REPORT 16-9-99.

RE-MRS. E.I.PURNELL

DR.G.TURNER'S LETTER

A letter was received by Mr.Max Millett of the Portsmouth Healthcare N.H.S. Trust dated the 16th September 1999. A photo copy of which I have in my possession. On the one I am enclosing with other correspondence I have placed letters in alphabetical order so as to highlight certain aspects of it and below you will see my comments with respect to each one in order.

A. My mother was last given co-codamol at Haslar Hospital on the 5/11/98. Dr. G. Turner states that these were the same kind of analgesics that my mother had been given on transfer from Haslar Hospital. Now from the way she has worded this one could easily assume that my mother was being given co-codamol up to the very day she was transferred from that hospital. Misleading because Dr.G.Turner could have mentioned the actual date, but she did not. Why then did my mother suddenly need oral analgesics in light of the previous week whilst at Haslar Hospital she had no need of them.

B. I disagree about the amount of morphine given on the 12th Nov.98 (no dates again mentioned by Dr.G.Turner) as being small. 20mg was the amount so far as I can decipher the writing. They began giving my mother morphine less than 24hrs after being admitted to the War Memorial Hospital.

C. Dr.G.Turner goes on to say that the morphine was administered mostly at night in order to help my mother sleep. She doesn't though explain why 7 out of 15 amounts shown on the W.M. medical record were during the day between the hours of 0630 and 1810.

D. According to this letter the night nurses noted that my mother was uncomfortable at night (after being admitted to the W.M. she never got out of bed again and yet at Haslar she was relatively mobile in that she was sitting in a chair beside the bed and feeding herself, at least to some extent.) So in one day the W.M. staff can assess my mother as being that uncomfortable at night that their only solution is to give her morphine. It would seem from the morphine given to her that they wanted her to sleep in the mornings aswell. See 12th 14th & 15th Nov 98 for a start.

Re-Mrs.E.I.Purnell continuation of Dr.C.Turner's letter of the 16th Sept.99.

E. Back to Haslar Hospital here because she wasn't in any pain during the last week as a patient there otherwise they would have given her some kind of painkiller wouldn't they. So how can Dr.C.Turner justify my mother being given 20mg of morphine the day after she was admitted to the War Memorial which was the 12th Nov.98. BUT most cleverly Dr.C.Turner has avoided mentioning any dates and instead said most broadly that the amount of morphine was entirely justified for any old person in pain. What amount because she doesn't mentioned any figure either and for what kind of pain. Bedsores? I have gone through umpteen medical books and nowhere does it advocate the use of morphine for bedsores.

F. Anything after the 17th Nov.98 is immaterial to my complaint as by then my mother was dying and I believe solely due to the amount of morphine given to her between and including 12th Nov.98 - 16th Nov.98. It caused the dehydration and on the 17th Nov.98 my mother was in a very poor state.

As for Dr.Lord's 'good summary' on the 23rd Nov.98 then this was the first time that she had seen my mother since being admitted to the War Memorial Hospital. As I said anything they did was immaterial the damage having been done way back on the 12th Nov.98 or least that was the start of it.

G. The first time I became really concerned was on the 14th Nov.98. See my chronological list of events please and as for the dates mentioned by Dr.C.Turner then kindly refer to the W.M. medical records as the morphine administered on the 14th & 15th was a.m. - 10.30 & 10.25 respectively. To help her sleep?

H. Misleading to the extent that anyone reading this could only come to the conclusion that someone on the nursing staff asked that a doctor see my mother. Refer if you will please once again to my chronological list of events.

I. The whole paragraph from where I'm sitting is beyond belief. I have to ask myself if she even bothered to read what I sent her. The nurses did nothing with regards to the dehydration until I caused such a ruckus about it that security was called. As for analgesics of any kind being used the day after my mother was admitted to the W.M. then how can Dr.C.Turner justify such amounts in light of the Haslar medical records.

No 3 A

POLICE FILE

E.2313/99-00

Health Service Commissioners Act 1993

Report by the Health Service Ombudsman
for England
of an investigation into a complaint made by

Mr M E Wilson

Code A

Complaint against: Portsmouth Healthcare NHS Trust

Complaint as put by Mr Wilson

1. The account of the complaint provided by Mr Wilson was that on 25 October 1998 his late mother, Mrs Edna Purnell, fell and broke her hip. Mrs Purnell was admitted under the NHS to Royal Hospital, Haslar (the first hospital), which is administered by the Ministry of Defence. While in the first hospital Mrs Purnell had an operation on her hip, after which she made a steady recovery. On 29 October Mrs Purnell was able to sit out of bed and by 3 November she could be pushed in a wheelchair to the hospital shop and cafeteria. By 6 November she was no longer taking painkillers and on 11 November she was transferred to Dryad Ward at Gosport War Memorial Hospital (the second hospital). The second hospital is administered by Portsmouth Healthcare NHS Trust (the Trust).

2. When Mr Wilson visited Mrs Purnell on 13 November he noticed that her condition had deteriorated. Mr Wilson believed that Mrs Purnell had been sedated. On 14 November Mr Wilson complained about the level of sedation his mother was under and on 15 and 16 November he noticed an improvement in her condition. On 17 November Mr Wilson noticed that Mrs Purnell was dehydrated and brought this to the attention of a nurse and asked that Mrs Purnell be put on a drip. The nurse informed Mr Wilson that a drip was not available, a dispute ensued, and Mr Wilson was asked to leave the hospital. On the following day the Trust's medical director

18TH NOV
REFERS TO SECTION B5
Page 6 LINES 12 & 13

1

INCORRECT A NURSE FROM ADDENBROOKES BED HOME
ARRIVED BEFORE ME TO VISIT MY MOTHER AND IT WAS
SHE WHO TOLD ME THAT MY MOTHER WAS
DEHYDRATING.

X ANYONE READING THIS
COULD ONLY COME TO
THE CONCLUSION THAT
PRIOR TO 23/11/98
MY MOTHER WAS NEVER
GIVEN ORAMORPH WHEN
WE ALL KNOW FROM THE
WAR MEMORIAL HOSPITAL
MEDICAL RECORDS
RELATING TO DRUGS
THAT SHE WAS GIVEN
ORAMORPH FROM AND
INCLUDING 12/11/98
UP TO AND INCLUDING
22/11/98.

(A) WHY WERE MEDICAL RECORDS DESTROYED (see also No 6.) APRIL 99. WHEN MY COMPLAINT WAS STILL ACTIVE FOLLOWING A MEETING IN FEB 1999. ESPECIALLY AS DAILY FLUID INTAKE WAS AN INTEGRAL ISSUE (SEE NO 20 PAGE 7) WITH REGARDS TO WHAT OCCURRED ON THE 17TH NOV. 1998. See my CHRONOLOGICAL LIST FOR THE EVENTS OF THAT DAY

was asked to review Mrs Purnell's treatment. As a result of this Mrs Purnell was given subcutaneous fluids. Mrs Purnell's condition continued to deteriorate and on 23 November instructions were given for diamorphine to be administered subcutaneously if required. Mrs Purnell died of bronchopneumonia on 3 December 1998.

MY MOTHER WAS GIVEN DIAMORPH & DICHLORAL FROM 17/11/98 CONTINUOUSLY THROUGH TO 23/11/98. DON'T YOU SEE HER MEDICAL RECORDS? YOU COULDN'T HAVE.

3. Mr Wilson had written to the medical director on 27 November 1998 complaining about the care Mrs Purnell was receiving at the second hospital. The chief executive of the Trust replied in January 1999 and Mr Wilson met the medical (A) director in February. In September the Trust arranged for an independent clinician to review Mrs Purnell's care. Mr Wilson remained dissatisfied and requested that an independent review panel be convened to consider his complaint. The Trust's convener refused that request. WHAT WAS HIS REASONS FOR DOING SO I KNOW BUT YOU HAVEN'T SAID HAVE YOU.

4. The matters subject to investigation were that:

(a) Mrs Purnell did not receive reasonable medical and nursing care after her transfer to the second hospital on 11 November 1998; and

(b) the doses of morphine administered to Mrs Purnell after her transfer to the second hospital were excessive.

Investigation

5. The statement of complaint for the investigation was issued on 25 May 2000. The Trust's comments were obtained and relevant papers were examined. Those papers included records of Mrs Purnell's care and treatment in the first and second hospitals, correspondence concerning Mr Wilson's complaint to the Trust, and the written observations of the consultant geriatrician (the consultant) responsible for Mrs Purnell's care while she was a patient in Dryad Ward. I obtained advice on the medical aspects of the complaint from one of the Ombudsman's professional advisers. Another of his professional advisers gave help with the nursing aspects. I have not included in this report every detail investigated, but I am satisfied that no matter of significance has been overlooked. BULLSHIT YOU DID NOTHING. I DON'T THINK YOU ARE UP TO THE JOB

6. The investigation was somewhat hindered as a result of the Trust being unable to supply all of the records relating to Mrs Purnell's care and treatment in the second hospital. In April 1999 the original records were sent for microfilming and

THIS WAS AFTER THE FIRST MEETING BETWEEN MYSELF & THE PORTSMOUTH N.H.S. TRUST BUT BEFORE THE SECOND. VERY CONVENIENT FOR THEM WASN'T IT.

X SECTION 7

DR. LORD REPORT (POLICE HAVE A COPY) STATES THAT MY MOTHER WAS TO RECEIVE A MONTH OF GENTLE REHABINTATION, IF NOT SUCCESSFUL SHE WOULD REQUIRE A NURSING HOME AS OPPOSED TO RETURNING TO A RESIDENTIAL CARE HOME. FURTHER TO THIS DR. LORD'S REPORT MENTIONED THAT SHE ALREADY HAD PRESSURE SORES AT HASLAR HOSPITAL.

DESTROYED MEDICAL RECORDS

HOW CAN A DECISION BE MADE IF YOU DO NOT POSSESS ALL OF THE FACTS.

destruction. The Trust's policy required some documents, such as temperature charts and daily fluid balance charts, to be destroyed without being microfilmed. As a result I had access to only those documents which had been microfilmed and I could not be certain what other documents existed before their destruction. The early destruction of the records was contrary to the Trust's own policy and went against official guidance. The Trust expressed their deep regret for what had happened and said that it was the only time such an error had been made. I return to this issue in my findings and conclusions.

WHO IN THEIR RIGHT MIND WOULD EVER BELIEVE THIS

Mr Wilson's evidence

7. In letters to the Ombudsman's office **Mr Wilson** wrote that he could see no reason, in the light of Mrs Purnell not needing morphine based drugs during the last week of her stay in the first hospital, why she was given such medication within 24 hours of being transferred to the second hospital. He did not accept the Trust's explanation that Mrs Purnell needed the medication because she had developed extremely painful pressure sores and had pain in her neck and back. Notwithstanding those problems Mr Wilson considered that the choice of medication was inappropriate and that his mother was given excessive amounts of oramorph and diamorphine (both of which contain morphine). His other main concerns centred around what he saw as a failure to try and help Mrs Purnell regain her mobility and a failure to ensure that she did not become dehydrated.

NO DATES? WHY NOT

SO ON 11/11/98 + WOOK PROOF AS THEY HELD NOT PAINFUL WHILST SHE WAS AT HASLAR HOSPITAL FOR SHE HAD NO NEED OF ANY PAINKILLING MEDICATION THEN SUDDENLY ON 12/11/98 FIRST DAY AT HOME SHE IS IN EXTREME PAIN. YOU MEAN YOU BELIEVE THIS TO BE TRUE.

The Trust's formal response to the complaint

8. In their formal response to the complaint the Trust commented as follows:

> 'We do not consider that Mr Wilson's complaint is justified and wholly reject his previously stated claim that Mrs Purnell was "helped on her way". We do recognize, however, that we may have failed Mr Wilson by not helping him to a better understanding of his mother's prognosis. In the course of our investigation, a number of areas where practice could be improved were highlighted. We do not believe, however, that these areas contributed to Mrs Purnell's deterioration nor to her subsequent death. This view was upheld by [the independent clinician who reviewed the complaint in September 1999].'

INDEPENDENT? A JOKE! IT WAS THE SOUTHAMPTON N.H.S. TRUST

After commenting on individual aspects of the complaint the Trust gave details of the areas of practice which, following the meeting in February 1999 between Mr Wilson and the medical director, they had undertaken to review. They were:

X SECTION 9 LINE 4

THE DOCTOR WHO SPOKE TO ME WAS AN OFFICER IN THE RAF. HE DID NOT SAY THAT MY MOTHER WAS UNLIKELY TO RECOVER WHAT HE DID SAY I HAVE BRACKETED IN RED PEN AT TOP of PAGE 4. THERE IS AN INDEPENDENT WITNESS TO WHAT WAS SAID.

THIS WAS AT HASLAR HOSPITAL MOTHER STILL A PATIENT THERE. NOTE PRESSURE SORES

NOW REFER TO Page 9 Section 21.

NOTE WHAT IT NOW SAYS ABOUT PRESSURE SORES

'AFTER BEING TRANSFERRED FROM HASLAR SHE DEVELOPED PRESSURE SORES'

NOT TRUE IS IT.

X SUPPOSEDLY Code A HAD NO ACCESS TO HASLAR MEDICAL RECORDS SO HOW COULD HE SAY THAT HASLAR WERE EXPERIENCING DIFFICULTIES READING FLUID BALANCE.

SEE No 9 BELOW REGARDING WHAT WAS SUPPOSEDLY SAID TO ME. A FLIGHT LIEUTENANT WITH A WITNESS PRESENT SAID THAT IF DURING THE OPERATION (BY GENERAL ANAESTHETIC) MY MOTHER SUFFERED A CARDIAC ARREST THEN THEY WOULD NOT GO ALL OUT TO RESUSCITATE HER DUE TO HER B.P.C. AND HE DID EMPHASISE THAT HER HEART MIGHT NOT BE ABLE TO TAKE SUCH AN OPERATION. THE WAY THIS REPORT HAS WORDED IT MAKES IT APPEAR THAT THE DOCTOR MEANT AFTER THE OPERATION NOT AS HE MEANT IT - DURING THE OPERATION.

No 4

admission protocols, including support for relatives; pain control; fluid protocols; and medical cover during weekends and bank holidays.

LOST THE BLOODY RECORDS DIDN'T THEY SORRY! DESTROYED THEM.

Mrs Purnell's clinical and nursing records

9. Entries in the clinical and nursing records relating to the time Mrs Purnell was a patient in the first hospital include a post-operative instruction indicating that she should be helped to regain mobility as soon as possible. Another entry, made on the day of Mrs Purnell's hip operation (26 October 1998), records that a doctor had spoken to Mr Wilson and told him she was unlikely to recover. Over the next few days Mrs Purnell's condition fluctuated a little. On 29 October it was recorded that she was chesty but felt better after sitting up in a chair. The next day there are entries in the nursing records indicating that Mrs Purnell's heels and sacrum were red. On 31 October a nurse recorded that she was much improved and had tried to walk but with little success. Her pressure areas continued to be a cause for concern and on 2 November, when a doctor recorded a 'dramatic improvement in her general state', there is a note that the area around her sacrum was deteriorating.

10. On 3 November the records show that a referral was made to the consultant for her advice on Mrs Purnell's future management. In a note to the consultant a doctor wrote that Mrs Purnell was 'sitting out and beginning to mobilise', but the nursing records for that day included an entry stating that 'mobility remains poor'. After seeing Mrs Purnell on 5 November the consultant wrote:

AT HASLAR HOSPITAL SEE PAGE 9 SECTION 21

'.... [Mrs Purnell's] son and daughter-in-law were present when I visited and I have pointed out to them that rehabilitation was going to be very difficult given her mental state and pressure sores. They have agreed to a month's gentle rehabilitation in a NHS continuing care bed for a month initially. Unless there is a dramatic improvement .... I feel she will need a nursing home'.

THERE NEVER WAS ANY INTENTION OF GIVING MY MOTHER 'GENTLE REHABILITATION' YOU KNOW IT & SO DOES EVERYONE ELSE.

The nursing records for the remainder of Mrs Purnell's time in the first hospital show that, despite regular attention to her pressure areas and the use of a special mattress, by the time of her transfer to the second hospital the sores on her heels had blackened and she had a sore on her right elbow. Other entries indicate that during the latter part of her stay in the first hospital the staff there were experiencing difficulty maintaining a satisfactory fluid balance. She also had oedema (an accumulation of fluid) in both legs and her left arm.

I WOULD LIKE BOTH THE HOSPITALS TO PRODUCE RECORDS TO SUBSTANTIATE WHAT HAS BEEN SAID ABOUT BEDSORES BECAUSE WHEN MY MOTHER WAS FIRST ADMITTED TO THE WAR MEMORIAL THE BANDAGES WERE REMOVED AND ONLY A LIGHT DRESSING APPLIED. LATER FURTHER BANDAGES WERE APPLIED DUE TO HER NEVER LEAVING THE BED FROM THE DAY SHE ADMITTED UNTIL SHE DIED.

12/11/98 Section 12

X THIS WAS THE DAY AFTER SHE WAS TRANSFERRED FROM HASLAR. SAME OLD THING ABOUT MY MOTHER IN GREAT PAIN SO SEVERE SHE NEEDED MORPHINE YET 11/11/98 THE DAY BEFORE WHILST STILL AT HASLAR SHE DIDN'T NEED EVEN CO-CODAMOL. BE HONEST WHAT IT SAYS IN SECTION 12 IS A JOKE ISN'T IT?

SECTION. 12.
NO MENTION AS TO WHAT KIND OF PAIN. LINE 7. → BED SORES DO NOT REQUIRE MORPHINE

X SAME OLD THING IN Section 13 LINE 6 BUT NOW THE STAFF AT THE W.M.H. ARE SAYING MY MOTHER WAS IN GREAT PAIN WHEN ADMITTED ON 11/11/98. MOVED A DAY FORWARD FROM SECTION 12. IF MY MOTHER WAS IN SUCH SEVERE PAIN ON 11/11/98 WHY WAS SHE TRANSFERRED FROM HASLAR HOSPITAL & WHY DIDN'T HASLAR GIVE MY MUM AN ASPIRIN OR SOMETHING. THE W.M.H. MUST THINK US ALL TO BE IDIOTS. MIND YOU THEY HAVE SO FAR DONE A VERY GOOD JOB AT NOT ONLY FOOLING THE OMBUDSMAN BUT THE POLICE ASWELL.

NOTE PLEASE.

40 mg OF DIAMORPH IN 3 DAYS. ACTUALLY FROM 1405 HRS ON 12/11/98 UNTIL 1030 " " 14/11/98 IS A TOTAL OF 44 HOURS 25 MINS OR A 10mg DIAMORPH EVERY 10½ HOURS.

X Section 14 LINE 3 I DON'T THINK ANY OF US WOULD BE VERY COMMUNICATIVE IF HAVING BEEN GIVEN MORPHINE ON 12TH 13TH & 14TH DECEMBER.

See Noll. THIS WAS GIVEN PRIOR TO MY MOTHER'S OPERATION THIS SECTION IS MOST IMPORTANT WHEN COMPARING WHAT IS SAID WITH RESPECT TO AMOUNT OF MORPHINE ADMINISTERED AT NASCAR HOSPITAL WITH THAT GIVEN TO HER WITHIN LESS THAN 24 HRS AFTER HAVING BEEN ADMITTED TO WAR MEMORIAL HOSPITAL.

11. The prescription and drug administration records in respect of Mrs Purnell's stay in the first hospital show that on 25 October she was prescribed morphine, 10 mg to be given as required. Only one dose was given, at 1.15am on 26 October. A prescription was also written that day for up to two tablets of co-codamol to be given as required. (Co-codamol is a proprietary non-opioid drug used for pain relief – it does not contain morphine.) Mrs Purnell was given co-codamol 14 times between 25 October and 5 November, but none after that. Between 6 and 11 November she was given no pain relief medication other than aspirin.

PRIOR TO OPERATION

WHAT DOES THIS SAY THEN REGARDING WHAT HAPPENED ON THE 12TH NOV 98 AT THE WAR MEMORIAL HOSPITAL

12. The prescription and drug administration records in respect of Mrs Purnell's stay in the second hospital include a prescription dated 11 November authorising the administration of co-codamol, if required; Mrs Purnell was given two tablets at 8.30am the next day. Later on 12 November a doctor wrote a prescription for 2.5 mls to 5 mls oramorph (a solution that would have contained 5 mgs to 10 mgs of morphine) to be given orally, as required, at intervals of four hours or longer. That afternoon, Mrs Purnell was noted to be in a great deal of pain and was given 2.5 mls of oramorph at 2.05pm. She was given a further 2.5 mls at 6.30pm and 5 mls at 10.37pm. The two evening doses were given after nurses observed that Mrs Purnell was still in pain.

20 MGS IN TOTAL BETWEEN 14.05 HRS AND 22.37 HOURS.

13. Between 13 November and 24 November Mrs Purnell was given a total of 15 further doses of oramorph. No dose exceeded 5 mls and she was never given more than two doses in one day. On 24 November, a doctor wrote a prescription for diamorphine to be given subcutaneously on a regular basis. Mrs Purnell was given 20 mgs of diamorphine each day between 24 and 30 November. On 1, 2 and 3 December she was given 40 mgs each day. The nursing records indicate that Mrs Purnell was in pain on the day she was admitted to Dryad Ward and there are many subsequent references to her being in pain and needing pain relief to help her sleep at night.

BY THE 24TH MY MOTHER WAS IN A COMA.

14. On 14 November the ward manager recorded at 4.30pm that Mr Wilson had expressed concerns about the amount of sedation being given to his mother. On checking Mrs Purnell she was described as 'rousable but not very communicative'. She had been given 2.5 mls of oramorph at approximately 10.35 am that day. The ward manager's note continued:

WHAT DID THEY EXPECT NOT LIKELY MY MOTHER WOULD FEEL LIKE SINGING AFTER 3 DAYS ON MORPHINE. OF COURSE I AM BEING FLIPPANT ALSO BLOODY ANNOYED AS WELL.

SECTION 15 LINE 5

I STILL STAND BY WHAT I SAID REGARDING 'MUDDLING'. I ONLY WISH THE PORTSMOUTH HEALTH TRUST WOULD SUE ME FOR LIBEL AND THEN I COULD GET MY CASE INTO COURT. SO WHY DON'T THEY BECAUSE THEY DO NOT WANT TO AND WHY? I THINK WE KNOW THE ANSWER TO THAT DON'T WE.

SECTION 16. LINE 6.

PRESSURE SORES ON ADMISSION FROM HASLAR. YET ON SEE PAGE 9 LINE 8 SECTION 21. DEAR Code A STATES AFTER MY MOTHER WAS ADMITTED TO THE SECOND HOSPITAL SHE DEVELOPED PRESSURE SORES.

SOME IS LYING AREN'T THEY.

PLEASE SEE MY CHRONOLOGICAL WRITTEN DATES OF EVENTS. PERTAINING TO 17TH NOV 98 NO 16 BELOW. WITNESS ON MY BEHALF IS A NURSE WHO NOTICED THAT MY MOTHER WAS DEHYDRATING.

'[Mr Wilson] is aware of [Mrs Purnell's] poor prognosis [and] .... that she may need opiates to control her pain [and] he agrees to this'.

15. An entry made by one of the doctors who attended Mrs Purnell referred to a conversation which she had had with Mr Wilson during the evening of 17 November. She wrote:

* WHAT I SAID WAS (I HAVE WITNESS TO THIS) THAT DRYAD WARD WAS THE KILLING FIELDS OF THE W.M. HOSPITAL.

'[Mr Wilson] seen. Very angry. Feels his mother is not being cared for adequately, is accusing nursing staff of murdering* his mother by giving her oramorph .... She is clearly in distress when moved e.g. for washing/dressing and as such does require analgesia (Mr Wilson is not happy for her to have any analgesia). She is clearly also very poorly and I do not feel any active intervention is appropriate ....'

* I DEMANDED TO SEE A DOCTOR AND WAS CONSEQUENTLY ASKED TO LEAVE THE HOSPITAL BY THE SECURITY STAFF.

After discussion with the consultant the doctor concerned wrote a prescription for Mrs Purnell to be given fluids, subcutaneously (under the skin).

LIES — CONTRADICTION HERE See Section 2. Page 142. WHICH STATES NEXT DAY 18TH NOV. 98.

16. A slightly later entry, in the nursing records for 17 November, referred to a conversation which one of the nurses had with Mr Wilson. She wrote:

'Mr Wilson expressed his dissatisfaction with the treatment at [the second hospital]. He was concerned his mother was nursed in bed, did not have [intravenous fluids] in progress and had been given oramorph.

'Explained she was in bed because she had pressure sores on admission and was nursed on a pressure relief mattress.

'That I did not comment on the use of [intravenous] fluids as it was not my area of practice and that oramorph was used as Mrs Purnell was in pain. Mr Wilson was verbally abusive to myself and the doctor ....'

In a further entry the nurse wrote that Mr Wilson had requested, and been given, a complaints form before leaving the ward and saying that he would not be coming back.

* I ONLY RETURNED ONCE AFTER THIS TO SEE MY MOTHER SHE WAS IN A COMA. HAVE WITNESS THAT I NEVER SPOKE TO ANY MEMBER OF THE NURSING STAFF. YET IF YOU REFER TO SOLICITORS LETTER THEN I HAD BEEN IN CONTACT WITH

17. Another entry that evening, by the hospital's medical director, records that if Mrs Purnell continued to be in pain or distress she should be given pain relief,

MEMBERS OF THE STAFF RESAYING THAT TO QUOTE LETTER 'I WAS HAPPY FOR THE SOLICITOR TO MAKE FUNERAL ARRANGEMENTS' NOTHING OF THE SORT EVER OCCURRED.

SECTION. 19 LINE 4

IN 12 DAYS THEY ASSESSED MY MOTHER'S WATERLOW SCORE TWICE THAT IS ALL!

SECTION. 19 LINE 8

BY 23RD NOVEMBER MY MOTHER WAS UNABLE TO FEED HERSELF. WHAT DID THEY EXPECT CONSIDERING EVERYDAY (APART FROM ONE) THEY WERE GIVING HER MORPHINE.

X SECTION. 20 LINE 8

THEY ENCOURAGED MY MOTHER TO DRINK MORE. YET IN THE MEDICAL NOTES IT STATES IF I ATTEMPTED TO GIVE HER FLUIDS THE NURSING STAFF SHOULD PHONE THE POLICE WITH THE VIEW OF HAVING ME ARRESTED ON A CHARGE OF TECHNICAL ASSAULT. ON MY MOTHER.

despite Mr Wilson's wishes to the contrary. Because Mrs Purnell was incapable of making decisions for herself the staff should act in what they believed to be her best interests. In order to increase Mrs Purnell's intake of fluids the medical director approved their administration, subcutaneously, for between five and seven days, to see if her condition improved. In doing so, he expressed concern that, in view of her general condition, giving fluids might not be appropriate. The medical director returned to the ward at 8.00am the next day in order to check on Mrs Purnell.

X I WAS IN HASCAR HOSPITAL

18. The next day, 18 November, a nurse wrote that staff and the police had tried to contact Mr Wilson but that he was not at either of the addresses in the hospital's records and the telephone number in the records was unobtainable.

X NEARLY TWO WEEKS BETWEEN ASSESSMENTS

19. As at the first hospital, the staff at the second continued to nurse Mrs Purnell on a special mattress designed for patients with pressure sores, or at risk of developing them. Her Waterlow score (giving an indication of the degree to which her pressure areas were at risk) was assessed on 11 and 23 November. Her scores on both those dates identified her pressure areas as being at very high risk. Staff also assessed her level of dependency on those days. She was incontinent of urine and faeces, and was totally dependent on staff for bathing, dressing and grooming. On 11 November she was described as needing help to feed herself but by 23 November she was unable to do so at all. With regard to her mobility she was assessed on both occasions as being completely dependent on others, unable to stand, and unable to transfer (e.g. from her bed to a chair) without a hoist.

X AFTER THE AMOUNT OF MORPHINE GIVEN NO ONE WOULD BE ABLE TO DO ANYTHING FOR THEMSELVES.

20. On 11 November a care plan was produced with details of the action that was to be taken to address Mrs Purnell's needs. Among other things she was to have regular mouth and pressure area care, be encouraged to take food and fluids, and receive adequate pain relief at night. Documents recording the care that was given indicate that her mouth care and personal hygiene were attended to daily. There are entries, on 14 November and 17 November (before Mrs Purnell was given subcutaneous fluids) recording that her urine was either dark or concentrated, and that she was to be encouraged to drink more fluids. Corresponding entries elsewhere in the records indicate that on 13 and 14 November Mrs Purnell could manage only small amounts of food and fluids and that staff continued to encourage them after 17 November, when fluids were being given subcutaneously. There are specific entries relating to pressure area care given on 13, 14, 20 and 22 November, and to Mrs Purnell being turned and encouraged to lie on her side. On other dates

WITHOUT THE FOOD & FLUID INTAKE RECORDS HOW WOULD YOU KNOW WHAT MY MOTHER WAS GIVEN.

WITHOUT MY INTERVENTION WOULD SHE HAVE BEEN GIVEN FLUIDS SUBCUTANEOUSLY?

X SECTION 21 LINE 7

My MOTHER ACCORDING TO CONSULTANTS REPORT WAS TRANSFERRED FOR REHABILITATION NOT PALLIATIVE CARE.

X LINES 8 & 9 'ACTIVE CARE FOR A PATIENT WHOSE DISEASE'.
SINCE WHEN HAS A HIP OPERATION BEEN CLASSIFIED AS A DISEASE.
NO ATTEMPT WAS EVER MADE (FROM DAY 1) REGARDING REHABILITATION AT THE WAR MEMORIAL

SECTION 21 LINES 15. 16, 17.
NO EVIDENCE THAT SHE WAS ENCOURAGED EITHER IS THERE → NOT IN THE MEDICAL NOTES THERE ISN'T.

nurses recorded that care was given fully in accordance with the nursing care plan. The plan included instructions on how Mrs Purnell was to be moved and on the care and treatment of her pressure areas.

Advice of the Ombudsman's Professional Advisers THE WOMAN IS AN IDIOT.

21. The Ombudsman's medical adviser, Code A, a consultant anaesthetist with wide experience in an acute pain team and in palliative medicine, commented as follows: Code A MUST BE LIVING IN CUCKOO LAND INACCURACIES THROUGHOUT HER STATEMENT.

'Having reviewed the clinical and nursing records on the complaints file, I consider that the choice of pain relieving drugs for Mrs Purnell was appropriate in terms of the type of drug, doses, methods of administration and frequency of administration. Staff were correct in their judgement that Mrs Purnell required palliative care (active total care for a patient whose disease is not responsive to curative treatment). The drugs and doses used are within the ranges recommended in the BNF (British National Formulary) for palliative care. There is no evidence that Mrs Purnell received excessive doses of morphine. SINCE WHEN IS AN OPERATION TO REPAIR A BROKEN HIP A DISEASE.

SENT TO WALSGRAVE HOSPITAL RE-HAB.

'In my view, the same comments could be made about the management of Mrs Purnell's hydration. When Mrs Purnell was admitted, she was able to take small amounts of fluid and food with assistance. There is no evidence that Mrs Purnell was not sufficiently encouraged to drink during her first week on Dryad Ward. Over enthusiastic attempts to encourage a patient to drink can be very disturbing and not in their best interest. When her condition deteriorated, an appropriate regime of subcutaneous fluids was instituted. Earlier use of subcutaneous fluids would have made no significant difference to the outcome.

WHILST SEDATED ON MORPHINE OVER ENTHUSIASTIC I SAW VERY LITTLE ATTEMPT AT ANYTHING IN DRYAD WARD.

NEITHER IS THERE ANY EVIDENCE TO PROVE SHE WAS.

'Following the fall when she broke her hip, Mrs Purnell did not regain mobility. She was able to sit out of bed with assistance and at one time was fit to sit in a wheelchair. There is evidence of the staff having kept this aspect under regular review and I am convinced that all was done that could be done to increase Mrs Purnell's mobility. Given her age, her general physical and mental health, and her recent fracture, sadly it was impossible to improve her mobility and she developed pressure sores which made attempts at mobilisation considerably more difficult. Prior to her admission to

X SECTION 21 LINE 54

IT STATES HERE THAT AFTER TRANSFER TO SECOND HOSPITAL I.E. WAR MEMORIAL MY MOTHER DEVELOPED PRESSURE SORES. YET ON PAGE 4 SECTION 10 LINE 5 A PART OF DR LOUIS' REPORT OF 5TH NOV. 1998 MENTIONS THAT MY MOTHER HAD PRESSURE SORES LINE 8. My MOTHER WAS AT HASCAR HOSPITAL WHEN DR LOUIS WROTE THIS.

Code A DIDN'T SPOT HIS OWN MISTAKE DID HE AND HE HAS THE NERVE TO CALL HIMSELF AN Code A .

MY MOTHER WAS IN A RESIDENTIAL CARE HOME — SLIGHT DEMENTIA.

hospital, Mrs Purnell had been living in a nursing home and on admission to hospital she was noted to have senile dementia, oedema of the legs, pressure sores, urinary and faecal incontinence and to require full assistance with the activities of daily living. The plan had been for slow rehabilitation, although the likely limited effect of this was recognised and this proved to be the case.

'Conclusion

Mrs Purnell made a steady recovery after breaking her hip in a fall. She was not mobile and her condition gave cause for concern that she might prove difficult to mobilise. After her transfer to the second hospital she developed pressure sores, mainly as a consequence of her immobility.

REFER BACK TO SECTION 10 PAGE 4

BULLSHIT SHE ALREADY HAD PRESSURE SORES AT HAGLAN HOSPITAL

'She was treated with care and compassion and due to severe pain from her pressure sores required the use of morphine. At a later stage, when she became dehydrated, appropriate measures were used to treat this.

DESCRIBED WHAT KIND OF PRESSURE SORES SHE HAD

MORE BULLSHIT *'Mrs Purnell received medical management entirely appropriate to her condition and prognosis and this was supported by the nursing care plan.'*

SUPPOSEDLY SHE WAS TRANSFERRED TO THE HAR MEMORIAL ACCORDING TO HER MEDICAL NOTES FOR GENTLE REHABILITATION

22. The Ombudsman's nursing adviser reviewed the papers and concurred with the views of the medical adviser where they overlapped with issues concerning Mrs Purnell's nursing care. She commented that Mrs Purnell's pressure sores would have been acutely painful, particularly during the early stages of their development. The records provided evidence of the nurses having formulated a timely nursing care plan following Mrs Purnell's arrival in Dryad Ward. In so far as it was possible to judge (owing to the lack of fluid balance charts and some of the other records), Mrs Purnell's care appeared to have been delivered as required by the care plan. The drug administration records showed that at all times the nurses administered Mrs Purnell's medication in accordance with the doctors' prescriptions.

X HOW THE HELL WOULD YOU KNOW WITHOUT THE SO CALLED INADVERTENTLY DESTROYED RECORDS.

Action taken by the Trust

23. The Trust provided details of the areas where they had reviewed their written policies as a result of Mr Wilson's concerns. Although they had not upheld Mr Wilson's complaint their investigation had highlighted issues that needed attention. Work had been done on an admissions policy for the ward. The policy defined more closely the categories of patients to be admitted to Dryad Ward and required a nominated member of the nursing staff to liaise with relatives before formulating

X SECTION 24 LINE 8

No such thing was ever said to me. If this had been true that my mother's prospects of recovery were poor then why would the consultant for my mother Dr Lord write the report that she did regarding rehabilitation and if not successful the only option would be a nursing home. There is no mention of my mother possibly dying in Dr Lord's report.

XX SECTION 25 LINE 8

Without medical records, they of course were inadvertently destroyed, how would anyone know whether or not the staff tried to maintain nutritional intake.

the nursing care plan. There was now an agreed policy for the prevention and management of malnutrition, under which every patient was assessed on admission to ascertain the degree to which s/he was at risk of malnutrition and to help identify the appropriate nursing interventions. A multi-professional policy was also being prepared for the assessment and management of pain, with patients' needs being reviewed on a regular basis. In addition to that the Trust had introduced new forms for the prescribing and administration of drugs using a syringe driver (an automated device for delivering a preset dose of medication). Since February 1999 consultant cover on the ward had been increased from one ward round every fortnight to one every week. WITHOUT MY COMPLAINT IN NOV. 1998 I DOUBT VERY MUCH IF THEY WOULD HAVE INCREASED CONSULTANT COVER ON ANY WARD.

Findings

24. The Ombudsman's medical adviser has stated that in her opinion the medical management of Mrs Purnell was appropriate, having regard to her condition and prognosis. I see no reason to believe otherwise. In caring for Mrs Purnell the staff had to strike a balance between doing all they could to facilitate her rehabilitation (as long as that remained an option) and not doing anything that would cause her unnecessary suffering. I believe they approached Mrs Purnell's management in a considered and professional manner. Sadly, Mrs Purnell's prospects of recovery were very poor. That was explained to Mr Wilson while his mother was in the first hospital, and after she was transferred to the second. * IF THIS WAS THE CASE THEN WHY SAY THAT SHE WAS GOING TO THE W.M. HOSPITAL FOR GENTLE REHABILITATION.

25. Because some of the records were destroyed prematurely – an error for which I criticise the Trust – my findings in respect of the nursing care are based only on the documents which are still available. Although incomplete, the records provide evidence of the nurses having systematically assessed Mrs Purnell's needs, formulated a care plan, and delivered that care. Their approach was also influenced, to a large extent, by Mrs Purnell's poor condition and prognosis. I accept that, in view of her general condition and the pain she was in, it would not have been appropriate to have tried any harder to increase her mobility. I also accept that the staff did all they reasonably could to maintain Mrs Purnell's nutritional intake. The medical director was right in pointing out that the staff should act in what they considered to be Mrs Purnell's best interests, despite Mr Wilson's objections. WITHOUT RECORDS HOW CAN YOU JUST ACCEPT WHAT THEY TOLD YOU.

26. Central to Mr Wilson's concerns was his belief that the medication his mother was given was excessive. In his correspondence with the Trust he placed much emphasis on the fact that she had needed no pain relief during her last week in the

X SECTION 28 LINE 2

WHY DIDNT HASCAR HOSPITAL GIVE MY MOTHER MORPHINE?
BECAUSE SHE HAD NO NEED OF IT.
THEREFORE ANY DOSE JUST AFTER SHE WAS ADMITTED TO THE WPL MEMORIAL COULD BE CONSTRUED AS EXCESSIVE & I AM TALKING ABOUT THE IMMEDIATE DAYS AFTER BEING ADMITTED TO DRYAD WARD

THE DAY AFTER BEING ADMITTED SHE WAS IN GREAT PAIN THEN WHY TRANSFER HER FROM HASLAR IF SHE WAS IN SUCH PAIN.

first hospital. I can see how it might have appeared to him that the second hospital were giving Mrs Purnell more medication than she needed; however the records show clearly that she was in a great deal of pain and that pain relief was essential for her comfort. As for the choice of oramorph and diamorphine, the dosages prescribed, and the frequency of administration, the Ombudsman's medical adviser has commented that those were appropriate in the circumstances. I see no reason not to accept her view.

X I DON'T THINK YOU HAVE THE SAVVY TO MAKE A DECISION ON YOUR OWN.

27. In their formal response to the complaint the Trust commented that they may have failed Mr Wilson by not helping him to a better understanding of his mother's poor prognosis. It appeared to Mr Wilson that his mother was improving up to the time she was transferred to the second hospital. His hopes may have been heightened by the consultant's plan 'for a month's gentle rehabilitation' and the prospect of her eventually going to a nursing home. It is entirely understandable, therefore, that he was greatly upset by the changes which followed so soon after Mrs Purnell's move to the second hospital. It seems, however, that when he raised his concerns on 14 November, the nurse to whom he spoke believed that she had reassured him. It was only later, on 17 November, that the full extent of his feelings became apparent, and for a time after that the staff were unable to contact him. In the circumstances I consider that the staff probably did all they could to try and help Mr Wilson understand matters.

I WAS IN HOSPITAL THEN CHECK HASLAR HOSPITAL'S RECORDS

28. To sum up, I have not found evidence of unsatisfactory medical or nursing care, and I am satisfied that Mrs Purnell was not given excessive doses of morphine. I do not uphold the complaints.

IF YOU WISH I WILL SEND YOU EITHER SOME BLINKERS OR A GUIDE DOG.

Conclusions

My findings are given in paragraphs 24 to 28. I have not upheld the complaints. However, I hope that the Trust's actions following Mr Wilson's complaint to them will reassure him that his concerns have resulted in improvements being made. I have been told by the Trust their procedures have also been improved to ensure that errors in the selection of records for microfilming are picked up before the records are destroyed. In addition to that the Trust have extended their microfilming

contract to include fluid charts and other items of clinical relevance which were not previously filmed. I regard that as a satisfactory outcome to my concerns about the premature destruction of some of the records in this case.

Code A

duly authorised in accordance with
paragraph 12 of Schedule 1 to the
Health Service Commissioners Act 1993

22 March 2001

No3B

Code A

7/Jan/02

Dear Code A,

I doubt very much if you recall anything about this report that you wrote and so are possibly wondering not only as to why I am writing to you but also what has taken me so long to getting around to doing so because it has been awhile hasn't it.

Well I always did intend to reply to your rather limp effort but then what was the hurry after all I had already come to the conclusion after reading through it that I had drawn the short straw when they assigned you the task of compiling said report.

The sad thing is you could have done everyone who unfortunately has experienced what the War Memorial Hospital calls 'care of their patients' a great service in our attempts to obtain such 'care' as the elderly deserve. You held a trump card in that the Portsmouth N.H.S.Trust had supposedly inadvertently destroyed vital medical records and not the first time they had either even though they said it was. Please see the photo copied enclosed page from a Mrs.G.Mackenzi\yes letter as the same thing occurred in her case and her mother died four months before mine.

Surely though you didn't really believe that my mother's records really were the first they had destroyed did you?.

Anyway because they had been then you could have said in your report that due to the lack of these records that you were unable to make a decision one way or the other regarding either upholding my complaint or rejecting it. An impasse so to speak thereby being fair to both parties involved, namely the Portsmouth N.H.S.Trust and myself.

In your findings on PAGE 10 of your report you say that you had no reason to believe otherwise with regards to what the Ombudsman medical asviser stated. I would love to know just what you did contribute to the twelve page report. Not much from what I can gather for you seem to rely in the most part on what a Code A has said. Further to this whatever the W.M.H. has said you have t-ken as gospel inspite of medical records having been destroyed.

Would it be true to say that you have weaved your report around what the W.M.H. has said and of course what Code A has put in her report. Not that I blame you if you have easiest way out really.

What else am I supposed to think when you never contacted even one witness who was willing to testify on my behalf as to what they saw at the W.M.H. There was a qualified nurse and three qualified residential care workers who would have been quite happy to have given you their honest version of events whilst they were visiting my mother. But no, you choose to believe whatever the hospital told you.

Had you of taken off your blinkers you might have seen a lot more because something has been going on in that hospital and someone is responsible for destroying at least three lots of medical reports that I know of. It was no accident. Once maybe, twice perhaps but three times whilst each were in the process of a complaint against the Portsmouth N.H.S.Trust, no way. No doubt there are others aswell, records that is, which have very conveniently found their way to the furnace.

Take a look at PAGE 2 Section 6 of your report. The records were destroyed in April 1999 this was just after the first meeting that was held between myself and the Portsmouth N.H.S.Trust with Dr.Reid in attendance aswell. Another meeting had been originally planned for June so there must have been something in the records that they did not want to become public knowledge and so purposely accidently destroyed them. If what ever was stated in them was in their favour they would have taken good care of them wouldn't they.

I have listed in numerical order page by page and section by section parts of your report that I felt it was necessary to comment on. I would appreciate it if you could spare the time to read through them, take your time as there is no hurry. You will no doubt disagree with what I have said but I trust you will respect my right to say what I have, but most importantly and first of all if you will please read the enclosed photo copies of the W.M.H. medical reports and what a Dr.Barton said on the 20/11/98 about being 'happy for the nursing staff to confirm my mother's death' and repeating it word for word again on the 28/11/98. This is on pages 4 & 5 section four of the W.M.H. medical reports.

In closing this letter I would just finally like to say that the reason for enclosing photo copies of newspaper clippings is that to let you know that the problems within the War Memorial Hospital have still not gone away. Which brings me back to what I said about it being a pity that you did not dig a little deeper with regards to my mother's case. You might have made quite a name for yourself had you of done.

Anyway I trust you will not just bin what I have sent you to read, shame if you do without first reading through everything after all none of us are above learning from our mistakes. Not that I am applying that you have made one, but it is just that I think you should have at least taken a statement or two from those who were willing to testify on my behalf instead of what you did do which was completely ignore the fact that I had any in the first place.

If you do bother to read what I have sent you then I thank you for doing so.

Yours sincerely,

Code A

M.E.Wilson (mr)

PAGE 1 SECTION 2 line five.
Had you of bothered to read my chronological list of events for the day Tuesday 17th November 1998 you would have read that a nurse from Addenbrookes Res. Home arrived before me to visit my mother and it was she who told me that my mother was dehydrating. You never spoke or wrote to any witness that was willing to testify on my behalf as to what they saw going on at the War Memorial hospital and instead took whatever the W.M.H. said as gospel. This being the first of many inaccuracies on the part of the W.M.H. nursing staff's account as to what occurred on various days whilst my mother was a patient in this hospital.

PAGE 2 SECTION 3
The reason for a [Code A] refusing my request is that he came up with the lame excuse that because I had stated in a private letter to Dr.Reid (in answer to one from him) that I hoped my complaint would eventually end up in the hands of the Crown Prosecution Service, that this could be contrued as I now intended to seek legal advice. Nowhere during the course of my complaint had I ever mentioned going to a solicitor and infact I always adhered to the correct procedure for making such a complaint. To prove just how unindependent the covener is Dr.Reid must have given my private letter to him to this [Code A] to read. It was not a part of my official complaint because it was simply a personal letter to Dr.Reid. They knew that it was but tried to make something out of it to the extent that in the end they did by refusing my request for an independent review. Not that it mattered because I then realised that it would not have been that independent would it.

PAGE 3 SECTION 7
Either you are stupid or you think I am, probably the latter. How though could the pain (bedsores) deteriorate to such an extent that from needing no pain-killing medication just prior to being transferred to the W.M.H. and then requiring 20mg of oramorph in 8½ hours just 24 hours later. Not possible, you know it and so do I along with the nursing staff on duty that day at the W.M.H. in Dryad Ward.

PAGE 4 SECTION 9 lines three, four and five.
But this is not true. No doctor spoke to me regarding my mother in the long term not recovering. What was said by the RAF doctor to me was infront of a witness (my ex-wife) that if my mother whilst under the anaesthetic to repair her hip began so to speak 'go downhill' that is her heart was drastically weakening they would not go all out due to her age and health in general to resuscitate her. I agreed to this because as I replied to him my mother had lived a very full and interestingly rewarding life. The wording in your report though reads as if I was told that my mother was unlikely to recover even if the operation (which it was) turned out to be successful. Neither of us have anything to substantuate what was said by I do have a witness whilst you do not have one.

PAGE 4 SECTION 10 begin line six.
Contradiction refer back if you will please to above section your line five 'unlikely to recover'. Now I am being told that even though rehabilitation was going to be difficult and also unless there was a dramatic improvement in my mother's condition then she would need a nursing home. Nothing about not recovering is there. Tell me didn't you read what you were writing because if you did then why didn't you think it odd that in one breath my mother was in the long term unlikely to recover and in the next at worst she would have to settle for a nursing home. Bloody big difference between not recovering at all isn't it.

PAGE 4 SECTION 10 begin line seven.
Fluid balance. My mother had oedema then why did the W.M.H. stop giving her medication for this. Didn't you compare the Royal Haslar records with those of the W.M.H. You didn't ask why medication was stopped did you, infact you didn't ask much at all so far as I can see or rather read.

PAGE 5 SECTIONS 12 & 13.

Once again we are back to the morphine issue and nowhere according to Martindales book on drugs and the usage thereof does it mention morphine being used in the treatment for pain when it comes to bedsores. No one has really delved into the question of why she did not need such medication right up to the day she was transferred from Royal Haslar and yet before they hardly had time to close the doors behind her as she was admitted to the W.M.H. they were giving my mother morphine. Not logical no matter how hard they try to use the excuse of bedsores. You know I am right but you hadn't got what it takes to question the disparity between the using such a debilitating drug at one hospital and not at the other.

PAGE 6 SECTION 15.

Contradiction here. See pages 1 & 2 section 2 of your report which states the next day a subcutaneous drip was attached to my mother, the 18th November 1998. Not as it implies from the wording in section 15 'on the evening of the 17th November 1998 etc'.

Let us go back to what it says in section 2 pages 1 & 2 shall we. Start at the end of line 4. On the 17th November etc because the nurse informed me that such a drip was not available. Now continue on the last line on page 1 'the trust's medical director on the following day, which is now the 18th November 1998 reviewed the situation and because of this my mother was put on a drip. What I am trying to point out to you is that you took everything that the W.M.H. nursing staff said as gospel, but here I am showing you that discrepancies do exist. Why then didn't you question the fact that reports by various members of the staff on Dryad Ward did not match up.

PAGE 6 SECTION 17.

The medical director was infact Dr.Reid and a subcutaneous drip was attached to my mother on the 18th and not as it implies in section 15 page 6 last two lines and to quote them ' after discussion with the consultant (no names and my mother's consultant a Dr.Lord did not see her until the 23rd Nov.98 and previous to this the last time she saw my mother was at Haslar hospital) the doctor concerned wrote a prescription for Mrs.Purnell to be given fluids, subcutaneously.

Therefore to re-affirm this see page 7 section 20 of your report beginning on line 11 'after 17th November when fluids were given subcutaneously'. This means on the 18th November 1998 and not the evening of the 17th. Which also means on page 6 section 15 line 10 'wrote a prescription for Mrs.Purnell etc etc'. Now to page 6 section 16 lines 1 & 2 'a slightly later entry in the nursing records for 17th November 1998' this about a conversation with me where I mentioned my concern that my mother was not receiving fluids through the use of a drip. Those two lines completely contradict the last two lines in section 15. Tell me who was telling the truth. Well I was when I said in my chronological list of events day by day that it was the 18th November 1998. So if I was telling the truth then about what happened on the 17th & 18th November I could be telling the truth on the other days on my list BUT you would only listen to what the War Memorial hospital had to say.

PAGE 7 SECTION 19.

Stated in this paragraph is the fact that on the 11/11/98 needed help to feed herself but by the 23/11/98 she was unable to. Come on play fair noboby would be able to feed themselves even with help after nearly two weeks of continually being given morphine (apart from 17th when she was given 100mg of diclofenac, which is just as bad). What kind of state do you think my mother was in by then, a comatosed one, you would be spot on if you said that.

PAGE 7 SECTION 20.

Please see attached W.M.H. records section 4 page 3 which states that I could be arrested for a technical assault on my mother for encouraging her to eat. 17/11/98. Yet the W.M.H. are saying that it was alright for them to encourage my mother to eat on 13th & 14th Nov.98. Not that they made any real attempt to. The day when I actually did give my mother something to eat was the 16th Nov98 and she ate a whole tuna mayonaise sandwich. I have two people who witnessed this.

The state my mother was in on the 12th through to and including the 15th was such due to morphine administered to her that she couldn't or wouldn't open her eyes and as for eating anything, how could she being as she was in such a sedated state. My mother's waterflow score was assessed on 11th Nov the day she was admitted to the W.M.H. and not again until the 23rd Nov and yet she was seriously ill. Not what one could really call 'giving her much care and attention' is it by the W.M.H.

PAGE 8 SECTION 21.

Code A eport line eight. What is palliative care? Temporary relief. Note the word temporary but my mother was given morphine continually which meant then that she required permanent care. Do bedsores need such care, I think not. No one has ever asked why from the day after my mother was admitted to the W.M.H. was she given morphine everyday bar one, the 17th Nov. No one has questioned either why she did not need morphine when she was at Haslar hospital right up to the very day 11/11/98 that she was transferred to the W.M.H. No one has really done their job properly have they.

PAGE 9 SECTION 22 line six.

In so far as it was possible to judge you hadn't a clue, had you because the records had been destroyed. So why didn't you say this instead of just assuming. Sorry I forgot that you believed whatever the War Memorial hospital told you. I do apologise for this oversight.

No more to be said other than so far as I am concerned my mother was unlawfully killed and if the full facts were presented before a jury in an open court the verdict would be guilty on the morphine question alone.

PAGE 8 SECTION 21. LINE 8.

ALSO STATES MY MOTHER REQUIRED PALLIATIVE CARE & DRUG DOSES WERE WITHIN RANGES RECOMMENDED IN BNF. FOR SUCH CARE. FROM WHAT DATE DID SHE REQUIRE SUCH CARE WHEN ONE CONSIDERS DR. LORD'S REPORT DATED 6 NOV 98 WHICH STATES MY MOTHER WAS BEING TRANSFERRED TO THE W.M. HOSPITAL FOR GENTLE REHABILITATION. NO MENTION IN HER REPORT OF NEED OF PALLIATIVE CARE.

① MY LIST OF EVENTS AS TO WHAT HAPPENED WITH RESPECT TO MY MOTHER

MRS E.I. FURNELL.

Sunday 25th Oct.

My mother fell and broke her hip in Addenbrooke residential home. Went to Haslar hospital. I was told that IF they operated and IF she had a massive heart during it they would not in her best interests 'pull out all the stops' to revive her. I agreed with this. A decision was made later to operate, because they considered her heart was strong enough to come through it. It was carried out on the Monday. Epidural.

Monday 26th Oct.

Operation a success. I saw my mother and departed Haslar about 8pm. Only home an hour or so before a phone call was received. Her condition had deteriorated and it was suggested that I return to the hospital. Blood pressure very low and on arrival I noticed it was 74/50. I stayed there all night.

Tuesday 27th Oct.

Mother much to everyones surprise had improved considerable and was now out of danger.

Wednesday 28th Oct.

Mother in bed all day, but eating fairly well. I fed the evening meal to her that evening and on the following days apart from Wed 4th Nov & Sun 8th Nov assisted her with the evening meal.

Thursday 29th Oct.

Mother out of bed and sitting in a chair on an air cushion. Bed sores on heels developing. Not able to fed herself at this stage with any degree of dexterity in that she could only use a spoon or eat a sandwich unaided. She could though hold a cup to drink from, but not fill the glass (from a jug) because her hands shook quite a lot. Have done for sometime.

Friday 30th Oct.

Haslar doctor's amazed at her progress when considering her age. Now using a fork, but meat had to be cut into small pieces for her. Still sitting out of bed. Much brighter and talking a lot better.

Sat.31st Oct through to and including Mon.2nd Nov.

More or less the same as from Wednesday 28th Oct.

Tuesday 3rd Nov.

Mother was now at the stage where she could be pushed around the hospital in a wheelchair. Took her to the outpatients for tea&biscuits. Visited the NAAFI shop where she choose something (crisps, milk chocolate buttons and a cheese dip complete with finger sized biscuits) to eat between meals.

Wed.4th Nov through to and including Fri 6th Nov.

Much of the same again, but very bright eyed and bushy tailed so to speak. If asked whether or not she wanted a painkiller (given orally) she would reply mostly in the negative as she had done on prior days to this one. Compare this with what happened on Fri 13th Nov at the War Memorial Hospital.

Saturday 7th Nov.

A Dr.Lord from the W.M. came to see my mother. Note the date because she never saw her again until the evening of the 23rd Nov. In her opinion my mother was ready to be transferred to the W.M. No day fixed but sometime the following week.

Sunday 8th Nov.

Mother about the same as the previous week.

Monday 9th Nov.

I was told by Haslar that my mother would be going to the W.M. the following day.

Tuesday 10th Nov.

Lack of transport my mother would now be on her way to the W.M. on Wednesday the 11th Nov.

Wednesday 11th Nov.

Mother now in the W.M. Dryad ward. I visited my mother that evening and she appeared rather tired. Not one of the nursing staff or anybody for that matter asked whether or not I was a relative or her son perhaps. The general attitude was that of not being bothered as though it was too much effort. Considering that the doctor I spoke to on the 17th Nov said that my mother's prognosis was poor then

surely I should have been told this at the outset. NOT A WEEK LATER. To have your hopes dashed at this juncture after having seen such good progress at Haslar was quite a blow I can tell you.

Note that if I had not complained so vehemently about my mother's deteriorating condition on Tuesday 17th Nov. (see below what happened on this day) I would not have been spoken to by any doctor at the W.M. and surely as a matter of routine I should have been after my mother was admitted to the hospital. It was only because of my actions on Tuesday 17th Nov. that one saw fit to speak to me.

Thursday 12th Nov.

Mother much improved. Good colour, eyes bright. I fed her the evening meal just half a sandwich and one medium sized banana (I brought this in) and the whole portion of a milk based pudding. I was pleased that she seemed so much better.

Friday 13th Nov.

I arrived about 3pm. My mother was or appeared to be very poorly Could not believe the difference from how she was at Haslar. It can happen I was told due according to this staff nurse to being transferred from one hospital to another. Elderly patients in particular can suffer a relapse she added to which I replied then why move them until they are fit enough to travel. No reply forthcoming. Struggle to feed my mother the evening meal and then it dawn on me. Her condition had nothing to do with what that staff nurse had said because it was patently obvious that my mother had been sedated such was her trance like state. Not purposely perhaps but more in an error of judgement in that it was supposedly given to ease her pain. Morphine based so I believe from what I was told. At the time I accepted their explanation. Somewhat naively I might add.

Saturday 14th Nov.

Mother just the same and I realised (as did others - see footnote page three) that she was infact still under sedation, for the pain of course! I complained about this and wanted to know why. A nursing sister took me into a side room along with another nurse of lesser rank and my ex-wife. I was told that my mother needed painkillers (singular or plural is irrelevant) for the bed sores on her heels. I stressed that they were far worse in Haslar and that my mother had only been given a painkiller if on being asked she wanted one and then only orally. Not to the strength either of those given to her at the W.M. In no uncertain terms I was told that the W.M. knew better than Haslar. On that I beg to differ. I replied quite hostile in tone that such a deterioration in my mother condition was not possible from the time she left Haslar and being pushed around in a wheelchair to the semi-conscious state she was now in. The sister actually asked about my mother losing the will to live, to which I retorted that her mind, due to increasing dementia was not capable of thinking that way.

Sunday 15th Nov.

Mother in my opinion and others i.e. qualified care assistants, was now coming out of sedation. A nurse came into the room at aproximately 4.30pm took a blue file (my mother's records or whatever) with her and returned about fifteen minutes later and remark rather sarcastically 'No drugs today'. There are bona fide witnesses to everything I have said from Wed 11th Nov. up to and including Tues 17th. Nov. I will reiterate. It wasn't so much sarcastically, but coldly.

Monday 16th Nov.

Mother much brigther, ate well. I asked about her getting out of bed to which they replied, her bed sores (heels) needed to heal first. I thought here we go back to the same excuse for everthing, those bed sores. Yet Haslar had my mother out of bed in three days. NOTE my mother is still in bed and has been since the day of her arrival at the W.M. 11th Nov. As of writng this the Saturday 28th Nov nothing has changed. Too late anyway now.

Tuesday 17th Nov.

The day I believe my mother began to die for she was in a very poor state. I noticed as I had done on the previous three days that she was passing very little urine into a bag. Catheter tube attached. When a registered care assistant from Addenbrookes arrived, some twenty minutes prior to myself, she realised that my

mother was dehydrating. She said as much to the duty staff nurse best describe as I do not know her name and sorry about this, a rather buxom blonde haired lady. Anyway further to this she asked the staff nurse why the room was in darkness to which she replied my mother requested that the lights be turned out. YET everyone at Addenbrookes residential home will verify that my mother always wanted every light on in her room, even the one over the wash basin. I then stepped in and asked the same staff nurse about putting a drip on my mother and she replied that there wasn't one on the Dryad ward. I continued by saying why wasn't my mother on one anyway and was told by the staff nurse that she was not at liberty to say. What does that mean because it was certainly a strange thing to say. I admit by now I was raising my voice, shouting if you prefer and the staff nurse said that I was upsetting other patients. My mother though is in a room of her own. Following this she summoned security to remove me from the ward. I left on my own accord, but she said to my friends and the care assistant from Addenbrooke that I would not be readmitted to the ward. In due course and at my earlier request a doctor saw my mother and put her on a drip. A tete a tete ensued between doctor, staff nurse and a junior nurse on the one side and my ex-wife, a family friend and myself on the other. I asked the doctor what the odds were of surviving an unmonitored aneurism in the ascending aorta and she replied very slim. This is what I had in 1991 which left with both the aortic and mitral valve regurgitating. I mentioned this solely because of one of the Dryad nursing staff, I think I know who, told the security officer that she thought I was going to hit her and that is why she had called security. I ask you one hard thump in the middle of my chest would probably finish me off and the staff nurse mentioned in line two above certainly would have had the strength to do that. Anyway I am digressing but it is a point to remember if the subject of a security officer raises its head again. I was also told by the doctor that my mother's prognosis was not good but denying her a drip when she was dehydrating certainly did not help. As for any prognosis please read what I have about them. Footnote page four. In a word on this day my mother was intentially or otherwise being deprived of basics to sustain life. (NOT INCLUDED)

Wednesday 18th Nov.

Having stated the previous day that I was about to take a different course of action, implying seeing a solicitor with the view of suing, a near impossible thing to do, for negligence in that my mother was being deprived of the basics and stating emphatically that unless I could see an improvement in my mother to the degree that she was at least out of bed and responding to treatment in preparation to returning to a nursing home I would not return. Failure to do so would result in the hospital having, in the event of her death, to arrange for the cremation of my mother. Drastic measures I know, but to some extent it worked so exonerating me from my verbal outburst on the 17th Nov, because on the morning of the 18th Nov a director of the W.M. - a Dr. Reid from all accounts - did see my mother and since then a drip and liquidized food has been administered to her. I am sure though that what had happened to my mother on the 13th Nov the Friday through to and including the 17th Nov the Tuesday has resulted in their efforts on and since the 18th Nov being of no avail.

Sunday 22nd Nov.

Mother steadily getting worse. At first on the Thursday previous she was eating relatively well, Friday much of the same but since then she appears to be rejected food by mouth to the extent of spitting it out.

Tuesday 24th Nov.

Mother now in the state of or similar to a coma. No reaction when spoken to, eyes glazed and completely unaware of what is going on around her.

Saturday 28th Nov.

Appears to be near to death, but unbeknown to her the body is still fighting against it.

Footnote as mentioned on page two Saturday 14th Nov. Five care assistants from Addenbrooke residential home have seen my mother either at Haslar or the War Memorial. Three of which have seen her at both and spoke to nursing staff at the W.M. about the difference in my mother from when she first left Haslar. One was present at the altercation on Tuesday 17th Nov and witnessed ruckus that went on at the W.M. that evening between myself and a member of the nursing staff. All are willing to make statements on my behalf and more importantly my mother's, not that it will HELP HER NOW.

Page 6.

Section 1

No 5

PORTSMOUTH
HealthCare
NHS
TRUST

DR A LORD FRCP
CONSULTANT GERIATRICIAN

Elderly Medicine
Queen Alexandra Hospital
Cosham
Portsmouth PO6 3LY
Tel: 01705 822444
Extension: Code A
Fax: 01705 200381

AL/SCJ/G81278

6 November 1998

Code A
Royal Hospital Haslar
Haslar
Gosport

Dear Code A

DR. LORD'S REPORT

WARD VISIT E3 HASLAR
Edna PURNELL, DoB Code A
Addenbrookes RH, Willis Road, Gosport

Thank you for referring Mrs Purnell whom I visited on E3 at Haslar on 5.11.98. She fractured her right neck of femur and post operatively has problems with dependent oedema affecting both lower limbs and the left upper limb (likely to be hypoproteinaemic), is poorly mobile just being able to stand with 2, is catheterised and has occasional faecal soiling. She also has bilateral pressure sores on her heels. She is eating well but has a poor fluid intake.

Her past medical history includes moderate dementia for at least 3 years now, a TIA in October last year, and also has a pessary insitu for a vaginal wall prolapse.

Her blood pressure today was 110/80. Although she was confused she knew she was in hospital and had been there as she had a fracture of her right hip. I feel that Bendrofluazide 2.5mgs can be continued for the present but if her oedema worsens she may require a loop diuretic. I feel that the morning dose of Thioridazine could be discontinued and would recommend that she is on a high protein diet. I would also be grateful if her Us and Es, liver function tests and calcium could please be repeated.

Her son and daughter-in-law were present when I visited and I have pointed out to them that rehabilitation was going to be very difficult given her mental state and pressure sores. They have agreed to a month's gentle rehabilitation in an NHS continuing care bed for a month initially. Unless there is a dramatic improvement in her function I feel she will need a nursing home.

With best wishes

Yours sincerely

A LORD

cc Code A

Code A

No 4

Portsmouth HealthCare NHS
NHS Trust

Trust Central Office
St James' Hospital
Locksway Road
Portsmouth
Hants
PO4 8LD

Tel 023 9282 2444
Fax 023 9229 3437

Mr. M. Wilson,

Code A

Our ref: MM/BM/YJM
Your ref:
Date: 14th September, 2001
Ext: 4378

DESTROYED MEDICAL RECORDS

Dear Mr. Wilson,

Thank you for your letter of 23rd August, 2001 requesting copies of your late mother's medical records.

X The full original document was, as you know, erroneously sent for destruction, prior to which the main medical and nursing notes were microfilmed. The photocopy of those documents is held in this office and I enclose a copy.

I have no knowledge of the letter from Mrs. MacKenzie to which you refer, but clearly some confusion has arisen in this regard. Gosport police currently have Mrs. MacKenzie's mother's notes and the Trust holds a copy.

I am not aware of any case other than your mother's in which the case notes have been destroyed in error.

Yours sincerely,

Code A

Max Millett
Chief Executive

I HAD ASKED FOR ALL OF MY MOTHER'S MEDICAL NOTES.

No 8

Royal Hospital Haslar

Gosport • Hants • PO12 2AA
Telephone 01705 762268 Fax. 01705 762519

Defence Secondary Care Agency

Mr ME Wilson

Code A

Date: 16 April 1999

Your ref:

Our Ref: CMR 015125

Dear Mr Wilson

Thank you for your letter of 7 April 1999, in which you request details of painkillers administered to your late mother, Mrs Edna Purnell, during the period 25.10.98 - 11.11.98.

I enclose a copy of the requested information, given by Code A, of the Orthopaedic Department at RH Haslar.

I enclose his original note, so I cannot make an error in transcribing it to print.

I hope this is sufficient for your needs.

Yours sincerely

Code A

ANNE LN FUNNELL
Medical Records Manager
for Commanding Officer

ROYAL HASLAR MEDICAL NOTES
PERTAINING TO MRS. E. J. PURNELL.
NO NEED OF ANY PAINKILLERS DURING THE
LAST TIME SHE WAS A PATIENT IN HASLAR HOSPITAL.

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Fareham and Gosport NHS
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 0FH

Tel: 01329 233447
Fax: 01329 234984

Direct Line: Code A
Direct Fax:

39340

London
NW1 3JN

25th November 04

Dear Code A

RE: Dr Jane Barton

I have met with Dr Barton on three occasions since October 2002 in order to examine the prescribing data supplied by the Prescription Pricing Authority (PPA). At our last meeting, we looked at the data for benzodiazepine and opiate prescribing from October 2002 until August 2004. The PPA records prescribing data according to the named GP on the bottom of the prescription form NOT the GP signing the form. Consequently, a number of prescriptions were attributed to Dr Barton, which had been initiated by another partner. Dr Barton has agreed to take certain actions, following our last meeting, the details of which are included in the report.

I am enclosing copies of the PPA data, together with graphs and the reports of our meetings. If I can be of any further help, please contact me.

Yours sincerely

Code A

Pharmaceutical Adviser

Fareham and Gosport NHS
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 0FH

Tel: 01329 233447
Fax: 01329 234984

Direct Line/
Direct Fax: Code A

Code A
Assistant Registrar
General Medical Council
2nd Floor, Regents Place
350 Euston Road
London
NW1 3JN

25th November 04

Dear Code A

RE: Dr Jane Barton

I have met with Dr Barton on three occasions since October 2002 in order to examine the prescribing data supplied by the Prescription Pricing Authority (PPA). At our last meeting, we looked at the data for benzodiazepine and opiate prescribing from October 2002 until August 2004. The PPA records prescribing data according to the named GP on the bottom of the prescription form NOT the GP signing the form. Consequently, a number of prescriptions were attributed to Dr Barton, which had been initiated by another partner. Dr Barton has agreed to take certain actions, following our last meeting, the details of which are included in the report.

I am enclosing copies of the PPA data, together with graphs and the reports of our meetings. If I can be of any further help, please contact me.

Yours sincerely

Code A
Pharmaceutical Adviser

NHS

Prescription Pricing Authority

Prescribing Report Benzodiazepines Dr Barton Oct 2002 - March 20

Period Name	BNF Name	Total Items	Quantity	Total Act Cost
October 2002	Diazepam_Tab 5mg	2	60.0	£2.29
October 2002	Diazepam_Tab 5mg	1	28.0	£0.55
October 2002	Diazepam_Tab 5mg	1	56.0	£1.07
October 2002	Diazepam_Tab 2mg	2	60.0	£2.11
October 2002	Diazepam_Tab 2mg	1	28.0	£0.51
October 2002	Diazepam_Tab 5mg	1	30.0	£0.59
October 2002	Temazepam_Tab 10mg	1	56.0	£1.65
October 2002	Lorazepam_Tab 1mg	1	28.0	£1.16
October 2002	Diazepam_Oral Soln 2mg/5ml S/F	1	200.0	£2.64
October 2002	Diazepam_Tab 10mg	1	60.0	£1.65
October 2002	Nitrazepam_Tab 5mg	1	60.0	£1.61
October 2002	Nitrazepam_Tab 5mg	1	56.0	£1.51
October 2002	Temazepam_Tab 20mg	1	28.0	£1.40
December 2002	Diazepam_Tab 5mg	1	28.0	£0.55
December 2002	Diazepam_Tab 5mg	1	60.0	£1.15
December 2002	Temazepam_Tab 20mg	1	28.0	£1.40
December 2002	Temazepam_Tab 20mg	1	30.0	£1.50
January 2003	Diazepam_Tab 2mg	2	28.0	£1.02
January 2003	Diazepam_Tab 2mg	1	56.0	£0.98
January 2003	Temazepam_Tab 20mg	1	28.0	£1.41
February 2003	Diazepam_Tab 2mg	3	28.0	£1.52
February 2003	Temazepam_Tab 10mg	1	56.0	£1.62
March 2003	Diazepam_Tab 5mg	1	6.0	£0.14
March 2003	Diazepam_Tab 5mg	2	28.0	£1.11
		30		***£31.13***

Based on the Selections:

3rd Quarter 2002/2003,
4th Quarter 2002/2003
for Financial Year at Summary Level Month
Dr BARTON JA
for Practices Current Children at Summary Level Accumulate Organisations
Diazepam_Syr 2mg/5ml,
Temazepam_Oral Soln 10mg/5ml S/F,
Stesolid_Soln 2mg/ml 2.5ml Rectal Tube,
Chlordiazepox HCl_Cap 5mg,
Diazepam_Tab 10mg,
Diazepam_Oral Soln 2mg/5ml S/F,
Lorazepam_Tab 1mg,
Temazepam_Tab 20mg,
Nitrazepam_Tab 5mg,
Temazepam_Tab 10mg,
Diazepam_Tab 5mg,
Diazepam_Tab 2mg

NHS

Prescription Pricing Authority

Prescribing Report Benzodiazepines Dr Barton 2003-4

Period Name	BNF Name	Total Items	Quantity	Total Act Cost
May 2003	Diazepam_Tab 2mg	1	28.0	£0.51
May 2003	Diazepam_Tab 10mg	1	60.0	£1.65
June 2003	Diazepam_Tab 2mg	1	28.0	£0.51
June 2003	Diazepam_Tab 2mg	1	6.0	£0.13
June 2003	Temazepam_Oral Soln 10mg/5ml S/F	1	100.0	£3.01
June 2003	Diazepam_Tab 5mg	2	28.0	£1.11
July 2003	Diazepam_Tab 2mg	1	28.0	£0.51
July 2003	Diazepam_Tab 10mg	1	60.0	£1.65
September 2003	Chlordiazepox HCl_Cap 5mg	1	52.0	£1.96
October 2003	Diazepam_Tab 2mg	1	28.0	£0.51
October 2003	Diazepam_Tab 2mg	1	10.0	£0.20
October 2003	Diazepam_Tab 5mg	1	10.0	£0.22
November 2003	Diazepam_Tab 2mg	1	21.0	£0.39
November 2003	Diazepam_Tab 2mg	1	28.0	£0.51
November 2003	Diazepam_Tab 5mg	1	60.0	£1.15
December 2003	Diazepam_Tab 2mg	1	28.0	£0.51
February 2004	Diazepam_Tab 2mg	2	28.0	£1.02
February 2004	Diazepam_Tab 5mg	1	56.0	£1.08
		20		*£16.63*

Based on the Selections:

1st Quarter 2003/2004,
2nd Quarter 2003/2004,
3rd Quarter 2003/2004,
4th Quarter 2003/2004
for Financial Year at Summary Level Month
Dr BARTON JA
for Practices Current Children at Summary Level Accumulate Organisations
Diazepam_Syr 2mg/5ml,
Temazepam_Oral Soln 10mg/5ml S/F,
Stesolid_Soln 2mg/ml 2.5ml Rectal Tube,
Chlordiazepox HCl_Cap 5mg,
Diazepam_Tab 10mg,
Diazepam_Oral Soln 2mg/5ml S/F,
Lorazepam_Tab 1mg,
Temazepam_Tab 20mg,
Nitrazepam_Tab 5mg,
Temazepam_Tab 10mg,
Diazepam_Tab 5mg,
Diazepam_Tab 2mg
for BNF at Summary Level Presentation

Report based on top 600 records.

Organisation selected from the Practices Current Children organisational view
Report based on Show PCT Prescribing.

NHS

Prescription Pricing Authority

Prescribing Report Benzodiazepines Dr Barton April - August 200

Period Name	BNF Name	Total Items	Quantity	Total Act Cost
April 2004	Diazepam_Tab 2mg	1	28.0	£0.51
April 2004	Lorazepam_Tab 1mg	1	28.0	£1.16
May 2004	Diazepam_Tab 2mg	1	60.0	£1.06
May 2004	Nitrazepam_Tab 5mg	1	56.0	£1.53
June 2004	Diazepam_Tab 2mg	1	60.0	£1.06
June 2004	Diazepam_Tab 2mg	1	28.0	£0.51
June 2004	Diazepam_Tab 5mg	3	14.0	£0.88
July 2004	Diazepam_Tab 5mg	2	14.0	£0.59
July 2004	Temazepam_Tab 10mg	1	56.0	£1.75
August 2004	Diazepam_Tab 2mg	1	28.0	£0.51
		13		***£9.56***

Based on the Selections:

1st Quarter 2004/2005,
! 2nd Quarter 2004/2005
for Financial Year at Summary Level Month
Dr BARTON JA
for Practices Current Children at Summary Level Accumulate Organisations
Diazepam_Syr 2mg/5ml,
Temazepam_Oral Soln 10mg/5ml S/F,
Stesolid_Soln 2mg/ml 2.5ml Rectal Tube,
Chlordiazepox HCl_Cap 5mg,
Diazepam_Tab 10mg,
Diazepam_Oral Soln 2mg/5ml S/F,
Lorazepam_Tab 1mg,
Temazepam_Tab 20mg,
Nitrazepam_Tab 5mg,
Temazepam_Tab 10mg,
Diazepam_Tab 5mg,
Diazepam_Tab 2mg
for BNF at Summary Level Presentation

Report based on top 600 records.

Organisation selected from the Practices Current Children organisational view
Report based on Show PCT Prescribing.

Current Structure view for selected organisations

Date produced 26 Oct 2004

NHS

Prescription Pricing Authority

Prescribing Report Opiates Dr Barton Oct 2002 - March 2003

Period Name	BNF Name	Total Items	Quantity	Total Act Cost
October 2002	Codeine Phos_Tab 30mg	1	60.0	£2.83
October 2002	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.04
October 2002	Tramadol HCl_Cap 50mg	1	30.0	£2.76
October 2002	Dihydrocodeine Tart_Tab 30mg	1	180.0	£8.52
October 2002	Tramadol HCl_Cap 50mg	1	90.0	£8.22
November 2002	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.04
November 2002	Codeine Phos_Tab 30mg	1	60.0	£2.82
December 2002	Tramadol HCl_Tab 100mg M/R	1	60.0	£16.43
December 2002	Oramorph_Oral Soln 10mg/5ml	1	300.0	£5.64
December 2002	Codeine Phos_Tab 30mg	1	60.0	£2.83
December 2002	Dihydrocodeine Tart_Tab 30mg	1	180.0	£6.54
December 2002	Tramadol HCl_Cap 50mg	1	100.0	£9.36
January 2003	Codeine Phos_Tab 30mg	1	60.0	£2.82
January 2003	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.04
January 2003	Tramadol HCl_Cap 50mg	1	100.0	£9.35
January 2003	Dihydrocodeine Tart_Tab 30mg	1	180.0	£6.54
January 2003	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.74
February 2003	Codeine Phos_Tab 30mg	1	60.0	£2.62
February 2003	Oramorph_Oral Soln 10mg/5ml	1	300.0	£5.63
February 2003	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.58
February 2003	Tramadol HCl_Cap 50mg	2	100.0	£18.93
March 2003	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.04
March 2003	Tramadol HCl_Tab 100mg M/R	2	60.0	£32.88
March 2003	Tramadol HCl_Cap 50mg	2	60.0	£11.26
March 2003	Dihydrocodeine Tart_Tab 30mg	1	56.0	£2.58
March 2003	Tramadol HCl_Cap 50mg	1	90.0	£8.43
		29		***£200.48***

Based on the Selections:

3rd Quarter 2002/2003,
4th Quarter 2002/2003
for Financial Year at Summary Level Month
Dr BARTON JA
for Practices Current Children at Summary Level Accumulate Organisations
Dihydrocodeine Tart_Tab 30mg,
Tramadol HCl_Cap 50mg,
Codeine Phos_Tab 30mg,
Dihydrocodeine Tart_Tab 60mg M/R,
Tramadol HCl_Tab 100mg M/R,
Mst Continus_Tab 10mg,
Morph Sulph_Tab 10mg M/R,
Oramorph_Oral Soln 10mg/5ml,
Sevredol_Tab 10mg,
Mst Continus_Tab 30mg,

NHS

Prescription Pricing Authority

Prescribing Report Opiates Dr Barton 2003-4

Period Name	BNF Name	Total Items	Quantity	Total Act Cost
April 2003	Codeine Phos_Tab 30mg	1	60.0	£2.62
April 2003	Tramadol HCl_Cap 50mg	1	90.0	£8.42
May 2003	Codeine Phos_Tab 30mg	2	60.0	£5.65
May 2003	Dihydrocodeine Tart_Tab 60mg M/R	2	56.0	£12.07
May 2003	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.58
May 2003	Tramadol HCl_Cap 50mg	1	100.0	£9.35
June 2003	Dihydrocodeine Tart_Tab 60mg M/R	2	56.0	£12.07
June 2003	Mst Continus_Tab 10mg	1	120.0	£10.96
June 2003	Mst Continus_Tab 60mg	1	60.0	£25.63
June 2003	Dihydrocodeine Tart_Tab 30mg	1	100.0	£3.20
June 2003	Tramadol HCl_Cap 50mg	2	100.0	£18.68
June 2003	Codeine Phos_Tab 30mg	1	240.0	£11.18
July 2003	Codeine Phos_Tab 30mg	1	240.0	£11.19
July 2003	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.04
July 2003	Codeine Phos_Tab 30mg	2	60.0	£5.44
July 2003	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.93
July 2003	Tramadol HCl_Cap 50mg	1	100.0	£9.32
August 2003	Codeine Phos_Tab 30mg	1	240.0	£11.18
August 2003	Dihydrocodeine Tart_Tab 30mg	1	40.0	£1.97
September 2003	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.04
September 2003	Morph Sulph_Tab 15mg M/R	1	42.0	£6.75
September 2003	Zydol_Cap 50mg	1	60.0	£9.14
September 2003	Dihydrocodeine Tart_Tab 30mg	1	56.0	£2.74
September 2003	Tramadol HCl_Cap 50mg	1	100.0	£9.32
September 2003	Codeine Phos_Tab 30mg	2	60.0	£5.42
October 2003	Dihydrocodeine Tart_Tab 60mg M/R	2	56.0	£12.14
October 2003	Meptazinol HCl_Tab 200mg	1	60.0	£10.72
October 2003	Tramadol HCl_Cap 50mg	1	100.0	£9.37
October 2003	Codeine Phos_Tab 30mg	1	60.0	£2.84
November 2003	Tramadol HCl_Cap 100mg M/R	1	28.0	£6.95
November 2003	Tramadol HCl_Cap 50mg	1	84.0	£7.87
November 2003	Dihydrocodeine Tart_Tab 30mg	2	100.0	£9.79
December 2003	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.07
December 2003	Codeine Phos_Tab 30mg	2	60.0	£5.46
January 2004	Tramadol HCl_Tab 100mg M/R	1	60.0	£16.50
January 2004	Codeine Phos_Tab 30mg	1	60.0	£2.84
February 2004	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.90
February 2004	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.07
February 2004	Dihydrocodeine Tart_Tab 30mg	1	180.0	£5.77
February 2004	Dihydrocodeine Tart_Tab 30mg	1	56.0	£2.76
March 2004	Codeine Phos_Tab 30mg	1	60.0	£2.62
March 2004	Tramadol HCl_Cap 50mg	1	100.0	£9.38
March 2004	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.90

52 £340.81

Based on the Selections:

Financial 2003/2004
for Financial Year at Summary Level Month
Dr BARTON JA
for Practices Current Children at Summary Level Accumulate Organisations
Dihydrocodeine Tart_Tab 30mg,
Tramadol HCl_Cap 50mg,
Codeine Phos_Tab 30mg,
Dihydrocodeine Tart_Tab 60mg M/R,
Tramadol HCl_Tab 100mg M/R,
Mst Continus_Tab 10mg,
Morph Sulph_Tab 10mg M/R,
Oramorph_Oral Soln 10mg/5ml,
Sevredol_Tab 10mg,
Mst Continus_Tab 30mg,
Diconal_Tab,
Morph Sulph_Tab 15mg M/R,
Mst Continus_Tab 5mg,
Mst Continus_Tab 60mg,
Zydol_Cap 50mg,
Tramadol HCl_Eff Pdr Sach 100mg,
Tramadol HCl_Cap 100mg M/R,
Oxycodone HCl_Cap 5mg,
Morph Sulph_Tab 30mg M/R,
Morph Sulph_Tab 60mg M/R,
Meptazinol HCl_Tab 200mg
for BNF at Summary Level Presentation

Report based on top 600 records.

Organisation selected from the Practices Current Children organisational view
Report based on Show PCT Prescribing.

Current Structure view for selected organisations

Date produced 26 Oct 2004

NHS

Prescription Pricing Authority

Prescribing Report Opiates Dr Barton April - August 2004

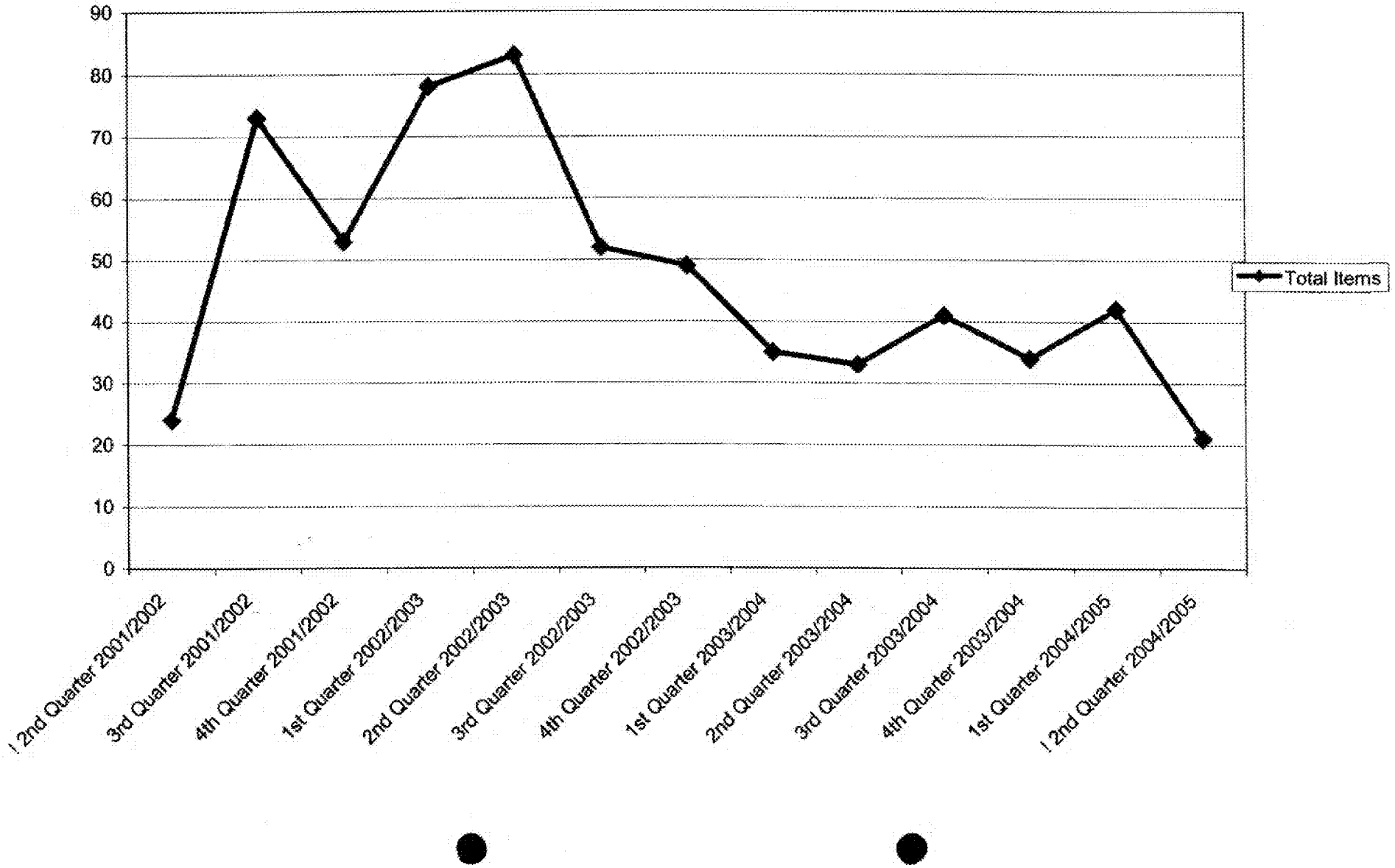
Period Name	BNF Name	Total Items	Quantity	Total Act Cost
April 2004	Dihydrocodeine Tart_Tab 60mg M/R	2	56.0	£12.13
April 2004	Codeine Phos_Tab 30mg	1	60.0	£2.84
April 2004	Tramadol HCl_Cap 50mg	2	150.0	£28.07
May 2004	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.06
June 2004	Tramadol HCl_Tab 100mg M/R	2	60.0	£33.02
June 2004	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.90
July 2004	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.06
July 2004	Tramadol HCl_Tab 100mg M/R	3	60.0	£49.49
July 2004	Dihydrocodeine Tart_Tab 30mg	1	100.0	£4.89
July 2004	Tramadol HCl_Cap 50mg	2	100.0	£18.71
August 2004	Dihydrocodeine Tart_Tab 60mg M/R	1	56.0	£6.06
August 2004	Tramadol HCl_Tab 100mg M/R	1	60.0	£16.50
August 2004	Tramadol HCl_Cap 50mg	1	100.0	£9.12
August 2004	Dihydrocodeine Tart_Tab 30mg	2	100.0	£9.86
August 2004	Tramadol HCl_Cap 50mg	1	150.0	£13.67
		22		***£221.38***

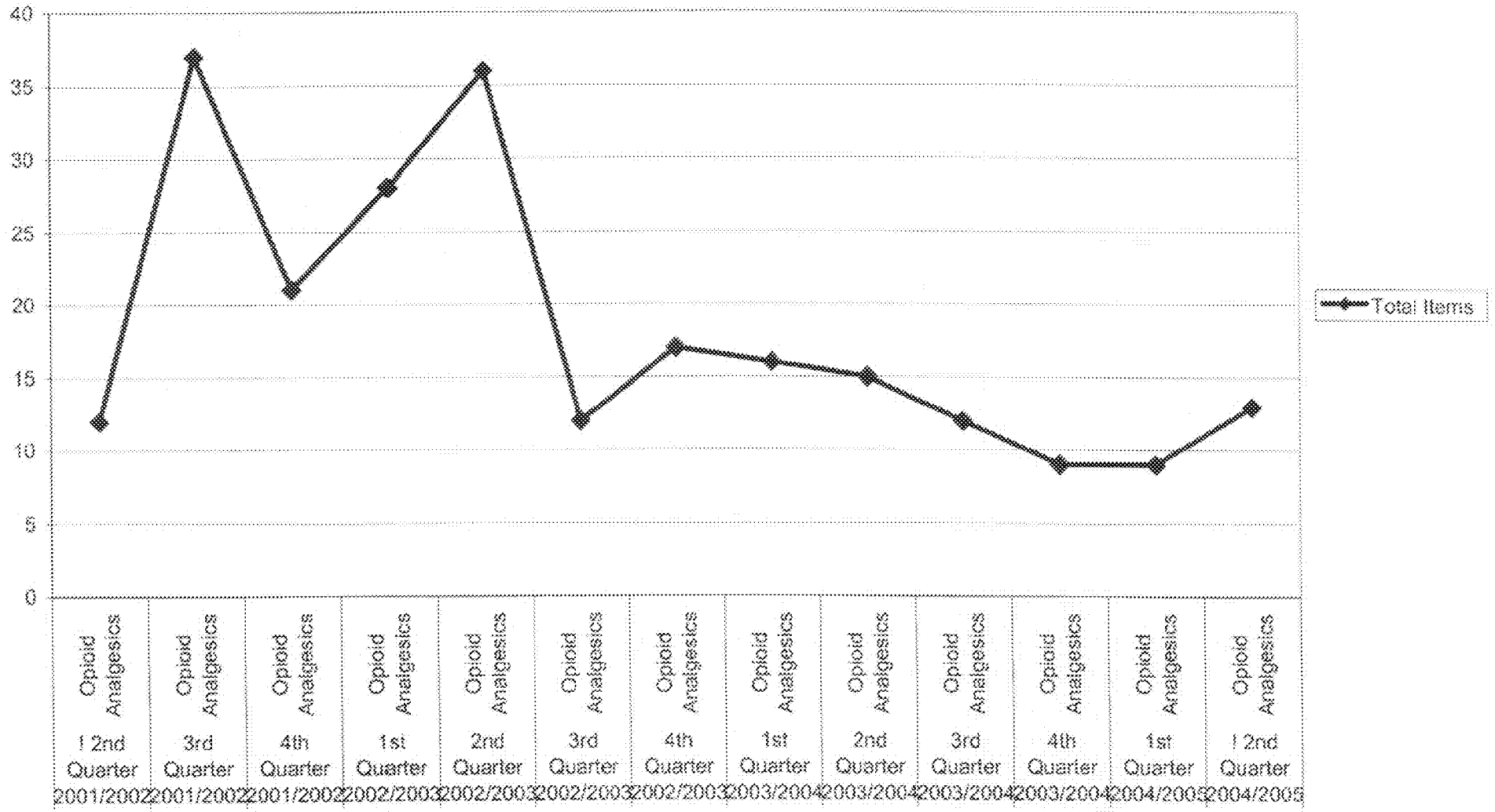
Based on the Selections:

1st Quarter 2004/2005,
! 2nd Quarter 2004/2005
for Financial Year at Summary Level Month
Dr BARTON JA
for Practices Current Children at Summary Level Accumulate Organisations
Dihydrocodeine Tart_Tab 30mg,
Tramadol HCl_Cap 50mg,
Codeine Phos_Tab 30mg,
Dihydrocodeine Tart_Tab 60mg M/R,
Tramadol HCl_Tab 100mg M/R,
Mst Continus_Tab 10mg,
Morph Sulph_Tab 10mg M/R,
Oramorph_Oral Soln 10mg/5ml,
Sevredol_Tab 10mg,
Mst Continus_Tab 30mg,
Diconal_Tab,
Morph Sulph_Tab 15mg M/R,
Mst Continus_Tab 5mg,
Mst Continus_Tab 60mg,
Zydol_Cap 50mg,
Tramadol HCl_Eff Pdr Sach 100mg,
Tramadol HCl_Cap 100mg M/R,
Oxycodone HCl_Cap 5mg,
Morph Sulph_Tab 30mg M/R,
Morph Sulph_Tab 60mg M/R,
Meptazinol HCl_Tab 200mg
for BNF at Summary Level Presentation

Report based on top 600 records.

Dr Barton Hypnotics and Anxiolytics Rxs Oct 2001- Sep 2004




Dr Barton Opiates Oct 2001 - Sep 2004 Total Items
40
35
30
25
20
15
10
5
0
Total Items
Opioid Analgesics
1 2nd Quarter 2001/2002
Opioid Analgesics
3rd Quarter 2001/2002
Opioid Analgesics
4th Quarter 2001/2002
Opioid Analgesics
1st Quarter 2002/2003
Opioid Analgesics
2nd Quarter 2002/2003
Opioid Analgesics
3rd Quarter 2002/2003
Opioid Analgesics
4th Quarter 2002/2003
Opioid Analgesics
1st Quarter 2003/2004
Opioid Analgesics
2nd Quarter 2003/2004
Opioid Analgesics
3rd Quarter 2003/2004
Opioid Analgesics
4th Quarter 2003/2004
Opioid Analgesics
1st Quarter 2004/2005
Opioid Analgesics
1 2nd Quarter 2004/2005

Your reference:
Our reference: BFEH/4002044-0131-0
Document number: 80661946_1.doc

Direct line: +44(0)121 456 8284
Direct fax: +44(0)121 456 8476
fiona.hawker@mills-reeve.com

MILLS & REEVE

Urgent
Peter Swain
General Medical Council
Regent's Place
350 Euston Road
LONDON
NW1 3JN

14 October 2004

For the attention of Peter Swain

Dear Peter

Dr Jane Barton

I am enclosing the files that we have received so far from you as promised.

Once again I really do regret that I am not able to deal with this for you. If you find that the medical records have been dispatched to me, let me know and I will make inquiries this end but we have had a look round the post room this morning and we are pretty sure they haven't come in.

Kind regards,

Yours sincerely

Code A

Partner

Mills & Reeve
54 Hagley Road
Edgbaston
Birmingham
B16 8PE

Tel: +44(0)121 454 4000
Fax: +44(0)121 456 3631
DX: 707290 Edgbaston 3
info@mills-reeve.com

E:\c\ioc\followup\barton

Your reference

In reply please quote NV/PH/2000/2047

Registered Charity No. 1089278
Please address your reply to the Committee Section FPD

GENERAL MEDICAL COUNCIL
Protecting patients, guiding doctors

8 October 2004

Special Delivery

Dr J A Barton

Code A

Dear Dr Barton

Notification of decision of the Interim Orders Committee

On 7 October 2004 the Interim Order 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 Code A Counsel, instructed by the Medical Defence Union.

At the conclusion of the proceedings of the Interim Orders Committee in your case on 7 October 2004 the Chairman announced the Committee's determination as follows:

> "Dr Barton: The Committee has carefully considered all the information before it today, including the statement dated 30 September 2004 made by Detective Chief Superintendent Watts of the Hampshire Constabulary, the submissions made by Code A QC on behalf of the General Medical Council and the submissions made by Code A on your behalf.
>
> The Committee has determined that it is not satisfied that it is necessary for the protection of members of the public, in the public interest or in your own interests to make an order in accordance with Section 41A of the Medical Act 1983, as amended.
>
> In reaching its decision the Committee has noted that the police investigation is at present ongoing and that you have not as yet, been arrested or charged with any offence. The Committee has taken into account the new material

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email gmc@gmc-uk.org www.gmc-uk.org
Registered Charity No. 1089278

before it today but it is of the opinion that this taken with the information before the IOC at previous hearings is insufficient to justify the imposition of an interim order. The statement provided by Hampshire Constabulary provides little substantive information and the Committee is unable to place sufficient weight on the supporting documentation.

The Committee has taken into account that no concerns have been revealed about your work in General Practice. The Committee has also noted that you have made a voluntary undertaking to Fareham and Gosport Primary Care Trust regarding the prescribing of opiates and benzodiazepines.

Notification of this decision will be served upon you, in accordance with the Committee's Procedure Rules."

Yours sincerely

Code A

Assistant Registrar

cc: Code A Medical Defence Union

Code A

E:\c\ioc\followup\barton

Your reference

In reply please quote NV/PH/2000/2047

Registered Charity No. 1089278
Please address your reply to the Committee Section FPD

GENERAL MEDICAL COUNCIL
Protecting patients, guiding doctors

8 October 2004

Special Delivery

Dr J A Barton

Code A

Dear Dr Barton

Notification of decision of the Interim Orders Committee

On 7 October 2004 the Interim Order 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 Code A Counsel, instructed by the Medical Defence Union.

At the conclusion of the proceedings of the Interim Orders Committee in your case on 7 October 2004 the Chairman announced the Committee's determination as follows:

> "Dr Barton: The Committee has carefully considered all the information before it today, including the statement dated 30 September 2004 made by Detective Chief Superintendent Watts of the Hampshire Constabulary, the submissions made by Code A QC on behalf of the General Medical Council and the submissions made by Code A on your behalf.
>
> The Committee has determined that it is not satisfied that it is necessary for the protection of members of the public, in the public interest or in your own interests to make an order in accordance with Section 41A of the Medical Act 1983, as amended.
>
> In reaching its decision the Committee has noted that the police investigation is at present ongoing and that you have not as yet, been arrested or charged with any offence. The Committee has taken into account the new material

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email gmc@gmc-uk.org www.gmc-uk.org
Registered Charity No.

before it today but it is of the opinion that this taken with the information before the IOC at previous hearings is insufficient to justify the imposition of an interim order. The statement provided by Hampshire Constabulary provides little substantive information and the Committee is unable to place sufficient weight on the supporting documentation.

The Committee has taken into account that no concerns have been revealed about your work in General Practice. The Committee has also noted that you have made a voluntary undertaking to Fareham and Gosport Primary Care Trust regarding the prescribing of opiates and benzodiazepines.

Notification of this decision will be served upon you, in accordance with the Committee's Procedure Rules."

Yours sincerely

Code A

Assistant Registrar

cc: **Code A**, Medical Defence Union

E:\COMMITTEE\IOC\FOLLOWUP\BARTON-FAREHAM&GOSPORT PCT

Your reference

In reply please quote NV/PH/2000/2047

Registered Charity No. 1089278
Please address your reply to the Committee Section FPD

GENERAL MEDICAL COUNCIL

Protecting patients, guiding doctors

8 October 2004

Mr Ian Piper
Chief Executive
Fareham & Gosport PCT
Unit 180 Fareham Reach
166 Fareham Road
Gosport
Hampshire
PO13 0FH

Dear Mr Piper

Dr Jane Ann 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 7 October 2004.

Dr Barton attended the meeting and was legally represented.

After considering submissions from the GMC's legal representatives 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 interests or in Dr Barton's own interests to make an order affecting her registration.

Yours sincerely

Code A

Committee Section

Code A

E:\COMMITTEE\IOC\FOLLOWUP\BARTON-FAREHAM&GOSPORT PCT

Your reference

In reply please quote NV/PH/2000/2047

Registered Charity No. 1089278
Please address your reply to the Committee Section FPD

GENERAL MEDICAL COUNCIL

Protecting patients, guiding doctors

8 October 2004

Detective Chief Inspector D Williams
Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 0NA

Dear DCI Williams

Dr Jane Ann 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 7 October 2004.

Dr Barton attended the meeting and was legally represented.

After considering submissions from the GMC's legal representatives 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 interests or in Dr Barton's own interests to make an order affecting her registration.

Yours sincerely

Code A

Committee Section
Code A

In reply please quote NV/IOC/7 October 2004

Please address your reply to the Committee Section FPD
Fax 0207 189 5179

7 October 2004

By E-mail to gmc-info@doh.gsi.gov.uk

Code A
NHS Executive
HRD-EIB
Room 2N 35A
Quarry House
Leeds LS2 7UE

GENERAL MEDICAL COUNCIL
Protecting patients, guiding doctors

Dear Code A

I am writing to confirm the decisions taken by the GMC's Interim Orders Committee at its meeting on 7 October 2004. The decisions were as follows:

Name of respondent doctor: BARTON, Jane
Registration Number: 1587920
Registered qualifications: BM BCh 1972 Oxford
Registered address: Code A

Decision: The Committee considered the case of Dr Barton and directed that no order should be made in relation to his registration.

Yours sincerely

Code A
Committee Section

Direct Dial : Code A
E-mail :

In reply please quote PCH/2000/2047

8 October 2004

Special Delivery

Mr. Ian Piper
Chief Executive
Fareham & Gosport PCT
Unit 180 Fareham Reach
166 Fareham Road
Gosport
Hampshire
PO13 0FH

GENERAL MEDICAL COUNCIL
Protecting patients, guiding doctors

Dear Mr Piper

Dr Jane Barton

You will have by now received a letter from my colleagues in the Interim Orders Committee team informing you that on 7 October 2004 the Interim Orders Committee determined that it should not make an order restricting Dr Barton's registration.

In making its decision the Committee noted Dr Barton's assertion that she has made a voluntary undertaking with Fareham and Gosport Primary Care Trust regarding the prescribing of opiates and benzodiazepines.

I would be grateful if you would confirm whether there is currently in place any undertaking from Dr Barton, voluntary or otherwise, in respect of any aspect of her medical practise. I should also be grateful if you would confirm the date that any such undertaking came into effect, whether there is an expiry or renewal date for any such undertaking, whether there are any procedures in place to monitor her compliance with any such undertaking, and whether there is any documentary evidence of any such undertaking. If there is documentary evidence of any such undertaking then could you please provide a copy of that evidence.

I am sure that you will appreciate that the GMC has to ensure that the information before the Interim Orders Committee is accurate, and that in making its decision the Committee would have inevitably put some weight on the fact that Dr Barton informed it that she is currently operating under voluntary undertakings.

I would appreciate a response at the earliest available opportunity.

Yours sincerely

Code A

Assistant Registrar

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email gmc@gmc-uk.org www.gmc-uk.org
Registered Charity No. 1089278

In reply please quote case reference no. PCH/2000/2047

8 October 2004

Code A

Dear Code A

Dr Jane Barton

Further to my letter of 5 October 2004, I am writing to inform you that on 7 October 2004 the GMC's Interim Orders Committee determined that it should not make an order restricting Dr Barton's registration.

Having spoken with a number of relatives today regarding Dr Barton, I thought it might be useful for me to briefly explain the remit of the Interim Orders Committee, and update you on the current situation regarding the GMC's enquiries into Dr Barton's alleged conduct.

The Interim Orders Committee is tasked with considering whether information available to it at that time indicates that it may be necessary for the protection of members of the public, in the public interest or in a doctor's own interests to make an order restricting their registration. It is important for me to stress that the Committee can only make that decision based on information available to it at the time of the hearing.

It is also important for me to stress that all of the information that the GMC propose to put before the Interim Orders Committee for consideration must be disclosed to the doctor prior to the hearing taking place. There may therefore be circumstances where for reasons outside the GMC's control the Interim Orders Committee are not made aware of all the information concerning a doctor's alleged conduct. This may particularly be the case when agencies such as the Police are in the process of a criminal investigation and are therefore understandably reticent about what should be disclosed.

I should also stress that the Interim Orders Committee are tasked with considering whether restrictions should be placed on a doctor's registration, which if so imposed would operate at a national level. The fact that the Committee did not impose restrictions on Dr Barton's registration does not necessarily mean that she is working unrestricted, as there are procedures which allow a doctor's practice to be restricted at a local level. I am unable to comment further as to whether such restrictions exist. That question would best be directed to Fareham & Gosport Primary Care Trust.

In September 2002 a case concerning Dr Barton's alleged conduct was referred to the GMC's Professional Conduct Committee for a public hearing. However, as you are aware Hampshire Police are currently carrying out investigations concerning Dr

Barton, and in situations where a Police and a GMC investigation are carried out simultaneously the GMC has to consider whether it would be in the best interests of the Police investigation to suspend our investigation until such time that the Police investigation and any subsequent action is completed. The GMC is of the view that it would be prudent to suspend our investigation until the Police investigation and any subsequent action is complete.

If you have any queries or concerns about this case please do not hesitate to contact me.

Yours sincerely

Code A
Conduct Case Presentation Section
Direct Line: Code A

In reply please quote case reference no. PCH/2000/2047

8 October 2004

Code A

Dear Code A

Dr Jane Barton

Further to my letter of 5 October 2004, I am writing to inform you that on 7 October 2004 the GMC's Interim Orders Committee determined that it should not make an order restricting Dr Barton's registration.

Having spoken with a number of relatives today regarding Dr Barton, I thought it might be useful for me to briefly explain the remit of the Interim Orders Committee, and update you on the current situation regarding the GMC's enquiries into Dr Barton's alleged conduct.

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It is also important for me to stress that all of the information that the GMC propose to put before the Interim Orders Committee for consideration must be disclosed to the doctor prior to the hearing taking place. There may therefore be circumstances where for reasons outside the GMC's control the Interim Orders Committee are not made aware of all the information concerning a doctor's alleged conduct. This may particularly be the case when agencies such as the Police are in the process of a criminal investigation and are therefore understandably reticent about what should be disclosed.

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If you have any queries or concerns about this case please do not hesitate to contact me.

Yours sincerely

Code A
Conduct Case Presentation Section
Code A

In reply please quote case reference no. PCH/2000/2047

8 October 2004

Mr Anthony Brickwood

Code A

Dear Mr Brickwood

Dr Jane Barton

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Yours sincerely

Code A
Conduct Case Presentation Section
Code A

In reply please quote case reference no. PCH/2000/2047

8 October 2004

Code A

Dear Code A

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Conduct Case Presentation Section
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In reply please quote case reference no. PCH/2000/2047

8 October 2004

Mr Martin Chivers

Code A

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Conduct Case Presentation Section
Code A

In reply please quote case reference no. PCH/2000/2047

8 October 2004

Mrs Sandra Howell

Code A

Dear Mrs Howell

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In reply please quote case reference no. PCH/2000/2047

8 October 2004

Mrs Diane Harcourt

Code A

Dear Mrs Harcourt

Dr Jane Barton

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8 October 2004

Mr Michael Hobday

Code A

Dear Mr Hobday

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8 October 2004

Mr Colin Parr

Code A

Dear Mr Parr

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8 October 2004

Mr Bernard Page

Code A

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8 October 2004

Mr Michael Wilson

Code A

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8 October 2004

Mrs Rita Hoare

Code A

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In reply please quote case reference no. PCH/2000/2047

8 October 2004

Miss Alexander Moore

Code A

Dear Miss Moore

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In reply please quote case reference no. PCH/2000/2047

8 October 2004

Mr James Ripley

Code A

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8 October 2004

Mr John Taylor

Code A

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Having spoken with a number of relatives today regarding Dr Barton, I thought it might be useful for me to briefly explain the remit of the Interim Orders Committee, and update you on the current situation regarding the GMC's enquiries into Dr Barton's alleged conduct.

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It is also important for me to stress that all of the information that the GMC propose to put before the Interim Orders Committee for consideration must be disclosed to the doctor prior to the hearing taking place. There may therefore be circumstances where for reasons outside the GMC's control the Interim Orders Committee are not made aware of all the information concerning a doctor's alleged conduct. This may particularly be the case when agencies such as the Police are in the process of a criminal investigation and are therefore understandably reticent about what should be disclosed.

I should also stress that the Interim Orders Committee are tasked with considering whether restrictions should be placed on a doctor's registration, which if so imposed would operate at a national level. The fact that the Committee did not impose restrictions on Dr Barton's registration does not necessarily mean that she is working unrestricted, as there are procedures which allow a doctor's practice to be restricted at a local level. I am unable to comment further as to whether such restrictions exist. That question would best be directed to Fareham & Gosport Primary Care Trust.

In September 2002 a case concerning Dr Barton's alleged conduct was referred to the GMC's Professional Conduct Committee for a public hearing. However, as you

are aware Hampshire Police are currently carrying out investigations concerning Dr Barton, and in situations where a Police and a GMC investigation are carried out simultaneously the GMC has to consider whether it would be in the best interests of the Police investigation to suspend our investigation until such time that the Police investigation and any subsequent action is completed. The GMC is of the view that it would be prudent to suspend our investigation until the Police investigation and any subsequent action is complete.

If you have any queries or concerns about this case please do not hesitate to contact me.

Yours sincerely

Code A
Conduct Case Presentation Section
Code A

Urgent - Confidential

To

Fax number

From **Code A**

Direct Dial

Direct fax

GENERAL MEDICAL COUNCIL

Protecting patients, guiding doctors

No. of pages (inclusive) 6 *Time* *Date* 5 October 2004

Dear **Code A**

Dr Jane Barton

Please find attached a copy of my letter to Dr Barton dated 24 September 2004 and her letter to the GMC dated 27 September 2004 as requested. I have also copied to you my letter of 30 September 2004 to Dr Barton.

SENDING CONFIRMATION

DATE : 5-OCT-2004 TUE 17:34
NAME : FPD
TEL : Code A

PHONE : Code A
PAGES : 6/6
START TIME : 5-OCT 17:32
ELAPSED TIME : 01'48"
MODE : ECM
RESULTS : OK

FIRST PAGE OF RECENT DOCUMENT TRANSMITTED...

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To
Fax number
From Code A
Direct Dial
Direct fax

GENERAL MEDICAL COUNCIL
Protecting patients, guiding doctors

No. of pages (inclusive) 6 *Time* *Date* 5 October 2004

Dear Code A

Dr Jane Barton

Please find attached a copy of my letter to Dr Barton dated 24 September 2004 and her letter to the GMC dated 27 September 2004 as requested. I have also copied to you my letter of 30 September 2004 to Dr Barton.

Our ref: ISPB/TOC/0005940/Legal
Your ref: PCH/2000/2047
30 September 2004

In addition to Dr Barton's ability or lack of it to consider such a significant quantity of material at this stage, sadly Counsel previously instructed for Dr Barton, Mr Alan Jenkins, remains unavailable for the hearing on 7th October. I appreciate at once that the Interim Orders Committee would not ordinarily be concerned to take Counsel's availability into account. However, this matter has previously been considered on three separate occasions by the Interim Orders Committee – and substantively on each occasion, rather than being merely by way of review. There is therefore a long and significant history from which I would submit that it is desirable that there should be continuity of representation, both for Dr Barton herself, and indeed to assist the Committee.

With reference to the limited information given within the letter of the 24th September to Dr Barton about the matter, which you have kindly quoted in your letter to me of 30th September, it is clear that the matter concern the Gosport War Memorial Hospital. Dr Barton ceased to have any involvement with that hospital some long time ago. It must therefore be the case that any matters raised by the Hampshire Constabulary are historical. As best I am aware of it, there has been no expression whatsoever of concern in relation to Dr Barton's recent practice.

I would respectfully submit that this point is highly relevant in terms of the consideration of the public interest in ensuring that a hearing take place very rapidly. It is also relevant in that regard that on each of the three occasions when Interim Orders Committee has met to consider Dr Barton – on each occasion with reference to the Gosport War Memorial Hospital – the Committee concluded that it was not necessary to make an order affecting Dr Barton's registration.

Accordingly, there is as best I am aware of it no indication that Dr Barton's present behaviour gives any obvious cause for concern, and to the extent that her previous activities as a Practitioner habr been considered in relation to this very hospital, no action has been taken by the IOC. It must surely be the case in those circumstances that the public interest could not reasonably be adversely affected by an adjournment of a mere week to facilitate both the proper consideration of paperwork and representation by established Counsel.

I would be grateful if my further application for adjournment could be given urgent consideration.

Yours sincerely

Code A

Solicitor

Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal
Your ref: PCH/2000/2047
30 September 2004

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

Also by fax: Code A

THE MDU

MDU Services Limited
230 Blackfriars Road
London
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Lambeth

Legal Department of The MDU

Telephone: 020 7202 1500
Fax: 020 7202 1663

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

Dear Mr Elliott

Dr Jane Barton – Interim Orders Committee – 7th October 2004

Thank you for your letter of 30th September, and I am grateful for the provision of written reasons of the decision not to grant adjournment in this matter.

I am grateful too for the observations concerning Rule 5 (1). It remains my contention, however, that the brief statement required by that Rule has not been provided. The information that you quote within the letter is hardly sufficient. There is no basic summary or indication of what the information provided by Hampshire Constabulary might be. Indeed, as I understood the position yesterday no written statement or evidence had been supplied by Hampshire Constabulary to the GMC at that time.

In any event, I am concerned to make further request for adjournment of Dr Barton's case with the benefit of additional information, and indeed having had the opportunity to consider the written reasons for the Chairman's previous decision.

As you will know, Dr Barton has thus far received no documentation at all in this matter. The statement from the Hampshire Constabulary which it is understood you were to receive yesterday has yet to materialise. Further, I am advised that a significant volume of patient records had been made available to the GMC, which it is felt is not necessary to trouble the Interim Orders Committee but which is nonetheless available. It must be right that Dr Barton has the opportunity to consider those records, which I understand to be some 3 feet deep. It may of course be that there is no information which is necessary to place before the Interim Orders Committee in that regard, on behalf of Dr Barton, but unless and until Dr Barton has had the appropriate opportunity to consider the materials, that cannot properly be determined.

Unfortunately, Dr Barton is not immediately able to consider any such documentation even if it were to be made available forthwith. Sadly, Code A have both been profoundly ill recently. Indeed, Code A has only recently been moved from an Intensive Treatment Unit. She will visit them tomorrow and at the weekend. Her first realistic opportunity to look at any amount of documentation would be on Monday of next week.

30 September 2004

Code A

Please find attached, a signed copy of my statement in respect of the IOC proceedings regarding Dr Barton.

I apologise for the poor quality of the printing, I am currently on a course at Cambridge and am reduced to using a portable printer.

If you need to contact mé please do so via D Supt David Williams.

Regards

Code A

Steve Watts

MG11T

HAMPSHIRE CONSTABULARY

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WITNESS STATEMENT

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

URN //

Statement of : STEVEN ALEC WATTS

Home Address:

Post Code :

Home Telephone No: **Mobile / Pager No:**

E-Mail Address *(if applicable and witness wishes to be contacted by e-mail)*:

Contact Point *(if different from above)*:

Address:

Work Telephone No:

Male ☐ **Female** ☐ **Date and Place of Birth:** Place

Maiden name: **Height:** **Ethnicity Code:**

State dates of witness non-availability:

I consent to police having access to my medical record(s) in relation to this matter	**Yes** ☐ **No** ☐ **N/A** ☐
I consent to my medical record in relation to this matter being disclosed to the defence	**Yes** ☐ **No** ☐ **N/A** ☐
The CPS will pass information about you to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services.	☐

Does the person making this statement have any special needs if required to attend court and give evidence? *(e.g. language difficulties, visually impaired, restricted mobility, etc.).* **If 'Yes', please enter details.**	**Yes** ☐ **No** ☐
Does the person making this statement need additional support as a vulnerable or intimidated witness? If 'Yes', please enter details on Form MG2.	**Yes** ☐ **No** ☐
Does the person making this statement give their consent to it being disclosed for the purposes of civil proceedings *(e.g. child care proceedings)*?	**Yes** ☐ **No** ☐

Statement taken by *(print name)*: **Code A**

Station: HQ

Time and place statement taken:

Signature of witness: **Code A**

Signed : S.A.WATTS. Signature witnessed by : **Code A**

MG11T

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URN //

Statement of : STEVEN ALEC WATTS

Age if under 18: *(if over 18 insert 'over18')* **Occupation:** Police Officer

This statement (consisting of 11 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature: Code A **Date:** 30TH September 2004.

Tick if witness evidence is visually recorded ☐ *(supply witness details on rear)*

I am Detective Chief Superintendent Steven WATTS, Head of Hampshire Constabulary Criminal Investigation Department and am the senior investigating officer in respect of a police investigation named 'Operation ROCHESTER', an investigation into the circumstances surrounding of death of 88 patients occurring principally during the late 1990's at Gosport War Memorial Hospital, Hampshire.

This investigation followed allegations that during the 1990's elderly patients at Gosport War Memorial Hospital received sub optimal or sub- standard care, in particular with regard to inappropriate drug regimes, and as a result their deaths were hastened.

The strategic objective of the investigation is to establish the circumstances surrounding the deaths of those patients to gather evidence and with the Crown Prosecution Service (CPS), to establish whether there is any evidence that an individual has criminal culpability in respect of the deaths.

During the investigation, a number of clinical experts have been consulted.

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On the 9th November 2000 Professor Brian LIVESLY reported on the death of a patient, Mrs. RICHARDS.

On the 12th February 2001 Professor FORD reported in respect of the deaths of five patients RICHARDS, CUNNINGHAM, WILKIE, WILSON and PAGE

On the 18th October 2001 Professor MUNDY reported on the deaths of patients CUNNINGHAM, WILKIE, WILSON and PAGE.

The aforementioned reports have all previously been made available to the General Medical Council.

Between October 2001 and May 2002 the Commission for Health Improvement interviewed 59 hospital staff in respect of the deaths, and concluded that, "a number of factors contributed to a failure of trust systems to ensure good quality patient care".

Between September 2002 and May 2004 the cases of 88 patients including those named above, at the Gosport War Memorial Hospital were fully reviewed at my request by a team of five experts in the disciplines of toxicology, general medicine, palliative care, geriatrics and nursing.

Code A

Signed : S.A.WATTS. Signature witnessed by : _____

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All the cases examined were elderly patients (79 to 99yrs of age) theirs deaths occurring at Gosport War Memorial hospital between January 1996 and November 1999. A common denominator in respect of the patient care is that many were administered Opiates authorized by Dr Jane BARTON prior to death.

The expert team was commissioned to independently and then collectively assess the patient care afforded to the 88 patients concerned, examining in detail patient records, and to attribute a 'score' according to their findings against agreed criteria. A further group of cases were included in this review following a report by Dr BAKER, commissioned by the Chief Medical Officer. That report is confidential to the CMO and may not be discussed further without his agreement.

The team of experts has 'scored' the cases as follows.

Category one- There were no concerns in respect of these cases upon the basis that 'optimal care' had been delivered to patients prior to their death.

Category two - Specific concerns that these patients had received 'sub optimal' care.

These cases are currently undergoing a separate quality assurance process by a medico legal expert to confirm their 'rating'. Nineteen of these cases that have been 'confirmed', have been formally released from police investigation and handed to the General Medical Council for their consideration. A number of cases

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have been identified as appropriate for further scrutiny to confirm grading, and the quality assurance process in respect of the remaining cases will be complete by early October 2004.

Category three Patient care in respect of these cases has been assessed as 'negligent, that is to say outside the bounds of acceptable clinical practice'.

The police investigation into these cases is, therefore continuing.

The five experts commenced their analysis of patient records in February 2003. It is anticipated that their work will be finalized in October 2004 as will the quality assurance process by the medico legal expert.

As part of the ongoing investigative strategy, since May 2004 a further tier of medical experts, in Geriatrics and Palliative Care have been instructed to provide an evidential assessment of the patient care in respect of in the 'Category three' cases. The work of these experts is ongoing and is not likely to have been fully completed until the end of 2004 when if appropriate papers will be reviewed and considered by the Crown Prosecution Service.

At the same time, the police investigation team continue to take statements from healthcare professionals, liaise with key stakeholders, provide a family liaison service, formulate and deliver strategies in respect of witness/suspect interviews, deal with exhibits, complete disclosure schedules, and populate the major crime

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investigation 'Holmes' system a national police IT application used to record and analyze information relating to serious/complex police investigations.

To date 330 witness statements have been taken and 349 officer's reports created. 1243 'Actions' have been raised, each representing a specific piece of work to be completed arising from an issue raised within a document or other information source. This is a major investigation which has required a considerable input and commitment of human and financial resources on the part of the Hampshire Constabulary.

Whilst investigations will be fully completed in respect of all of the 'Category three' cases, a small number of sample cases have been selected and work is being prioritized around those with a view to forwarding papers to the CPS as soon as possible by way of expedition. Timescales for this action are clearly dependant upon completion of expert review of these cases and completion of the witness statements of key healthcare professionals. This is necessarily a lengthy process,

In the event that there is considered a sufficiency of evidence to forward papers to the CPS, it is estimated that this will be completed on an incremental basis. The first cases arriving in December 2004 or early 2005.

I understand that the General Medical Council has a duty to provide the fullest possible evidence for consideration by the Interim Order Committee. I am also aware that they also have a duty to disclose the same information in its entirety to those appearing before the committee.

Signed : Code A S.A.WATTS. Signature witnessed by : _____

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In my view, this situation has the potential to compromise the integrity and effectiveness of any interviews held under caution with health care professionals involved in this enquiry.

Police investigative interviewing operates from seven basic principles, which are laid out in Home Office Circular 22/1992. The first of these being that

"Officers seek to obtain accurate and reliable information from suspects, witnesses or victims in order to discover the truth about matters under police investigation."

Investigative interviewing should be approached with an open mind. Information obtained from a person who is being interviewed should always be tested against what the interviewing officer already knows or what can be reasonably established.

This investigation is currently following various lines of enquiry seeking to establish whether or not any criminal offence has been committed. At present it has not been established that this is the case or in fact whether or not any person is potentially culpable. Once an individual has been identified then decisions have to be made as to what they need to be interviewed about and what information it is proper to disclose to that person prior to their being interviewed.

Decisions as to what the police have to disclose prior to interviews under caution are covered by various aspects of case law, in particular R v Argent (1997). The court commented in this case that the police have

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no obligation to make disclosure. In R v Imran and Hussein (1997) the court agreed that it would be wrong for a defendant to be prevented from lying by being presented with the whole of the evidence against him prior to interview.

R v Mason (1987) covers disclosing or withholding information, the process must be justifiable and conducted in the full knowledge of the likely consequences. These consequences could affect not only any subsequent interview but also potentially the whole investigation and any subsequent trial.

Article 6 Human Rights Act deals with the right of an individual facing criminal charge to have a fair and public hearing

Advance disclosure of documentation prior to interviews under caution gives any potential suspect the opportunity to interfere with the interviewing of other witnesses who may have information beneficial to the case.

Furthermore the suspect does not have the opportunity to respond to questioning in an uncontaminated way. They may well respond with answers that they think the police wish to hear. This is unfair to the individual concerned.

Finally early disclosure of material can lead to a suspect fabricating a defence or alibi.

Signed : Code A

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The Police have an over riding responsibility to conduct an effective and ethical investigation and a have a legal and moral duty to be scrupulously fair to suspects. In addition the police carry an additional responsibility to representing the interests of the victims of crime and society in general. Therefore to provide a guilty suspect with the ability to fabricate a defence around police evidence does not serve those wider interests.

As the senior investigating officer I acknowledge the primacy of the public protection issues surrounding this case.

I understand that there is a voluntary agreement in place between Dr BARTON and the Fareham and Gosport Healthcare Trust of November 2002, the following is a quotation from an e mail message to the investigation from the trust in respect of that matter.

"Dr BARTON has undertaken not to prescribe benzodiazepines or opiate analgesics from the 1st October 2002. All patients requiring ongoing therapy with such drugs are being transferred to other partners within the practice so that their care would not be compromised.

Dr Barton will not accept any house visits if there is a possible need for such drugs to be prescribed. Problems may arise with her work for Health-call as a prescription may be required for a 14 day supply of benzodiazepines for bereavement.

Dr BARTON also agreed to follow up all previous prescriptions for high quantities using the practice computer system and the patient's notes.

Signed : Code A

Signature witnessed by : _____

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Statement of : STEVEN ALEC WATTS

During a 13month periods from April 2003 Dr BARTON had written a total of 20 prescriptions all for 2mg diazepam to relatives of deceased and had not prescribed any diamorphine, morphine or other controlled drug.'

I have been asked by the General Medical Council to provide an update as to the current position in respect of four cases previously considered by interim order committee during September 2002.

Arthur CUNNINGHAM - this has been assessed as a category three case and is being investigated accordingly.

Robert WILSON - again a category three case.

Gladys RICHARDS.- Assessed as a category two case by the clinical team, this assessment has been queried through the quality assurance process and is to be subject of further review by the clinical experts in early October 2004.

Alice WILKIE. – No further police action to be taken in respect of this investigation. The medical records available are not sufficient to enable an assessment.

In closing it is appropriate for me to emphasize some key points;

1. There is no admissible evidence at this time of criminal culpability in respect of any individual.
2. The information adduced by the investigation thus far, and the findings of the experts lead me to have concerns that are such that, in my judgment the continuing investigation and the high level of resources being applied to it are justified.

Signed : Code A

Signature witnessed by : _____

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Statement of : STEVEN ALEC WATTS

Code A

Signed : S.A.WATTS. Signature witnessed by : _____

CPT DOCUMENTS
END