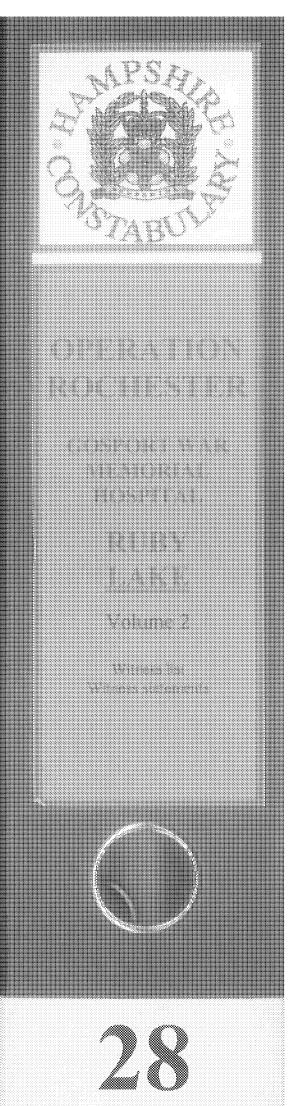
FFW/155/64

GMC101135-0001



GMC AND BARTON INDEX OF FILES RECEIVED FROM HAMPSHIRE POLICE ON 18 JANUARY 2007.

- 1. Index of all evidence obtained
- 2. Generic Case File
- 3. Generic Case File (exhibits)
- 4. Generic Case File (exhibits)
- 5. Generic Case File (further exhibits)
- 6. Generic Case File further evidence re: Devine, Cunningham and Lake
- 7. Generic Case File further evidence interviews with Dr Reid
- 8. Devine Volume 1
- 9. Devine Volume 2
- 10. Devine Additional Evidence
- 11. Devine Hospital Medical Records
- 12. Spurgin Volume 1
- 13. Spurgin Volume 2
- 14. Spurgin further evidence
- 15. Spurgin further evidence
- 16. Spurgin Hospital Medical Records
- 17. Spurgin Hospital Medical Records
- 18. Cunningham Volume 1
- 19. Cunningham Volume 2
- 20. Cunningham Hospital Medical Records
- 21. Cunningham Hospital Medical Records
- 22. Packman Volume 1
- 23. Packman Volume 2
- 24. Packman further evidence
- 25. Packman police interviews with Dr Reid
- 26. Packman Hospital Medical Records
- 27. Lake Volume 1

- 28. Lake Volume 2
- 29. Lake Hospital Medical Records
- 30. Lake Hospital Medical Records
- 31. Service Volume 1
- 32. Service Volume 2
- 33. Service Hospital Medical Records
- 34. Service Hospital Medical Records
- 35. Gregory Volume 1
- 36. Gregory Volume 2
- 37. Gregory Hospital Medical Records
- 38. Gregory Hospital Medical Records
- 39. Wilson Volume 1
- 40. Wilson Volume 2
- 41. Wilson Hospital Medical Records
- 42. Wilson Hospital Medical Records
- 43. Lavender Volume 1
- 44. Lavender Volume 2
- 45. Lavender Hospital Medical Records
- 46. Lavender Hospital Medical Records
- 47. Lavender Hospital Medical Records
- 48. Pittock Volume 1
- 49. Pittock Volume 2
- 50. Pittock Hospital Medical Records
- 51. Further evidence re: Wilson, Lavender & Pittock
- 52. GP Records for Spurgin, Pittock, Service, and packman
- 53. GP Records for Devine, Cunningham and Lavender
- 54. Copy Extracts from Patient Admission Records
- 55. Extracts from controlled drugs record book dated 26 June 1995 24 May 1996

GMC101135-0005

- 56. Richards (Eversheds) file: 1 of 2
- 57. Richards (Eversheds) file: 2 of 2
- 58. Richards: Medical Records
- 59. Richards: Further Medical Records
- 60. Richards: Further Medical Records
- 61. Richards (Police) Witness Statements file
- 62. Richards (Police) Transcripts of Interviews file
- 63. Page (Experts' Reports and Medical Records)
- 64. Wilkie (Eversheds) file: Experts' Reports and Medical Records
- 65. Clinical Team Assessments for Page, Cunningham, Wilkie, Wilson and Richards.
- 66. Clinical Team Assessments for Devine, Gregory, Lavender, Packman, Spurgin, Lake and Pittock

	ONLY		ι	JRN:
	WITNESS LIST		Page	1 of 7
	Date o Tick if	f completion: statement atta		V N
Rν		us convictions		
/it No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated		*	
1	Code A			
	Address (HOME): Code A			
	Occupation: COMMUNITY NURSE Date of Birth: Code A	-		
	Telephone: HOME Code A			
2	Name: Code A			
	Address (HOME): Code A			
	Occupation: HOUSEKEEPER Date of Birth: Code A			
	Telephone: HOME Code A			
3	Name: Code A			
	Address (HOME): Code A			
	Occupation: MEDICAL SECRETARY Date of Birth: Code A]		
	Telephone: HOME Code A E-mail address:		_	
4	Name: Code A			
	Address (HOME): Code A			
	Occupation: GENERAL PRACTITIONER Date of Birth: Code A]		
	Telephone:			
	E-mail address:			
5	Name: Code A			
	Address (HOME): Code A			
	Occupation: DOCTOR Date of Birth: Code A			
ļ	Telephone: HOME Code A			
	E-mail address:			

R	ESTRICTED – FOI	R POLICE, PROS	ONLY				
							RN:
		WITN	ESS LIST			Page	2 of `
					ompletion: atement attac	ched	
Rv				 Previous 	convictions	? Enter `	r or N
/it No		Witness Deta	ails	ble er intimidated)	Statement Number	*	•
		nter 'V' if the witness is a	victim, "vu" il vuinera	the of Intilligated)			
6	۰ <u>۰</u> ۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	de A					
	Occupation: STAFF N	JRSE GRADE E	Date of Birth:	Code A			
	Telephone: HOME	Code A					
	E-mail address:						
7	Name:	Code A					
	Address (HOME):	Co	ode A				
Address (HOME): Code A Occupation: STAFF NURSE GRADE E Date of Birth: Code A Telephone: HOME Code A E-mail address: 7 Name: Code A							
	Telephone: HOME	Code A				l	
	E-mail address:					<u> </u>	
8	Name: C	ode A					
	Address (HOME):	Co	ode A				
	Occupation: DISTRIC SCLERO	T NURSE MULTIPLE	Date of Birth:	Code A			
	Telephone: HOME	Code A					
	E-mail address:						
9	Name: CC	de A					
	Address (HOME):		ode A				
	Occupation: COMMU	NITY STAFF NURSE	Date of Birth:	Code A			
	Telephone: HOME	Code A					
	E-mail address:						
10	Name: C	ode A					
	Address (HOME):	·/	ode A	·			
	Occupation: DOCTO	L	Date of Birth:	Code A			
	Telephone: HOME			''			
	E-mail address:						ļ

R	DSINRICINE	D–FOI	R POLICE, PRO	ONLY				
							τ	RN:
			WITN	IESS LIST			Page	3 of 7
			•••••			ompletion:	ahad	
						atement atta convictions		V or N
Rv			Do		Previous	Statement		
Vit No	(In the 'Wit.N	lo.' column e	Witness De nter 'V' if the witness is a	talls a victim, 'Vu' if vulnera	ble or intimidated)	Number	*	•
11	Name:		Code A					
	Address (WO	чк):	С	ode A				
	Occupation:			Date of Birth:	I			
	Telephone:	JUNGLU		WORK	02392 727802			
	E-mail addres	SS:						
12	Name:		Code A					
	Address (HOI	 ME):	!	Code A				
			L	Date of Birth:				{
	Occupation:	HOME		Date of Birth.	CodeA			
	Telephone: E-mail addre		Code A					
13	Name:		Code A					
	Address (HO		· · · · · · · · · · · · · · · · · · ·	ada A				
				ode A				
			OMMANDER	Date of Birth:	Code A			
	Telephone:	HOME	Code A					
	E-mail addre	ess: 	Code A				+	+
14	Name:	· [Code A	Code A				
	Address (HC		L	Date of Birth:	Code A			
	Occupation:			Date of Dirth.				
	Telephone: E-mail addr		Code A					
45			ode A					
15	Name: Address (HO	l	<i>i</i>	Codo A				
		<i></i>	L	Code A				
	Occupation		R	Date of Birth:	Code A			
	Telephone:	HOME	Code A					

I

R	ESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNE ONLY			
			_	RN:
	WITNESS LIST		Page	4 of 7
	Date of com Tick if states	ment attac		7 N
٦v	Previous cor	atement	Enter	
it No	Witness Details	lumber	*	•
16	Name: Code A			
	Address (HOME): Code A			}
	Occupation: GENERAL PRACTITIONER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
17	Name: Code A		i	
	Address (HOME): Code A			
	Occupation: DOCTOR Date of Birth: Code A			
	Telephone: HOME Code A WORK 020 88564990 E-mail address:			
18	Name: Code A			
	Address (HOME): Code A			
	Occupation: CPL Date of Birth: Code A			
	Telephone: HOME Code A WORK 02392 762263			
19	Name: Code A			
	Address (HOME): Code A			
	Occupation: SGT Date of Birth: Code A			
	Telephone: MOBILE Code A WORK 0207 3054409 E-mail address:			
20	Name: Code A			
	Address ():			
	Occupation: CONSULTANT GERIATRICIAN Date of Birth: Code A			
	Telephone: HOME Code A WORK 01329 316401			
	E-mail address:			

RI	ESTRICTED – FOI	R POLICE, PRO	SECUTION, AND ONLY				RN:
		WITN	IESS LIST	 Tick if st 	ompletion: atement attac convictions?	Page	5 of 3
V No		Witness De	e tails a victim, 'Vu' if vulnerabl		Statement Number	*	•
		Code A					
	Address (HOME):		ode A				
	Occupation: STAFF N Telephone: HOME E-mail address:	URSE Code A	Date of Birth:	Code A			
22		Code A	Codo A				
	Occupation: STAFF N	L	Code A Date of Birth:	Code A			
	Telephone: HOME E-mail address:	Code A					
23	Name:	Code A					
	Address (HOME):	i	Code A				
	Occupation: STAFF N Telephone: HOME E-mail address:	NURSE	Date of Birth: WORK	Code A Code A			
24	Name:	Code A					
	Address (HOME):		Code A				
	Occupation: TEAM L	EADER SOCIAL	Date of Birth:	Code A			
	Telephone: HOME E-mail address:	Code A	WORK	Code A			
25	Name:	Code A					
	Address (HOME):	[Code A				
	Occupation: STAFF		Date of Birth:	Code A			

R)	ESTRICTED – FOR POLICE, PROSECUTION, AND THE WITH ONLY			
				I RN: 6 of 7
	WITNESS LIST		Page	0017
	Date of co Tick if sta	ompletion: atement attac	hed	
_		convictions		Y or N
₹ V	Witness Details	Statement Number	*	•
t No	(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Number		
26	Name: Code A			
	Address (HOME):			
	Occupation: HEALTH VISITOR Date of Birth: Code A			
	Telephone: HOME Code A WORK Code A			
	E-mail address:			+
27	Name: Code A			
	Address (HOME): Code A			
	Occupation: STAFF NURSE Date of Birth: Code A			
	Telephone: HOME Code A Code A Code A			
	E-mail address:			
28	Name: Code A			
	Address (HOME): Code A			
	Occupation: STAFF NURSE Date of Birth: Code A			
	Telephone: HOME Code A WORK Code A			
	E-mail address:			_
29	Name: Code A			
LJ	Address (HOME): Code A			
		1		
		<u> </u>		
	E-mail address:			
30	Name: Code A			
	Address (HOME): Code A			
	Occupation: STAFF NURSE F GRADE Date of Birth: Code A			
	Telephone: HOME Code A WORK Code A			
	E-mail address:	<u>.</u>		

WITNESS LIST Date of completion: * Tick if statement attache Previous convictions? E Witness Details Statement 1 Name: POLICE Code A Address (): Occupation: Detective Constable Code A Date of Birth: Code A Image: Code A Image: Code A Telephone: Code A Image: Code A Image: Code A	
Witness Details Statement /it No (In the 'Wit.No,' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated) Statement 31 Name: POLICE Code A Address (): Occupation: Detective Constable Code A	* •
31 Name: POLICE Code A Address (): Occupation: Detective Constable Date of Birth: Code A	
E-mail address:	
32 Name: POLICE Code A Address (): Address (): Date of Birth: Occupation: Detective Constable Code A Telephone: E-mail address: Date of Birth:	

