

Dr BARTON  
2000/2047  
GMC reg: 1587920



**cintas**  
CORPORATION

00125831  
GPI

**00125831**

**GMI**

GMI

Jul 08 -  
Aug 08.



File Reference No **00100277**

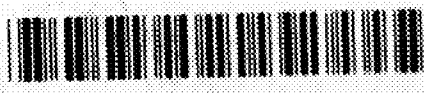
Home Location **HM Manchester**

Owner Location **Fitness To Practise**

Subject **Case Presentation Team Administr**

Volume **3**

Date Created **02/12/2002**

  
00125831

**DUDLEY** 

2000/2047
Dr JA Barton
Post PPC

**CHOICE**

**A4 SLOTTED**

**495**

Dudley Stationery Limited  
Crown Close, Wick Lane, Bow, London E3 2JT  
Tel: 0181-980 7199 Fax: 0181-581 1238



SAP Back Scan  
Exercise

Case File Number 2000/2047

Doctor Number 1587920

Date Sent to DV

Booked Out By

**Code A**

Date Returned  
from DV

17/02/06

Booked In By

Comments

Job Box No: W333303155 Date: 27/03/2005  
 EMT205  
 EMT-TC-01-3-YB-0002-A-05-05  
 SKP:333303155-00004  
 RT ID: 12  
 CUST:W333303155  
 UNTL  
 R

**Code A**

**Code A**

# CPT FILE (Lon)

# CPT DOCUMENTS BEGIN

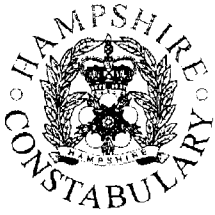
29 Apr 04 14:45

Hampshire Constabulary

Code A

p. 1

303



Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

Tel: 0845 0454545

Fax: 01962 871204

Telex: 47361 HANPOL

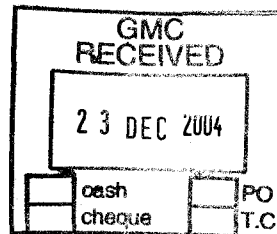
**Paul R. Kernaghan**  
**QPM LL.B MA DPM MCIPD**  
Chief Constable

Your ref:

Our ref: CC/LR/smg

22 December 2004

**Finlay Scott TD**  
**Chief Executive and Registrar**  
**General Medical Council**  
2<sup>nd</sup> Floor  
**Regents Place**  
**350 Euston Road**  
**London**  
**NW1 3JN**



*no. Paul Philp*

*cc: ce  
ofcc*

Dear Mr Scott

**Operation Rochester**

I am writing on behalf of the Chief Constable to acknowledge receipt of your letter dated 6 December 2004, received at this office on 13 December 2004.

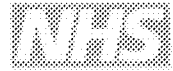
Mr Kernaghan has caused enquiries to be made and a reply will be provided as soon as reasonably practicable.

Yours sincerely

**Code A**

**L Rickwood [Inspector]**  
**Staff Officer to Paul Kernaghan**  
**Chief Constable**

## Fareham and Gosport

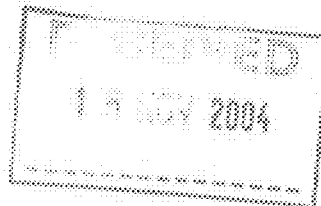


Primary Care Trust

Unit 190, Fareham Reach  
166 Fareham Road  
Gosport  
PO13 0FH

Mr Paul Hylton  
Assistant Registrar  
General Medical Council  
2<sup>nd</sup> Floor  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Tel: 01329 233447  
Fax: 01329 234984



12 November 2004

Dear Mr Hylton

**RE: DR JANE BARTON**

Firstly, I apologise in the delay in writing a response to you on the issues and questions contained in your letter of 8<sup>th</sup> October 2004.

I am replying on behalf of Mr Piper as Deputy Chief Executive, I take the lead on all aspects of the Gosport War Memorial Inquiry – in conjunction with the Chair of the Professional Executive Committee (Dr Gordon Sommerville) and the Chair of the PCT Board, (Lucy Docherty).

Dr Barton, as an independent contractor, agreed to a voluntary arrangement from 1<sup>st</sup> October 2002 that she would not prescribe benzodiazepines or opiate anaesthetics. All patients requiring such drugs as part of ongoing therapy would be transferred to other partners in the practice. This way care would not be compromised. She also agreed not to accept house visits if there was a possible need for such drugs to be prescribed, and to review previous prescriptions for high quantities of these drugs.

The voluntary agreement is still in place.

Data on drugs prescribed has been obtained from both PPA and the practice system and reviewed by the PCT periodically since the start of this agreement. Copies of the detail have been shared with her.

There are reports of this data within the PCT. I will arrange for the PCT Pharmaceutical Advisor (Hazel Bagshaw) to send you copies of such reports.

Yours sincerely

**Code A**

Alan Pickering  
Deputy Chief Executive

**Code A**

*- met Hg  
- will*

## SENDING CONFIRMATION

DATE : 6-OCT-2004 WED 16:34  
 NAME : FPD  
 TEL : Code A

PHONE : Code A  
 PAGES : 12/12  
 START TIME : 6-OCT 16:29  
 ELAPSED TIME : 04' 38"  
 MODE : ECM  
 RESULTS : OK

FIRST PAGE OF RECENT DOCUMENT TRANSMITTED...

***Urgent - Confidential***

To Mr Roger Henderson QC  
 Fax number Code A  
 From Paul Hylton  
 Direct Dial Code A  
 Direct fax Code A

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

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

Dear Mr. Henderson

**Dr Jane Barton**

Please find attached a copy of the expert summary in respect of Catherine Lee.

I have also managed to trace a copy of the June 2001 transcript at our external solicitors.

This facsimile is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you have received this facsimile in error please treat it as Confidential Waste and dispose of it accordingly



SENDING CONFIRMATION

DATE : 6-OCT-2004 WED 14:50  
NAME : FPD  
TEL : Code A

PHONE : Code A  
PAGES : 4/4  
START TIME : 6-OCT 14:49  
ELAPSED TIME : 01' 05"  
MODE : ECM  
RESULTS : OK

FIRST PAGE OF RECENT DOCUMENT TRANSMITTED...

***Urgent - Confidential***

To Ian Barker - MDU  
Fax number  
From Paul Hylton  
Direct Dial  
Direct fax Code A  
No. of pages 4 Time Date 6 October 2004  
(inclusive)

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

Ian  
**Dr Jane Barton**

We have just noticed that the attached expert summary in respect of Catherine Lee was inadvertently omitted from the bundle to be considered tomorrow.

I will ensure that it is added as a supplement to the bundle.

SENDING CONFIRMATION

DATE : 5-OCT-2004 WED 14:09  
NAME : FPD  
TEL : Code A

280 - 289  
bundle 21/3/hearing

PHONE : Code A  
PAGES : 25/44  
START TIME : 5-OCT 13:58  
ELAPSED TIME : 10'54"  
MODE : BCM  
RESULTS : OK

FIRST PAGE OF RECEIVED DOCUMENT TRANSMITTED...

*Urgent - Confidential*

To : Jan Barton - JBN  
Fax number : Code A  
From : Paul Hyton  
Direct Dial : Code A  
Direct fax : Code A  
No. of pages : 1  
(maximum)

GENERAL  
MEDICAL  
COUNCIL  
*promoting patients  
quality doctors*

Dear Jan

Re: *Jan Barton - GMC Hearing 7 October 2004*

Our Council has asked that the attached Citations be available to the Committee for tomorrow's hearing.

We thought it courteous to provide you with copies of the Citations prior to the hearing.

This material is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you have received this message in error please notify the system manager. Please do not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake. Please do not forward to anyone else. Please delete this e-mail if you are not the named addressee. Thank you for your cooperation.

TELEPHONE MESSAGE PAD

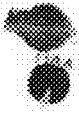
FROM .....

TO .....

TIME/DATE .....

GENERAL  
MEDICAL  
COUNCIL

*Protecting patients,  
guiding doctors*



**Code A**

Julie Gill

- Regional Director of Public Health (SE Region)

**Code A**

**Code A**

Rachel Dixon (M)

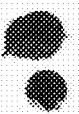
- Chief medical officer (M)

**Code A**

**Code A**

Simon Tanner (M)

- Director of Public Health at Portsmouth Health Authority



05/10/2004 16:30

Code A

MILRVE

PAGE 01/11

# MILLS & REEVE

	Fax Number	Reference
To: Paul Hylton General Medical Council	Code A	
From: Kevin Duce Senior Solicitor Code A	Code A	BKMD/4002044-0131-0
Date: 6 October 2004		
Pages: 11		Document number: 80516951_1.doc

Jane Barton

Paul

IOC transcript 21 June 2001.

Regards

Code A

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Mills & Reeve  
54 Hagley Road  
Edgbaston  
Birmingham  
B16 8PE

Telephone: +44(0)121 454 4000  
Fax: +44(0)121 456 3631  
DX: 707290 Edgbaston 3

info@mills-reeve.com

Birmingham Cambridge London Norwich  
Mills & Reeve is regulated by the Law Society  
A list of partners may be inspected at any of our offices

www.mills-reeve.com

### IOC REFERRALS

<b>DOCTORS' FULL NAME :</b>	Dr Jane Ann BARTON
<b>FPD REFERENCE :</b>	2000/2047
<b>TYPE OF CASE : (Performance/Health/Conduct)</b>	Conduct
<b>CASE WORKER :</b>	Paul Hylton
<b>DOCTORS' PLACE OF PRACTICE :</b>	Hampshire
<b>DOCTORS' SPECIALTY :</b>	Clinical Assistant in elderly medicine
<b>DATE INFORMATION RECEIVED :</b>	Case previously considered by the IOC in 2002. Further info received from Hampshire Police on 10 September 2004.
<b>DATE OF REFERRAL TO IOC :</b>	24 September 2004
<b>REFERRED BY :</b>	The President
<b>MEMBER/ASSOCIATES(S) THAT HAVE SEEN CASE:</b>	Committees at previous IOC hearings. PPC hearing 29 – 30 August 2002 (Professor Roger Green, Dr Richard Kennedy, Sir Roddy MacSween, Dr Sheila Mann and Professor Nigel Stott
<b>IS DOCTORS CURRENTLY PRACTISING:</b>	Yes.
<b>SUMMARY OF ALLEGATIONS:</b>	
<p>Some of the Information in this case has previously been considered by the IOC in 2001 and 2002. The information was referred to the GMC by Hampshire Constabulary as a result of enquiries by them into the deaths of a number of patients at Gosport War Memorial Hospital. This latest referral to the IOC was made by the President.</p> <p>The Police have now progressed their enquiries to the point that they have been able to disclose information in respect of 19 patients whose treatment their experts believe, having carried out a preliminary screening exercise, may have been sub-standard. The Police have disclosed the medical records, Police reports and expert screening forms for those 19 patients, and it appeared to the</p>	

President that in 14 cases there may be information that should be put before the IOC.

The Police have referred information in respect of 10 – 15 other patients whose treatment their experts believe, having carried out a preliminary screening exercise, was such that criminal charges against Dr Barton should be considered. The Police have been asked to prepare a statement disclosing as much information as is possible at this stage of the investigation in respect of these more serious cases, and we should receive this by 28 September 2004.

Dr Barton has been informed of the referral and has been told that we will disclose to her all of the information that we will put before the Committee by 30 September 2004.

**To be Completed by IOC Secretariat**

Date referral form received	Date of IOC Hearing	Date caseworker notified of IOC hearing date







Dr Jane Barton

Page 1 of 2

**Paul Hylton** [Code A]

**From:** Graeme Catto [Code A]  
**Sent:** 24 Sep 2004 14:00  
**To:** 'Paul Philip' [Code A]  
**Cc:** 'Finlay Scott' [Code A]; 'Paul Hylton' [Code A]  
**Subject:** RE: Dr Jane Barton

Paul

Thanks – I am content that Dr Barton be referred to the IOC as you suggest.

Graeme

Sir Graeme Catto

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

Tel; [Code A]  
 Fax: [Code A]  
 email: [Code A]

**From:** Paul Philip [Code A] [mailto:[Code A]]  
**Sent:** 24 September 2004 13:05  
**To:** Professor Sir Graeme Catto  
**Cc:** Finlay Scott [Code A]; Paul Hylton [Code A]  
**Subject:** Dr Jane Barton

Graeme,

I would be grateful if you would consider referring this doctor to the IOC.

Whilst working at Gosport Memorial Hospital there have been a number of concerns about her prescribing e.g. that she was doing so with intent to speed up death of patients. The police and CPS are taking this very seriously and we have spent months attempting to get access to their information (including Finlay speaking to the Chief Constable). They have now provided some of this and we should proceed to the IOC with all due haste, in my view.

Roger Henderson will present the case at the IOC on 6th October, if you agree. Let me know if you would like any further information.

Regards

Paul

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24/09/2004

Dr Jane Barton

Page 2 of 2

General Medical Council  
178 Great Portland Street London W1W 5JE  
Tel: +44 (0) 20 7580 7642  
Fax: +44 (0) 20 7915 3641

**Paul Hylton** **Code A**

---

**From:** Adam Elliott **Code A**  
**Sent:** 24 Sep 2004 12:12  
**To:** Paul Hylton **Code A**  
**Subject:** RE: Dr Jane Barton

Paul,

The date is 7 October 2004 and location is General Chiropractic Council  
 44 Wicklow Street  
 LONDON  
 WC1X 9HL  
 United Kingdom

Start time 09:30

Adam

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

**From:** Paul Hylton **Code A**  
**Sent:** 24 Sep 2004 12:08  
**To:** Adam Elliott **Code A**  
**Subject:** FW: Dr Jane Barton  
**Importance:** High

Adam

Is the date right?

Paul

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

**From:** Paul Philip **Code A**  
**Sent:** 24 Sep 2004 12:05  
**To:** Professor Sir Graeme Catto  
**Cc:** Finlay Scott **Code A**; Paul Hylton **Code A**  
**Subject:** Dr Jane Barton

Graeme,

I would be grateful if you would consider referring this doctor to the IOC.

Whilst working at Gosport Memorial Hospital there have been a number of concerns about her prescribing e.g. that she was doing so with intent to speed up death of patients. The police and CPS are taking this very seriously and we have spent months attempting to get access to their information (including Finlay speaking to the Chief Constable). They have now provided some of this and we should proceed to the IOC with all due haste, in my view.

Roger Henderson will present the case at the IOC on 6th October, if you agree. Let me know if you would like any further information.

Regards

Paul

**Paul Hylton** **Code A**

---

**From:** Paul Philip **Code A**  
**Sent:** 24 Sep 2004 12:05  
**To:** Professor Sir Graeme Catto  
**Cc:** Finlay Scott **Code A**; Paul Hylton **Code A**  
**Subject:** Dr Jane Barton

Graeme,

I would be grateful if you would consider referring this doctor to the IOC.

Whilst working at Gosport Memorial Hospital there have been a number of concerns about her prescribing e.g. that she was doing so with intent to speed up death of patients. The police and CPS are taking this very seriously and we have spent months attempting to get access to their information (including Finlay speaking to the Chief Constable). They have now provided some of this and we should proceed to the IOC with all due haste, in my view.

Roger Henderson will present the case at the IOC on 6th October, if you agree. Let me know if you would like any further information.

Regards

Paul

**Paul Hylton** **Code A**

**From:** Adam Elliott **Code A**  
**Sent:** 24 Sep 2004 15:11  
**To:** Toni Smerdon **Code A**  
**Cc:** Paul Hylton **Code A**; Alison Thompson **Code A**; Paul Philip **Code A**  
**Subject:** **Code A**; IOC Team  
 RE: Dr Barton - IOC Hearing

Toni,

Further to yesterday's conversations, I can confirm that Mr Henderson is booked for 7 October and that he is awaiting instructions from the legal team.

We have booked the General Chiropractic Council which is located in Kings X - I am in negotiation with them as to the overall cost, however, I will hopefully manage to agree a very good deal for the GMC especially considering the shortness of time etc (hopefully the entire cost of the hearing (including the venue, catering etc, etc) will be under the £1500 mark)

We have confirmed a SHW and the Legal Assessor who will be Mr Tim Swan (1 Paper Buildings). Mr Swan is an extremely experienced legal assessor who though only sitting with the IOC for the first time in early 2004 has proven to be extremely sound, competent and knowledgeable with regard to Interim Orders.

A panel of 5 has been confirmed and they are:

Professor Norman MacKay  
 Dr Jack McCluggage  
 Dr Andy Stewart  
 Mrs Angela Macpherson  
 Mrs Rani Atma

They are all extremely experienced members of the IOC. Professor MacKay will chair, I spoke to Alison today as I had one concern namely that we did not have a female medical practitioner on the panel, she and I came to the conclusion that it was probably not necessary (bearing in mind the collective knowledge, skills and experience of the panel) but I do look to you for final direction.

The item will be going out this afternoon as Paul H is now in receipt of the referral from the President.

I think I've covered all the bases but do let me know if there is anything further you need me to do.

Thanks,

Adam

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

**From:** Paul Philip **Code A**  
**Sent:** 23 Sep 2004 11:48  
**To:** Adam Elliott **Code A**  
**Cc:** Paul Hylton **Code A**; Toni Smerdon **Code A**; Alison Thompson **Code A**  
**Subject:** Re: Dr Barton - IOC Hearing

Dear all,

We need to get this case to IOC ASAP. If Roger cannot do the earliest date available then we should find someone else who can.

What is the earliest date this can go to the IOC and how much further would we have to wait for Roger to do this?

Paul

-----  
Sent from my BlackBerry Wireless Handheld

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

From: Adam Elliott

Code A

To: Paul Philip

Code A

CC: Paul Hylton

Code A

Sent: Thu Sep 23 12:15:50 2004

Subject: Dr Barton - IOC Hearing

Paul,

Roger Henderson, QC is only available on 7 October for the IOC hearing (he has a meeting with you and Toni on the 6th and is then not free until late October). Mr Henderson has to cancel three other appointments on that day but is content to do so.

Unfortunately there is no room availability either in Hallam Street or in 350 Regent's Place (this is due to two of the hearing rooms in 350 not being available during that week).

Hallam Street has the Council Chamber and Committee Room 3 taken up by the 'Brewer' case and Committee Room 2 is in use by the Health Committee for the two day hearing of **Code A**. The room was provisionally booked by the Registration Committee (who were not going to sit on those days), however, subsequent to that and prior to Mr Henderson being available the room is now needed by the Health Committee (the case originally listed in GPS, which will obviously no longer be available). The Council Chamber in the new building is being used for two PCC hearings.

The idea of using Committee Room 1 for the hearing in Hallam Street did occur but that would mean that there would be no lunch provision for the members sitting on the PCC or Health Committee and my understanding is that, that would not be acceptable.

Due to the urgency attached to this case and the need to have it heard in London, with Mr Henderson acting as GMC Counsel, the only other option that seems to be available is to have the case heard at an outside venue.

It would not be as expensive cost wise as an outside PCC as there is no need to provide space for Press/Public/Witnesses. (unless Dr Barton directs her hearing to be public, something that she has not done previously)

Mr Henderson's clerk has asked that I/we confirm this morning as to 7 October. I would be grateful if you could either agree to have the hearing held at an outside venue, or provide further direction as to looking for different Counsel and/or a different date for the IOC hearing.

In anticipation of the hearing going to an outside venue I will canvass availability of local hearing rooms this morning, but won't book anything until I receive further instructions from you.

Many thanks,

Adam

## Dr Jane BARTON

---

### Analysis concerning cases that have previously been seen by the GMC

Patient Name	Expert/Police information	Seen by IOC/PPC (inc. date)
Eva Page	<ul style="list-style-type: none"> <li>• Expert Report – Dr Mundy</li> <li>• Expert Report – Professor Ford</li> </ul>	PPC (30/8/02) IOC (19/9/02)
Alice Wilkie	<ul style="list-style-type: none"> <li>• Expert Report – Dr Mundy</li> <li>• Expert Report – Professor Ford</li> </ul>	PPC (30/8/02) IOC (19/9/02)
Gladys Richards	<ul style="list-style-type: none"> <li>• Expert Report - Prof. Livesley</li> <li>• Expert Report – Professor Ford</li> <li>• Police Statement – Jane Barton</li> <li>• Police Interview – Dr Althea Lord (Consultant at Gosport War Memorial Hospital)</li> <li>• Police Interview – Philip Beed (Clinical Manager at Gosport War Memorial Hospital)</li> </ul>	PPC (30/8/02) IOC (19/9/02) IOC (21/3/02) IOC (19/9/02)
Arthur Cunningham	<ul style="list-style-type: none"> <li>• Expert Report – Dr Mundy</li> <li>• Expert Report – Professor Ford</li> </ul>	PPC (30/8/02) IOC (19/9/02)
Robert Wilson	<ul style="list-style-type: none"> <li>• Expert Report – Dr Mundy</li> <li>• Expert Report – Professor Ford</li> </ul>	PPC (30/8/02) IOC (19/9/02)

**Category 2 cases where expert evidence indicates that it may be properly arguable that Dr Barton's alleged conduct is capable of constituting spm**

Patient Name	Expert/Police information	Seen by IOC/PPC (inc. date)
Victor Abbatt		
Dennis Amey		
Charles Batty		
Dennis Brickwood		
Charles Hall		
Catherine Lee		
Stanley Carby		
Walter Clissold		
Harry Hadley		
Alan Hobday		
Eva Page	<ul style="list-style-type: none"> <li>• Expert Report – Peter Lawson</li> </ul>	PPC (30/8/02) IOC (19/9/02)
Gwendoline Parr		
Edna Purnell		
Daphne Taylor		



To: Kevin Duce  
From: Code A  
Trainee Solicitor  
Ext: Code A  
Date: 16 September 2004  
Subject: GMC v Jane Barton 4002044-0131

---

### Documents for Barton

- 1 Level arch file with medical records for:
  - 1.1 Gladys Richards
  - 1.2 Arthur Cunningham
  - 1.3 Alice Wilkie
  - 1.4 Robert Wilson
  - 1.5 Eva Page
- 2 2 x Level arch files of Hampshire Constabulary documents (witness statements etc)
- 3 2 x miscellaneous bundles
  - 3.1 proceedings for the GMC Interim Orders Committee and the Hampshire Constabulary Documents
  - 3.2 Documents relating to the Interim Orders Committee and the PPC
- 4 2 x files relating to Hampshire Constabulary v Dr Jane Barton
- 5 green GMC file
- 6 file relating to Ms Yeats v Dr Barton
- 7 file relating to Ann Reeves v Dr Barton
- 8 file relating to Jackson v Beed and Barton
- 9 file 'Dr Jane Barton (Screeners' file)'
- 10 file relating to CHI v Unknown

James with  
Police

Paul Hylton Code A

**From:** Code A  
**Sent:** 30 Sep 2004 10:28  
**To:** Code A  
**Subject:** FW: Document2

Paul.. Please confirm receipt..DW.

---

**From:** Williams, David (DCI)  
**Sent:** 30 September 2004 11:20  
**To:** Williams, David (DCI)  
**Cc:** Code A  
**Subject:** Document2

<<Doc2.doc>>

\*\*\*\*\*

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\*\*\*\*\*

Paul Hylton [Code A]

**From:** [Code A]

**Sent:** 17 Sep 2004 14:29

**To:** [Code A]

**Subject:** RE: Operation Rochester

Mr HYLTON

Thankyou for your report updating the GMC's position.

I will deal with this during the course of the weekend, and will look to provide a statement covering the issues raised by Wednesday 22nd September.

Regards.

DW.

**From:** Paul Hylton [Code A]

**Date:** 17 September 2004 15:40

**To:** Williams, David (DCI); Watts, Steve

**Cc:** Paul Philip [Code A]; Peter Swain [Code A]

**Subject:** Operation Rochester

Dear Detective Superintendent Williams

I have now had an opportunity to review the information disclosed to the GMC by Hampshire Police on 10 September 2004 relating to the 19 cases in which Hampshire Police, having received advice from medical and legal experts, have determined that the treatment by Dr Barton was "sub-optimal". Only one of those cases, that of Eva Page, has previously been considered by the GMC's Interim Orders Committee and Preliminary Proceedings Committee.

Of those 19 cases, it would appear that in the following 14 cases the information is such that a referral to the IOC may be appropriate:

Victor Abbatt  
 Dennis Amey  
 Charles Batty  
 Dennis Brickwood  
 Charles Hall  
 Catherine Lee  
 Stanley Carby  
 Walter Clissold  
 Harry Hadley  
 Alan Hobday  
 Eva Page  
 Gwendoline Parr  
 Edna Purnell  
 Daphne Taylor

It is the GMC's intention to seek referral of the information in these cases to the Interim Orders Committee, and, in the event that such a referral is made, to ensure that the hearing takes place expeditiously. It would also be the GMC's intention to put before the Interim Orders Committee information in relation to those cases which you consider are Category 3 cases, either in the form of a statement from yourselves or by disclosing more detailed information should you be in a position to disclose it.

The GMC has always recognised the need to ensure that we do not compromise the Police's investigations, and this will continue to be the case. However, it is also important that we present the Interim Orders Committee with as full a picture as is possible in respect of any threat that Dr Barton may pose to the public, in order that the Committee is best placed to ensure

30/09/2004

that the public are protected. The GMC is therefore of the view that it would be of considerable assistance to our case before the Interim Orders Committee if we were able to present a statement from the Police giving as much information as it is prudent to disclose at this time in respect of the Category 3 cases. Clearly, these cases by their very nature raise issues of public safety over and above those raised by the Category 2 cases, and it is therefore important that the Interim Orders Committee are able to consider those cases, even if such consideration is limited at this time to a statement from Police confirming the number of cases under consideration and a brief outline of the nature of the allegations.

It is also important that the Committee is updated as to the current position of the other four cases it has previously considered, those cases being the cases of:

- Alice Wilkie
- Gladys Richards
- Arthur Cunningham
- Robert Wilson

This update can either be in the form of a separate statement or it can be incorporated into the statement on the Category 3 cases.

I am sure that you will appreciate the urgency of my request given the proximity of the hearing and the need to disclose the information we propose to put before the Committee to Dr Barton before the hearing takes place. Could you therefore please confirm either by return email or by telephone on Monday 20 September 2004 the mechanism by which we can expect to receive a statement.

Yours sincerely

**Paul Hylton**  
**General Medical Council**  
 Direct line:

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General Medical Council  
 178 Great Portland Street London W1W 5JE  
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\*\*\*\*\*

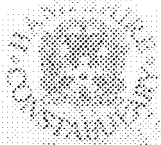
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## HAMPSHIRE CONSTABULARY

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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):

Station:

Time and place statement taken:

Signature of witness:

Signed : S.A.WATTS.

Signature witnessed by : \_\_\_\_\_

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## HAMPSHIRE CONSTABULARY

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Statement of : STEVEN ALEC WATTS

**Age if under 18:** \_\_\_\_\_ *(if over 18 insert 'over18')* **Occupation:** \_\_\_\_\_

**This statement (consisting of \_\_\_\_\_ 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:** \_\_\_\_\_

**Date:** 30<sup>TH</sup> 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.

Signed : **S.A.WATTS.**

Signature witnessed by : \_\_\_\_\_

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Statement of : STEVEN ALEC WATTS

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

On the 12<sup>th</sup> 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.

Signed : S.A.WATTS.

Signature witnessed by : \_\_\_\_\_

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All the cases examined were elderly patients (79 to 99yrs of age) their 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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Statement of : STEVEN ALEC WATTS

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 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 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

Signed : S.A.WATTS.

Signature witnessed by : \_\_\_\_\_

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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 : 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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Signature witnessed by : \_\_\_\_\_

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Statement of : STEVEN ALEC WATTS

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 : **S.A.WATTS.**

Signature witnessed by : \_\_\_\_\_

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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 : S.A.WATTS.

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 : S.A.WATTS.

Signature witnessed by : \_\_\_\_\_

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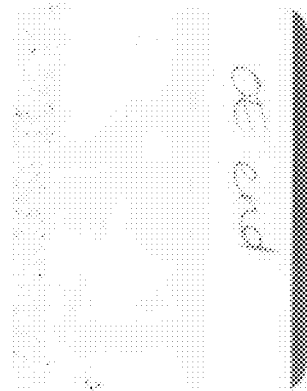
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Statement of : STEVEN ALEC WATTS



Signed : S.A.WATTS.

Signature witnessed by : \_\_\_\_\_



Paul Hylton [Code A]

---

**From:** Paul Hylton [Code A]  
**Sent:** 23 Sep 2004 12:00  
**To:** 'david.williams' [Code A]  
**Cc:** Paul Philip [Code A] Peter Swain (020 7915 3572)  
**Subject:** RE: Operation Rochester  
**Importance:** High

David

It is likely to go ahead sometime w/c 4 October 2004, so I would need to disclose the information to Dr Barton's legal reps by 27/28 September at the latest.

I will probably have to make a disclosure in two parts, the info we have at the moment can be disclosed next week followed by your statement and any supporting documentation.

When you provide your statement can you please provide copies of the expert reports for the patients named below. The summaries we have are OK for my purposes, but it is likely that the IOC will want to have sight of the whole report for each patient.

Paul

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

**From:** [Code A]  
**Sent:** 22 September 2004 17:39  
**To:** [Code A]  
**Subject:** RE: Operation Rochester

Paul..

Apologies.. I have not lived up to my good intentions .. A busy period (Operational commitments) have not enabled me to complete this work..

I am now off for four 4 days having worked 10 consecutive..

You refer in your E mail to the proximity of the hearing.. but not the proposed date?..

Could you please let me know.. should you need to discuss my mobile number is [Code A]

I have kept my diary free for Monday 27th Sept to deal with this..

DW.

---

**From:** Paul Hylton [Code A]  
**Sent:** 17 September 2004 16:30  
**To:** Williams, David (DCI)  
**Subject:** RE: Operation Rochester

Dear DS Williams

Thank you for your prompt response.

24/09/2004

Paul

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

**From:** [redacted] Code A

**Sent:** 17 Sep 2004 14:29

**To:** [redacted] Code A

**Subject:** RE: Operation Rochester

Mr HYLTON

Thankyou for your report updating the GMC's position.  
I will deal with this during the course of the weekend, and will look to provide a statement covering the issues raised by Wednesday 22nd September.

Regards.  
DW.

---

**From:** Paul Hylton [redacted] Code A

**Sent:** 17 September 2004 15:40

**To:** Williams, David (DCI); Watts, Steve

**Cc:** Paul Philip [redacted] Code A; Peter Swain [redacted] Code A

**Subject:** Operation Rochester

Dear Detective Superintendent Williams

I have now had an opportunity to review the information disclosed to the GMC by Hampshire Police on 10 September 2004 relating to the 19 cases in which Hampshire Police, having received advice from medical and legal experts, have determined that the treatment by Dr Barton was "sub-optimal". Only one of those cases, that of Eva Page, has previously been considered by the GMC's Interim Orders Committee and Preliminary Proceedings Committee.

Of those 19 cases, it would appear that in the following 14 cases the information is such that a referral to the IOC may be appropriate:

Victor Abbatt  
Dennis Amey  
Charles Batty  
Dennis Brickwood  
Charles Hall  
Catherine Lee  
Stanley Carby  
Walter Clissold  
Harry Hadley  
Alan Hobday  
Eva Page  
Gwendoline Parr  
Edna Purnell  
Daphne Taylor

It is the GMC's intention to seek referral of the information in these cases to the Interim Orders Committee, and, in the event that such a referral is made, to ensure that the hearing takes place expeditiously. It would also be the GMC's intention to put before the Interim Orders Committee information in relation to those cases which you consider are Category 3 cases, either in the form of a statement from yourselves or by disclosing more detailed information should you be in a position to disclose it.

The GMC has always recognised the need to ensure that we do not compromise the Police's investigations, and this will continue to be the case. However, it is also important that we present the Interim Orders Committee with as full a picture as is possible in respect of any threat that Dr Barton may pose to the public, in order that the Committee is best placed to ensure that the public are protected. The GMC is therefore of the view that it would be of considerable assistance to our case before the Interim Orders Committee if we were able to present a statement from the Police giving as much information as it is prudent to disclose at this time in respect of the Category 3 cases. Clearly, these cases by their very nature raise issues of public safety over and above those raised by the Category 2 cases, and it is therefore important that the Interim Orders Committee are able to consider those cases, even if such consideration is limited at this time to a statement from Police confirming the number of cases under consideration and a brief outline of the nature of the allegations.

It is also important that the Committee is updated as to the current position of the other four cases it has previously considered, those cases being the cases of:

Alice Wilkie  
Gladys Richards  
Arthur Cunningham  
Robert Wilson

This update can either be in the form of a separate statement or it can be incorporated into the statement on the Category 3 cases.

I am sure that you will appreciate the urgency of my request given the proximity of the hearing and the need to disclose the information we propose to put before the Committee to Dr Barton before the hearing takes place. Could you therefore please confirm either by return email or by telephone on Monday 20 September 2004 the mechanism by which we can expect to receive a statement.

Yours sincerely

**Paul Hylton**  
**General Medical Council**  
Direct line:

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17/09/2004

Eva Page  
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 Edna Purnell  
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**General Medical Council**  
 Direct line:

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General Medical Council  
 178 Great Portland Street London W1W 5JE  
 Tel: +44 (0) 20 7580 7642  
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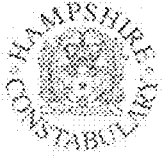
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# H A M P S H I R E     C o n s t a b l a r y

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

**CONFIDENTIAL**

Fareham Police Station  
Quay Street  
Fareham  
Hampshire  
PO16 0NA

Ms Louise Povey  
General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

31 AUG 2004

31 AUG 2004

27 August 2004

Dear Ms Povey

## Operation Rochester – Investigation into deaths at Gosport War Memorial Hospital

I write on behalf of Detective Superintendent Williams to acknowledge receipt of your letter of the 26<sup>th</sup> of August 2004, regarding the above matter.

The content of your letter is receiving of fullest consideration and you can be sure that we will contact you in due course to discuss any pertinent issues that may arise.

If can be of any assistance in the mean time, please do not hesitate to contact me.

Yours sincerely Code A

# Code A

Nigel Niven  
Detective Chief Inspector  
Operation Rochester

**CONFIDENTIAL**



26 August 2004

**Confidential: First Class**

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

GENERAL  
 MEDICAL  
 COUNCIL

*Protecting patients,  
 guiding doctors*

Dear DCI Williams

**Operation Rochester – Investigation into Deaths at Gosport War Memorial Hospital**

I write further to our exchange of e-mails and, in particular, your e-mail of 17 August 2004. Thank you for your continued assistance in this matter. I am very pleased to note that, subject to certain conditions, you are in a position to provide us with the information you have relating to 19 of the category two cases.

I confirm that we will review the information you supply and, if appropriate, make an application to the Interim Orders Committee. If an application is made to that Committee, the doctor and her representatives will be supplied with information upon which we intend to rely. The Interim Orders Committee usually sits in private but the doctor has a right to insist on a public hearing. It is rare that a doctor insists on a public hearing. There is no indication that the doctor in this case will insist on a public hearing, she has not done so at previous hearings and we have no reason to believe that her representatives would advise her to do so.

Publicity about the case is generally outside our control but the GMC shall not instigate publicity before or during any criminal trial.

I acknowledge that statements the GMC takes from witnesses who subsequently take part in any trial are discloseable to the defence. I confirm that the GMC will liaise with the police and inform you of the identity of proposed witnesses before we take statements.

In general terms, we are willing to confirm that we will not proceed to a public inquiry at the Professional Conduct Committee in relation to matters which are the subject of your investigation until the conclusion of that investigation or any criminal trial. However, as you are aware, the GMC also has statutory duties and any agreement to delay our dealing with this matter is subject to the police keeping us informed about the progress of the investigation and pursuing the investigation and prosecution within a reasonable time. We may proceed to the Professional Conduct

Committee if, for example, the police investigation is in abeyance for an indefinite period or is subject to unreasonable delay. If other matters concerning this doctor come to our attention (for example matters relating to health, performance or conduct) which do not form part of your investigation we may proceed to investigate and adjudicate in relation to those matters.

As we have not yet seen the material, I do not wish to raise an expectation that we shall definitely proceed to the Interim Orders Committee. Therefore, I would ask that you exercise caution in this regard in your communication with the families, their representatives, the Strategic Health Authority, the Primary Care Trust or any other interested party.

I note that you will seek the consent of witnesses to release statements to us. I look forward to receiving the material during the week commencing 30 August 2004.

Thank you again for your helpful approach in this case.

Yours sincerely

**Code A**

Louise Povey  
Manager, Special Projects

**Code A**

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

5 October 2004

Mrs Sandra Howell

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Howell

**Dr Jane Barton**

You will be aware that Hampshire Police are currently carrying out an investigation into the circumstances surrounding the deaths of a number of patients, occurring principally during the late 1990's, at Gosport War Memorial Hospital, Hampshire. You will also be aware that during the course of those investigations Hampshire Police have had cause to refer to the GMC matters concerning the treatment of a number of patients by Dr Jane Barton, some of who have sadly died. This information is due to be considered by the GMC's Professional Conduct Committee at a public hearing once the Police and GMC investigations have been completed.

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I will be the GMC caseworker for our investigation concerning the information from Hampshire Police regarding Dr Barton's treatment of patients at Gosport War Memorial Hospital. If you have any questions about the GMC's investigation or process please do not hesitate to contact me.

Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Sandra Taylor

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Taylor

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**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mr Martin Chivers

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Chivers

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Rita Carby

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Carby

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mr Anthony Brickwood

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Brickwood

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Lesley Lowe

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Lowe

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**



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

5 October 2004

Mrs Pauline Gilmore

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Gilmore

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mr John Taylor

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Taylor

**Dr Jane Barton**

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Conduct Case Presentation Section

Direct Line:

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

5 October 2004

Mr James Ripley

**Code A**

**GENERAL  
MEDICAL  
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*Protecting patients,  
guiding doctors*

Dear Mr Ripley

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Yours sincerely

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**Paul Hylton**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

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

5 October 2004

Miss Alexander Moore

**Code A**

Dear Miss Moore

**Dr Jane Barton**

**GENERAL  
MEDICAL  
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guiding doctors*

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**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Rita Hoare

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Hoare

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**Conduct Case Presentation Section**

Direct Line: **Code A**

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**Conduct Case Presentation Section**

Direct Line: **Code A**

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

5 October 2004

Mr Bernard Page

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Page

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**Conduct Case Presentation Section**  
 Direct Line: **Code A**

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

5 October 2004

Mr Colin Parr

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Parr

**Dr Jane Barton**

You will be aware that Hampshire Police are currently carrying out an investigation into the circumstances surrounding the deaths of a number of patients, occurring principally during the late 1990's, at Gosport War Memorial Hospital, Hampshire. You will also be aware that during the course of those investigations Hampshire Police have had cause to refer to the GMC matters concerning the treatment of a number of patients by Dr Jane Barton, some of who have sadly died. This information is due to be considered by the GMC's Professional Conduct Committee at a public hearing once the Police and GMC investigations have been completed.

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I will be the GMC caseworker for our investigation concerning the information from Hampshire Police regarding Dr Barton's treatment of patients at Gosport War Memorial Hospital. If you have any questions about the GMC's investigation or process please do not hesitate to contact me.

Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**



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

5 October 2004

Mr Michael Hobday

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Hobday

**Dr Jane Barton**

You will be aware that Hampshire Police are currently carrying out an investigation into the circumstances surrounding the deaths of a number of patients, occurring principally during the late 1990's, at Gosport War Memorial Hospital, Hampshire. You will also be aware that during the course of those investigations Hampshire Police have had cause to refer to the GMC matters concerning the treatment of a number of patients by Dr Jane Barton, some of who have sadly died. This information is due to be considered by the GMC's Professional Conduct Committee at a public hearing once the Police and GMC investigations have been completed.

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Diane Harcourt

**Code A**

Dear Mrs Harcourt

**Dr Jane Barton**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Sandra Howell

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients.  
guiding doctors*

Dear Mrs Howell

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

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

5 October 2004

Mrs Sandra Taylor

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Taylor

**Dr Jane Barton**

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*Yours sincerely,*

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line:

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

5 October 2004

Mr Martin Chivers

**Code A**

Dear Mr Chivers

**Dr Jane Barton**

You will be aware that Hampshire Police are currently carrying out an investigation into the circumstances surrounding the deaths of a number of patients, occurring principally during the late 1990's, at Gosport War Memorial Hospital, Hampshire. You will also be aware that during the course of those investigations Hampshire Police have had cause to refer to the GMC matters concerning the treatment of a number of patients by Dr Jane Barton, some of who have sadly died. This information is due to be considered by the GMC's Professional Conduct Committee at a public hearing once the Police and GMC investigations have been completed.

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

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

5 October 2004

Mrs Rita Carby

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Carby

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mr Anthony Brickwood

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Brickwood

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

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

5 October 2004

Mrs Lesley Lowe

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mrs Lowe

**Dr Jane Barton**

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Yours sincerely

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**

Direct Line: **Code A**



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

5 October 2004

Mrs Pauline Gilmore

**Code A**

Dear Mrs Gilmore

**Dr Jane Barton**

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MEDICAL  
COUNCIL**

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guiding doctors*

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**Code A**

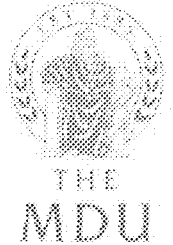
**Paul Hylton**  
**Conduct Case Presentation Section**  
Direct Line: **Code A**

Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal

Your ref: PCH/2000/2047

5 October 2004



Mr Paul Hylton  
Assistant Registrar  
General Medical Council  
350 Regent's Place  
London  
NW1 3JN  
**BY HAND**

MDU Services Limited  
230 Blackfriars Road  
London  
SE1 8PJ

DX No. 36505  
Lambeth

Legal Department of The MDU

Telephone: 020 7202 1500  
Fax: 020 7202 1663

Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Hylton

**Dr Jane Barton - Interim Orders Committee**

I write with reference to your letter to Dr Barton of 30<sup>th</sup> September 2004. As you will be aware from our various conversations, I represent Dr Barton.

In your letter of 30<sup>th</sup> September you indicated that you had voluminous patient records available to you and that if Dr Barton required a copy of those records you would arrange for her to receive a copy expeditiously.

You will recall that you and I spoke on the 30<sup>th</sup> September, and I indicated that Dr Barton would indeed wish to have sight of the records. I understood that you would endeavour to make those records available the same day, if not the following day.

We spoke again on the 1<sup>st</sup> October and you indicated that it had not been possible to copy the notes in view of the lack of facilities brought about the GMC move of offices, which I do very much understand. As I understood it, the records were then to be made available yesterday afternoon, but as you will appreciate, these records have still to arrive.

My expectation is that the medical records concern the patients in relation to whom information is given by the Hampshire Constabulary in purported summaries and expert observations. I remain concerned on behalf of Dr Barton to have access to the medical records, but have to point out that Dr Barton cannot realistically assist the Committee now in relation to any points involving specific patients in circumstances in which she will not have had the anticipated and hoped for opportunity to consider medical material.

I look forward to your response.

Yours sincerely

**Code A**

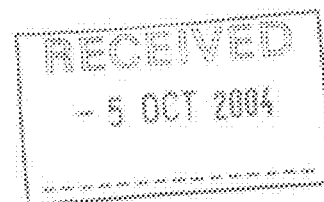
Ian S.P. Barker  
Solicitor

**Code A**

Specialists in: Medical Defence Dental Defence Nursing Defence Risk Management

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

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## SENDING CONFIRMATION

DATE : 5-OCT-2004 TUE 13:22  
NAME : FPD  
TEL : Code A

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PHONE : Code A  
PAGES : 2/2  
START TIME : 5-OCT 13:21  
ELAPSED TIME : 00' 30"  
MODE : ECM  
RESULTS : OK

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FIRST PAGE OF RECENT DOCUMENT TRANSMITTED...

***Fax - Confidential***

To Mr Ian Barker - The MDU  
Fax number Code A  
From Paul Hylton  
Direct Dial Code A  
Direct fax Code A  
No. of pages 2 Time Date 05/10/04  
(inclusive)

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

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This facsimile is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you have received this facsimile in error please treat it as Confidential Waste and dispose of it accordingly

In reply please quote PCH/2000/2047

Your ref. ISPB/TOC/0005940/Legal

**By Fax and first class post**

5 October 2004

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

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Ian

**Dr Jane Barton – Interim Orders Committee**

Thank you for your letter of 5 October 2004, a copy of which I will pass on to Adam Elliott in our Committee Section.

I note your comments regarding the medical records and I should inform you that unfortunately, due to the problems experienced by our Reprographics section in the course of our move to our new premises, it is likely that a copy of the records will not be available until tomorrow at the earliest.

I have considered whether it would be prudent to use a commercial reprographics company. However, given the nature of the information, I decided against that course of action.

I will forward a copy of the records to both you and Dr Barton as soon as they are available.

Yours sincerely

**Code A**

**Paul Hylton  
Assistant Registrar**

In reply please quote PCH/2000/2047  
 Please address your reply to the Committee Section FPD  
 Fax: **Code A**

**By Special Delivery and First Class Mail**

24 September 2004

Dr Jane Ann Barton

**Code A**

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Dear Dr Barton

I am writing to notify you that the President has considered information received by the GMC about your conduct.

The President, exercising his powers under rule 4 of the General Medical Council (Interim Orders Committee)(Procedure) Rules 2000, considers that the circumstances are such that you should be invited to appear before the Interim Orders Committee (IOC) in order that it may consider whether it is necessary for the protection of members of the public, or is otherwise in the public interest, or in your own interests, that an interim order should be made suspending your registration, or imposing conditions upon your registration, for a period not exceeding eighteen months, in exercise of their powers under section 41A of the Medical Act 1983 as amended.

The President has reached this decision as he was of the view, after considering the information provided by Hampshire Constabulary in respect of its enquiries into the deaths of a number of patients at Gosport War Memorial Hospital, that the information was such that the Committee should be invited to consider whether it is necessary for the protection of members of the public, or otherwise be in the public interest for your registration to be restricted whilst Hampshire Constabulary's enquiries and any action resulting from those enquiries is resolved. The GMC is in the process of clarifying with the Police the level of disclosure that can take place before the IOC. Once we have done so we will disclose to you a copy of all the information that will be put before the IOC. You should expect this disclosure of information by 30 September 2004.

You are invited to appear before the IOC **at 09:30 on 7 October 2004 at the General Chiropractic Council, 44 Wicklow Street, London, WC1X 9HL** if you so wish, to address the Committee on whether such an order should be made in your case.

You may, if you wish, be represented by Counsel, or a solicitor, or by a member of your family, or by a representative of any professional organisation of which you may

be a member. You may also be accompanied by not more than one medical adviser. The IOC is, however, empowered to make an order in relation to your registration irrespective of whether or not you are present or represented.

You are invited to submit observations on the case in writing. Any observations will be circulated to the IOC before they consider your case. Your observations should be marked for the attention of **Adam Elliott, Committee Section (fax no** Code A

Code A

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

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

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

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

In accordance with Section 35A(2) of the Medical Act 1983 (as amended), you are required to inform us, within 7 days of receipt of this letter, of the name and address of the following: -

- all of your current employers,
- the Health Authority with which you have a service agreement,
- locum agency/agencies with whom you are registered, and
- the hospital/surgery at which you are currently working.
- If you engage in any non-NHS work, you are also required to notify us, within the same period of time, of the name of the organisation/hospital by which you are employed, or have any working arrangements. Please forward this information directly to me. Upon receipt of these details, your employers will be notified of the Committee's consideration of the matter.
- If you are approved under Section 12 of the Mental Health Act, or Section 20 (b) of the Mental Health (Scotland) Act 1984, you must also notify us of this fact.

I enclose copies of the relevant provisions of the Medical Act, the IOC Procedure Rules, a paper about our fitness to practise procedures and a paper about the procedures of the IOC.

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

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

Yours sincerely

**Code A**

**Paul Hylton**  
**Assistant Registrar**

Cc: Mr Ian Barker  
The Medical Defence Union  
MDU Services Limited  
230 Blackfriars Road  
London  
SE1 8PJ  
ISPB/TOC/0005940/Legal

FAO Paul Hylton  
Committee Section FPD  
General Medical Council  
178, Great Portland Street  
London W1W5JE

Dr Jane Barton

**Code A**

**Code A**

Your Reference PCH/2000/2047

27th September 2004

Dear Mr Hylton

re Interim Order Committee hearing on 7th October 2004

I am a Principal in General Practice contracted to Fareham and Gosport Primary Care Trust.

I am on the Bed Fund for Gosport War Memorial Hospital, Bury Road Gosport, administered by the same Primary Care Trust.

I am a partner in the practice of Dr PA Beasley and partners,

Forton Medical Centre,  
White's Place  
Forton Road,  
Gosport PO123JP.

I have no other employment or contract either NHS or non NHS and I am not approved under Section 12 of the Mental Health Act.

I propose to attend the hearing on 7th October 2004. I will be represented by my solicitor Ian Barker of the MDU .

Yours Sincerely

**Code A**

Dr Jane Barton





In reply please quote PCH/2000/2047

**Special Delivery**

30 September 2004

Dr Jane Ann Barton

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Dr Barton

Thank you for your letter of 27 September 2004 confirming that you intend to attend the IOC hearing on 7 October 2004. Further to my letter of 24 September 2004, please find enclosed a copy of the Item that will be considered by the Committee at that hearing.

It may be helpful if I bring two matters to your attention concerning the information. You will note that in the witness statement from Hampshire Police they state that they have referred 19 cases to the GMC which in their view are what they have classified as Category two cases. However, having reviewed the summary reports, it was the GMC's view that in five of those cases the information available at this time did not suggest that those cases should be considered by the IOC. You will also note at the end of the Item index that copies of the patient records are not in the enclosed papers, but that they will be available at the hearing. The records, as I am sure that you are aware, are volumous and it is our practice in such situations to have the records available at the hearing should either the Committee or the doctor require them. That said, if after considering the enclosed information you are of the view that you require a copy of the records, I will arrange for you to receive a copy expeditiously.

The GMC will be moving from its current premises into new offices on 1 October 2004. Unfortunately, this does mean that it is unlikely we will not be able to provide you with a copy of the records, should you require them, before Monday 4 October 2004. If you do require a copy, or if the MDU require a copy, could you please telephone me either tomorrow before 12:00 pm on **Code A** or on Monday 4 October on my new direct line number, **Code A**

Yours sincerely

**Code A**

**Paul Hylton**  
**Assistant Registrar**

Cc: Mr Ian Barker, The Medical Defence Union, MDU Services Limited, 230 Blackfriars Road, London, SE1 8PJ, **Code A** TOC/0005940/Legal

E:\Committee\ioc\PHC\2004\Barton\Barker(MDU)290904

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

By post and fax -- **Code A**

Please address your reply to the Committee Section FPD  
 Fax **Code A**

30 September 2004

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

Dear Mr Barker

**Dr Jane Barton – Interim Orders Committee (IOC) 7 October 2004**

Thank you for your letter of 27 September 2004 in which you request that the Chairman of the IOC consider postponing the scheduled hearing of Dr Barton's case in accordance with Rule 7(1) of the Committee's Rules.

I can confirm that the Chairman of the Committee considered your request and that he did not accede to it.

The Chairman in considering this request considered the nature and purpose of the IOC, which is namely, to determine whether interim action is required to be taken against the registration of a doctor who may pose a risk to the public, the public interest or their own interests and in fulfilling this function it is considered that the Committee should meet as soon as practicable whilst bearing in mind the need to balance the consequences for the practitioner of the imposition of an interim order and to ensure that the doctor is afforded the opportunity to attend any hearing and be represented, although not necessarily by the Counsel of their choice.

The Chairman took account of the Council's letter notifying Dr Barton of the forthcoming hearing and the timetable contained therein and in reaching his decision considered that the date of 7 October 2004.

In reaching his decision the Chairman determined that whilst unfortunate that Dr Barton's chosen Counsel is not available, there was still sufficient time to instruct fresh Counsel to attend and make representations. It is the Council's intention to dispatch a copy of all the papers in the case on 30 September 2004, providing Dr Barton with 7 days in which to prepare a defence. It was the opinion of the Chairman that this was sufficient time in which to fully instruct new Counsel to prepare such a defence. The Chairman further considered that the Council's letter of 24 September 2004 put Dr Barton on notice that the hearing would be taking place on 7 October

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

In all the circumstances, the Chairman having taken into account your letter of 27 September 2004 and balanced the information contained within against the reasons for Dr Barton's referral considered that, it was important in the public interest that Dr Barton's case be heard as soon as possible.

The hearing scheduled to take place on 7 October 2004 will take place as listed and Dr Barton is invited to appear before the IOC at **09:30 on 7 October 2004 at the General Chiropractic Council, 44 Wicklow Street, London, WC1X 9HL** if you she so wishes, to address the Committee on whether such an order should be made in relation to her registration.

You are invited to submit observations on the case in writing. Any observations will be circulated to the IOC before they consider your case. Your observations should be marked for my attention. You are further invited to state in writing whether you propose to attend the meeting, whether Dr Barton will attend and whether she will be represented by Counsel, and if so, by whom.

The IOC normally meets in private but Dr Barton may if she wishes, under the provisions of rule 9 of the Procedure Rules, direct that the meeting should be held in public.

It is open to you to apply for a further postponement under the terms of Rule 7(1) of the Committee's Procedure Rules and further it is open to you to apply for an adjournment to the Committee as convened on the day of the hearing as prescribed by Rule 7(2) of the Rules.

The Secretariat having spoken with those that represent the Council also considered the other matters that were raised in your letter of 27 September 2004.

With regard to your point regarding Rule 5(1)b it is the opinion of the Council that the letter dated 24 September gave the following brief statement of the matters which appear to raise the relevant question set out in Rule 5(1)b:

*The President has reached this decision as he was of the view, after considering the information provided by Hampshire Constabulary in respect of its enquiries into the deaths of a number of patients at Gosport War Memorial Hospital, that the information was such that the Committee should be invited to consider whether it is necessary for the protection of members of the public, or otherwise be in the public interest for your registration to be restricted whilst Hampshire Constabulary's enquiries and any action resulting from those enquiries is resolved.*

Further, the Council submits that its letter of 24 September also gives a full explanation as to when Dr Barton can expect to have disclosure of the information to be considered by the Committee, and what information she can expect to be disclosed. The Council is mindful of the provisions of Rule 5(3) but it is not of the view that it's letter contravened those provisions. The letter states that:

*The GMC is in the process of clarifying with the Police the level of disclosure that can take place before the IOC. Once we have done so we will disclose to you a copy of all the information that will be put before the IOC. You should expect this disclosure of information by 30 September 2004.*

The clarification with the Police is in respect of what information the CPS determines can be disclosed to the GMC. The Police are fully aware that any information disclosed to the GMC and subsequently disclosed to any of its Committees must also be disclosed to Dr Barton. The Council will disclose to Dr Barton all information that is to be put before the IOC.

I hope that his letter provides sufficient information for your needs. However, if I can assist further, please do not hesitate to contact me.

Yours sincerely

**Code A**

**Adam Elliott**  
**Interim Orders Committee Secretariat**

CPT end

# CPT DOCUMENTS END

In reply please quote MK/2000/2047

Please address your reply to Conduct Case Presentation Section, FPD

Fax Code A

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

12 September, 2002

**Special Delivery**

Dr J A Barton

**Code A**

Dear Dr Barton

On 29 August 2002 the Preliminary Proceedings Committee considered the allegations about your conduct described in our letter of 11 July 2002, and the observations set out in your solicitor's letter of 27 August 2002.

The Committee determined that a charge should be formulated against you on the basis of the information and that an inquiry into the charge should be held by the Professional Conduct Committee.

In considering this case, the Committee noted that the case related to five patients between the ages of 75–91 who were attending Gosport War Memorial Hospital, mainly for rehabilitation. One person (Mrs Lack) who was an experienced nurse in elderly care was concerned about the treatment of her elderly mother (Mrs Richards) in the ward, which precipitated the reviews of other patients. The Committee noted the fairly brief report of Dr Mundy, and Professor Ford's report which looked at all five cases. It noted the background to the case as a whole, which was that you were a visiting clinical assistant who was responsible for the day-to-day management of these five cases. It noted that overwork had apparently affected patient care.

It noted that in the case of Mrs Richards she had lost a hearing aid and her spectacles, and was brought in in an agitated state, probably because of sensory deprivation. She became ambulant with a Zimmer, but her hip replacement became dislocated following a fall. This patient was prescribed the same set of drugs which was used in each of the other cases: Oramorph, hyoscine and midazolam. It noted that some patients had up to 60–80 mg in 24 hours via subcutaneous injection with a syringe driver.

The Committee noted that Mrs Richards received no foods or fluids between 18 – 21 August and died because of the combination of lack of nutrition and sedation. The Committee considered that the administration of these drugs may have shortened

the patient's life. It noted Professor Ford's comments about the prescribing regime. It noted with concern that the medical records are not signed regarding the subcutaneous drugs regime and it noted the pattern in which an elderly group of patients were the subject of apparently reckless and inappropriate prescribing. The Committee agreed that death appeared to have been precipitated if not caused by the drug regime in each case.

In considering this case, the Committee was mindful that palliative care is now a well-developed clinical area. If death is accelerated as a result of carefully titrated, good symptoms control, then as a side-effect it may be acceptable. This did not appear to be the case here, and the Committee was of the view that the matter unequivocally needs to be tested by the Professional Conduct Committee. The Committee was concerned that you appear to have moved patients very quickly onto a regime where they were receiving terminal care, and ignored the recommendations regarding doses in the BNF, rapidly prescribing excessive doses.

Every effort is made to give reasonable notice of the date of a Professional Conduct Committee hearing. Notice of the date and time of the proposed inquiry, and of the exact terms of the charge to be considered, will be sent to you by the Solicitor to the Council at least twenty-eight days before the date fixed for the hearing. No date has yet been fixed for the hearing of your case. If there are any particular dates which you would prefer the GMC to avoid, could you please let Michael Keegan know **in writing** as soon as possible.

If you intend to consult your medical defence society, your professional association, or take other legal advice, you should do so without delay. It is in your best interests to begin as soon as possible the preparation of your case for the Professional Conduct Committee hearing, notwithstanding that the exact date and time of the hearing have not yet been specified. You should also notify your advisers as soon as you receive the formal notice of the date of the inquiry.

Yours sincerely

**Code A**

**Venessa Carroll**  
**Assistant Registrar**

c.c. The Medical Defence Union  
MDU Services Limited  
230 Blackfriars Road  
London SE1 8PJ  
(Your Reference: ISPB/TOC/9900079/Legal)

Code A

Code A

Code A

Code A

who agrees that subject to the conditions that he  
to 19 of the category 2 cases without compromising

We therefore seek agreement from the GMC in respect of the following conditions.

1. That the information is supplied towards a private IOC hearing.
2. That there is no adverse publicity prior to or during any criminal proceedings. *obs covered*
3. Statements taken by GMC from witnesses who are subsequently witnesses in criminal proceedings will be disclosable. *Noted*
4. GMC should liaise with the police informing them of identity of proposed witnesses before taking statements. *YB*
5. Permission will be sought from Category 2 case witnesses to reveal their statement etc to the GMC. *α*
6. GMC should not institute further disciplinary proceedings until any criminal investigation and criminal trial have been concluded. *NJoc*

In addition Steve WATTS has indicated that the following will apply:-

1. 'I take the view that it is in the public interest to disclose to the GMC those documents which fall within category 2, which having been reviewed by Matthew Lohn we are satisfied have no potential to be the subject of a prosecution'.
2. Prior to that disclosure, we must contact the families concerned and explain the situation, seeking their approval for that disclosure.
3. This decision should also be subject of a family group bulletin.
4. This decision to be communicated to Ann Alexander.
5. This decision to be communicated to the SHA & PCT.
6. CMO to be informed.
7. Ian Barker, representing DR Barton to be informed.
8. In view of the fact that the DCC has taken an interest in this matter, please inform ACC SO of our decision and DCC prior to actioning. This will allow them to raise objections if they wish to do so.



Louise Povey **Code A**

From: **Code A**

Sent: 17 Aug 2004 15:39

To: **Code A**

Subject: RE: OP Rochester.

Louise,

Thankyou.

I have received the advice from RDS of the CPS who agrees that subject to the conditions that he suggests we can reveal the information relating to 19 of the category 2 cases without compromising the ongoing police investigation.

We would therefore seek agreement from the GMC in respect of the following conditions.

1. That the information is supplied towards a private IOC hearing.
2. That there is no adverse publicity prior to or during any criminal proceedings. *of course*
3. Statements taken by GMC from witnesses who are subsequently witnesses in criminal proceedings will be disclosable. *Also*
4. GMC should liaise with the police informing them of identity of proposed witnesses before taking statements. *YB*
5. Permission will be sought from Category 2 case witnesses to reveal their statement etc to the GMC. *ok*
6. GMC should not institute further disciplinary proceedings until any criminal investigation and criminal trial have been concluded. *NJoc*

In addition Steve WATTS has indicated that the following will apply:-

1. 'I take the view that it is in the public interest to disclose to the GMC those documents which fall within category 2, which having been reviewed by Matthew Lohn we are satisfied have no potential to be the subject of a prosecution'.
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6. CMO to be informed.
7. Ian Barker, representing DR Barton to be informed.
8. In view of the fact that the DCC has taken an interest in this matter, please inform ACC SO of our decision and DCC prior to actioning. This will allow them to raise objections if they wish to do so.

19/08/2004

Louise, apologies if this seems a laborious process but it is necessarily so. Wider consultation is necessary to manage the impact of the decision and consider representations from key stakeholders.

Deputy Chief Constable has specifically requested to have the opportunity to make representations regarding the issue of release to the GMC. He returns from leave on the 24th August 2004.

I anticipate that the material will be delivered to your offices during the week commencing Monday 30th August 2004.

Regards.

Dave WILLIAMS. Det Supt.

---

**From:** Louise Povey; [Code A]  
**Sent:** 17 August 2004 16:51  
**To:** Williams, David (DCI)  
**Subject:** FW: OP Rochester.

Dear Dave

I had a useful conversation with with Robert Dryborough Smith of the CPS late last Thursday. The gist of it was that his advice to the police will be that you can release the category 2 material to us. He wanted confirmation that the IOC was held in private (although he appreciates that Dr Barton will see the material) and that we wouldn't go to a full blown public inquiry without reference to you. He indicated that his advice would go out last Thursday/Friday. Have you received the advice? If so, when may we receive the material?

I hope that the issues relating to the small number of category 2 cases which may become category 3 cases do not delay us as there is plenty for us here to get on with in relation to the category two cases which we know will stay in category 2.

I look forward to hearing from you.

Regards

Louise

[Code A]

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

**From:** Louise Povey; [Code A]  
**Sent:** 12 Aug 2004 15:05  
**To:** [Code A]  
**Subject:** RE: OP Rochester.

Dear Dave

I have a call out to Robert Dryborough-Smith. I will let you know the outcome.

We are a month on from our meeting and do not seem to be any nearer getting the category 2 material.

Could you please tell me when we can expect to receive Steve Watts' statement?. That would be most helpful as in the absence of the category 2 material, we may proceed to our Interim Orders Committee assisted by the attendance of Steve. May we please have it by Thursday 19 August 2004?

Yours

Louise

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

**From:** [Code A]

19/08/2004

Code A

**Sent:** 07 Aug 2004 09:12**To:** Code A**Subject:** RE: OP Rochester.

Louise..

The CPS representative is Senior Lawyer Robert DRYBOROUGH- SMITH ( Central Caswork Directorate Ludgate Hill). A contact from yourself to explain issues for the GMC would probably help speed the process.

We have Mathew LOHN'S report although he has raised 'issues' in respect of the categorisation seven cases currently assessed as 2's.

I am meeting with him next Thursday 12th August to discuss.

We need to resolve the issues with Mathew because those cases are likely to be the more interesting from the GMC's perspective.

Whilst I appreciate the concerns with regard to patient protection, it seems to me that the risks in respect of Dr BARTON'S continuing practice have been ameliorated by the voluntary conditions in place.

Have you considered taking a statement or receiving a formal report from the primary trust? detailing the exact conditions, and evidencing precisely the prescriptions being written up by Dr BARTON. This would not compromise our investigation and would demonstrate that the GMC were independently assessing ongoing risk.

Regards.

Dave WILLIAMS.

**From:** Louise Povey; Code A**Sent:** 05 August 2004 17:33**To:** Williams, David (DCI)**Subject:** RE: OP Rochester.

Dear Detective Superintendent Williams

Helpful areas to include in the statement are:

1. Job title/responsibility/background etc
2. Involvement in the investigation.
3. Nature and seriousness of the investigation - numbers of cases, details of the categories, likely charges etc.
4. The reason why more detailed information cannot be revealed at this stage.
5. Future action and timetable by the police/CPS.
6. An acknowledgement of/reference to public protection issues. (For information, we know there is a current undertaking but it is voluntary and there is a risk that the doctor may change employer/prescribe outside the terms of the undertaking).

Can you tell me what is holding the CPS up? Are they waiting for something in particular (I assume they now have Matthew Lohn's report) or is it simply pressure of work? Do you have a contact name/number at the CPS so that I could speak to them direct.

I am sorry to pester but, as you know, we have concerns about patient protection. The immediate decision for us is whether to proceed to our Interim Orders Committee now with somewhat limited information or wait for the release of the category 2 material which has been promised since we last met. We would prefer the latter but as time rolls on we may have to do the former. We are more likely to secure patient protection with the category 2 material.

I look forward to hearing from you.

Louise Povey

Code A

19/08/2004

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

**From:** [redacted] Code A  
 [redacted] Code A  
**Sent:** 03 Aug 2004 13:51  
**To:** [redacted] Code A  
**Cc:** [redacted] Code A  
**Subject:** RE: OP Rochester.

Dear Mrs POVEY

Steve WATTS is currently taking Annual Leave.. He returns to work next week.. I will discuss the outline of his statement and forward to you asap. Can you please confirm subject areas/identify particular issues that would assist your investigation. I await the observations of the CPS before releasing the category 2 material. As soon as the final decision is made, and assuming that disclosure is agreed I will arrange immediate delivery.

Regards.

Dave WILLIAMS.  
 Det Supt.

---

**From:** Louise Povey [redacted] Code A  
**Sent:** 29 July 2004 13:19  
**To:** Williams, David (DCI)  
**Subject:** FW: OP Rochester.

Dear Detective Superintendent Williams

Is there now a decision about releasing the category 2 material? If the decision is to release the material, when might I receive it?

May we please have the outline of DCS Watts' intended statement.

Thank you for your assistance.

Yours  
 Louise Povey  
 [redacted] Code A

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

**From:** Louise Povey [redacted] Code A  
**Sent:** 22 Jul 2004 13:00  
**To:** [redacted] Code A  
**Subject:** RE: OP Rochester.

Dear Detective Superintendent Williams

Thank you for this. I look forward to hearing from you early next week.

19/08/2004

Yours

Louise Povey

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

From: Code A

Code A

Sent: 21 Jul 2004 08:31

To: Code A

Subject: OP Rochester.

Dear Mrs POVEY

Thank you for your letter dated 13th July 2004 and accompanying note of our meeting of 6th July 2004.

Apologies for the slight delay in responding.

Firstly may I agree the accuracy of your note of our meeting.

In addition I can now inform you that Mathew LOHN completed his quality assurance work yesterday 20th July and we expect his reports in respect of the category 2 cases this week. He has agreed the findings of the Clinical team for 54 of those cases. However he has raised the status of 6 of the cases into the 3 category, and these will be subject to further discussion. It is likely that OP ROCHESTER will also investigate the circumstances surrounding the 6 further cases.

Subject to ongoing discussion with Mathew LOHN this is likely to raise the number of cases in the 3 category to 15.

I had a further meeting with Steve WATTS yesterday, and we are both in agreement that in the absence of strong legal rationale for withholding the category 2's we will be releasing them to the GMC as soon as possible. I hope that this decision can be finalised early next week and that we can deliver to the GMC the relevant documents.

I confirm that the following information has been received from the local healthcare trust in respect of conditions pertaining to Dr BARTON.

Dr Barton has undertaken not to prescribe benzodiazepines or opiate analgesics from 1 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 patients' notes.

I have confirmed that these conditions still applied on 6th July 2004 with Hazel BAGSHAW the Pharmaceutical advisor for the local Healthcare trust. Over a 13-month period from April 2003 Dr BARTON had written a total of 20 prescriptions

19/08/2004

all for 2mg Diazepam to relatives of deceased, and had not prescribed any Diamorphine, morphine or other controlled drug.

Finally, I am meeting with Steve WATTS this Friday to discuss OP ROCHESTER. He is out of force at the moment. We will consider the outline of his statement to the GMC and let you know on Friday what he is prepared to say.

Regards.

Dave WILLIAMS. Det Supt.

\*\*\*\*\*

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178 Great Portland Street London W1W 5JE  
Tel: +44 (0) 20 7580 7642  
Fax: +44 (0) 20 7915 3641

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\*\*\*\*\*



**Louise Povey** Code A

**From:** Louise Povey Code A

**Sent:** 05 Aug 2004 16:33

**To:** Code A

**Subject:** RE: OP Rochester.

Dear Detective Superintendent Williams

Helpful areas to include in the statement are:

1. Job title/responsibility/background etc
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I look forward to hearing from you.

Louise Povey

Code A

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

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**Sent:** 03 Aug 2004 13:51

**To:** Code A

**Cc:** Code A

**Subject:** RE: OP Rochester.

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Regards.

Dave WILLIAMS.

Det Supt.

05/08/2004

---

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**Sent:** 29 July 2004 13:19  
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**Subject:** FW: OP Rochester.

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Thank you for your assistance.

Yours  
Louise Povey  
[Code A]

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**To:** [Code A]  
**Subject:** RE: OP Rochester.

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**Subject:** OP Rochester.

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status of 6 of the cases into the 3 category, and these will be subject to further discussion. It is likely that OP ROCHESTER will also investigate the circumstances surrounding the 6 further cases.

Subject to ongoing discussion with Mathew LOHN this is likely to raise the number of cases in the 3 category to 15.

I had a further meeting with Steve WATTS yesterday, and we are both in agreement that in the absence of strong legal rationale for withholding the category 2's we will be releasing them to the GMC as soon as possible. I hope that this decision can be finalised early next week and that we can deliver to the GMC the relevant documents.

I confirm that the following information has been received from the local healthcare trust in respect of conditions pertaining to Dr BARTON.

Dr Barton has undertaken not to prescribe benzodiazepines or opiate analgesics from 1 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 patients' notes.

I have confirmed that these conditions still applied on 6th July 2004 with Code A the Pharmaceutical advisor for the local Healthcare trust. Over a 13month period 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.

Finally, I am meeting with Steve WATTS this Friday to discuss OP ROCHESTER. He is out of force at the moment. We will consider the outline of his statement to the GMC and let you know on Friday what he is prepared to say.

Regards.

Dave WILLIAMS. Det Supt.

\*\*\*\*\*

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05/08/2004

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General Medical Council  
178 Great Portland Street London W1W 5JE  
Tel: +44 (0) 20 7580 7642  
Fax: +44 (0) 20 7915 3641

\*\*\*\*\*

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\*\*\*\*\*

13 July 2004

Detective Chief Inspector David Williams  
Fareham Police Station  
Quay Street  
Fareham  
Hampshire  
P016 ONA

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear DCI Williams

**Operation Rochester – Investigation into Deaths at Gosport War Memorial Hospital**

I write further to our meeting on 6 July 2004 and our subsequent telephone conversation on 8 July 2004.

I note from our brief telephone conversation that the CPS requires more information, including Matthew Lohn's report, before deciding whether to agree to the release of the category 2 material. Would you please indicate when the CPS decision on this point is likely to be made.

As things stand at present, we need to decide whether to refer Dr Barton to the IOC. I note that DCS Watts is willing to provide a statement or attend an IOC. It would assist us greatly if you could please provide a draft statement from DCS Watts indicating what information he is willing to provide to that Committee.

At the time of writing, I have not received your note of the meeting. I enclose my note, which I hope can be agreed.

Thank you for your assistance so far. I look forward to hearing from you.

Yours sincerely

**Code A**

Louise Povey  
Manager, Special Projects

**Code A**

**Note of meeting between the GMC and Hampshire Police at Great Portland St on 6 July 2004 regarding Dr Jane Barton (Operation Rochester).**

**Present:**

DCS Steve Watts  
DCI Dave Williams  
Louise Povey  
Toni Smerdon  
Paul Hylton

1. The Police confirmed that, subject to their responsibilities as criminal investigators, they are willing to cooperate with the GMC. Both the Police and the GMC wish to ensure that the public are protected. The GMC's immediate concern is the ability to investigate the case and consider referral to the IOC.
2. The Police are unable to release certain information at present largely because they wish to avoid prejudice to their investigation. They are aware that information released to the GMC will be disclosed to Dr Barton. They wish to avoid disclosing information to Dr Barton before she is interviewed. The Police interview of Dr Barton is likely to take place in August/September 2004. The Police enquiries also concerned other individuals aside from Dr Barton and they are wary of disclosing any information to Dr Barton that might compromise those further investigations.
3. The Police have divided the cases concerning Dr Barton into 3 categories:
  - i. Category 1 – Optimal care with no cause for concern.
  - ii. Category 2 – Sub-optimal care (57 cases at present, possibility of 3 more being added).
  - iii. Category 3 – Negligent care/cause of death unknown (9 cases).
4. The Police have engaged Mathew Lohn of Field Fisher Waterhouse to quality assure the Category 2 cases to ensure that the medical experts have examined all of the circumstances of the treatments. The quality assurance exercise is due to be completed by 16 July 2004. The Police have forwarded some of the information to the GMC previously. However, the experts' reports have not been forwarded to the GMC. Subject to CPS approval, the Police will agree to these cases being disclosed to the GMC. The GMC will then be in a position to investigate the issue of substandard care. The Police will also seek CPS approval for the GMC to use the Police's experts for the GMC case. The CPS will decide if Dr Barton's interview should include questions about Category 2 cases.
5. The GMC said that it wishes to consider the Category 2 cases as soon as possible with a view to referring the matter to the IOC. The Police remain willing to provide a statement for or attend an IOC. We discussed the limited nature of an application to IOC without the category 2 material but that is something the GMC will consider if the CPS consent is not forthcoming.

6. In the event that the CPS do not agree to disclose the category 2 material at this stage, the Police confirmed that category 2 and 3 material could be released after the August/September 2004 interview with Dr Barton.
7. The Police reported that Dr Barton is subject to restrictions locally regarding her prescribing, and that audits by the Trust had shown that she had adhered to those restrictions. The Police will send an email detailing the restrictions. The Trust's contact in that regard is Hazel Bagshaw, Pharmaceutical Advisor. The Police noted that the CHI report also raised questions regarding systems failures, particularly regarding the checking of Dr Barton's prescribing patterns.
8. Four of the Category 3 cases are expected to be with the CPS by the end of September 2004. The remaining five Category 3 cases are expected to be with the CPS by the end of 2004. The families of the patients in those case are represented by Alexander Harris Solicitors.
9. The Police are aware that one of the Category 3 cases is mentioned in the Baker report. If the GMC were to succeed in obtaining approval from the CMO for the use of the source material used in compiling the Baker report, then the Police would wish the GMC to liaise with them before carrying out any investigations to ensure that the criminal cases are not compromised.
10. DCI Williams is the main point of contact for the GMC.

Louise Povey

Tlo 8-7 Dave Williams

- + CFS say they need AFWS advice & more particularities about the Cat 2 before deciding whether to agree to release the Cat 2 material.
- + State will send a note of the meeting tomorrow.





Paul R Kernaghan  
QPM LLB MA DPM MCIPD  
Chief Constable

To Paul Philip } alerted by email  
cc Paul Hylton } about meeting 6/7/04  
Finlay Scott  
Christine Touchman  
ORCE  
Louise Peavy  
Toni Smerdon

1606  
Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

Tel: 0845 0454545

Fax: 01962 871204

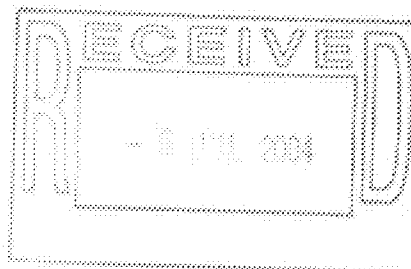
Telex: 47361 HANPOL

Your ref:

Our ref: CC/smg

2 July 2004

Mr Findlay Scott  
Chief Executive  
General Medical Council  
178 Great Portland Street  
London W1W 5JE



Dear *Mr Scott*,

**Re: Operation Rochester - Gosport War Memorial Hospital**

Our telephone conversation on 23 June 2004 refers. I have raised your points with Detective Chief Inspector Williams and have set out his response below.

*A clinical team of experts in toxicology, general medicine, palliative care, geriatrics and nursing have reviewed a total of 95 cases referred to OP ROCHESTER either by family members, through the family group solicitors, or through separate review undertaken by Professor Richard BAKER on behalf of the Chief Medical Officer Sir Liam DONALDSON.*

*The clinical team have highlighted 9 cases of serious concern of deaths of patients at the Gosport War Memorial Hospital between 1996 and 1999. (Negligent care that is to say outside the bounds of acceptable clinical practice, the cause of death being unclear). This has been a screening process as opposed to the production of evidence in accordance with a strategy agreed between the SIO Steve WATTS and the CPS.*

*We are effectively investigating the nine highlighted cases, which will be assessed by further experts who will provide evidential statements as to whether the care afforded to these patients was grossly negligent to a degree that will support a criminal prosecution.*

*Four cases will be fast-tracked to CPS by the end of September 2004.*

*It follows that Dr BARTON will be interviewed under caution in August/September 2004.*

*Once that has been done, the requirement to withhold the detail of the information from the GMC ceases ( If we provide them with the information beforehand for the purposes of GMC hearing then they are obliged to reveal the information to Dr BARTON) which could compromise police interviews.*

*Mr WATTS has stated previously to the GMC that he is content to attend an Interim Order Hearing to give an overview of the police investigation to date, and that offer still stands.*

*I recently met with the Deputy Chief Executive of the Fareham and Gosport primary healthcare trust Mr Alan PICKERING (11.6.2004) who gave reassurances in respect of Dr BARTONS ongoing prescription of Opiates. Both the Healthcare Trust and Strategic Health Authority have a voluntary arrangement with Dr BARTON that her prescription of Opiates and Benzodiazapines are supervised at the time by another GP. The prescription levels are furthermore independently monitored through Healthcare Trust IT systems.*

*Given the comments of the Chief Executive of GMC that this arrangement no longer stands I am in the process of confirming the current arrangements, however it is my belief that they still stand.*

*Dr BARTON has previously appeared before the GMC Interim Orders Committee on the 21st March 2002 and 19th September 2002, in respect of similar allegations surrounding her prescription of Opiates at Gosport War Memorial Hospital, and following disclosure of papers relating to earlier police investigations. On both of those occasions the IOC considered that 'it was not necessary for the protection of members of the public, in the public interest or Dr BARTONS own interests to make an order affecting her registration.'*

*I have E mailed Mrs POVEY of the conduct case section of the GMC offering to meet her next Tuesday morning 6th July to discuss the current situation.*

*I think we both recognise that maintaining the confidence of the general public, and that of certain relatives, is a difficult dilemma in cases such as this. I trust the information supplied will assist you and I would highlight DCI Williams' liaison with Mrs Povey of your staff. I look forward to the time when the CPS have issued an authoritative direction in relation to prosecution or non prosecution. Such a development would allow us to proceed in a more open and regulated manner. Subject to our responsibilities as criminal investigators, we are keen to cooperate with your organisation with a view to safeguarding the public interest.*

**Code A**

**Paul Kernaghan  
Chief Constable**

**Lais Hungria** **Code A**

---

**From:** Paul Hylton **Code A**  
**Sent:** 05 Jul 2004 10:40  
**To:** Lais Hungria **Code A**  
**Subject:** RE: Hampshire Constabulary - letter re Dr Barton

Lais

The Police are coming here to have a meeting with Louise Povey, Paul P, Toni Smerdon and myself at 9 am tomorrow morning.

Paul H

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

**From:** Lais Hungria **Code A**  
**Sent:** 05 Jul 2004 10:36  
**To:** Paul Philip **Code A**; Paul Hylton **Code A**  
**Cc:** Christine Couchman **Code A**; Janice Barratt **Code A**  
**Subject:** FW: Hampshire Constabulary - letter re Dr Barton

Paul P and Paul H

This is to let you know that we have received this morning a letter from the Chief Constable following his conversation with Finlay. They mention a meeting with the GMC (they emailed Louise Povey about it) tomorrow 6 July.

Lais

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

**From:** Paul Philip **Code A**  
**Sent:** 17 Jun 2004 18:04  
**To:** Finlay Scott **Code A**  
**Cc:** Lais Hungria **Code A**; Paul Hylton **Code A**  
**Subject:** FW: Hampshire Constabulary - re Barton

Finlay,

You agreed to contact this chap early next week regarding the case of Dr Barton which is being investigated by the police presently.

Paul, could you provide a resume of the state of play on the Barton case for Finlay please.

Thanks

Paul

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

**From:** Peter Steel **Code A**  
**Sent:** 17 Jun 2004 16:08  
**To:** Paul Philip **Code A**  
**Subject:** Hampshire Constabulary - re Barton

Paul Kernaghan  
 Chief Constable  
 Hampshire Constabulary

Tel: 0845 045 4545

Note of telephone calls on 15 June 2004

Re Barton

Spoke to an administrator at Hampshire police. DCS Steve Watts (who Peter wrote to on 5 May) is on a course until November 2004. It is likely that is why we have had no response. In his place is DCS Ray Webb. Someone will call be back re operation Rochester.

Rang again and spoke with DC Kate Robinson. Explained that we needed a response to our 5 May 2004 letter. Was conciliatory and explained that there will be a further letter coming out asking for a detailed response – we understand the police's position but we both have statutory duties etc. Any more information they could give us would be helpful as we need to ensure public protection and are considering referring this to IOC again.

Someone will call me next Thursday/Friday

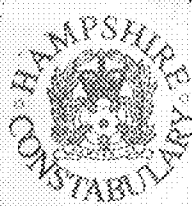
Louise Povey

1-7-  
Contact Now DC / Dave Williams

**Code A**

# Police Contacts

Cards given to Linda Quinn 30.9.03

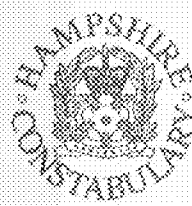


Police Headquarters  
West Hill  
Winchester  
Hampshire  
SO22 5DB

*Not Proof of ID*

Detective Chief Superintendent  
Steve Watts MSc DPM M. Cr. J.  
Head of CID

Tel:	Code A	Fax:	Code A
Mobile:	Code A		
Email:	Code A		



Major Crime Investigation Team  
Western Area Headquarters  
12 - 18 Hulse Road  
SOUTHAMPTON  
Hampshire  
SO15 2JX

*Not Proof of ID*

Nigel Niven  
Detective Inspector

Tel:	Code A	Fax:	Code A
Direct Dial:	Code A	Mobile:	Code A
Email:	Code A		

See ↓ HC letter of 21.6.04 for new DS10.

Toni Smerdon [Code A]

From: Francesca Compton [Code A] on behalf of Peter Steel [Code A]  
Sent: 30 Apr 2004 14:47  
To: Paul Philip [Code A]  
Cc: Toni Smerdon [Code A]  
Subject: Dr Barton - letter to the police

Dear Paul

I attach the proposed letter to the police in the above case. If you are happy with it, please let Toni know and she will make sure it get sent out.

Regards,  
Peter



0430 - let to dsi  
watts.doc

*Paul*

*Toni is dropping  
your response on  
this. If you agree  
to the letter, she'll send  
it out on Peter's  
behalf.*

[Code A]

*4/30/04*

*file - Gen Advice  
2004*

Our Ref: PS/PCC/Barton  
Your Ref: Op Rochester

5 May 2004

Detective Chief Superintendent Steve Watts  
Head of CID  
Police Headquarters  
West Hill  
Romsey Road  
Winchester  
Hampshire SO22 5DB

**GENERAL  
MEDICAL  
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Dear DCS Watts

**Operation Rochester – Investigation into Deaths at Gosport War Memorial Hospital**

I am a Solicitor and Principal Legal Advisor at the General Medical Council. I am writing in relation to the ongoing police investigation into possible criminal charges concerning deaths at Gosport War Memorial Hospital.

As you know from discussions with officers at the GMC, we are also investigating conduct issues concerning Dr Jane Barton arising out of the same facts as those which refer to your investigation.

GMC Involvement

The case against Dr Barton began in July 2000 when your force began an investigation into the circumstances surrounding the death of Gladys Richards, a geriatric patient at Gosport War Memorial Hospital ('the hospital'). The investigation was subsequently extended to four other deaths, Arthur "Brian" Cunningham, Alice Wilkie, Robert Wilson and Eva Page.

In February 2002, the Crown Prosecution Service decided against a criminal prosecution. At this point the relevant papers were disclosed to the GMC to decide on any issues of serious professional misconduct or seriously deficient performance. In August 2002, the case was referred by the GMC's Preliminary Proceedings Committee for hearing before the Professional Conduct Committee ('PCC').

The case has been referred on 3 occasions (June 2001, March 2002 and September 2002) for consideration of whether Dr Barton's registration should be restricted prior to hearing before the PCC.

On 28 May 2002, Mrs Mackenzie (daughter of the late Gladys Richards) wrote to the GMC. She copied the letter to David Blunkett MP, your force, Nigel Waterson MP, Peter Viggers MP, the Police Complaints Authority, the CPS and David Parry of Treasury Counsel. She was concerned about the failures of the police investigation. As a result, your investigation was reopened. In July 2002, the then Commission for Healthcare Improvement published a report entitled "Gosport War Memorial Hospital Investigation into the Portsmouth Healthcare NHS Trust". The report did not name Dr Barton specifically, but referred to the criminal investigations and criticised the systems in place at the time.

On 30 July 2002, Mrs Mackenzie informed the GMC that the police were seeking advice from the CPS about the investigations and as a result were reconsidering the 5 cases.

#### The GMC and the police investigation

On 20 November 2002 Detective Inspector Niven and Detective Sergeant Kenny met Judith Christie of the GMC's solicitors, Field Fisher Waterhouse ('FFW'). Ms Christie was informed that a meeting was arranged between your force and the CPS on 28 November 2002. The result of that meeting was that the investigation should be continued and expanded. By letter dated 2 December 2002, FFW were asked to consider postponing the PCC hearing (which at that point was anticipated to take place in April 2003).

Accordingly the case was removed from the GMC's lists.

On 30 September 2003, you and DI Niven met with Linda Quinn of the GMC to discuss progress in the investigation. You reported that the view of the all the deaths of patients under Dr Barton's care at the hospital had suggested that the treatment of some 15 or 16 fell into the category of "negligence, cause of death unclear". At that point, you anticipated interviewing Dr Barton, once a second team of experts had reviewed these cases, which you believed would be January 2004. You also indicated that you were unable to provide full details of your investigation, as this could jeopardise further investigations and your proposed interview of Dr Barton.

On 2 October 2003, Linda Quinn wrote to you indicating that the GMC was considering referring Dr Barton's case yet again to the Interim Orders Committee and requesting that you supply the GMC with a detailed written summary of the evidence you had obtained, including any report prepared by the team of experts. You replied on 6 October 2003, confirming the content of your discussions with Linda Quinn on 30 September 2003 and stating: "*... our primary concern always is the safety of the public. That said, we are also expected to investigate serious allegations such as those involved here in a professional and ethical manner. We therefore have to strike a balance between conducting our investigation in the appropriate fashion whilst realistically assessing the risk to public. Put simply, our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton.*"



A Medical Screener of the GMC again considered the case with a view to referring Dr Barton to the Interim Orders Committee in November 2003. However, the Screener felt that as a result of the lack of new evidence, the IOC would come to the same decision as previously.

On 7 January 2004, Linda Quinn wrote to you asking for an update on progress. DI Niven replied on 28 January 2004, indicating that Hampshire Constabulary were unable to provide any further information at that point.

Linda Quinn wrote again on 6 February 2004 saying that the GMC had no further information about the case and that the GMC's inquiries were on hold pending conclusion of the police investigations.

#### Your investigation into Dr Barton

Throughout your investigation you have kindly kept us informed of the actions being taken by you and your colleagues. However, it seems that some two years after the investigation was recommenced, no decision has yet been reached in relation to bringing any charges against Dr Barton.

It would seem that further investigation is still required in relation to a number of matters before you are able to either bring charges or disclose any further information to the GMC.

#### The GMC's position

The General Medical Council, as a public authority, has a duty to bring matters concerning the fitness to practise of registered practitioners to a hearing within a reasonable time. Undue delay can seriously prejudice our function and may result in successful abuse of process applications.

I am very concerned that Dr Barton's GMC case has now been open for almost four years without any substantive progress.

#### Conclusion

The GMC is required to progress complaints against doctors, regardless of the circumstances, as expeditiously as possible. Such information as the GMC has received would suggest grave concerns about Dr Barton's fitness to practise. The current situation, in which the GMC is awaiting developments in the police investigation, without any indication when this may be concluded, is deeply unsatisfactory.

I should be very grateful if you could take the following steps:

- a. indicate when you think it likely your investigations will be concluded and with what result; and
- b. consider again whether there is any further information which you may be able to release that would allow the GMC to progress its own investigation.

In this respect, I would remind you that there is no principle of law which would require any GMC case to await the conclusion of any criminal proceedings against Dr Barton, though the GMC appreciates that in certain circumstances this may be desirable.

The GMC remains concerned that in this very troubling case, it is unable to take the steps that may be required to protect the public, as it is required to do by statute. Whilst we recognise the issues involved from the perspective of the police investigation, our view must be that, should you have information available to you that suggests any risk to public safety is posed by Dr Barton continuing to practise as a doctor, the protection of the public must be both your own and the GMC's primary interest and, as such, it is imperative that this is disclosed to the GMC at the earliest juncture.

I look forward to your early reply.

Yours sincerely

**Code A**

*PS*  
Peter Steel  
Solicitor

Direct Dial  
Direct Fax

**Code A**

Email

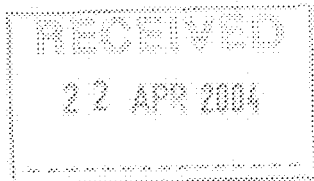
**Code A**



# HAMPSHIRE CONSTABULARY

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

Police Headquarters  
West Hill  
Romsey Road  
Winchester  
Hampshire  
SO22 5DB



Our Ref. Op Rochester

Tel: 0845 0454545  
Fax: 02392 892608

Your Ref.

21<sup>st</sup> April 2004

Ms L Quinn  
General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

Dear Ms Quinn

Re: Operation Rochester - Investigation into Deaths at Gosport War Memorial Hospital

I write to inform you of a change in the management team on Operation Rochester. From Tuesday 20th April 2004, due to illness, DCI Nigel Niven will be temporarily leaving the enquiry. He will be replaced by DCI David Williams who will assume the role of Deputy Senior Investigating Officer until further notice.

David can be contacted through the incident room at Fareham Police Station on

**Code A**

Yours Sincerely

**Code A**

SA Watts MSc, DPM, MCIM.  
Detective Chief Superintendent

In reply please quote **FPD/LQ/2000/2047**

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

16 March 2004

Mr Nigel Niven  
Deputy SIO  
Operation Rochester  
Fareham Police Station  
Quay Street  
Fareham  
Hampshire  
PO16 0NA

**GENERAL  
MEDICAL  
COUNCIL**

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guiding doctors*

Dear Mr Niven

**Dr J Barton**

You will recall that it was agreed at our meeting on 27 February 2004 that I would check the GMC files to see if there was any mention of a voluntary undertaking by Dr Barton.

There is no record of Dr Barton having made a voluntary undertaking to the GMC. However, it would appear that she did agree with the Isle of Wight, Portsmouth and South East Hampshire Health Authority in February 2002 that she would voluntarily stop prescribing opiates and benzodiazepines. By September 2002, when the Interim Orders Committee last considered Dr Barton's case, her legal team informed the IOC that the Health Authority had lifted the condition.

Yours sincerely

**Code A**

Linda Quinn  
Conduct Case Presentation Section  
Fitness to Practise Directorate  
Direct Line:   
E-mail address:

**Fax**

To Nigel Niven, DSIO

Fax number Code A

From Linda Quinn

Direct Dial **Code A**

Direct fax

No. of pages 2  
(inclusive)

Time 17:00

Date 16 March 2004

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MEDICAL  
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Please see attached letter.

## TRANSMISSION VERIFICATION REPORT

TIME : 16/03/2004 17:03  
 NAME : GMC  
 FAX : Code A  
 TEL :

DATE, TIME	16/03 17:03
FAX NO./NAME	Code A
DURATION	00:00:38
PAGE(S)	00
RESULT	ERROR
MODE	STANDARD

**Fax**

To Nigel Niven, DSIO

Fax number Code A

From Linda Quinn

Direct Dial Code A

Direct fax

No. of pages 2  
 (inclusive)

Time 17:00

Date 16 March 2004

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 MEDICAL  
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Please see attached letter.

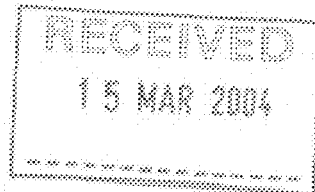


# HAMPSHIRE CONSTABULARY

Paul R. Kernughan QPM LL.B MA DPM MIPD  
Chief Constable

Operation Rochester  
Fareham Police Station  
Quay Street  
Fareham  
Hampshire, PO16 0NA

Our Ref. Op Rochester



Tel. 0845 0454545  
Fax. 023 80599838

Your Ref.

11<sup>th</sup> March 2004

Ms L Quinn  
General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

Dear Ms Quinn,

**Re: Operation Rochester – Relocation.**

I am writing to inform you of our relocation. From Monday the 15<sup>th</sup> of March 2004, the Operation Rochester team will be working from the incident rooms at Fareham Police Station. This relocation has provided the investigation team with additional office space to support the ongoing enquiry.

I have provided below our contact numbers.

Our direct dial number is

Our fax number is

The direct dial number will be connected to the answer phone when the office is unmanned.

If I can assist you in any way, please do not hesitate to contact me.

Yours sincerely

**Code A**

Nigel Niven  
Deputy Senior Investigating Officer

In reply please quote **FPD/LQ/2000/2047**

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

6 February 2004

Mr Nigel Niven  
 Deputy SIO  
 Western Area Headquarters  
 12-18 Hulse Road  
 Southampton  
 Hampshire  
 SO15 2JX

**GENERAL  
 MEDICAL  
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Dear Mr Niven

**Dr J Barton**

Thank you for your letter of 28 January 2004.

I note your comments regarding the second team of experts, and that it was never your intention for their analysis to have been undertaken by January 2004. You also refer to the minutes of our meeting in September 2003. While you and I both took a note, these notes were never agreed between us as formal minutes and we have not seen each other's notes. It is clear from what you say that I have misunderstood what Mr Watts was expecting to be complete by January 2004. It was my understanding, from what Mr Watts said, that the quality assurance check was to be undertaken in October, and that then a second team would be instructed in respect of certain cases, reporting not before January 2004, at which point the police might wish to interview Dr Barton. I now understand the penultimate paragraph of your letter of 28 January 2004 to be the correct and current position.

Please let me know at any time if you think that a meeting would be of assistance to either of our organisations. For our part, at present, apart from the update you have just supplied, we have no further information beyond that included in my letter of 7 January 2004 and our inquiries are on hold pending conclusion of the police investigations.

Yours sincerely

**Code A**

Linda Quinn  
**Conduct Case Presentation Section**  
**Fitness to Practise Directorate**  
 Direct Line: **Code A**  
 E-mail address: **Code A**





## HAMPSHIRE CONSTABULARY

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

Western Area Headquarters  
12-18 Hulse Road  
Southampton  
Hampshire  
SO15 2JX

Our Ref.

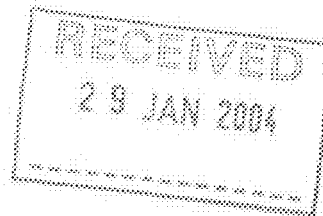
Tel. 0845 0454545

Fax. 023 80599838

Your Ref. FDP/LQ/2000/2047

28<sup>th</sup> January 2004

Ms Quinn  
Conduct Case Presentation Section  
FPD  
General Medical Council  
178 Great Portland Street  
London, W1W 5JE



Dear Ms Quinn

### Re Gosport War Memorial Hospital -- Operation Rochester

Thank you for your letter of the 7<sup>th</sup> January 2004, addressed to Mr Watts, the content of which I have noted. At the present time Mr Watts is on leave and I have been asked to reply to you on his behalf.

Within your letter you point out that, in essence, the position of the GMC has not changed since October 2003. Likewise, out of necessity, our position also remains fundamentally the same for the reason given in our letter of the 6<sup>th</sup> October 2003.

In respect of Professor Baker's report, you are correct to point out that reference was made to this document in the same letter. However, I am sure you will understand that distribution of this report is a matter entirely for the office of the Chief Medical Officer.

Having undertaken a process of quality assurance, we are about to commence the process of informing the relatives associated with Operation Rochester with the outcome of the initial analysis of our clinical team. This will be completed by mid February.

In your last paragraph you make reference to our second team of experts and an expectation of a report being ready in January 2004. It is unclear to me why you should think this to be the case. I have read the minutes taken in respect of our meeting held 30<sup>th</sup> September 2003 and our subsequent correspondence and can find no reference to such a report being

- 2 -

expected by January. It was never our position that we would have such an analysis completed by that time. That said, it is our intention to conduct such an analysis by a second team in respect of certain cases. We will, of course, continue to update you, to the extent we can, as to the progress of our investigation. Indeed, it might be useful to consider meeting in the near future should you think that it would be of some use.

If I can be of further assistance, please do not hesitate to contact me.

Yours sincerely [Code A]

**Code A**

Nigel Niven  
Deputy SIO

In reply please quote **FPD/LQ/2000/2047**

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

7 January 2004

Detective Chief Superintendent Steve Watts  
 Police Headquarters  
 Hampshire Constabulary  
 West Hill  
 Winchester  
 Hampshire  
 SO22 5DB

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Dear Mr Watts

**Dr J A Barton**

It is some time since we discussed the case of Dr Barton, and I am now writing to let you know the current position although in essence from our point of view it has not changed since October 2003.

Following receipt of your letter of 6 October 2003 I discussed the case with our Principal Legal Adviser and then submitted the information you gave me to the Medical Screener. The Screener determined that the case should not be referred back to the Interim Orders Committee (IOC) at the present time as there was no new evidence to put to the Committee.

As we discussed, any papers which are submitted to the IOC in respect of a doctor must be made available to that doctor. Therefore I am not able to reassure you that any material you might provide to the GMC in respect of Dr Barton would not be disclosed to her.

In your letter of 6 October 2003 you referred me to Professor Baker's report but this has not been made available to the GMC.

I am aware that your second team of experts was expected to report in January 2004 and I would be grateful to receive further information from you as and when you are in a position to disclose it.

Yours sincerely

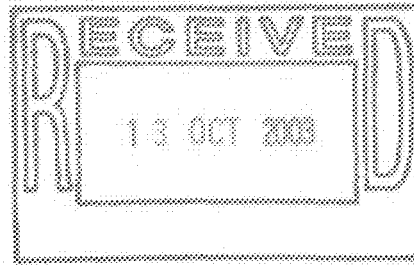
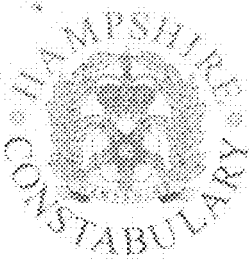
**Code A**

Linda Quinn  
 Conduct Case Presentation Section  
 Fitness to Practise Directorate

Direct Line: **Code A**

Fax: **Code A**

E-mail address: **Code A**



Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

S Watts MSc DPM MIMgt  
Detective Chief Superintendent  
Head of CID

Tel: 01962 871404

Fax: 01962 871130

Telex: 47361 HANPOL

email:

**Code A**

Your ref:

Our ref: SW/chm

6<sup>th</sup> October 2003

Ms L Quinn  
General Medical Council  
178 Great Portland Street  
London W1W 5JE

Dear Ms Quinn

**Re: Gosport War Memorial Hospital - Operation Rochester**

Thank you for your letter dated 2 October 2003, following our meeting on 30 September 2003 regarding the above matter.

I note your comments, in particular the processes by which the GMC may consider the matter of registration.

The summary which we provided you in respect of our investigation, indicated that a team of clinical experts had examined hospital records in respect of 62 patients at Gosport War Memorial Hospital, under the care of Dr Barton. In a significant number of those cases, the experts take the view that there was negligent care and that the causation of death is unclear. As my colleague DI Niven and I explained, much further work needs to be done to validate and develop these very provisional findings. We took the view, however that the GMC and the relevant Strategic Health Authority should be appraised of this information.

As we explained to you, our primary concern always is the safety of the public. That said, we are also expected to investigate serious allegation such those involved here in a professional and ethical manner. We therefore have to strike a balance between conducting our investigation in the appropriate fashion whilst realistically assessing the risk to the public. Put simply, our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton.

Our investigation has only considered cases up to 1998 and all relate to the treatment of patients at the Gosport War Memorial Hospital. All the cases of concern raise issues in respect of the use of opiates. My understanding at the present time is that Dr Barton is not allowed to work at the Gosport War Memorial Hospital, and is not authorized to prescribe opiates.

On the basis of the above, I think more assessment needs to be conducted to quantify and clarify the risk that Dr Barton continuing to practice currently presents to the public safety. I would emphasize that our investigation has only concerned itself with issues within the Gosport War Memorial Hospital and not in any other area of practice by any medical staff. You will be aware that Professor Richard Baker was tasked with conducting some analysis by the Chief Medical Officer. His remit would have been wider than ours and although I do not know the outcome of his research, I would imagine any conclusions he has reached might assist you in your deliberations.

It is probable that we will need to interview Dr Barton at length. The interview process is predicated upon a detailed strategy which will include a careful consideration of the information supplied to Dr Barton prior to interview. I note that your letter indicates that any information supplied to the GMC will in its totality be supplied to Dr Barton. Any uncontrolled disclosure to Dr Barton has the potential to detrimentally impact upon the investigation, and I therefore would be reluctant to disclose further information until the above issue of risk has been given thorough consideration.

If I were reassured that material would not be passed to Dr Barton or her representatives, I would be willing to consider, at a future time, providing a more detailed disclosure of information to the GMC. We would be more than happy to discuss with the GMC 'Screener' how we may best achieve the maximum disclosure without a detrimental impact upon the investigation.

Finally, in answer to your question, I can confirm that the patients that you name in the second page of your letter of 30 September were included in those reviewed by the team of clinical experts.

I look forward to hearing from you so that we may progress this matter together.

Yours sincerely

**Code A**

Steve Waits

Detective Chief Superintendent  
Head of CID

In reply please quote **FPD/LQ/2000/2047**

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

2 October 2003

Detective Chief Superintendent Steve Watts  
 Police Headquarters  
 Hampshire Constabulary  
 West Hill  
 Winchester  
 Hampshire  
 SO22 5DB

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients  
 guiding doctors*

Dear Mr Watts

**Dr J A Barton**

I refer to our meeting on 30 September 2003 when you informed me of the stage reached in the Hampshire Constabulary's investigations in this case. I have now had an opportunity to discuss that information within the GMC.

In order for Dr Barton's case to be referred to the Interim Orders Committee (IOC), prima facie evidence is required which is cogent and credible and raises a question as to whether Dr Barton should have a restriction placed on her registration. This information would then be considered by a medical member of the GMC (the screener) with regard to a referral to the IOC. For example, if there is evidence that Dr Barton has been prescribing in an inappropriate and irresponsible manner, and the screener refers this to the IOC, it would be open to the IOC to place a condition on her registration restricting her prescribing. The Committee also has the power to suspend a doctor's registration.

The IOC may make an order when it determines that it is necessary for the protection of members of the public or is otherwise in the public interest or the interests of the doctor. As well as protection of the public, the public interest includes preserving public confidence in the medical profession and maintaining good standards of conduct and performance.

From the information that you provided on 30 September 2003, we consider that it is likely to be in the public interest that the matter is screened. However, we cannot give a final decision without further information.

Therefore could you please supply us with a detailed written summary of the evidence you have in this case to date, including any report prepared by the team of experts. The decision on referral of the information to IOC rests with the screener. If the information supplied is very brief, while it is likely that it would be passed to the screener, there is a possibility that the screener would not refer it to the IOC.

As we discussed on 30 September 2003, if Dr Barton's case is referred to the IOC, the documentation you provide will be disclosed to her and her legal representatives.

Could you please confirm whether the 62 individual cases scrutinised by your team of experts include the five which are already known to the GMC, as follows:

- Gladys Richards;
- Arthur Cunningham;
- Alice Wilkie;
- Robert Wilson;
- Eva Page.

We are grateful to you for keeping us informed of the progress of your investigation, and would ask that you continue to do so.

Please let me know if you require any further information from me before responding to this letter.

Yours sincerely

**Code A**

Linda Quinn  
 Conduct Case Presentation Section  
 Fitness to Practise Directorate

Direct Line: **Code A**  
 Fax: **Code A**  
 E-mail address: **Code A**

**Fax**

To DCS Steve Watts, Hampshire Constabulary

Fax number **Code A**

From Linda Quinn

Direct Dial **Code A**

Direct fax

No. of pages 3  
(inclusive)

Time 11:55

Date 2 October 2003

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Watts

**Dr J Barton**

Please see attached letter.

Yours sincerely

**Code A**

Linda Quinn  
Conduct Case Presentation Section  
Fitness to Practise Directorate

Direct Line **Code A**

Fax: **Code A**

E-mail address: **Code A**



TRANSMISSION VERIFICATION REPORT

TIME : 02/10/2003 11:57  
NAME : GMC  
FAX : Code A  
TEL :

DATE, TIME	02/10 11:56
FAX NO. /NAME	Code A
DURATION	00:00:47
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**Fax**

To DCS Steve Watts, Hampshire Constabulary

Fax number Code A

From Linda Quinn

Direct Dial  
Direct fax  
Code A

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

No. of pages 3 Time 11:55 Date 2 October 2003  
(inclusive)

Dear Mr Watts

Dr J. Barton

Please see attached letter.

Yours sincerely

Code A  
Linda Quinn

**Linda Quinn** Code A

---

**From:** Linda Quinn Code A  
**Sent:** 02 Oct 2003 08:45  
**To:** Code A  
**Subject:** Dr J Barton

Dear Mr Watts

I am about to write a formal letter to Hampshire Constabulary concerning this case. I will fax it to the number on your card unless you contact me in the meantime.

Could you please confirm who accompanied you on Tuesday 30 September 2003. The email I sent to him was returned as undeliverable.

Yours sincerely

Linda Quinn

Conduct Case Presentation Section  
Fitness to Practise Directorate

Direct Line: Code A

Fax: Code A

E-mail address: Code A

complaintant / informant  
corres.

Your reference: FR/PR/31243/1/9516  
 In reply please quote MK/2000/2047

Please address your reply to Conduct Case Presentation Section, FPD  
 Fax 020 7915 3696

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

15 January 2003

Mr Richard Follis  
 Alexander Harris  
 Cheriton House  
 51 Station Road  
 Solihull  
 West Midlands  
 B19 3RT

Dear Mr Follis

**Gosport War Memorial Hospital**

Thank you for your letter of 15 January 2003.

This is an information case because we were first alerted to these matters by the Hampshire Constabulary in July 2000. This followed allegations made to them by the family of Gladys Richards.

We subsequently received correspondence from Mrs Jackson, Mr Page, Mr Wilson, Mrs Carby, Mr Farthing and Mrs McKenzie between April and June 2002. As advised in our letter dated 21 November 2001, we responded to each setting out our powers and procedures and that we were considering a case against Dr Barton in light of the information received from the Hampshire Constabulary.

As you know, we are still considering whether to include the case of Stanley Carby under No. 11 of the GMC PPC and PCC (Procedure) Rules 1988; I should be grateful if you would let Mrs Carby know that, with Police inquiries ongoing and our investigations thereby stayed, we are unable to reach a decision on that question at the moment.

It may be of interest to note that, in complainant cases, we no longer fund complainants' choice of solicitors. I trust that clarifies the situation and that both you and your clients will continue to assist Messrs Field Fisher Waterhouse in the preparation of this case for hearing.

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

c.c. Ms J Christie, Field Fisher Waterhouse

15-JAN-2003 11:30 FROM:

TO: Code A

P.001



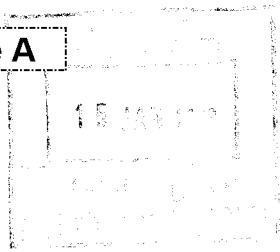
**Alexander Harris**  
solicitors

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

Our ref: RF/EP/31243/1/9516  
Your ref: MK2000/2047  
Please ask for: RICHARD FOLLIS  
Direct dial: Code A

15 January 2003

ALSO BY FAX Code A



Dear Mr Keegan

Re: Gosport War Memorial Hospital

I thank you for your letter of 18<sup>th</sup> December received shortly before the Christmas break.

I have to confess to some puzzlement as to how it is that this case proceeds as an information case, as opposed to a complainant case, given that the impetus has come, so far as I am aware, entirely from the complaining relatives.

Upon what information are the GMC proceeding?

When and why was the matter determined to be an information as opposed to a complainant case and by whom?

There are a series of complainants who by reason of your categorisation are deprived of the right to be represented by their solicitor of choice. Your further observations would be appreciated.

Yours sincerely

Code A

**RICHARD FOLLIS**  
PARTNER  
**ALEXANDER HARRIS**

Code A

Alexander Harris, Charlton House, 61 Station Road, Solihull, West Midlands B91 3RT Telephone: +44(0)121 711 5111 Facsimile: +44(0)121 711 5100  
DX 720080 Solihull. E-mail: info@alexanderharris.co.uk Web Site: www.alexanderharris.co.uk

Also at: Ashley House, Ashley Road, Altrincham, Cheshire, WA14 2DW Telephone: +44(0)161 825 5555 Facsimile: +44(0)161 825 5500 DX 16588 Altrincham 1.  
1 Dyers Buildings, London EC1N 2JT United Kingdom Telephone: +44(0)20 7430 5555 Facsimile: +44(0)20 7430 5500 DX 480 London Chancery Lane.

Partners: David N Harris LL.B., Ann Alexander LL.B (Hons) M.B.A (Managing Partner), Lesley Herberson M.A (Contab), Nicola Cestia LL.B (Hons) LL.M. Richard Follis LL.B (Hons), Jenny Kennedy, Lindsay Wiles B.A (Hons), Christine Barton LL.B (Hons), Richard Barr, Christian Beadell LL.B (Hons), Aurlant Griffiths LL.B (Hons)

Consultants: Raulo Houghton LL.B (Hons), Prof. Dennis S. Simons B.A (Hons) J.D (Member of the Florida Bar)

Associates: Yob Foh St. LL.D (Hons), Douglas I. Sillis LL.B (Hons), Savannah Road LL.B (Hons), Tim Annett LL.B (Hons), Kim Barnett O.A (Hons) LL.M., Jonathan Oates LL.B (Hons), Jo Mayhem LL.B (Hons), Chris Black LL.B (Hons), Alan Taylor, Dublin Murphy BCL, RM, Dip N., Kirsty B Richards, Kristen Limb B.Sc (Hons). (not a practising solicitor)

Alexander Harris is a franchised firm and a member of the Community Legal Service  
Regulated by The Law Society

Your reference: FR/PR/31243/1/9516  
 In reply please quote MK/2000/2047

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
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Please address your reply to Conduct Case Presentation Section,  
 Fax 020 7915 3696

18 December 2002

Mr Richard Follis  
 Alexander Harris  
 Cheriton House  
 51 Station Road  
 Solihull  
 West Midlands B19 3RT

Dear Mr Follis

**Gosport War Memorial Hospital**

Thank you for your letters of 12 and 13 December 2002.

I acknowledge receipt of Mr Farthing's authority and that your clients wish for you to deal with the preparation of the cases for hearing and the presentation/advocacy at the hearing.

This is an information case, as opposed to a complainant case; the relatives are not parties to the proceedings in the meaning given in paragraph 13 of Schedule 4 to the Medical Act 1983. We have, as you know, instructed Field Fisher Waterhouse to prepare this case for presentation for hearing by the Professional Conduct Committee and I trust that you and your clients will assist them with any further work necessary to prepare this matter.

We cannot, as you know, proceed to public inquiry while police investigations are ongoing. I am advised that those investigations are not likely to be concluded in the immediate future. It does not appear, therefore, that the PCC will be able to consider this case in the early part of next year, as we had hoped. We will, of course, advise you of developments at each stage, as appropriate.

Yours sincerely

**Code A**

Michael Keegan

Conduct Case Presentation Section

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

c.c. Ms J Christie, Field Fisher Waterhouse



**Alexander  
Harris**

solicitors

General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

Our ref: RF/PR/31243/1/6516  
Your ref: MK 2000/2047  
Please ask for: RICHARD FOLLIS  
Direct dial: **Code A**

13 December 2002.

Dear Mr Keegan

**Gosport War Memorial Hospital**

Please find enclosed signed authority received from Charles Farthing confirming he wishes us to represent him in any GMC proceedings.

Please note our interest.

Yours sincerely

**RICHARD FOLLIS  
ALEXANDER HARRIS**

**Code A**

Alexander Harris, Charter House, 51 Station Road, Solihull, West Midlands B37 3YF Telephone: +44(0)121 711 5111 Facsimile: +44(0)121 711 5100  
DX 70080 Solihull E-mail: info@alexanderharris.co.uk Web Site: www.alexanderharris.co.uk

Head Office: Charter House, 51 Station Road, Solihull, West Midlands B37 3YF Telephone: +44(0)121 711 5111 Facsimile: +44(0)121 711 5100 DX 70080 Solihull  
11 Days Building, London EC1V 2J1 United Kingdom Telephone: +44(0)20 7400 6600 Facsimile: +44(0)20 7400 6600 DX 490 London Cityway Lane

Partners: David N Harris LL.B., Ben Rowson LL.B. (Head of A & P) Managing Partner, Sally Buchanan BA (Solicitor), Mark Davis LL.B. (Senior LL.M.), Patrick Hills LL.B. (Senior LL.M.),  
John Kennedy (Senior Solicitor), David Wain BA (Senior Solicitor), Gordon Weston LL.B. (Senior Solicitor), Richard Wain (Solicitor), Richard Weston LL.B. (Senior Solicitor), Richard Griffiths LL.B. (Senior Solicitor)

Qualified Solicitors: Helen Vaughan LL.B. (Senior), Paul Dallas LL.B. (Senior) & A. (Senior) (Co-Member of the Foreign Law)

Associates: Stephen Hill LL.B. (Senior), Douglas A. Speer LL.B. (Senior), Nicholas Reed LL.B. (Senior), Tim Arnold LL.B. (Senior), Kim Barrett BA (Senior LL.M.), Jonathan Bam LL.B. (Senior),  
Ian Moxon LL.B. (Senior), Chris Stone LL.B. (Senior), Sue Taylor, Caroline Murphy (SOL. RM. (SOL.)), Peter A. Roberts, Kirsten Lamb BA (Senior), Neil A. Macdonald (Senior)

Alexander Harris is a franchised firm and a member of the Community Legal Service  
Registered by The Law Society





To: The General Medical Council

Your Reference

I, Charles Farthing, of Code A wish to be represented in my complaint to the GMC as to the treatment of Arthur Cunningham by Dr Jane Barton at Gosport War Memorial Hospital by my solicitors Alexander Harris of Cheriton House, 51 Station Road, Solihull, West Midlands, B91 3RT.

Signed...

Code A

Dated 30 NOV 02



Your reference: FR/PR/31243/1/9516  
 In reply please quote MK/2000/2047

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Please address your reply to Conduct Case Presentation Section,

Fax **Code A**

2 December 2002

Mr Richard Follis  
 Alexander Harris  
 Cheriton House  
 51 Station Road  
 Solihull  
 West Midlands B19 3RT

Dear Mr Follis

**Gosport War Memorial Hospital**

Thank you for your letter of 28 November 2002.

I note the authorities enclosed with your letter and that you are awaiting one further authority, presumably from Mr Farthing.

I will certainly keep you informed of developments. You should know that we have instructed Messrs Field Fisher Waterhouse in this matter and that I have copied your letter to their Ms Judith Christie.

I spoke to a number of your clients about two weeks ago and assured them that we would not proceed to public inquiry while police investigations were ongoing. We are in ongoing liaison with the police and await further information as to the likely course of their inquiries.

As you know, we decided that no further action by the GMC was warranted in relation to Mrs Bulbeck's complaint. We are considering inclusion of Mrs Carby's complaint under No. 11 of the GMC Preliminary Proceedings Committee and Professional Conduct Committee (Procedure) Rules 1988. I will revert to you about this as soon as possible.

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line **Code A**

Direct Fax: **Code A**

Email: **Code A**



**Alexander  
Harris**

solicitors

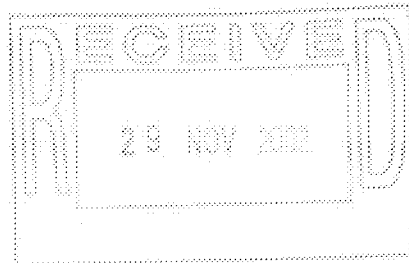
Conduct Case Presentation Team  
General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

Case Ref: RF/PR/31243/1/9616  
For info:  
Please ask for: **RICHARD FOLLIS**  
Case Ref: **Code A**

28 November 2002

Dear Mr Keegan

Gosport War Memorial Hospital



I thank you for Michael Hudspith's letter of 6 November.

Please find enclosed authorities from the following indicating that they wish us to represent them in GMC proceedings:-

1. Bernard Page
2. Iain Wilson
3. Rita Carby
4. Emily Yeats
5. Gillian McKenzie

Please note our interest and keep us updated as to progress. I am currently awaiting 1 further authority and shall forward this to you as soon as I receive it.

Yours sincerely

**Code A**

**RICHARD FOLLIS  
ALEXANDER HARRIS**

**Code A**

**Code A**

Alexander Harris, Gresham House, 51 Seaford Road, Seaford, West Sussex BN26 9PT Telephone: +44(0)1243 711 6111 Facsimile: +44(0)1243 711 6100  
DX 720680 Solihull, E-mail: info@alexandeharris.co.uk Web Site: www.alexandeharris.co.uk

Also at: Albany House, Albany Road, Abingdon, Oxford, OX14 3JF Telephone: +44(0)1235 505 0180 Facsimile: +44(0)1235 505 0201 G/F 10000 Abingdon 1,  
1 Queen's Buildings London EC2N 4JF Upper Kingsway Telephone: +44(0)20 7490 5000 Facsimile: +44(0)20 7490 5000 DL 400 London (Chancery Lane)

Partners: David Hirston LL.B., Ann Alexander LL.B. (Head M.B.A. Managing Partner), Lesley Furber-Lowe MA (Solicitor), Nicola Gault LL.B. (Head LL.B.), Richard Price LL.B. (Solicitor),  
David Bennett, Jeremy Hill BA (Solicitor), Graham Smith LL.B. (Solicitor), Richard Day, (Director (Solicitor LL.B. (Solicitor), Andrew Collins LL.B. (Solicitor)

Directors: Russel Houghton LL.B. (Solicitor), Paul Daniel & Denise BA (Solicitor) (LL.B.) (Member of the Council Bar)

Associates: Tim Fox LL.B. (Solicitor), Douglas L. Miles LL.B. (Solicitor), Susanmary Hoag LL.B. (Solicitor), Tim Armit LL.B. (Solicitor), Peter Bowen BA (Solicitor) LL.B., Jonathan Beale LL.B. (Solicitor),  
Jo Moran LL.B. (Solicitor), Chris Bore LL.B. (Solicitor), Paul Taylor, (Solicitor) (Solicitor), AGO, FBA, DL, N., Wendy B. Bennett, (Solicitor) LL.B. (Solicitor), (Solicitor) (Solicitor) (Solicitor) (Solicitor) (Solicitor)

Alexander Harris is a franchised firm and a member of the Community Legal Service  
Registered by The Law Society



To: The General Medical Council

Your Reference

I, Rita Carby, of **Code A** wish to be represented in my complaint to the GMC as to the treatment of Stanley Carby by Dr Jane Barton at Gosport War Memorial Hospital by my solicitors Alexander Harris of Cheriton House, 51 Station Road, Solihull, West Midlands, B91 3RT.

Signed..

**Code A**

Dated

18-11-02



To: The General Medical Council

Your Reference

I, Iain Wilson, of Code A wish to be represented in my complaint to the GMC as to the treatment of Robert Caldwell Wilson by Dr Jane Barton at Gosport War Memorial Hospital by my solicitors Alexander Harris of Cheriton House, 51 Station Road, Solihull, West Midlands, B91 3RT.

Signed.

Code A

Dated

13-11-02

6

To: The General Medical Council

Your Reference

I, Bernard Page, of **Code A** wish to be represented in my complaint to the GMC as to the treatment of Eva Isabel Page by Dr Jane Barton at Gosport War Memorial Hospital by my solicitors Alexander Harris of Cheriton House, 51 Station Road, Solihull, West Midlands, B91 3RT.

Signed

**Code A**

Dated

*13<sup>th</sup> November 2002*



To: The General Medical Council

Your Reference

I, Emily Yeats, of Code A wish to be represented in my complaint to the GMC as to the treatment of Alice Wilkie by Dr Jane Barton at Gosport War Memorial Hospital by my solicitors Alexander Harris of Cheriton House, 51 Station Road, Solihull, West Midlands, B91 3RT.

Signed

**Code A**

Dated 14 July 2012





To: The General Medical Council

Your Reference

I, Gillian McKenzie, of Code A wish to be represented in my complaint to the GMC as to the treatment of Gladys Richards by Dr Jane Barton at Gosport War Memorial Hospital by my solicitors Alexander Harris of Cheriton House, 51 Station Road, Solihull, West Midlands, B91 3RT.

Signed

**Code A**

Dated

27. 11. 02

Your reference: RF/EP/31243/1/9516

Our reference: MH/misc

21 November 2002

Richard Follis  
Alexander Harris Solicitors  
Cheriton House  
51 Station Road  
Solihull  
West Midlands B91 3RT

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Follis

**Gosport War Memorial Hospital**

I write further to your letter of 6 November 2002 and our recent telephone conversation.

You have enquired about complaints made to the GMC by the following clients of yours:

<b>Name of client</b>	<b>Name of relative</b>
1. Marjorie Bulbeck	Dulcie Middleton
2. Emily Yeats	Alice Wilkie
3. Bernard Page	Eva Page
4. Iain Wilson	Robert Wilson
5. Rita Carby	Stanley Carby
6. Charles Farthing	Arthur Cunningham
7. Gillian Mackenzie	Gladys Richards

On 12 September 2002 we wrote to clients 2, 3, 4, 6 and 7 to inform them that after considering information received from Hampshire Constabulary concerning the deaths at Gosport War Memorial Hospital of their respective relatives, the Council's Preliminary Proceedings Committee (PPC) decided that the reported actions of Dr Jane Barton be referred to the Professional Conduct Committee for inquiry into whether a charge of serious professional misconduct should be formulated against Dr Barton.

On 9 October 2002 we wrote to Mrs Carby to inform her that her complaint (which was not made available to the PPC due to its late arrival) would be passed to our

solicitors to assess and to establish whether it could or should be added to those matters already referred by the PPC.

On 7 November 2002 we wrote to Mrs Bulbeck to inform her that, after carefully considering her particular complaint, we had decided that no further action by the GMC was warranted.

I hope that you find this information helpful. Please note that those cases which are currently 'live' are being dealt with in our Conduct Case Presentation Team by my colleague Michael Keegan, tel. Code A

Yours sincerely

**Code A**

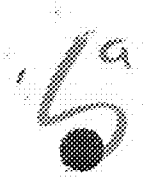
Michael Hudspith

Fitness to Practise Directorate

Direct Line: Code A

Fax Line: Code A

e-mail: Code A



**Alexander  
Harris**  
solicitors

Mr Michael Hudspith  
Fitness to Practise Directorate  
General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

Date: RF/EP/01243/1/9616  
Year: 2002/0553  
Handled by: RICHARD FOLLIS  
Status: **Code A**

6 November 2002

Dear Mr Hudspith

**Re: Gosport War Memorial Hospital**

I thank you for your letter of 31<sup>st</sup> October 2002.

This firm acts for the individuals named in the attached Schedule and I would be grateful if you would please provide the information requested in my letter of 25<sup>th</sup> October in relation to each of these other complaints.

Yours sincerely

**Code A**

RICHARD FOLLIS  
PARTNER  
ALEXANDER HARRIS

**Code A**

Alexander Harris, Chertsey House, 51 Station Road, Dorchester, West Midlands B91 0PT. Telephone: +44(0)1243 711 3111. Facsimile: +44(0)1243 711 3300. DX 720060. Website: [www.alexanderharris.co.uk](http://www.alexanderharris.co.uk). Web Site: [www.alexanderharris.co.uk](http://www.alexanderharris.co.uk).

also at Aylesbury House, Aylesbury Road, Aylesbury, Bucks HP20 1DY. Telephone: +44(0)161 305 1100. Facsimile: +44(0)161 305 1101. DX 10033. Aylesbury 1. 100 High Street, London EC2A 4PU. Telephone: +44(0)20 7303 8000. Facsimile: +44(0)20 7400 0001. DX 5001 London. Direct Dial 100.

Partners: David N Pines (LL.B., WC), Rebecca LL.B. (Practising M.B.A. Managing Partner), Lucy (Practising M.B.A. Partner), Nicola D Gray (LL.B. (Practising), DA), Thomas Potts (LL.B. (Practising), Jenny Roberts (Practising), John D.A. (Practising), Robert Marshall (LL.B. (Practising), Robert Day (Practising), Richard W. (Practising), Andrew Robinson (Practising).  
Chartered: F.H.J. Conley & Sonnet (LL.B. (Practising) of The British Bar.  
Authorised: The Firm (LL.B. (Practising), Douglas J Gray (LL.B. (Practising), Elizabeth Gray (LL.B. (Practising), Christopher LL.B. (Practising), Stephen B.A. (Practising), Joseph Bennett (LL.B. (Practising), J.D. Merton (LL.B. (Practising), The Legal Practice Council (LL.B. (Practising), Robert Marshall (LL.B. (Practising), Richard W. (Practising), Andrew Robinson (Practising).

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Regulated by The Law Society



**Alexander  
Harris**  
solicitors

FIRST CLASS  
Michael Hudspith  
Fitness to Practise Directorate  
General Medical Council  
178 Great Portland Street  
London  
W1W 5JE

**ALSO BY FAX**

Client: RE/LS/31243/1/9516  
Matter:  
Third party: RICHARD FOLLIS  
Direct fee:

26 October 2002

Dear Mr Hudspith

**Dr Jane Barton and Dr V Lord – Gosport War Memorial Hospital**

We act for Mrs Ann Reeves of Code A together with 18 other families who are concerned about events at Gosport War Memorial Hospital.

We understand that a number of complaints have been made to the General Medical Council confined so far as we are aware to the above two doctors. We further understand that certain individual complaints have so far as you are concerned been concluded although it appears from our instructions that others may be ongoing.

We would be grateful if you would please confirm whether there are any and if so what continuing proceedings or investigations on the part of the GMC in relation to either of the above two doctors or arising out of events generally at Gosport War Memorial Hospital.

We anticipate that we may well receive instructions to submit witness statements in support of complaints against Dr Barton and Dr Lord.

We have a meeting with our clients on Sunday 3<sup>rd</sup> November and would be grateful please for a response in advance of that meeting.

Yours faithfully

**Code A**

**ALEXANDER HARRIS**

Alexander Harris, 178 Great Portland Street, London, W1W 5JE Telephone: +44(0)161 925 8555 Facsimile: +44(0)161 925 8550  
DX 18888 Aldershot L. E-mail: info@alexanderharris.co.uk Web Site: www.alexanderharris.co.uk

Branch: 10000 Brompton, London SW2M 4JF United Kingdom Telephone: +44(0)1 494 0334 Facsimile: +44(0)1 494 0330 DX 400 London Chancery Lane  
Credit House, 21 Essex Road, London EC2A 4EJ Telephone: +44(0)1 711 5111 Facsimile: +44(0)1 711 5300 DX 70000 London

Partners: David Alexander Esq., Andrew Harris Esq. (both Solicitors) & Alexander Harris Esq. (both Barristers) Solicitors: Peter James Esq., Andrew Harris Esq. (both Solicitors) & Alexander Harris Esq. (both Barristers) Barristers: Peter James Esq., Andrew Harris Esq. (both Barristers) & Alexander Harris Esq. (both Barristers)

Alexander Harris is a limited liability partnership, registered in England, No. 02861578, with its registered office at 178 Great Portland Street, London, W1W 5JE. It is a member of the Law Society and the Solicitors Regulation Authority.

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Registered by The Law Society

**SCHEDULE OF COMPLAINTS MADE TO GMC**

1. Marjorie Bulbeck
2. Emily Yeats
3. Bernard Page
4. Iain Wilson
5. Rita Carby
6. Charles Farthing
7. Gillian McKenzie

Your reference: RF/LS/31243/1/9516

Our reference: 2002/0553

31 October 2002

By fax and post: **Code A**

Richard Follis  
Alexander Harris Solicitors  
Ashley House  
Ashley Road  
Altrincham  
Cheshire  
WA14 2DW

## GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Dear Mr Follis

### Gosport War Memorial Hospital

Thank you for your letter of 25 October 2002 concerning Gosport War Memorial Hospital. I returned from annual leave yesterday and apologise for the delay in responding.

The GMC's consideration of complaints about doctors prior to a public hearing before the Professional Conduct Committee is confidential to the individual complaint and doctor concerned. I am therefore unable to provide any comment about whether complaints made by people other than your client, Mrs Reeves, may be on-going or closed.

As you will be aware, Mrs Reeves' complaint about Dr Barton was considered in June 2002 by both a medical and lay member of the Council. For the reasons outlined in our letter to Mrs Reeves of 11 June 2002, the members did not consider that her complaint raised any issue of serious professional misconduct or serious professional misconduct on the part of Dr Barton.

You indicate in your letter that you may, in the future, submit witness statements to the GMC in support of further individual complaints. Should you do so I should be grateful if you would forward these for the attention of my colleague, Michael Keegan.

Yours sincerely

**Code A**

Michael Hudspith  
Fitness to Practise Directorate

Direct Line: **Code A**

Fax Line: **Code A**

e-mail: **Code A**

## MESSAGE CONFIRMATION

31/10/02 16:42

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
31/10	00'24"	Code A	CALLING	01	OK 0000

02 16:41

NO. 003 001

Your reference: RF/LS/31243/1/9516

Our reference: 2002/0553

31 October 2002

By fax and post: Code A

Richard Follis  
 Alexander Harris Solicitors  
 Ashley House  
 Ashley Road  
 Altrincham  
 Cheshire  
 WA14 2DW

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Dear Mr Follis

**Gosport War Memorial Hospital**

Thank you for your letter of 25 October 2002 concerning Gosport War Memorial Hospital. I returned from annual leave yesterday and apologise for the delay in responding.



**Code A**

---

**From:** Code A  
**Sent:** 11 Oct 2002 12:17  
**To:** 'Tanner Simon'  
**Subject:** RE: Dr. B (your ref. MK/2000/2047)

Dear Simon

Thank you for that. I was aware that the CPS had been asked to advise. I have no word as to what that advice might be or when it will be given as yet, but I plan to meet with the Chief Superintendent James in the next week or so to discuss this matter.

I will keep you informed if anything substantially changes.

Regards

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

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

**From:** Tanner Simon Code A  
**Sent:** 11 Oct 2002 10:25  
**To:** Code A  
**Subject:** Dr. B (your ref. MK/2000/2047)

Dear Michael

I am not sure if I mentioned to you in our telephone conversation that the police have referred the papers on this case back to the Crown Prosecution Service, for advice on whether further criminal prosecution should be considered.

This may have implications for your handling of the case referred to you.

Dr. Simon Tanner  
Director of Public Health/Medical Director  
Hampshire and Isle of Wight Health Authority

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

**GENERAL  
MEDICAL  
COUNCIL**

Please address your reply to Conduct Case Presentation Section, FPD

Fax: **Code A**

*protecting patients  
guiding doctors*

27 September, 2002

Ms Judith Chrillie  
Messrs Field Fisher Waterhouse  
35 Vine Street  
London EC3N 2AA

Dear Judith

**RE: DR JANE ANN BARTON**

Please find enclosed a letter dated 19 September 2002 with enclosures from Dr Simon Tanner at Hampshire and Isle of Wight Health Authority and my response of even date, both of which are self-explanatory.

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

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

**GENERAL  
MEDICAL  
COUNCIL**

*protecting patients  
guiding doctors*

Please address your reply to Conduct Case Presentation Section, FPD

Fax **Code A**

27 September, 2002

Dr Simon Tanner  
Director of Public Health / Medical Director  
Hampshire and Isle of Wight Health Authority  
Oakley Road  
Southampton  
SO16 4GX

Dear Dr Tanner

I refer to your letter dated 19 September 2002 and our conversation of even date regarding Dr Barton.

I write to confirm that it has been decided not to refer Dr Barton back to the Interim Orders Committee again on the basis of the information included with your letter.

I have copied your letter and enclosures to solicitors instructed by the Council to prepare the case against Dr Barton at the Professional Conduct Committee.

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

# Hampshire and Isle of Wight

Health Authority

Oakley Road  
Southampton  
SO16 4GX

**STRICTLY CONFIDENTIAL**

Tel: 023 8072 5400

Fax: 023 8072 5466

Direct Dial: **Code A**

19 September 2002

[www.hiow.nhs.uk](http://www.hiow.nhs.uk)

**Code A**

**For the Attention of**

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



Dear Vanessa

**Dr Jane Barton**

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

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

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

Yours sincerely

**Code A**

Dr Simon Tanner  
Director of Public Health/Medical Director

**Syringe driver & Pain control courses attended.**

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

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

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

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

RCN Palliative care update,  
Sept 1992.

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

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

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

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

Syringe drivers & drug compatibilities

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

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

Summary of Meeting held at Redclyffe Annexe on 11.7.91

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

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

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

The following concerns were expressed and discussed:-

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

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

/...

- 2 -

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

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

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

/...

- 3 -

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

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

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

IE/LP  
16.7.91



Confidential

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

AT 21.30 HOURS ON THURSDAY 31 OCTOBER 1991

BY

GERARDINE M WHITNEY, COMMUNITY TUTOR, CONTINUING EDUCATION

Purpose of Visit

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

Present

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

Background Information

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

Problems Identified on 31 October 1991

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

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

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

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

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

### Conclusion

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

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

Signed: **Code A** ..... Time: 23.35 hours

G M Whitey  
Community Tutor, Continuing Education

Date: 31 October 1991



# PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

*1-11-91.*  
*Quinta,*  
*I am meeting Sue Frost this fm.*  
*for her to check the Report. Will keep*  
*you informed,*

**Code A**

Northern Parade Clinic  
Doyle Avenue  
Hilsea  
Portsmouth  
PO2 9NF

Tel: Portsmouth (0705) 662378

*With Compliments*



# PORTSMOUTH & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

COMMUNITY HEALTH CARE SERVICES

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

Portsmouth **Code A**

Our ref:

Your ref:

GMW/PSE

Please ask for.....

4 November 1991

Mrs. Anita Tubbritt

**Code A**

Dear Anita

Report of a Visit to Redclyffe Annexe, 31.10.91

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

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

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

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

Those who were present at the meeting.

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

Yours sincerely

**Code A**

Gerardine M. Wilney  
Community Tutor, Continuing Education.

ENC.

**PORTSMOUTH AND SOUTH EAST  
HAMPSHIRE HEALTH AUTHORITY**

COMMUNITY HEALTH SERVICES AND SMALL HOSPITALS UNIT

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

Our ref:

Your ref:

Dear S.N Tubbritt.

Thank you for your letter dated 31.10.91 informing me of the meeting that took place on 31.10.91 with Gerie Whitney at Redclyffe Annexe re the use of Diamorphin at Redclyffe Annexe.

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

Yours Sincerely.

**Code A**

## PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

## MEMORANDUM

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

TO: See Distribution

Your Ref.

My Ref. IE/LP

7th November 1991

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

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

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

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

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

**Code A**

I. Evans

Distribution

Every trained member of Staff at Redclyffe Annexe

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

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

WESSEX REGIONAL OFFICE

General Secretary:  
Christine Hancock  
BSc(Econ) RGNPatrons:  
Her Majesty the Queen  
Her Majesty Queen Elizabeth  
the Queen Mother  
Her Royal Highness  
the Princess Margaret  
Countess of Snowdon8 Southgate Street  
Winchester SO23 9EF  
Telephone 0962 868332  
Fax 0962 855819

SB/FFO

CUSHAM

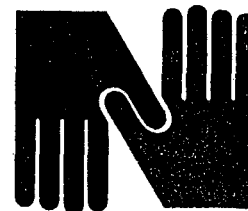
Code A

Code A

22 November 1991

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

ROYAL  
COLLEGE OF  
NURSING



Dear Mrs Evans,

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

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

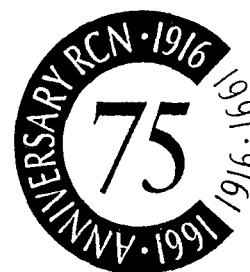
It is now a matter of serious concern that these complaints were not acted upon in the way that had been anticipated and that Management are, some months after those discussions now seeking formal allegations. I would reinforce Mr Murray's position that this is not acceptable and the RCN is not prepared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

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

Yours sincerely

Steve Barnes  
RCN Officer - Wessex

C.C: Keith Murray



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



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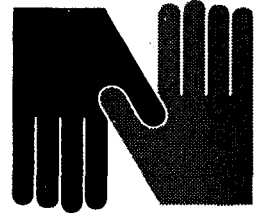
20 Cavendish Square  
London W1M 0AB  
Telephone 071 409 3333  
Fax 071 355 1379

2nd December 1991

Anita Tubbritt,

**Code A**

ROYAL  
COLLEGE OF  
NURSING



Dear Anita,

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

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

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

With best wishes.

Regards,

**Code A**

Keith Murray

Branch Convenor

**Code A**

enc.



General Secretary:  
Christine Hancock  
BSc(Econ) RCN

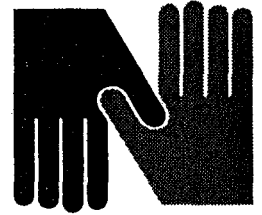
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20 Cavendish Square  
London W1M 0AB  
Telephone 071 409 3333  
Fax 071 355 1379

2nd December 1991

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

ROYAL  
COLLEGE OF  
NURSING



Dear Chris,

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

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

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

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

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



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

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

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

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

Your comments/advice would be greatly appreciated.

Yours sincerely,

Keith Murray

Branch Convenor

**Code A**

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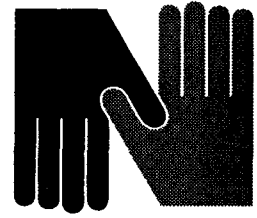
20 Cavendish Square  
London W1M 0AB  
Telephone 071 409 3333  
Fax 071 355 1379

2nd December 1991

Beverley Turnbull,

**Code A**

ROYAL  
COLLEGE OF  
NURSING



Dear Beverley,

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

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

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

With best wishes.

Regards,

**Code A**

Keith Murray  
Branch Convenor

**Code A**

enc.



PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

MEMORANDUM

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

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

Your Ref.

My Ref. IE/LP

5th December 1991

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

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

**Code A**

I. Evans

General Secretary:  
Christine Hancock  
BSc(Econ) RGN

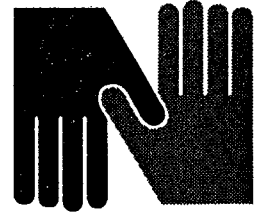
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Countess of Snowdon

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London W1M 0AB  
Telephone 071 409 3333  
Fax 071 355 1379

10th December 1991

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

ROYAL  
COLLEGE OF  
NURSING



Dear Mrs Evans,

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

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

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

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

Yours sincerely,

Keith Murray

Branch Convenor

**Code A**

cc Mr S Barnes, RCN Officer - Wessex



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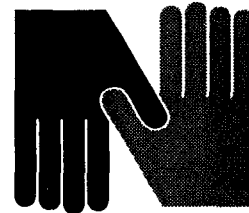
20 Cavendish Square  
London W1M 0AB  
Telephone 071 409 3333  
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10th December 1991

Anita Tubbritt,

**Code A**

ROYAL  
COLLEGE OF  
NURSING



Dear Anita,

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

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

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

With best wishes.

Yours sincerely,

**Code A**

Keith Murray

Branch Convenor

**Code A**



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10th December 1991

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

ROYAL  
COLLEGE OF  
NURSING



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Yours sincerely,

Keith Murray

Branch Convenor

**Code A**

cc Mr S Barnes, RCN Officer - Wessex





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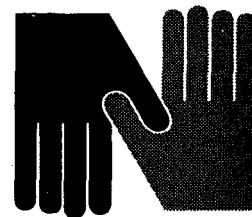
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10th December 1991

Beverley Turnbull,

**Code A**

ROYAL  
COLLEGE OF  
NURSING



Dear Beverley,

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

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With best wishes.

Yours sincerely,

**Code A**

Keith Murray

Branch Convenor

**Code A**



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

PRESENT

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

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

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

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

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

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

/...

- 2 -

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

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

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

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

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

/...

- 3 -

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

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

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

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

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

Mrs. Evans spoke to the remaining nursing staff.

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

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

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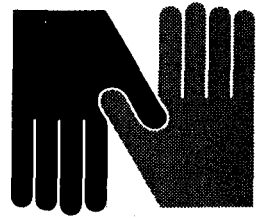
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Telephone 071 409 3333  
Fax 071 355 1379

11th January 1992

Mrs A Tubbritt,

**Code A**

ROYAL  
COLLEGE OF  
NURSING



Dear Anita,

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

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

With best wishes for 1992.

Yours sincerely,

**Code A**

Keith Murray

Branch Convenor

**Code A**



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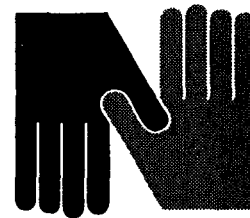
20 Cavendish Square  
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11th January 1992

Mrs Beverley Turnbull,

**Code A**

ROYAL  
COLLEGE OF  
NURSING



Dear Beverley,

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With best wishes for 1992.

Yours sincerely,

**Code A**

Keith Murray

Branch Convenor

**Code A**



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

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Please address your reply to Conduct Case Presentation Section, CPD  
Fax **Code A**

19 September, 2002

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

*Dr [Code A] has  
of a been  
replied by  
Dr [Code A]  
copy to  
[Code A]*

Dear Dr Old

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

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**  
Direct Fax: **Code A**  
Email: **Code A**

Your reference  
In reply please quote

MK/2000/2047

**GENERAL  
MEDICAL  
COUNCIL**

Please address your reply to Conduct Case Presentation Section of FPD *helping patients,  
guiding doctors*

Fax: **Code A**

16 September, 2002

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

Dear Ms Miller

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

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

Yours sincerely

**Code A**

Michael Keegan  
Conduct Case Presentation Section

**Code A**

Email: **Code A**



13/09/2002 16:24

Code A

:": LTD

PAGE 01

# Code A

13 September 2002.

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

Dear Mr Keegan.

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

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

# Code A

TEL

Code A

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

Yours sincerely,

Code A

Your reference  
In reply please quote

MK/2000/2047

**GENERAL  
MEDICAL  
COUNCIL**

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

12 September, 2002

Ms G M MacKenzie

**Code A**

Dear Ms McKenzie

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

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

Yours sincerely

**Code A**

Michael Keegan  
Conduct Case Presentation Section

**Code A**

Email: **Code A**

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
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MK/2000/2047

Please address your reply to Conduct Case Presentation Section, FRD

Fax **Code A**

12 September, 2002

Mr B Page

**Code A**

Dear Mr Page

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

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

Yours sincerely

**Code A**

Michael Keegan  
Conduct Case Presentation Section

**Code A**

Email: **Code A**

Your reference  
In reply please quote

MK/2000/2047

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

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

Fax: **Code A**

12 September, 2002

Mr I Wilson

**Code A**

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**Code A**

**Michael Keegan  
Conduct Case Presentation Section**

**Code A**

Email: **Code A**

Your reference  
In reply please quote

MK/2000/2047

**GENERAL  
MEDICAL  
COUNCIL**

Please address your reply to **Conduct Case Presentation Section, EPD** *protecting patients,*

Fax **Code A** *guiding doctors*

12 September, 2002

Mrs M Jackson

**Code A**

Dear Mrs Jackson

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Conduct Case Presentation Section**

**Code A**

email: **Code A**

Your reference  
In reply please quote

MK/2000/2047

**GENERAL  
MEDICAL  
COUNCIL**

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

12 September, 2002

Mr C R S Farthing

**Code A**

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**Code A**

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Email: **Code A**

Your reference  
In reply please quote

Chief supt/JJ/DM  
MK/2000/2047

**GENERAL  
MEDICAL  
COUNCIL**

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

12 September, 2002

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

Dear C.I. James

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Conduct Case Presentation Section

**Code A**

Email: **Code A**















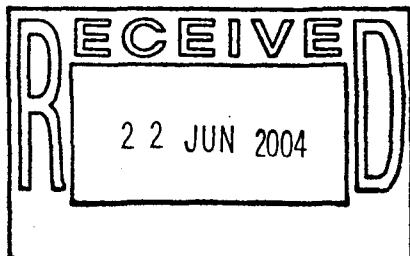
## HAMPSHIRE CONSTABULARY

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

Fareham Police Station  
Quay Street  
Fareham  
Hampshire  
P016 ONA

Our Ref.

Your Ref.



Tel. 0845 0454545  
Fax. 023 92891663

21<sup>st</sup> June 2004

Ms L Quinn  
Conduct Case Presentation Section  
General Medical Council  
178 Great Portland Street  
London, W1W 5JE

Dear Ms Quinn,

**Re: Operation Rochester, Investigation into deaths of Patients at Gosport War Memorial Hospital**

I am writing to you today to further update the GMC regarding the above investigation as promised at our meeting on the 27<sup>th</sup> February this year.

The police have now received the findings of the key clinical team in relation to the reported deaths of patients at the hospital and have prioritised the further investigation of a number of these cases. In respect of these cases we have identified a large number of key medical staff who we intend to interview and obtain witness statements from. It is possible that these interviews could be protracted and therefore take some time.

Once these statements have been obtained and reviewed they will be served on all the relevant parties. The police in consultation with the Crown Prosecution Service will at that stage seek to review our position in respect of disclosing these papers to you as soon as possible thereafter. This strategy has been discussed with the Chief Medical Officer who is in agreement with our course of action.

If there are any further questions that I can answer at this stage of the investigation please do not hesitate to contact me or any of my officers.

Yours Sincerely,

**David Williams**  
**Detective Chief Inspector**











Internal memos +  
emails

**Paul Hylton** **Code A**

---

**From:** Paul Hylton **Code A**  
**Sent:** 17 Sep 2004 12:35  
**To:** Paul Philip **Code A**  
**Cc:** Peter Swain **Code A**  
**Subject:** Dr Jane Barton

**Importance:** High

Paul

Please see attached.



Barton memo to  
Paul Philip 17-...

Paul

**Memorandum**

**To** Paul Philip  
**From** Paul Hylton  
**Date** 17 September 2004  
**CC** Peter Swain

**Dr Jane Barton**

1. I have now had an opportunity to review the information disclosed to the GMC by Hampshire Police on 10 September 2004. The information contains medical records, clinical team screening forms, reviews of expert reports, police officer reports and case reviews by Matthew Lohn, and relates to 19 cases in which the Police and medical experts have determined that the treatment by Dr Barton was "sub-optimal". Only one of those cases, that of Eva Page, has previously been considered by the IOC and PPC.
2. Critically, the police definition of sub-optimal treatment appears to be treatment that was neither negligent nor intended to cause harm. It could be argued that given the definition of spm as outlined in the case of *Preiss -v- General Dental Council*, it could not be properly arguable that sub-optimal treatment is capable of constituting spm. However, as these matters do not concern a single isolated incident it is difficult to see how *Preiss* could apply.
3. Having reviewed the information, it would appear that in respect of 14 of the 19 patients the expert's preliminary report indicates that it may be properly arguable that Dr Barton's alleged conduct is capable of constituting spm. I have based this opinion on the comments made in the Clinical screening forms and Matthew's reviews. What we do not have at this time are any detailed expert reports, and I am currently trying to ascertain from the Police whether there are any more detailed expert reports than those already disclosed. If there are more detailed reports available then we would have to consider whether we would need to put them before the IOC or whether the reviews we currently have are sufficient.
4. The information does not include details of the other four other cases previously considered by the IOC. I am currently trying to ascertain the status of these cases. However, given the nature of the albeit limited information previously made available to us by the Police it would not be unreasonable to assume that the other 4 cases are among those cases currently being considered by the CPS.
5. I will compile a bundle to be considered by the President for referral to the IOC next week. I will also contact the Police again in order to try and obtain

any information they feel able to disclose in respect of the cases currently being considered by the CPS. Clearly, it is important that we give the IOC as full a picture as possible of the matters under investigation. If nothing else, we should try and get from the Police a statement confirming that a criminal investigation is still taking place, outlining the broad nature of the allegations, and stating how many patients are involved.

**Code A**

**Paul Hylton**  
**Conduct Case Presentation Section**

Update is at  
7 May 04

2000/2047  
Dr Jane Barton

Date of PPC referral to PCC: 28 August 2002

Considered by IOC on three occasions – June 2001, March 2002 and September 2002 – no order made

GMC solicitors: None at present

The GMC's case against Dr Barton began in July 2000 following referral by the Hampshire Constabulary which had started an investigation into the circumstances surrounding the death of Gladys Richards, a geriatric patient at Gosport War Memorial Hospital. The police investigation was subsequently extended to four other deaths, Arthur "Brian" Cunningham, Alice Wilkie, Robert Wilson and Eva Page.

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The case has been referred to IOC on 3 occasions (June 2001, March 2002 and September 2002) for consideration of whether Dr Barton's registration should be restricted prior to hearing before the PCC.

On 28 May 2002, Mrs Mackenzie (daughter of the late Gladys Richards) wrote to the GMC. She copied the letter to David Blunkett MP, Hampshire Constabulary, Nigel Waterson MP, Peter Viggers MP, the Police Complaints Authority, the CPS and David Parry of Treasury Counsel. She was concerned about the failures of the police investigation. As a result, the police investigation was reopened. In July 2002, the then Commission for Healthcare Improvement published a report entitled "Gosport War Memorial Hospital Investigation into the Portsmouth Healthcare NHS Trust". The report did not name Dr Barton specifically, but referred to the criminal investigations and criticised the systems in place at the time.

On 30 July 2002, Mrs Mackenzie informed the GMC that the police were seeking advice from the CPS about the investigations and as a result were reconsidering the 5 cases. In November/December 2002, following discussions between the police and the CPS, it was decided that the police investigation should be continued and expanded, and FFW was asked to consider postponing the PCC hearing (which at that point was anticipated to take place in April 2003). Accordingly the case was removed from the GMC's lists.

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On 2 October 2003, I wrote to the police indicating that the GMC was considering referring Dr Barton's case yet again to the Interim Orders Committee and requesting a detailed written summary of the evidence they had obtained, including any report prepared by the team of experts. The police replied on 6 October 2003, confirming the content of their discussions with me on 30 September 2003 and stating: "... our primary concern always is the safety of the public. That said, we are also expected to investigate serious allegations such as those involved here in a professional and ethical manner. We therefore have to strike a balance between conducting our investigation in the appropriate fashion whilst realistically assessing the risk to public. Put simply, our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton."

A Medical Screener of the GMC again considered the case with a view to referring Dr Barton to the Interim Orders Committee in November 2003. However, the Screener felt that as a result of the lack of new evidence, the IOC would come to the same decision as previously.

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At Paul's request, Peter Steel wrote to the Hampshire Constabulary on 5 May 2004 setting out our position and asking when they think their investigations will be concluded, with what result, and to reconsider whether there is any information they can release to us now.

There is a patients' group in connection with Dr Barton's case, and it is represented by Alexander Harris.

Linda Quinn  
7 May 2004

Was Linds

**Complaints on FPD against Dr Jane Barton****1. 2000/2047**

Complainants

a. Hants Constabulary (R J Butt)

b. M Wilson

Category: dishonesty/criminality

Location of papers 10/6/04 Paul Hylton

Complaint 1, closed 11/2/02

Complaint 2, arrange PCC hearing 29/8/02

Complaint 43, closed 4/7/02

**2. 2002/0553**

Complainant: Ann Reeves

Category: substandard clinical practice/substandard treatment

Closed 10/6/02 (not SPM/SDP)

Location of papers: Recall

**3. 2002/0941**

Complainant: Marilyn Jackson

Category: other

29/8/02 arrange PCC conduct hearing

Location of papers: Paul Hylton

[complaint included complaints about  
Phillip Beed (closed as not about a doctor)  
Althea Lord (not SPM/SDP)]

**4. 2002/1345**

Complainant: R Carby

Category: dishonesty/criminality

Location of papers: Paul Hylton

16/4/04 "await outcome of criminal process"

**5. 2003/1509**

Complainant: Emily Yeats

No category listed

Location of papers: 7/10/03 – Recall

Closed 29/8/03 "as principal party does not wish to proceed"

smb 14/6/04



Andy  
Need files  
what are these  
abt

**Complaints on FPD against Dr Jane Barton**

Toni / Louise / Andy / Paul  
Chris - meet  
lunchtime 12.00.

**1. 2000/2047**

Complainants  
a. Hants Constabulary (R J Butt)  
b. M Wilson  
Category: dishonesty/criminality  
Location of papers 10/6/04 Paul Hylton  
Complaint 1, closed 11/2/02  
Complaint 2, arrange PCC hearing 29/8/02  
Complaint 43, closed 4/7/02

PH getting update  
from Linda

+  
CM getting x2 recall  
files.

**2. 2002/0553**

Complainant: Ann Reeves  
Category: substandard clinical practice/substandard treatment  
Closed 10/6/02 (not SPM/SDP)  
Location of papers: Recall

**3. 2002/0941**

Complainant: Marilyn Jackson  
Category: other  
29/8/02 arrange PCC conduct hearing  
Location of papers: Paul Hylton

AKBP  
)

[complaint included complaints about  
Phillip Beed (closed as not about a doctor)  
Althea Lord (not SPM/SDP)]

**4. 2002/1345**

Complainant: R Carby  
Category: dishonesty/criminality  
Location of papers: Paul Hylton  
16/4/04 "await outcome of criminal process"

NA added to cases at PCC  
not at IOC as info from  
IOC SEPT 2002

**5. 2003/1509**

Complainant: Emily Yeats  
No category listed  
Location of papers: 7/10/03 - Recall  
Closed 29/8/03 "as principal party does not wish to proceed"

The police insufficient  
(Nov 03)

smb 14/6/04

**Paul Hylton** **Code A**

**From:** Louise Povey **Code A**  
**Sent:** 01 Jul 2004 16:31  
**To:** Paul Philip (**Code A**) Toni Smerdon **Code A** Paul Hylton **Code A**  
**Cc:** Peter Swain  
**Subject:** FW: Dr BARTON.

-----Original Message-----  
**From:** Louise Povey **Code A**  
**Sent:** 01 Jul 2004 16:30  
**To:** **Code A**  
**Subject:** RE: Dr BARTON.

Dear Mr Williams  
This is very good news and I look forward to seeing you and DCS Steve Watts on Tuesday 6 July at 9am. Paul Philip (Director of Fitness to Practise), Toni Smerdon (Principal Legal Advisor) and Paul Hylton (Legal Assistant) will also be at the meeting. I note that you have to leave at 10am.

We are very pleased that you are now in a position to release information. Our immediate concern is whether this case should be referred to our Interim Orders Committee (IOC) which could limit the doctor's registration. Information which would assist us in this regard is the extent of the police's concerns (e.g. the patient names and number of cases the police are considering) and the reasons for those concerns. Would a police representative be willing to provide a statement for the IOC or attend the IOC meeting?

More generally, we would also be very interested to learn what information the police can disclose about its investigation, which witnesses/lines of enquiry would the police object to us pursuing and the future timetable of the case.

Yours

Louise Povey  
Manager, Special Projects

-----Original Message-----  
**From:** **Code A**  
**Code A**  
**Sent:** 30 Jun 2004 12:03  
**To:** **Code A**  
**Subject:** Dr BARTON.

Mrs POVEY.

I have recently returned from leave.  
I will be in London visiting the CPS on Tuesday the 6th July 2004.  
I understand that you work Tuesdays and Thursdays.  
Would you like to meet about 0900hrs to discuss ongoing investigations/timescales etc.

Regards.

Dave WILLIAMS.  
Detective Chief Inspector.

**Code A**

\*\*\*\*\*  
This electronic message contains information from Hampshire Constabulary which may be legally privileged and confidential. Any opinions expressed may be those of the individual and not necessarily the Hampshire Constabulary. The information is intended

2000/2047  
Dr J A Barton

**Chronology for GMC case (to 18 May 2004)**

27/07/00	Hampshire Constabulary notify GMC of allegation by Gladys Richards' family that she had been unlawfully killed as a result of treatment received at Gosport War Memorial Hospital and confirmed that Dr Barton appeared to be responsible for her care.
June 2001	IOC considered and made no order.
February 2002	CPS decide not to proceed with criminal case. Disclosure to GMC of Crown's papers which included a report on the management of a further four patients at Gosport War Memorial Hospital.
21 March 2002	IOC considered again, including the additional information on the four patients, and made no order.
29 August 2002	PPC considered and referred the five cases to PCC.
August 2002	Police send their case papers to CPS because of concerns by family members that there was no case to be raised against Dr Barton.
19 September 2002	IOC considered and made no order.
19 September 2002	Hampshire and Isle of Wight NHS Health Authority sent to GMC a file of correspondence relating to concerns about the use of diamorphine on patients in 1991. GMC consulted Matthew Lohn as to whether this merited a further referral to IOC.
9 October 2002	Matthew Lohn replies that "... Screeners would be misdirecting themselves if, having seen the new papers, they were to refer the matter for further consideration by the IOC".
September/October 2002	Police reopened their investigation and the GMC's investigation put on hold. Police decide to investigate all deaths of patients under Dr Barton's care at the Hospital.

30 September 2003	Police meet with Linda Quinn, GMC, and said that following a review by experts, the findings in respect of the patients' deaths were that 25% were optimal, 50% were sub-optimal but causation unclear, 25% cause of death unclear (all percentages approximate). Police asked whether the case would be reconsidered by IOC on the basis of this information, but would not agree to disclose any of their papers because they knew that GMC would have to disclose to doctor if the case were to go back to IOC.
October 2003	Matter referred to Screener, with all available information. Screener does not consider that it should go back to IOC.
7 January 2004	LQ requests update on progress from police.
28 January 2004	Police indicate that unable to provide further information at that point.
6 February 2004	LQ confirms to police that GMC inquiries on hold pending conclusion of their investigations.
February 2004	Paul Philip meets with CMO, at CMO's request, to discuss Barton case and Richard Baker's report (which PP had not seen in advance of meeting).
27 February 2004	Meeting between GMC (Paul Philip, Jackie Smith and Linda Quinn), Hampshire Constabulary (DCS Watts, DI Niven and one other) and FFW (Matthew Lohn). To summarise police's position, they were still investigating, did not know when the investigation would be complete, did not know when they would be ready to interview Dr Barton, and were not willing to give the GMC any information/evidence unless the GMC guaranteed not to pass it on to Dr Barton.
5 May 2004	Peter Steel wrote to Hampshire Constabulary.

**TELEPHONE NOTE (LF5)**

1.	<b>DATE:</b>	18 May 2004
2.	<b>TIME:</b>	15:30
3.	<b>FROM:</b>	Linda Quinn
4.	<b>TO:</b>	Matthew Lohn, FFW
5.	<b>RE:</b>	Dr J A Barton (2000/2047)
6.	<b>MESSAGE:</b>	<p>Rang Matthew to discuss his request for a copy of the IOC transcript from September 2002 in respect of Dr Barton. Reminded him that the GMC had said it would not disclose the t/s to the Police until it had a written request from them, with reasons, as to why they want it and why we should not be telling Dr Barton that we had disclosed it to the Police.</p> <p>Matthew said he was not acting for the police in the matter for which he had accepted instructions from the GMC. He had been asked to seek a declaration on disclosure from Mark Shaw, and it was for that reason that he needed the IOC t/s. He said he is still acting for the Police in other ways, so I asked whether he would be obliged to give them the t/s. He said no, because they had not asked for it. At my further question, he said that if they did ask for it, he would return it to us, without copying it to them.</p> <p>I said I would forward t/s with the other documentation, hopefully today.</p>
7	<b>TIME ENGAGED ON CALL:</b>	5 mins

Linda Quinn Code A

From: Andrew Wood Code A
Sent: 17 May 2004 10:47
To: Linda Quinn Code A
Subject: FW: Barton

Linda

Please note Matthew's e-mail below. I would be grateful if you could discuss with Matthew direct, regarding information he requires etc

Thanks

Andy

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

From: Lohn, Matthew Code A
Sent: 14 May 2004 07:12
To: GMC - Code A
Subject: Barton

Andy

I know you are obtaining for me the documents relating to the correspondence with the Police. Could you also when sending the material over provide me with a copy of the IOC transcript and a short chronology of the GMC's handling of the matter.

Many thanks

Matthew

MATTHEW LOHN
Partner
Public and Regulatory Law

Code A

www.ffw.com

\*\*\*\*\*

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\*\*\*\*\*

**2000/2047**  
**Dr Jane Barton**

**Date of PPC referral to PCC: 28 August 2002**

**Considered by IOC on three occasions – June 2001, March 2002 and September 2002 – no order made**

**GMC solicitors: None at present**

The GMC's case against Dr Barton began in July 2000 following referral by the Hampshire Constabulary which had started an investigation into the circumstances surrounding the death of Gladys Richards, a geriatric patient at Gosport War Memorial Hospital. The police investigation was subsequently extended to four other deaths, Arthur "Brian" Cunningham, Alice Wilkie, Robert Wilson and Eva Page.

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Linda Quinn  
7 May 2004



Linda Quinn Code A

From: Linda Quinn Code A  
Sent: 16 Apr 2004 16:07  
To: Kate Walmsley  
Cc: Blake Dobson Code A  
Subject: RE: Case needs updating

Kate

Unrelated doctor information Unrelated doctor information Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information Unrelated doctor information Unrelated doctor information

2002/1345 - more difficult, I have updated to criminal investigation underway, but suspect that this is still a screening stage. Other cases against Dr Barton have already been through PPC but are on hold due to police investigation, and this one also had to be put on hold.

Linda

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

From: Kate Walmsley Code A  
Sent: 16 Apr 2004 12:33  
To: Linda Quinn  
Cc: Blake Dobson Code A  
Subject: Case needs updating  
Importance: High

Dear Linda,

These cases are under your name but still in screening can you please update on FPD system today please or give a reason as to why it is still in a screening stage.

Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information

2002/1345/01 1587920 - Barton, Jane Anh

Kind Regards  
Kate

Linda Quinn Code A

**From:** Paul Philip Code A  
**Sent:** 15 Mar 2004 15:52  
**To:** Linda Quinn Code A Jackie Smith Code A  
**Subject:** Re: Dr Barton

Linda,

Thank's for this. Could you chase up Mary in relation to her writting the letter I wanted to send to the police.

Thanks

Paul

-----  
 Sent from my BlackBerry Wireless Handheld

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

**From:** Code A  
**To:** Paul Philip Code A; Jackie Smith Code A  
Code A  
**Sent:** Mon Mar 15 15:16:00 2004  
**Subject:** Dr Barton

Paul, Jackie

I have checked the Barton files to ascertain what we know about Dr Barton having made a voluntary undertaing not to prescribe opiates and benzodiazepines. From our information, it does not appear that she is subject to any undertaking at present, although she has been in the past, as follows:

We have a copy of a letter from Dr Old, Acting Chief Exec of the Health Authority, to Dr Barton, dated 13 February 2002, in which it is noted that Dr Old and Dr Barton had agreed on 12 February 2002 that she "would voluntarily stop prescribing opiates and benzodiazepines with immediate effect" and that "We were unable to put a timescale on these restrictions but agreed to review the situation monthly." On 21 March 2002 Dr Barton confirmed to IOC under oath that she was "not prescribing any opiates or benzodiazepines at the moment".

At IOC in September 2002 Dr Barton's counsel informed the Committee that Dr Barton "continues to work full time as a GP subject to other matters. She does not routinely prescribe benzodiazepines or opiates." Counsel then referred to the condition Dr Barton had previously agreed with the Health Authority and said that the HA had lifted the condition. He then noted that that was the only change in Dr Barton's circumstances since March 2002.

We have had not information on this prescribing point since the last IOC meeting in September 2002.

However I have recently clarified with Fareham and Gosport PCT Dr Barton's relationship with the Gosport War memorial Hospital. They have confirmed that Dr Barton was never an employee of the hospital, but that her GP practice is part of a bed fund (enabling local GP practices to admit their patients for appropriate care, supervised by the GP and paid for by the PCT. Approximately 19 months ago Dr Barton agreed voluntarily not to admit patients to the hospital nor supervise any patients n the hospital, and this is the current position.

I will confirm to the police that Dr Barton has not made any voluntary undertaking to the GMC.

Linda

**Linda Quinn** **Code A**

---

**From:** Linda Quinn **Code A**  
**Sent:** 15 Mar 2004 15:16  
**To:** Paul Philip **Code A** Jackie Smith **Code A**  
**Subject:** Dr Barton

Paul, Jackie

I have checked the Barton files to ascertain what we know about Dr Barton having made a voluntary undertaking not to prescribe opiates and benzodiazepines. From our information, it does **not** appear that she is subject to any undertaking at present, although she has been in the past, as follows:

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I will confirm to the police that Dr Barton has not made any voluntary undertaking to the GMC.

Linda

21-FEB-2002 14:47 FROM IOWP&SEH HA CE OFFICE

TO Code A

F.02

# Isle of Wight, Portsmouth and **NHS** South East Hampshire Health Authority

Finchdean House  
Milton Road  
Portsmouth PO3 6DP

Direct Line  
Direct Fax Code A

Tel: 023 9283 8340  
Fax: 023 9273 3292

Our Ref: PO/JD/021302jb.doc

13 February 2002

Private & Confidential  
Dr Jane Barton

Code A

Dear Dr Barton

Following our meeting last night I wish to set out the basis of our agreement. I have shared this letter with Dr Ian Reid since it relates, in part, to the Gosport War Memorial Hospital.

- We agreed that you would cease to provide medical care both in and out of hours for adult patients at Gosport War Memorial Hospital.
- We agreed that you would voluntarily stop prescribing opiates and benzodiazepines with immediate effect.
- We were unable to put a timescale on these restrictions but agreed to review the situation monthly.

In view of the anticipated press interest, the Health Authority and Portsmouth HealthCare NHS Trust have prepared a draft statement which we have attached for your perusal.

Many thanks for your co-operation.

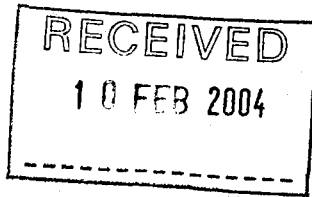
Yours sincerely

Code A

Code A  
Dr Peter Old  
Acting Chief Executive  
Code A

Attachment

Fareham and Gosport **NHS**  
Primary Care Trust



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

Tel: 01329 233447  
Fax: 01329 234984

Ms Linda Quinn  
Senior Case Worker  
General Medical Council  
Fitness To Practice Directorate  
178 Great Portland Street  
LONDON  
W1W 5JE

9 February 2004

Dear Ms Quinn

Further to my telephone conversation with you today, I can confirm that the practice in which Dr Jane Barton (a local GP in the Gosport area) is based is part of a 'bed fund'. This fund is designed to enable local GP practices to admit their patients for appropriate care, supervised by the GP, paid for by the PCT as a service.

Approximately, 18 months ago Dr Barton agreed voluntarily not to admit patients to the hospital nor supervise any patients in the hospital.

This is the current position and it has not changed over time.

As Dr Barton is a GP her relationship with the PCT is one of providing a service for which payment is made, consequently she is not an employee and the issue of suspension in any form does not apply in this case.

I trust this clarifies matters. Please contact myself or Ms Fiona Cameron, Director of Nursing and Clinical Governance should you require any further information.

Yours sincerely

**Code A**

Alan Pickering  
Deputy Chief Executive

Linda Quinn [Code A]

---

From: Jackie Smith [Code A]  
 Sent: 12 Feb 2004 07:48  
 To: Linda Quinn [Code A]  
 Subject: FW: Dr Barton and a report from Prof Baker

Linda

Please see below.

Jackie

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

From: Paul Philip [Code A]  
 Sent: 11 Feb 2004 21:02  
 To: Neil Marshall [Code A]; Sheila Bennett [Code A];  
 Jackie Smith [Code A]; Toni Smerdon [Code A]; Christine  
 Couchman [Code A]; Blake Dobson [Code A]  
 Subject: Dr Barton and a report from Prof Baker

Dear all,

I met the CMO this morning to discuss the case of Dr Barton. He agreed to share with me the report prepared by Prof Baker on this matter. He is doing so in complete confidence and without any consent for us to use it or in anyway disclose this to the doctor. This means that we cannot use it to trigger a further referral to the IOC, which I understand would not be merited on its content in any event.

Should this arrive whilst I am on leave please keep hold of it and do not in any circumstances put this into our process.

Neil could you let Peter L know this and Jackie Linda Quinn. Likewise Blake with his CWMs. We must ensure this is not disclosed outside the GMC.

Paul

-----  
 Sent from my BlackBerry Wireless Handheld

Linda Quinn **Code A**

---

**From:** Linda Quinn **Code A**  
**Sent:** 10 Feb 2004 14:52  
**To:** Toni Smerdon **Code A**  
**Subject:** Dr Barton

I handed to you yesterday a recent letter from the police. Today I have had a telephone call from them and attach my note of that call.



phone  
-hampshire constab

Linda

**GMC Legal****TELEPHONE NOTE (LF5)**

1.	<b>DATE:</b>	10 February 2004
2.	<b>TIME:</b>	12:00
3.	<b>FROM:</b>	D I Nigel Niven, Hampshire Constabulary
4.	<b>TO:</b>	Linda Quinn
5.	<b>RE:</b>	Dr J Barton
6.	<b>MESSAGE:</b>	<p>DI Niven rang to inform me that, following the categorisation of the deaths (see file note of 30.9.03) and the completion of the quality assurance check by Matthew Lohn, he would be contacting the families this week to inform them as to which category was applicable to their deceased relative. Some people had requested letters, others had requested personal visits. DI Niven will send letters on Wednesday, 11 February 2004, and be making the personal visits on the Thursday. He has notified us as a courtesy, in case any of the families involve the press.</p> <p>DI Niven said that it is effectively the end of the process for some of the families, but he will be explaining that they may be asked for medical records etc by the GMC or the Nursing regulatory body in the future, and he said he would seek permission now, while informing people of decisions, to be able to pass on such documents in the future.</p> <p>We agreed that it might be useful for us to meet in March.</p>
7	<b>TIME ENGAGED ON CALL:</b>	5 mins



(5-2-04)  
Dr Barton

Alan Pickering  
Grosport PCT?

Bed Fund

GP beds, they can admit to,

Voluntarily agreed not to admit,  
and not dealing with patients  
at the hospital.

---

PCT pay GPs to look  
after their patients in hosp  
bed.

Indeepe

writing to me or to confirm  
what he told me

**GMC Legal****TELEPHONE NOTE**

1.	<b>DATE:</b>	5 December 2003
2.	<b>TIME:</b>	
3.	<b>FROM:</b>	Toni Smerdon
4.	<b>TO:</b>	Martin Smith, Blackstone Chambers
5.	<b>RE:</b>	Barton
6.	<b>MESSAGES:</b>	
		TS telephoning MS to ask whether Robert Englehart would be available to provide a separate advice on another case of similar urgency. RE will be available to deal with the papers and the file should be sent directly to him.
7.	<b>TIME ENGAGED ON CALL:</b>	6 minutes

Linda Quinn **Code A**

From: Simon Haywood **Code A**  
 Sent: 04 Dec 2003 14:50  
 To: Linda Quinn **Code A**  
 Subject: Dr Jane Barton

Linda,

I thought you should know that I have had a discussion with Blake Dobson about this case today, who has been asked to brief Paul Philip, in particular about what has been done to see whether this doctor is a risk to patients, and whether or not the doctor should be suspended.

I had a quick look through the papers and confirmed with Blake the steps that had been taken, including the recent referral to Prof. Savage, with regard to IOC. He asked whether there had been any attempt to liaise with the Dr's employers to see whether they needed to consider suspending the doctor. I said I could not see any evidence of this, although it seemed there was a voluntary agreement that Dr Barton would not prescribe certain drugs.

Blake and Paul are concerned that the Police and the DoH seem very concerned about this doctor, but neither has apparently been able to provide us with any further evidence to allow us to act.

If you are able to add anything to this, particularly about what contact we might have had with the doctor's employers, please could you give Blake a quick call?

I explained that you would be unlikely to get out of PPC before 5.00 at the earliest.

Thanks

Simon

Spoke to Blake at 5pm.  
 Confirmed that post PPC letter  
 went to Hampshire - Isle of Wight  
 Practitioner & Patient Services  
 Agency on 19 Sept 02. Said that  
 we had no recent contact with  
 them. Said would discuss Blake's  
 suggestion re asking employer if  
 they had considered suspending  
 Dr Barton with Toni Smerdon.

Subsequently discussed with Toni. She  
 confirmed that COMC has no remit to be  
 suggesting suspension to an employer.

**Code A**

**GMC Legal****TELEPHONE NOTE (LF5)**

1.	DATE:	3 December 2003
2.	TIME:	14:20
3.	FROM:	Linda Quinn
4.	TO:	Mike Evans of DoH Investigation and Inquiries Unit
5.	RE:	Dr J A Barton
6.	MESSAGE:	

After ensuring that Professor Richard Baker's report/audit in respect of the Gosport War Memorial Hospital was not already with the GMC, I telephoned Mike Evans as his name accompanied the 13 September 2002 press release about the audit. I left a message and Mike Evans subsequently rang me back.

I enquired about the report and by way of explanation, said that my director had been invited to meet with the Chief Medical Officer "in the light of the report".

Mike Evans was aware of this. He confirmed to me that the GMC had not received the report, and added that it would not be issued to us at this stage. He said that the only people who had copies were the CMO and himself. I expressed surprise, having earlier been told by the Hampshire Constabulary that they and the Strategic Health Authority had copies. Mike Evans then said that these two organisations did in fact have copies. However, it was not intended to publish the report, or to circulate it wider on a confidential basis. One reason given by Mike Evans was that the Police investigation must not be prejudiced. I commented that it could be difficult for our Fitness to Practise Director to discuss aspects of the report if he had not had an opportunity to read it.

Mike Evans said the purpose of the meeting was for the CMO to outline the issues raised in the report and agree with Paul /the GMC the best way forward. He added that the report was as a result of an audit of the papers, rather than an investigation, but it reached some fairly strong conclusions. The CMO wished to discuss with Paul the thrust of Professor Baker's findings and whether they raise sufficient cause for concern for decisions already taken to be reversed. If so, how would this be done. (I was not entirely sure to what he was alluding, but following our next exchange it seemed to be clear that he was talking about the IOC decisions of no order.)

I pointed out that Dr Barton was still practising and said that I was aware that the meeting was currently set for 12 January 2004. I asked if, given Professor Baker's conclusions, decisions on the way forward and possible GMC action could wait until then. Mike Evans said this had been considered and that any such decisions could wait.

Mike Evans emphasised that the meeting was for the CMO to impart information, and for GMC processes to be discussed in a broad way, to ascertain what further could be done which fitted with our processes.

I thanked Mike Evans for the information, and said that we may need to contact him again (to which he was very agreeable).

Signed: Linda Quinn

**Code A**

0-12-03

## GMC Legal

TELEPHONE NOTE (LF5)

1.	DATE:	3 December 2003
2.	TIME:	12:30
3.	FROM:	DS Owen KENNY, Case Officer, Hampshire Constabulary <span style="border: 1px solid black; padding: 2px;">Code A</span> (mobile: <span style="border: 1px solid black; padding: 2px;">Code A</span> <span style="border: 1px solid black; padding: 2px;">Code A</span> )
4.	TO:	Linda Quinn
5.	RE:	Dr J A Barton
6.	MESSAGE:	<p>DS Kenny telephoned me in response to the message I had left earlier with D C S Watts' secretary.</p> <p>I asked if Hampshire Constabulary had a copy of the report by Professor Richard Baker. DS Kenny said they did, but that it was highly confidential and a numbered copy had been issued to them. He also told me that a copy had been issued to the Strategic Health Authority. He did not think the GMC had a copy. On the front cover was noted "Final Version, October 2003". DS Kenny said he could not copy his report to us. I assured him that I fully realised this, and said I would approach the DoH about it.</p> <p>As he is Case Officer, we exchanged contact details.</p>
7.	TIME ENGAGED ON CALL:	5 mins

Code A

012-03

**Linda Quinn** **Code A**

---

**From:** Linda Quinn **Code A**  
**Sent:** 03 Dec 2003 16:17  
**To:** Blake Dobson **Code A**  
**Subject:** Dr Barton

Blake - a brief note to keep you posted. I will do a full phone note before I leave today.

Having discovered that the Baker report/audit had been finalised only in October 2003, I tried everywhere possible within the GMC in case it was sitting in someone's tray, and then rang the DoH Investigations Unit. Mike Evans there told me that the GMC did not have a copy, and would not be given one.

My fuller note will give you the reasoning behaind this, and my responses.

I know the meeting is fixed for 12 Jan, so hope you don't mind waiting an extra hour or so!

Linda

Linda Quinn **Code A**

---

From: Blake Dobson **Code A**  
 Sent: 03 Dec 2003 09:41  
 To: Linda Quinn **Code A**  
 Subject: FW: Gosport War Memorial Hospital

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

From: Blake Dobson **Code A**  
 Sent: 03 Dec 2003 09:35  
 To: Blake Dobson (**Code A**) (E-mail)  
 Subject: Gosport War Memorial Hospital

Linda,

to summarise my interest, further to an invite to Paul Philip to discuss this case with the CMO he asked me to find out re a reply to our letter of 2/10/03 to Hampshire police and the issue of the "Baker report".

We did receive a reply on 13th October. The police said:

- they are investigating a significant number of deaths at GWMH where experts have taken the view that care (implied Dr Barton's) was negligent
- they cannot disclose information to us if it will in turn be disclosed to Dr B, although they would appreciate reassurance from us that we could avoid passing this information to her and on this basis might work more closely with us
- on this basis they think further assessment is required in relation to the risk that Dr B poses to patients, given that their investigation centred only on GWMH
- that we would be aware that Prof Richard Baker was tasked with conducting some analysis by the CMO with a wider remit than theirs and outcome unknown (to the police). The police imagined that any conclusions he reached might be useful to us in our deliberations.
- They will need to interview Dr B at length again
- They look forward to hearing from us so we can discuss how to progress the matter further.

Subsequently, on 5th November, Wendy screened this cases again for an IOC referral and felt referral inappropriate. I assume Wendy had the letter from the police in her possession? *Yes*

You are going to let me know whether we have this Baker report on file or not. If we do, did Wendy see it? If not, is there any other reference to it within the papers or dialogue with the CMO's office?

Given the police's letter we need to consider how we respond quickly. Perhaps you could let me know how you propose to respond? I am concerned that the police say quite clearly that they think further assessment is required in relation to the risk posed to patients, presumably through Dr B continuing to practise as a GP. If we disagree we need to be clear on why we disagree.

Many thanks for your help, please can you let me know today?

Blake.



F

Case 469 2000/2047 (Manchester)  
Received 5.11.03. returned 6.11.03  
**Dr Barton vs Hampshire Constabulary**



Dear Linda,

Thank you for referring this case which has already been referred to the PCC but postponed whilst the Police continue their enquiries. This doctor has already been referred to the IOC in June 2001 in respect of one case, In Feb 2002 when the CPS decided to take no action but papers were disclosed to the GMC about 4 patients who had died in Gosport War Memorial Hospital and in September 2002 by the president after PPC had referred to PCC but not IOC and on each occasion no order was made.

Taking into account Matthew Lohn's opinion at para 11 of Toni Smerdon's memorandum, her opinion and the lack of new evidence as the police do not want to disclose anything which may prejudice their case I do not think we should send this case to IOC again.

The doctor is not a danger to the public as she has never had any complaints about her GP work and she has voluntarily agreed to restrict her prescribing of certain drugs. She has resigned from her post at Gosport War Memorial Hospital. If and when the police charge Dr Barton it would be reasonable to send to IOC but in the absence of new evidence I think the same advice would come from the legal assessor as before

I agree that the office should keep the matter under review and refer back if new evidence is disclosed by the police or Dr Barton is formally charged WDS 6.11.03.

**Code A**

**Code A**

*no SDF 4 enclosed - if you want me to sign send on its own*

**Memorandum**

**To** FTP Screener  
**From** Linda Quinn  
Conduct Case  
Presentation Section  
(Code A)  
**Date** 27 October 2003  
**Copy** Jackie Smith

**Dr J A Barton (2000/2047)**

1. I write to give you an update on this case and to seek your view as to whether the matter should be submitted to IOC.
2. I attach a copy of the IOC item prepared for 19 September 2002, when the IOC determined not to make an order restricting Dr Barton's practice (flag 4).
3. I have recently met with the police who wished to provide the GMC with an update as to their investigations. My note of that meeting is at flag 1.
4. I also attach, at flag 2, a memorandum from Toni Smerdon, In-House Legal Team:
  - a. Paragraphs 2 to 11 give background to the current position, including the outcome of three referrals of the matter to IOC between June 2001 and September 2002;
  - b. Paragraphs 12 to 17 cover the same information as the meeting note;
  - c. Paragraphs 18 to 22 deal with issues surrounding a possible IOC referral at this stage.
5. The Police have responded to my letter requesting more information/evidence and I attach their reply at flag 3. As you will see, the Police do not feel able to supply us with fuller information at present.
6. Therefore I would refer you specifically to paragraphs 21 and 18 of Toni Smerdon's memo.
7. I would be grateful if you would consider whether Dr Barton should be referred to IOC at the present time. An alternative is for the office to keep the matter under close review, continuing to liaise with the Police, and to contact the Screener again if the situation changes.

**Code A**

## File note

2000/2047 - Dr J A Barton

## Meeting with police on 30 September 2003

Present: Detective Chief Superintendent Steve Watts  
 Detective Constable Nigel Niven  
 Linda Quinn

1. I was contacted by DCS Steve Watts of Hampshire Constabulary on Monday afternoon, 29 September 2003. He said that he and a colleague wished to meet with me to give me some information about Dr Barton. We agreed to meet Tuesday morning, 30 September 2003.
2. The meeting commenced with DCS Watts outlining the background to the police investigation of the case and saying that, following the disclosure by Hampshire and Isle of Wight HA of the 1991 file of correspondence in September 2002, the police decided to investigate all the deaths on patients under Dr Barton's care at Gosport War Memorial Hospital.
3. A team of five medical experts was appointed – experts in the fields of toxicology, geriatric medicine, palliative care, general practice and nursing. The experts have now reported on the basis of whether the treatment provided to each of the 62 patients was optimal, sub-optimal, or negligent; and whether the reason for death/harm was natural causes, unclear, or unexplained by natural cause/disease.
4. The medical experts' findings are:
 

Optimal	25% (approximately)	
Sub-optimal but causation unclear	50%	"
Negligent, cause of death unclear (DCS Watts said these give grave cause for concern)	25%	"
5. Matthew Lohn has been appointed by the police to run a quality control check on these findings. I understand that they will not become final conclusions until that check is complete.
6. The police will then appoint further experts to examine in detail the 25% of cases (some 15 or 16) which fall into the category of "negligent, cause of death unclear".

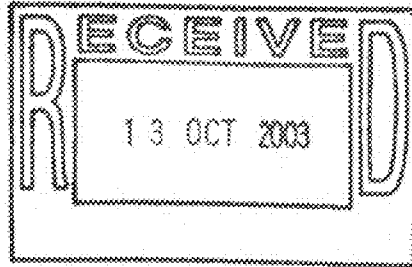
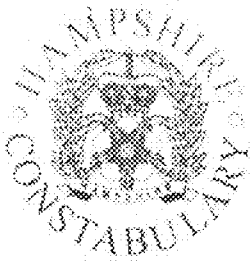
7. The police will not interview Dr Barton until the second team of experts have reported, and they expect this to be January 2004 at the earliest.
8. The police have informed Dr Barton's solicitor (Ian Barker of MDU) that they are concerned about a significant number of cases, but have not conveyed actual numbers.
9. They also keep the families informed, through Alexander Harris, and on Friday, 3 October 2003 they are meeting with someone from the strategic health authority to update them on the investigation.
10. The police asked LQ the case would be reconsidered by the IOC on the basis of the information they were supplying. They fully understood that any papers which were to be seen by IOC would also be disclosed to Dr Barton and her solicitor. They emphasised that they were not able to provide full details of their investigations because this could jeopardise their further investigations and their eventual interview of Dr Barton. However, DCS Watts said they would be able to provide a brief written summary of the current position if we so required. We would have to request it in writing, explaining the reasons for it and why it was in the public interest for the police to supply it, and what action we envisaged taking.

Linda Quinn  
30 September 2003









Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

S Watts MSc DPM MIMgt  
Detective Chief Superintendent  
Head of CID

Tel: 01962 871404  
Fax: 01962 871130  
Telex: 47361 HANPOL

email: Code A

Your ref:

Our ref: SW/ehm

6<sup>th</sup> October 2003

Ms L Quinn  
General Medical Council  
178 Great Portland Street  
London W1W 5JE

Dear Ms Quinn

**Re: Gosport War Memorial Hospital - Operation Rochester**

Thank you for your letter dated 2 October 2003, following our meeting on 30 September 2003 regarding the above matter.

I note your comments, in particular the processes by which the GMC may consider the matter of registration.

The summary which we provided you in respect of our investigation, indicated that a team of clinical experts had examined hospital records in respect of 62 patients at Gosport War Memorial Hospital, under the care of Dr Barton. In a significant number of those cases, the experts take the view that there was negligent care and that the causation of death is unclear. As my colleague DI Niven and I explained, much further work needs to be done to validate and develop these very provisional findings. We took the view, however that the GMC and the relevant Strategic Health Authority should be apprised of this information.

As we explained to you, our primary concern always is the safety of the public. That said, we are also expected to investigate serious allegation such those involved here in a professional and ethical manner. We therefore have to strike a balance between conducting our investigation in the appropriate fashion whilst realistically assessing the risk to the public. Put simply, our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton.



Our investigation has only considered cases up to 1998 and all relate to the treatment of patients at the Gosport War Memorial Hospital. All the cases of concern raise issues in respect of the use of opiates. My understanding at the present time is that Dr Barton is not allowed to work at the Gosport War Memorial Hospital, and is not authorized to prescribe opiates.

On the basis of the above, I think more assessment needs to be conducted to quantify and clarify the risk that Dr Barton continuing to practice currently presents to the public safety. I would emphasize that our investigation has only concerned itself with issues within the Gosport War Memorial Hospital and not in any other area of practice by any medical staff. You will be aware that Professor Richard Baker was tasked with conducting some analysis by the Chief Medical Officer. His remit would have been wider than ours and although I do not know the outcome of his research, I would imagine any conclusions he has reached might assist you in your deliberations.

It is probable that we will need to interview Dr Barton at length. The interview process is predicated upon a detailed strategy which will include a careful consideration of the information supplied to Dr Barton prior to interview. I note that your letter indicates that any information supplied to the GMC will in its totality be supplied to Dr Barton. Any uncontrolled disclosure to Dr Barton has the potential to detrimentally impact upon the investigation, and I therefore would be reluctant to disclose further information until the above issue of risk has been given thorough consideration.

If I were reassured that material would not be passed to Dr Barton or her representatives, I would be willing to consider, at a future time, providing a more detailed disclosure of information to the GMC. We would be more than happy to discuss with the GMC 'Screener' how we may best achieve the maximum disclosure without a detrimental impact upon the investigation.

Finally, in answer to your question, I can confirm that the patients that you name in the second page of your letter of 30 September were included in those reviewed by the team of clinical experts.

I look forward to hearing from you so that we may progress this matter together.

Yours sincerely

**Code A**

Steve Watts

Detective Chief Superintendent  
Head of CID

Case 469 2000/2047 (Manchester)  
Received 5.11.03, returned 6.11.03  
Dr Barton vs Hampshire Constabulary

Dear Linda,

Thank you for referring this case which has already been referred to the PCC but postponed whilst the Police continue their enquiries. This doctor has already been referred to the IOC in June 2001 in respect of one case. In Feb 2002 when the CPS decided to take no action but papers were disclosed to the GMC about 4 patients who had died in Gosport War Memorial Hospital and in September 2002 by the president after PPC had referred to PCC but not IOC and on each occasion no order was made.

Taking into account Matthew Lohm's opinion at para 11 of Toni Smerdon's memorandum, her opinion and the lack of new evidence as the police do not want to disclose anything which may prejudice their case I do not think we should send this case to IOC again.

The doctor is not a danger to the public as she has never had any complaints about her GP work and she has voluntarily agreed to restrict her prescribing of certain drugs. She has resigned from her post at Gosport War Memorial Hospital. If and when the police charge Dr Barton it would be reasonable to send to IOC but in the absence of new evidence I think the same advice would come from the legal assessor as before

I agree that the office should keep the matter under review and refer back if new evidence is disclosed by the police or Dr Barton is formally charged WDS 6.11.03.

Code A

Code A

*no SDF if involved - if you want me to sign send on its own*

*(Fax recd 5.11.03)*  
Code A  
Code A  
Code A

**Memorandum**

**To** FTP Screener  
**From** Linda Quinn  
Conduct Case  
Presentation Section  
( Code A )  
**Date** 27 October 2003  
**Copy** Jackie Smith

**Dr J A Barton (2000/2047)**

1. I write to give you an update on this case and to seek your view as to whether the matter should be submitted to IOC.
2. I attach a copy of the IOC item prepared for 19 September 2002, when the IOC determined not to make an order restricting Dr Barton's practice (flag 4).
3. I have recently met with the police who wished to provide the GMC with an update as to their investigations. My note of that meeting is at flag 1.
4. I also attach, at flag 2, a memorandum from Toni Smerdon, In-House Legal Team:
  - a. Paragraphs 2 to 11 give background to the current position, including the outcome of three referrals of the matter to IOC between June 2001 and September 2002;
  - b. Paragraphs 12 to 17 cover the same information as the meeting note;
  - c. Paragraphs 18 to 22 deal with issues surrounding a possible IOC referral at this stage.
5. The Police have responded to my letter requesting more information/evidence and I attach their reply at flag 3. As you will see, the Police do not feel able to supply us with fuller information at present.
6. Therefore I would refer you specifically to paragraphs 21 and 18 of Toni Smerdon's memo.
7. I would be grateful if you would consider whether Dr Barton should be referred to IOC at the present time. An alternative is for the office to keep the matter under close review, continuing to liaise with the Police, and to contact the Screener again if the situation changes.

**Code A**







Memorandum

To Paul Philip  
From Linda Quinn  
Date 30 September 2003  
Copy Jackie Smith

Dr J A Barton (2000/2047)

1. I have today met with two officers from Hampshire Constabulary who sought the meeting in order to update the GMC on the progress of their investigations.
2. I attach my note of the meeting at flag A, and for background, I attach a copy of a memo dated 13 September 2002 at flag B.
3. Consideration needs to be given to whether the information supplied by the police this morning (plus the written summary they could provide if asked) is sufficient fresh information for the matter to be referred to IOC.
4. I note from the casefile that when we initially received the 1991 information in September 2002, it was not considered sufficient to go back to IOC with (Peter Swain's email of 24 September 2002 - flag C).
5. However, the police have now had 62 cases involving Dr Barton analysed by a team of experts, and the finding in some 15 or 16 cases are "negligence, cause of death unclear".
6. As can be seen from paragraph 5 of my note, the results are to be quality checked.
7. If the case is to be reconsidered by IOC in the light of new information, it will be necessary to decide whether this should be done after the quality check on the first set of experts' findings, or whether it should be done after the second set of experts report to the police (possibly January 2004).
8. Dr Barton's case has been considered by IOC three times so far, and in each case no order was made.
9. The police are updating Alexander Harris (for the families) this afternoon, and the strategic health authority on Friday 3 October 2003. These updates may generate inquiries to the GMC.

**Code A**

**File note****2000/2047 - Dr J A Barton****Meeting with police on 30 September 2003**

Present: Detective Chief Superintendent Steve Watts  
 Detective Constable Nigel Niven  
 Linda Quinn

1. I was contacted by DCS Steve Watts of Hampshire Constabulary on Monday afternoon, 29 September 2003. He said that he and a colleague wished to meet with me to give me some information about Dr Barton. We agreed to meet Tuesday morning, 30 September 2003.
2. The meeting commenced with DCS Watts outlining the background to the police investigation of the case and saying that, following the disclosure by Hampshire and Isle of Wight HA of the 1991 file of correspondence in September 2002, the police decided to investigate all the deaths on patients under Dr Barton's care at Gosport War Memorial Hospital.
3. A team of five medical experts was appointed – experts in the fields of toxicology, geriatric medicine, palliative care, general practice and nursing. The experts have now reported on the basis of whether the treatment provided to each of the 62 patients was optimal, sub-optimal, or negligent; and whether the reason for death/harm was natural causes, unclear, or unexplained by natural cause/disease.
4. The medical experts' findings are:
 

Optimal	25% (approximately)	
Sub-optimal but causation unclear	50%	“
Negligent, cause of death unclear (DCS Watts said these give grave cause for concern)	25%	“
5. Matthew Lohn has been appointed by the police to run a quality control check on these findings. I understand that they will not become final conclusions until that check is complete.
6. The police will then appoint further experts to examine in detail the 25% of cases (some 15 or 16) which fall into the category of “negligent, cause of death unclear”.



7. The police will not interview Dr Barton until the second team of experts have reported, and they expect this to be January 2004 at the earliest.
8. The police have informed Dr Barton's solicitor (Ian Barker of MDU) that they are concerned about a significant number of cases, but have not conveyed actual numbers.
9. They also keep the families informed, through Alexander Harris, and on Friday, 3 October 2003 they are meeting with someone from the strategic health authority to update them on the investigation.
10. The police asked LQ the case would be reconsidered by the IOC on the basis of the information they were supplying. They fully understood that any papers which were to be seen by IOC would also be disclosed to Dr Barton and her solicitor. They emphasised that they were not able to provide full details of their investigations because this could jeopardise their further investigations and their eventual interview of Dr Barton. However, DCS Watts said they would be able to provide a brief written summary of the current position if we so required. We would have to request it in writing, explaining the reasons for it and why it was in the public interest for the police to supply it, and what action we envisaged taking.

Linda Quinn  
30 September 2003

Memorandum

To Paul Philip

From Venessa Carroll  
CCPS

Date 13/09/02

Copy Jackie Smith  
Finlay Scott  
Stephanie Day  
Peter Swain

Dr Jane Barton

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

#### The history of the case

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

13 September 2002

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

#### **What the case is about**

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

In the information it is alleged that:

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

13 September 2002

- b. Your prescribing to Mrs Page of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. she was started on opioid analgesia in the absence of prior psychogeriatric advice
  - ii. the medical and nursing records do not indicate that Mrs Page was distressed or in pain
  - iii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs were not adequately recorded in medical or nursing records
  - iv. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mrs Page's condition;
3. a. i. On 6 August 1998 Alice Wilkie was admitted to Daedalus Ward at Gosport War Memorial Hospital for observation following treatment at the Queen Alexandra Hospital for a urinary tract infection
- ii. You prescribed diamorphine, hyoscine and midazolam to be administered subcutaneously
  - iii. These drugs were administered to Mrs Wilkie from 20 August 1998 until her death the following day
  - iv. Mrs Wilkie had not been prescribed or administered any analgesic drugs during her time on Daedalus Ward prior to this
- b. Your prescribing to Mrs Wilkie of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. insufficient regard was given to the possibility of alternative milder or more moderate treatment options
  - ii. the prescription for diamorphine, hyoscine and midazolam was undated
  - iii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs were not adequately recorded in medical or nursing records

13 September 2002

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

13 September 2002

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

13 September 2002

6. a. i. On 14 October 1998 Robert Wilson was transferred from to Dryad Ward at Gosport War Memorial Hospital for rehabilitation, following treatment at the Queen Alexandra Hospital for a fractured left humerus
- ii. Between 16 October 1998 and Mr Wilson's death on 18 October 1998 you prescribed oromorph, diamorphine, hyoscine and midazolam
- iii. Diamorphine, hyoscine and midazolam were administered subcutaneously to Mr Wilson via syringe driver from 16 October 1998
- b. Your prescribing to Mr Wilson of opiate and sedative drugs was inappropriate and/or unprofessional in that
  - i. the prescription for diamorphine, hyoscine and midazolam was undated
  - ii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs and the subsequent increases in dosages were not adequately recorded in medical or nursing records
  - iii. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mr Wilson's condition
- c. Your management of Mr Wilson was unprofessional in that you failed to pay sufficient regard to Mr Wilson's rehabilitation needs.

**Michael Keegan** **Code A**

---

**From:** Paul Philip **Code A**  
**Sent:** 24 Sep 2002 17:38  
**To:** Peter Swain **Code A** Michael Keegan **Code A**  
**Subject:** RE: Dr Barton

Peter,

Thanks. I suggest we go ahead as you describe. Does someone need to tell whoever gave us the papers what is happening?

Paul

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

**From:** Peter Swain **Code A**  
**Sent:** 24 Sep 2002 17:10  
**To:** Paul Philip **Code A** Michael Keegan **Code A**  
**Subject:** RE: Dr Barton

These papers are from 1991 and demonstrate that nursing staff raised their concerns at that time about the extent to which diamorphine was used routinely and in considerable quantity for pain relief for terminally ill patients. It is said that some terminally ill patients died as a consequence of that prescribing - though when pressed the nursing staff seemed reluctant to name individual cases. The nursing staff were supported by the RCN representative and there followed some local meetings; but the outcome appears to have been an acceptance that ultimately prescribing is for the clinical judgement of the relevant doctor.

These papers are supporting evidence for the substantive PCC case and as such they should be passed to our lawyers; but they do not provide sufficient grounds for us to invite the IOC to reconsider the case.

Peter

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

**From:** Paul Philip **Code A**  
**Sent:** 24 Sep 2002 15:46  
**To:** Michael Keegan **Code A** Peter Swain **Code A**  
**Subject:** RE: Dr Barton

Peter,

Can you have a look at these please.

Paul

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

**From:** Michael Keegan **Code A**  
**Sent:** 23 Sep 2002 14:01  
**To:** Paul Philip **Code A** Peter Swain **Code A**  
**Subject:** Dr Barton

We have now received from Dr Simon Tanner, Director of Public Health at Hampshire and Isle of White Health Authority, a small file of correspondence, which was passed to the management of Fareham and Gosport Primary Care Trust by a member of staff on 16/9/02.

It includes copies of correspondence from the RCN Branch Convenor to various persons at the Trust and minutes and memoranda regarding meetings held with nursing staff to discuss their concerns about use of diamorphine in the unit.

I will provide copies of the same if you wish.

Michael.















## File Note

Dr J A Barton  
2000/2047

Dr Barton is a GP who held a part-time clinical assistant role in elderly medicine at Gosport War Memorial Hospital (Daedalus and Dryad wards). The Hampshire Constabulary originally referred the information for this case.

The allegations concern high levels of opiate and sedative drugs prescribed and administered to elderly patients, often by syringe driver, most of whom were admitted for rehabilitative and not palliative care.

The Screener had already closed complaints about Dr Barton, failures of communication at the hospital and other matters from relatives, following local / Health Service Ombudsman's reviews with independent medical advice that raised no concerns, as follows:

<u>Case Number</u>	<u>Patient</u>	<u>Relative</u>
2000/0247/03	Mrs Purnell	Mike Wilson
2002/0553	Elsie Devine	Ann Reeves
2002/1345	Stanley Carby	Mrs R E Carby

**Code A**

2002/1608 This arose from the CHI report about the treatment of elderly patients between 1998 and 2001, which makes reference to 10 complaints to the Trust (which are either known or not of concern to us).

PPC considered matter on 29/08/2002 in relation to the following patients, whose names are shown alongside relatives with whom we have been in contact:

<u>Patient</u>	<u>Relative</u>
Eva Page	Bernard Page
Alice Wilkie	Emily Yeats (for her mother, Mrs M Jackson)
Gladys Richards	Gillian McKenzie
Arthur Cunningham	Charles Farthing
Robert Wilson	Iain Wilson

**Code A**

(FFW have been asked to advise on including the case of Mr Carby under Rule 11.)

Screening closed a case concerning patient Dulcie Middleton made by Marjorie Bulbeck.

IOC considered the case on 21 March 2002 and made no order.

Mike Gill, Regional Director of Public Health, took an early interest (as did the CMO) and suggested that the IOC reconsider the matter. The President subsequently referred the case to IOC, which considered it on 19/09/2002, but again made no order on the basis that no new material had come to light since its earlier decision. Simon Tanner of the Isle of White Health Authority then submitted a 'dossier' containing information about concerns raised by nursing staff about prescribing practices in the early 1990's that had, apparently, not been acted upon in any substantive way. Consideration was given to reverting to IOC but it was decided that they did not provide sufficient grounds for such a course (a view subsequently endorsed by Matthew Lohn at FFW).

The CMO commissioned a clinical audit of the hospital to be undertaken by Prof Richard Baker. Police indicated that this was not likely to be concluded in the near future.

Police inquiries, based on one case (Gladys Richards), were closed but then reopened, with an increasingly wide scope of inquiry with the backing of CPS counsel. Initially an additional four cases were considered and, in conjunction with Baker's audit, a larger number of deaths has, and is, being investigated. DCS Watts was appointed the Senior Investigating Officer following some criticism of the earlier SIO. FFW and I have had meetings with DI Nigel Niven and DS Owen Kenny.

A police investigation remains open and, hence, our inquiries are in limbo.

Judith Chrystie at FFW is dealing and has visited CHI, who conducted a review of the hospital, to obtain records of interviews, etc. that might be of use when we can progress our investigation (in the event that the police investigation does not result in a conviction).

All of the relatives of patients whose cases we are progressing are now represented by Messrs Alexander Harris. A number of the relatives were concerned that any GMC inquiry could potentially adversely effect on a criminal prosecution. I reassured them and then Alexander Harris that we had no intention of holding our inquiry until the criminal investigation had finished. Alexander Harris queried why we are dealing with this as an information case when the original concern was raised by relatives. I responded on 18/12/2002 that the information for this particular case (2002/2047) came from the Hampshire Constabulary.

The Police requested from FFW a number of documents, including a copy of the last IOC transcript, in which is recorded Dr Barton's explanation of events. I asked FFW to ask the Police to make their request formally so that consideration could be given to that at a senior level. The Police, in turn, asked FFW to formally request that ! Police have also formally requested that we stay proceedings until the resolution of the criminal investigation.

This case had been listed for PCC on 07/04/2003 but then removed from the list for the above reasons. If and when it is ready to be heard an initial pro-forma should be submitted.

**Code A**







**Michael Keegan** Code A

**From:** Chrystie, Judith  
**Sent:** 16 Jan 2003 13:46  
**To:** 'Michael Keegan' Code A  
**Subject:** RE: Dr Barton

*Email to cancel 20-1-03.  
Asked Code A to rearrange  
(excl. 27+8 + 31/1/03)*

Dear Michael

Many thanks for your email. Sorry for the delay in responding: I have been over at CHI.

Code A 20-1-03

I will update you next week as to the documents and information CHI held and any information DI Niven passes to me on Tuesday. I will also ask him to make a formal request to us for the release of papers suggest that the request is comprehensive to include all the papers we hold - even those that you are content to release now - for the sake of consistency).

See you at 2pm on Wednesday!

Kind regards  
Judith

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

**From:** Michael Keegan Code A  
**Sent:** Wednesday, January 15, 2003 4:39 PM  
**To:** Judith Chrystie (E-mail)  
**Subject:** Dr Barton

Dear Judith,

I have had a chance to speak about disclosure to the Police of the IOC transcript in this case and consequently advise that the Police should make a formal, reasoned request for the same. That request can then be considered at a senior level. This is, as you can imagine, in light of both the sensitivity of this case and the lack of precedent of which we are aware.

I should be grateful if you would communicate this to DI Niven.

Regards

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

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) General Medical Council 178 Great Portland Street London W1W 5JE Tel: +44 (0) 20 7580 7642 Fax: +44 (0) 20 7915 3641

Michael Keegan **Code A**

**From:** Michael Keegan **Code A**  
**Sent:** 19 Dec 2002 13:09  
**To:** Michael Keegan **Code A**  
**Subject:** FW: Dr J A Barton

I spoke to Gill and agreed that, as this case was unlikely to be ready for hearing (following police inquiry) for (potentially) years, it was better to take it out of lists and, when ready, submit an initial pro forma.

Michael Keegan  
 19/12/2002

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

**From:** PCC Lists (Committee)  
**Sent:** 19 Dec 2002 13:06  
**To:** Michael Keegan **Code A**  
**Cc:** PCC Lists (Committee)  
**Subject:** RE: Dr J A Barton

Hi,

just to confirm I have removed this case from the list.

Thanks

Gill

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

**From:** **Code A**  
**Sent:** 18 Dec 2002 11:01  
**To:** **Code A**; PCC Lists (Committee); **Code A**  
**Code A**  
**Subject:** FW: Dr J A Barton

**From:** GMCWEB@GMC-UK.ORG[SMTP:GMCWEB@GMC-UK.ORG]  
**Sent:** Wednesday, December 18, 2002 10:59:52 AM  
**To:** **Code A**  
**Subject:** Dr J A Barton  
**Auto forwarded by a Rule**

**FPD\_Case\_Ref:** 2000/2047  
**Caseworker:** Michael Keegan  
**Doctor\_Name:** Dr J A Barton  
**Provisional\_Listing\_Date:** 7 April 2003  
**Current\_Employer:** Hampshire & Isle of White Health Authority  
**Duration:** 15 days  
**Location\_Practise:** Hampshire  
**Council\_S\_Firm:** Field Fisher Waterhouse  
**Council\_S\_Name:** Judith Christie  
**Council\_S\_Reference:**  
**Defence\_S\_Firm:** MDU  
**Defence\_S\_Name:** Ian Barker  
**Defence\_S\_Reference:**  
**Defence\_S\_Add\_Info:**

19/12/2002

**Amber:****Submit\_B:** Submit**Remote Name:** 100.10.2.19**Remote User:** GMC\_HQ\mkeegan**Correspondence\_Add**

see IRS

**New\_IOC\_Hearings****Other\_Changes**

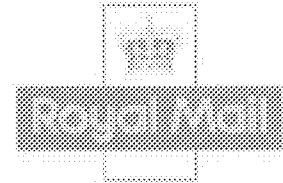
Please adjourn sine die. Police investigations are ongoing and will not be complete in time for PCC to consider matters in April 2003.

**Case\_Summary**

Inappropriate / irresponsible prescribing.

**Code A**

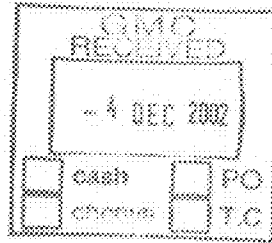
Date: 3 December 2002  
 Your Ref: SJ436498932GB  
 Our Ref: 1-153632335



The Real Network  
 Customer Service Centre  
 Clippers House  
 PO Box 740  
 SALFORD  
 M50 3YY  
 Telephone 08457 740 740  
 Website [www.royalmail.com](http://www.royalmail.com)  
 Textphone 08456 000 606  
 (for the deaf and hard of hearing)

**Code A**

GMC  
 178-202 Great Portland Street  
 LONDON  
 W1W 5JE

Dear Mr **Code A**

Thank you for your enquiry received on 18th September about a Special Delivery item of mail, reference SJ436498932GB, posted to:

J A Barton

**Code A**

I can confirm that this item was delivered to that address on 13th September 2002 and a photocopy of the signature we obtained is enclosed.

If we can be of any further assistance, please do not hesitate to contact us on 08457 740 740.

Postwatch, the independent consumer body for postal services, exists to represent customers' interests. If you would like further information, they can be contacted on 08456 013 265 or at Freepost Postwatch.

Yours sincerely

**Code A**

Customer Service Advisor

Enclosures : copy of signature

To ensure that we maintain the highest possible standards the service we provide to you is monitored on our behalf by a research agency. Each month telephone interviews are conducted with a sample of the customers with whom we have been in contact. If you would prefer not to be contacted please call Freephone 0800 652 5900 within 7 days of the date of this letter and quote the reference above.

115363 2335

G.M.C.  
RECEIVED

- 4 DEC 2002

cash  PO  
 cheque  T.C



Affix the item barcode number and enter the time of delivery, or attempted delivery. The recipient must sign and print their name before the item is handed over.

Walk

ID	Name
0131	

CONFIRMING YOUR DELIVERY

Confirmed on track/trace  
PHG initials



Number of items for delivery	Number of items undelivered
Priority	Recorded
2	2
Returned	Pouched off

RB 5209 5089 7GB SIGNED FOR

Time 1

0920

Code A

SQ 0765 1479 8GB 12.00pm sign

Time 2

1010

Code A

RB 4969 3505 1GB SIGNED FOR

Time 3

1040

Code A

6J 4384 9893 2GB 12.00pm sign

Time 4

1050

Code A





DR. BARTON

ROUGH NOTE TO MTC  
WITH FPN & POLICE  
20.11.02... JUDGE TO  
(ARRIVE (ARRIVED?) NOTE)

PATIENT

RELATIVE

Stanley Corby

Mrs R F Corby

Incl under  
bills #

Tom Page

Mr B. Page

complaint  
?

Anna Miller

Mr M Jackson X  
→ Mrs E. Jackson

write a lead

Glennys Richards

Colleen McKenzie  
+ Doris Cook

Initial Anna  
complaint

Arthur Cunningham

Mr C S Parkinson

Robert Wilson

Mr J Wilson

?

**Code A**

Barton ?

not under  
dub #?

Police:

Nurses & families statements

wait until CK's decision } 21  
"final"

→ are police investigating actively, ongoing? when likely to end?

!

Memorial ceremony - not for Ann herself &  
8 x families

↓  
closed @  
forensic

Psychiatric Consultation

Ass. clinically significant → CPB

↓  
10/12/10: has previous evidence

↓  
25.1.2011 accepted but advice

(reason)

Expert report

no 4x patients

+ some records

↓  
Further enquiries at other locations

↓  
No (other) subject to substantial new evidence

But raises concerns re: past conduct

CHI ← what info / date?

Half concerned raised in 1991?

delegated to

those 507 cases?

Sally Smith QC?  
medical ethics exp  
(St George's Hospital)

DI Nigel Niven

DS Owen Conway

and 8/1/03 - aty. C PFR : CONVICTION  
App to work on to see what docs  
- what's relevant? - statements

~~is~~

Conviction or spec parts @ PCC?  
- reports on Police

~~Method~~

hist. study - long time!

Prof. Robert Jones approached by Alice to  
report on 5 x cases referred.

? review of 500 / 500+ cases? to be decided upon  
→ tentatively put back ... 1/2 years.

Police - seeing Alice (DS) on 28/11... (confirmation of  
course of inquiries all follow in writing.

? what has Robert seen? ... 3 x reports.

1/10/12

106

Return to CC with Price ref. to some cases  
(+ price action expect accordingly).

What's the minimum out. of various PC needs?

① to refer back, or ② make an order

CM

How agreed to PC meaning CM dec.

Barton's CV

Barton's CV? / Qualification?

?

Barton ✓ Good x Other ? Appearance (?)



~~Idea in (10) PC requirements~~

~~Only one idea or interpretation  
prescriptive harmonization by  
Springer~~

for Maximus (2013) : we can say that materially  
linkage between Price & GMC (1999) is ongoing.

Price line appears that it's a contact point with  
qualities

"which independent & with different dependent,  
Price & GMC are communicating"

POC transcript, disclosure to police

1  
crime number  
investigation

TELEPHONE MESSAGE PAD

Code A

FROM Julie Miller (CH1)

TO Michael Kergan

TIME/DATE 8.10.02

GENERAL  
MEDICAL  
COUNCIL*Protecting patients,  
guiding doctors*

RE: Dr BARTON

Re: my letter of 4.10.02 - asked what  
docs we really want (I explained that  
I hadn't realized how much time was)...  
She would like to speak to those (e.g. family

members) who gave interviews before  
releasing records of the same to us.

I said I would speak to J. Christie @ FFW  
& revert to CH with detailed request.

Message taken by:

Code A

**FILE NOTE****15/10/2002****RE: DR BARTON**

I spoke to Judith Christie 15 October 2002.

I acknowledged receipt of Matthew Lohn's letter re IOC.

I advised that I had asked for PCC dated ~~to~~ to be changed to 7 April.

She said she would review CHI report and then we could discuss that documents we really wanted.

She said that she had had difficulty in setting up meeting with police, but would carry on trying and let me know. I told her my current dates to avoid.

She will also look at the papers for the two new files and we can discuss their possible inclusion under Rule 11(2).

Michael Keegan  
15 October 2002

# Form Confirmation

Thank you for submitting the following information:

**FPD\_Case\_Ref:** 2000/2047  
**Caseworker:** Michael Keegan  
**Doctor\_Name:** BARTON, Jane Ann  
**Provisional\_Listing\_Date:** 17 March 2003  
**Current\_Employer:**  
**Duration:** 15 days  
**Location\_Practise:** Hampshire  
**Council\_S\_Firm:** FFW  
**Council\_S\_Name:** Judith Christie  
**Council\_S\_Reference:**  
**Defence\_S\_Firm:** MDU  
**Defence\_S\_Name:** Ian Barker  
**Defence\_S\_Reference:**  
**Defence\_S\_Add\_Info:**  
**Amber:**  
**Submit\_B:** Submit

## Correspondence\_Add

see IRS

## New\_IOC\_Hearings

## Other\_Changes

Please relist for 15 days beginning 7 April 2003.

## Case\_Summary

inappropriate/irresponsible prescribing

[Return to the form.](#)



**Michael Keegan** **Code A**

---

**From:** PCC Lists (Committee)

**Sent:** 07 Oct 2002 12:05

**To:** Michael Keegan **Code A**

**Cc:** PCC Lists (Committee)

**Subject:** RE: BARTON, Jane Ann

Michael,

I have listed this case for 17 March with the location preference as London.

Hope that is OK

Thanks

Gill

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

**From:** **Code A**

**Sent:** 04 Oct 2002 12:05

**To:** Adam Elliott **Code A** PCC Lists (Committee) **Code A**

**Code A**

**Subject:** FW: **Code A**

-----  
**From:** GMCWEB@GMC-UK.ORG[SMTP:GMCWEB@GMC-UK.ORG]

**Sent:** Friday, October 04, 2002 11:04:12 AM

**To:** **Code A**

**Subject:** BARTON, Jane Ann

Auto forwarded by a Rule

---

**Doctor\_Name:** BARTON, Jane Ann

**REGNO:** 1587920

**FPD\_Case\_Ref:** 2000/2047

**Mult\_Doctor\_Case:**

**Mult\_Doc\_REGNOs:**

**Caseworker:** Michael Keegan

**Field\_of\_Practise:** General Practice

**Employer:** Hampshire and Isle of Wight Practitioner and Patient Services Agency

**Specialty:** General Practice

**Location\_of\_Events:** Gosport, Hampshire

**Provisional\_Listing\_Date:**

**Is\_Doc\_Practicing:** YES

**Duration:** 15 days

**Date\_PPC\_Hearing:** 29 August 2002

**Dates\_to\_Avoid:**

**IOC\_Hearing\_Date:** 21 June 2001, 21 March 2002, 19 September 2002

**Case\_Type:** Conduct

**Case\_Source:** Information

07/10/2002

**Doctor\_previously\_appeared:**  
**Previous\_PCC\_Appearance:**  
**High\_Profile:** YES  
**Council\_S\_Firm:** FFW  
**Council\_S\_Name:** Judith Christie  
**Council\_S\_Reference:**  
**Council\_S\_Phone:**  
**Defence\_S\_Firm:** MDU  
**Defence\_S\_Name:** Ian Barker  
**Defence\_S\_Reference:**  
**Defence\_S\_Phone:** 020 7202 1500  
**Defence\_S\_Add\_Info:**  
**Screeners:** Dr Lewis  
**Submit\_B:** Submit  
**Remote User:** GMC\_HQ\mkeegan

### **Correspondence\_Add**

see IRS

### **Location\_of\_Practise**

Hampshire

### **Members\_Interests**

Mr Bob Nicholls, Professor Roger Green, Dr Richard Kennedy, Sir Roddy MacSween and Professor Nigel Stott, Dr Sheila Mann

### **Other\_Comments**

Please list for 17 March 2003 onwards or as soon as possible thereafter.

## Memorandum

Ref: 2000/2047  
 To: Venessa Carrol  
 Michael Keegan

Out	Back

From: Michael Hudspith  
 Code A

Copy: Peter Swain

Date: 3 October 2002

*Reaves -  
 n/a*

### Dr Jane Barton (1587920)

Peter/Venessa - we spoke and agreed that I would provide a summary of all the 'Barton-related' issues that screening is aware of but which did not feature in the recent PPC item papers.

The PPC considered charges against Dr Barton based on her management of 5 elderly patients (Eva Page, Alice Wilkie, Gladys Richards, Arthur Cunningham and Robert Wilson) on Daedalus/Dryad Wards at Gosport War Memorial Hospital between February and October 1998. These cases were referred to the GMC by Hampshire Constabulary with each case study being supported by an independent expert opinion(s) critical of Dr Barton.

In addition to the 5 'police' cases, the following information was or has also been brought to our attention:

1. **(2000/0247/03)** - In **(date)** Mr Mike Wilson wrote to the GMC about the death of his mother, Mrs Purnell, who died on Dryad Ward on **(date)** following her transfer to the Gosport War Memorial Hospital for rehabilitation.

Mr Wilson's complaint concerns failures in communication by hospital staff and as well as his mother's clinical care, particularly relating to prescribing. Although specifically naming Dr Barton in his complaint, the available records appeared to show that Dr Barton was only one of a number of doctors who reviewed and prescribed for Mrs Purnell. Unfortunately only limited records are available as a section of the records were erroneously destroyed by the Trust during microfilming in April 1999.

By the time Mr Wilson wrote to the GMC Mrs Purnell's care had already been reviewed both locally and by the Health Service Ombudsman. Both reviews sought independent medical advice and both considered Mrs Purnell's treatment to have been acceptable in the circumstances. On the information available, the screeners considered that the complaint raised no issue of spm on the part of Dr Barton.

2. **(2002/0553)** - In February Mrs Ann Reeves wrote to the GMC about the death of her mother, Elsie Devine, who died on Dryad Ward in November 1999 a few weeks after being admitted for respite care.

Whilst specifically naming Dr Barton in her complaint, Mrs Reeves complains of failures in communication by hospital staff as well as her mother's clinical care. By the time Mrs Reeves wrote to the GMC Mrs Devine's care had already been reviewed both locally and by the Health Service Ombudsman. Both reviews sought independent medical advice and both considered Mrs Devine's clinical treatment to have been acceptable in the circumstances. On the information available, the screeners considered that the complaint raised no issue of spm on the part of Dr Barton.

I should add that Mrs Reeves is currently seeking legal advice with a view to a possible civil claim. Her solicitors have requested that should we need to contact Mrs Reeves, we do it through them:

Alexander Harris Solicitors (contact Lisa Elkin), Ashleigh House, Ashleigh Road, Altrincham, Cheshire WA14 2DW

3. **(2002/1345)** - In June 2002 Mrs R E Carby wrote to the GMC concerning the death of her husband, Stanley Carby, who died on Daedalus Ward in April 1999 shortly after being admitted for 'rehabilitation'. After her husband's death Mrs Carby met with representatives of the Trust to discuss her concerns but was not satisfied with their responses.

Whilst specifically naming Dr Barton in her complaint Mrs Carby writes mainly of inconsistencies or inaccuracies in her husband's medical and nursing records and failure's in communication by hospital staff. Of perhaps more concern to the GMC would be the wide range of drugs written up for this patient by Dr Barton shortly after his admission and whether the manner of her prescribing was in any way inappropriate or irresponsible.

In order to properly assess whether this case raises any issues of spm against Dr Barton (or any other doctor) I would suggest we would need to obtain an expert opinion.

34. <sup>1608</sup>**(2002/1068)** - In July 2002 CHI published their report into the treatment of elderly patients at the Gosport War Memorial Hospital between 1998 and 2001. Whilst the report criticised a failure of Trust systems to ensure good quality patient care during this period, the Report does not apportion blame to specific individuals or mention them by name.

However, page 5 of the report makes reference to 10 complaints made to the Trust since 1998. We requested details of these complaints and

discovered that the majority were either made but individuals who subsequently wrote to the GMC or were about matters not related to our case. Only one complaint, made by a Mrs Batson in 2000 concerning the death of her mother, Mrs Gilbertson, on Dryad Ward in December 1999, appeared relevant and we recently requested and received further details. Whilst the complaint raises a number of different issues, Mrs Batson does raise the issue of pain relief (oral morphine) and mentions Dr Barton by name.

It would appear however that Mrs Batson was satisfied by the response of the Trust to her complaint and chose not to pursue the matter further.

Matters 1 and 2 are brought to your attention for background information only. With regard to matters 3 and 4 I understand that it may be open to us to consider adding these cases under Rule 11 to those matters already referred up by the PPC?

Should you have further any questions concerning any of the above, please don't hesitate to contact me.

**Code A**

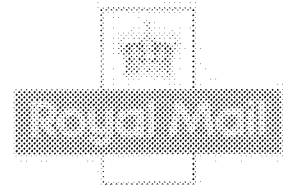
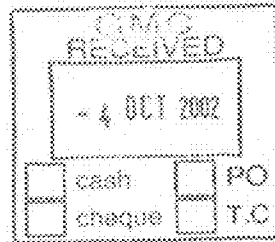


**Code A**

03 October 2002

1-162262995

Mr **Code A**  
 G M C  
 178-202 Great Portland Street  
 LONDON  
 W1W 5JE



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 (for the deaf and hard of hearing)

Dear Sir/Madam

Thank you for your enquiry of 30 September 2002 about a Special Delivery item number SJ436499178GB, posted to J A Barton, **Code A**

I can confirm that this item was delivered to that address on 14/09/2002 and a photocopy of the signature we obtained is enclosed.

If we can be of any further assistance, please do not hesitate to contact us on 08457 740 740.

Yours sincerely

**Code A****Code A**

Customer Service Advisor

Enclosures: Copy Of Signature

To ensure that we maintain the highest possible standards the service we provide to you is monitored on our behalf by a research agency. Each month telephone interviews are conducted with a sample of the customers with whom we have been in contact. If you would prefer not to be contacted please call Freephone 0800 652 5900 within 7 days of the date of this letter and quote the reference above.

1-162262995  
1419



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Confirmed on track/trace PHG initials



<b>Walk</b>	
ID 0131	Name

<b>Number of items for delivery</b>	<b>Number of items undelivered</b>		
Priority 4	Recorded	Returned	Pouched off



Time 1 *R*

Print name *BAKIN*

Check time: **Code A**

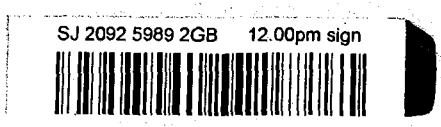
S1 1243 4192 3G3

Time 2

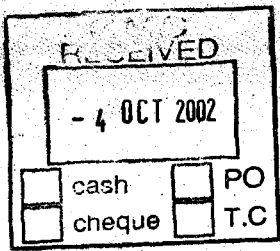
Print name  
**Code A**

S1 2840 8750 3G3

Time 3



Time 4





TELEPHONE MESSAGE PAD

Code A

FROM David Coast (DoH)

TO file

TIME/DATE 1/10/02

GENERAL  
MEDICAL  
COUNCIL

Protecting patients  
guiding doctors

RE: BARTON

I advised him of the current position re 10c + 1cc.

He said that, if we were to have difficulty obtaining info from the office he wanted Steve's assistance in this matter to contact him.

Code A

1/10/02

## TELEPHONE MESSAGE PAD

FROM Mike GillTO Michael KeegTIME/DATE 26.9.02GENERAL  
MEDICAL  
COUNCIL*Protecting patients,  
guiding doctors*

Dr Barton intending to go back to  
work next week.

Trust unable to respond her.

wants (cc) to respond her.

→ Agreed to call her back 27/9.

→ Did so & left message that it was  
decided not to refer back to 100  
on basis of Dr Turner's letter of 15.9.02  
He → Dr Turner, told  
her the same.

**Code A**

Code A

27.9.02

**Memorandum****To Paul Philip  
Peter Swain****From Venessa Carroll  
Conduct Case  
Presentation Section****Code A****Date 25/09/02****Copy Michael Keegen****Dr Barton**

1. In a letter of 19 September 2002, Hampshire and Isle of Wight Health Authority have provided a file of correspondence passed by nurses to the management of Fareham and Gosport Primary Care Trust.
2. I have listed and summarised the relevant documents contained in the file below. I have not referred to documents that I do not consider relevant.
3. The information relates to concerns that were raised in 1991 by nursing staff about the use of diamorphine. Although Dr Barton is not personally criticised, she was, with other doctors (Dr Logan), prescribing the diamorphine.
4. It would seem from the information that the nurses were extremely concerned and contacted both the RCN (Royal College of Nursing) and Mrs Evans, the Patient Care Manager. The RCN was clearly concerned and questioned the actions of the hospital in dealing with this. It seems that by the end of 1991, the staff were satisfied that the matter had been considered and was resolved.
5. In considering whether this case should be referred back to IOC, one could consider that despite concerns being raised in 1991, Dr Barton did not address these as shown by the allegations in current case (1998). This suggests possible lack of insight and the possibility that this inappropriate practice continued from 1991 to 1998. However we have no information to support this and we have no information about Dr Barton's practice since 1998.

**Information provided in File****6. Summary of Meeting on 11 July 1991 following concerns expressed by some staff at the prescribed treatment for terminal patients.**

This was a meeting arranged for staff on unit and attended by nurses and patient care manager, Mrs Evans. Dr Barton does not appear to have attended. The main concern was use of diamorphine on patients, with the nurses concerned about it being used inappropriately. Reference is made to not all patients given diamorphine having pain, no other forms of analgesia being considered, patients deaths hastened. Mrs Evans told the nurses that Dr Barton and another Dr, Dr Logan would consider the nurse's views so long as they were based on proven

25 September 2002

facts. Although Dr Barton is not specifically criticised, the suggestion is that the nurses were complaining about her, and possibly Dr Logan. It was agreed that more information would be obtained about diamorphine

**7. 31 October 1991 - Report of a visit to unit by community tutor in continuing education, Ms Whitney.**

Purpose of visit was to discuss administration of drugs following a request for information from nurses. In attendance were a number of nurses (not Dr Barton). During this meeting the nurses identified particular cases of concern (e.g. pt prescribed diamorphine via syringe driver, when not in pain) and indicated concern that diamorphine being prescribed indiscriminately. It is noted that there are a number of cases causing nurses concern but too many to mention. Again Dr Barton is not named.

**8. 4 November 1991 - Letter from community tutor enclosing copy of her report dated 31 October 1991**

Also sent to General Manager and Patient Care Manager at Gosport Hospital, as well as Principal at Solent School of Health Medicine and staff nurse at the meeting.

**9. Memo from Mrs Evans dated 7 November 1991 to all staff at unit incl Dr Logan and Dr Barton.**

Indicates that there is still concern about prescribing of diamorphine, which she has discussed with Dr Barton. Nurses asked to provide names of patients that they have concerns about so cases could be reviewed.

This memo was copied to Steve Barnes, RCN Officer.

**10. Letter to Mrs Evans from Steve Barnes dated 22 November 2001**

SB indicates that RCN office had been aware of concerns from early/mid 1991 and RCN had understood that concerns would be addressed and clear guidance/policy would follow as a result of very serious concerns. He is clearly concerned that actions have not been taken to address concerns and states that they expect a clear policy to be agreed as a matter of urgency.

**11.2 December 1991, letter from RCN to Nurse Tubbritt confirming that they have the support of the RCN**

**12. Letter dated 2 December 1991 to St Mary's Hospital, Portsmouth, asking for advice on dealing with this matter**

**13. Letter from RCN to Nurse Tubbritt dated 10 December 1991 indicating that unless it is confirmed that a policy will be drawn up, then grievance procedures will be started**

25 September 2002

**14. Notes of a meeting held on 17 December 1991** attended by nurses, Mrs Evans and Dr Barton. Purpose of meeting to discuss concerns about use of diamorphine. At the conclusion of this meeting it was agreed that if nurses had concerns about particular cases they could approach Dr Barton or the Sister for an explanation. Staff were asked if they felt there was a need for policy relating to nursing practice and it was agreed that it was not necessary. Mrs Evans stated that she was concerned about the way in which these matters were raised, making people defensive. Agreed that a further meeting would be arranged to ensure problems had been resolved.

**15. 11 January 1992 letter from RCN concerned that problems still there.**

**Michael Keegan** Code A

---

**From:** Michael Keegan Code A  
**Sent:** 23 Sep 2002 14:23  
**To:** Venessa Carroll Code A  
**Subject:** FW: Dr Barton

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

**From:** Michael Keegan Code A  
**Sent:** 23 Sep 2002 14:01  
**To:** Paul Philip Code A; Peter Swain Code A  
**Subject:** Dr Barton

We have now received from Dr Simon Tanner, Director of Public Health at Hampshire and Isle of White Health Authority, a small file of correspondence, which was passed to the management of Fareham and Gosport Primary Care Trust by a member of staff on 16/9/02.

It includes copies of correspondence from the RCN Branch Convenor to various persons at the Trust and minutes and memoranda regarding meetings held with nursing staff to discuss their concerns about use of diamorphine in the unit.

I will provide copies of the same if you wish.

Michael.

**Michael Keegan** Code A

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

Ms Chrystie,

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

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

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

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

**Michael Keegan**  
**Conduct Case Presentation Section**

**Direct Line:** Code A  
**Direct Fax:** Code A  
**Email:** Code A

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

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

Venessa

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

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

Peter

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

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

Peter and Paul

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

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

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

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

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

Venessa



## TELEPHONE MESSAGE PAD

FROM Wassia CarrollTO Ally De BartenTIME/DATE 26/9/02**GENERAL  
MEDICAL  
COUNCIL***Protecting patients,  
guiding doctors*

Contact details:

Dr Nigel McFetridge  
Head Clinical Governance

Northshire & Isle of Wight  
Health Agency

**Code A**

Message taken by .....

**FILE NOTE – 18/9/02**

**RE: DR BARTON (2000/2047)**

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

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

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

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

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

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

Michael Keegan  
18/9/02

TELEPHONE MESSAGE PAD

FROM Michael KargerTO Venema CarrollTIME/DATE 11:30pm 12.9.02GENERAL  
MEDICAL  
COUNCIL*Protecting patients,  
guiding doctors*

• Mc from Dr Gill (m)

Code A

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

It was concerned re: her supervision (Dr Long) + o/s or potential GMC proceedings against her & whether best action should be taken.

• would like to be called back.

Code A

Message taken by

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

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

**The history of the case**

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

13 September 2002

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

#### **What the case is about**

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

In the information it is alleged that:

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

13 September 2002

- b. Your prescribing to Mrs Page of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. she was started on opioid analgesia in the absence of prior psychogeriatric advice
  - ii. the medical and nursing records do not indicate that Mrs Page was distressed or in pain
  - iii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs were not adequately recorded in medical or nursing records
  - iv. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mrs Page's condition;
3. a. i. On 6 August 1998 Alice Wilkie was admitted to Daedalus Ward at Gosport War Memorial Hospital for observation following treatment at the Queen Alexandra Hospital for a urinary tract infection
- ii. You prescribed diamorphine, hyoscine and midazolam to be administered subcutaneously
  - iii. These drugs were administered to Mrs Wilkie from 20 August 1998 until her death the following day
  - iv. Mrs Wilkie had not been prescribed or administered any analgesic drugs during her time on Daedalus Ward prior to this
- b. Your prescribing to Mrs Wilkie of opiate and sedative drugs was inappropriate and/or unprofessional in that
- i. insufficient regard was given to the possibility of alternative milder or more moderate treatment options
  - ii. the prescription for diamorphine, hyoscine and midazolam was undated
  - iii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs were not adequately recorded in medical or nursing records

13 September 2002

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

13 September 2002

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



13 September 2002

6. a. i. On 14 October 1998 Robert Wilson was transferred from to Dryad Ward at Gosport War Memorial Hospital for rehabilitation, following treatment at the Queen Alexandra Hospital for a fractured left humerus
- ii. Between 16 October 1998 and Mr Wilson's death on 18 October 1998 you prescribed oromorph, diamorphine, hyoscine and midazolam
- iii. Diamorphine, hyoscine and midazolam were administered subcutaneously to Mr Wilson via syringe driver from 16 October 1998
- b. Your prescribing to Mr Wilson of opiate and sedative drugs was inappropriate and/or unprofessional in that
  - i. the prescription for diamorphine, hyoscine and midazolam was undated
  - ii. the specific reasons for commencing subcutaneous infusion of opiate and sedative drugs and the subsequent increases in dosages were not adequately recorded in medical or nursing records
  - iii. you knew or should have known that opiate and sedative drugs were prescribed in amounts and combinations which were excessive and potentially hazardous to a patient in Mr Wilson's condition
- c. Your management of Mr Wilson was unprofessional in that you failed to pay sufficient regard to Mr Wilson's rehabilitation needs.

**Michael Keegan** **Code A**

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**From:** Michael Keegan **Code A**  
**Sent:** 13 Sep 2002 10:07  
**To:** Venessa Carroll **Code A**; Peter Swain **Code A**; Paul Philip **Code A**  
**Cc:** Michael Keegan (7915 7437)  
**Subject:** Dr Barton

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

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

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

Rachel Dixon's tel no's are: (m) **Code A** / (w) **Code A**

Michael

**Michael Keegan** [Code A]

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

Peter,

Can we discuss please.

Paul

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

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

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

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

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

It was left that MG would speak to the police.

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

Venessa

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

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

Venessa

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

Peter

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

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

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

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

Scott

**Michael Keegan** Code A

---

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

Michael,

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

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

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

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

Any queries give me a shout.

**Code A**

**Fitness to Practise**

Direct line: Code A

Fax: Code A

e-mail address: Code A

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

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

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Scott

Next Thursday.

TELEPHONE MESSAGE PAD

FROM .....

TO .....

TIME/DATE .....

GENERAL  
MEDICAL  
COUNCIL*Protecting patients,  
guiding doctors*

● 676 Ad6

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

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

Case to be handled by Superintendent Paul Datta

● Jukler

Code A

Code A

11/9/02

Message taken by .....







Veressa Carroll

The Guardian  
14 September 2002  
Page 2

## Inquiry launched into 'suspicious deaths' at hospital

John Carvel  
Social affairs editor

The government yesterday launched a special inquiry into the suspicious deaths of elderly people at a cottage hospital in Gosport, near Portsmouth, after relatives complained that there may have been at least nine unlawful killings.

Sir Liam Donaldson, the chief medical officer, has called in Richard Baker, a professor at Leicester University, to conduct a clinical audit of services for older people at the Gosport War Memorial hospital.

Prof Baker was the expert appointed by the Department of Health to investigate the practice of Dr Howard Shipman after his conviction as a serial killer. His finding that Shipman might have been responsible for 330 deaths persuaded ministers to expand a public inquiry into his crimes.

Officials were last night unaware of the government launching any similar clinical audit before a prosecution and conviction.

Police investigated the hospital between 1998 and 2001 after concerns among relatives about the death of an elderly woman who was prescribed diamorphine. This led to allegations about the deaths of eight other patients.

Hampshire police sent papers to the crown prosecution service, which decided there was not sufficient evidence on which to base a prosecution, according to a Department of Health spokeswoman.

The commission for health improvement (CHI), the government's hospital inspectorate, said: "The police were sufficiently concerned about the care of older people at the hospital to share their concerns with us."

The CHI found there was systematic failure to provide good quality care, including insufficient guidelines on prescribing painkillers and sedatives, inadequate review of prescribing for older people and lack of supervision.

In a report in July it said: "CHI has serious concerns regarding the quantity, combination, lack of review and anticipatory prescribing of medicines prescribed to older people on Dryad and Daedalus wards in 1998."

The inspectors were "unable to determine whether these levels of prescribing contributed to the deaths of any patients". But it was clear that this level of prescribing would have been questioned if adequate checking mechanisms

had been in place.

"Relatives speaking to CHI had some serious concerns about the care their relatives received on Daedalus and Dryad wards between 1998 and 2001."

However, the inspectors said they had no serious concerns about current standards.

Sir Liam's decision to mount an investigation was based on uneasiness that neither the police nor the inspection team "was in a position to establish whether trends and patterns of death were out of line with what would be expected". Inquiries of this kind are extremely unusual, officials said.

The original investigation was sparked when Gillian Mackenzie of Eastbourne, East Sussex, contacted police about the death of her 91-year-old mother in 1998.

She said at the time: "I am a realistic woman. I knew there was a chance of my mother dying when she was admitted to hospital. It is the manner she died that shocked me."

"I will never know what would have happened if she had not been prescribed diamorphine, but we must ensure that all the circumstances of these deaths are fully explained."

### CPS to look at hospital deaths

A third inquiry into the deaths of elderly patients at a cottage hospital was announced yesterday as police said they were sending new evidence on four of them to the Crown Prosecution Service.

Nine elderly people died at Gosport War Memorial Hospital, Hampshire, amid

allegations of unlawful killing and over-use of pain-killing drugs. Police are in touch with the General Medical Council and the Commission for Health Improvement.

Police first investigated the case of a 91-year-old woman. Officers were then contacted by eight other families.

The Daily Telegraph  
14 September 2002  
Page 8

The Sunday Times  
15 September 2002  
Page 5

# Police probe 13 hospital deaths

**Lols Rogers**

**Medical Correspondent**

POLICE are investigating the deaths of 13 elderly hospital patients who relatives believe were killed with overdoses of powerful drugs, including the painkiller diamorphine.

On Friday Liam Donaldson, the chief medical officer, ordered an audit of the hospital's death rates, which will be carried out by the same expert who analysed mortality among patients of the GP Harold Shipman.

Shipman, who was sentenced to life two years ago, is believed to have killed more than 250 elderly people by giving them overdoses of diamorphine, the pure form of heroin that is used as a painkiller but is lethal in overdose.

All 13 of the Hampshire patients were admitted to Gosport War Memorial hospital between 1997 and 2000 to recover from various operations and treatments. None of their families was told at the time of admission that their relatives were expected to die.

Jane Barton, a GP who was in day-to-day charge of medical care at the hospital until July 2000, was referred to the General Medical Council's professional conduct committee last week. A consultant geriatrician and seven nurses are also the subject of complaints about the dead patients' treatment.

However, there is no suggestion that Barton, who has refused to comment, or any of the others who worked on the wards deliberately caused harm

to any patient.

Among the cases being probed are the deaths of:

□ Elsie Devine, 88, who was admitted to the hospital to recover from a kidney infection. Her relatives were urged to leave the hospital shortly before she died. They were stunned to discover she had been given large doses of diamorphine.

□ Leonard Graham, 75, who was recovering from pneumonia. His wife was "told" to ring her daughter while a drug dose was administered. He died shortly afterwards.

□ Betty Rogers, 67, who was recovering from a chest infection. Her daughter was urged to go home having been told her mother was not near death. Fifteen minutes later she received a call saying she had died.

Other deaths under investigation include Stanley Carby, 65, Eva Page, 88, and Dulcie Middleton, 85.

Among those who are helping the police with their inquiries is Jim Ripley, a 76-year-old gout sufferer who was admitted to Gosport War Memorial hospital in April 2000. He narrowly escaped death after falling into a painkiller-induced coma on one of the three wards now under investigation. It took five hours for an emergency doctor to arrive after he lost consciousness at hospital. He was transferred to the nearby Haslar hospital where staff soon established he had not had a stroke, as was first suspected, but was in an "analgesic coma".

A number of families were advised to take holidays during

their relatives' last hours. "Why did they tell me to go on holiday? Surely they knew he was going to die," said Dorie Graham, whose husband Leonard died in 2000. She complained to the police more than a year ago.

Edna Purnell, 91, entered the hospital for rehabilitation after a hip replacement. She was put in a darkened room and heavily sedated, according to Mike Wilson, her son. Wilson consulted a solicitor and tried to get her moved to a private hospital. He was then himself rushed into hospital after a heart attack and while he was there she died.

The medical notes of Alice Wilkie, 88, record her as having died twice on the same day. Her granddaughter Emily Yeats believes this is because her files were mixed with those of Gladys Richards, 91, who died hours later. Both received cocktails of painkillers that investigations by the Commission for Health Improvement (CHI) revealed should not have been used together.

A CHI report into the hospital's practice, published in July, criticised the use of diamorphine combined with a strong anaesthetic, and another drug usually used to treat schizophrenia. This combination, the report said, "could carry a risk of excessive sedation and respiratory depression in older patients, leading to death".

The CHI was originally asked to investigate the hospital by the police, who had begun a criminal investigation into the 1998 death of Richards, after her family alleged she had been

unlawfully killed.

Although the CHI report said it could not look at any particular death, it found doses of up to 200 milligrams a day of morphine were being administered through pumps into patients' bloodstreams. Prescriptions for morphine and other potent drugs were regularly written in advance, so that nurses could administer them unsupervised.

Ian Piper, the chief executive of the Gosport and Fareham primary care trust, which now administers the hospital, said he could not comment on individual cases. The trust has just sent its first draft of proposals to meet the 22 recommendations for change in the CHI report. Standards of care at the hospital had improved, said Piper.

Families of 10 of the dead patients attended a meeting called by Ian Readhead, deputy chief constable of Hampshire, last week. Police said a file on the affair will be sent to the Crown Prosecution Service this month. The Nursing and Midwifery Council said it was investigating disciplinary proceedings against several nurses.

Donaldson has commissioned Richard Baker, professor of clinical governance at Leicester University, to repeat the statistical analysis he conducted into Shipman's practice.

Donaldson said previous inquiries into patient concerns at Gosport had not established whether patterns of death were "out of line with what would be expected". Baker will seek to answer the question fully.

News of the World  
15 September 2002

## New old folks death probe

THE professor who investigated serial killer Dr Harold Shipman is to head a probe into hospital deaths.

Richard Barker will lead the third inquiry into the deaths of at least eight elderly patients at Gosport War Memorial Hospital, Hants.

Venessa Carroll

Daily Mail (Late)  
16 September 2002  
Page 19

## Shipman case expert heads hospital probe

AN expert who worked on the case of mass murderer Harold Shipman is to head an inquiry into the deaths of 13 patients at a hospital.

There are fears that some who died at Gosport Royal Memorial Hospital in Hampshire between 1997 and 2000 may have been killed by a drug overdose.

Files on several of the cases are being sent to the Crown Prosecution Service although there is no suggestion that any of the patients was harmed deliberately.

The investigation began after families raised concerns that their relatives may have been given overdoses of drugs including diamorphine.

Professor Richard Baker of Leicester University has been commissioned to study the deaths. He analysed death rates at GP Harold Shipman's practice in Hyde, Greater Manchester.

Shipman is serving life for murdering 15 patients but has been blamed for killing 200 more.

*Sadie Smith*

The Times  
7 November 2002  
Page 3

## Shipman-style inquiry into 50 deaths at hospital

By Michael Horsnell  
and Russell Jenkins

AN EXPERT in the use of diamorphine, the heroin-based painkiller, is to be appointed by police conducting an investigation into the suspicious deaths of more than 50 elderly patients at a community hospital.

Relatives allege that the drug, used by Harold Shipman to kill many of his patients, was over-prescribed at the Gosport War Memorial Hospital in Hampshire. Detectives are preparing to interview relatives of those who died at the 180-bed hospital amid claims of unlawful killing.

Many patients died while receiving recuperative care under a regime in which prescriptions for morphine and other potent drugs were regularly written in advance so that nurses could administer them unsupervised.

Ann Alexander, a solicitor who represented more than 300 families in the Shipman inquiry, had a two-hour meeting with Detective Chief Superintendent Steve Watts of Hampshire police and his deputy Nigel Neven yesterday.

She said: "It was a very productive meeting. They have completely reassured me about their intentions to do whatever they can to get to the bottom of whatever has been going on at this hospital."

After complaints by some relatives that police had failed to respond fully to initial concerns, it was disclosed that officers will examine how Greater Manchester Police put together the Shipman inquiry, notably its use of expert witnesses. Ms Alexander said: "Police want to see every single family that wishes to see them. They are hoping that anyone who has not been in touch and who has concerns

should come forward."

The meeting, at her office in Altrincham, Greater Manchester, came after worried families contacted a helpline established by health managers. A total of 57 people attended a public meeting held by Alexander Harris, solicitors, on Sunday to hear concerns about treatment at the hospital dating back to the early 1990s.

The law firm represents relatives of 27 elderly patients who died at the hospital and one who survived, but there are believed to be at least as many again whom detectives want to contact.

Among the cases under investigation are those of Leonard Graham, 75, who was recovering from pneumonia. Another, Betty Rogers, 67, was recovering from a chest infection. Her daughter was urged to go home, having been told her mother was not near death. Fifteen minutes later she received a call saying her mother had died.

Other deaths under investigation include those of Stanley Carby, 65, Eva Page, 88, and Dulcie Middleton, 85.

The hospital has already been the subject of an investigation by the Commission for Health Improvement, which criticised its prescribing practices. Although a commission report said that it could not look at any particular death, it found doses of up to 200 milligrams a day of morphine were being administered by pumps.

In September the government's chief medical officer commissioned a clinical audit. Professor Richard Baker, who worked on the Shipman inquiry, was appointed to examine death rates at the hospital.

In the same month the chief executives responsible for man-

aging the hospital at the time of the deaths were suspended. Ian Piper, of Fareham and Gosport Primary Care Trust, and Tony Horne, of East Hampshire Primary Care Trust, were redeployed to other duties.

The suspensions were prompted after internal documents from 1991 — prior to the deaths — were uncovered which highlighted concerns about prescribing practices at the hospital. The hospital has moved to reassure current patients by appointing an experienced senior nurse from another area to oversee and review patient care.

Jane Barton, who was in charge of the day-to-day treatment of some elderly patients at the hospital until July 2000, was referred to the General Medical Council in September. A consultant geriatrician and seven nurses are also the subject of complaints about the dead patients' treatment.

There is no suggestion that Dr Barton, who has refused to comment, or any of the others who worked at the hospital, deliberately caused harm.

The Hampshire and Isle of Wight Health Authority said: "It is important to note that whilst the CHI investigation had some serious concerns about services in the past, it concluded that policies and procedures are now in place to ensure safe standards of care at the hospital."

Hampshire police said: "Detective Chief Superintendent Steve Watts today had a meeting with Alexander Harris in Altrincham who are representing the families of people who died at the Gosport War Memorial Hospital. Senior members of his investigating team were at the meeting. The investigation is ongoing."

The Times  
7 November 2002  
Page 3

## Relatives tell of their anguish

### Case History 1:

ANNE REEVES would have looked after her mother at her home in Fareham, Hants after the elderly widow completed successful treatment for a kidney infection at Queen Alexandra Hospital, Portsmouth.

But her own husband was also in hospital, having a bone marrow transplant for leukaemia. So it seemed a sensible idea for Elsie Devine, 88, to recuperate at the War Memorial Hospital in Gosport. She died on November 21, 1999.

Mrs Reeves said: "She had been doing very well. Then on November 19 my brother Harry visited and was met by Jane Barton who said mother was in kidney failure and had 36

hours to live.

"She couldn't speak and couldn't open her eyes. She was just lying there."

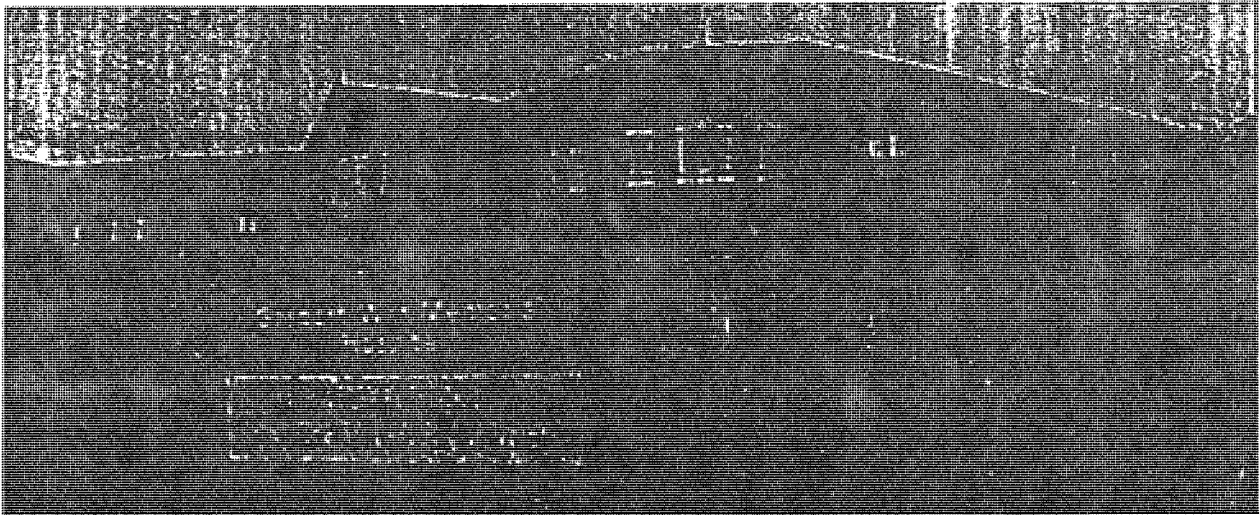
Mrs Reeves, who has obtained her mother's drug charts, added: "She had been put on a cocktail of sedatives and, in the end, it killed her. I don't know why, because she wasn't in any pain."

### Case History 2:

FORMER dockyard worker Jim Ripley, 78, went into the hospital for recuperation from arthritis and bursitis in April 2000 but after a couple of days he started hallucinating.

On the morning of April 8 he became unconscious and

despite calls by his wife Paule at 8.30am for a doctor to see him, he was not seen until after 3pm that day. The doctor originally suspected he had suffered a stroke but, after he was transferred to another hospital, he was diagnosed as having suffered an analgesic coma caused by overprescription of morphine, according to Mrs Ripley. She said: "I am extremely angry but very lucky that my husband is alive and so very, very sorry for everyone else that lost their family. My husband had turned from being a strong elderly man to a frightened old man and it was pitiful to see."



The 180-bed Gosport War Memorial Hospital: 50 deaths considered suspicious are being investigated

November 07, 2002

## Shipman-style inquiry into 50 deaths at hospital

BY MICHAEL HORSNELL AND RUSSELL JENKINS

AN EXPERT in the use of the heroin-based painkiller diamorphine is to be appointed by police conducting an investigation into the deaths of more than 50 elderly patients at a community hospital.

Relations allege that the drug, used by Harold Shipman to kill many of his patients, was overprescribed at the Gosport War Memorial Hospital near Portsmouth.

Detectives are preparing to interview relations of those who died at the 180-bed hospital amid claims of unlawful killing. Many patients died while receiving recuperative care under a regime in which prescriptions for morphine and other potent drugs, it is claimed, were regularly written in advance so that nurses could administer them unsupervised.

Ann Alexander, a solicitor who represented more than 300 families in the Shipman inquiry, had a two-hour meeting with Detective Chief Superintendent Steve Watts, of Hampshire police, and his deputy, Nigel Neven, yesterday.

She said: "It was a very productive meeting. They have completely reassured me about their intentions to do whatever they can to get to the bottom of whatever has been going on at this hospital."

After complaints by relations that police had failed to respond fully to initial concerns, it was disclosed that officers will look at how Greater Manchester Police organised the Shipman inquiry, notably its use of expert witnesses. Ms Alexander said: "The police want to see every single family that wishes to see them. They are hoping that anyone who has not been in touch and who has concerns should come forward."

The meeting, at her office in Altrincham, near Manchester, came after worried families contacted a helpline set up by health managers. A total of 57 people attended a public meeting held by Alexander Harris, a firm of solicitors, on Sunday to hear concerns about treatment at the hospital dating back to the early 1990s.

The firm represents relations of 27 elderly patients who died at the hospital and one who survived, but there are believed to be at least as many again whom detectives want to contact. Among the cases under investigation are those of Leonard Graham, 75, who was recovering from pneumonia. Another, Betty Rogers, 67, was recovering from a chest infection. The patient's daughter was urged to go home, having been told that she was not near death. Fifteen minutes later she received a call to say that her mother had died.

Other deaths under investigation include those of Stanley Carby, 65,

Eva Page, 88, and Dulcie Middleton, 85.

The hospital has already been the subject of an investigation by the Commission for Health Improvement, which criticised its prescribing practices. Although a commission report said that it could not look at any particular death, it found that doses of up to 200 milligrams a day of morphine were being administered by pumps.

In September, the Government's Chief Medical Officer commissioned a clinical audit. Professor Richard Baker, who worked on the Shipman inquiry, was appointed to examine death rates at the hospital.

In the same month, the chief executives responsible for managing the hospital at the time of the deaths were suspended. Ian Piper, of Fareham and Gosport Primary Care Trust, and Tony Horne, of East Hampshire Primary Care Trust, were moved to other duties. The suspensions were prompted after internal documents from 1991, before the deaths, were found which highlighted concerns about the hospital's prescribing practices.

It has sought to reassure its present patients by appointing a senior nurse from another area to review patient care.

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There is no suggestion that Dr Barton, who has refused to comment, or any of the other people who worked at the hospital, deliberately caused harm.

The Hampshire and Isle of Wight Health Authority said: "It is important to note that, while the (Commission for Health Improvement) investigation had some serious concerns about services in the past, it concluded that policies and procedures are now in place to ensure safe standards of care at the hospital."

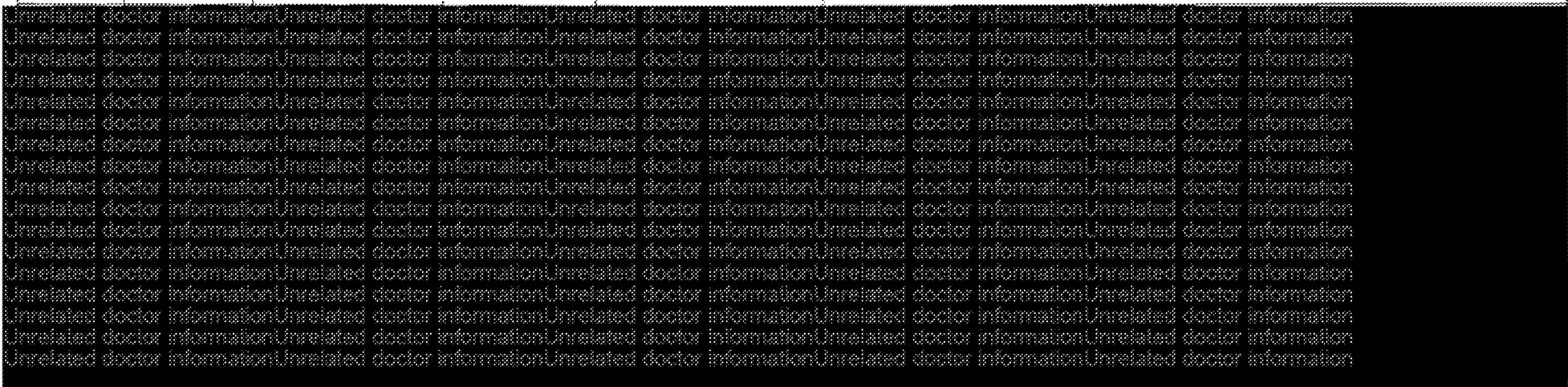
Hampshire police acknowledged that a meeting between Mr Watts and Alexander Harris, representing the families of people who died at the Gosport hospital, had taken place.





					<p>brought in in an agitated state, probably because of sensory deprivation. She became ambulant with a Zimmer, but her hip replacement became dislocated following a fall. This patient was prescribed the same set of drugs which was used in each of the other cases: Oramorph, hyoscine and midazolam. It noted that some patients had up to 60–80 mg in 24 hours via subcutaneous injection with a syringe driver. Patient Richards received no foods or fluids between 18 – 21 August and died because of the combination of lack of nutrition and sedation. The Committee considered that the administration of these drugs may have shortened the patient's life (which was not the same as suggesting that it killed her). Professor Ford says that the prescribing regime was variously reckless, excessive or highly inappropriate. It noted with concern that the medical records are not signed regarding the subcutaneous drugs regime. It noted the pattern in which an elderly group of patients, dealt with by a clinical assistant, were the subject of apparently reckless and inappropriate prescribing. Death appeared to have been precipitated if not caused by the drug regime in each case.</p> <p>The Committee noted that Dr Barton's post was supervised by a consultant, Dr Lord, who must therefore assume some responsibility for the events. It noted that palliative care is now a well-developed clinical area. If death is accelerated as a result of carefully titrated, good symptoms control, then as a side-effect it may be acceptable. This did not appear to be the case here, and the Committee was of the view that the matter unequivocally needs to be tested by the Professional Conduct Committee. Dr Barton moved patients very quickly onto a regime where they were receiving terminal care, and ignored the recommendations regarding doses in the BNF, rapidly prescribing excessive doses. It noted that there was a major public interest in the case. It asked that we look at charges 2 (b) ii) and iii) regarding Eva Page, as these would not raise an issue of spm (ask solicitors to look at charges). It noted that the case had been before the IOC which had made no order. The Committee considered that the case of Dr Lord should be screened if it hasn't already been. It further suggested that if the allegations against Dr Lord have already been screened, we might now have more information than the screener had at the time, and it may need to be re-screened. It considered that the nurses involved were open to criticism for withholding nutrition and for failing in their own whistle-</p>
--	--	--	--	--	---

				<p>blowing responsibilities, and should be referred to the UKCC. It noted that there has already been a CHI report.</p> <p>The Committee noted that the documentation which was not included may contain information about the identity of the nurses concerned, and that a Nurse Philip Beed is named at p236. If we cannot identify other nurses we should ask the Trust for the names so they can be reported to the UKCC. We should also warn the press office about the case given the potential public interest, mentioning that other doctors and nurses might become involved. The Committee would like the case to be fast-tracked. Professor MacSween requested that a charge be added at 5 a. iii to reflect the inappropriate use of the word "happy" in the context of confirming death as this was at best inappropriate and reflected an attitude which caused considerable concern.</p>
--	--	--	--	---



Venessa Carroll | Code A

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

Importance: High

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

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

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

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

Mike

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

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

Mike

I took two calls for you yesterday.

Unrelated doctor informationUnrelated doctor informationUnrelated doctor informationUnrelated doctor information  
Unrelated doctor informationUnrelated doctor informationUnrelated doctor informationUnrelated doctor information  
Unrelated doctor informationUnrelated doctor informationUnrelated doctor informationUnrelated doctor information  
Unrelated doctor informationUnrelated doctor informationUnrelated doctor informationUnrelated doctor information

She will keep you updated on further developments.

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

Thanks

Helen

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

---

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

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

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

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

okay. thanks

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

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

Venessa

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

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

---

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

For information

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

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

Christine

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

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

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

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

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

Hope this is clear. Any questions please ask.

Mike

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

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

For info:

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

Thanks

Seaton

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

---

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

Venessa

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

Christine

FFW Corres.

Linda Quinn Code A

From: Andrew Wood Code A
Sent: 26 May 2004 09:04
To: Tina Long
Cc: Linda Quinn Code A
Subject: RE: Dr Barton

Tina

I faxed copy to Mark as requested

Andy Wood

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

From: Long, Tina Code A
Sent: 25 May 2004 16:21
To: GMC - Andrew Wood Code A; GMC - Linda Quinn Code A
Subject: Dr Barton
Importance: High

Andrew, Linda

Mark Shaw QC has just been on the phone in connection with the IOC transcript. Our copy stops at page 16 but it looks as though there are more pages.

Matthew has a conference with counsel first thing tomorrow morning - please can you fax over a complete copy of the IOC transcript as soon as possible to Mark Shaw at Blackstone Chambers - fax no. Code A

Thank you for your help.

Tina

\*\*\*\*\*

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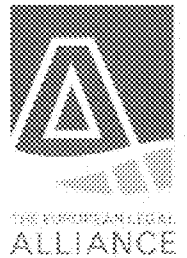
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Our ref: MSL/TL/00492-14742/2813917 v1  
 Your ref: FPD/LQ/2000/2047



Linda Quinn  
 Conduct Case Presentation Section  
 Fitness to Practise Directorate  
 General Medical Council  
 178 Great Portland Street  
 London W1W 5JE

25 May 2004

Dear Linda

**Dr J A Barton**

Thank you for your letter of 18 May 2004 enclosing correspondence with the police in connection with Dr Barton's case.

With reference to your final paragraph, and the disclosure of the IOC transcript to me, my understanding at present is that the police are not seeking disclosure of this document and therefore I am under no obligation to the police.

I have spoken to Detective Superintendent Steve Watts, who is leading the investigation. He has endorsed the GMC's initiative in taking advice in respect of disclosure as he believes it will be of assistance to all parties to receive an independent opinion.

I look forward to updating you once Leading Counsel has advised on this issue.

Yours sincerely

**Code A**

**Matthew Lohn**

Partner

Direct Line: **Code A**

Mobile: **Code A**

Email: **Code A**

Field Fisher Waterhouse 25 Abchurch Lane London EC4A 3DF

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In reply please quote **FPD/LQ/2000/2047**

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

18 May 2004

Matthew Lohn  
 Field fisher Waterhouse.

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Dear Matthew

**Dr J A Barton**

Andy has asked me to copy to you correspondence with the police in connection with Dr Barton's case and I therefore enclose:

- my letter to Hampshire Constabulary (HC) of 2 October 2003;
- HC letter of 6 October 2003;
- my letter of 7 January 2004;
- HC letter of 28 January 2004;
- my letter of 6 February 2004;
- HC letter of 11 March 2004;
- my letter of 16 March 2004;
- HC letter of 21 April 2004;
- Peter Steel's letter of 5 May 2004.

I also enclose a brief chronology. Please let me know if you need more information than it contains.

Lastly, I rang you concerning the IOC transcript, because the GMC had previously said this should not be disclosed to the police until we had a written request from them with reasons, including why we should not tell Dr Barton of the disclosure. You confirmed that as you were acting for the GMC in regard to obtaining Mark Shaw's opinion, you were under no obligation to copy the transcript to the police. Therefore I enclose a copy of the 19 September 2002 transcript (that is the last time IOC considered Dr Barton's case).

Yours sincerely

**Code A**

Linda Quinn  
**Conduct Case Presentation Section**  
**Fitness to Practise Directorate**

Direct Line: **Code A**

E-mail address: **Code A**

2000/2047  
Dr J A Barton

**Chronology for GMC case (to 18 May 2004)**

27/07/00	Hampshire Constabulary notify GMC of allegation by Gladys Richards' family that she had been unlawfully killed as a result of treatment received at Gosport War Memorial Hospital and confirmed that Dr Barton appeared to be responsible for her care.
June 2001	IOC considered and made no order.
February 2002	CPS decide not to proceed with criminal case. Disclosure to GMC of Crown's papers which included a report on the management of a further four patients at Gosport War Memorial Hospital.
21 March 2002	IOC considered again, including the additional information on the four patients, and made no order.
29 August 2002	PPC considered and referred the five cases to PCC.
August 2002	Police send their case papers to CPS because of concerns by family members that there was no case to be raised against Dr Barton.
19 September 2002	IOC considered and made no order.
19 September 2002	Hampshire and Isle of Wight NHS Health Authority sent to GMC a file of correspondence relating to concerns about the use of diamorphine on patients in 1991. GMC consulted Matthew Lohn as to whether this merited a further referral to IOC.
9 October 2002	Matthew Lohn replies that "... Screeners would be misdirecting themselves if, having seen the new papers, they were to refer the matter for further consideration by the IOC".
September/October 2002	Police reopened their investigation and the GMC's investigation put on hold. Police decide to investigate all deaths of patients under Dr Barton's care at the Hospital.

30 September 2003	Police meet with Linda Quinn, GMC, and said that following a review by experts, the findings in respect of the patients' deaths were that 25% were optimal, 50% were sub-optimal but causation unclear, 25% cause of death unclear (all percentages approximate). Police asked whether the case would be reconsidered by IOC on the basis of this information, but would not agree to disclose any of their papers because they knew that GMC would have to disclose to doctor if the case were to go back to IOC.
October 2003	Matter referred to Screener, with all available information. Screener does not consider that it should go back to IOC.
7 January 2004	LQ requests update on progress from police.
28 January 2004	Police indicate that unable to provide further information at that point.
6 February 2004	LQ confirms to police that GMC inquiries on hold pending conclusion of their investigations.
February 2004	Paul Philip meets with CMO, at CMO's request, to discuss Barton case and Richard Baker's report (which PP had not seen in advance of meeting).
27 February 2004	Meeting between GMC (Paul Philip, Jackie Smith and Linda Quinn), Hampshire Constabulary (DCS Watts, DI Niven and one other) and FFW (Matthew Lohn). To summarise police's position, they were still investigating, did not know when the investigation would be complete, did not know when they would be ready to interview Dr Barton, and were not willing to give the GMC any information/evidence unless the GMC guaranteed not to pass it on to Dr Barton.
5 May 2004	Peter Steel wrote to Hampshire Constabulary.

Linda Quinn [Code A]

**From:** Timms, Mary [Code A]  
**Sent:** 15 Mar 2004 16:55  
**To:** GMC - Linda Quinn [Code A]  
**Cc:** Lohn, Matthew  
**Subject:** RE: Dr Barton

Linda

I think Matthew is having a word with Jackie about this. My understanding is that because we act for the police we have a conflict of interest and it would not be appropriate for us to draft the letter. I did mention a possible conflict to Paul and I think Matthew touched on it with him but perhaps they had not fully talked it through.

Perhaps you could check with Jackie whether Matthew has managed to speak to her yet

kind regards

mary

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

**From:** GMC - [Code A]  
**Sent:** Monday, March 15, 2004 4:08 PM  
**To:** Timms, Mary  
**Cc:** GMC - Jackie Smith [Code A]  
**Subject:** Dr Barton

Mary

Paul was wondering if you have been able to draft the letter to the police yet?

Linda

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\*\*\*\*\*  
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16/03/2004

**Fax**

To Matthew Lohn

Fax number 

From Linda Quinn

Direct Dial 

Direct fax

**GENERAL  
MEDICAL  
COUNCIL***Protecting patients,  
guiding doctors*No. of pages 5 Time 14:30 Date 12 February 2004  
(inclusive)

Dear Matthew

**Dr J A Barton**

Further to our conversation, I attach a copy of my letter of 2 October 2003 to the police, and you will see that in the first paragraph on the second page I did ask for a detailed written summary of their evidence. In the reply from DCS Watts dated 6 October 2003 (also attached), he says "If I were reassured that material would not be passed to Dr Barton or her representatives, I would be willing to consider, at a future time, providing a more detailed disclosure of information to the GMC." He goes on to suggest discussing matters with the screener to achieve maximum disclosure. You are of course aware that we could not give the required reassurance to the police, and I believe that they understood this. The correspondence was submitted to the screener for her view.

Until September 2003, contact with the police in this case appears to have mainly been through FFW. I would suggest that it would be useful to ask Judith Chrystie if she has any records of having asked directly, on behalf of the GMC, for information from the police.

Yours sincerely

**Linda Quinn****Conduct Case Presentation Section  
Fitness to Practise Directorate**Direct Line: E-mail address:

In reply please quote **FPD/LQ/2000/2047**

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

2 October 2003

Detective Chief Superintendent Steve Watts  
Police Headquarters  
Hampshire Constabulary  
West Hill  
Winchester  
Hampshire  
SO22 5DB

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Watts

**Dr J A Barton**

I refer to our meeting on 30 September 2003 when you informed me of the stage reached in the Hampshire Constabulary's investigations in this case. I have now had an opportunity to discuss that information within the GMC.

In order for Dr Barton's case to be referred to the Interim Orders Committee (IOC), prima facie evidence is required which is cogent and credible and raises a question as to whether Dr Barton should have a restriction placed on her registration. This information would then be considered by a medical member of the GMC (the screener) with regard to a referral to the IOC. For example, if there is evidence that Dr Barton has been prescribing in an inappropriate and irresponsible manner, and the screener refers this to the IOC, it would be open to the IOC to place a condition on her registration restricting her prescribing. The Committee also has the power to suspend a doctor's registration.

The IOC may make an order when it determines that it is necessary for the protection of members of the public or is otherwise in the public interest or the interests of the doctor. As well as protection of the public, the public interest includes preserving public confidence in the medical profession and maintaining good standards of conduct and performance.

From the information that you provided on 30 September 2003, we consider that it is likely to be in the public interest that the matter is screened. However, we cannot give a final decision without further information.

Therefore could you please supply us with a detailed written summary of the evidence you have in this case to date, including any report prepared by the team of experts. The decision on referral of the information to IOC rests with the screener. If the information supplied is very brief, while it is likely that it would be passed to the screener, there is a possibility that the screener would not refer it to the IOC.

As we discussed on 30 September 2003, if Dr Barton's case is referred to the IOC, the documentation you provide will be disclosed to her and her legal representatives.

Could you please confirm whether the 62 individual cases scrutinised by your team of experts include the five which are already known to the GMC, as follows:

- Gladys Richards;
- Arthur Cunningham;
- Alice Wilkie;
- Robert Wilson;
- Eva Page.

We are grateful to you for keeping us informed of the progress of your investigation, and would ask that you continue to do so.

Please let me know if you require any further information from me before responding to this letter.

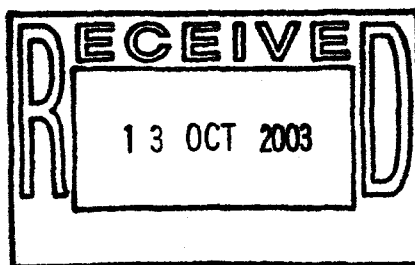
Yours sincerely

**Code A**

Linda Quinn  
Conduct Case Presentation Section  
Fitness to Practise Directorate

Direct Line: **Code A**  
Fax: **Code A**  
E-mail address: **Code A**





Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

**S Watts MSc DPM MIMgt**  
Detective Chief Superintendent  
Head of CID

**Tel:** 01962 871404

**Fax:** 01962 871130

**Telex:** 47361 HANPOL

**email:** Code A

Your ref:

Our ref: SW/chm

6<sup>th</sup> October 2003

Ms L Quinn  
General Medical Council  
178 Great Portland Street  
London W1W 5JE

Dear Ms Quinn

**Re: Gosport War Memorial Hospital - Operation Rochester**

Thank you for your letter dated 2 October 2003, following our meeting on 30 September 2003 regarding the above matter.

I note your comments, in particular the processes by which the GMC may consider the matter of registration.

The summary which we provided you in respect of our investigation, indicated that a team of clinical experts had examined hospital records in respect of 62 patients at Gosport War Memorial Hospital, under the care of Dr Barton. In a significant number of those cases, the experts take the view that there was negligent care and that the causation of death is unclear. As my colleague DI Niven and I explained, much further work needs to be done to validate and develop these very provisional findings. We took the view, however that the GMC and the relevant Strategic Health Authority should be appraised of this information.

As we explained to you, our primary concern always is the safety of the public. That said, we are also expected to investigate serious allegation such those involved here in a professional and ethical manner. We therefore have to strike a balance between conducting our investigation in the appropriate fashion whilst realistically assessing the risk to the public. Put simply, our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton.

Our investigation has only considered cases up to 1998 and all relate to the treatment of patients at the Gosport War Memorial Hospital. All the cases of concern raise issues in respect of the use of opiates. My understanding at the present time is that Dr Barton is not allowed to work at the Gosport War Memorial Hospital, and is not authorized to prescribe opiates.

On the basis of the above, I think more assessment needs to be conducted to quantify and clarify the risk that Dr Barton continuing to practice currently presents to the public safety. I would emphasize that our investigation has only concerned itself with issues within the Gosport War Memorial Hospital and not in any other area of practice by any medical staff. You will be aware that Professor Richard Baker was tasked with conducting some analysis by the Chief Medical Officer. His remit would have been wider than ours and although I do not know the outcome of his research, I would imagine any conclusions he has reached might assist you in your deliberations.

It is probable that we will need to interview Dr Barton at length. The interview process is predicated upon a detailed strategy which will include a careful consideration of the information supplied to Dr Barton prior to interview. I note that your letter indicates that any information supplied to the GMC will in its totality be supplied to Dr Barton. Any uncontrolled disclosure to Dr Barton has the potential to detrimentally impact upon the investigation, and I therefore would be reluctant to disclose further information until the above issue of risk has been given thorough consideration.

If I were reassured that material would not be passed to Dr Barton or her representatives, I would be willing to consider, at a future time, providing a more detailed disclosure of information to the GMC. We would be more than happy to discuss with the GMC 'Screener' how we may best achieve the maximum disclosure without a detrimental impact upon the investigation.

Finally, in answer to your question, I can confirm that the patients that you name in the second page of your letter of 30 September were included in those reviewed by the team of clinical experts.

I look forward to hearing from you so that we may progress this matter together.

Yours sincerely

**Code A**

Steve Watts

Detective Chief Superintendent  
Head of CID

RE: Dr Jane Barton

Page 1 of 3

**Linda Quinn** [Code A]**From:** Lohn, Matthew [Code A]**Sent:** 11 Feb 2004 19:23**To:** GMC - Linda Quinn [Code A]**Subject:** RE: Dr Jane Barton

Hopefully about 10.30

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

**From:** GMC - Linda Quinn [Code A]**Sent:** Wednesday, February 11, 2004 4:25 PM**To:** Lohn, Matthew; GMC - Linda Quinn [Code A]**Cc:** Chrystie, Judith**Subject:** RE: Dr Jane Barton

Yes, I am around in the morning. What time were you thinking of?

Linda

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

**From:** Lohn, Matthew [Code A]**Sent:** 11 Feb 2004 16:27**To:** GMC - Linda Quinn [Code A]**Cc:** Chrystie, Judith**Subject:** Dr Jane Barton

Are you around tomorrow morning for 5 mins to discuss this case?

I am over at the GMC and could pop round

Regards

Matthew

Matthew Lohn

Field Fisher Waterhouse

Direct Line: [Code A]

Mobile: [Code A]

Email: [Code A]

www.ffw.com

12/02/2004

Linda Quinn Code A

From: Chrystie, Judith Code A
Sent: 11 Feb 2004 19:11
To: GMC - Linda Quinn Code A
Subject: Out of Office AutoReply: Dr Jane Barton

I am out of the office until 13 February 2004

Should you require any urgent assistance, please contact my secretary Code A
on Code A

\*\*\*\*\*

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**Linda Quinn** **Code A**

---

**From:** Linda Quinn **Code A**  
**Sent:** 22 Sep 2003 16:47  
**To:** Matthew Lohn; **Code A**  
**Subject:** Dr Barton

Matthew, Alex

Regarding the police request that we do not tell Dr Barton if we give the police the IOC transcript, we are able to agree that. However, in order to release the transcript we do need the request, with reasons, in writing - direct from the police.

Linda

10/09 '03 19:22 FAX

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☑ 001

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fax

To: Linda Quinn	Fax: Code A
At: General Medical Council	Pages including this one: 5
From: Judith Chrystie	Date: 10 September 2003
Copy:	Fax:
Our ref: JZC/00492-14742/2486013 v1	Your ref: Barton

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Dear Linda

Dr J Barton

Following our telephone conversation today, please find attached:

1. My letter to Michael Keegan dated 9 January 2003;
2. Email from Michael to me dated 15 July 2003.

Field Fisher Waterhouse 35 Vine Street London EC3N 2AA

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10/09 '03 19:22 FAX

FIELD FISHER WAT

002

I am waiting for a written request from, or on behalf of, Hampshire Constabulary for a copy of the IOC transcript dated 19 September 2002 to be released to them for use in the criminal enquiries.

Whilst we are waiting, please could you arrange for a new transcript to be obtained. As I explained during our telephone discussion today, page 12 in the document sent to us relates to an entirely different matter!

Kind regards

**Code A**

Judith Chrystie

Assistant Solicitor

Direct Line: Code A

Email: Code A

Dr Barton

Page 1 of 1

**Chrystie, Judith**

---

**From:** Chrystie, Judith  
**Sent:** 16 January 2003 13:46  
**To:** 'Michael Keegan' [Code A]  
**Subject:** RE: Dr Barton

Dear Michael

Many thanks for your email. Sorry for the delay in responding: I have been over at CHI.

I will update you next week as to the documents and information CHI held and any information DI Niven passes to me on Tuesday. I will also ask him to make a formal request to us for the release of papers (I suggest that the request is comprehensive to include all the papers we hold - even those that you are content to release now - for the sake of consistency).

See you at 2pm on Wednesday!

Kind regards  
Judith

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

**From:** Michael Keegan [Code A]  
**Sent:** Wednesday, January 15, 2003 4:39 PM  
**To:** Judith Chrystie (E-mail)  
**Subject:** Dr Barton

Dear Judith,

I have had a chance to speak about disclosure to the Police of the IOC transcript in this case and consequently advise that the Police should make a formal, reasoned request for the same. That request can then be considered at a senior level. This is, as you can imagine, in light of both the sensitivity of this case and the lack of precedent of which we are aware.

I should be grateful if you would communicate this to DI Niven.

Regards

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

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## FIELD FISHER WATERHOUSE



Our ref: JZC/HJA/00492-14742/2180712 v1  
Your ref: MK/2000/2047

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

9 January 2003

Dear Michael

**Dr. Jane Barton**

I refer to the above matter.

Since my letter through to you dated 17 December 2002 I have attempted to forward the missing enclosures through e-mail. Each time I have done so a few days later I receive an indication that the documents have not been received with you! My last effort was on 24 December 2003 and I returned to the office yesterday – my first day back in the office since the Christmas break – to find another rejection advice.

I have checked the e-mail carefully and am using the following address: Code A I wonder if the documentation I am supplying occupies too much 'space' to be allowed through the GMC's firewalls. As technology has failed me, I enclose hard copy versions and apologise for the earlier omission.

As I indicated, a copy has been forwarded through to Detective Inspector Nigel Niven. Nigel has indicated that they wish to clarify certain aspects of the note. I await his amendments for inclusion in the note and for discussion with you.

As you are aware, John and I are scheduled to attend at the offices of CHI next week and we shall update you at our meeting on 22 January 2003. Would a time of 2.00pm be suitable for you? Unless I hear from you to the contrary, I look forward to meeting with you again then at our offices.

Field Fisher Waterhouse  
Tel: +44 (0)20 583 1000 Fax: +44 (0)20 583 1001 e-mail: [info@ffw.co.uk](mailto:info@ffw.co.uk) <http://www.ffw.co.uk>  
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London 178 Great Portland Street, London W1W 5JE (Great Portland Street) (London) (London) (London)

10/09 '03 19:23 FAX

FIELD FISHER WAT

005

In your letter dated 18 December 2002 you request my thoughts on the inclusion of Mr Carby's complaint under a Rule 11(2) referral. I thought that I had addressed this issue with you at our meeting on 20 November 2002 at which I indicated that the other matters received by the GMC did appear appropriate to be considered under Rule 11(2).

I do not, however, consider that it would be appropriate for us to undertake any investigation at the moment as this may prejudice the enquiries being undertaken by Hampshire Constabulary. To determine definitively whether the complaint should go through to the PCC (if, indeed, we end up following a charge of serious professional misconduct as opposed to a criminal conviction), further enquiries will need to be undertaken and expert evidence obtained to determine the exact validity of the complaint.

One of the issues mentioned at our meeting in November was whether the police should receive all documentation the GMC hold in relation to this matter. My initial advice to you was that it would be appropriate for the material, in particular the documents considered by the PPC, the letters received on behalf of Dr. Barton, the transcript of the IOC hearing and the additional papers received regarding the incident in 1991 to be disclosed. I confirm this advice. Within the Medical Act 1983 (as amended) the GMC made disclose "*to any person any information relating to a practitioner's professional conduct, professional performance or fitness to practise which they consider it to be in the public interest to disclose*" (Section 35B).

Are you content that it is in the public interest to disclose the material I have identified above? Should you confirm that the GMC consider it to be in the public interest, I shall pass the relevant documentation through to Detective Inspector Niven.

I hope that you had a restful Christmas and New Year break and that the move into your new home went smoothly.

See you next week!

Kind regards,

Yours sincerely

**Code A**

Code A: **Judith Chrystie**

Direct Line: **Code A**

Email: **Code A**

**Linda Quinn** Code A

**From:** Offord, John Code A  
**Sent:** 12 May 2003 09:31  
**To:** GMC - Code A  
**Subject:** RE: Dr J A Barton

Dear Linda  
The police are continuing their investigation into this matter, I will of course keep you fully updated regarding their investigation. The FFW solicitor in the case is Judith Chrystie.  
regards  
John

-----Original Message-----  
**From:** Linda Quinn Code A  
**Sent:** Friday, May 02, 2003 2:19 PM  
**To:** Code A John Offord  
**Subject:** Dr J A Barton

Hello

Just to let you know that I have inherited this case now that Michael Keegan has joined the Committee Development Team.

I have had a look at the latest correspondence and the PPC papers, and had a word with Michael. I understand that nothing is happening on the GMC case because we await the outcome of police investigations.

Please keep me updated!

Linda

\*\*\*\*\*  
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\*\*\*\*\*

**Michael Keegan** Code A

**From:** Chrystie, Judith  
**Sent:** 15 Apr 2003 11:51  
**To:** 'Michael Keegan' Code A  
**Subject:** RE: Dr Jane Barton

Hi Michael

I have been out of the office on other work matters until today so apologies for the delay in responding.

I have not had any further substantive meetings with the police. They are in the process of arranging a weekend with their experts on 26 April 2003 regarding the experts' view and I will try to get an update for the new case worker after that date. The police say that this meeting will give them a good indication about timescales.

In this regard, however, I understand that the police hope to be in a position to determine whether and how to proceed towards the end of the year.

I am conscious that there are a number of other non-urgent matters I hoped to attend to on the file, notwithstanding, the fact that the matter cannot proceed overtly. Owing to the pressures of other work and fact that these are low priority, I am afraid that I have yet to finalise them. I shall endeavour to do so after Easter.

I shall, in two separate emails, send you the meeting note from my meeting with the police in January and you in February which I don't think you have for your file. I shall send them separately owing to the difficulties we have experienced previously - please let me know if they do not arrive.

I shall be out of the office from later today until 1 May on annual leave.

Good luck in the new post! Please can you let me know who has the onerous task of taking over the matter from you!

Kind regards  
Judith

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

**From:** Michael Keegan Code A  
**Sent:** Friday, April 11, 2003 12:55 PM  
**To:** Judith Chrystie (E-mail)  
**Subject:** Dr Jane Barton

Dear Judith

I will be leaving the Conduct Case Presentation Section on 23 April 2003.

As part of my effort to pass files over to colleagues in a reasonably tidy format I was going to write to the relatives of patients whose cases we are investigation, or to Messrs Alexander Harris on their behalf.

I should be grateful to know, therefore, whether you have had any contact with the Police further to our last meeting on 21 January. Is there any timesclae for the likely completion of Police inquiries that I could include in my letters to relatives and note to the colleague who inherits this case?

Thanks for your help in this case. I'm staying with the GMC and so you'll probably see me again sooner or later.

Kind Regards

17/04/2003

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

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# Meeting Note

<b>Judith Chrystie</b>	Call type: <b>Meeting</b>
Att: <b>Hampshire Constabulary</b>	From:
Duration:	Date: <b>21 January 2003</b>

## Dr Barton – Meeting with Hampshire Constabulary (Meeting No.2)

### Attendees

FFW: Judith Chryste – JZC  
 Police: DI Nigel Niven – NN  
 DC Chris Yates – CY

### Meeting

JZC thanking NN and CY for attending FFW's office in order to provide an update as to the progress on the criminal investigation since their meeting in November 2002.

NN advising that he was happy to do so and as he had reassured JZC in November, he would continue to do so. He wished to liaise with all stakeholders involved in the matter.

NN stating that the police investigation had expanded through to 1998-1989. This was the period in which Dr Barton had started undertaking work at the Gosport War Memorial Hospital (GWMH).

### CHI Investigation

JZC advising NN and CY that she and JHO had recently visited the offices of the Commission of Health Improvement (CHI) in order to examine the documents and statements that had been taken by CHI during their investigation last year.

JZC advising that there was only one statement in which concern was raised regarding the prescribing habits of Dr Barton. This was a nurse who had initiated a grievance. JZC apologising for the fact that she did not have the documentation with her at the meeting but indicating that she would send her file note of analysis to Hampshire Constabulary.

JZC advising that there were a number of individuals that she wished to interview and she appreciated that she could not do this until the conclusion of the policy enquiry. Advising that she would, however, JZC indicating that she wished to obtain copies of the statements and documents relating to those interviews. JZC explaining that CHI did not want to pass on the statements without informing the witnesses that copies of the statements had been passed to the GMC. JZC commenting that CHI had, upon taking the statements, indicated that it might be necessary to pass those through to the GMC or the police and, consequently, CHI had already identified the possibility with each witness. JZC advising, however, that Julie Miller (of CHI), did wish to advise each individual that this had happened and JZC querying whether this would affect the police investigation.

NN stating that he was entirely "neutral" as to whether the witnesses were notified that their statements had been passed to the GMC. He felt that this was an entirely reasonable request particularly as JZC was confirming that she had no intention to approach the witnesses directly or take live evidence from any individual. JZC confirming that this was the position and advising that she would copy NN into any correspondence.

#### IOC Decision – Dr Barton's interpretation

JZC advising that she had seen a letter from Dr Barton to the Personnel Director of the Portsmouth Healthcare Trust. This letter contained comments regarding the IOC decision not to suspend or place conditions upon Dr Barton's registration prior to the PCC hearing. JZC advising that Dr Barton suggested that the IOC decision meant that the GMC's view was that there was no case to answer and, moreover, that the GMC did not consider that she has done anything wrong.

JZC stating that this was not the decision of the IOC hearing and she wished to obtain GMC instructions to write through to Dr Barton advising her that she could not continue to make such statements as this was not the position; the IOC had determined it was not in her interests nor the public interest to make an interim order but that the PCC would decide whether there was any criticism of her practice.

JZC querying whether, if the GMC provided her instructions to contact Dr Barton, this would have any impact upon the police enquiry. NN confirming that Hampshire Constabulary had made no efforts to conceal the fact that there was an investigation. The investigation of Dr Barton had been widely flagged up in the press. It was clear that the police were seeking to establish whether a crime had been committed and, if so, by whom. NN indicating that, from his perspective, he felt that it was only right and proper to notify her that it was inappropriate to make statements interpreting the IOC decision in this way.

NN commenting that it may be appropriate for the GMC to be able to write to Dr Barton and indicate that a police investigation was continuing and, therefore, the disciplinary action would not be

advanced until the conclusion of the criminal enquiry. JZC and NN discussion the fact that this would show that the GMC were not delaying matters unnecessarily and avoid potential arguments of abuse of process. In summary, it was clear that the GMC were holding disciplinary proceedings in abeyance whilst the police were undertaking their own enquiries.

#### Disclosure

JZC advising that there were a number of documents that she wished to pass through to the police. These documents related to the papers that had been considered by the PPC and the IOC. Advising that the GMC had the ability under Section 35A of the Medical Act 1983 (as amended) to pass on documentation to other parties in the public interest JZC indicating that the GMC were happy that it would be in the public interest to pass the documentation through to the police but were concerned that passing on documents such as the transcript of a private IOC hearing should be a document that was formally requested by Hampshire Constabulary.

JZC and NN discussing the fact that Hampshire Constabulary would be happy to make a formal request. NN asking JZC to ask him formally for those documents.

#### Police Investigation

NN advising that the police were investigating approximately 62 deaths. In each of these deaths it would be necessary for experts to analyse and review the medical notes. NN advising that in respect of the deaths, the families were involved and had expressed concern about the care their relatives had received.

NN stating that he was establishing a panel of experts to meet in the next few weeks. The panel of experts would be headed up by Professor Robert Forest. In addition, he would be joined by an expert in palliative care, geriatric care, general practice and epidemiology.

JZC was asked to check with the GMC as to whether Dr Barton had completed a palliative care course. JZC queried whether the GMC would have access to this information but indicating that she would ask the question. JZC advising that such courses may not be registerable matters.

NN stating that each of the experts would have access to the patient records. It may be that these were placed on CD to allow each expert to work remotely. He was, however, hopeful that a meeting could be arranged to allow all experts to discuss the case. He anticipated that the experts report may be completed in three/six months.

NN stating that the issue of causation was an issue which would be considered specifically by the experts. In addition, the experts would be asked to look at a mechanism for analysing the deaths on a medical and a scientific basis. NN stating that he wished to consider the statistical and mathematical basis for the significant number of deaths and for the experts to identify those deaths which cause concern from those that did not raise any issues for investigation.

NN indicating that there was a question as to whether it would be necessary to exhume any of the bodies. His current view was that exhumation was unlikely benefit the investigation but he wished his team of experts to confirm this point.

JZC querying whether the experts would be considering the appropriateness of the treatment. Stating that if there was no criminal basis for an investigation then, clearly, the GMC would be looking for the adequacy of the treatment regime. NN confirming that if he received evidence regarding any medical practitioner he would be obliged to disclose the material.

JZC advising that any expert report passed to the GMC prior to the conclusion of the criminal enquiries would lead to disclosure issues. JZC discussing the need to disclose evidence upon which the GMC wished to rely and, say, an IOC hearing. NN appreciated the disclosure issues and advising that he had to consider the key points of risk to patients when acting in the public interest. NN advising that he was aware of these issues and to the need to secure patient safety.

The police would then have to interview appropriate witnesses. He did, however, anticipate that, using 'due diligence', he did not anticipate the investigation taking 2-3 years as JZC had feared. NN advising that he hoped to have a clear idea about where the police investigation would be going by the end of 2003. He hoped to have completed his investigation and sought legal advice on the points. He was anxious to move as quickly as possible.

#### Family Solicitors

NN advising that he continued to have a good relationship with Ann Alexander of Alexander Harris who was acting for many of the families of the deceased relatives. He hoped that he would continue with such a relationship, it appeared that Ann Alexander shared the same view regarding rebuffed approached in any dealings with the media. Ann Alexander had indicated that she would not approach the media.

NN stating that he had a meeting with a family group on 5 February 2003. Alexander Harris and the other patient groups would be attending this matter which was designed as an open forum.

NN querying whether JZC would be happy for NN to mention that Hampshire Constabulary were liaising with the GMC on a regular basis and keeping them fully informed of the circumstances surrounding the investigation.

#### Conclusion

All parties confirming that the meeting had been useful as an updating exercise and reiterating their intention to continue to have regular meetings throughout the duration of the criminal enquiries.

**Michael Keegan** Code A

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**From:** Chrystie, Judith  
**Sent:** 10 Jan 2003 15:38  
**To:** 'Michael Keegan' Code A  
**Subject:** RE: Dr Barton

Dear Michael

Thank you for this and for your letter 7 January which I received this morning and which will have crossed with the letter Code A (my secretary) was able to 'pp' to you yesterday.

I had a call from Nigel Niven today and have scheduled a brief meeting with him on 21 January 2003. I shall be able to update you the following day.

Thank you for your instructions regarding the documents. I do feel that it would be important for the police to review the explanation provided by Jane Barton at the IOC hearing. I shall, however, await your instructions on this point. It would be helpful to have your instructions prior to the 21 January so that I may had the material to Nigel Niven at our meeting.

Kind regards  
 Judith

PS Hope this gets through!

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

**From:** Michael Keegan Code A  
**Sent:** Friday, January 10, 2003 11:37 AM  
**To:** Code A  
**Subject:** Dr Barton

Dear Judith,

Thank you for your letter of 9 January 2003.

You have my correct email address, so I've no idea why your messages have not been received.

I look forward to meeting with you and John at 14:00 on 22 January 2003 at your offices.

I will write to Mr Carby indicating that we are unable to make to a final decision on Rule 11 inclusion or otherwise of his complaint while Police inquiries are ongoing, and that the Police are aware of the details of the complaint.

I agree that it is in the public interest to disclose to the Police nearly all the material you mention. I remain concerned about the IOC transcript, however, and will revert to you on that specifically as soon as possible.

Finally, I have checked and, according to our records, Dr Barton's qualifications are: BM BCh 1972 Oxf. Perhaps you could pass this on to the Police.

Kind Regards

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

13/01/2003



In your letter dated 18 December 2002 you request my thoughts on the inclusion of Mr Carby's complaint under a Rule 11(2) referral. I thought that I had addressed this issue with you at our pre-meeting on 20 November 2002 at which I indicated that the other matters received by the GMC did appear appropriate to be considered under Rule 11(2).

I do not, however, consider that it would be appropriate for us to undertake any investigation at the moment as this may prejudice the enquiries being undertaken by Hampshire Constabulary. To determine definitively whether the complaint should go through to the PCC (if, indeed, we end up following a charge of serious professional misconduct as opposed to a criminal conviction), further enquiries will need to be undertaken and expert evidence obtained to determine the exact validity of the complaint.

One of the issues mentioned at our meeting in November was whether the police should receive all documentation the GMC hold in relation to this matter. My initial advice to you was that it would be appropriate for the material, in particular the documents considered by the PPC, the letters received on behalf of Dr. Barton, the transcript of the IOC hearing and the additional papers received regarding the incident in 1991 to be disclosed. I confirm this advice. Within the Medical Act 1983 (as amended) the GMC made disclose "*to any person any information relating to a practitioner's professional conduct, professional performance or fitness to practise which they consider it to be in the public interest to disclose*" (Section 35B).

Are you content that it is in the public interest to disclose the material I have identified above? Should you confirm that the GMC consider it to be in the public interest, I shall pass the relevant documentation through to Detective Inspector Niven.

I hope that you had a restful Christmas and New Year break and that the move into your new home went smoothly.

See you next week!

Kind regards,

Yours sincerely

**Code A**

**Judith Chrystie**

Direct Line: **Code A**

Email: **Code A**





FIELD FISHER WATERHOUSE



## Meeting note

Name: <b>Judith Chrystie</b>	Call type: <b>Meeting</b>
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Duration:	Date: <b>20 November 2002</b>
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### **Barton - Meeting with Hampshire Constabulary**

#### Attendees:

GMC: Michael Keegan - MK

FFW: Judith Chrystie - JZC  
John Offord - JHO

Police: DI Nigel Niven - NN  
DC Owen Kenny - OK

#### Meeting

The attendees agreeing that JZC would make a brief minuted note of the meeting for circulation to all parties.

The parties introducing themselves and explaining their involvement in the case.

JZC explaining the situation within the GMC. Advising that the GMC would not proceed if NN indicated that to do so could prejudice any policy enquiry. JZC explaining the difference between running the case as a conviction matter and one in which we had to prove serious professional misconduct. JZC indicating the criminal rules of evidence were applied in GMC proceedings.

MK updating NN and OK as to the current position of the GMC enquiries. Indicating that the matter had both been screened and placed through the PPC.

JZC clarifying that the papers that the screener and the PPC had seen had been provided by Acting Detective Superintendent Burt. Noting that these papers had been forwarded through to the GMC when it appeared that the police were no longer pursuing any criminal investigation. NN advising that when, in 1998/1999 concern was raised by the death of Gladys Richards, an investigation had taken place which the police admitted was not as effective as it should have been. Advising that the CPS had considered the investigation and, in particular, the report prepared by Livesley on the Richard's case and had taken the view that causation could not be made out.

NN explaining that following the CPS's conclusion, the families of the elderly patients stated that they considered the police had been too quick to conclude the matter and that as a consequence four other cases were "dip sampled" by a new investigating officer, Detective Superintendent James. Those other cases were considered by two alternative experts Ford and Munday.

NN indicating that he was concerned about the issue of causation and whether proving causation may be just outside of the Constabulary's reach. Noting, however, that although the file had been prepared again for the CPS (by DI Stickler) and contained information on all five cases, there were a number of other incidents which still required full investigation. NN indicating that on statistical analysis and a similar fact basis it may be possible to establish causation. Noting that there were significant arguments about the appropriateness of the prescribing regime and the instructions left by clinical staff. The attendees noting that this was a particular issue for professional regulation given that it was not necessary to show that causation resulted in death merely of the inappropriateness of the prescribing regime amounted to bad practice.

NN advising that there were 50 other cases that the police may consider. One of the issues that would have to be resolved was whether a policy decision should be made to look at the hundreds of individuals who had died at the Gosport War Memorial Hospital. Noting that from 1994 to the period in which Dr Barton resigned from the hospital, there were thousands of deaths, 600 of which had been certified by Dr Barton. There were further cases in which Dr Barton had provided the care although the death may have been certified by a different practitioner.

Given the number of cases and the provisional views being provided by an alternative expert instructed by NN, Professor Robert Forest, NN stating that he was increasingly moving towards the view that he was entitled to argue that causation could be made out. NN noting, however, the difficulty in showing that death through bronchial illness of pneumonia was a consequence of diamorphine. Although it was noted that excessive diamorphine could cause respiratory difficulties, the victims were elderly patients who were, therefore, vulnerable in any event.

NN commenting that although there was a theme developing through the cases to suggest that Jane Barton had relied on diamorphine and syringe drivers, the police had to investigate the practices of the other practitioners working at Gosport Hospital. The attendees agreed that Jane Barton could not be seen to be persecuted alone.

JZC noting that the environment in which Dr Barton was working in which there were no prescribing policies may have allowed her to operate undetected.

OK identifying the fact that in 1991 concerns had been raised regarding the use of diamorphine by junior nurses. MK and JZC advising OK that these papers had been provided to the GMC but did not take the matter further in terms of the interim procedures. OK advising the circumstances in which the concerns had been made by the junior nurses and the fact that the medical practitioners and senior nurses had been opposed to any questioning of the clinical decision making. Noting that the fact that concerns had been raised some years previously did suggest that there was something amiss with James Barton's practice over a period of years.

NN noting that there appeared to be a lack of motive. OK was continuing to look at this element.

NN advising that Liam Donaldson had asked Professor Baker to consider the issues raised by the cases identified by the police. NN had persuaded Professor Baker to also expand his enquiries into Dr Barton's GP practice. NN noting that Professor Baker's analysis of the statistics would take some time.

JZC advising that the GMC had the power to make an interim order suspending or placing conditions upon a medical practitioner's registration notwithstanding the fact that he or she had not been found guilty of serious professional misconduct. Stating that in this instance the IOC had determined not to place any interim order upon Dr Barton's registration. Noting that this was based on a convincing argument by Dr Barton explaining the lack of resources and supervision and the poor conditions under which she had had to work. Stating that given that the police were suggesting that there was potentially hundreds of deaths caused by Dr Barton and were actively assessing whether a murder charge could be prosecuted, JZC would be concerned to protect the patients and the public interest by presenting new evidence to an IOC Panel.

The parties discussing the disclosure requirements for GMC. Noting that the GMC would be forced to disclose any document which they wished to present to an IOC hearing in reliance of a request for an interim order.

NN appreciating the vulnerability of the GMC to criticism if a patient was killed at the hands of Dr Barton when the GMC could have taken action to prevent her from practising. He was, however, concerned regarding disclosure of material which he would not wish revealed to the doctor at too early a stage. NN stating that it would be possible for him to write a letter for the GMC indicating that police investigations were continuing and that there were a minimum of 50 patients whose deaths would be analysed. The letter could also advise that early medical advice suggested that the deaths had been hastened by the prescribing regime provided by Dr Barton. The attendees agreeing that the letter from NN would also formally request that the GMC state their proceedings.

JZC expressing concern that the defence could argue that Dr Barton was no longer working at Gosport War Memorial Hospital and, therefore, patients were not at risk from diamorphine prescriptions or syringe drivers. OK noting in this regard that Dr Barton's private practice would include elderly patients. JZC commenting that although she appreciated that it had not yet been determined whether the criminal enquiry should consider the private/GP practice, it would be helpful if the fact that investigations may be expanded in this direction could be included within the letter to the GMC. NN stating that whilst he would wish to assist the GMC as far as possible, it may be

difficult for him to add this element to any letter. Noting that Professor Baker had agreed to expand his analysis to include Barton's private practise, but this was not part of his specific remit established by Liam Donaldson.

NN advising that the letter to the GMC would also formally establish the Constabulary's commitment to liaise closely with the GMC. The parties agreeing that formal letters would be written outlining information that was possible for the GMC to disclose. There would also be contact through e-mail, telephone and further meetings. JZC advising that she was likely to phone NN on a monthly basis so that she could report back to the GMC in her monthly reports!

The parties noting that Alexander Harris had expressed concern that the individuals involved in the various investigations and enquiries were not liaising. Noting the commitment to liaise closely could be articulated to Ann Alexander at Alexander Harris - it would, however, be necessary to stress the different role that each of the particular stakeholders were bound to adopt. Detail would not be provided about the level of communication or the information being passed between the parties but Alexander Harris should be advised that formal channels of communication had been developed.

In this regard, NN advising that he had met with Ann Alexander last week. The meeting had been productive in that it had been on a non-adversarial basis. Stating that Ann Alexander had used the media to generate publicity for her firm following the meeting, however, formal channels of communication had been established and it had been agreed that the family could raise concerns regarding any police investigation through Alexander Harris. Hampshire Constabulary had also agreed to advise any new individuals that Alexander Harris were acting for relatives; NN stressing that this would not be a referral service but merely informative.

NN stating that an important date was his meeting with the CPS scheduled for 28 November 2002. This meeting would establish the Constabulary's expectations as to the speed with which the CPS should consider the papers. NN advising that if the CPS did not consider the matter should proceed to a prosecution, the case could be considered by Treasury Counsel (an alternative Treasury Counsel from that which considered the initial referral of the Richard's case).

OK querying whether the GMC had any record of Dr Barton's qualifications as he did not have a full history or CV. The GMC would attempt to track down as much information as possible.

The GMC also would pass on any Rule 6 response letter if appropriate. JZC also advising that the GMC had received two other complaints Carby and Batson. NN and OK did not recognise these names as individuals within the 50 cases being investigated by the Constabulary. JZC to pass the documents through to the Constabulary.

There appeared to be a culture of resorting to diamorphine care too quickly (perhaps for a easy life?). The parties identified the fact that there may be problems with other doctors. MK advising NN and OK that the case against Lord had been "screened" within the GMC procedures and a decision taken not to pursue the matter.

As regards disclosure, JZC stating that she would work on the assumption that any documents provided by the police would be undisclosable unless she was specifically advised otherwise in writing. JZC stating that the GMC enquiry, once it was permitted to proceed would, of course, have to disclose any documentation passed through by the police. NN and OK appreciating this fact and noting that at that stage, in any event, the policy enquiry would be concluded. NN stating that once the police enquiry was concluded it would be possible to pass JZC all relevant documentation and, indeed, this was the basis on which the police worked.

JZC explaining that we had received a report from CHI. She explained that we wished to obtain the documents that had been considered by the CHI investigation team and, moreover, visit CHI in order to analyse the witness statements taken. Stating that there would be no intention to interview the witnesses. NN agreeing that this would not prejudice any police investigation and JZC and JHO could proceed with this aspect of the GMC enquiry.

The parties summarising the fact that NN would provide a letter to the GMC which could be used by the GMC in an IOC hearing, which would formally ask the GMC to stay their investigations and which would state that the parties were committed to regular liaison. (JZC and MK noting that it may be difficult to persuade an IOC panel to place an interim order based only on a letter but identifying that this was the best position). NN advising that the police would advise the GMC of any significant event and would release information if it was appropriate for them to do so.









Your reference: JZC/HJA/00492-14742/2145525v1  
 In reply please quote MK/2000/2047

Please address your reply to Conduct Case Presentation Section, FPD

Fax: **Code A**

7 January, 2003

Ms Judith Chrytie  
 Messrs Field Fisher Waterhouse  
 35 Vine Street  
 London EC3N 2AA

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Dear Judith

**Dr Jane Barton**

At Ian Barker's request I have written to him to confirm that the provisional date for the Professional Conduct Committee, namely 7 April 2003, will not now be used, owing to the ongoing police inquiries. He has stood down counsel accordingly.

I have still not received the attendance notes of the meetings on 3 October or 20 November 2002. I also await confirmation of the time of our meeting scheduled for 22 January; may I suggest 14:00? I am happy to attend your offices.

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

Your reference: ISPB/TOC/0005940/Legal  
 In reply please quote MK/2000/2047

Please address your reply to Conduct Case Presentation Section, FPD

Fax: **Code A**

7 January, 2003

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

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Dear Mr Barker

**RE: DR JANE ANN BARTON**

Further to our telephone conversation I write to confirm that the provisional date for the Professional Conduct Committee, namely 7 April 2003, will not now be used. You indicated that you were to stand down counsel on this basis.

We cannot, as you know, proceed to public inquiry while police investigations are ongoing. I am advised that those investigations are not likely to be concluded in the immediate future. It does not appear, therefore, that the PCC will be able to consider this case in the early part of next year, as we had hoped.

I trust that you will continue to liaise with Messrs Field Fisher Waterhouse and us, as appropriate.

Yours sincerely

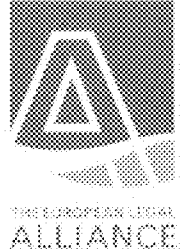
**Code A**

**Michael Keegan  
 Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**



My in Julie Austin : 21/1/23

CHT Report :-

Appendix 2 & 3 - Summary statements seen.

→ for a report to Burton re: -

Will also need to be interviewed by us, as they were there.

CHT will get info from find GMC wants their witness statements on 10/12 addresses that go with statement from. ← Dr. seems happy with this.

Letter from Burton → Tessa (General Practice re: in loc order, suggested that GMC agrees with her but she has done nothing wrong.

I agree that it would be Dr B but this is not correct & that why in loc order for loc request but no any proceedings until loc inv's complete.

[ Kelly English = like letter's (what's gone) understood ] @CHT

Have looking at 62 letters & have assembled panel of experts under Robert Forrest & 4 others (will ask us (in 30) to comment), ... will compare medical records [some missing].

FIELD FISHER WATERHOUSE



(3-6 months)

Any. with produce a report with aim to est.  
any causation +, if est'd, date of death due to  
of death, etc. so as to id which deaths significant.  
→ will also look at appropriateness of prescribing regime,  
NA aware of his obligation to disclose fact evidence to  
as for 100 + his responsibility to then disclose to Dr B.



Following which interviews will start.

Not hopeful that investigation (incl legal advice) will  
be complete this year.

60 to get statements of relevant other statements  
to + note to lower family asking them to request  
100 transcript of rest of papers or writing.

62 - time in which families have expressed concern.



## FIELD FISHER WATERHOUSE



Our ref: JZC/11/A/00492-14742/2145525 v1  
Your ref: MK/2000/2047

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

17 December 2002

Dear Michael

**Dr. Jane Barton**

Thank you for copies of the letters you have recently sent through to Alexander Harris.

Following our meeting with the Hampshire Constabulary on 20 November 2002 I thought it would be helpful to send you an update.

#### Attendance Notes

I enclose a copy of the attendance note of the meeting held on 3 October 2002. I noted, on a review of the file, that I had not forwarded the document to you earlier. You may wish to add this to your file for information.

In addition, I enclose a copy of the meeting note taken after the meeting with Hampshire Constabulary last month. I have forwarded a copy of the note to Nigel Niven together with a request that he advises me of any changes he wishes incorporated into the document. Should any amendments be made, I shall forward a further copy of the note to you.

#### Hampshire Constabulary

I recently received the enclosed letter from Nigel Niven which formally requests that the GMC's enquiries and proceedings are stayed pending the outcome of the criminal investigation. As Nigel suggested at the meeting, our hearing date of April 2003 should be vacated as the police investigation is likely to be lengthy; indeed it appears that following the meetings with the CPS a decision has been

Field Fisher Waterhouse 178/180 Great Portland Street London W1W 5JE

Tel: +44 (0)20 7277 2200 Fax: +44 (0)20 7277 2201 e-mail: [enquiries@ffw.co.uk](mailto:enquiries@ffw.co.uk)

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taken to enlarge the parameters of the investigation. If the expansion involves the hundreds of patients who were certified dead by Dr. Barton and treated by her during their stay at Gosport War Memorial Hospital, the investigation could take, as we were warned, some years. When I next speak with Nigel Niven on the telephone I will attempt to get some indication of the degree to which the enquiries have been enlarged.

I should be grateful if you could provide me with instructions to write to Hampshire Constabulary to advise them formally that the GMC proceedings will be stayed pending the outcome of the police investigation. Currently I have acknowledged Nigel's letter and indicated that we are seeking your formal response.

#### Commission for Health Improvement

At the meeting you will recall that Nigel provided with specific permission to contact CHI in order to examine their documents and the statements they had obtained during their Inquiry. The permission was granted on the basis that we would not contact any of the individuals but were merely assessing the documents and the material held by CHI.

Following the meeting and prior to my holiday last week, I wrote to Julie Miller at CHI requesting a number of documents and asking for inspection facilities in respect of the witness statements and other material held by CHI. I have received a response from Ms Miller who has indicated her willingness to cooperate with the GMC's enquiries. Unfortunately, it has not been possible to find a two-day slot in which my, John Offord's and Julie Miller's diaries are all free until 14-15 January 2003. Given, however, the fact that we will be unable to hold the hearing in April 2003, I do not consider that it is of concern that we must wait until mid-January before visiting CHI. I hope that you agree.

In light of the fact that it has not been possible to arrange an appointment with CHI prior to the New Year, I wonder whether it would be beneficial for us to postpone the meeting tentatively arranged for 8 January 2002 to 22 January 2002. This would allow John and I to update to as to the documents and information we obtained from our visit to CHI. Are you free on this date?

I look forward to hearing from you.

Kindest regards,

**Code A**

John Chrys  
Code A  
Direct Line: Code A  
Email: Code A



# HAMPSHIRE CONSTABULARY

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

Western Area Headquarters  
12-18 Hulse Road  
Southampton  
Hampshire  
SO15 2JX

RECEIVED  
- 4 DEC 2002

Our Ref. Operation Rochester

Tel. 0845 04554545

Your Ref.

Fax.  Code A

2<sup>nd</sup> December 2002

Judith Chrystie  
Field Fisher Waterhouse  
35 Vine Street  
London  
EC3N 2AA

Dear Judith

**Re Operation Rochester – Gosport War Memorial Hospital.**

You will recall that on the 20<sup>th</sup> November 2002 DS Kenny and I met with you at your offices in Vine Street. At that time I was able to provide you with a background of our investigation into certain deaths that had occurred at the above hospital.

You indicated to us that the General Medical Council were conducting an enquiry in respect of the professional conduct of Dr Jane Barton and that you anticipated that a hearing may take place in April 2003 in respect of potential misconduct allegations. You further indicated that in the event of the police conducting a criminal investigation into the same circumstances, that those proceedings could be pended until the outcome of the police investigation was known.

I was able to inform you that our investigation was ongoing and likely to take some duration and certainly not be concluded before April 2003. I also indicated that the police were due to have a meeting with the Crown Prosecution Service on the 28<sup>th</sup> November 2002 and that the extent of the police investigation would not be clear until after that meeting.

I am now able to tell you that the arranged meeting with the CPS took place. It was agreed on the basis of what was discussed to continue and expand the investigation. I have been asked by the Senior Investigating Officer, Detective Chief Superintendent Steve Watts, to notify you of this fact and to formally ask you to consider pending the anticipated hearing in April until further notice.



- 2 -

Within the usual accepted restraints, I will undertake to keep you apprised of developments. Whereas our roles within this matter are quite clearly and quite rightly different, it can only be in the interest of justice and the public that we continue to liaise wherever appropriate.

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

~~Yours sincerely,~~

**Code A**

**Nigel Niven**  
**Detective Inspector 7445**  
**Major Crime Investigation Team**

**Michael Keegan** **Code A**

---

**From:** Michael Keegan **Code A**  
**Sent:** 07 Nov 2002 13:01  
**To:** **Code A**  
**Subject:** Dr Barton

Judith,

I have been informed by my colleague, Michael Hudspith in Screening, that a complaint about Dr Lord, Consultant at the Gosport War Memorial Hospital, has recently been closed.

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

**Michael Keegan** **Code A**

---

**From:** Michael Keegan **Code A**  
**Sent:** 01 Nov 2002 14:57  
**To:** 'Chrystie, Judith'  
**Subject:** RE: Barton

Judith,

Thanks for that. I coincidentally wrote to you yesterday (I attach an electronic copy herewith), but you can probably ignore that now.

20th November is fine with me. I'll put it in my diary now. Please let me know the time and arrangements for getting there.

I await your letter and hope that you are feeling better.

Regards

Michael Keegan  
 Conduct Case Presentation Section

**Direct Line:** **Code A**  
**Direct Fax:** **Code A**  
**Email:** **Code A**

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

**From:** Chrystie, Judith **Code A**  
**Sent:** 01 Nov 2002 14:38  
**To:** **Code A**  
**Subject:** Barton

Dear Michael

I have just received a call from Mr Newdon at the Major Crime Team in Southampton. He apologised for the fact that I have had to repeatedly fax and call to try and arrange a meeting.

He has suggested a meeting on 20 November 2002. Are you available on this day?

indicated that the suggested date was much later than we would have hoped for given the scheduling of the matter for April 2003. Mr Newdon explained that one of the officers (and indeed I have been advised of this when I have tried to ring him previously) is on annual leave until the middle of next week, that the rest of that week is taken up seeing family members and lawyers on the case and that the following week there are a number of internal procedural matters that are taking up the days.

From the discussions I had with him it does very much appear that the criminal proceedings are ongoing and that the Police are actively and closely scrutinising what happened at Gosport War Memorial Hospital.

I am preparing a detailed letter of advice to you regarding all the other issues in this case. I am sorry that I have not been in communication before now. I am afraid that illness and another long -running hearing have taken me out of the office for much of the last few weeks and although I, and my colleagues on the case, have been able to keep up the chasing calls to the police, I am very conscious that I have not yet replied to you substantively in a number of other regards.

Kind regards  
 Judith

Judith Chrystie

Professional Regulatory Group

**Code A**

\*\*\*\*\*

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify [jad@ffwlaw.com](mailto:jad@ffwlaw.com)

Field Fisher Waterhouse            35 Vine Street London EC3N 2AA  
Tel: +44(0)207 861 4000  
Fax: +44(0)207 488 0084  
CDE: 823

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\*\*\*\*\*

## TRANSMISSION VERIFICATION REPORT

TIME : 22/10/2002 12:55  
 NAME : GMC  
 FAX : Code A  
 TEL :

DATE, TIME	22/10/2002 12:55
FAX NO./NAME	Code A
DURATION	00:00:32
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

**Fax**

To Judith Chritie

Fax number Code A

From Michael Keegan

Direct Line Code A

Direct fax

No. of pages 2  
(inclusive)

Time 13:00

Date 22 October 2002

**GENERAL  
 MEDICAL  
 COUNCIL**

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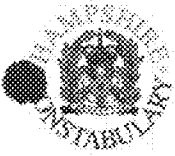
Dear Judith

**RE: DR BARTON**

Please find attached letter dated 16 October 2002 from Hampshire Constabulary, which is self-explanatory.

I should be grateful if you would let me know when you manage to arrange for us to meet with the appropriate officer/s.

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



## HAMPSHIRE CONSTABULARY

**Code A**

Western Area Headquarters  
12-18 Hulse Road  
Southampton  
Hampshire  
SO15 2JX

Our Ref.

Tel. 0845 04554545

Your Ref.

Fax. **Code A**

16<sup>th</sup> October 2002

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

Dear Mr Keegan,

Thank you for your letter to Chief Superintendent James dated 17<sup>th</sup> September 2002.

This letter is to inform you that Detective Chief Superintendent Watts, has now been appointed the Senior Investigating Officer into matters relating to Gosport War Memorial Hospital.

The enquiry is being co-ordinated by myself, Detective Chief Inspector Robert Duncan of the Major Crime Team, 12-18 Hulse Road, Southampton, SO15 2JX. My direct telephone number is:-

**Code A**

If I can be of any further assistance please contact me on the above number.

Yours sincerely

**Code A**

Robert Duncan  
Detective Chief Inspector  
Major Crime Investigation Team

## TRANSMISSION VERIFICATION REPORT

TIME : 16/10/2002 09:44  
 NAME : GMC  
 FAX : Code A  
 TEL :

DATE, TIME	16/10 09:43
FAX NO./NAME	Code A
DURATION	00:01:02
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

**Fax**

To: Ms Judith Christie

Fax number Also by fax: Code A

From: Michael Keegan

Direct Dial Code A

Direct fax

No. of pages: 4 09:45  
 (inclusive)

Date 16 October 2002

**GENERAL  
 MEDICAL  
 COUNCIL**

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 guiding doctors*

Dear Judith

**Re: Dr J A Barton**

Please find attached copy of fax from Julie Miller at CHI, which is self-explanatory.

I await your call once you have reviewed the additional papers I recently sent to discuss what we can usefully request of CHI and our proposed meeting with Hampshire police.

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

**Michael Keegan**

**Fax**

To Ms Judith Chritie

Fax number Also by fax:

From Michael Keegan

Direct Dial   
Direct fax

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

No. of pages 4  
(inclusive)

09:45

Date 16 October 2002

Dear Judith

**Re: Dr J A Barton**

Please find attached copy of fax from Julie Miller at CHI, which is self-explanatory.

I await your call once you have reviewed the additional papers I recently sent to discuss what we can usefully request of CHI and our proposed meeting with Hampshire police.

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

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line:

Direct Fax:

Email:



Confidential



To Michael Keegan  
Re Dr Barton

Finsbury Tower  
103-105 Bunhill Row  
London EC1Y 8TG  
Ffôn: 020 7448 9200  
Ffacs: 020 7448 9222  
Testun Ffôn: 020 7448 9292  
www.chi.nhs.uk

Hope this is useful - we have contact addresses. Would prefer to ask individuals if OK for you to contact them if possible. Let me know if can help further.

Julie Miller

**Code A**

DOES NOT INCLUDE - VOL ORGS -

15/10/2002 10:01

Summary of Stakeholder details who had Negative experiences

Wednesday 21 Nov 2002- Gosport	Thursday 22 <sup>nd</sup> November- Portsmouth	Telephone Interviews
<p>Mrs Ripley  <b>Relative:</b> Mr Ripley (husband)  <b>Ward:</b>  <b>Partic:</b> Nearly killed husband.</p> <p>The husband had verybad arthritis and gout and Mrs Ripley feel they nearly gave him an overdose.  An official compliant was issued but received a half hearted apology.</p>	<p>Mr J Pitthard &amp; MR OLDROYD .  <b>Relative:</b> Mr Nat Gonella (friend deceased)  <b>Ward:</b> One of the Three  <b>Partic:</b> Very upset about the death of Mr Gonella three years ago.</p>	<p>Mrs Jackson  <b>Relative:</b> Alice Wilkes ( mother deceased)  <b>Ward:</b> Daedalus  <b>Partic</b></p>
<p>Mrs Bulbeck  <b>Relative:</b> Mother (Deceased)  <b>Ward:</b> Daedalus  <b>Partic:</b></p>	<p>Mrs Deedman and Bereavement Councillor  <b>Relative:</b> Mr Deedman (Husband Deceased)  <b>Ward:</b> <i>Daedalus</i>  <b>Partic</b></p>	<p>Mrs Richards Et Mrs McKenzie  <b>Relative:</b> Gladys Rochards (deceased)  <b>Ward:</b> Daedalus  <b>Partic</b></p>
<p>Mr Page  <b>Relative:</b> Eva Page (mother deceased)  <b>Ward:</b> <i>Daedalus</i>  <b>Partic:</b></p>	<p>Friday 23<sup>rd</sup> November - Portsmouth</p> <p>Mr Ian Wilson  <b>Relative:</b> Father (deceased)  <b>Ward:</b> <i>Daedalus / dryad</i>  <b>Partic</b></p>	<p>Mr Tim Welstead  <b>Relative:</b> Father (deceased)  <b>Ward:</b> Mulberry Ward  <b>Partic</b></p>
		<p>Mrs Blackwell  <b>Relative:</b> Husband  <b>Ward:</b> Collingwood  <b>Partic</b></p>
		<p>Mrs Reeves  <b>Relative:</b> Elsie Devine (mother)  <b>Ward:</b> Daedalus  <b>Partic</b></p>

Code A

COMM FOR HLTH IMPRMT

PAGE 02

<p>Mrs Grahame  <b>Relative:</b> Mr Grahme (Husband deceased)  <b>Ward:</b>  <b>Partic:</b> Concerned about treatment and death of her husband.</p>	<p>Mr Mitchell and Ms Wendy Mitchell  <b>Relative:</b> Mr Mitchell (Father deceased)  <b>Ward:</b> one of the three  <b>Partic</b></p>	<p>Mrs Bright  <b>Relative:</b> Mother  <b>Ward:</b> Daedalus  <b>Partic</b></p>
<p>Mr Wilson  <b>Relative:</b> Edna Purnell (mother deceased)  <b>Ward:</b> Daedalus  <b>Partic:</b> Care and administration of diamorphine</p>	<p>Mr Abery  <b>Relative:</b> Wife  <b>Ward:</b> Dryad and Deadulus  <b>Partic</b></p> <p>On the Dryad ward the Staff Nurse interfered with drugs  Q+A reduced prescription drugs by two thirds  Deadulas did increase prescription but still effected wife.</p>	<p>Mrs Lovejoy  <b>Relative:</b> Husband  <b>Ward:</b> Collingwood  <b>Partic</b></p> <p>Sheena Windsor  <b>Relative:</b> Norma Wilson (Mother deceased)  <b>Ward:</b> Sultan  <b>Partic</b></p>

Stakeholder with Positive experiences

Allan Smith-	Wife and himself	Mrs Purvis	Mother
R.E Brewster	Husband	Mr Nelson	Husband and Mother
Anon	Husband	Mrs Lesley	Husband
F Chase	Husband	Mrs Tryell	Mother and herself
H M Ord	Brother -in Law	Mrs Fitzpatric	friend

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

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

Fax: **Code A**

8 October 2002

Ms Judith Chritie  
Messrs Field Fisher Waterhouse  
35 Vine Street  
London EC3N 2AA

Dear Judith

**RE: DR JANE ANN BARTON**

I write to confirm that the Professional Conduct Committee meeting to consider the case against Dr Barton has been provisionally listed for three weeks commencing 17 March 2002.

Further to my letters dated 4 and 7 October, Ms Miller at CHI called today to discuss which documents from the extensive appendix attached to their report, as well as records of interviews, etc., we actually require. I should be grateful if you would contact me to discuss the same as soon as possible. Ms Miller indicated that, if we requested records of CHI's interviews with members of the patients' families, she would wish to contact them before releasing the documents to us.

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

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

**GENERAL  
MEDICAL  
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*Protecting patients,  
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Please address your reply to Conduct Case Presentation Section, FPD

Fax **Code A**

1 November 2002

Ms Judith Chrillie  
Messrs Field Fisher Waterhouse  
35 Vine Street  
London EC3N 2AA

Dear Judith

**RE: DR JANE ANN BARTON**

Please find enclosed a copy letter dated 25 October 2002 from Messrs Alexander Harris about Dr Barton (and Dr Lord) and our response of 31 October.

You were to arrange a meeting with the Hampshire Police and, on 22 October 2002 I faxed you a letter I had received with details of the new officer in charge of the investigation. I should be grateful if you would let me know when you manage to make the necessary arrangements for a meeting.

On 7 October 2002 I sent details of complaints regarding Mr Carby and Mrs Gilbertson for you to review and discuss regarding possible inclusion under Rule 11. I also sent you a copy of the CHI report and subsequently advised that Ms Miller at CHI was awaiting confirmation as to what documentation we required.

I am not sure whether you already have a copy, but I enclose a copy of the IOC transcript from 19 September 2002.

I should be grateful for your thoughts on whether the additional complaints should be included, what we should ask from CHI, and for details of arrangements made to meet the Police. You will appreciate my concern about any possible delay in this case. As you know, it is provisionally listed for 7 April 2003.

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

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

**GENERAL  
MEDICAL  
COUNCIL**

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Please address your reply to Conduct Case Presentation Section, FPD

Fax: **Code A**

7 October 2002

Ms Judith Christie  
Messrs Field Fisher Waterhouse  
35 Vine Street  
London EC3N 2AA

Dear Judith

**RE: DR JANE ANN BARTON**

Further to our recent case conference, I enclose a copy memorandum from my colleague regarding cases arising from the Gosport War Memorial Hospital that have not been referred to the PPC. In particular, two cases are identified as new and potentially relevant to Dr Barton, namely those relating to Mr Carby and Mrs Gilbertson.

I enclose copy correspondence from the files created in relation to those two cases. In the case of Mr Carby, many of the documents had notes attached. Where these obscured the underlying text I have copied the documents both with and without the notes.

Having reviewed the CHI report I fear that I may have requested too much in my letter to Ms Miller that I copied to you! No doubt Ms Miller will contact me and we can discuss the extent of documents that are actually usefully required. I would welcome the opportunity to discuss the same with you once you have had the chance to review the CHI report yourself.

Yours sincerely

**Code A**

Michael Keegan  
Conduct Case Presentation Section

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

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

**GENERAL  
MEDICAL  
COUNCIL**

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

4 October 2002

Ms Judith Chrillie  
Messrs Field Fisher Waterhouse  
35 Vine Street  
London EC3N 2AA

Dear Judith

**RE: DR JANE ANN BARTON**

Further to yesterday's case conference, please find enclosed a copy of the CHI report and my letter to Ms Miller at CHI requesting the background information.

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

Yours sincerely

**Code A**

Michael Keegan  
Conduct Case Presentation Section

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

**Fax**

To Judith Chritie  
Messrs Field Fisher Waterhouse

Fax number Code A

From Michael Keegan

Direct Dial Code A

Direct fax

**GENERAL  
MEDICAL  
COUNCIL**

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No. of pages 29  
(inclusive)

12:20

Date 3 October 2002

Further to our telephone conversation, please find attached the MDU's response on behalf of Dr Barton to the PPC item.



FW: Dr Barton

Page 1 of 1

**Michael Keegan** Code A

---

**From:** Michael Keegan Code A**Sent:** 02 Oct 2002 16:24**To:** 'Chrystie, Judith'**Subject:** Dr Barton

Dear Judith,

Can you advise on an estimate of duration for hearing the Barton case at PCC? I will then seek a provisional listing date for some time after mid-March 2003, notwithstanding the effect reopened police enquiries may have on that.

Also, I faxed Matthew Lohn on behalf of Peter Swain on 27 September seeking written advice on the additional material supplied by Simon Tanner. I am not sure whether I copied the letter to you as I should have. Please let me know whether you have received or not (in which case you won't know what I'm talking about)!

Thanks

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

02/10/2002

COUNSEL OPINIONS

















Our Ref: TS/Advice/Barton

5 December 2003

The Clerk to Mr R Englehart QC  
Blackstone Chambers  
Blackstone House  
Temple  
London  
EC4Y 9BW

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Sir

Further to our telephone call to chambers on 5 December 2003, we now enclose the papers in the case of Dr Jane Barton for Mr Englehart QC's attention.

Once Counsel has had an opportunity of considering the papers perhaps he would be kind enough to telephone Miss Toni Smerdon of Instructing Solicitors on the number set out below with his preliminary view on 8 December 2003 and thereafter provide written advice no later than 11 December 2003.

Yours faithfully

**Code A**

Toni Smerdon  
Principal Legal Advisor

Tel:

**Code A**

Fax:

e-mail:

**Code A**











MDU Corres



TRANSMISSION VERIFICATION REPORT

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

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

Fax

To: Mr | Barker

Fax number: Code A

From: Michael Keegan

Direct Dial: Code A  
Direct fax:

No. of pages (inclusive) 9 16:25

Date 18 September 2002

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

*Please see attached letter.*

Your reference: ISPB/TOC/0005940/Legal  
 In reply please quote MK/2000/2047

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Please address your reply to Conduct Case Presentation Section, FPD

Fax: **Code A**

18 September, 2002

Also by fax: **Code A**

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

Dear Mr Barker

Thank you for your letter of even date.

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

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

Yours sincerely

**Code A**

Michael Keegan  
 Conduct Case Presentation Section

**Code A**

Email: **Code A**

GENERAL

TELEPHONE MESSAGE PAD

FROM .....

TO .....

TIME/DATE .....

GENERAL  
MEDICAL  
COUNCIL

Protecting patients,  
guiding doctors

File Note

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

I confirmed in strict confidence that Dr Barton had been referred to PCC - stressed that fathers not yet met + relatives must not be told.

Case to be handled by Superintendent Paul Parker

Stukler

Code A

Code A

11/9

Message taken by .....

Michael Keegan **Code A**

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

Peter,

Can we discuss please.

Paul

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

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

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

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

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

It was left that MG would speak to the police.

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

Venessa

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

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

Venessa

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

Peter

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

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

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

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

Scott

12/09/02

PAGE 01/01

TELEPHONE MESSAGE PAD

FROM Venessa Carroll

TO Re: BARTON.

TIME/DATE 12/9/02

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

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

Code A

12/9/02

Mike Gill

Message taken by **Code A**

Code A

DEPT OF HEALTH

*copied to Finlay 13/9/02*

Code A



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

Telephone: 020 7972 6069 (*gtn 396 26069*)  
Mobile: 07855 450396  
Fax: 020 7972 5577 (*gtn 396 25577*)  
020 7972 6020 (*gtn 396 26020*)

email: Code A

*From: Michael Evans*

To: *Paul Philip GMC*

Fax no: Code A

Pages (including this): 2

Date: 13 September 2002

Message:

*For information*

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

**IMPORTANT**

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

2002/0380

Friday 13th September 2002

GOSPORT WAR MEMORIAL HOSPITALSTATEMENT FROM THE CHIEF MEDICAL OFFICER SIR LIAM DONALDSON

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

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

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

Note to Editors:

1. Media inquiries only to Alison Pitts-Bland in the Department of Health Media Centre on 020 7210 5230.

[ENDS]

TFP EPHC JE MESSAGE PAD

FROM Michael Keegan

TO Vanessa Carroll

TIME/DATE 4.20pm 13.9.02

GENERAL MEDICAL COUNCIL

Protecting patients, guiding doctors

He from Dr Gill (m): **Code A**

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

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

would like to be called back.

C  
P  
V

Message taken by **Code A**



TELEPHONE MESSAGE PAD

FROM Quini Ghera

TO Vanessa Carroll

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

GENERAL  
MEDICAL  
COUNCIL  
*Protecting patients,  
guiding doctors*

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

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

Me **Code A**

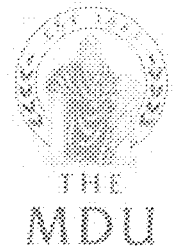
Please quote our reference when communicating with us about this matter

Our ref: ISPR/TOC/0005940/Legal

Your ref:

18 September 2002

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



MDU Services Limited  
200 Blackfriars Road  
London  
SE1 8PJ

DX No. 36505  
Lambeth

Legal Department of The MDU

Also by fax: 0207-915-3696

Telephone: 020 7202 1800  
Fax: 020 7202 1663

Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Keegan

Dr Jane Barton

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

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

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

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

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

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Our ref: ISPB/TOC/0005940/Legal

Your ref:

18 September 2002

Page 2 of 2

I look forward to hearing from you.

Yours sincerely

**Code A**

Ian S.P. Barker

Solicitor **Code A**

**Code A**

Your reference: ISPB/TOC/0005940/Legal  
 In reply please quote MK/2000/2047

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

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

Fax: **Code A**

8 October 2002

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

Dear Mr Barker

**RE: DR JANE ANN BARTON**

I write to confirm that the Professional Conduct Committee meeting to consider the case against Dr Barton has been provisionally listed for three weeks commencing 17 March 2002.

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

Yours sincerely

**Code A**

**Michael Keegan  
 Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

Your reference: ISPB/TOC/0005940/Legal  
 In reply please quote MK/2000/2047

**GENERAL  
 MEDICAL  
 COUNCIL**

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 guiding doctors*

Please address your reply to **Conduct Case Presentation Section, FPD**  
 Fax 020 7915 3696

1 November 2002

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

Dear Mr Barker

**Re: Dr J A Barton**

I refer to previous correspondence about the listing of your client's case at the Professional Conduct Committee.

I write to confirm what I advised by telephone, namely that the provisional listing has been adjourned in accordance with your request, to commence on 7 April 2003 and is scheduled for 15 days.

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

Yours sincerely

**Code A**

Michael Keegan  
 Conduct Case Presentation Section

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**

18/09 '02 13:31 FAX

Code A

THE M D U LEGAL

001/003



The Medical Defence  
Union Limited  
Legal Department

# Facsimile

To: Mr Michael Keegan

Company: GMC

Fax no: Code A

From: Ian Barker

Date sent: 18/09/02

Time sent:

No. of sheets inclusive: 3

Re: Barton

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

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002/003

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Our ref: ISPB/TOC/0005940/Legal

Your ref:

18 September 2002

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



MDU Services Limited  
 230 Blackfriars Road  
 London  
 SE1 8PJ

DX No. 36505  
 Lambeth

Legal Department of The MDU

Also by fax: Code A

Telephone: 020 7202 1500  
 Fax: 020 7202 1663

Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
 Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Keegan

Dr Jane Barton

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Our ref: ISPB/TOC/0005940/Legal

Your ref:

18 September 2002

Page 2 of 2

I look forward to hearing from you.

Yours sincerely

**Code A**

Ian S.P. Harker  
Solicitor

**Code A**



17/09 '02 13:51 FAX Code A

THE M D U LEGAL

001

THE  
MDUThe Medical Defence  
Union Limited  
Legal Department

# Facsimile

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

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17/09 '02 13:51 FAX 0207 2021663

THE M D U LEGAL

☑ 002

Please quote our reference when communicating with us about this matter

Our ref: ISPB/sls/9900079/Legal

Your ref: 2000/2047

17 September 2002

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

Also by fax: Code A

Dear Madam

Re: Dr Jane Barton

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

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

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

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

Yours faithfully

Code A

Ian S P Barker  
Solicitor Code A



THE 1  
MDU

MDU Services Limited  
230 Blackfriars Road  
London  
SE1 8PJ

DX No. 36505  
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Legal Department of The MDU

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Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
Website [www.the-mdu.com](http://www.the-mdu.com)

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Please quote our reference when communicating with us about this matter

Our ref: ISPB/sls/9900079/Legal

Your ref: 2000/2047

17 September 2002

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

Also by fax: **Code A**

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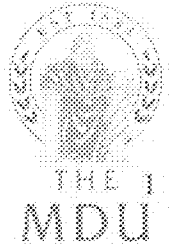
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I look forward to hearing from you as soon as possible.

Yours faithfully

**Code A**

Ian S P Barker  
Solicitor **Code A**



MDU Services Limited  
230 Blackfriars Road  
London  
SE1 8PJ

DX No. 36506  
Lambeth

Legal Department of The MDU

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Website [www.the-mdu.com](http://www.the-mdu.com)

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TRANSMISSION VERIFICATION REPORT

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

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

FAX

To: Mr Ian Barker

Fax number: Code A

From: Michael Keegan

Direct Dial: Code A

Direct fax: Code A

No. of pages (inclusive): 4 16:10

Date: 17 September, 2002

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

*Please see attached letter.*

**Fax**

To Mr Ian Barker

Fax number **Code A**

From Michael Keegan

Direct Dial **Code A**

Direct fax

No. of pages 4  
(inclusive)

16:10

Date 17 September,  
2002

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

*Please see attached letter.*

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

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

Please address your reply to Conduct Case Presentation Section, FPD

Fax

17 September, 2002

Also by fax:

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

Dear Mr Barker

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

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

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

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

Yours sincerely

**Code A**

Michael Keegan  
 Conduct Case Presentation Section

Email:

Other copies.

*Under Review file*

12 May 2004

Sir Liam Donaldson  
Chief Medical Officer  
Department of Health  
Richmond House  
79 Whitehall  
London SW1A 2NS

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Liam

**A review of deaths of patients at Gosport War Memorial Hospital**

Thank you for your letter of 22 April 2004 regarding the above. I can confirm that it would be useful for the GMC to see a copy of Professor Baker's report, although, as you point out, without the authority to disclose this to Dr Barton, it will not be possible for the GMC to use this for evidential purposes. I would be happy to keep you up to speed with our progress on this matter. I would be grateful if you could mark Professor Baker's report for my special attention, to avoid any confusion at this end on receipt.

As stated at our meeting on 11 February, the GMC is in a difficult position vis à vis taking the matters relating to Dr Barton forward without access to any information which the police may have arising from their investigation. You will recall that the police are unwilling to confirm to the GMC that the nature of the information is significant from the perspective of the continued right of Dr Barton to practise. However, they have confirmed that, even if they did have such information, they would not share this with the GMC, as it would compromise their investigation and any possible subsequent prosecution that might take place.

Since our meeting on 11 February, I have met with senior investigating officers to attempt to find a solution to this problem, given the GMC's (and, indeed, your own) concerns in relation to Dr Barton. Although they confirmed that the investigation is on-going, little progress on the position stated above was made. Given this, we are instructing specialist counsel to advise on the respective positions of the police and the GMC to ascertain our position, should we choose to invoke Section 35A of the Medical Act 1983 and ask the court to use its powers to demand any relevant information from the police.



In the meantime, we have recently written to the police, setting out the position as we understand it and, once again, formally requesting disclosure in the interests of the protection of the public. I enclose a copy of our letter.

Please do feel free to contact me at any time on this matter.

Yours sincerely

**Code A**

Paul Philip  
Director of Fitness to Practise

tel: **Code A**

fax: **Code A**

e-mail: **Code A**

2004-194

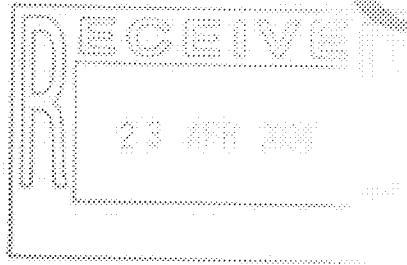
From the Chief Medical Officer, Sir Liam Donaldson

Linda Quinn  
Paul Philip

DH

Department  
of Health

22 April 2004

Richmond House  
79 Whitehall  
London  
SW1A 2NS

Tel: +44 (0)20 7210 5150-4

Fax: +44 (0)20 7210 5407

Code A

[www.doh.gov.uk/ans](http://www.doh.gov.uk/ans)**Personal and confidential**Mr Paul Philip  
Director of Fitness to Practise  
General Medical Council  
178 Great Portland Street  
London W1W 5JE

**A Review of Deaths of Patients at Gosport War Memorial Hospital**

Thank you for coming to our meeting on 11 February 2004 to discuss progress at the Gosport War Memorial Hospital and in particular Professor Baker's Report.

As you know, following allegations about the care and treatment of elderly patients at Gosport War Memorial Hospital, both the Police and the Commission for Health Improvement (CHI) have investigated allegations dating back to 1997. These focused on prescribing practices in a small number of wards in the hospital.

While initial investigations by the Police were inconclusive, investigations were reopened last year following further allegations about patient care. That investigation, into 62 deaths, is continuing and is unlikely to conclude before the summer of 2004.

In the meantime, on 5 September 2002, in the light of concerns raised by both the police and CHI, I commissioned Professor Richard Baker (who undertook the audit of Dr Shipman's patients) to carry out a review of patient deaths at Gosport Hospital. I received Professor Baker's final report towards the end 2003.

At our meeting, we discussed the status of that report and that we were constrained from publishing at this time because of the continuing police investigation. However, I do have concerns about some of the issues raised in the report, particularly in relation to Dr Jane Barton, which, following our meeting, I think you need to be aware of.

As you will appreciate, because Dr Barton has not seen the report nor has she had an opportunity to comment on any of its contents, we discussed the possibility of the report being used to provide you with background information about the history of events and allegations at Gosport War Memorial Hospital. I agreed that on that



basis to make a copy of the report available to you in confidence, provided that it is not disseminated or discussed more widely than is necessary. Clearly, in view of the Police investigation you would not be able to use the report for GMC evidential purposes at this time.

If you are content, I should be grateful if you would confirm this and I will send you a copy of the report in confidence.

Kind Regards

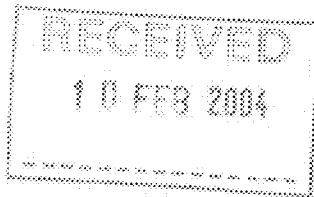
**Code A**

**SIR LIAM DONALDSON  
CHIEF MEDICAL OFFICER**

## Fareham and Gosport



Primary Care Trust



Unit 180, Fareham Reach  
166 Fareham Road  
Gosport  
PO13 9FH

Tel: 01329 233447  
Fax: 01329 234984

Ms Linda Quinn  
Senior Case Worker  
General Medical Council  
Fitness To Practice Directorate  
178 Great Portland Street  
LONDON  
W1W 5JE

9 February 2004

Dear Ms Quinn

Further to my telephone conversation with you today, I can confirm that the practice in which Dr Jane Barton (a local GP in the Gosport area) is based is part of a 'bed fund'. This fund is designed to enable local GP practices to admit their patients for appropriate care, supervised by the GP, paid for by the PCT as a service.

Approximately, 18 months ago Dr Barton agreed voluntarily not to admit patients to the hospital nor supervise any patients in the hospital.

This is the current position and it has not changed over time.

As Dr Barton is a GP her relationship with the PCT is one of providing a service for which payment is made, consequently she is not an employee and the issue of suspension in any form does not apply in this case.

I trust this clarifies matters. Please contact myself or Ms Fiona Cameron, Director of Nursing and Clinical Governance should you require any further information.

Yours sincerely

**Code A**

Alan Pickering  
Deputy Chief Executive

RECEIVED

12 JAN 2004

**Code A**

Don Aston

**Code A**

Ms Linda Quinn,  
 General Medical Council,  
 178, Great Portland Street  
 W1N 6GE

10th January 2004

Dear Ms Quinn,

1587920 Dr Jane Ann Barton

Please excuse this note but you may remember kindly agreeing to speak to me regarding Dr Barton last Friday morning. My interest in her case arises because once again it concerns the levels of opioid (and sedative) use considered appropriate to relieve physical pain and mental distress in the later - and perhaps terminal - stages of life.

The attached sheet attempts to show the major disparities in the published sources of guidance available to doctors prescribing opioids in palliative care. The BMA for instance still simultaneously publishes two such incompatible sources - the six-monthly British National Formulary and the BMJ's hospice-influenced ABC of palliative care. These of course would have been available to Dr Barton and her colleagues at the time they were prescribing for Gosport patients unlike the various 'expert' witness opinions which have apparently since been obtained. The CHI investigation unfortunately refers only to the BNF and to the apparently far more restrictive local Wessex Guidelines ( para 7.9 ). The BNF incidentally does justify anticipatory prescribing: 'Analgesics are more effective in preventing pain than in the relief of established pain' quite apart from the more general point that Dr Barton was a full-time GP only able to make brief and perhaps infrequent visits. This of course was a situation similar to that in nursing homes where up to a quarter of all deaths of elderly people now take place and from a much wider range of illnesses/conditions than for example in a hospice with continuous medical cover.

On the basis of such information as has been made public needless to say I feel tremendous sympathy for Dr Barton. It is appreciated that you would no doubt find acknowledging or answering this letter extremely difficult but it is hoped that you at least have some sympathy with the points made in it.

*even if you wanted to that is!*

With very best wishes

**Code A**

SOURCES OF GUIDANCE AVAILABLE TO DOCTORS ON THE USE OF OPIOIDS IN TERMINAL CARE

Incompatibilities between sources relate to:

Indicative dose ranges ( please see below )  
 Proportion of patients said to be likely to require high doses ( please see below )  
 Acceptable rate of dose increase when required  
 Treatment of opioid toxicity

Ambiguities relate to:

Assumed administration route ie oral or parenteral.  
 ( in some sources ) Particular opioid to which the indicative dose range relates

ooOOoo

<u>Source</u>	<u>Indicative Dose Range</u> ( Assumed to be Oral Morphine Equivalent per 24 hours )
British National Formulary no 32 ( to March 97 )	30 to 900mg
British National Formulary no 33 ( from March 97 )	30 to 3, 000mg
MIMS	No upper limit " Contrary to popular misconception, there is no maximum dose for morphine in [ severe pain ] "
Typical Hospice ( eg Palliative Care Handbook Open University K260 )	15 to 15, 000mg ( assumed smooth progression over dose range )
British Medical Journal Sept 97 ( ABC of palliative care )	30 to 15, 000mg ( " <u>very few</u> need high doses – most require less than 200mg a day " )
Palliative Care Formulary 1 Twycross etc	<u>One-third</u> of patients need in excess of 200mg and up to 1, 200mg
Oxford Textbook of Palliative Medicine	15 to 15, 000mg ( " whilst most patients require 200mg/day or less <u>some</u> need much higher doses " )
Oxford Textbook of Oncology Vol 2	30 – 40% of patients will require <u>more than 200mg</u>

( continues )

Cancer Pain Management –  
McGuire etc &  
Textbook of Pain 3<sup>rd</sup> Ed  
Wall & Metzack

400 – 600mg average  
Requirement – 10%  
Require more than 2, 600mg  
Intramuscularly citing Coyle et al  
( 1990 ) Journal of Pain Management

Hospice Palliative Consultants on Opioid Overdoses

" Even with accidental overdose 5 – 10 times the routine dose, the patient is only likely to become drowsy for a few hours and then recover spontaneously. " Dr Kilian Dunphy " There is abundant evidence of people having been given inadvertently 20, 30 and even on one occasion 100 times what had been prescribed. Whilst it can be a tragic error, the patient may wake up 4 hours later to say it is the best sleep he has had for some time ..... there is no danger in these drugs. " Dr Derek Doyle

**Code A**

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

**GENERAL  
MEDICAL  
COUNCIL**

*protecting patients,  
judging doctors*

Please address your reply to Conduct Case Presentation Section, FPD

Fax: **Code A**

4 October 2002

Ms J Miller  
Commission for Health Improvement  
103 – 105 Bunhill Row  
London EC1Y 8TG

Dear Ms Miller

**Re: Dr J A Barton**

As you already know, the Council's Preliminary Proceedings Committee recently referred the case of Dr Barton for inquiry by the Professional Conduct Committee and we are now preparing for that.

I already have a copy of the CHI report on the Gosport War Memorial Hospital dated July 2002. When we last spoke you indicated that you would be prepared to make available the background documentation gathered and prepared by yourselves and I should now be grateful if you would copy the same to me as soon as possible.

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**

Direct Fax: **Code A**

Email: **Code A**



13/09/2002 13:15

Code A

DEPT OF HEALTH

PAGE 81/82



Code A

Code A

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

Telephone: 020 7972 6069 (*gtn 396 26069*)  
Mobile: 07855 450596  
Fax: 020 7972 5577 (*gtn 396 25577*)  
020 7972 6020 (*gtn 396 26020*)

email: Code A

*From: Michael Evans*To: *Paul Philip GMC*

Fax no: Code A

Pages (including this): 2

Date: 13 September 2002

Message:

*For information*

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

**IMPORTANT**

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

2002/0380

Friday 13th September 2002

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

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

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

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

**Note to Editors:**

1. Media inquiries only to Alison Pitts-Bland in the Department of Health Media Centre on 020 7210 5230.

**[ENDS]**

## Notification of Receipt of Contact



Date: 18 September

Your Ref: (031) MK/2000/2047

Dear Mr Keegan

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

Yours sincerely

**Code A**

Investigations Department  
11<sup>th</sup> Floor

100

FAO Paul Hylton  
Committee Section FPD  
General Medical Council  
178, Great Portland Street  
London W1W5JE

Dr Jane Barton

**Code A**

**Code A**

Your Reference PCH/2000/2047

27th September 2004

Dear Mr Hylton

re Interim Order Committee hearing on 7th October 2004

I am a Principal in General Practice contracted to Fareham and Gosport Primary Care Trust.

I am on the Bed Fund for Gosport War Memorial Hospital, Bury Road Gosport, administered by the same Primary Care Trust.

I am a partner in the practice of Dr PA Beasley and partners,

Forton Medical Centre,  
White's Place  
Forton Road,  
Gosport PO123JP.

I have no other employment or contract either NHS or non NHS and I am not approved under Section 12 of the Mental Health Act.

I propose to attend the hearing on 7th October 2004. I will be represented by my solicitor Ian Barker of the MDU.

Yours Sincerely

**Code A**

Dr Jane Barton





**Fax***To* Mr Matthew Lohn*Fax number* Code A*From* Michael Keegan*Direct Dial* Code A*Direct fax**No. of pages* 29                      15:10  
*(inclusive)**Date* 27 September  
2002**GENERAL  
MEDICAL  
COUNCIL***Protecting patients,  
guiding doctors**Please see attached letter.*

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

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

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

27 September, 2002

Also by fax: **Code A**

Mr Matthew Lohn  
Messrs Field Fisher Waterhouse  
35 Vine Street  
London EC3N 2AA

Dear Matthew

**RE: DR JANE ANN BARTON**

I wrote today to Judith Christie today enclosing copies of a letter dated 19 September 2002 with enclosures from Dr Simon Tanner at Hampshire and Isle of Wight Health Authority and my response of even date. You will not have received the same as yet and so I attach copies of all with this letter.

I have now been asked to obtain your written advice as to whether there is anything in the material received since the last IOC, or any other new factor not previously known when the IOC considered the case, which would justify referral of this matter back to the IOC once more. I should confirm that the letter of 19 September and enclosures amount to all the material received since the last IOC.

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

Yours sincerely

**Code A**

**Michael Keegan**  
**Conduct Case Presentation Section**

Direct Line: **Code A**  
Direct Fax: **Code A**  
Email: **Code A**

Enc.

c.c. Judith Christie  
Field Fisher Waterhouse



**Michael Keegan** Code A

---

**From:** Peter Swain Code A  
**Sent:** 10 Oct 2002 09:01  
**To:** Michael Keegan Code A  
**Subject:** RE: Dr Barton

Michael

I agree. We do not usually permit changes for non-availability of counsel; but this far in advance when we can't be sure of our own timetable it would seem churlish to 'die in the ditch' over what were in any event entirely guesswork dates. However, once we are firmer on our ideas about timetable, we will want to stick to the dates then agreed.

Peter

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

**From:** Michael Keegan Code A  
**Sent:** 09 Oct 2002 10:55  
**To:** Peter Swain Code A  
**Subject:** Dr Barton

Peter,

Ian Barker from MDU representing Dr Barton called re: provisional listing date (3 weeks from mid March). He says that these are the only weeks that counsel instructed at each of the 3 IOC hearings cannot make. He enquired whether there was any chance of relisting it, e.g. for 7 April onwards.

I know that we are keen to progress this case, but as it was a very provisional listing date I cannot see any real harm in agreeing to the slight postponement in the circumstances, but would welcome your comments before agreeing to anything.

Thanks

Michael

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





**Michael Keegan** Code A

---

**From:** Peter Swain Code A  
**Sent:** 27 Sep 2002 14:06  
**To:** Venessa Carroll Code A; Michael Keegan Code A  
**Subject:** RE: Dr Barton

Venessa/Michael

Please could one of you ask Matthew Lohn at FFW for his written advice on whether there is anything in the material received since the last IOC, or any other new factor not previously known when the IOC considered the case, which would justify us in going back to the IOC once more.

I think we can guess what the probable answer will be, but it will be helpful to be able to tell the local authorities that our actions and decisions in respect of the IOC are based on formal legal advice.

Peter

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

**From:** Venessa Carroll Code A  
**Sent:** 25 Sep 2002 12:42  
**To:** Peter Swain Code A; Paul Philip Code A  
**Cc:** Michael Keegan Code A  
**Subject:** RE: Dr Barton

Paul and Peter

Further to the HA sending the dossier, Nigel McFetridge (head of Clinical Governance at the HA) has this morning called asking when the case will be reconsidered by the IOC. I understand that Mike Gill would also like this case to be referred back to IOC. Before taking steps to refer this back to IOC, I should be grateful for your views as to whether this is appropriate. To assist you, I have prepared the attached memo which summarises the new information. If you would like to see the new information, please let me know.

Thank you  
 Venessa

<< File: memoPhillips 02 09 25.doc >>

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

**From:** Michael Keegan Code A  
**Sent:** 23 Sep 2002 14:23  
**To:** Venessa Carroll Code A  
**Subject:** FW: Dr Barton

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

**From:** Michael Keegan Code A  
**Sent:** 23 Sep 2002 14:01  
**To:** Paul Philip Code A; Peter Swain Code A  
**Subject:** Dr Barton

We have now received from Dr Simon Tanner, Director of Public Health at Hampshire and Isle of White Health Authority, a small file of correspondence, which was passed to the management of Fareham and Gosport Primary Care Trust by a member of staff on 16/9/02.

It includes copies of correspondence from the RCN Branch Convenor to various persons at the Trust and minutes and memoranda regarding meetings held with nursing staff to discuss their concerns about use of diamorphine in the unit.

I will provide copies of the same if you wish.

Michael.

**Michael Keegan** **Code A**

---

**From:** Venessa Carroll **Code A**  
**Sent:** 25 Sep 2002 12:42  
**To:** Peter Swain **Code A**; Paul Philip **Code A**  
**Cc:** Michael Keegan **Code A**  
**Subject:** RE: Dr Barton

Paul and Peter

Further to the HA sending the dossier, Nigel McFetridge (head of Clinical Governance at the HA) has this morning called asking when the case will be reconsidered by the IOC. I understand that Mike Gill would also like this case to be referred back to IOC. Before taking steps to refer this back to IOC, I should be grateful for your views as to whether this is appropriate. To assist you, I have prepared the attached memo which summarises the new information. If you would like to see the new information, please let me know.

Thank you  
 Venessa



memoPhillips 02 09  
 25.doc

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

**From:** Michael Keegan **Code A**  
**Sent:** 23 Sep 2002 14:23  
**To:** Venessa Carroll **Code A**  
**Subject:** FW: Dr Barton

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

**From:** Michael Keegan **Code A**  
**Sent:** 23 Sep 2002 14:01  
**To:** Paul Philip **Code A**; Peter Swain **Code A**  
**Subject:** Dr Barton

We have now received from Dr Simon Tanner, Director of Public Health at Hampshire and Isle of White Health Authority, a small file of correspondence, which was passed to the management of Fareham and Gosport Primary Care Trust by a member of staff on 16/9/02.

It includes copies of correspondence from the RCN Branch Convenor to various persons at the Trust and minutes and memoranda regarding meetings held with nursing staff to discuss their concerns about use of diamorphine in the unit.

I will provide copies of the same if you wish.

Michael.

**Memorandum****To Paul Philip  
Peter Swain****From Venessa Carroll  
Conduct Case  
Presentation Section****Code A****Date 26/09/02****Copy Michael Keegen****Dr Barton**

1. In a letter of 19 September 2002, Hampshire and Isle of Wight Health Authority have provided a file of correspondence passed by nurses to the management of Fareham and Gosport Primary Care Trust.
2. I have listed and summarised the relevant documents contained in the file below. I have not referred to documents that I do not consider relevant.
3. The information relates to concerns that were raised in 1991 by nursing staff about the use of diamorphine. Although Dr Barton is not personally criticised, she was, with other doctors (Dr Logan), prescribing the diamorphine.
4. It would seem from the information that the nurses were extremely concerned and contacted both the RCN (Royal College of Nursing) and Mrs Evans, the Patient Care Manager. The RCN was clearly concerned and questioned the actions of the hospital in dealing with this. It seems that by the end of 1991, the staff were satisfied that the matter had been considered and was resolved.
5. In considering whether this case should be referred back to IOC, one could consider that despite concerns being raised in 1991, Dr Barton did not address these as shown by the allegations in current case (1998). This suggests possible lack of insight and the possibility that this inappropriate practice continued from 1991 to 1998. However we have no information to support this and we have no information about Dr Barton's practice since 1998.

**Information provided in File****6. Summary of Meeting on 11 July 1991 following concerns expressed by some staff at the prescribed treatment for terminal patients.**

This was a meeting arranged for staff on unit and attended by nurses and patient care manager, Mrs Evans. Dr Barton does not appear to have attended. The main concern was use of diamorphine on patients, with the nurses concerned about it being used inappropriately. Reference is made to not all patients given diamorphine having pain, no other forms of analgesia being considered, patients deaths hastened. Mrs Evans told the nurses that Dr Barton and another Dr, Dr Logan would consider the nurse's views so long as they were based on proven

26 September 2002

facts. Although Dr Barton is not specifically criticised, the suggestion is that the nurses were complaining about her, and possibly Dr Logan. It was agreed that more information would be obtained about diamorphine

**7. 31 October 1991 - Report of a visit to unit by community tutor in continuing education, Ms Whitney.**

Purpose of visit was to discuss administration of drugs following a request for information from nurses. In attendance were a number of nurses (not Dr Barton). During this meeting the nurses identified particular cases of concern (e.g. pt prescribed diamorphine via syringe driver, when not in pain) and indicated concern that diamorphine being prescribed indiscriminately. It is noted that there are a number of cases causing nurses concern but too many to mention. Again Dr Barton is not named.

**8. 4 November 1991 - Letter from community tutor enclosing copy of her report dated 31 October 1991**

Also sent to General Manager and Patient Care Manager at Gosport Hospital, as well as Principal at Solent School of Health Medicine and staff nurse at the meeting.

**9. Memo from Mrs Evans dated 7 November 1991 to all staff at unit incl Dr Logan and Dr Barton.**

Indicates that there is still concern about prescribing of diamorphine, which she has discussed with Dr Barton. Nurses asked to provide names of patients that they have concerns about so cases could be reviewed.

This memo was copied to Steve Barnes, RCN Officer.

**10. Letter to Mrs Evans from Steve Barnes dated 22 November 2001**

SB indicates that RCN office had been aware of concerns from early/mid 1991 and RCN had understood that concerns would be addressed and clear guidance/policy would follow as a result of very serious concerns. He is clearly concerned that actions have not been taken to address concerns and states that they expect a clear policy to be agreed as a matter of urgency.

**11.2 December 1991, letter from RCN to Nurse Tubbritt confirming that they have the support of the RCN**

**12. Letter dated 2 December 1991 to St Mary's Hospital, Portsmouth, asking for advice on dealing with this matter**

**13. Letter from RCN to Nurse Tubbritt dated 10 December 1991 indicating that unless it is confirmed that a policy will be drawn up, then grievance procedures will be started**

26 September 2002

**14. Notes of a meeting held on 17 December 1991** attended by nurses, Mrs Evans and Dr Barton. Purpose of meeting to discuss concerns about use of diamorphine. At the conclusion of this meeting it was agreed that if nurses had concerns about particular cases they could approach Dr Barton or the Sister for an explanation. Staff were asked if they felt there was a need for policy relating to nursing practice and it was agreed that it was not necessary. Mrs Evans stated that she was concerned about the way in which these matters were raised, making people defensive. Agreed that a further meeting would be arranged to ensure problems had been resolved.

**15. 11 January 1992 letter from RCN concerned that problems still there.**



**Michael Keegan** [Code A]

---

**From:** Paul Philip [Code A]  
**Sent:** 24 Sep 2002 17:38  
**To:** Peter Swain [Code A]; Michael Keegan [Code A]  
**Subject:** RE: Dr Barton

Peter,

Thanks. I suggest we go ahead as you describe. Does someone need to tell whoever gave us the papers what is happening?

Paul

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

**From:** Peter Swain [Code A]  
**Sent:** 24 Sep 2002 17:10  
**To:** Paul Philip [Code A]; Michael Keegan [Code A]  
**Subject:** RE: Dr Barton

These papers are from 1991 and demonstrate that nursing staff raised their concerns at that time about the extent to which diamorphine was used routinely and in considerable quantity for pain relief for terminally ill patients. It is said that some terminally ill patients died as a consequence of that prescribing - though when pressed the nursing staff seemed reluctant to name individual cases. The nursing staff were supported by the RCN representative and there followed some local meetings; but the outcome appears to have been an acceptance that ultimately prescribing is for the clinical judgement of the relevant doctor.

These papers are supporting evidence for the substantive PCC case and as such they should be passed to our lawyers; but they do not provide sufficient grounds for us to invite the IOC to reconsider the case.

Peter

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

**From:** Paul Philip [Code A]  
**Sent:** 24 Sep 2002 15:46  
**To:** Michael Keegan [Code A]; Peter Swain [Code A]  
**Subject:** RE: Dr Barton

Peter,

Can you have a look at these please.

Paul

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

**From:** Michael Keegan [Code A]  
**Sent:** 23 Sep 2002 14:01  
**To:** Paul Philip [Code A]; Peter Swain [Code A]  
**Subject:** Dr Barton

We have now received from Dr Simon Tanner, Director of Public Health at Hampshire and Isle of White Health Authority, a small file of correspondence, which was passed to the management of Fareham and Gosport Primary Care Trust by a member of staff on 16/9/02.

It includes copies of correspondence from the RCN Branch Convenor to various persons at the Trust and minutes and memoranda regarding meetings held with nursing staff to discuss their concerns about use of diamorphine in the unit.

I will provide copies of the same if you wish.

Michael.

**Michael Keegan** [Code A]

---

**From:** Michael Keegan [Code A]  
**Sent:** 23 Sep 2002 10:06  
**To:** Venessa Carroll [Code A]; Peter Swain [Code A]  
**Subject:** RE: Dr Barton

Juie Miller at CHI called this morning.

I informed her of the IOC's decision and she asked if we would be requesting disclosure of CHI's records on the subject. I said we or solicitors instructed for PCC preparation would be in touch if they were required.

Michael

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

**From:** Venessa Carroll [Code A]  
**Sent:** 23 Sep 2002 09:58  
**To:** Michael Keegan [Code A]; Peter Swain [Code A]  
**Subject:** FW: Dr Barton

Mike Gill called again this morning to inform me that following the IOC's decision not to make an order, Dr Barton will be resuming practice on 30 September 2002. He has asked that the GMC consider the dossier and consider referring this back to IOC asap.

I think the dossier may be with Paul.

Thanks  
 Venessa

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

**From:** Peter Swain [Code A]  
**Sent:** 20 Sep 2002 17:02  
**To:** Venessa Carroll [Code A]; Paul Philip [Code A]  
**Cc:** Michael Keegan [Code A]  
**Subject:** RE: Dr Barton

It hasn't come to me (yet).

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

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

Paul and Peter

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

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

Thanks  
 Venessa

**Michael Keegan** **Code A**

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

Michael

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

Venessa

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

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

Paul and Peter

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

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

Thanks  
 Venessa

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

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

**Code A**

23/9/02

**Michael Keegan** **Code A**

---

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

David,

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

I can confirm that the IOC made no order.

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

-----  
 -----Original Message-----  
**From:** Richard Clifford **Code A**  
**Sent:** 20 Sep 2002 09:05  
**To:** Michael Keegan **Code A**  
**Subject:** FW: Notification of IOC referral

Michael

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

Could you reply.

Richard

-----Original Message-----  
**From:** **Code A**  
 [mailto:**Code A**]  
**Sent:** 20 Sep 2002 08:01  
**To:** **Code A**  
**Cc:** **Code A**  
**Subject:** Notification of IOC referral

IN CONFIDENCE

Richard

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

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

David O'Carroll  
 Deputy Branch Head  
 Health Regulation Bodies Branch

**Code A**

## IOC Attendance Sheet C

### Doctor present and represented by solicitor

Dr Barton is present and is represented *by Mr Jenkins 'counsel',*

*Instructed* by Mr Ian Barker of the Medical Defence Union

Miss Fiona Horlick Counsel, instructed by the Solicitor to the Council,  
represents the Council.

**GENERAL MEDICAL COUNCIL  
INTERIM ORDERS COMMITTEE**

**Thursday, 19 September 2002**

**CHAIRMAN: Mrs A Macpherson**

**CASE OF: BARTON, Jane Ann**

**PROCEEDINGS**

**T.A. REED & CO.**

GENERAL MEDICAL COUNCIL

INTERIM ORDERS COMMITTEE

Thursday, 19 September 2002

CHAIRMAN: Mrs A Macpherson

CASE OF:

**BARTON, Jane Ann**

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MS F HORLICK, Counsel, instructed by Messrs Field Fisher Waterhouse, Solicitors to the Council, appeared to present the facts.

MR A JENKINS, Counsel, instructed by the Medical Defence Union, appeared on behalf of Dr Barton, who was present.

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PROCEEDINGS

Transcript of the shorthand notes of T A Reed & Co,  
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A THE CHAIRMAN: Good morning everyone. May I formally open the proceedings. We move on to the case of Dr Barton. Dr Barton is present and is represented by Mr Jenkins, counsel, instructed by Mr Ian Barker of the Medical Union. Ms Fiona Horlick, counsel, instructed by solicitors to the Council, represents the Council.

B Dr Barton, may I say first of all. I am conscious that you are currently on sick leave, and that you have recently sensitive personal I do appreciate your being here today. If at any stage you feel you want a break, or need to take a temporary break, then please do not hesitate to say so. I do appreciate the fact that you have come along.

(Introductions made)

C If there are no further points, then I will ask Ms Horlick to open the proceedings this morning, please.

MS HORLICK: This case involves the inappropriate prescribing to five patients at the Gosport War Memorial Hospital between February 1998 and October 1998, five patients whose ages range between 75 and 91, and who all died at the hospital. Dr Barton at the material time was a general practitioner and also a clinical assistant in elderly medicine at the hospital.

D To give the Committee some idea of the history of the case, the police began an investigation into the circumstances of the death of one of those patients, Gladys Richards. That investigation later extended to four other patients. The Interim Orders Committee has considered this matter, as you have already said, on two occasions before. Firstly, June 2001, when it was considering only the matter of Gladys Richards and on that occasion no order was made.

E In February 2002, the Crown Prosecution Service decided not to proceed with the criminal proceedings. Then the Crown's papers were disclosed to the General Medical Council and thus the matter came before the Interim Orders Committee again on 21 March this year, and again no order was made.

F The present position as I understand it is that the Crown Prosecution Service is reconsidering their original decision and there always remains a possibility that there may be proceedings in relation to one or more of these patients. There has also been a PPC hearing which took place at the end of August this year. The PPC referred the matter on to the PCC but they made no interim order with regard to registration at that time.

G THE CHAIRMAN: Sorry? They referred to the PCC?

MS HORLICK: They have, yes. So, in other words, what has changed in a sense is the fact that the matter is now being referred on to the PCC and the possibility of criminal proceedings has raised its head again. Thus the matter has been referred to this Committee for its consideration today.

H The information in relation to these matters is set out in pages 4, 5, 6, 7 and 8. I will come on to facts in relation to those five patients. You will also have within your



A bundle, inter alia, a report from Professor Ford, and I am going to refer to some of his conclusions whilst dealing with each of the patients.

May I deal first with the patient Eva Page. She was admitted to the Dryad Ward which was one of the wards in which Dr Barton worked on 27 February 1998. She came under the care of Dr Barton. She was there for palliative care. She had a possible carcinoma of the bronchus. She died on 3 March 1998. She was 87 years old. She had originally been admitted to the Queen Alexandra Hospital on 6 February 1998, after her condition deteriorated over the preceding five days.

On 7 February 1998, she was noted to have a low mood, to be frightened and X-rays showed a potentially malignant mass superimposed on the right hilum. On 12 February 1998 a management plan was set up, which was to give palliative care in view of her advanced age. On 16 February 1998, there was a gradual deterioration in her condition. She had no pain but she was confused and she was continued on antidepressants. It was on 27 February, as I have said, that she was transferred to the ward and came under the care of Dr Barton. On the day that she was transferred, Dr Barton wrote in the medical notes that she was transferred to Dryad ward, continuing care. Diagnosis of carcinoma of bronchus, CXR on admission.

“Generally unwell, off legs, not eating, bronchoscopy not done, catheterised, needs help with eating and drinking; needs hoisting; Barthel – 0. Family seen and well aware of prognosis. Opiates commenced. I’m happy for nursing staff to confirm death.”

The nursing notes confirm that she had been admitted for palliative care.

On 28 February 1998, she was noted to be not in pain. She was administered Thioridazine and Oramorph. She was distressed.

On 2 March 1998, she was noted to be very distressed and Dr Barton noted that adequate opioids to control should be administered. She had fear and pain. Therefore 5 mg of diamorphine was administered by a syringe driver.

On 3 March 1998, a rapid deterioration of her condition is noted. Diamorphine, Midazolam was commenced by syringe driver. It is this prescription which is the subject of criticism by Professor Ford. She died on that day, death being recorded at 21:30. His criticism is that there was no indication that Eva Page was in pain or distress, and with a frail, elderly and underweight patient that prescription was potentially very hazardous and poor practice, but he concluded that it was probably for palliative reasons that it had been prescribed by Dr Barton.

Dr Mundy is another doctor who has made a report in this case and in relation to this case, he concluded that Mrs Page had a clinical diagnosis of lung cancer.

THE CHAIRMAN: Is there a page number?

MS HORLICK: I am sorry, madam. It is page 57.

H

A "There was no documentation of any pain experienced. When she was transferred to Dryad ward most medication was stopped but she required sedative medication because of her distress and anxiety. No psychogeriatric advice was taken regarding symptom control and she was started on opioid analgesia, in my view, inappropriately."

He comments:

B "The prescription for subcutaneous diamorphine infusion again showed a tenfold range from 20 mg to 200 mg."

In his conclusion is:

C "The reason for starting opioid therapy was not apparent in several of the cases concerned."

D That is the conclusion overall. Can I deal secondly with Alice Wilkie. She died on 21 August 1998. She was 81. She had been admitted on 6 August 1998 to the Daedalus ward where Dr Barton worked. She had been admitted to that ward for observation following treatment at the Queen Alexandra Hospital for a urinary tract infection. In fact, she had been admitted to the Queen Alexandra Hospital on 31 July 1998. She was found to have a fever. She was given intravenous antibiotics. By 3 August the fever had settled and she was improving. She had severe dependency needs but on transfer to the Daedalus ward it was noted that her bed should be kept at her care home.

E The nursing notes state that she was transferred to the Daedalus ward for a four to six week assessment and observation and then a decision would be taken about placement. In other words, it was intended that she would leave Daedalus ward to go back to some form of care home.

On 10 August it was noted that she was eating and drinking better and that she would be reviewed in one month, and if there was no specific special medical or nursing problem she would be discharged.

F The next entry in the notes is by Dr Barton on 21 August.

THE CHAIRMAN: Can we have a page, please?

MS HORLICK: Page 79. There it is noted by Dr Barton:

G "Marked deterioration over last few days. Subcutaneous analgesic commenced yesterday. Family aware and happy."

H A final entry on the same day is at half past six in the evening when death is confirmed but there had been no entry that Mrs Wilkie had been in pain on 20 August or in the preceding days, and no analgesic drugs had been administered to her before. It appears that Dr Barton had prescribed a regular daily prescription of diamorphine, 30 mg over 24 hours, and Midazolam, 20 mg over 24 hours. That had been started to be prescribed to Mrs Wilkie from 13:50 on 20 August, therefore the day before she

A died. They were administered to her again on 21 August. There was no indication for the use of those drugs, no explanation as to why, and Professor Ford notes that it was poor practice, potentially very hazardous in a frail, elderly and underweight patient, and it could result in profound respiratory depression, and her death was possibly due, at least in part, to respiratory depression from the diamorphine, or that diamorphine led to the development of bronchopneumonia.

B Dr Mundy comments on this patient at page 55 of the bundle. He said:

C “There was no clear indication for an opioid analgesic to be prescribed, and no simple analgesics were given and there was no documented attempt to establish the nature of her pain. In my view the dose of diamorphine that was prescribed at 30 mg initially was excessive and there is no evidence that the dose was reviewed prior to her death. Again the diamorphine prescription gave a tenfold range from 20 mg to 200 mg in 24 hours.”

Can I now turn to the matter of Gladys Richards, which was the matter originally investigated by the police. Madam, I am looking here at page 62.

D She had been 91 years old when she was admitted as an emergency to the Haslar Hospital on 29 July 1998. She fractured the right neck of her femur. She had dementia. There had been a deterioration in the quality of her life over the previous six months. She had surgery for the fracture on 30 July 1998 and she was then referred to Dr Reid, who is a consultant physician in geriatrics on 3 August 1998. He concluded that despite dementia, she should be afforded the opportunity to remobilise her.

E On 10 August 1998, just prior to her transfer to the Daedalus ward, it was noted:

“[She] is now fully weight bearing, walking with the aid of two nurses and a zimmer frame. Gladys needs total care with washing and dressing eating and drinking. Gladys is continent, when she becomes fidgety and agitated a meantime she want the toilet. Occasionally incontinent at night, but usually wakes.”

F The following day, 11 August, she was transferred to the Daedalus ward. On that date, Dr Barton had written in the medical notes.

“Impression frail demented lady, not obviously in pain, please make comfortable. Transfers with hoist, usually continent, needs help with ADL Barthel 2. I am happy for nursing staff to confirm death.”

G The nursing notes recall that she is now fully weight bearing and walking with the aid of two nurses and a Zimmer frame. However, on 12 August, the notes recorded that a little before midnight she had been very agitated, shaking and crying. Did not settle for more than a few moments. However, she did not seem to be in pain.

H It seems the following day that she had been found on the floor at 13:30. No injury was apparent at the time but her right hip was internally rotated, and another doctor had been contacted for an X-ray.

A On 14 August, Dr Barton had noted that sedation and pain relief had been a problem. Screaming was not controlled by haloperidol but very sensitive to Oramorph. Dr Barton had also proposed the rhetorical question, "Is this lady well enough for another surgical procedure?" It seems that she was, because she was readmitted to the Haslar Hospital. The hip was manipulated under sedation, and that was successful. She was discharged back again to the Daedalus ward on 17 August. Again it was noted that although she had been given a canvas knee-immobilizing splint which must stay in situ for four weeks, she could however mobilise full weight bearing. But the nursing notes on that day record that when she had been transferred back she had been very distressed and appeared to be in pain. Later that day, she had been given Oramorph 2.5 mg in 5 ml. A further X-ray was performed which demonstrated no fracture, so that was not the source of the pain. Pain demonstrated. Dr Barton had also noted that on 17 August, the day of transfer back, she had been under i/v sedation during the closed reduction. She remained unresponsive for some hours and –

C  
 "... now appears peaceful. Can continue haloperidol, only for Oramorph if in severe pain. See daughter again."

On 18 August, it was noted she was still in great pain, nursing a problem.

D  
 "I suggest subcutaneous diamorphine, haloperidol/Midazolam. I will see daughters today. Please make comfortable."

The nursing notes say that she had been reviewed by Dr Barton for pain control via syringe driver. It was further noted that she reacted to pain when being moved.

E  
 On 19 August, the nursing notes recorded that she was comfortable and she was apparently pain free. There appear to be no notes at all for 20 August, but the next entry is Dr Barton's on 21 August, where she records:

"much more peaceful. Needs hyoscine for rattly chest."

She recorded as her overall condition deteriorated.

F  
 "Medication keeping her comfortable."

The time of death is recorded as being 21:20 later that day. The cause of death was recorded as bronchopneumonia.

One can see set out on page 64 the dates and times of the various medication and opiates that were given to her during her time on the ward.

G  
 Dr Barton's treatment is criticised by Professor Ford. He says that even in a woman of Mrs Richard's age, there were good reasons to offer surgery for the fractured neck of the femur because without it, the patient remains immobile and nearly invariably develops serious and usually fatal conditions. He notes that Dr Reid believes that she had potential to benefit from rehabilitation, and that would have been implicit in her transfer to the Gosport War Memorial Hospital to receive rehabilitation there. It seems that Dr Barton did not appreciate that that was the reason for her rehabilitation and one knows from the papers that Dr Barton made a statement to the police. She

- A was asked about her entry on initial transfer to the Daedalus ward, the entry which said, "I am happy for nursing staff to confirm death," when Mrs Richards had been apparently transferred from rehabilitation. Dr Barton told the police that she appreciated there was a possibility that Mrs Richards might die sooner rather than later, and regarded the admission as a holding manoeuvre.
- B Professor Ford sets out reasons why Dr Barton's approach to Mrs Richards might well have been different to Dr Reid's. He concludes at the end of paragraph 2.18 that Dr Barton's experience in palliative care may possibly have influenced her understanding and expectations of rehabilitating older patients.
- C In paragraph 2.19, he sets out Dr Barton's explanation for the administration of drugs to Mrs Richards. He criticises some of her conclusions. He says that screaming is a well-described behavioural disturbance in dementia. It can be due to pain, but is often not. He concludes that there was not a proper clinical examination of the reason for the screaming because of course, he says, if the screaming had been worse on weight bearing or on movement, that would have provided supportive evidence that screaming was from pain, as opposed to dementia.
- D He notes that Mrs Richards had not been prescribed opiates before she was transferred to the Daedalus ward, he says:
- "This makes me consider it probable that Dr Barton prescribed ... Oramorph, diamorphine, hyoscine, and Midazolam when she first saw Mrs Richards and she was not in pain."
- He said:
- E "I do not consider it appropriate to administer intermittent doses of Oramorph to Mrs Richards before first prescribing paracetamol, non-steroidal anti-inflammatory drugs or mild opiate. ... Dr Barton's statement that diamorphine and Oramorph were appropriate analgesics at this stage following surgery when she had been pain free is incorrect and in my opinion would not be a view held by the vast majority of practising general practitioners and geriatricians."
- F He also criticises the fact that there are no notes of fluid or food intake after Mrs Richards was readmitted to the Daedalus ward on 17 August, and between that and her death on the 21<sup>st</sup>. He says that although there were no clear descriptions of her conscience level in the last few days, her level of alertness appears to have deteriorated once the subcutaneous infusion of diamorphine, haloperidol and Midazolam was commenced. It seems that she was not offered fluids or foods, and intravenous or subcutaneous fluids were not considered as an alternative.
- G He says the decision to prescribe oral opiates and subcutaneous diamorphine to Mrs Richards on initial admission to the Daedalus ward was, in his opinion, inappropriate and placed Mrs Richards at significant risk of developing adverse effects of excessive sedation and respiratory depression.
- H The prescription of oral paracetamol and my Lady opiates would have been appropriate and would have had a better risk/benefit ratio. The prescription of

A subcutaneous diamorphine, haloperidol, and Midazolam infusions “to be taken if required” was inappropriate even if she was experiencing pain. It goes on to explain why. He says:

B “The prescription by Dr Barton on 11 August of three sedative drugs by subcutaneous infusion was in my opinion reckless and inappropriate and placed Mrs Richards at serious risk of developing coma and respiratory depression had these been administered by the nursing staff. It is exceptionally unusual to prescribe subcutaneous infusion of these three drugs with powerful effect on conscious level and respiration to frail elderly patients with non-malignant conditions in a continuing care or slow stream rehabilitation ward and I have not personally used, seen or heard of this practice in other care of the elderly rehabilitation or continuing care wards. The prescription of three sedative drugs is potentially hazardous in any patient but particularly so in a frail older patient with dementia and would be expected to carry a high risk of producing respiratory depression or coma”

C He goes on in paragraph 2.27 to consider Dr Barton’s statement in relation to the use of Midazolam which he said was inappropriate.

D Dr Barton made a statement to the police in relation to this matter which is in your bundle. At the end of it, she says ---

THE CHAIRMAN: Page number, please? Is it page 153?

MS HORLICK: It is page 153 – thank you, madam. At the end of that, at page 162, paragraph 38, she says:

E “At no time was any active treatment of Mrs Richards conducted with the aim of hastening her demise. My primary and only purpose in administering the diamorphine was to relieve the pain which Mrs Richards was suffering. Diamorphine can in some circumstances have an incidental effect of a hastening a demise but in this case I do not believe that it was causing respiratory depression and was given throughout at a relatively moderate dose.”

F At paragraph 39, she says similarly:

G “Similarly it was not my intention to hasten Richards’ death by omitting to provide treatment for example in the form of intravenous or subcutaneous fluids. By the 18<sup>th</sup> August it was clear to me that Mrs Richards was likely to die shortly.”

H She did not believe that transfer to another hospital would have been in her best interests.

I now turn to Mr Cunningham. Mr Cunningham was 79 years old. He had had Parkinson’s disease since the mid-80s. By July 1998, he had Parkinson’s disease, dementia and depression. When he was seen on 21 September 1998 in the Dolphin Day Hospital by Dr Lord, she recorded that he was very frail, tablets had been found

A in his mouth, he had a large necrotic sacral sore with thick black scar. His Parkinson's disease was no worse.

THE CHAIRMAN: Is this page 72?

MS HORLICK: It is, madam, yes. He decided to transfer him to do Dryad ward on that day. The entry by Dr Barton on 21 September says:

B "Make comfortable, give adequate analgesia. Am happy for nursing staff to confirm death."

C She decided to prescribe and administer diamorphine and Midazolam by subcutaneous infusion on the evening of 21 September, so the evening of the day that he was admitted. Professor Ford's opinion of that, at paragraph 3.10 was that he considered the decision by Dr Barton --

"... to prescribe and administer diamorphine and Midazolam by subcutaneous infusion the same evening he was admitted was highly inappropriate, particularly when there was a clear instruction by Dr Lord that he should be prescribed intermittent"

D – apparently underlined –

"doses of Oramorph earlier in the day. I consider the undated prescription by Dr Barton of subcutaneous diamorphine..."

and he gives the amounts –

E "to be poor practice and potentially very hazardous. In my opinion it is poor management to initially commence both diamorphine and Midazolam in a frail elderly underweight patient such as Mr Cunningham. The combination could result in profound respiratory depression and it would have been more appropriate to review the response to diamorphine alone before commencing Midazolam, had it been appropriate to commence subcutaneous analgesia, which as I have stated before was not the case."

F Apparently it had been prescribed and administered for pain relief and to allay anxiety but there was no clear recording that Mr Cunningham was in pain or, indeed, where the site of the pain was, if it existed.

G On 23 September, it was noted that he had been chesty overnight and deteriorated. Professor Ford's conclusion is:

"The symptoms could have been due to opiate and benzodiazepine induced respiratory depression. The family were told that Mr Cunningham was dying."

H But on 24 September 1998, Dr Lord reviewed him and he was apparently in pain. On 25 September dosages were increased threefold. There was no record of Mr Cunningham receiving food or fluids since his admission to the Daedalus ward on

A the 21<sup>st</sup> despite the fact that Dr Lord had prescribed a high protein diet for him when she transferred him to the Dryad ward. He died on 26 September, a little before midnight. The cause of death was recorded as bronchopneumonia with contributory causes of Parkinson's disease and sacral ulcer.

B Professor Ford was also concerned about the initial note entered by Dr Barton on 21 September, that she was happy for nursing staff to confirm death, because – as he says – there was no indication by Dr Lord that Mr Cunningham was expected to die”

THE CHAIRMAN: I am sorry to interrupt. I am slightly confused because on page 72, it is suggested that Dr Lord had made that entry. I take it you are saying that that is wrong. It is paragraph 3.2.

C MS HORLICK: I think there had been a further entry by Dr Lord on the 21<sup>st</sup>, saying that she was happy for nursing staff to confirm death. It was when Mr Cunningham was admitted to the Dryad ward on 21 September, having seen Dr Lord in the Dolphin Day Hospital. It was on that day that Dr Barton was recording, “Am happy for nursing staff to confirm death.”

THE CHAIRMAN: I am sorry. I see they are both recorded.

D MS HORLICK: Yes. I think Professor Ford's point was that there was no indication on the day that he was first admitted that there would be any indication of death ensuing in the near future. Professor Ford notes that it is possible that Mr Cunningham died from drug induced respiratory depression without bronchopneumonia present, or from the combined effect of bronchopneumonia and drug induced respiratory depression as a result of the drugs which had been prescribed to him.

E Dr Mundy comments upon Mr Cunningham's case at page 54. He says:

“All the prescriptions for opioid analgesia are written in the same hand and I assume they are Dr Barton's prescriptions ... Morphine was started without any attempts to control the pain with less potent drugs. There was no clear reason why the syringe driver needed to be started as the patient had only received two doses of oral morphine, the 24 hour dose requirement of diamorphine could not therefore be established. The dose of diamorphine prescribed gave a tenfold range from 20 mg to 200 mg in 24 hours which is an unusually large dose range in my experience.”

F - just in parenthesis, one which is common to Dr Barton's prescriptions in all these cases.

G “The patient was reviewed by Dr Barton on at least one occasion and the patient was noted to be in some discomfort when moved. The dose was therefore appropriately increased to 40 mg per 24 hours but there are no further comments as to why the dose needed to be progressively increased thereafter. In my view, morphine was started prematurely, the switch to a syringe driver was made without any clear reason and the dose was increased without any clear indication.”

H



A Lastly, might I turn to Robert Wilson. I will be referring to notes on page 83. Mr Wilson was a 75 year old man. He had been admitted to the Queen Alexandra Hospital on 22 September 1998. He had a fracture of the left humerus. Morphine had been administered to him intravenously and then subcutaneously but he developed vomiting. Two days later, when he was given 5 mg of diamorphine he had lost sensation in the left hand. Five days later, it was noted that he had poor quality of life and poor prognosis, and he was not to be resuscitated.

B However, by 7 October he had apparently stated that he did not want to go to a residential home and wanted to go home. Although he had previously been sleepy, withdrawn and in a low mood, when he was seen by Dr Luszkat, the consultant in old age psychiatry on 8 October, he was much better. He was eating and drinking well, and appeared brighter in mood. His Barthel score was 5/20. It was noted: Code A Code A that he had possible early dementia, Alzheimer's disease or possible vascular dementia.

C On 13 October it was noted that he required both nursing and medical care. He was at risk of falling and that what would be appropriate would be a short spell in long-term NHS care.

D On 14 October he was transferred to the Dryad ward. An entry on the same date by Dr Barton reads:

"Transfer to Dryad ward continuing care. HPC fracture humerus, needs help with ADL ... hoisting, continent, Barthel 7. Lives with wife. Plan further mobilisation."

E I think here it is recorded as being 16 November, but that must be wrong because he had died by then. On 16 October, the notes record that he declined overnight, and gave details of that. He had a possible silent myocardial infarction and Dr Barton had written a prescription for subcutaneous diamorphine, hyoscine and Midazolam and that was administered to him on 16 October. Again, this is a course of action criticised by Professor Ford.

F I am looking at paragraph 5.12. He says:

"I am unable to establish when Dr Barton wrote the prescription .... as these are undated. The administration of diamorphine and hyoscine by subcutaneous infusion as a treatment for the diagnosis of a silent myocardial infarction was in my opinion inappropriate. The prescription of a single dose of intravenous opiate is standard treatment for a patient with chest pain following myocardial infarction is appropriate standard practice but was not indicated in Mr Wilson's case as he did not have pain. The prescription of an initial single dose of diamorphine is appropriate as a treatment for pulmonary oedema if a patient fails to respond to intravenous diuretics such as frusemide. Mr Wilson was not administered intravenous frusemide or another loop diuretic."

G

He says it is an inadequate response to Mr Wilson's deterioration.

H

A In the following 48 hours, the increase of diamorphine was from 40 mg/24 hours and then 60 mg/24 hours. At paragraph 5.13, Professor Ford says that that increase was not appropriate when the nursing and medical notes record no evidence that Mr Wilson was in pain or distressed at this time.

B “This was poor practice and potentially very hazardous. Similarly the addition of Midazolam and subsequent increase in dose to 40 mg/24hr was in my opinion highly inappropriate and would be expected to carry a high risk of producing profound depression of conscious level and respiratory drive.”

He notes that there were no justifications for those increases in those three drugs written in the medical records.

C On 17 October, Mr Wilson was noted to have deterioration variously described in one place as rapid and another place as slow, but on 18 October there had been a further deterioration and his death was recorded at 23:40 that night.

Dr Mundy again comments on this case at page 56. He says:

D “Mr Wilson was clearly in pain from his fractured arm at the time of transfer to Dryad ward. Simple analgesia was prescribed but never given...”

and he notes that there was an entry earlier in the episode of care that Mr Wilson had refused paracetamol.

“No other analgesia was tried prior to starting morphine.”

E He notes that once again, the diamorphine prescription had a tenfold dose range as prescribed. He also considered that the palliative care given was appropriate.

Professor Ford, on page 53, sets out sets out the appropriate use of opioid analgesics. He says:

F “Opioid analgesics are used to relieve moderate to severe pain and also can be used to relieve distressing breathlessness and cough. The use of pain killing drugs in palliative care (ie the active total care of patients whose disease is not responsive to curative treatment) is described in the British National Formulary which is the standard reference work circulated to all doctors in Great Britain.”

THE CHAIRMAN: I have not interrupted you before but...

G MISS DOIG: It is surely Dr Mundy?

MS HORLICK: Dr Mundy, yes.

H THE CHAIRMAN: I have let you go to some detail in the cases you have gone through, but I think you can assume that we have read the papers. I think if you could perhaps summarise rather than read the papers it would be helpful, and just pick out the points you think are particularly worth stressing.

A MS HORLICK: Dr Mundy, as I am sure you have read, sets out the way that treatment should be given, and what should be tried before going on to a further treatment. His conclusion in relation to these cases can be found at page 57:

“The reason for starting opioid therapy was not apparent in several of the cases concerned.”

B They had not been given for long enough to ascertain the appropriate dose. Professor Ford also draws conclusions at the end of his report at page 59. He makes certain criticisms of Dr Barton’s prescribing at the end of that report, and as detailed in the middle of it, as I have already set out.

THE CHAIRMAN: I think his conclusions are at page 93 and 94.

C MS HORLICK: Yes, they are. Thank you, madam. Just to bring matters up to date, there is a letter from Dr Barton’s solicitors which can be found at page 404, from the Medical Defence Union. That letter sets out in some detail Dr Barton’s response to these allegations which I am sure the Committee has read. It is obvious that Dr Barton has ceased to provide medical care for the adult patients in the hospital, and she has voluntarily stopped prescribing opiates and benzodiazepines. As I said at the beginning, these matters have been considered before but the change in circumstances is the possible reconsideration of the matter by the Crown Prosecution Service, and the fact the matter has gone to the Professional Conduct Committee for their consideration.

D

THE CHAIRMAN: Do you have any recommendations?

MS HORLICK: No, madam.

E THE CHAIRMAN: Can I just be quite clear about the sequence of events here? You referred to two previous IOC hearings?

MS HORLICK: Yes.

THE CHAIRMAN: Am I right, the first one, I think you said, was in June 2001, and only considered the case of Gladys Richards?

F MS HORLICK: That is right, yes.

THE CHAIRMAN: The second one in March this year, did it consider all five cases?

MS HORLICK: Yes, it did.

G THE CHAIRMAN: And the PPC hearing on 29 August, did they consider all five cases and the papers that we have today?

MS HORLICK: As far as I am aware, yes.

THE CHAIRMAN: And the referral back to the IOC now did not come from the PPC?

H MS HORLICK: No, madam.

A THE CHAIRMAN: It came from the President?

MS HORLICK: That is right.

THE CHAIRMAN: And you are saying it is because the CPS have now re-opened. I forget your wording.

B MS HORLICK: They are reconsidering their original decision not to pursue the criminal ---

C THE CHAIRMAN: But we have no papers to give us confirmation of that, or to give us any further... I am just trying to be clear how the situation has changed. So the only change has been that we have information, we know not how we got it, that the CPS are reconsidering.

D MS HORLICK: That is right, although, as I am sure Mr Jenkins will tell you, the defence have been in contact with the officer in the case who is happy with the original decision that was taken by the Crown Prosecution Service not to proceed with the criminal proceedings. But, of course, it is not a decision which is taken by the police. It is a decision which is taken by the Crown Prosecution Service, whether to institute or discontinue proceedings.

THE CHAIRMAN: We do not know why the situation has changed?

E MS HORLICK: My understanding is that the families of the patients involved were unhappy about the decision which was originally taken. You will notice in your bundle that they have written letters directly in the very recent past to the General Medical Council, to make complaints about the way that their parents were treated. I think, to be fair to Dr Barton, there has been a degree of pressure brought upon the Crown in this case to reconsider the matter.

THE CHAIRMAN: That is helpful. Did you want to say anything?

F THE LEGAL ASSESSOR: Is there no additional material or evidence since the last hearing of the IOC?

MS HORLICK: As far as I understand it, there is no additional material.

G THE CHAIRMAN: Most unusual circumstances. Does any other member wish to raise any points of clarification? (No reply) I just wonder whether the Committee ought to have a brief in camera session before we go further.

THE LEGAL ASSESSOR: I wonder whether Mr Jenkins has anything to say about this?

H MR JENKINS: Can I help you. It may be, after I have made the few remarks that I have to say, that may assist a short in camera deliberation.

A Mr Barker, who sits besides me, who is the author of the letter that you see at page 404, setting out observations on behalf of Dr Barton, two days ago spoke to Chief Superintendent Watts, who is the head of CID with the Hampshire constabulary. He is coordinating the police investigation into these five cases. He is an experienced police officer. He has been producing a guide for police generally, investigating cases of alleged medical manslaughter. He is not a police officer who has no experience of looking at this sort of investigation, this sort of case.

B The police originally investigated the case of Mrs Richards and you will see a reference, I think on page 13 of the bundle, to a letter to the GMC in August 2001, that Senior Treasury Counsel – that is a senior criminal barrister – was asked to look at the case and the evidence in relation to Mrs Richards. The advice provided to the Crown Prosecution Service, which informed the police decision, was that there was case to be prosecuted.

C Police subsequently looked into the other four cases and the view that they took was that those cases raised similar issues to that of Mrs Richards. In their analysis – this comes from the attendance note of a telephone conversation between Mr Barker and detective Chief Superintendent Watts. The police analysis of those other cases was that it was the same, or raised the same issues as those that were raised in the case of Mrs Richards, and upon that basis the police took the view that there was no case to be raised against Dr Barton. Subsequently there have been, as my learned friend has suggested, concerns raised on behalf of family members, relatives and the police have decided to send the case papers to the CPS. They have not yet gone. The understanding that Mr Barker got from the conversation was that this was a case of back-covering – I can use that expression – by the police. The police were perfectly satisfied. They had no concerns. Because of concerns raised by family members, they thought, “We will get the CPS to check,” and that is the basis upon which papers have been sent to the CPS. There is no new evidence. There are no fresh allegations, there is nothing else that the police have sent on to the CPS, essentially other than the papers that you have seen. Those are the same papers that were seen by the earlier Committee this year. Nothing – nothing – in reality has changed.

E There is a lot more I would like to say if the Committee were going on to consider whether to impose conditions or other matters, but you have suggested you might want to deliberate shortly in camera.

F THE CHAIRMAN: First of all, can I comment and then ask the Legal Assessor. We certainly have precedents where the Committee considered at this stage whether they wish to continue to hear further evidence. It strikes me, in view of what we have heard, that this might be a case where I should deliberate with the Committee to see if they wish proceed with the remainder of the full hearing, if I can put it like that.

G MR JENKINS: Indeed.

THE CHAIRMAN: Legal Assessor, do you wish to comment?

H THE LEGAL ASSESSOR: All I was going to say is this. Do you have any comments on the propriety - not the power but the propriety - of this Committee to consider again a matter on which the Committee has already decided without any fresh evidence at all?

A In normal circumstances, you would say, if you like, it is res judicata, and I doubt whether that doctrine strictly applies to this Committee, but it may be something which the Committee should take into account.

B MR JENKINS: The normal circumstance in which a case might be reconsidered is if there is some fresh evidence or change of circumstances. It is advanced by my learned friend that there is a change of circumstances because this case has been referred by the Preliminary Proceedings Committee to the Conduct Committee and also the papers have now been sent to the CPS. I say those are somewhat manufactured as a change of circumstances. It is not a real change of circumstances. If there was further evidence or if there was another basis of concern about Dr Barton's practice, then that might alter matters. To the extent that the Committee may be concerned that they are invited to review an earlier decision, I agree entirely with the suggestion that they should decline to do so. I know at least one member of your Committee today was on the Committee that considered the case last time. That is Mr Winton. It seems a little strange that he should be invited to review the decision that the Committee he sat on then looked at.

C I am prompted – the suggestion of back-covering is not an appropriate one. The police would not agree it, but that may be the effect of what is happening. The police were satisfied. They conducted their own inquiry. These are experienced police officers who are familiar with the concept of the gross negligence/manslaughter in a medical context. They did not see the need themselves to send the case to the CPS for further investigation. They have now done so because of concerns raised by the family, but there is no fresh evidence to place before the CPS.

D I do not know that that answers the point. It is a response.

E THE LEGAL ASSESSOR: I think it suggests that your thoughts are rather similar to my thoughts. I would really advise the Committee that without fresh material it would be only in extreme circumstances that the matter should be reconsidered again. I do not see evidence that there are such extreme circumstances. It could be that if the Preliminary Proceedings Committee had referred it here as part of their process of sending it to the Professional Conduct Committee that would be a factor which this Committee could take into account, but that is not the situation.

F MR JENKINS: The generality of the position is the same as it was before. Dr Barton has, as you know, retired or resigned the job she held at the Gosport War Memorial Hospital back in 2000. You will have seen reference to correspondence in the transcript last time that she resigned because she felt she was under-resourced and could not do the job properly. That position clearly still holds. She is not in a position where she is dealing with those who are terminally ill or in the very last stages of their life. She continues to work full time as a GP subject to other matters. She does not routinely prescribe benzodiazepines or opiates.

G The condition to which she agreed with the Health Authority - that she would not prescribe opiates or benzodiazepines - lapsed at the end of March of this year because there was initially a time limit put on it, and the Health Authority did not see fit to invite her to renew that undertaking. So as far as circumstances changing since the last hearing before the IOC, 21 March 2002, I think that is the only change. I am sorry: the

H

A condition that she did not prescribe benzodiazepines or opiates was lifted by the Health Authority.

THE CHAIRMAN: Ms Horlick, do you want to make any comment on the last few exchanges?

B MS HORLICK: Madam, no.

C THE CHAIRMAN: I think we should go into camera. As I see it, there are two issues here. One is whether there is new evidence since the last IOC hearing which justifies this Committee hearing the case afresh. The evidence is simply that we have heard that the CPS are reopening. The second, I think, is simply that the PPC have referred the case to the Professional Conduct Committee. That is the new evidence bit. If we decide that this is a full hearing and we are considering matters, then it is within our gift, and we certainly have precedent, that we can make a decision on the case if we feel minded to do so without hearing the full defence submission.

D MR JENKINS: Thank you. I can tell you, if you were to ask for my submissions, they would be brief. I would be reminding you of what appears in the letter at page 404, and the transcript of the evidence that Dr Barton gave on the last occasion. I know you a familiar with them.

THE CHAIRMAN: Thank you, Mr Jenkins. We will go the to camera. If it looks like we are going to be taking a lunch break before we conclude, then we will let you know, but I am not saying that at the moment.

PARTIES, THEN, BY DIRECTION FROM THE CHAIR, WITHDREW  
AND THE COMMITTEE DELIBERATED IN CAMERA.

PARTIES HAVING BEEN READMITTED

E THE CHAIRMAN: Before I read the determination, I am going to ask the Legal Assessor to repeat the advice he gave us in camera.

F THE LEGAL ASSESSOR: I advised the Committee that in light of the fact that there was no new evidence before them it would be unfair to the doctor for the Committee to consider the matter any further.

DETERMINATION

G THE CHAIRMAN:

Dr Barton: The Committee has carefully considered the information before it today and has determined that it is not necessary for the protection of members of the

H public, in the public interest or in your own interests that an Order under Section 41A

A of the Medical Act 1983, as amended, should be made in relation to your registration whilst the matters referred to the GMC are resolved.

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

C That concludes the case for this morning. Thank you for coming. I hope it has not impeded your convalescence too much. I appreciate it is stressful for you.

---

D

E

F

G

H



**IOC REFERRALS**

<b>DOCTORS FULL NAME :</b>	<b>Barton, Jane</b>
<b>FPD REFERENCE :</b>	<b>2000/2047</b>
<b>TYPE OF CASE : (Performance/Health/Conduct)</b>	<b>Conduct</b>
<b>CASE WORKER :</b>	<b>Venessa Carroll/Michael Keegan</b>
<b>DOCTOR'S PLACE OF PRACTICE :</b>	<b>Gosport</b>
<b>DOCTORS SPECIALTY :</b>	<b>GP</b>
<b>DATE COMPLAINT RECEIVED :</b>	<b>July 2000</b>
<b>DATE OF REFERRAL TO IOC :</b>	<b>13 September 2002</b>
<b>REFERRED BY :</b>	<b>The President</b>
<b>MEMBER(S) THAT HAVE SEEN CASE</b>	<p><b>Screeener: Dr Malcom Lewis</b>  <b>PPC:</b> Mr Bob Nicholls, Professor Roger Green, Dr Richard Kennedy, Sir Roddy MacSween and Professor Nigel Stott, Dr Sheila Mann</p> <p><b>Please note this case has twice been before IOC</b></p>
<b>IS DOCTOR CURRENTLY PRACTISING :</b>	<b>Yes</b>
<b>SUMMARY OF ALLEGATIONS :</b>	
<p>Inappropriate prescribing to elderly patients – suggestion that death precipitated if not caused by prescribing</p>	

## TELEPHONE MESSAGE PAD

FROM

TO

TIME/DATE

19.9.02

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

HCs → ① Mike Gill (Asst. Dir. of P.H.)  
 & ② Simon Tanner (Director of  
 P.H. @ Southwark H.A.)

① Told him that ICM needs no order today.

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

**Code A**

Message taken by \_\_\_\_\_ 19.9.02

**Dr Barton**

**IOC 19 September 2002**

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

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

FW: Dr Barton

Page 1 of 1

**Michael Keegan** Code A**Subject:** FW: Dr Barton

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

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

Judith,

I can confirm that the IOC made no order today.

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

Thanks

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

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

Dear Mr Keegan

Thank you for your email.

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

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

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

Kind regards

Judith

**Judith Chrystie**  
Professional Regulatory Group

Code A

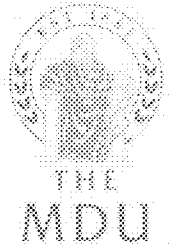
19/09/2002

Please quote our reference when communicating with us about this matter

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

Ms Vanessa Carroll  
 Assistant Registrar  
 General Medical Council  
 178 Great Portland Street  
 London  
 W1W 5JE

Also by fax: **Code A**



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 230 Blackfriars Road  
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 Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Ms Carroll

Interim Orders Committee - Dr Jane Barton

I write with reference to your letter to my client, Dr Barton, of 13 September 2002.

With reference to the Rule 11 of the General Medical Council (Interim Orders Committee) (Procedure) Rules Order of Council 2000, I would be grateful if you would kindly make available to me all documents in this matter as a matter of urgency. In particular, I would be grateful for sight of any communications between the Council and the Department of Health whether in letter form or notes of telephone communication.

Yours sincerely

**Code A**

Ian S.F. Barker  
 Solicitor **Code A**

**Code A**

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17/09 '02 13:55 FAX

Code A

Code A

THE M D U LEGAL

☐001



The Medical Defence  
Union Limited  
Legal Department

# Facsimile

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

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

**Privacy & Confidentiality Notice**

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

Please quote our reference when communicating with us about this matter

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

Ms Vanessa Carroll  
 Assistant Registrar  
 General Medical Council  
 178 Great Portland Street  
 London  
 W1W 5JE

Also by fax: Code A



THE  
 MDU

MDU Services Limited  
 230 Blackfriars Road  
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 Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Ms Carroll

**Interim Orders Committee - Dr Jane Barton**

I write with reference to your letter to my client, Dr Barton, of 13 September 2002.

With reference to the Rule 11 of the General Medical Council (Interim Orders Committee) (Procedure) Rules Order of Council 2000, I would be grateful if you would kindly make available to me all documents in this matter as a matter of urgency. In particular, I would be grateful for sight of any communications between the Council and the Department of Health whether in letter form or notes of telephone communication.

Yours sincerely

**Code A**

**Ian S.P. Barker**  
 Solicitor Code A

Code A

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E:\Conduct Case Presentation\Richard Clifford\notification to joh letter barton, abrahams, sehra sjr.doc

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Your reference

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

Please address your reply to the Conduct Case Presentation Section FPD

Fax

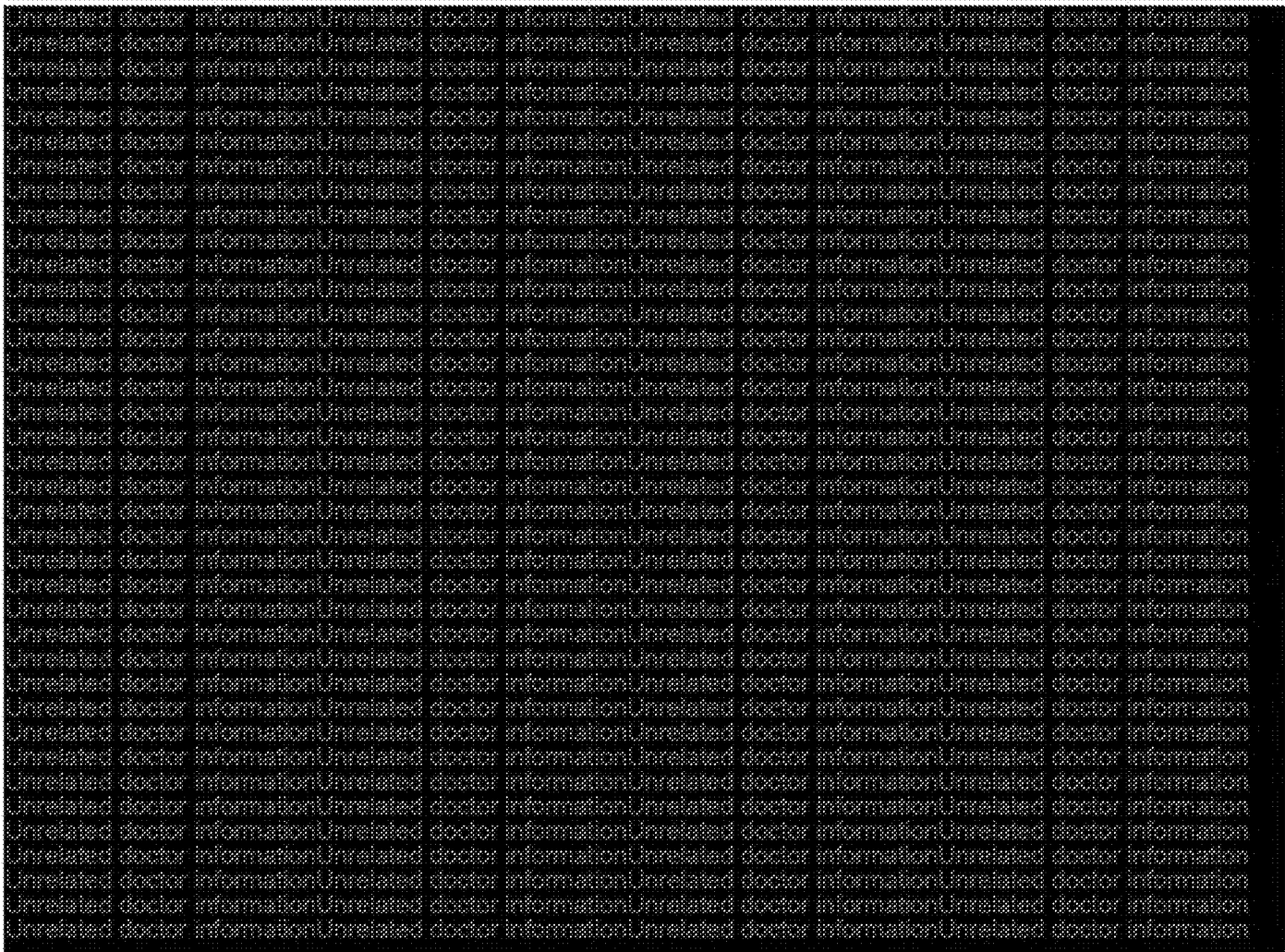
17 September 2002

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

Dear Mr Sturges,

### Notification of IOC referral

At its meeting on 29-30 August 2002 the GMC's Preliminary Proceedings Committee (PPC) referred the following doctors to the Interim Orders Committee (IOC):





Unrelated doctor information Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information Unrelated doctor information  
Unrelated doctor information Unrelated doctor information Unrelated doctor information

The President of the GMC has also referred the following doctor to the IOC:

BARTON, Jane Anne

Registration no: 1587920

Registered address: Code A  
Code A

Specialty: General Practice

Employer: Hampshire and Isle of Wight Practitioner and Patient Services Agency

Type of case: Inappropriate/irresponsible prescribing

In each case, the IOC will consider whether it is necessary for the protection of members of the public, or is otherwise in the public interest, or in the doctor's own interests, that an interim order should be made suspending his or her registration or imposing conditions on his or her registration.

No date has yet been set for the hearing of Unrelated doctor information  
Unrelated doctor information case by the IOC but I will notify you once this is fixed. Dr Barton's case will be heard by the IOC on 19 September 2002.

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Unrelated doctor information Unrelated doctor information Unrelated doctor information

Please let me know if you require any further information.

Yours sincerely

**Code A**

Richard Clifford  
Conduct Case Presentation Section

Code A  
Email: Code A

## TRANSMISSION VERIFICATION REPORT

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

DATE, TIME	17/09 16:52
FAX NO./NAME	Code A
DURATION	00:00:30
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

**Fax**

To C S J James

Fax number Code A

From Michael Keegan

Direct Dial Code A

Direct fax

No. of pages 2 16:45  
 (inclusive)

Date 17 September,  
 2002

**GENERAL  
 MEDICAL  
 COUNCIL**

*Protecting patients,  
 guiding doctors*

*Please see attached letter.*

Your reference: Chief Supt/JJ/DM  
 In reply please quote MK/2000/2047

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
 guiding doctors*

Please address your reply to Conduct Case Presentation Section, FPD

Fax

17 September, 2002

Also by fax:

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

Dear C S James

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

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

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

Yours sincerely

**Code A**

Michael Keegan  
 Conduct Case Presentation Section

Email:





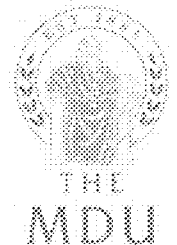
Please quote our reference when communicating with us about this matter

Our ref: ISPB/sls/0005940/Legal

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

17 September 2002

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



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Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Elliott

Dr Jane Barton

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

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

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

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

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

Yours sincerely

**Code A**

Ian S.P. Barker  
Solicitor

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E:\COMMITTEE\ADAM\IOCLetters\2002\SEPTEMBER\BARTON-ADJOURN

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

# GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Please address your reply to the Committee Section FPD  
 Fax

By fax and Post

17 September 2002

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

Dear Mr Barker

**Dr Jane Barton**

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

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

The Interim Orders Committee will therefore consider the case of Dr Barton at 11:30 on 19 September 2002 at the Council's offices, which are located at 44 Hallam Street, London W1. You are invited to submit observations on the case in writing. Any observations will be circulated to the IOC before they consider Dr Barton's case. Your observations should be marked for the attention of Adam Elliott, Committee Section (fax no ). You are further invited to state in writing whether you propose to attend the meeting, and/or instruct Counsel.

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

Yours sincerely

**Code A**

**Adam Elliott**  
**Interims Order Committee Secretariat**

Email:

178 Great Portland Street London W1W 5JE Telephone 020 7586 7043 Fax 020 7915 3843

email [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org) [www.gmc-uk.org](http://www.gmc-uk.org)

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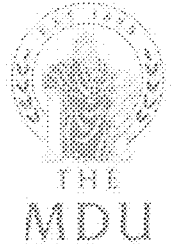
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Our ref: ISPB/TOC/0005940/Legal

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

16 September 2002

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



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Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Elliott

Dr Jane Barton

I write further to our telephone conversations today to assist in clarifying Dr Barton's position. As I indicated in my previous letter to you, Dr Barton will not be practicing during the currency of her sickness certificate -- that being for 3 weeks from today's date. To clarify, Dr Barton will not be practicing in any way over this period, be it NHS or private practice, given that ill-health.

Dr Barton is happy to provide the assurance to you that if her position changes in this regard within the 3 week period, though there is no anticipation that it will do so, she will first notify the Council before resuming practice.

I hope this is of assistance, and once again please do not hesitate to contact me if I can assist further.

Yours sincerely

**Code A**

Ian S.P. Barker  
Solicitor **Code A**

**Code A**

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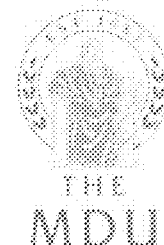
Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal

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

16 September 2002

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



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Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Elliott

Dr Jane Barton

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

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

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

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

Specialists in: Medical Defence Dental Defence Nursing Defence Risk Management

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Registered in England 3987088 Registered Office: 230 Blackfriars Road London SE1 8PJ

Our ref: ISPB/TOC/0005940/Legal

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

16 September 2002

Page 2 of 2

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

Yours sincerely

**Code A**

Ian S.P. Barker

Solicitor **Code A**

**Code A**

**NOTES TO PATIENT ABOUT USING THIS FORM**

You can use this form either:

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

**NOTE:** To start your claim for State benefit you must use form SC1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB1 (from Social Security Local Offices).

**Doctor's Statement**

In confidence to  
Mr/Mrs/Miss/Ms

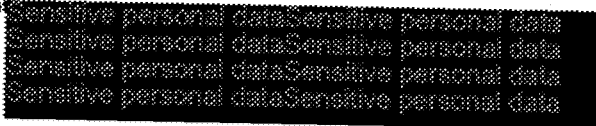
*Dr Jane Barton*

I examined you today/yesterday and advised you that

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

OR unless

Diagnosis of your disorder causing absence from work



Doctor's remarks

Doctor's signature

**Code A**

Date of signing

*16/9/02*

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

**Form Med 3**

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

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

Please address your reply to the Committee Section FPD

Fax **Code A**

23 September 2002

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

## GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Dear Mr Bingham

**Dr Jane Barton**  
**GMC Registration No: 1587920**

I am writing to you in connection with Dr Barton.

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

Dr Barton attended the meeting, and was legally represented.

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

Yours sincerely

**Code A**

Adam Elliott  
Committee Section

**Code A**

Email: **Code A**

E:\COMMITTEE\OC\FOLLOWUP\SEPTEMBER\2002\BARTON-HA

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

Please address your reply to the Committee Section FPD

Fax **Code A**

23 September 2002

Gareth Cruddace  
Chief Executive  
Hampshire & Isle of Wight Health Authority  
Health Authority Head Quarters  
Oakley Road  
Southampton  
SO16 4GX

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Cruddace

**Dr Jane Barton**  
**GMC Registration No: 1587920**

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Yours sincerely

**Code A**

**Adam Elliott**  
**Committee Section**

**Code A**

Email: **Code A**

E:\C\IOG\FOLLOWUP\2002\SEPTEMBER\BARTON-DR OLD

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

Please address your reply to the Committee Section FPD

Fax: **Code A**

23 September 2002

Dr P Old  
Acting Chief Executive  
Isle of Wight, Portsmouth & SE Hampshire HA  
Finchdean House  
Milton Road  
Portsmouth PO3 6DP

## GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Dear Dr Old

**Dr Jane Ann Barton, BM BCh 1972 Oxf  
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 19 September 2002.

Dr Barton attended the meeting, and was legally represented.

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

Yours sincerely

**Code A**

**Adam Elliott  
Committee Section**

**Code A**

Email: **Code A**

E:\C:\IOC\FULL\SWUP\2002\SEPTEMBER\BARTON-POLICE

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

Please address your reply to the Committee Section FPD

Fax **Code A**

23 September 2002

Detective Superintendent J James  
Hampshire Constabulary  
Major Incident Complex Police Station  
Kingston Complex  
Portsmouth  
Hampshire PO2 8BU

## GENERAL MEDICAL COUNCIL

*Protecting patients,  
guiding doctors*

Dear DS James

**Dr Jane Ann Barton, BM BCh 1972 Oxf  
Registration No: 1587920**

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Yours sincerely

**Code A**

**Adam Elliott  
Committee Section**

**Code A**

Email: **Code A**

Reso Out

Dr Barton

IOC 19 September 2002

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

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



16/09 10:12:19 FAX

Code A

Code A

THE M D U LEGAL

001



The Medical Defence  
Union Limited  
Legal Department

# Facsimile

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

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

#### Privacy & Confidentiality Notice

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

Please quote our reference when communicating with us about this matter

Our ref: ISPB/TOC/0005940/Legal

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

16 September 2002

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

Also by fax: Code A



MDU Services Limited  
230 Blackfriars Road  
London  
SE1 8PJ

DX No. 36505  
Lambeth

Legal Department of The MDU

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

Email: [mdu@the-mdu.com](mailto:mdu@the-mdu.com)  
Website [www.the-mdu.com](http://www.the-mdu.com)

Dear Mr Elliott

Dr Jane Barton

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

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

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

Page 2 of 2

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

Yours sincerely

**Code A**

Jan S.P. Barker

Solicitor

Code A

Code A

**NOTES TO PATIENT ABOUT USING THIS FORM**

You can use this form either:

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**NOTE:** To start your claim for State benefit you must use form SS1 if you are self-employed, unemployed or non-employed OR form SSP1 if you are an employee. For further details get leaflet IB1 (from Social Security Local Office).

**Doctor's Statement**

In confidence to Dr Jane Barton  
Mr/Ms/Ms/mt

I examined you today/yesterday and advised you that

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

OR until

Diagnosis of your disorder causing absence from work  
Sensitive personal data  
Sensitive personal data  
Sensitive personal data

Doctor's remarks

Doctor's signature	<b>Code A</b>	Date of signing	16/9/02
<b>Drs Hajiantonis, Harrison and Peters</b> 69 Bury Road Gosport, Hants		Foray Med?	

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

In reply please quote **VC/MK/2000/2047**

Please address your reply to the Committee Section FPD

Fax **Code A**

13 September 2002

**Special Delivery**

Dr J A Barton

**Code A**

Dear Dr Barton

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

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

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

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

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

You are invited to submit observations on the case in writing. Any observations will be circulated to the IOC before they consider your case. Your observations should be marked for the attention of Adam Elliott, Committee Section (fax no Code A).

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

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

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

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

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

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

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

Yours sincerely

**Code A**

**Venessa Carroll**  
**Assistant Registrar**

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

E:\COMMITTEE\IOC\FOLLOWUP\SEPTEMBER\BARTON

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

Please address your reply to the Committee Section FPD

Fax **Code A**

23 September 2002

**Special Delivery**

Dr Jane Barton

**Code A**

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Dr Barton

#### **Notification of Decision of the Interim Orders Committee**

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

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

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

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

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



Yours sincerely

**Code A**

**Peter Gray**  
**Assistant Registrar**

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

TELEPHONE MESSAGE PAD

FROM

Rini Gibens

TO

Knessa Carroll

TIME/DATE

13/9/02 (16:12)

GENERAL  
MEDICAL  
COUNCIL*Protecting patients,  
guiding doctors*

Spoke to Mike Gull - informed him that Dr Baren has been sent details of her forthcoming appearance before the LOC on Thursday 19<sup>th</sup> Sept. + referral to RCE

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

Message taken by

**Code A**

Copy of Memo passed to President 12/9/02

Memorandum

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

From Venessa Carroll  
Senior Caseworker  
Conduct Case  
Presentation Section

Code A

Date 12 September 2002

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

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

## TELEPHONE MESSAGE PAD

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

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

Code A

12/9/02

Code A

Page taken by .....

Chondrology