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Operation Rochester.

Review of General Medical Council Fitness to Practise panel from 8th June to 21st August 2009.

This FPP panel was convened by the regulatory body to consider Dr Barton's professional involvement in a selected number of cases connected to Gosport War Memorial Hospital. The basis of the panel was to examine evidence relating to a number of alleged clinical failures of Dr Barton.

Prosecuting Counsel for the GMC included the following passage in his opening speech

"There was, we say, a series of failures which led to patients being over medicated and unnecessarily anaesthetised. The failures included a lack of proper assessment before opiates were prescribed and an irresponsible method of prescribing opiates. There was an almost universal failure by Dr Barton to make proper notes either of assessment of the patients if such assessments were in fact taking place, or to justify her actions in prescribing opiates. Frequently opiate medication was increased with no explanation noted, even though these were drugs which were capable of ending life.

The favoured method of prescribing to these patients was to provide for a variable dose of the drugs diamorphine and midazolam which were to be administered by way of syringe driver. The dose range prescribed by Dr Barton was, in each case that you are going to consider, far too wide and breached acceptable medical practice".

The panel was not responsible for considering whether or not any death was attributable to the actions or failures of Dr Barton. In a similar way neither the panel nor any witness was to consider issues of causation.

The purpose of the police reviewing the content of the transcripts from the Regulatory hearings connected to Operation Rochester was to identify new lines of enquiry that would progress the enquiry sufficiently to demonstrate causation and therefore potentially establish gross negligence of a criminal standard.

The findings of the hearing in respect of each patient are reproduced below. Included is a resume of the evidence provided by Dr Barton under oath for each case.

Neither Professor Black nor Dr Wilcock was called to give evidence during this case; to that end Dr Barton has not provided any evidence that contradicts the earlier findings of the CPS in respect of the expert opinion.

Dr Barton has admitted the following generic facts

At all material times when she was a medical practitioner working as a clinical assistant in elderly medicine at the Gosport War Memorial Hospital ("GWMH"), Hampshire;

- (a) She did not keep clear, accurate and contemporaneous notes in relation to Patients A, B, C, D, E, F, G, H, I, J, K and/or L 's care and in particular she did not sufficiently record,
 - (i) The findings upon each examination,
 - (ii) An assessment of the patient's condition,
 - (iii) The decisions made as a result of examination,
 - (iv) The drug regime,
 - (v) The reason for the drug regime prescribed by you,
 - (vi) The reason for the changes in the drug regime prescribed and/or directed by her,
- (b) Her actions and omissions in relation to keeping notes for Patients A, B, C, D, E, F, G, H, I, J, K and/or L were,
 - (i) Inappropriate,
 - (ii) Not in the best interests of her patients;

Conclusion

The transcripts of this hearing have been read and analysed. The findings are not dissimilar to the earlier inquest hearings. At this stage of the process Dr Barton's clinical care of individual patients has been identified as inappropriate, and not in the best interests of her patients in a number of areas.

A number of doctors and nurses were interviewed by the police and other agencies during a 10 year period. Some of the accounts presented in written statements differed when oral evidence was given. This is no different to any examination of accounts in any proceedings.

Each procedure (police investigation, Coroner inquest, Regulatory hearing) is examining the facts for different reasons. To that end there may be new or extra material that could or can be obtained when witnesses present oral evidence.

In this case the police investigation concluded in 2006. The CPS and Counsel findings for each patient are clear; there is insufficient evidence that reveals the commission of any criminal offence by Dr Barton.

The issue of causation was not examined during either the inquests or FTP hearing. The myriad of experts utilised during Operation Rochester could not sufficiently clarify this point to a criminal standard, although the jury during the inquests did present a medical cause of death for each of the patients

Dr Barton has always maintained a "No Comment" stance throughout the police investigation. Her oral evidence therefore would be the central factor in identifying new evidence. Having considered these papers I am satisfied that Dr Barton has not provided any new information that would warrant further investigation, leading to a change in an experts view on the causation of death and therefore criminal charges.

Individual patients as follows:

Lesile Pittock. Facts admitted and/or proved.

2.
(a)

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

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