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Code A

From: Williams, David M
Sent: 06 March 2006 17:07
To: Code A
Cc: Code A
Subject: Expert Report R Baker



Expert Report R
Baker.doc (116...

Dear Professor BAKER

Many thanks for your detailed report..

I can confirm that it meets our requirements..

I would anticipate receiving an indication from the CPS and Treasury Counsel by June 2006 as to whether there will be any criminal prosecution

Could you please forward your final signed report to the Major Incident Room Fareham Police Statuion, Quay Street, FAREHAM Hampshire PO16 ONA with your invoice for any private hours expended if appropriate.

David WILLIAMS
Detective Superintendent.

Professor R Baker

Patient name Robert Wilson (Ref no. BJC/55) - Draft Report February 2006

DRAFT REPORT

regarding

Patient Name Robert Wilson (Ref No. BJC/55)

PREPARED BY: Professor R Baker.....

AT THE REQUEST OF: Hampshire Constabulary

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APPENDICES

1. SUMMARY OF CONCLUSIONS

I have studied the copies of the records provided to me by Hampshire Constabulary in order to consider three issues – the certified cause of death, the prescription of opiates and sedatives, and whether Mr Wilson fell into the category of patients who might have left hospital alive.

With respect to death certification, I have concluded that the certificate was inaccurate in that Mr Wilson did not Code A

He probably did have Code A

was an important factor in leading to death.

With respect to the prescription of opiate drugs, I have concluded, on the evidence

Code A

With respect to leaving hospital alive, I have concluded that Mr Wilson was in the category of patients who might have left hospital alive if he had not been commenced on opiate medication on transfer to Dryad ward.

1. INSTRUCTIONS

I have been asked to provide a statement of evidential use that could be used in the event of criminal proceedings arising from the case of Mr Robert Wilson.

2. ISSUES

I was asked to address three questions:

1. Certified cause of death. In this case, was the certified cause of death supported by the medical history of the patient?
2. Prescription of opiates and sedatives. In the case of Mr Wilson was his prescribing in accordance with his clinical need?
3. Leaving hospital alive. In my statement (080904) I had referred to patients who were administered opiates and eventually died who may have recovered and left hospital had they not received this medication. The issue to be addressed was whether, in my opinion, Mr Wilson fell into this category.

3. BRIEF CURRICULUM VITAE

Academic Qualifications

- 1975: MBBS (Royal Free Hospital School of Medicine, University of London)
- 1996: MD (University of London)
- 1980: MRCP
- 1992: FRCGP (by assessment)

Current Posts

Head of Department of Health Sciences, University of Leicester.
 Director, Clinical Governance Research and Development Unit
 Division of General Practice and Primary Health Care,
 University of Leicester

Director, Leicester provider unit of National Collaborating Centre – Primary Care (NCC-PC) of NICE.
 Non-principal in General Practice.

Research

My principal research interest is quality of care, including methods of improving professional performance, patient experience of care, and patient safety. I have published around 130 peer reviewed articles.

4. DOCUMENTATION

This Report is based on the following documents:

[1] Full paper set of medical records of Mr Robert Wilson, provided to me by Hampshire Constabulary.

[2] A copy of my report dated 08 September 2004.

[3] The Palliative Care Handbook Guidelines on clinical management fourth edition, of the Portsmouth Healthcare NHS Trust, Portsmouth Hospitals NHS Trust, and the Rowans (Portsmouth Area Hospice), 1998.

5. CHRONOLOGY/CASE ABSTRACT (prepared by Hampshire

Constabulary) *The numbers in square brackets[] refer to the page of evidence.*

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not received this medication. The issue to be addressed was whether, in my opinion, Mr Wilson fell into this category.

Code A

9. LITERATURE/REFERENCES

BNF – British National Formulary (1998). British Medical Association & Royal Pharmaceutical Society of Great Britain. BMJ Books, London.

Fry J, Sandler G (1993). Common Disease. Their nature, presentation and care. Fifth edition. Dordrecht: Kluwer Academic Publishers

Jones EA. (2003). Hepatocellular failure. In: Oxford Textbook of Medicine. Vol 2. 741-51. Eds Warrell DA, Cox TM, Firth JD. Oxford University Press, Oxford.

Khunti K, Baker R, Grimshaw G. (2000) Diagnosis of heart failure in general practice. *Br J Gen Pract* 2000;50:50-54

Schug SA, Cardwell HMD (2003). Clinical pharmacology – including tolerance. Chapter 3 in: Sykes N, Fallon MT, Patt RB, eds. Clinical Pain Management. Cancer Pain. London: Arnold.

Shipman Inquiry (2003). Third report. Death certification and the investigation of deaths by coroners. Cm5854. Manchester; the Shipman Inquiry.

Swift B, West K (2002). Death certification an audit of practice entering the 21st century. *J Clin Pathol* 55:275-9

Twycross RG, Lack SA (1990), Therapeutics in Terminal Cancer. Second edition. Edinburgh: Churchill Livingstone.

10. EXPERTS' DECLARATION

1. I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.
2. I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert are required.
3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.
4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
5. Wherever I have no personal knowledge, I have indicated the source of factual information.
6. I have not included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

7. Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.
8. At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.
9. I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.
10. I have attached to this report a statement setting out the substance of all facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

11. STATEMENT OF TRUTH

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and the opinions I have expressed represent my true and complete professional opinion.

Signature: _____ Date: _____