Other Document Form

Number T 363.

Title EMAIL DR WILCOCK TO DI GROCOTT WITH DRAFT SPORGIN REPORT.

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Further actions no(s)

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Receiver

Code A

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From: Code A
Sent: 11 January 2006 12:36
To: Code A
Subject: FW: Wilcock response Barton Spurgin

C_Andrew
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-----Original Message-----
From: Grocott, David
Sent: 06 January 2006 08:55
To: Code A Williams, David M; Niven, Nigel
Subject: Wilcock response Barton Spurgin

-----Original Message-----
From: Andrew Wilcock [mailto:Andrew.Wilcoc Code A
Sent: 05 January 2006 20:37
To: Grocott, David
Subject: RE: comments on Dr B statement re ES

Dear Dave

The main difference from the overview would be the potential role of infection, given that Dr B thinks this was the cause of ES

Code A

Kind regards
Andrew

Dr Andrew Wilcock DM FRCP
Macmillan Reader in Palliative Medicine and Medical Oncology University of Nottingham
Hayward House Macmillan Specialist Palliative Care Unit Nottingham City Hospital NHS Trust Nottingham
NG5 1PB
Email: Code A
Tel: 0
Fax: 0
Web: www.palliativedrugs.com
>>> <dave.grocott@hampshire.pnn.police.uk> 01/04/06 8:29 AM >>>
Andrew,
Thanks for the update. Yes please could you get an invoice out and thanks for the projection figures Regards Dave

-----Original Message-----
From: Andrew Wilcock [mailto:Andrew.Wilcock@nottingham.ac.uk]
Sent: 03 January 2006 17:08
To: Grocott, David
Subject: Re: hours worked

Dear Dave

For the 5 overviews, it has taken 42h. Shall I get the university to invoice for that?

Future work

The average h per long case is about 30h (26-37h), so best budget for 5x30 = 150h. It may turn out less than this, but as I haven't included the JAB or witness statements

in this, it is still probably best seeing this as a minimum.

Kind regards
Andrew

Dr Andrew Wilcock DM FRCP
Macmillan Reader in Palliative Medicine and Medical Oncology University of Nottingham
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DRAFT REPORT

regarding

STATEMENT OF DR JANE BARTON

RE: ENID SPURGIN (BJC/45)

PREPARED BY: Dr Andrew Wilcock MB ChB FRCP DM
Reader in Palliative Medicine and Medical Oncology

AT THE REQUEST OF: Hampshire Constabulary

CONTENTS

1. INSTRUCTIONS

To examine and comment upon the statement of Dr Jane Barton RE: Enid Spurgin. In particular, if it raises issues that would impact upon any draft overview/expert witness report prepared.

2. DOCUMENTATION

This Report is based on the following documents:

[1] Statement of Dr Jane Barton RE: Enid Spurgin as provided to me by Hampshire police (signed and dated 15-09-05).

[2] Statement of Dr Jane Barton as provided to me by Hampshire police (undated).

[3] Draft Overview of Enid Spurgin (BJC/45) Dr A Wilcock, 1st November 2005.

3. COMMENTS

Having compared and contrasted the above documentation, I make the following comments that in my view may be relevant. They are in the order in which they arise in the Statement of Dr Jane Barton RE: Enid Spurgin.

Note: The comments in the Draft Overview of Enid Spurgin (BJC/45) Dr A Wilcock, 1st November 2005. are based on a preliminary read through the case notes of Enid Spurgin. They are made without prejudice and a more detailed review may produce a report with differing comments and conclusions. This in turn may impact on the comments made in this document.

Point 3

Dr Barton makes the point that due to the demands on her time that she was 'left with the choice of attending to the patients and making notes as best I could, or making more detailed notes about those I did see, but potentially

neglecting other patients.' Whilst time pressures may necessitate note entries to be brief, note keeping is an essential part of good medical practice as defined by the GMC. This lack of note keeping also appears to extend to days when demands on her time should have been less, e.g. when reviewing Mrs Spurgin on a Saturday morning when on-call (27th March 1999; point 16).

Point 9

Dr Barton acknowledges that the nursing transfer note, dated the 26th March 1999, reports Mrs Spurgin to be mobile from bed to chair with the assistance of two people, to be walking short distances with a zimmer frame and only requiring paracetamol as required for analgesia. This is at odds with Dr Barton's medical notes entry of not weight bearing.

Points 10, 11, 12

Part of the plan outlined by Dr Barton was to sort out Mrs Spurgin's Code A She believes this was to ensure that she had adequate Code A anticipating that she would be in pain. Particularly where pain relief was considered such a prominent part of the care plan for a patient, it would be considered good practice to take and document a full pain history which would include current analgesic use and response to it. Dr Barton should clarify why a pain history (or indeed the word pain) was not documented in her clerking.

Dr Barton recorded Mrs Spurgin to be Code A Code A This was at odds with the transfer note assessment, written on the same day of transfer, which recorded Mrs Spurgin as mobile with help and requiring only as required 'p.r.n.' paracetamol. What were the possible explanations Dr Barton considered for Mrs Spurgin's increasing pain? What

examination did Dr Barton undertake of Mrs Spurgin's Code A This is relevant, because, if i Code A example, this would require appropriate Code A

On what basis did Dr Barton consider that r Code A

Code A

Point 12 reads somewhat ambiguously. Could Dr Barton clarify whether she prescribed the Code A as a result of her own assessment of Mrs Spurgin or as a result of a request by the nurse Lyn Barrett?

Points 16 and 17

Code A by Dr Barton were in keeping with the BNF. However, in view of Mrs Spurgin's advanced age, some practitioners would have used an Code A

Code A

Code A

Point 21

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Point 43

Code A

4. CONCLUSION

Dr Barton admits to poor note keeping. However, even with episodes considered potentially serious and significant by Dr Barton, no entry was made in the medical notes, even on a weekend when Dr Barton was not presumably time pressured to the same extent. Having read Dr Barton's statement regarding Enid Spurgin, I believe the following issues raised in my draft overview of Enid Spurgin (BJC/45) dated 1st November 2005, remain valid and have not yet been satisfactorily addressed, for example:

- there was insufficient assessment of Mrs Spurgin's pain on admission to Dryad Ward
- contrary to the usual expectation that pain would reduce post-operatively, the pain continued, even when the dose of morphine was increased to a

dose associated with undesirable effects; despite this there was insufficient assessment of the possible causes of Mrs Spurgin's pain and no orthopaedic review was obtained

- there was a lack of a thorough medical assessment when Mrs Spurgin's condition deteriorated
- an inappropriate dose of c Code A
- Code A

In short, Dr Barton in particular, but also Dr Reid, could be seen as doctors who breached the duty of care they owed to Mrs Spurgin by failing to provide treatment with a reasonable amount of skill and care. This was to a degree that disregarded the safety of Mrs Spurgin by failing to adequately assess her condition and taking suitable and prompt action when she complained of pain and when her physical state deteriorated in what was possibly a temporary and reversible way. Instead the actions of Dr Barton and Dr Reid exposed Mrs Spurgin to the inappropriate use of doses of diamorphine and midazolam that would have contributed more than minimally, negligibly or trivially to her death. As a result Dr Barton and Dr Reid leave themselves open to the accusation of gross negligence.

Specific implications of the statement of Dr Barton RE: Enid Spurgin regarding my report regarding my draft overview (BJC/45), dated 1st November 2005

Dr Barton's statement appears to clarify that she considered Code A

Code A

Mrs Spurgin's condition and appropriate management of a potentially reversible complication would also feature in a full report.