

Readhead, Ian

From: Clacher, Daniel
Sent: Wednesday, May 29, 2002 4:21 PM
To: Readhead, Ian
Subject: GWMH

Sir

I thought I'd give a little more background information in advance of your meeting tomorrow. I have now seen one more of the complainants, (Mr Bernard PAGE) which has helped to clarify some of the matters we discussed on Monday. His mother Mrs Eva PAGE (91 years) died at the GWMH on 3 March 1998. The circumstances surrounding her death are very similar to those of the JACKSON family. As with the Jackson file, I will submit a more detailed report later but the crux of my discussions this morning centred on the following key points:

- Although a written letter of complaint was filed with the police in April 2001, no-one ever came back to the family to discuss the allegations, and no witness statements were ever taken (Despite the fact that the PAGE case was one of the four dip-sampled cases submitted for expert opinion.)

The next contact from the police was by letter from John James in February 2002. Mr PAGE learned for the first time that his mother's case had been one of the dip-sampled cases only when he attended the collective meeting called by Supt James on 22 February 2002.

- In March 2002, Mr. PAGE called for, and received his mother's medical notes. As Mr PAGE is a laboratory assistant at the Hazler Hospital, and his daughter, Samantha is a senior nurse there they are both familiar with medical terms and procedures. Moreover, as they were both very much involved with the GWMH at the time of Eva PAGE's death, they were shocked to read the version of events recorded in the notes.
- Prior to receiving the notes, they merely had suspicions about the care of Mrs PAGE. Having received the notes they are now utterly convinced that her death was deliberately accelerated by the application of diamorphine through a syringe driver (20 Mg), applied very shortly after her arrival at the hospital.

My meeting with Mr PAGE was more amicable than the JACKSONs. He is not particularly interested in pursuing the police over this issue, but is insistent that the matter be resurrected and at the very least, the doctors and nursing staff questioned under caution about their practices and procedures. He accepts that on its own his mother's case *might* be capable of being explained as a 'one off' and nothing more than a blip, but having spoken to many other people he is now very much of the opinion that this procedure was systematic and deliberate. He said that if all of these cases were taken together collectively, then perhaps the CPS would have come to a different conclusion.

He is also extremely irritated by the medical authorities, the local MP (Viggars) and others continually stating that the matter has been *thoroughly* investigated by the police and following advice decided to take 'no further action'. He, like many of the complainants is of the firm opinion that a cursory enquiry had been conducted which had the sole intention of preventing the police from having to open another 'Shipman'.

Until I have spoken to all of the other complainants, and drawn the original enquiry papers, I think it would be too early to jump to any conclusions. At this stage, however, it does appear that a persuasive case is being made for us to re-open the investigation and begin to take detailed statements from **all** material witnesses. This may cause considerable difficulties for the following reasons:

- We would have to appoint another SIO, and commit significant resources to the enquiry
- It raises the spectre of demonising the GWMH at a point when the medical authorities feel they can draw a line under the matter.
- Public confidence in the hospital would plummet.
- Re-opening the enquiry is a tacit admission that we had not handled it correctly in the first place.

The alternative may be to have the PCA direct that the enquiry be reviewed by an outside force, and have them conduct any new, or subsequent investigation. By acting sooner rather than later, we may be able to address the growing criticisms we have received from the complainants and provide answers to most of the questions they raise. In addition, we will be better equipped to judge whether there has been a discernable pattern of criminal behaviour on the part of any of the staff during the period in question. If it is established that there has been, then the interests of justice will have been served and the suspects will obviously be given their opportunity to answer to the courts. If it is

apparent from **all** available evidence that there is no *criminal* case to answer, then we will be in a position to finally tell the complainants precisely why and refer them to the appropriate authorities or to the civil courts for redress.

I appreciate that the above recommendations are somewhat premature, given that I am reviewing matters from one dimension only at this time. Nevertheless, I felt this information may be useful at this point.

Dan Clacher