RESTRICTED

Form MG11(T)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: BAYLY, ROSEMARY ALISON

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: GENERAL PRACTITIONER

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 anything which I know to be false or do not believe to be true.

Signed: R.A BAYLY Date: 03/06/2005

I live at the address shown overleaf.

I am a practising General Practitioner at the Fleet Medical Centre, Fleet. I have been so employed since April 2004.

As a GP I had qualified as (BM) Batchelor of Medicine. I obtained this qualification in 1992.

In 1995 I obtained a Diploma in Obstetrics and Gynaecology (DRCOG).

1996 I obtained a Diploma in Family Planning (DFFP).

In 1997 I obtained Membership of the Royal College of General Practice.

My registration number with the General Medical Council is Code A

From January 2000 until April 2004 I was employed as a half time GP partner at Raymond Road Surgery, Shirley, Southampton and part time GP locum at various other surgeries.

From May 2001 I was employed as a art time Honorary Clinical Research Fellow by Southampton University working on a study called Southampton Women's Survey.

From March 1997 until December 1999 I was employed as a full time locum GP in the Southampton area.

From March 1996 until March 1997 I was a GP Registrar in Milford-On-Sea, Lymington

Between February 1996 and March 1996 I undertook a six week elective in Dermatology, ENT,

Opthalmology and Community Paediatrics in Portsmouth.

From September 1995 until February 1996 I was employed as a locum Registrar in Psychogeriatircs at Gosport War Memorial Hospital under Dr V BANKS.

Between February 1995 and August 1995 I was a Senior House Officer (SHO) in Elderly Medicine at Southampton General Hospital under Prof R BRIGGS , Dr H EASTWOOD and Dr G TURNER.

From August 1994 until February 1995 I was employed as a Senior House Officer (SHO) in Obstetrics and Gynaecology at the Princess Anne Hospital, Southampton under Mr G MASSON and Mr N SAUNDERS .

Between February 1994 until August 1994 I was a Senior House Officer in the Accident and Emergency Department at the North Hampshire Hospital Basingstoke under Dr B ELVIN.

The 6 month period between August 1993 and February 1994 I spent travelling and locuming as a House Officer.

From February 1993 until August 1993 I was employed as a House Officer in General Surgery and Orthopaedic Surgery at the Royal Hampshire County Hospital, Winchester under Mr P GARTELL and Mr N TRIMMINGS.

Between August 1992 and February 1993 I was a House Officer in Elderly Medicine, and General and Chest Medicine, at St Mary's Hospital, Portsmouth under Dr LORD and Dr GRUNSTEIN , and then Dr NEVILLE.

I have been asked to detail my involvement with the patient Code A

Code A

In 1995 I was a locum Registrar to Dr BANKS . I was in effect a Senior House Officer as I had

had no previous experience of working in psychiatry, so was supervised very closely. Mulberry A ward was at that time a psychiogeriatric ward for elderly people with psychiatric problems. The late Code A had previously been admitted to Mulberry A ward in September 1995. Following Mr Code A discharge from Mulberry A ward on the 24th October I wrote a discharge letter on the 08/11/95 (08/11/1995) to his GP Dr ASBRIDGE. See pages 56 and 57 of Exhibit BJC/71. This leter details his diagnosis, treatment and progress whilst a patient on the ward. The letter is as follows:

"Dr ASBRIDGE
2 Gregson Avenue
Bridgemary
Gosport

Dear Dr ASBRIDGE

Code A

Code A

Date of Admission *14.9.95*
Date of Discharge *24.10.95*
Diagnosis *Depression*

This 71 year old gentleman was admitted informally by Dr BANKS complaining of an exacerbation of his chronically depressed mood. He also complained of continuing problems with constipation. He felt his mood had deteriorated over the preceding few months as a result of deterioration in his physical capabilities and condition. He described early morning waking and a poor appetite, exacerbated by the embarrassment he felt at eating in public in the Rest Home where he was living as he tends to spill a lot of food down his front due to his frail physical condition. He also had a lack of energy and motivation and found that he was unable to enjoy anything. He also had a nasty taste in his mouth all the time.

Past Psychiatric History

Code A

Code A Code A

Code A

Past Medical History

Hypothyroidism.

Drug History

Diazepam 10 mg bd

Thyroxine 50 mcgms mane

Temazepam 10 mg nocte

Thioridazine 50 mg qds

Lustral 100 mg daily

Lithium Carbonae 400 mg SR nocte

Co-danthramer capsules prn

Locoid Scalp Lotion

Alphaderm Cream

Family History

There is no psychiatric illness in Code A *family. His father died at 79, the cause is unknown. His mother died of cancer in her 50's. Leslie has a son aged 60 but he lost his daughter when she had her first baby. He has another daughter who is fit and well.*

Background

Code A *grew up in Hemel Hempstead and joined the Navy at 14, when he moved to Portsmouth. He married at 35 years of age and had a happy marriage. He had moved to the Rest Home about 7 months before admission as his wife could no longer cope with his deteriorating mobility.* Code A *describes himself as shy, tending to be a loner and to bottle up his feelings. He socialises badly because he is ashamed of his physical condition.*

Mental State Examination

Signed: R.A BAYLY Signature Witnessed by:

2004(1)

On admissio Code A *was very flat in affect with little movement or eye contact. His concentration was poor. He was fairly well groomed. His speech was slow with nothing produced spontaneously, long pauses, and he had a tendency to lose his thread. The content was appropriate to questions asked.* Code A *mood was objectively and subjectively low though he was not tearful and he denied suicidal intent, but said if the opportunity to die came along he would be glad to accept it. He expressed feelings of guilt and shame and was quite pre-occupied with his poor oral intake, although staff from the Rest Home informed us that he had been eating quite well in fact.* Code A *scored 8 out of 10 on a mental test score which seemed to be mostly due to lack of concentration.*

Physical Examination

His mobility was very poor with a shuffling gait but otherwise there was little abnormality.

Treatment and Progress

Code A *current medications were continued. Full blood count, U & E, LFT, bone profile and thyroid function tests were within the normal range. His lithium level was in the therapeutic range, and he had a PSA of 2.* Code A *food intake was monitored closely and appeared to be very good, so he was encouraged to mix with the other patients and to eat in the same room as them.* Code A *developed a urinary tract infection which was treated with two weeks of Trimethoprim for an assumed prostatitis. ECT was offered to* Code A *but in view of his last perience of it being not very effective despite a protracted course he turned the offer down.* Code A *mood did in fact improve quite a bit during admission, and he seemed to have more energy and to become more sociable with both patients and visitors. Therefore he was discharged back to his Rest Home and will be followed up as a day patient attending the ward on Tursdays.*

Drugs on Discharge

Thyroxine 50 mcgms mane

Thioridazine 50 mg qds

Diazepam 10 mg bd

Temazepam 10 mg nocte

Signed: R.A BAYLY Signature Witnessed by:

2004(1)

Sertraline 100 mg daily
Lithium Carbonate 400 mg nocte
Co-danthrusate capsules 2 at night
Magnesium Hydroxide 10 mls at night

Yours sincerely
Dr Rosie BAYLY Registrar to Dr V A BANKS (Consultant in Old Age Psychiatry)"

There are a number of points within this letter that I can clarify.

Where I have written:
"*Early morning waking*"- this is a common symptom of a significant depression involving waking up in the very early hours of the morning and being unable to get back to sleep.

"*Past Psychiatric History*" - the content of this section of the letter is self explanatory

"*Past medical History - Hypothyroidism*" - this condition means having an underactive thyroid gland which is treated by thyroid hormone replacement tablets.

Where I have written in the "*Drug History*" section:

"*Diazepam 10 mg bd*" - this is sedative drug prescribed twice daily.
"*Thyroxine 50 mcg mane*" - this is thyroid hormone replacement drug prescribed once in the morning.
"*Temazapam 10 mg nocte*" - this is a sleeping tablet prescribed once at night.
"*Thioridazine 50 mg qds*" - this is an anti psychotic drug prescribed 4 times a day that also used to be used in the elderly to help calm agitation.
"*Lustral 100 mg daily*" - this is an anti depressant prescribed once a day.
"*Lithium Carbonate 400 mgs SR nocte*" - this is a slow release mood stabilising drug prescribed at night.

"*Co-danthramer capsule prn*" - this is a laxative prescribed to be given if required.

"*Locoid Scalp lotion*" - this is a treatment for an irritated scalp.

"*Alphaderm Cream*" - this is a cream for the treatment of irritated skin

The "*Family History*" and "*Background*" sections are self explanatory, however I cannot recollect exactly what it was that Mr Code A was embarrassed about.

In the "*Mental State Examination*" section, where I have written Code A *was very flat in affect*", this means that Mr Code A was subdued and quiet, showing very little emotion.

Where I have written "*little movement or eye contact*", this further indicates that Mr Code A was quite subdued, and lacking in confidence, and unable to hold eye contact.

Where I have written "*objectively low*" , this relates to my observation that he appeared to be low in mood, and "*subjectively*" refers to Mr Code A opinion of his mood.

Where I have written "*pre-occupied with his poor oral intake*", this means that he was very focused on his perceived inadequate food intake. It will be noted that staff at the rest home had informed the hospital that he had been eating quite well.

In relation to the mental test score, this is a test designed to obtain information about the patient's memory and concentration. 8 out of 10 is a mildly reduced score which tells me he didn't have severe problems with his memory. His concentration seemed to be impaired and may have accounted for the reduced score.

In the "*Physical Examination*" section; where I have written "*shuffling gait*", this means that when Mr Code A walked, he shuffled.

In the "*Treatment and Progress*" section, to explain the content of this entry, there were no immediate changes made to Mr Code A medication. He had blood tests to check for anaemia, and to check his kidneys and liver were functioning normally, and that his thyroid

problem was being adequately treated, and that his blood calcium levels were normal. The results were all normal. The amount of Lithium from his
medication in his blood stream was checked and found to be at a good Level.

The PSA is a test to check for prostate disease. This was found to be normal.

Mr Code A Urinary tract infection (UTI) was treated with a 2 week course of an antibiotic called Trimethoprim.

ECT stands for Electro Convulsive therapy.

To sum up Mr Code A condition, he had improved sufficiently to be discharged back to the Rest home.

His medication on discharge remained the same except that his laxatives were changed to Co-danthrustate capsules 2 at night, and Magnesium hydroxide 10mls at night.

Sertraline is the same drug as Lustral.

A copy of this letter is kept on the patients medical notes.

Pages 59, 60 and 61 of exhibit BJC/71 are the carbonated spell summary form(s) for the admission and discharge of patients.

This form notes the details of the patient and a very brief summary of admission and discharge.

The form shows that Mr Code A was admitted on the 13.12.1995, that Dr BANKS was the Consultant. His diagnosis is recorded as depression. The form shows that Mr Code A was transferred to Dryad ward on the 5.1.1996.

Mr Code A was previously discharged from Mulberry A ward on the 24/10/1995. His

condition had deteriorated and therefore he had to be re-admitted on 13/12/95 which was a voluntary admission. Mulberry A ward was at that time a Psychogeriatric ward for acute admissions. This was a secondary care ward run by psychogeriatric consultants. The medical records show my next involvement with Mr Code A was on the 13/12/1995.

I can confirm that I wrote the following entries commencing on page 62 of exhibit BJC/71:

"Informal Admission

13/12/95 *PC "Everything's Horrible".*
From RH
Verbally aggressive to wife and staff.
Staying in bed all day.
Not mobilising
Constipated
Not eating well
Sleep 'alright'
No DVM - feels bad all the time.
Hopeless and suicidal

PPH *Chronic depression*
Prev ECT courses

PMH *Hypothyroid*
Constipation

DH *Mag hydrox, codsanthrusate*
Sertraline 100 mg ON
Lithium Co2 400 mg ON
Diazepam 10mg bd
Thioridazine 50mg QDS
Temazepam 10mg ON

Thyroxine 50 mg mane

Background - see previous notes

MSE

A+B withdrawn, monosyllabic

Unwilling to move or mobilise. Seems a little agitated and irritable

Speech undistinct, quiet nil spontaneous except one statement

Mood 'I might as well tell you I just want to be dead'.

Has thought about overdosing.

Thoughts no hallu/delu

Insight 'I'm a wreck, I might as well be dead'.

Physical

Full rectum	P 80 reg
	HS I - II-
Shuffling gait	
2 to mobilise	*Chest clear*
	Slight tremor on moving

D depressed.

ECT discussed - no decision

Bisocodyl suppositories

Check [Li] U+E Ö

Recent TFT +FBC normal

D/W Dr BANKS and further info from RH"

I can clarify a number of points within the entry above as follows:

"PC" - This means Presenting Complaint.

In Code A own words the reason for his admittance to Mulberry A ward was "*Everything's horrible*"

"*From RH*" means the rest of the information in the PC section was reported by the staff at the Hazledene Rest Home, the majority of which is self explanatory.

"*No DVM*" means no Diurnal Variation Mood, indicating that he was consistently low in mood all the time.

"*Hopeless and suicidal*" is self explanatory.

"*PPH*" means Past Psychiatric History

"*Previous ECT*" means Mr Code A had had Electro Convulsive Therapy in the past. This entails a patient having a brief general anaesthetic, and whilst anaesthetised the patient receives an electric shock to the head through electrodes.

"*PMH*" means Past Medical History

"*Hypothyroid*" means an under active thyroid gland.

"*DH*" means Drug History, referring to the medication he was already taking prior to admission onto the ward.

In the "*Physical*" section, "*Full rectum*" means that on examination Mr Code A signifying constipation.

"*P80 reg*" means he had a pulse rate of 80 beats per minute and the rhythm was regular.

"*HS I -II -*" means the heart sounds were normal.

"*Shuffling gait*" means Mr Code A shuffled when walking.

"*2 to mobilise*" means he required the help of two people to get up from a chair and move about.

"*Slight tremor on moving*" means Mr Code A had shaking hands on initiating movement.

"*Ä depressed*" stands for diagnosis depressed.

"*ECT discussed - no decision*" probably means that I discussed with Mr Code A whether he would want to try more ECT but that no decision was reached at this stage.

I prescribed biscodyl suppositories for his constipation.

"*Check [Li] U&E √*" means check his Lithium concentration and kidney function with a blood test, the tick indicating that those arrangements have been made.

The results of these tests were normal.

"*Recent TFT + FBC normal*" means that a thyroid function test and full blood count have been done recently and the results were normal.

"*D/W Dr BANKS and further info from RH*" means discuss with Dr BANKS and get more information fron Mr Code A rest home.

I can confirm that I have written the following entry on page 64:

"*20/12/95* *Bowels loose stool 5days*
? diarrhoea
? overflow
Abdo soft, nontender BS normal
PR empty
® plain AXR ® empty ®for reporting
STOP APERIENTS"

Where I have written "*Bowels loose stool 5 days*" , this means that Mr Code A had had loose stools for the past 5 days.

"*? Diarrohea ? overflow*" means that its not clear whether his loose stools are due to too many laxatives or not enough, as extreme constipation can lead to liquid faeces being passed, which is ·ed overflow.

Absdo soft" means an examination of his abdominal did not show abnormal tensing.

"→ *plain AXR*" means I have requested an X-ray of his abdomen to help with the diagnosis.

"→*empty*" means that the xray has now been done and I have looked at it, and it showed that his gut was empty.

"→ *reporting*" means that I have sent the X-ray off to the radiologists for their written opinion on them, which is standard procedure.

I can confirm that I have written the entry below following or during a ward round with Dr DAOUD and myself.

Signed: R.A BAYLY Signature Witnessed by:
2004(1)

"*20/12/95* *WR Dr DAOUD*

Mobility ↓↓ V Parkinsonion features

Low +++

Thioridazine to 25mg Qds + PRN

Procyclodine 5mg bd. Review Fri.

? sertraline next week"

" *WR Dr DAOUD*" means ward round conducted by Dr DAOUD and myself.

"*Mobility ↓↓*" means his mobility has deteriorated.

"*V. Parkinsonian features*" means he is showing signs of Parkinsons disease.

Parkinsons disease is a disorder causing problems with mobility and shaking. Similar symptoms can be due to some types of medication, or it can occur spontaneously.

"*Low +++*" means that he Mr Code A was very very low in mood.

"*↓ Thioridazine to 25 mg Qds + PRN*" means reduce the dose of Thioridazine to 25mg to be given 4 x daily plus additional (but only if required).

"*Procyclodine 5mg bd. Review Fri*" means add in 5mg Procyclodine tablets twice daily (probably to see if it will reduce the Parkinsonian symptoms)

"*? sertraline next week*" means questioning a possible increase in dose of sertraline next week.

I can confirm that I have written the following entry.

"*27/12/95* *WR Dr BANKS*

Chesty

Poorly, abusive, not himself at all.

® chest physio

Sputum sample

Erythromycin finished ® for cefaclor

Stop procyclidine until well

Reassess mood once medically better

Also ? further inx of bowels

Catheterised end of last week by on call GP as in urinary retention.

Signed: R.A BAYLY Signature Witnessed by:

2004(1)

Geriatrician review may be helpful.
CXR Ö "

Where I have written "*Chesty*" this probably means that Mr Code A had a rattly chest with a cough.

"*Poorly, abusive, not himself at all*" is self explanatory

"→ *chest physio*" means refer Mr Code A to a physiotherapist for treatment to clear phlegm off the patient's chest.

"*Sputum sample*" means collecting some phlegm from the patient to send to the microbiology laboratory for testing. This is to see what bacteria are growing in it to help choose the most effective antibiotic treatment.

The result of this examination is recorded on page 112 of the medical notes, and indicates the presence of bacteria called Pseudomonas.

I cannot tell from the notes what date the result of this test came back to the ward.

"*Erythromycin*" is the name of an antibiotic that was prescribed on the 22/12/95 for a chest infection.

"*Cefaclor*" is a the name of a different antibiotic which was then prescribed for the chest infection after the Erythromycin had failed to clear his chest.

"*Stop procyclidine until well*" means the new drug was stopped as Mr Code A was poorly in himself. I do not know why this made it necessary to stop the procyclidine.

"*Also ? further inx of bowels*" means do further investigation of the bowels need to be done?

"*Catheterised end of last week by an on call GP as urinary retention*" means he that Mr Code A needed to have a plastic tube inserted into his bladder through his penis because he was unable to pass urine due to a blockage.

"*Geriatrician review may be helpful*" this raises the possibility of asking a geriatrician to see Mr Code A to advise on the management of his physical illness (our specialty was psychiatric illness, so if patients became physically ill as well it was usual practice to ask a geriatrician to give advice on any additional treatment or investigations that would help the patient).

Signed: R.A BAYLY

Signature Witnessed by:

2004(1)

"*CXR√*" This means Chest X-ray has been arranged.

The next entry in the medical notes dated 27/12/95 relates to the treatment given by the hospital physiotherapist.

I can confirm that I wrote the following entry.

"*2/1/96* *Remaining poorly and lethargic.*
Reports of him saying 'Why don't you let me die'?
Skin breaking down - Pegasus bed - v poorly
FBC√ U + E√ [Li] + TFT √
Geratrician review to make sure not medical problem"

"*Why don't you let me die*" This is a quote from Mr Code A demonstrating how extremely depressed he was.
"*Skin breaking down*" means Mr Code A was developing pressure sores.
"*Pegasus bed*" is a bed with a special mattress designed to be more gentle on the patient's pressure areas.
"*V.poorly*" indicates that Mr Code A had now become very physically weak and unwell as well as suffering from psychiatric illness.
"*FBC√*" means a full blood count has been arranged.
"*U&E√*" stands for urea and electrolyte tests (kidney function tests) have also been arranged.
"[LI] +TFT √" Lithium levels and thyroid function tests have been arranged.

I note that these tests were completed. The results are recorded on page 86 of exhibit BJC/71

The U&E results of the patient were shown to be normal.
The Liver test results showed some abnormal readings suggesting that the patient was not taking in enough food. This is highlighted in the low protein result of +57 and the Albumin level of +27

Recorded on page 85 of exhibit BJC/71 is the result of the lithium test 0.57 which is within the

therapeutic range (ie it is not at toxic levels).
The Full Blood Count (FBC) is recorded on page 114 of exhibit BJC/71 which appears to be normal.

On page 89 of the medical records I note that the patient's glucose levels are normal.

"*Geriatrician review to make sure not medical problem*" means that we have now made the decision to ask the advice of a geriatrician.

request was made for a geriatrician to assess the patient as above. I then wrote a brief letter into the medical notes summarising the patient's problems. I outlined what we would like the geriatrician to assess as shown in the entry dated on the 2/1/96 on page 66 of the medical records.

I can confirm that I have written the below entry as recorded on page 66 of the medical records.

"*2/1/96 Dear Dr LORD*

Thank you for seeing Les who has been treated for many years for resistant depression.
On this admission his mobility initially deteriorated drastically and then he developed a chest infection. His chest is now clearing but he remains bed bound, expressing the wish to just die.
This may well be secondary to his depression but we would be grateful for any suggestions as to how to improve his physical health.
Thanks Rosie

(PS He also complains of some abdo pain intermittently which I thought may have been constipation, but an AXR showed his bowels to be very empty, so his aperients were stopped. Unfortunately he still has pain intermittently)."

This brief letter to Dr LORD (consultant geriatrician) makes it clear that Mr

Code A is already very poorly. This could well have all been due to his depression, but we are asking Dr LORD to double check that there are no treatable physical illnesses that are contributing to his deterioration.

Where I have written "*abdo*" this means abdominal.
"*AXR*" means abdominal X ray.
"*Aperients*" means laxatives.

I can confirm that I have written the following entry.

"*3/1/96* *WR Dr BANKS*
Poor food intake, fluid ok. Deteriorating. Some breaks in skin now.
? fit for ECT - may not agree to it ?would work
→ fortisips and high protein diet.
Await EC review
Needs more time to convalesce
Diazepam
Stop thioridazine therapy.
Watch for benzodiazepine withdrawal.
Probably will need NH"

With reference to this entry dated 3/1/96 it basically shows that we have run out of any other treatment options as Mr Code A was by this stage too frail to have ECT treatment, and it would probably be ineffective anyway even if he agreed to try it.

"*→ Fortisips and high protein diet*" means a high nutrient dietary supplement was to be started.
"*EC*" refers to Elderly Care (the geriatricians).

The below results were highlighted in the hand written section of the notes for

the benefit of Dr LORD to assist her in her assessment of the patient.

"Glu 4.3
U 7.2 PO4 1.05 AST 127
Na 137 Ca 2. 2 (2.45) Alk 110
K 4.8 Bili 9
Cr 91 Alb 27 TPro 57"

Mr Code A was subsequently moved to the elderly care ward and I had no further dealings with him.

Signed: R.A BAYLY
2004(1)

Signature Witnessed by: