

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

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

Statement of: RYDER, GILLIAN MARY

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: STAFF NURSE E GRADE

This statement (consisting of 5 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: G M RYDER

Date: 07/11/2002

I am the above named person and I live at the address shown overleaf.

I began nursing in 1971 and qualified in 1974 as an SRN. An SRN is now called an RGN. I am currently doing part time bank nursing and I work for the Medical Directorate.

After qualifying I worked on surgical wards and became a ward sister in 1978. I first worked at the Gosport War Memorial Hospital (GWMH) in 1985. I worked for 20 hours a week as a relief Staff Nurse. I would work at the GWMH, Northcote and Redcliff annexes. I was more involved in caring for the elderly than I had been in my career to date. I only worked at the GWMH for about 2 years. During that stint at the hospital syringe drivers were never used. I do not recall if Dr BARTON was working at the hospital, there were numerous GP's because it was a GP community hospital.

During my time at the GWMH we, the nurses and the doctors, would always try and keep the patients pain free and improve their quality of life.

Having left the GWMH in 1987, I returned in about May 1990. This time I worked for the hospital for about 15 months. I was working part time, 30 hours a week, on the day duty. By the time I got back to the GWMH the use of syringe drivers was in place. This was a new concept for me. I was slightly uncomfortable with the use of syringe drivers when I got back to the GWMH but this was because of a lack of training.

The advantages of pain control via a syringe driver was that it gave the patient a more level feeling of well being without peaks and troughs. The main drug used in syringe drivers was Diamorphine. Diamorphine would always be prescribed by a doctor. However it would always be given to patients by two qualified nurses.

There is nothing in my mind that makes me think that certain doctors were prescribing Diamorphine more than others. I am unable to recall how the scale worked but it would be fair

Signed: G M RYDER
2004(1)

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Continuation of Statement of: RYDER, GILLIAN MARY

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to say consideration would be given to other types of drugs prior to Diamorphine. There were pain control charts that would help determine the correct level of pain management.

Patients were not commenced on syringe drivers containing Diamorphine without first having been prescribed other forms of analgesic. Some of the patients were unable to take analgesic in an oral format and the use of a syringe driver was appropriate. I can only remember very ill people being put on syringe drivers. People on syringe drivers with Diamorphine were not expected to live that long, they were prescribed the driver to manage their pain prior to death.

I do remember that certain staff nurses, especially those who worked nights were allowed to pronounce death but not to certify death. During my second stint at the GWMH I only worked at the Redcliff Annexe. During this time I worked with Dr BARTON and other GP's and doctors. I always found Dr BARTON approachable and a very professional person, I had no social contact with her but found her caring towards the patients as were all the other staff.

As I have already said, I did have concerns with the concept of syringe drivers and Diamorphine. This was because of the delivery method as much as anything else. I was not the only person to have concerns.

I have been shown exhibit JEP/GWMH/1/6 and can confirm that I was present on 11/7/91 (11/07/1991). I am unable to recall what I said but I very much felt in tune with the rest of the group in their worries and concerns. I did think at that time that most of the problems raised could be addressed by better training, weekly meetings and more communication between staff of all grades.

I left the hospital within a few weeks of this meeting and didn't really get to see how the issues were dealt with or what guidelines were put in place. However as a result of the meeting I felt optimistic that all the issues would be addressed.

I didn't work at the GWMH again until February 2000 and I left in May 2001. During this final period I again worked in the continuing care of the elderly ward which was Dryad Ward. Again I was part time working on day duty. I worked 30 hours a week. In my opinion the care of the patients was very high, as it always had been. Syringe drivers were still in use. I am unable to say if they were being used more or less but it was an appropriate use of that device for the patient.

I was aware at this time of an ongoing police investigation, however I was never spoken with. The investigation caused distress to both patients and staff. Patients did not wish to take

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analgesics.

I have worked in hospitals all over the UK and in my opinion there was a high standard of nursing practiced at the GWMH.

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