

RESTRICTED

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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: BAKER, RICHARD HENRY

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

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:

Date: 08/09/2004

I am Professor Richard Henry BAKER of the Clinical Governance Research and Development Unit, Division of General Practice and Primary Health Care, Department of Health Sciences, University of Leicester, Leicester General Hospital. I currently hold the post of Head of Department.

I produce as exhibit RHB/CV/1 my curriculum vitae which includes my relevant clinical qualifications to date, my clinical experience in related areas, posts I have held and all relevant publications. In brief, I am a general practitioner by clinical background, having qualified in 1975 and entered full-time general practice in 1977. From 1992, academic activities took priority, although I continued a part-time role in clinical practice until 2002. Whilst in full-time general practice, I attended patients of the practice in nursing homes, including a hospice, experience which was helpful in undertaking the audit of deaths at Gosport War Memorial Hospital.

Experience of particular relevance includes:

- An audit of Harold SHIPMAN's clinical practice
- Submission of evidence to the SHIPMAN Inquiry
- Advice given to a health authority in connection with deaths in a nursing home
- Some research into methods of monitoring mortality rates in primary care.

In the summer of 2002 I was asked by Sir Liam DONALDSON, Chief Medical Officer, to

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prepare a proposal for an audit of deaths at Gosport War Memorial Hospital . The proposal was submitted on 30 August, the Chief Medical Officer's approval being given in a letter of 5th September. This is a letter I still hold.

The Terms of Reference agreed with Sir Liam DONALDSON were:

To carry out a clinical audit to cover the following:

- (i) Pattern of observed compared to expected deaths in particular age groups in the Gosport War Memorial Hospital and relevant general practice patients. This means comparing the number of deaths at the Gosport War Memorial Hospital with a similar hospital(s) caring for similar patients.
- (ii) Deaths showing unusual clusters by place of death and time.
- (iii) Certified cause of death in relation to medical history. By this one would examine the medical history of the patient and use clinical judgement to decide whether the given cause of death is supported by the history.
- (iv) Prescribing of opiates and related sedation. This was both a clinical and a statistical review to ensure that prescribing was in accordance with clinical need.

In addition, the Chief Medical Officer stated that other issues identified for inclusion during the course of the investigation should be built in as appropriate, the overall purpose of the clinical audit being to identify any unusual trends or patterns which raise serious concerns about the care of elderly patients. I had been made aware prior to any audit I undertook of concerns with regard to Dr Jane BARTON a local GP working as a clinical assistant at the hospital. Dr BARTON's name and the concerns appeared within a document from Sir Liam DONALDSON. Dr BARTON had been the subject of a Police and CPS investigation as well as the CHI (Commission For Health Improvement) investigation and GMC investigation. Consequently Dr BARTON would have been the focus of my audit although I was aware that the CHI report had concluded that there had been a failure of trust systems to ensure good quality patient care.

1. The report and the data used

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The data used were obtained from several sources:

1. The counterfoils of medical certificates of the cause of death (MCCDs) held at Gosport War Memorial Hospital.
2. The admissions books of Dryad ward
3. A sample of clinical records
4. Surviving controlled drugs registers at Gosport War Memorial Hospital
5. MCCDs completed by a sample of general practitioners in Gosport
6. Hospital episode statistics (HES) data on admissions to Gosport War Memorial Hospital. These data provide information about length of stay, age, sex, primary diagnosis and other information. However, these data proved to be of limited use because it was not possible to identify other sufficiently comparable hospitals.

The process of the review was dictated by the availability of data. The use of locally available data involved least administrative delay, and the audit started with these. The first step was to make contact with key individuals in the local NHS in order to explain the purpose and methods of the audit, and to gain their support, which was forthcoming. Data collection then began at Gosport War Memorial Hospital. I started with the counterfoils of MCCDs - the hospital had taken care to retain these, and they proved to be a good source of data. I personally extracted data from the counterfoils and entered them into a computer database. This is a database which I am still able to access and which can be copied giving consideration to the Data Protection Act. During the process of collecting data from the counterfoils, a small number of ward admission books were identified. The Dryad admissions book contained information in a usable format, and data were therefore also extracted from this book.

A relatively large number of controlled drugs registers were also identified, although some from several years before had not survived. Senior staff at Gosport agreed to allow me to remove these registers to Leicester to facilitate data entry, the data from the registers being entered into a computer database. This is a database which I am still able to access and which can be copied

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giving consideration to the Data Protection Act.

National Statistics undertook a search for MCCDs issued by Dr BARTON 1998-2000, and provided me with this information. These data were entered onto a database, and were used to identify a random sample of clinical records for review. The sample consisted of 81 cases. The records were obtained from the records department at Gosport. In many cases, the records had been transferred to microfiche, and these records were studied using the microfiche readers in Gosport or Portsmouth.

National Statistics also provided information about deaths certified by a group of local general practitioners in order to enable a comparison between the MCCDs for death in the community issued by Dr BARTON and other general practitioners in the Gosport area.

Some HES data were also obtained. However, these data were unhelpful since complete data were available from only 1998, and it was not possible to select suitable comparator hospitals with any confidence.

2. Others involved in providing information directly included in the report.

I received advice on aspects of the statistical analysis from Professor David JONES, Professor of Medical Statistics in the Department of Health Sciences at the University of Leicester. Professor JONES undertook the analysis of rates of certification during periods in which Dr BARTON was assumed to have been on leave, reported on pages 97-98 of the report. I also sought advice from Professor JONES with regard to the other statistical analyses within the report.

Dr Peter GOLDBLATT supervised the provision of data from National Statistics, and Stephen PRICE organised the provision of HES data. I received valuable assistance from staff in the records department at Gosport War Memorial Hospital in the identification of records and documents, but they did not otherwise contribute information for the report. I relied solely on documentary sources of information to compile my report.

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I produce an entire copy of my report as RHB/GWMH/1 . I reviewed a total of 81 medical records in which Dr BARTON certified death. This represents about 10% of all deaths certified by Dr BARTON and I believe one can be reasonably confident that the general findings reflect what would be found if all records had been reviewed.

As made clear in the report, I became concerned about aspects of care at Gosport War Memorial Hospital, including aspects of the care provided by Dr BARTON. I concluded that it was probable that a small number of patients who had been given opiates and had died might, if they had not been given opiates, have sufficiently recovered to be discharged from hospital eventually. An attitude or culture of limited hope and expectations of recovery appeared to have existed at the hospital. I was unable to identify when this culture had first gained hold at the hospital and it may have existed before Dr BARTON's appointment in 1988. In addition, I have not identified the underlying motivations responsible for this culture.

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