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RECORD OF INTERVIEWNumber:
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(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: DALTON, JEAN ELIZABETH

Place of interview: PARK GATE POLICE STATION

Date of interview: 18/07/2000

Time commenced: 1505

Time concluded: 1530

Duration of interview:

25 MINS

Tape reference nos.
(◆)

Interviewing Officer(s):

DC Code A, DC Code A

Other persons present:

Police Exhibit No: LMC/JED/33

Number of Pages: 33

Signature of interviewing officer producing exhibit

Tape
counter
times(◆)Person
speaking

Text

0.08 DC Code A

I am DC Code A this is a continuation interview of Jean DALTON, time by my watch is 1505. I must remind you that you are still under caution which I did at the beginning of the interview. Can you just confirm that during the break I have not asked you any questions in

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relation to anything to do with why you are here.

DALTON Yes.

DC **Code A** We talked about the Golf Club basically.

DALTON Yes.

DC **Code A** Okay, right, prior to the interview concluding I was just sort of going over the summary to summarise regarding Mrs. RICHARDS and the level of drugs here and we were discussing the fact that the drugs, particularly the four that were eventually put on the driver, nothing there in terms amounts or the combination to cause you as a Pharmacist any concern about their use?

DALTON No.

DC **Code A** Now there are just a few other things I wanted to cover before we go on. I just want to summarise over what we have talked about so far so, just to get my train of thought back. So in relation to particular patients, you look at their prescription record?

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DALTON Yes.

DC **Code A** In whatever form it is, as I understand it is filled out by the Doctor...

DALTON It is.

DC **Code A** ...in terms of the prescription. Now if there is nothing there to cause you any concern or queries then in your role you are generally satisfied that thats acceptable?

DALTON Yeah.

DC **Code A** Level of treatment

DALTON Hm,hm.

DC **Code A** If there is something that doesn't, if there is something that you are not sure about and you think that is either unusual or I don't agree with that....

DALTON Hh.hm.

DC **Code A**Then....

DALTON I bring it to the attention...

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- 2.27 DC Code A You bring it to the attention. Have you ever had cause to do that?
- DALTON Oh yes.
- DC Code A Can you give me some examples?
- DALTON Um, well I can only give you general examples but I can't talk specifics. It would not be appropriate to give something with known gastric irritation, something that was going to irritate it.
- DC Code A Right.
- DALTON So you would always bring that to the attention, theres a whole book full of things.
- DC Code A Yeah, okay, but I take it there are times when you wouldn't, would you necessarily know that if you are referring to the prescription record?
- 3.12 DALTON You would know that if they are on something to collect their GI tract.
- DC Code A Right if they are on another drug?

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DALTON Yeah.

DC **Code A** For their gastric....

DALTON Yeah.

DC **Code A** symptoms and they're on...

DALTON Something that is going make it worse...

DC **Code A** Then you say hold on a minute they are being treated for that....

DALTON Yeah.

DC **Code A** ...and that, and that is a problem?

DALTON Yeah.

DC **Code A** Right I see, okay. Now in relation to Dr. BARTON who was the Doctor on the Ward at the time, have you had any times when you had to bring something up in relation to some she has prescribed, you've had a problem with?

DALTON There would have been occasions but none actually spring to mind at the moment specifics, but yes we've either spoken on the phone or its

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a non-urgent matter it has been referred back.

4.00 DC Code A

How does get it referred back?

DALTON

Well if its urgent, I go to her direct....

DC Code A

Yeah.

DALTON

...to Surgery or indeed any Doctor direct, if its something that really needs bringing to attention, well I can give you an example, um, Warfarin is a medicine used to keep one's, in general terms, blood thin, so it doesn't clot and it has been controlled within fine margins and there are a number of medicines that could cause that margin to move and on occasion, a good example would be an anti-biotic might be prescribed and as I have already indicated already, this might be going on for two days or three days or whatever, prior to my arrival, so its a bit, I would put that through to her but not necessarily get on the phone and recommend that they do additional blood tests. Its quite interesting what can be given together so long as you monitor it properly so that would be something that would come up.

DC Code A

Would you ever record on any of the patient's

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documents at all?

DALTON No.

5.22 DC Code A No. So apart from your initials on the Drug Register here you don't have any form of contact with the patients' records?

DALTON I might, no I wouldn't go to, no I would only go to their master notes if it might solve the thing that I'm querying, it might be this is a 'must' because of the combination of problems they've got and there is no way round it, so that in regard you may or may not then continue to bring it to the Doctor's in question attention 'cos there is every chance they are fully aware of it but they have got no choice.

DC Code A Less of two evils?

DALTON Yeah so its always about that in mind argument so you know, it has to be determined where we are with this person and do we need to do a '999' effectively, like grab them now and do something about it, is it just something they need to know that they can deal with it at a more convenient time. Because like everybody they are busy doing the other part of their job when

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they are not at that address. So it all has to be weighed up.

6.57 DC **Code A** Have you had a problem like that because of the length of time it has taken you to get there because, you know, obviously that is your role?

DALTON Not to my knowledge.

DC **Code A** Have you come across something, you thought, you know...

DALTON Not to my knowledge.

DC **Code A** You might have something that has been that urgent that...

DALTON No, not to my knowledge.

DC **Code A** No.

7.15 DALTON Because in the field of medicine, you are usually in a situation where you got many things wrong, you are often hard pushed to decide what has caused, what has happened, that could be the disease state itself that caused a problem, so you have to weigh it all up but to my knowledge passing on information has not

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resulted in any detriment, as I say when in doubt about how long have I got before this information can be passed on you do it immediately.

DC Code A

You do it immediately, but you can't recall any times when you thought well we'll have a look at this one as an urgent one or....

DALTON

and thought, Oh my God.....

DC Code A

'Oh my God,' whats going on here?

DALTON

No.

8.16

DC Code A

Okay, if it came to that or if it comes to, you may have answered this already, so I apologise if you have, in relation you have got a problem with a particular drug and you discuss it with the Doctor and you agreed to do whatever. Do you recall that anywhere that you've had to do that, is that put down anywhere....

DALTON

Its not a routine thing to do no.

DC Code A

So does it get recorded in any form that you've requested this to be changed?

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DALTON No, not routinely.

DC Code A Right, you say not routinely, so is there other times when you would do?

DALTON Yes.

9.00 DC Code A Can you think of any examples?

DC Code A Do you keep a diary anything regarding your day's events?

DALTON No, only my appointments but no detail, I wouldn't do the job, wouldn't get the job done if I sat, well I don't know how to explain that except for me personally I suppose, if you like, putting it in the crudest form, there could be a gut feeling that you have yourself that you feel for your own sake, its safe to document it but not as a general rule no.

DC Code A Have you done that in the past and where have you recorded it?

DALTON Well if it happened at QA site, theres a diary system that we could use. If it happened off-site, and I can't recall the last time I had that sort of feeling off-site, I would report it back up the

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line and may or may not make an entry, excuse me, on my own personal record. Um, as I say anything that wasn't sitting comfortably I would report back.

DC **Code A**

So a personal record you've got?

DALTON

No, I would only actually write it if I felt, if I just had that uncomfortable feeling about it because I can assure you a Pharmacist on a good day could be saying something every two minutes.

DC **Code A**

So what you are saying that if you hit a problem there and you felt it necessary then you would put pen to paper?

DALTON

Yeah I would.

DC **Code A**

Just in case something came up at a later date?

DALTON

Yeah.

DC **Code A**

But you haven't had a reason to do that?

DALTON

Not recently no.

DC **Code A**

Just that, I have a hypothetical question here and

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it is quite blunt I suppose, irrespective that these drugs were prescribed for this patient Mrs. RICHARDS who we appreciate did have serious medical problems other than what she was in Hospital for which was a fractured neck and femur. If those four drugs were given to a person who was a similar age, similar build, similar frailty and other than that she was quite healthy 91 year old, what sort effect with those drugs have on her?

11.36 DALTON

It depends on the individual entirely.

DC Code A

Is it?

DALTON

Yeah

DC Code A

So they wouldn't necessarily knock her out and make an inappropriate patient.....

DALTON

If you or I, if any two individuals of similar, size, build, age etc, and as far as we knew state of health were given any medicine would react differently.

DC Code A

So you can't give me an answer to that then?

DALTON

No.

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DC [Code A] No.

12.01 DC [Code A] We've obviously mentioned Mrs. RICHARDS and I know you said previously that you don't really get involved with the patients.

DALTON Its not in the contract to do it.

DC [Code A] Right, okay, thats in your contract of employment?

DALTON No, this Ward they don't buy that amount of time.

DC [Code A] Oh right so they buy from QA?

DALTON Well yeah in loose terms.

DC [Code A] In loose terms your services?

DALTON For so much.

DC [Code A] And you get like a, depending on what they pay.

DALTON Yeah, on what level yeah.

12.37 DC [Code A] Oh right, okay, so a top level, you know, perhaps go and speak to the patients depending

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on time?

DALTON Well it will, yeah it depends exactly what they have bought.

DC Code A So is it on there....

DALTON Its all laid out.

DC Code A Its on their stipulation, the date was forward or the Gosport War Memorial Hospital what you do.

DALTON I haven't seen the particular Spec but there is one.

DC Code A Right, I take it you have been made aware of what you should be doing....

DALTON This is what I understood I should be doing over the years yes.

DC Code A Okay, but it can vary from Hospital to Hospital depending on...

DALTON Yeah, exactly, whats has been bought.

DC Code A What else can you do for another Hospital over

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and above that you do for Daedalus.

DALTON Well it does reflect what they've bought, as in analogy you could may be consider a Medical Ward, or a Surgical Ward or an Orthopaedic Ward.

DC Code A So I take it a Surgical Ward would probably require more of your time and more of your expertise because of the drugs that use during surgery?

DALTON Maybe yeah. They are all different and you know, those that are involved in contracting say whats available or what could be available and at what cost and as far as I understand it they are revisited on a regular basis these contracts.

14.08 DC Code A Are you able to say then if they pay more or requested more you would be able to spend more visits, either more regularly to the Ward.

DALTON Yeah.

DC Code A Or spend more time when you were there, would that be...

DALTON Thats the theory.

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DC Code A Thats the theory part of it.

DALTON Yeah, you get what you pay for you know.

DC Code A Okay, so are there other Wards you go to where
you do visit patients.

DALTON Not the ones I currently visit. I don't spend time
conversing with the patients other than maybe to
pass the time of day.

DC Code A Whereabouts on the Ward do you inspect
these....

DALTON These are all kept in Daedalus' case in Clinical
Room.

DC Code A So they are not on a Ward themselves?

DALTON No.

DC Code A No.

DALTON They are kept in a room binder on top of a
Medicine Trolley.

DC Code A Which is away from the Wards?

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DALTON Yes in the Clinical Room.

15.01 DC Code A I see you have got no real cause to be in the Ward at all to see the patients at all?

DALTON No. I mean, you are on the floor so to speak.

DC Code A Yeah.

DALTON So you would see them as a general population.

DC Code A But you won't relate specific prescription notes that you read to individual patients?

DALTON No.

DC Code A Right.

15.23 DC Code A Okay so previously then....

DALTON Not as a routine I should add because some people are there for longer and you will hear the nurses referring to them by name as they are going past.

DC Code A Does Dr. BARTON ever phone you up and say, look I've got this.....

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DALTON Yes.

DC **Code A** She does, does she seek your advice regarding medication?

DALTON Yes and if I can't handle it we put it her through to Drug Information.

DC **Code A** Right, so if she has got special concerns about a particular patient.

DALTON Yes if she wants us to find something specifically, if its something I can't handle and or its an in-depth thing, it goes straight across to Drug Information.

DC **Code A** And thats available I take it to most GP's and the....

DALTON No, in the case of Dr. BARTON at Gosport, she was employed as the Clinical Assistant for which she gets paid to perform to a contract one assumes and during those hours she is effectively a Hospital Doctor.

DC **Code A** Oh right.

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DALTON So she has access to all our resources, yes Drug Information will help out GP's where possible but there is a limit as to how much a service can handle.

16.39 DC Code A Again referring back to the four drugs and the combination of two or all four of them together, are you aware of any guidelines that the Drug Manufacturers may suggest regarding equipment, specialist equipment that should be provided when administering any particular drugs?

DALTON No.

DC Code A No.

DALTON There is a rule that some employ syringe drivers.

DC Code A I wasn't specifically on about syringe drivers, the actual drugs themselves?

DALTON No.

DC Code A Okay.

17.14 DC Code A If there were is that something you would get

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involved with, are you aware of any drugs that sort of request or recommend that you have various equipment to hand?

DALTON Yes, well you get an anaphylactic reaction from anything.

DC Code A Whats one of those?

DALTON Whats one of those, well if you don't treat it you're dead.

DC Code A Oh right.

DC Code A Its like a toxic shock?

DALTON No an allergic reaction to something which it might be a drug, it could be something you've breathed in and all Wards carry adrenaline which is the first line of treatment. On the Gosport Hospital site they do have a Defibrillator and a Cardiac Arrest Box.

DC Code A Okay.

DC Code A Is that per Ward or is that available in the Hospital.

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DALTON No, its kept, its in the Hospital and they also have antidotes, specific antidote for Opium overdose on the Ward.

DC Code A Right.

18.16 DC Code A So you are aware that they have got various things in place.

DALTON Mm,mm, Mm,mm.

DC Code A Would you necessarily....

DALTON More often than not the trouble with overdoses, generally speaking is they are often, you have to specifically treat symptoms as they arise and if its an oral overdose, the first thing normally is to wash out but by that time, or put something down the gut that they will absorb it but you probably got some through to the system by then so you have monitor and deal with it how it goes on but whether it be an overdose or just an individual reaction to it, it can happen anytime to anybody.

19.07 DC Code A Is part of your remit to check they've got the appropriate equipment on site and drugs?

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DALTON No, once its in the, on the Ward, its their responsibility to ensure its in good condition and in date.

DC **Code A** Right, so you wouldn't think right, they've prescribed such and such, I've got to check.

DALTON Its not something, in the process of going about the non-stop issue, erm, you may well be in their Medicine cupboards, and yes obviously if something screeches at you, you will deal with it but no, but once its there, its their responsibility.

DC **Code A** Its there.

DC **Code A** Okay, just going back, just round up this point about the contracts.

DALTON Mm,mm.

19.53 DC **Code A** So have you been on contracts before where you have been able to either visit patients or spend more time on a Ward?

DALTON Well in the past Gosport had their own Pharmacy.

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DC **Code A** Right.

DALTON Which just had, I was one of the Pharmacists involved in running the Pharmacy.

DC **Code A** Oh okay.

DALTON Um....

DC **Code A** How does it differ now, I mean obviously you are working from QA but how does it differ now to then when you are actually based at the Hospital?

DALTON Well because you were dealing with their stock supply which obviously takes an element of time, the perception was you were there more often if you like, you were more hours on site but your task orientation in terms of this aspect of it....

DC **Code A** In terms of the prescription.

DALTON were probably, I mean, not a lot different.

DC **Code A** Oh right so you wouldn't have a greater deal of time to spend on various Wards than you do now?

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DALTON No.

21.35 DC Code A Okay, alright I think we've covered pretty much everything we need to. Just one more point which we were coming to then we moved onto contracts. In relation to Gladys RICHARDS did you have any contact with her at all or were aware of any problems her relatives had with.....

DALTON Not that I recall.

DC Code Athe way the Hospital were being dealt with?

DALTON Not that I recall.

DC Code A Or did with her or any conversation with the daughters?

DALTON No.

DC Code A Okay, or any correspondence from the daughters at all in anyway?

DALTON No.

DC Code A Okay, I can't think of anything else. Would you like to add anything, this is your opportunity to

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bring anything up if you feel it might be relevant?

DALTON No, its all been said, I say it all hinges round the fact that this is recognised treatment in this field and its within recognised limits, so I would have no cause for alarm.

22.26 DC Code A Yeah, so in this case looking at this, I appreciate its two years ago.

DALTON Mm,mm.

DC Code A Are you able to say, look, looking at that you wouldn't have any cause for alarm?

DALTON No.

DC Code A So you wouldn't have needed to refer to notes....

DALTON No.

DC Code A ...or to Dr. BARTON in this case?

DALTON No.

DC Code A But this was a course of treatment that you would consider to be palliative care?

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DALTON Mm,mm.

22.49 DC Code A In relation to Midazolam, you produced the palliative care handbook which although you are aware that Midazolam is not licensed for subcutaneous use, is generally accepted Nationally as being an accepted form of treatment.

DALTON Over and above that as I'm sure you are aware having researched it all the British National Formulary says the same thing.

23.17 DC Code A Is there anything else you would like to add?

DALTON No.

DC Code A Is there anything you would like to clarify, anything you said you feel we need to clear up?

DALTON No.

23.25 DC Code A Just one more question, I just want to get my head around the stock so when you put an 'S' in there that is something that is generally stocked in Gosport Hospital?

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DALTON

Yeah.

DC **Code A**

The non-stock is something you have to get in specifically, in this case for Mrs. RICHARDS, you would have to get enough Haloperidol in for her?

DALTON

Mm,mm, Mm,mm.

DC **Code A**

Okay.

DC **Code A**

The time by my watch is 1530 and I'm turning the recorder off.

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