
From: Baker, Prof R.
Sent: 04 December 2002 11:11
To: Peter Goldblatt (E-mail)
Subject: FW: Gosport review
Attachments: Copy of AC_J82100ListSizeHistory_031202.xls

Peter

Here is information about the practice - will this suffice to enable identification of deaths among patients of the practice?

Professor Richard Baker
 Clinical Governance Research & Development Unit Department of General Practice & Primary Health Care University of Leicester Leicester General Hospital Gwendolen Rd Leicester LE5 4PW

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-----Original Message-----

From: Copage Manda [mailto:Code A]
Sent: 04 December 2002 10:58
To: Tanner Simon (Q17) HIOWhA; Code A
Subject: RE: Gosport review

Simon and Richard -

Information as requested.

1. Address

148 Forton Road, Gosport, Hants

2. Partners

KNAPMAN Anthony Charles	Joined 01.07. 70	Code K022
BEASLEY Peter Alexander	Joined 01.04.75	Code B091
BARTON Jane Ann	Joined 01.04.80	Code B131
PETERS Edward John	Joined 01.04.82 (replaced HAB Nicholls)	
Code P080		
BRIGG Michael James	Joined 01.10.93 (replaced PJ Gray)	
Code B400		
BROOK Sarah Jane	Joined 02.07.95 (replaced JJ Brand)	
Code B405		

3. List size information on attached spreadsheet. Use GP code to read relevant columns. We cannot go back all the way to 01.04.80 - the system doesn't contain this.

Regards

Manda Copage

-----Original Message-----

From: Tanner Simon [mailto:Code A]

Sent: 03 December 2002 13:03
 To: Copage Manda (PPSA)
 Subject: FW: Gosport review

This is the request from Prof.Baker. Thanks very much.

Simon

-----Original Message-----

From: Baker, Prof R. [mailto:
 Sent: 28 November 2002 14:18
 To: Tanner Simon
 Subject: RE: Gosport review

Code A

Simon

Can you find me some details about Dr Barton's practice? I need the address, the names of the partners - to include when they joined. If there have been changes in membership of the practice from the time Dr Barton joined, the details would be really helpful. Information on list size over the smae period would also help.

In health authorities as they used to be, there would have been a primary care division with this information readily to hand. I am not sure if the SHA now holds this, or whether the PCT is the organisation with the details. However, I did not want to contact the PCT directly. If there is someone you would recommend I talk to directly, please let me know

Thanks

Professor Richard Baker
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-----Original Message-----

From: Tanner Simon [mailto:
 Sent: 05 November 2002 16:31
 To: 'Baker, Prof R.'
 Subject: RE: Gosport review

Code A

Richard

My knowledge of community hospitals is pretty limited. I would have thought that most community hospitals admitting older people would be fair comparators. I'm not sure why so much is being made of the proximity of Haslar (though I suspect that it reflects a prejudice that military hospitals treat older people in some way differently) This must be conjecture. I'm not sure whether it would be a good or bad thing to choose local comparators, but beyond giving you a list of addresses, I don't think I could hazard a guess at their "comparability" with GWMH.

I think you need to discuss with the CMO about contact with the relatives. The issue is back in the news again following Anne Alexander's press conference on Monday. All seems a bit sensitive.

Simon

-----Original Message-----

From: Baker, Prof R. [mailto:
Sent: 04 November 2002 15:10
To: Tanner Simon
Subject: RE: Gosport review

Code A

Simon

I am making some initial progress, but can I ask for your help on a couple of matters?

1. We need to identify the potential comparison community hospitals now. The systems for obtaining the data are more or less sorted, and we are close to making a start. Can you suggest community hospitals in the dictrict/region that would be relevant to take into account? From the meeting with the PCT, such hospitals that were not far from military establishments would be one group (I think Plymouth was suggsted, but am not certain about this). However, GP care and admission categories (as much as can be judged about these prior to detailed investigation) would be necessary to take into account also.

2. I have not met with relatives yet - there may be reasons why this should be delayed; however, my concern is that I would not want to be thought to be avoiding the relatives.

Hope all is well with you.

Richard Baker

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