

From: Baker, Prof R.
 Sent: 27 November 2002 08:48
 To: 'Jones, Prof D.R.'
 Subject: RE: Gosport review

David

Will try to send some material through today on Gosport; the problem is that the doctor in question is still working in general practice, and a police investigation is underway. This means that we cannot wait for definitive findings, but have also to take reasonable action about any interim findings.

Richard

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

From: Jones, Prof D.R. [mailto:[Code A](#)]
 Sent: 26 November 2002 11:10
 To: Baker, Prof R.
 Subject: RE: Gosport review

Richard:

I wasn't about, but I am now, until about 1430 (Tuesday), and most of tomorrow (Wednesday). Then from Friday I'm off for a week (back 10 Dec, after meetings in London etc).

Without seeing the extra info my comments on a raised number of deaths are:

- 1 How much influence could the doctor have had - eg what % of patients were under this doctor's care?
- 2 Apart from influencing outcome, could the doctor have influenced intake profiles, and is there any evidence about this?
- 3 Are there any other 'secular change' factors which could have influenced deaths over that period relative to others?

Regards (and commiserations on SDO)

David J

> -----Original Message-----
 > From: Baker, Prof R. [mailto:[Code A](#)]
 > Sent: 25 November 2002 17:07
 > To: Jones, Prof D.R.
 > Subject: RE: Gosport review
 >
 >

> David
>
> Are you about? I would like to email a confidential file
> with some summary information from Gosport. The hospital
> has kept counterfoils of death certs dating back to 1987
> (so covering all the period in question). This indicates a
> higher number of deaths in the years during which the
> doctor of concern worked as clinical assistant. The
> question is: what can be infer from this?
>
> If you are at your PC in next 20-30 mins, I will send
> through some information and hope you can advise.
>
> Richard
>
> -----Original Message-----
> From: Jones, Prof D.R. [mailto:] **Code A**
> Sent: 25 November 2002 16:04
> To: Baker, Prof R.; Peter Goldblatt (E-mail 2)
> Cc: David Jones (E-mail)
> Subject: RE: Gosport review
>
>
> Richard, Peter:
>
> Without further info on casemix/age range etc etc this is
> almost impossible to do on anything other than a random
> basis, except that 'stratifying' on proximity to military
> hospitals (where they take civilian cases) seems like a
> good idea if it is a perceived concern, whether
> well-founded or not. What data on intake characteristics
> does ONS have?
>
> Regards
>
> David Jones
>
>
>
>
>
> > -----Original Message-----
> > From: Baker, Prof R. [mailto:] **Code A**
> > Sent: 25 November 2002 15:03
> > To: Peter Goldblatt (E-mail 2)
> > Cc: David Jones (E-mail)
> > Subject: FW: Gosport review
> >
> >
> > Peter
> >
> > Did I send these to you? We need to select the comparison
> > community hospitals.

> >

> > Richard

> >

> > -----Original Message-----

> > From: Tanner Simon [mailto:] **Code A**

> > Sent: 18 November 2002 15:34

> > To: 'Baker, Prof R.'

> > Subject: RE: Gosport review

> >

> >

> > Richard

> >

> > I attach a complete list of community hospitals in

> > Hampshire and Isle of

> > Wight. I believe that the vast majority admit older

> > people, but have not

> > been able to confirm this in every case. I'm sorry that it

> > took a while. If

> > you need to know anything else, please let me know.

> >

> > S

> >

> > Dr. Simon Tanner

> > Director of Public Health/Medical Director

> > Hampshire and Isle of Wight Strategic Health Authority

> >

> > Tel: 02380 725539

> >

> >

> > -----Original Message-----

> > From: Baker, Prof R. [mailto:] **Code A**

> > Sent: 05 November 2002 16:52

> > To: Tanner Simon

> > Subject: RE: Gosport review

> >

> >

> > Simon

> >

> > Thanks, a list of community hospitals would be fine; do

> > you have such a list

> > relevant to the region, or can you direct me to someone

> > who would have such

> > a list?

> >

> > I note your comments about the relatives and agree that no

> > action should be

> > taken to set up a meeting with relatives at this point.

> >

> > All the best

> >

> > Richard

> >

> >

> >
> > -----Original Message-----
> > From: Tanner Simon [mailto:] **Code A**
> > Sent: 05 November 2002 16:31
> > To: 'Baker, Prof R.'
> > Subject: RE: Gosport review
> >
> >
> > 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:] **Code A**
> > Sent: 04 November 2002 15:10
> > To: Tanner Simon
> > Subject: RE: Gosport review
> >
> >
> > 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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