Deaths at Gosport War Memorial Hospital, 1987-2000: Summary report of review of MCCD counterfoils

Introduction

The preparation of data from centrally held hospital episode statistics (HES) will require some weeks; however, the counterfoils of medical certificates of cause of death (MCCDs) issued for patients who died in Gosport War Memorial Hospital (GWMH) have been retained from 1987. This report describes the findings from review of these counterfoils.

The counterfoils record selected information that is also entered on the MCCD itself, including the deceased's name, date of death, date when last seen alive by the certifying doctor, the place of death, the cause of death, whether the doctor had seen the deceased after death, and whether a post-mortem had been undertaken. From early 1988, the counterfoils of the books of certificates in use at GWMH also required the certifying doctor to state the deceased's age.

Two reservations about counterfoils as the source of information about mortality patterns must be noted:

1) identification of all deaths
Some deaths may not be included, for example deaths referred to the coroner; in a few cases the doctor may not have issued the certificate from the GWMH certificate book. However, in collecting the data, it was my impression that staff has been diligent in ensuring that certificates were issued from the GWMH certificate book, and the counterfoils had been carefully stored. Furthermore, local hospital statistics from 1995-2001 suggest that the counterfoils have included almost all deaths at the hospital, in fact the numbers identified by the counterfoils exceeds the numbers identified in the hospital statistics. Nevertheless, it is possible that some deaths among patients cared for by their own general practitioner (on Sultan ward at GWMH) have not been identified through the counterfoils. It is reasonable to conclude, however, that the data from counterfoils are sufficiently complete to permit preliminary conclusions to be drawn (although the lack of information about cases referred to the coroner should be borne in mind).

2) completion of counterfoils
The writing of some doctors was difficult to read, and the signatures of many could not be interpreted. However, the counterfoils completed by the doctor of interest (Dr Barton) were easily identified. She has bold and confident handwriting, and uses distinctive black ink. Also, some counterfoils were not fully completed, although this problem was uncommon and will not have influenced the findings of the analysis.

Despite these qualifications, the counterfoils appear to be a good source of data, and it is possible to have reasonable confidence in the findings. The key findings are outlined below, with those features giving rise to concern being highlighted.

Key findings

1. Admission rights to the GP ward

GWMH includes one ward (Sultan ward) in which patients are cared for by their own general practitioner. Thus, although Dr Barton ceased to work as a clinical assistant at the hospital from July 2000, she would still have been able to admit patients of her own to Sultan ward. A brief inspection of the counterfoils for 2001 identified an MCCD issued by Dr Barton in the case of a death of a patient on Sultan ward on 25 December 2001. Consideration should be given to whether Dr Barton, if allowed to continue in practice, should be allowed to care for inpatients in Sultan ward.

2. Numbers of deaths

Doctor Barton has issued a large number of death certificates (Table1).

Table 1. Numbers of MCCD counterfoils each year, 1987-2000, completed by Dr Barton or other doctors at GWMH.

YEAR	Other docs	Dr B	Total
1987	105	2	107
	98.1	1.9	
1988	85	29	114
	74.6	25.4	
1989	71	31	102
	69.6	30.4	
1990	72	38	110
	65.5	34.5	
1991	59	31	90
	65.6	34.4	
1992	68	32	100
	68.0	32.0	
1993	57	99	156
	36.5	63.5	
1994	56	106	162
	34.6	65.4	
1995	74	81	155
	47.7	52.3	
1996	100	84	184
	54.3	45.7	
1997	106	86	192
	55.2	44.8	
1998	107	107	214
	50.0	50.0	
1999	71	92	163
	43.6	56.4	
2000	80	34	114
	70.2	29.8	
	103	2	105
	98.1	1.9	

Column	1214	854	2068
Total	58.7	41.3	100.0

Between 1987 and 2000, Dr Barton completed 852 MCCDs, 43.4% of all those issued at GWMH. In addition to the total numbers of MCCDs issued, the annual pattern is cause for concern. The numbers issued by Dr Barton rise from 1988, when she issued 25% of all those issued in the year, to 1994 when see issued 64% of the total. There was a rise in the total numbers coincident with the rise in proportion issued by Dr Barton, and it was not until 2000 when the total number returned to the levels typical of the years 1987-1992.

It should be noted that counterfoils were available only from 1987, and Dr Barton is believed to have been working as a clinical assistant at GWMH before that year. Therefore, there may have been some change in Dr Barton's responsibilities, and such changes may explain the pattern observed in Table 1. More information is required about Dr Barton's responsibilities, and discussion with relevant managers is required. Another potential explanation is that different doctors, and different times, used MCCD books other than that of GWMH. Even so, the association between the total numbers of MCCDs issued each year and the proportion issued by Dr Barton is reason for concern, since another explanation for the findings is that there was a feature of Dr Barton's clinical practice that increased the numbers of deaths.

3. Age of deceased patients

The admission criteria to the different hospital wards ensured that Dr Barton cared for a rather different group of patients in comparison with other doctors at GWMH, including local general practitioners who cared for their own patients and doctors in other disciplines. The mean age of Dr Barton's deceased patients was 82.8 years, but for the other doctors the mean was 78.8 ($P<0.000$).

4. Certified cause of death

The cause of death, grouped into six categories, given by Dr Barton and other doctors are shown in Table 2.

Table 2: Cause of deaths as certified by Dr Barton and the other doctors at GWMH, in the following categories: cancers, heart conditions, stroke, bronchopneumonia with other conditions present, bronchopneumonia along, and other conditions.

	other docs	Dr B	Total
cancer	424	49	473
	89.6	10.4	
heart conditions	165	100	265
	62.3	37.7	
stroke	106	139	245
	43.3	56.7	
bronchopneumonia	235	367	602
plus other condition	39.0	61.0	
bronchopneumonia	21	162	183
alone	11.5	88.5	
other conditions	147	31	178
	82.6	17.4	
	1098	848	1946
Total	56.4	43.6	100.0

Dr Barton's patients are less likely to have been certified as dying primarily because of cancer or heart conditions, but more likely to have died from bronchopneumonia with or without other conditions, or from strokes. Case mix will explain at least some of these differences. Thus, local general practitioners appear to admit patients with cancer to GWMH for terminal care, but Dr Barton was responsible for the care of other groups, including people with Alzheimer's or other forms of dementia, and those recovering from strokes or in need of rehabilitation for other reasons. Nevertheless, the number of patients certified by Dr Barton as dying solely due to bronchopneumonia (162) is cause for concern. The heavy sedation of older people can contribute to the onset of bronchopneumonia.

5. Deceased seen after death, and post-mortems

Dr Barton was more likely to have reported personally seeing the deceased after death (98.6% vs 86.9%, $p<0.000$). Dr Barton reported that in 99.4% of deaths, no post mortem or referral to the coroner occurred; the proportion for the other doctors was 98.4%.

6. Patients on Dr Barton's wards

In some cases, doctors other than Dr Barton issued MCCDs for patients who died on wards specifically served by Dr Barton (Redclyffe Annex, Dryad and Daedalus wards). This could occur principally when Dr Barton was on leave or not on duty, and

the types of patients would tend to be similar. In the years for which data from counterfoils were available, 746 MCCDs were issued by Dr Barton and 169 by other doctors for patients on these three wards. The mean age of these patients was similar (Dr Barton 83.0, the other doctors 82.4, n.s.). The other doctors gave bronchopneumonia alone as the cause of death in only 3% of cases, but among Dr Barton's patients the proportion was 20%. The latter finding tends to re-inforce concerns about the nature of Dr Barton's practice.

Summary of concerns and implications

The analysis has identified the following concerns:

1. Dr Barton appears still able to care for her own patients in GWMH.
2. Dr Barton issued a large number of MCCDs between 1987 and 2000.
3. There is an association between the total number of deaths in GWMH and the proportion for which Dr Barton issues the MCCD.
4. Dr Barton was more likely to give bronchopneumonia alone as the cause of death, a finding that persisted when the analysis was limited to patients dying on the wards under Dr Barton's responsibility.

This analysis is based on a data source with several limitations, and it is therefore conceivable that the findings have an innocent explanation. Review of other sources of information is needed to establish the true explanation, including review of clinical records and completion of statistical analyses comparing deaths rates in GWMH and other community hospitals. Nevertheless, the preliminary findings reported here can be interpreted as supporting the concerns already raised by the relatives of some patients.

It is now necessary to complete further aspects of the review as soon as possible. In addition to review of mortality statistics, discussion with NHS managers to confirm Dr Barton's pattern of working is required. Selected clinical records also need reviewing, although it would be preferable to review the records of cases referred to the police first in order to establish the pattern of care that has given rise to concern.

Consideration should be given to whether Dr Barton should be permitted to continue to practice, and in particular still be in a position to manage the care of her own patients on Sultan ward.

A police investigation is underway, and these preliminary findings might be of assistance to the police.

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