

From: Jones, Prof D.R.

**Code A**

Sent: 19 June 2003 15:02

To: Baker, Prof R.

Subject: RE: Gosport

Richard:

I'm happy to read through the draft - eg on a train on Monday - but I suspect you won't want anything other than corrections or amendments to bits I'm really unhappy with if the CMO is already happy.

The possibility of legal consequences doesn't make me keen to be an author. I have professional indemnity insurance for anything reasonable I do other than as a Uni employee; presumably this project would count as the latter, as I haven't done it for personal fee. However, I don't want to test out this supposition! Before you mentioned legal issues I would anyway have suggested you acknowledge my help but don't share authorship, as the report is overwhelmingly your work, and substantially 'clinical' (ie as in Shipman report essentially). This definitely not RAE-able work, so I'm not very bothered about authorship per se, and the above arguments all seems to point in the same direction.

I think your argument re HES sounds entirely reasonable, as finding adequate (>2 yr) controls is obviously very difficult, and the inferences which would be possible on the basis of less than adequate comparisons would be too uncertain to add much.

Should I read the current draft, or wait for a revision from you, or just read the (revised) summary, or....

David Jones

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

> From: Baker, Prof R.

**Code A**

> Sent: 19 June 2003 10:40

> To: David Jones (E-mail)

> Subject: Gosport

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> David

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> I met with the CMO yesterday - he is content with the  
> report. He has suggested some changes to the summary, and  
> I will make these. Two points:

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> We need legal advice on what we can say as a result of the  
> findings. The CMO will be seeking legal opinion when he  
> has the revised version. I am also seeking advice from my  
> own defence organisation - the Medical Defence Union  
> (MDU). Once I have their advice, I will prepare a final  
> version for the CMO. He is keen to publish it if allowed  
> to by the lawyers. There is, of course, the possibility of  
> challenge by the legal team supporting Dr Barton (I

- > suppose defamation is the possible line of attack). I
- > asked for your views on co-authorship; I would be
- > delighted if you were to agree to this, but you should be
- > aware of these legal issues. There is no need for a quick
- > decision, and I will copy to you any information I get
- > from the MDU.
- >
- > Second, I have been trying to obtain worthwhile data
- > through HES to estimate any excess of deaths in the
- > hospital, but had decided this is not going to be
- > possible. The HES data at national level do not have codes
- > to allow the identification of community hospitals. There
- > are relevant codes at a local level in Gosport, but these
- > only go back reliably to 1998 - so we would only have two
- > years worth of data to work with. Even then, we would need
- > a comparison group that involved pretty much the same type
- > of patients, and this is a very difficult challenge to
- > meet given the variations in case mix between these types
- > of hospitals. Therefore, any findings would be very
- > difficult to interpret, and could well be more easily
- > explained by case mix than by clinical practice. Does this
- > sound a reasonable view?

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> Richard Baker

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**Code A**