

23/12 2009 16:38 FAX

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CC NL 11.12.09



GOSPORT.

Hampshire Constabulary
Police Headquarters
West Hill
WINCHESTER
Hampshire
SO22 5DB

forward to Nina Letcham
at Gosport Lloyd

Code A

Alex Marshall QPM
Chief Constable

This is a fairly predictable

Your ref: 2009/1535/nlbam reply.

Our ref: CC/KB/msg/1007.09

7 December 2009

Can we discuss?

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Norman Lamb MP
Guyton House
Vicarage Street
North Walsham
Norfolk
NR28 9DQ

Dear Mr Lamb

Operation Rochester - Gosport War Memorial Hospital Investigation (GWMH)

I write to acknowledge your letter dated 17 November regarding the above investigation. I note the concerns raised through your meeting with some of the relatives connected with the investigation.

Operation Rochester was an investigation by Hampshire Police into the deaths of elderly patients at GWMH following allegations that patients admitted since 1989 for rehabilitative or respite care were inappropriately administered Diamorphine and other opiate drugs at levels or under circumstances that hastened or caused death. There were further concerns raised by families of the deceased that the general standard of care afforded to patients was often sub-optimal and potentially negligent.

Most of the allegations involved a particular General Practitioner directly responsible for patient care; Doctor Jane Barton.

The allegations were subject of three extensive investigations by Hampshire Police between 1998 and 2006 during which the circumstances surrounding the deaths of 92 patients were examined. At every stage experts were commissioned to provide evidence of the standard of care applied to the cases under review.

The Crown Prosecution Service reviewed the evidence at the conclusion of each of the three investigation phases and on every occasion concluded that the prosecution test was not satisfied and that there was insufficient evidence to sanction a criminal prosecution of healthcare staff, in particular Dr Barton, the final review by CPS being concluded in December 2006.

Throughout this period the General Medical Council also heard evidence during Interim Order Committee Hearings to determine whether the registration of Dr Barton to continue to practice should be withdrawn. On each of the three occasions that the matter was heard the GMC was satisfied that there was no requirement for such an order and Dr Barton continued to practice under voluntary restrictions in respect of the administration of Opiate drugs.

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At the conclusion of the police investigation the case papers were submitted to the various Regulatory bodies for their consideration. In addition Her Majesty's Coroner decided to hold inquests into ten of the deaths.

Those inquests concluded in April 2009 and the General Medical Councils subsequent Fitness to Practice hearing adjourned at the end of August.

Given the considerable effort that has been expended in investigating these serious matters to date, I wrote to a number of the families in September stating our intention to review material arising from these hearings and inviting the Crown Prosecution Service to consider any material that could have a bearing on potential criminal proceedings. That process is ongoing.

In dealing with specific points in your letter I can confirm that my officers have the reports from each of the Doctors and Professors you refer to with the exception of Professor Forrest. His role in the investigation as Chairman to a panel was such that there was no requirement for him to complete a report. The Crown Prosecution Service have considered each report as it relates to each individual case and come to their conclusions as earlier stated.

I can reassure you that the Crown Prosecution Service gave careful consideration to the facts of each case before providing their conclusions. The current review is being conducted independently and separately from the General Medical Council.

I hope this clarifies the current position and assists you.

Yours sincerely

Code A

**Alex Marshall
Chief Constable**