CMO

From: Cc: Code A

Sammy Sinclair PS/SofS

Code A

Sarah Mullally CNO

Code A

Marcia Fry PD

Code A

Mike Gill SERO

Code A

26 June 2001

SUSPICIOUS DEATHS AT GOSPORT WAR MEMORIAL HOSPITAL

- 1. I am replying to your note of 21 June.
- 2. I have met with from SERO.

Code A

and colleagues

3. The position as I understand it is that the local investigation has rested almost exclusively with the Police. The first complaint was to the hospital Trust in 1998. This was investigated but no problem was identified. It related to the death of a 91 year old lady who suffered a fall after an emergency hip replacement following a fractured neck of femur. Doctors had decided that the patient was too weak to have further immediate treatment under a general anaesthetic and, with the agreement of the patient's family, it was agreed that continued treatment should be confined to pain relief. The family were unhappy with the outcome of their complaint which alleged that death had been hastened by use of diamorphine and insufficient treatment offered. It has emerged that the doctor gave instructions for flexible doses of diamorphine (we understand that this is no longer accepted practice).

4. The family were similarly unhappy with the initial Police investigation. They complained to the Police Complaints Authority which upheld their complaint. The investigating officers were disciplined and a new investigation launched in late 1999.

- 5. In April of this year, the family, frustrated by the lack of progress by the second Police investigation, went to the Press. When details of the case were publicised. I understand that the Police were contacted with details of a further nine potential cases. Nobody in the Health Service locally knows the nature of the majority of these cases or the complaints to which they refer. (Two have been identified from the press reports. One relates to an Ombudsman case where the same GP was alleged to have used diamorphine inappropriately. The Ombudsman found no case to answer. The other related to a death following a heart attack). The details of all nine cases rest with the Police. The Trust has on several occasions approached the Police for information and been refused. The Trust itself has not dealt with any similar complaints. The Health Authority have until yesterday had no contact with the Police but see below. Nor have they received any complaints about Dr Barton's practice. Because the Police have not shared the information locally, no consideration has been given to a referral to the Tribunal.
- 6. The Police have independently contacted the GMC and the UKCC about the GP and the nurses involved in the first case. Both bodies are treating the case seriously. The GMC considered the matter at its Interim Orders Committee last week. They have asked for an expert opinion from Dr J Bennett who is an expert on the abuse of the elderly before deciding on a course of action. The UKCC is aware that three nurses are also implicated, and is in close contact with the Police, the GMC and us. The Nursing Director at Portsmouth Healthcare Trust has written to the UKCC describing action taken on nursing procedures and protocols regarding flexible prescribing since the Trust investigation of the complaint.
- 7. At the meeting with representatives of SERO yesterday, we asked them to contact the DPH for Isle of Wight, Portsmouth and SE Hampshire, whom we understand had as yet had no personal involvement in the case. (He was appointed in April 2001). We suggested that he should be asked to contact the

Police regarding all the allegations to establish the facts so that the Health Authority could consider whether there is any risk to the public by the nurses and the GP continuing to practise

- 8. Dr Peter Old, Director of Public Health, has today met with the police officers investigating the initial case. The investigating officer, Detective Superintendent John James, was willing to share information with the stipulation that there should be no disclosure of any information relevant to the case outside the Department of Health without reference back to him. Much of the information was given in confidence to Dr Old but he was able to pass on the following:
 - The only case currently under investigation is the initial case. Although one expert report sought by the Police did cause grave concerns, discussions with the CPS and the receipt of other contradictory expert opinions have turned the picture around somewhat. A speculative view about the outcome of the CPS deliberations (although the police stress they do not know what the decision will be) would be that on the basis of this one case, they are likely to decide that there is insufficient evidence to prosecute.
 - However, the police have sufficient information to justify continued concern about Dr Barton's role in the case. They confirmed that they have not yet contacted the pine sets of relatives who approached them about other patients, but that they are now going to do so. They would not release the names of the relatives or patients to Dr Old. If these investigations revealed a pattern of behaviour, they could then go back to the CPS with a new case.
 - Dr Old now feels that he has enough information to justify further action by the HA. He has briefed his Chief Executive and instigated the Poorly Performing Doctor Process for GPs under the local clinical governance framework. The first stage of this process is an information gathering exercise, and the outcome will go to a committee of the HA for a decision on whether further action is required. Dr Old is happy to discuss this process if required.

9. The RO will report again when they have received further information We will keep you informed.