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## Code A

From:

Williams, David (DCI)

Sent:

02 July 2004 13:06

To:

Code A

Cc:

Grocott, David; {

Subject:

Code A FW: On behalf of CC

----Original Message----

From:

Sent:

Code A (MA-CC) 02 July 2004 09:59

To:

Williams, David (DCI)

Subject:

On behalf of CC



Let Op Rochester GMC Ch Exec 2...

Hello Dave

Hope you are well -

Please find attached a letter to the GMC from CC.

Kind regards

Code A

## Code A

Management Assistant to the Chief Constable

Code A

Hampshire Constabulary
Police Headquarters
West Hill
WINCHESTER
Hampshire
SO22 5DB

Tel: 0845 0454545

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Paul R Kernaghan

QPM LLB MA DPM MCIPD

Chief Constable

Your ref:

Our ref:

CC/smg

2 July 2004

Mr Findlay Scott
Chief Executive
General Medical Council
178 Great Portland Street
London W1W 5JE

Dear

## Re: Operation Rochester - Gosport War Memorial Hospital

Our telephone conversation on 23 June 2004 refers. I have raised your points with Detective Chief Inspector Williams and have set out his response below.

A clinical team of experts in toxicology, general medicine, palliative care, geriatrics and nursing have reviewed a total of 93 cases referred to OP ROCHESTER either by family members, through the family group solicitors, or through separate review undertaken by Professor Richard BAKER on behalf of the Chief Medical Officer Sir Liam DONALDSON.

The clinical team have highlighted 9 cases of serious concern of deaths of patients at the Gosport War Memorial Hospital between 1996 and 1999. (Negligent care that is to say outside the bounds of acceptable clinical practice, the cause of death being unclear). This has been a screening process as opposed to the production of evidence in accordance with a strategy agreed between the SIO Steve WATTS and the CPS.

We are effectively investigating the nine highlighted cases, which will be assessed by further experts who will provide evidential statements as to whether the care afforded to these patients was grossly negligent to a degree that will support a criminal prosecution.

Four cases will be fast-tracked to CPS by the end of September 2004.

It follows that Dr BARTON will be interviewed under caution in August/September 2004.

Once that has been done, the requirement to withhold the detail of the information from the GMC ceases ( If we provide them with the information beforehand for the purposes of GMC hearing then they are obliged to reveal the information to Dr BARTON) which could compromise police interviews.

Mr WATTS has stated previously to the GMC that he is content to attend an Interim Order Hearing to give an overview of the police investigation to date, and that offer still stands.

I recently met with the Deputy Chief Executive of the Fareham and Gosport primary healthcare trust Mr Alan PICKERING (11.6.2004) who gave reassurances in respect of Dr BARTONS ongoing prescription of Opiates. Both the Healthcare Trust and Strategic Health Authority have a voluntary arrangement with Dr BARTON that her prescription of Opiates and Benzodiazapines are supervised at the time by another GP. The prescription levels are furthermore independently monitored through Healthcare Trust IT systems.

Given the comments of the Chief Executive of GMC that this arrangement no longer stands I am in the process of confirming the current arrangements, however it is my belief that they still stand.

Dr BARTON has previously appeared before the GMC Interim Orders Committee on the 21st March 2002 and 19th September 2002, in respect of similar allegations surrounding her prescription of Opiates at Gosport War Memorial Hospital, and following disclosure of papers relating to earlier police investigations. On both of those occasions the IOC considered that 'it was not necessary for the protection of members of the public, in the public interest or Dr BARTONS own interests to make an order affecting her registration.'

I have E mailed Mrs POVEY of the conduct case section of the GMC offering to meet her next Tuesday morning 6th July to discuss the current situation.

I think we both recognise that maintaining the confidence of the general public, and that of certain relatives, is a difficult dilemma in cases such as this. I trust the information supplied will assist you and I would highlight DCI Williams' liaison with Mrs Povey of your staff. I look forward to the time when the CPS have issued an authoritative direction in relation to prosecution or non prosecution. Such a development would allow us to proceed in a more open and regulated manner. Subject to our responsibilities as criminal investigators, we are keen to cooperate with your organisation with a view to safeguarding the public interest.

Yours sincerely,

Paul Kernaghan Chief Constable