RESTRICTED

STATEMENT

Number: S329S

Age	[49]
Statement Date	[17/JAN/2006]
Signed Name	[D BLACK]
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1. INSTRUCTIONS

To examine and comment upon the statement of Dr Jane BARTON/N34 re Geoffrey PACKMAN/N 346 . In particular, it raises issues that would impact upon any expert witness report prepared.

2. DOCUMENTATION

This report is based on the following document:

2.1 Job Description for Clinical Assistant Post to the Geriatric Division in Gosport as provided to me by the Hampshire Constabulary (February 2005).

2.2 Statement of Dr Jane BARTON re Geoffrey PACKMAN as provided to me by Hampshire Constabulary (January 2006). Appendix 1

2.3 Statement of Dr Jane BARTON as provided to me by Hampshire Constabulary (February 2005). Appendix 2

2.4 Report regarding Geoffrey PACKMAN (BJC/ 34)/X 121 Professor D BLACK 2005.

3. COMMENTS

3.1 Comments on Job Description (2.1)

3.1.1 This confirms the Clinical Assistant is responsible for a maximum of 46 patients and confirms that all patients are under the care of a named Consultant Physician who would take overall responsibility for their medical management. A Clinical Assistant should take part in the weekly consultant ward rounds.

3.1.2 A specific responsibility is the writing up of the original case notes and ensuring the follow up notes are kept up to date and reviewed regularly.

3.1.3 The post is for five sessions a week i.e. is half what a full time doctor would commit to the post. However, the time to be spent in the unit is not speci fied as the time is allowed to be "worked flexibly".

3.1.4 There appears to be some confusion between the statements in the job summary, that "patients are slow stream or slow stream for rehabilitation but holiday relief and shared care patients are admitted" and the statement in the previous sentence "to provide 24 hour medical care to the long stay patients in Gosport". The job description appears to be confusing patients for rehabilitation with long stay patients.

3.1.5 There is no comment on the medical cover to be provided when the post holder is unavailable for out of hours or longer period of leave such as holidays. L ack of explicit cover might explain some gaps in the notes.

3.2 Report on the statement of Dr Jane BARTO N re Geoffrey PACKMAN (2.2).

3.2.1. Paragraphs 28 and 29 of Dr BARTON's statement clarify some of the drug prescribing difficulties set out in my report. I now agree that Oramorphin e/C297 10-20mg 4 hourly is prescribed on the 26 to the 29th of August not Diamorphine/C64 . Also it does not appear that s/c Diamorphine was given at the same time as I postulated was possible in paragraph 5.15. However it is still not possible for me to tell from the notes if the nursing staff gave 10mg or 20mg of the Oramorphine thus a total daily dose of 60mg up to 100mg is possible. Thus the statements of 60 mg in paragraphs 30 and 35 of Dr BARTON's report are unproven. I agree that Diamorpnine s/c 40 mg was given from the 30th of August and this was an appropriate dose.

3.2.2 In view of the above paragraph 6.9 should say Oramorphine on a regular basis, not Diamorphine.

3.3.3 Paragraph 6.10 should say "… after single dose of Diamorphine on the 26th he receives regular Oramorphine, then Diamorphine and Midazolam until his death."

The same paragraph should also say : "He appears to have been started on between 60 < span class="holmesRecord" id="E6">/A2144 /F1 and (possibly)100mg of Oramorphine in 24 hours, subsequently (on the 30th) converted to 40mg of Diamorphine together with 20 mg of Midazolam. In my view this is a higher dose than most clinicians would start with, which would be 20-40mg of Oramorphine in the first 24 hours. However I can find no evidence that there was any significant side effects from the Diamorphine, and his symptoms do seem relatively well controlled as described in the nursing notes."

3.3.4 Paragraph 7.2 should say Oramorphine not Diamorphine.

3.2.5 These alterations do not effect the overall conclusions in my report.

3.3 Report on the Statement of Dr Jane BARTO N as provided to me by the Hampshire Constabulary (2.3):

3.3.1Page 1 paragraph 3: States that she works eight general practice surgery sessio ns. It is my understanding that most full time General Practitioners work eight or nine sessions. This suggests to me that she is undertaking a full time Gen eral Practitioner job and a half time community hospital job. Despite the fact the job description says that the job can be worked flexibly, an opinion should be obtained from an experienced General Practitioner as to whether this workload is actually deliverable within a reasonable working week.

3.3.2 Page 1 paragraph 4: The job description states 46 beds, Dr

BARTON states 48 beds. The CHI report says 44 beds (20 on Dryad and 24 on Daedalu s) Dr BARTON uses the phrase "continuing care for long stay elderly patients&q uot;. The job description also referred to slow stream or slow stream rehabilitation as well as holiday relief and shared care patients. There may have been confusion between staff in terms of the objectives of individual patient management.

3.3.3 Page 1 paragraph 5: This statement is incorrect as the post of Clinical Assistant is not a training post but a service post in the NHS. The only medical training grade posts are pre-registration house officers, senior house officers, specialist registrars and GP registrars.

3.3.4 Page 1 paragraph 5: States that she and her partners had decided to alloca te come of the sessions to "out of hours aspects of the post". This would appear to be a local arrangement of the contractual responsibilities: ; it needs to be clarified if this was agreed with the Portsmouth and South East Hampshire Health Authority. This would influence how much time was expecte d to be provided for the patients and influence the pressure on Dr BARTON to deliver the aspects of care provided.

3.3.5 Page 2 paragraph 3: This does confirm that there were consultants responsi ble for all the patients under the care of Dr. BARTON. Thus a consultant shoul d always have been available for discussing complex or difficult management decisions. However,(page 3 paragraph 1) , in my view it would be completel y unacceptable of the Trust to have left Dr BARTON with continuing medical responsibilities for the inpatients of Gosport Hospital without consultant supervision and regular ward rounds. This would be a serious failure of responsibility by the Trust in its governance of patients and in particular failings and in my view the Trust would need to take part of the responsibility for any clinical failings.

3.3.6 Page 3 paragraph 3: This again suggests that Dr BARTON was trying to provi de her half time responsibilities by fitting the work around her full time responsibilities as a General Practitioner. She suggests 5 patients were admitted each week, implying approximately 250 admissions and discharges a year. With a bed occupancy around 80%ealth Authority, this would suggest an average length of stay of 5 - 6 weeks. However, CHI state the actual figures were somewhat less, 1997/98 were 169 FCE's for Dryad and Daedalus and 197 FCE's in 1998/99. A new patient assessment including history and examination, writi ng up the notes, drug charts, talking to the nurses, talking to any relatives present and undertaking blood tests if these had to be taken by a doctor rather than any other staff, would take a maximum of 60 minutes.

Page 5 paragraph 2: The patients who were genuinely long stay or continuing care do not need to be reviewed medically every day, nor would a medical record be made daily. Indeed with average length of stay of six or more weeks, it is clea r that many patients were genuinely long-stay patients and one would expect them to be medically reviewed no more than once a week and any medical comments to be no more than once a week. However, whenever patients' physical or menta l state has changed and they are reviewed by a doctor, it would be normal practice to always make a comment in the notes. Patients who are in rehabilitation and making a good progress, then review and comments in the notes once or twice a week would also be the norm.

It is my view that with less than 200 FCE's and a total of 44 inpatients, then this should be satisfactorily managed by somebody working half time as a Clinical Assistant with regular consultant supervision.

3.3.7 Page 4 paragraph 2: This suggests that Dr BARTON is stating that she takes personal responsibility for most changes in medication, rather than it being a nursing decision.

3.3.8 Page 9 paragraph 2: An individual doctor must take responsibility for thei r prescribing however I would agree that consultants should also take responsibility for ensuring patients under their care were having appropriate medical management. It does appear that there was a consultant responsible for all patients in both Dryad and Daedalus Ward.

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4. Conclusions

4.1 Having read all the documents provided by Hampshire Constabulary, I would wish to make a few change to my expert report.

4.2 Paragraph 6.9 should say Oramorphine on a regular basis, not Diamorphine

4.3 Paragraph 6.10 should say "… after single dose of Diamorphine on the 26th he receives regular Oramorphine, then Diamorphine and Midazolam until his death." The same paragraph should also say : "He appears to have been started on between 60 and (possibly)100mg of Oramorphine in 24 hours, subsequently (on the 30th) converted to 40mg of Diamorphine together with 20 mg of Midazolam. In my view this is a higher dose than most clinicians would start with, which would be 20-40mg of Oramorphine in the first 24 hours. However I can find no evidence that there was any significant side effects from the Diamorphine, and his symptoms do seem relatively well controlled as described in the nursing notes."

4.4 Paragraph 7.2 should say Oramorphine not Diamorphine

4.5 These alterations do not effect the conclusions in my report

APPENDIX 1

APPENDIX 2