

Lucy

Fareham and Gosport

Primary Care Trust

IN CONFIDENCE

Minutes of a meeting held on 13 September 2002 at Fareham Reach

PRESENT:

Dr Jane Barton
 Dr Bob Button, LMC
 Dr David Morgan, MDU
 Dr Simon Tanner, SHA (Chair)
 Dr Gordon Sommerville, PCT
 Mr Ian Piper, PCT

1/01 Introduction

1.1 Dr Tanner began the meeting by thanking everyone for attending at such short notice and stating the aims as follows:-

- i) To provide background context to the decisions which needed to be discussed today
- ii) To consider the Chief Medical Officers view regarding reintroduction of the voluntary prescribing agreement
- iii) To consider views on the ability of Dr Barton to carrying on practising at the moment given the obvious strain and pressure caused by the current situation.

Dr Tanner affirmed that the immediate reason for the meeting was item II) to consider reintroducing the prescribing agreement, in the light of the CMO's views.

1.2 Dr Morgan informed the meeting that Dr Barton had recently had treatment for a pre-existing condition and was in pain. Dr Tanner informed Dr Barton that she was free to leave the meeting at any time or ask for a break.

2/01 Context/Prescribing Agreement

2.1 Dr Tanner highlighted the factors he considered to be very important at the present time:-

- a) The decision made by Sir Liam Donaldson to undertake a Clinical Audit of services at Gosport War Memorial Hospital, led by Professor Baker. This had been announced today.
- b) The notification to Dr Barton of the outcome of the GMC's Preliminary Proceedings Committee, held in August 2002
- c) The decision by the police to send information of 4 further cases to the Crown Prosecution Service in September 2002
- d) The media interest in these issues

2.2 This has led to the CMO's view that in the circumstances the voluntary prescribing agreement discontinued in March 2002 should be reinstated.

2.3 Dr Morgan then outlined the following issues:-

- a) The allegations investigated by the police relate to some time ago
- b) The allegations do not relate to Dr Barton's Primary Care role
- c) The Health Authority review of 2001 did not identify any concerns
- d) Dr Barton no longer works at Gosport Hospital in any capacity
- e) Dr Barton has the full support of her partners
- f) Two previous Interim Orders Committees in 2001 and 2002 had decided not to take any action against Dr Barton

All the points were acknowledged, but Dr Tanner informed the Group that it was clear that the context had changed significantly, and that there was also a possibility that the Interim Orders Committee could be asked to look again at Dr Barton's case.

3/01 Continuation to Practice

- 3.1 Dr Tanner then moved on to the second issue. Given the severe pressure caused by the context, would it be in the best interests of patients and Dr Barton, if she stood down for a time?
- 3.2 Dr Button indicated that there were in fact two issues associated with the question:-
 - a) First the issue of the impact of Jane's current health, which would be made by Jane in consultation with her medical advisor
 - b) Dr Barton's responsibility to her patients, which was also a decision for Dr Barton.

The meeting was then adjourned for reflection of the issues two main issues discussed.

4/01 Conclusions

- 4.1 At the commencement of the second part of the meeting. Dr Tanner confirmed that Mr Piper would prepare notes of the meeting. Dr Button questioned the distribution of the notes and it was confirmed that these would be shared with the SHA Chief Executive.
- 4.2 Dr Morgan and Dr Barton reaffirmed that Dr Barton is unwell and in pain and therefore cannot make any decisions regarding prescribing or continuing to work at this time.
- 4.3 Dr Barton is on sick leave for at least another week, and natural justice indicates that Dr Barton needs to be healthy before making these decisions.
- 4.4 All the points were accepted by Dr Tanner, Dr Sommerville and Mr Piper.
- 4.5 Dr Tanner accepted that whilst Dr Barton is off sick she will not be prescribing, but the issue would need to be addressed at the end of Dr Barton's sick leave, before any return to work.
- 4.6 It was also agreed that the issue of the impact upon the care provided by Dr Barton was not an issue, whilst she remained off but sick would need to be reviewed at the end of Dr Barton's sick leave, before any return to work.

5/01 Future

- 5.1 Dr Tanner confirmed that he would be more than happy to be open to questions and enquiries from Dr Morgan, Dr Barton and Dr Button.
- 5.2 It was confirmed that the SHA and PCT would continue to work together on the issue. The prime contacts would be Dr Tanner and Mr Piper.
- 5.3 Dr Button suggested that if contact was made with Dr Barton that the LMC and MDU be informed, this was agreed.
- 5.4 If there were any questions relating to Clinical Audit, Simon Tanner would be the lead contact. Dr Button highlighted the possible "bear traps" associated with an audit of this type.

- 5.5 Dr Tanner agreed to distribute the terms of reference for the audit to all when he received them.
- 5.6 Dr Tanner confirmed his current understanding of the audit as follows:-
- a) would take 6 months
 - b) would not be a review of notes
 - c) would be a high level comparative study
 - d) some – has been discussion about should – also include primary care

This is the second such enquiry of this nature in the UK.

- 5.7 Mr Piper took the details of LMC and MDU media contacts, and agreed to ensure they are included in future media distributions.
- 5.8 Dr Tanner thanked everyone for attending the meeting and closed the meeting.