Approved

WITNESS STATEMENT

STATEMENT OF **ROBERT PENNELLS**

AGE: OVER 18

This Statement consisting of 6 pages signed by me, is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

DATED this day of 2009

Signed .....

ROBERT PENNELLS

I am Robert Pennells of **Code A** I am a Registered Medical Practitioner and was until September 2007 a General Practitioner in Gosport, Hampshire having started work there in 1978. I trained at St Mary's Hospital, London, passed my finals in 1971, and registered in 1972. Between 1972 and 1978 I undertook hospital work in various specialties in England, Bermuda and New Zealand. I then worked as a GP in Gosport, becoming Senior Partner in my practice in 1990.

I first met Dr Jane Barton when she did locum work at my own practice in 1979 or 1980 before she joined her present practice. Indeed, my partners and I at the time did not realise that Dr Barton was looking for a permanent post and would have considered offering her a post in our practice if we had. The reason for this is that we appreciated how she good she was at general practice even in that short time. Since then, I have known her as a cheerful, hardworking and caring physician. She became Clinical Assistant in Elderly Medicine in the 1980s or 1990s, and

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was also involved in the formation of Gosport Primary Care Group and acted as Chairman for some time. I was part of that group and her performance in that role was excellent.

Gosport is very fortunate in having the Gosport War Memorial Hospital, which is a local hospital with in-patient beds. There have been changes over the years, but the Hospital has a mix of elderly medicine beds, GP beds, and out-patient services. The elderly medicine beds are further sub-divided in to long stay beds, rehabilitation beds and terminal care beds. These categories are not necessarily definable and there are areas in between that would best be described as grey areas – because elderly people may change in their condition without warning, depending on their illnesses or circumstance. Elderly patients would therefore be looked after long term perhaps while awaiting a place in an 'Old Peoples' Home' or being rehabilitated to a stage where they could live in the community or an Old Peoples' Home, or they were in a position of having been investigated and treated but not being expected to recover – ie palliative care.

Dr Barton worked in the elderly medicine department as a Clinical Assistant, as far as I know with the supervision of the Consultant in charge of the beds and, as far as I could see, very efficiently. Dr Barton was effectively working as a Junior Doctor – equivalent to a Senior House Officer or Registrar. My surgery was in the Gosport Health Centre at the time of the allegations now made against Dr Barton, and our building was attached to the Gosport War Memorial Hospital on the same site. As I drove to work in the morning I often saw Dr Barton's car parked outside the hospital as she was visiting the Wards before going on to her own surgery to do her GP work. I took this to be an indication of her dedication to the post which she was serving.

In relation to Jane's work as a Clinical Assistant, I understand that she worked for 3½ or 4 sessions a week. I have been told that Dr Barton was looking after patients in up to 44 beds at any one time. This is a high workload and became increasingly more difficult in the time allocated. I think initially her position was a nice job – she was doing it at her speed and the patients were likely to improve.

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During her time as Clinical Assistant, Dr Barton asked me to sign cremation forms for some of the patients who had died in the Elderly Medicine Department. Sometimes these patients had been registered with my practice and I would have had some background knowledge of their previous condition. I believe that in seeking an opinion in relation to the Cremation Forms Dr Barton would often ask a doctor from the patient's own practice to help with these forms.

The signing of the second part of the cremation form is a legal act not to be taken lightly. I have signed many of these forms over the years and always made sure I was in possession of all relevant facts before doing so. The procedure is as follows: the clinician that was looking after the patient at the time of death contacts another physician who was not in the same practice or department and tells him or her the cause of death and the circumstances leading up to the death. The second clinician then speaks to someone who had been looking after the deceased or who had some knowledge of the events leading up to the death. If the second clinician is sure that there is no reason the cremation needs to be delayed, then and only then, does he or she sign the form.

In considering the Cremation Forms relating to patients Dr Barton had been looking after, I never came across a case in which I thought there was a problem in signing the Cremation Certificate. Before considering whether or not it was appropriate to sign the Certificate I always looked at the patient's notes and spoke to the Nursing Staff who had had care of the patient. In the case of the patients from the Elderly Medicine Department there was always a Senior Nursing Staff Nurse, Sister or Nurse Manager to interview and also the hospital notes to inspect. To my mind there never appeared to be any question about Dr Barton's clinical abilities. In no case in which I was asked to sign the Cremation Form did I feel there was a problem with the way the patient had been treated. My general impression of her was that she was a good Clinical Assistant from all the information I was able to gather, including my liaison with the Nursing Staff.

In reviewing the notes of patients when being asked sign Cremation Forms, it appeared to me that over the mid to late 90s, patients who had been transferred into beds at Gosport War Memorial Hospital appeared to be more ill than in previous years.

Signed..... Witnessed.....

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In later years I found that I was signing more cremation forms, and it seemed that this resulted from a change in the nature of the patients who were being transferred to Daedalus Ward and Dryad Wards at the War Memorial Hospital – they were more acutely ill and dependent than previously.

As a General Practitioner it was apparent to me that over the years local hospital trusts had increasing difficulty in relation to beds. General hospital beds were routinely filled, and often consultants at the Queen Alexandra Hospital, for example, would ask us to take patients onto Sultan Ward at the War Memorial Hospital. On occasion we would be told that the patients would be able to go home shortly after their admission to the Ward, only to find out on transfer from the District General Hospital that they were in a worse condition than we had been led to believe. Ultimately in 2000 it became necessary to set clear criteria for admission to the Ward.

Closure of beds was our main problem, the lack of availability of beds at District General Hospitals meant that more patients were transferred to us. I think there might have been a slight criticism from the Hospital Trust that Sultan Ward, for example, was only 80% occupied, whilst other units were at 95% capacity.

In relation to the quality of notes I reviewed when considering the Cremation Certificates, I do not believe there was a problem in picking out the important information. It was of course open for me to speak with the Nursing Staff which I did, and any apparent gaps in the notes were filled by that.

Not all the patients who died on those Wards were receiving Diamorphine and Midazolam by way of syringe drivers. I think it is fair to say that a high proportion were receiving such medication as time went on, but that resulted from the different type of patient being admitted, with an increasing number being in pain than had been the case earlier. Towards the end of Dr Barton's time as a Clinical Assistant at the Hospital, I would estimate that about half of the patients that died were receiving this medication and by such a method of administration.

Signed..... Witnessed.....

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That had not been the case in earlier years. I am aware that from time to time syringe drivers were donated to the Hospital by grateful relatives of patients who had been treated and indeed who had died there.

Originally at the War Memorial Hospital, there had been male, female and children's wards, all with GP beds. However, when the Hospital was developed, an extra 3 wards were added, including Sultan Ward, being the new GP Ward. Patients were admitted to Sultan Ward under GP Care if we felt the patient needed more support than was generally available at home. If I admitted a patient to Sultan Ward, I would then go to see that patient on most days, to ensure that the patient was progressing as I had hoped – or indeed arrange for the patient then to be transferred to a Local District General Hospital if necessary. Alternatively, it was possible to get the view of a clinician in Elderly Medicine, who could arrange admission to one of the other Wards at the Gosport War Memorial Hospital if that was felt to be appropriate and a bed was available.

It is only fair to point out that the War Memorial Hospital is not a District General Hospital, and patients were dealt with in a different way. We had good nursing staff at the Hospital, but there was limited medical cover.

I am aware of the detail of the allegations made against Dr Barton contained in the various Heads of Charge. I appreciate there is some concern that the doses of opiates drugs prescribed were not in the patients' best interests. I understand that variable doses were prescribed. I never felt the doses were excessive in the cases I was asked to comment upon when dealing with Cremation Forms. At the time in the Elderly Medicine Department the prescription of these drugs was put in this manner in order for the staff to be able to increase the dose of the drug without the difficulty of having to find a prescribing Clinician to change the dose. This was particularly for out of hours and weekend times when undue suffering may have been caused if a patient had to wait for someone to be called in to the Hospital. This manner of prescribing is not only confined to elderly medicine. I have come across it in treatment of pain especially with regard to cancer sufferers.

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Over the years patients came to register with our practice who had fallen out with other GPs locally, and they were therefore transferring. At no time, however, did I ever have a patient transferring to me from the list of Jane Barton.

In my view, Dr Barton is a competent and caring clinician who has spent the last 10 years at least in a very unnatural condition waiting for her case to be completed. In describing her, I cannot think of any bad words to say about her.

Of Dr Barton and I her husband, I would say they are a remarkable couple. Both are extremely resilient. Several medical colleagues have commented to me that they would simply not have been able to put up with the pressure under which Dr Barton has suffered over recent years.

Dr Barton puts on a brave face about her predicament, but it has taken a toll upon her.

Signed.....Witnessed.....