

Client: Portsmouth Hospitals NHS Trust - 3000019-1201
Matter: Gosport Inquests (Joint Instruction)
Date of Attendance: 20 March 2009
Fee Earner: [REDACTED]

Discussion with Bryony Ballard and Peter Mellor on the telephone. Bryony Ballard and Peter Mellor being in Portsmouth.

Hamblin statement

BB indicated that this issue had gone off until Monday. BB needed instructions from IR (Ian Reid) over the weekend concerning the allegations in respect of Dr Barton. Documents have been promised by MDU including the new statement from Hamblin. What was his knowledge and expectations? If we object could we make every effort to get before the Court. That was something however that BB felt we should avoid.

On the other hand it appears that the families are quite adamant. They do not want the statements of Hamblin going before the Court without her being called. This may be a problem for us but we can deal with it as and when it arises.

[REDACTED] asked whether or not we should allow the family to do our "dirty work". BB agreed that in effect their objections, though proving useful, should not be allowed to reflect in our position with one of corporation and sympathy.

Peter Mellor (PM) will get the statements and the documents to Ian Reid and also copies to me.

It has become clear that it is important for the Barton camp to get the Hamblin evidence in. It is not that they are being particularly critical of Dr Reid but just trying to explain the circumstances in which Dr Barton was working.

To some extent IR can be seen as a "thorn in the side of" the Barton camp and is likely to be cross examined quite vigorously. Everyone else (save IR) has said that the team new about anticipatory prescribing.

IR's documentation does refer to a range of prescribing rather than to anticipatory prescribing but queried whether there is an element of anticipatory prescribing in any range.

These are practical issues for IR and we agreed that [REDACTED] would liaise and organise a meeting and discussion on the Hamblin statement early on Monday morning. Such a meeting to take place around 07.45 to 08.00 on Monday morning.

General Management

There are also criticisms from Barton/Hamblin with regard to anticipatory prescribing arising from staff shortages. The PCT are unable to respond to this. Kieran Bhogul says evidence and documentation doesn't exist to indicate the position at the time.

It appears that this is a straight forward factual issue and it may be that we are unable to comment.

In discussion it was suggested that we should "keep our head down". If it is asserted that there were staff shortages then it may be that the PHT/clinical staff will simply have to accept that anticipatory prescribing grew up out of that. We cannot suggest that there was a suitable alternative.

In any event upon review of the evidence it would appear that anticipatory prescribing was only used in perhaps 3 or 4 of the 10 cases and only possibly in the case of Ruby Lake is there is a question of it being the cause of her death. This needs to be brought out in the expert's testimony accordingly.

The best way to handle this is to distance anticipatory prescribing from the line of causation.



Time taken: 30 minutes
Dictation of note: 2 units