

CHAPTER SEVEN

The Examination of the Medical Records

Dr Banks' Functions and his Knowledge of Shipman

- 7.1 Dr Banks qualified as a doctor in 1973 and, after various training posts, settled into general practice in Norwich, where he remained for 18 years. In 1993, he joined the Tameside Family Health Services Authority as Medical Director. From April 1996, when the Tameside and Oldham Family Health Services Authorities were merged and taken over by the new West Pennine Health Authority, he shared the positions of Medical Adviser and Assistant Director of Primary Care with Dr Bradshaw. However, his job did not change significantly.
- 7.2 Dr Banks regarded his position as Medical Adviser as a 'bridge' between the local general practitioners and the Health Authority. His main duties related to the monitoring of prescribing practices. He would assist in setting the general practitioners' prescribing budgets and monitor how they were spent. He would visit general practitioners to advise them on prescribing practice. There were about 200 general practitioners in the area and Dr Banks would visit each about once a year, or more, if a doctor were not complying with what was seen as 'good prescribing practice'. In this context, Dr Banks had met Shipman on a number of occasions. Shipman did not always comply with the official guidance on prescribing. He was unwilling to prescribe generic drugs and preferred to prescribe various new and expensive products, in particular for the treatment of heart disease and raised cholesterol levels. Dr Banks had the unenviable task of seeking to persuade Shipman to reduce his drugs bill, which was consistently 60% above the average for the Health Authority. He found Shipman difficult to persuade. Shipman would produce scientific papers showing the efficacy of the drugs in question and would argue for his right to prescribe them. This type of disagreement and arguments about the sums to be allowed for the support of Shipman's practice led to a degree of tension between the two men. On occasions, Shipman wrote quite strongly worded letters to the Health Authority. Despite these tensions, Dr Banks respected Shipman. He knew that Shipman was well liked by his patients and had a high reputation in the area. He thought Shipman had good staff and ran his practice efficiently.
- 7.3 Dr Banks' duties also included the giving of initial advice about any complaint made against a general practitioner as to whether the complaint contained any substance and fell within the Health Authority's remit. The only ground on which the Health Authority could bring disciplinary proceedings against a general practitioner was for a breach of the doctor's Terms of Service. Most general practitioners are self-employed and provide services to the National Health Service on terms set out in a statutory instrument. The provisions relating to payment for the various services are set out in the Statement of Fees and Allowances, generally known as 'the Red Book'. Dr Banks believed that Shipman was very knowledgeable about all the rules and regulations applicable to general practice.
- 7.4 Another aspect of Dr Banks' work was to represent the WPHA on a number of committees, including the Local Medical Committee, of which Shipman was a member. On occasion, the two men were also members of the same panels interviewing applicants for vacancies in single-handed practices.

- 7.5 Dr Banks was aware that Shipman had previously been a member of the Donneybrook Practice. It will be recalled that Shipman was a member of that practice from 1977 until 1992. Dr Banks believed that Shipman had left following a disagreement about fundholding. (In fact, there had been no disagreement until after Shipman had announced his intention to leave.) As time went on, Dr Banks became aware of the mutual dislike which Shipman and his former colleagues at the Donneybrook Practice felt for each other. Later, he learned that there had been a financial problem between Shipman and the other doctors. Shipman told Dr Banks that the others had 'robbed him'. Then Dr Banks heard the Donneybrook doctors' side of the story and learned that the dispute had been about the division of a tax bill. When, on a prescribing visit in about 1997, Shipman spoke to him about his former colleagues, Dr Banks was surprised by the strength of feeling he seemed still to have, five years later. He had the impression that Shipman hated the Donneybrook doctors, almost venomously.
- 7.6 By 1998, Dr Banks' view of Shipman was that he was an able man and a good doctor but was arrogant, prickly and difficult to deal with.

Dr Banks' Understanding of his Task

- 7.7 As I have mentioned, one of Dr Banks' duties related to the handling of requests for access to medical records. Although such requests were dealt with in the first instance by Mrs Parkinson, Dr Banks had two roles. If Mrs Parkinson were in doubt about whether a request should be granted, she would refer it to Dr Banks for decision. Further, in cases where the request would clearly be granted, Dr Banks would examine the records to ensure that there was no sensitive material within them that ought not to be disclosed. He was therefore accustomed to reading medical records kept by other general practitioners. He was familiar with some of the computer systems then in use, although not the Microdoc software system used by Shipman. He was quite experienced at deciphering doctors' handwriting and abbreviations.
- 7.8 Dr Banks recalled that, when Mrs Parkinson told him about Detective Inspector Smith's request for access to records, he agreed that, as the police could not provide the consents necessary for release of the records, he would be prepared to look at them himself. He could not remember being handed Mrs Parkinson's note of her conversation with DI Smith but is confident that he must have looked at it. He thought that the police wanted information about the cause of death, the place of death and who was present around the time of death. He was handed 14 sets of records. He was not given any separate information about the causes of death as certified by Shipman. His task was to look in the records for the features that Mrs Parkinson had noted. He was to see whether the information in the records fitted with that pattern of features. He understood that he was looking to see if the features were present in all cases.
- 7.9 Dr Banks said that, although he saw the number of deaths recorded by Mrs Parkinson in her note (16 cremations among Shipman's patients in three months), that number did not strike a chord in his mind as being high. If he had thought about it, he would have realised that this number might be only a proportion of the deaths among Shipman's patients and that there would be other deceased patients who had been buried or whose deaths had

been certified by a hospital doctor or the coroner. However, he did not think about that. He said that he had very little knowledge of death rates and did not know the annual crude death rate for patients in UK general practice. Nor did he know the proportion of deaths usually followed by burial and cremation. Dr Banks realised that the 14 sets of records he was asked to look at were from a list of 17 deaths that had occurred over a period of six months. He said that he noticed that 17 deaths over six months represented a much lower death rate than 16 deaths over three months, as noted by Mrs Parkinson. However, he assumed that the initial figures given to Mrs Parkinson must be wrong. It did not occur to him to ask that the figures for deaths of patients in Shipman's practice be checked either by DI Smith or using data held by the Health Authority, as would have been possible. Nor did he think of finding out what the 'usual' death rate was.

- 7.10 Dr Banks claimed that he did not realise that the police request was connected with a report that Shipman was suspected of killing his patients. I find that most surprising. Mrs Parkinson knew the nature of the underlying concern. She knew Dr Banks very well. They saw each other every day at work and were on good terms. It seems highly likely that she would have told him what she knew of the underlying nature of the concerns and of the fact that she was worried because her own mother was a patient of Shipman. In any event, I would have expected Dr Banks to realise that there was a suspicion that Shipman was harming his patients. Why else would the police and Coroner be involved? Why else would the police mention that Shipman had had 16 cremations in three months? Why else had the police bothered to mention the scanner appeal and the fact that some of the deceased had made donations to it? It seems to me that he must have known.
- 7.11 When pressed by Leading Counsel to the Inquiry about his insistence that he did not understand what lay behind the police enquiries, Dr Banks acknowledged that it was possible that he had understood on a rational level the suggestion that was being made but found it too incredible to contemplate. At one stage, he described the suggestion that Shipman was harming his patients as 'just too incredible a leap from one's belief system'. Dr Banks also said that he had had no previous experience of the type of concern raised by the unknown general practitioner and he had not previously known of one doctor complaining about another's incompetence. He said that he thought it almost inconceivable that Shipman would harm his patients. It occurred to him that the report made to the Coroner might have been malicious and might even have been made by one of the Donneybrook doctors with whom Shipman had 'fallen out'. He agreed that it was possible that he might have dismissed the allegation as mischief making.
- 7.12 I find that Dr Banks must have known that the police investigation related to the possibility that Shipman was killing his patients, either deliberately or by gross negligence. However, he found the suggestion quite incredible and it is doubtful that he contemplated it as a real possibility.
- 7.13 Dr Banks took the records home with him and worked on them during the evening of Thursday, 26th March. The following morning, he returned to his office and completed the task that day. He estimated that he spent about five hours on the task, including the preparation of a chart on which he entered his findings. That chart can be seen as Appendix D to this Report.

7.14 Dr Banks said that his main task, as he understood it, was to see whether the medical records confirmed or denied the presence in all the deaths of the pattern of features that Mrs Parkinson had noted. I accept that that was what he thought he had to do. The headings of his chart are consistent with an investigation into the presence or absence of those features. The headings were the name and date of birth, the date of death, **'CAUSE [meaning cause of death]'** and **'Where'**. Dr Banks intended to use that last column to record the place of death. However, he agreed that he had rather lost sight of where the death had occurred and instead used this column to record miscellaneous items of information, often relating to the medical history. The final column was headed **'Who Saw [meaning who was present at or about the time of death]'**. Dr Banks said that, in addition to looking for the common features, he also looked to see if the cause of death, as given in the records, was generally compatible with the medical history. He did not have the death certificates and did not know the causes of death certified by Shipman.

Dr Banks' Conclusions

7.15 On the afternoon of 27th March, Dr Banks was working on his computer in his office at Selbourne House and had the records about him on the floor. Mrs Parkinson asked him if he had found anything of concern and noted his response: see Appendix C. She wrote that Dr Banks had gone through the records and had not seen any evidence of anything odd. Most of the cases involved patients who had been treated for diabetes or high blood pressure. Two had been found by ambulancemen, two by the deputising service and one by the deceased's son. Mrs Parkinson wrote, in capital letters, **'NO 2 CASES ARE THE SAME'**. She added: **'Only concern is that in a couple of cases, Dr Banks felt insufficient history to make an accurate diagnosis'**. Mrs Parkinson recalled that, when Dr Banks told her about the **'couple of cases'** in which there was insufficient history in the records to make an accurate diagnosis, he said that he would have expected the doctor to refer those deaths to the coroner.

7.16 In evidence to the Inquiry, Dr Banks confirmed that his findings were that no two cases were the same. No single feature was present in every case. This is consistent with what he must have told Mrs Parkinson. He said that there were 'a few' cases in which the evidence in the records was not such as to permit a diagnosis of the cause of death. He was concerned about those cases. It is not possible to identify, from the entries on his chart, the deaths about which Dr Banks was concerned. Dr Banks suggested that the expression **'a couple of cases'** was probably intended to mean 'a few' rather than 'two'. He was of the view that these deaths should have been reported to the coroner. He found it difficult to say now which cases had given rise to this concern. However, eventually, he said that he was sure he had mentioned to DI Smith the cases of Miss Mabel Shawcross, Mrs Cissie Davies and Mrs Winifred Healey. He agreed that an MCCD should not have been signed in the case of Mrs Bertha Parr but did not claim that he had mentioned this to DI Smith. He also identified a number of other cases in which, on the information available, he personally would not have certified the cause of death but would have reported to the coroner. He was less clear about whether he had mentioned these to DI Smith. In the light of Mrs Parkinson's note, it seems unlikely that he did.

- 7.17 He said that, although he thought there were 'a few' cases that should have been reported to the coroner, this did not strike him as significant or worrying. He said it had not occurred to him that a doctor who was killing his patients might wish to avoid a referral to the coroner. I find that remark most surprising and it seems to me to demonstrate that Dr Banks had not opened his mind to the possibility that Shipman might be killing his patients. Dr Banks added that he had found that most of the causes of death recorded in the notes were broadly consistent with the medical history.
- 7.18 During the afternoon of Friday, 27th March, Mrs Parkinson telephoned DI Smith's number. The call lasted only 21 seconds. I think it likely that DI Smith was not available and Mrs Parkinson left a message on his answerphone. DI Smith was off duty over the weekend of 28th and 29th March. Early on Monday morning, 30th March, he telephoned the Health Authority number. I am satisfied that, on that occasion, he spoke to Mrs Parkinson and arranged to attend Selbourne House at 10.30am on Wednesday, 1st April to receive the results of Dr Banks' examination of the records.

