

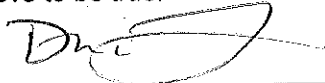
**WITNESS STATEMENT****Criminal Procedure Rules, r 27. 2; Criminal Justice Act 1967, s. 9; Magistrates' Courts Act 1980, s.5B**URN    

Statement of: David Rhys Lewis JONES

Age if 18 or under: Over 18 \*see overleaf (if over 18 insert 'over 18') Occupation: Doctor

This statement (consisting of 6 page(s) each signed by me is true to the best of my knowledge and belief and 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.

Victim / Witness signature:



Date: 10/07/2018

My name is Dr David Rhys Lewis Jones, and I live at the address as provided to the Police overleaf.

I qualified as a General Practitioner in 2004 and have been a Partner at Widcombe Surgery, Bath, since March 2017.

My statement is based on my recollection, assisted by my documentation in the medical record, of my face-to-face and telephone consultations with Mr Scott Lafferty.

Any opinions given by me in this statement are that of a non-expert General Practitioner. I was shocked and saddened when I was informed that Mr Lafferty was found dead in his flat on 15<sup>th</sup> May 2018.

Records indicate that Mr Lafferty registered with Widcombe Surgery on 20<sup>th</sup> October 2017. Mr Lafferty's first appointment with me was on 27<sup>th</sup> October 2017.

Before seeing Mr Lafferty, I looked at the document that had been scanned onto his notes, labelled "prescription".

It appeared to be a hospital prescription for Mr Lafferty for Risperidone 3mg at night.

He explained that he had moved back to Bath, having ended his relationship with his girlfriend. He said he was a "systems analyser", which required him to travel to third world countries.

He had, a few months before, been an inpatient in a psychiatric unit (St. Caradog Ward) in South Wales due being mentally ill with a psychotic episode.

Before this he had a dental abscess that was treated under general anaesthetic and he blamed this.

He indicated he had fully recovered from his mental illness and that he was taking a medication called Risperidone (a medication prescribed for psychosis).

He said he had been told that he could come off this at some point in the near future, which I thought was acceptable given the fact that he had no previous history of any mental health conditions previously, but we agreed he would continue to take it for another month or so and then make another appointment for a review.

I subsequently made arrangements to obtain the hospital mental health records.

Subsequent appointment dates and my recollections are as follows:

Signature



Signature Witnessed By

Page Number

1

of

6

Pages

Witness Name: David JONES

URN 

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5 Dec 2017

Mr Lafferty asked me to reduce the dose of his risperidone because he felt it was giving him side effects and affecting his sleep. He also told me about his on-going physical complaints. He had no signs of psychosis so I agreed to do reduce the dose to 500mcg (0.5mg) daily and advised he see me again in a month.

23 Jan 2018

Mr Lafferty said he had run out of his risperidone two weeks previously and was feeling better, sleeping better and was not experiencing any paranoid thoughts. He appeared well and showed no signs of psychosis. He told me about his plans to find a new work project to do and about his flat that had water damage, which had prevented him from living there for about 6 months after he left his girlfriend. He had been on the road, living in holiday lets. He said he had two dogs, and that he still ran his business though said it ran itself. He said he had three friends; one in Devizes, one in Aberdeen and the third was his accountant in Poole. He said he considered them more like acquaintances than friends. He said he was estranged from his family in the United States of America (USA), and that his father had died. He said in 2009, two clients went bankrupt and he had a property in the USA. He said the DVLA had mailed him a letter saying that they had not heard from his hospital doctor. I advised Mr Lafferty to tell the DVLA that they could write to me. I advised him to return if he developed any paranoid symptoms but otherwise to see me again in four weeks.

22 Mar 2018

Mr Lafferty saw me at around 17:30 having telephoned the Surgery earlier that day asking to see me urgently. I called him in from the waiting room. He was sat at the far end drinking water from a paper cup. He sat down in my room. He appeared very emotional, low and tearful and was not able to talk for the first few minutes. I sat facing him and maintained eye contact in order to help him begin talking. He said he was "wore out", "emotional ... I wasn't like that when I left [home]". He said that he was not very good at talking about himself and that, "these are tears of joy". He hesitated as if he was about to tell me what was on his mind, what was really upsetting him but couldn't and stopped and instead said that he was not very good at talking about himself or his own feelings. He had been drinking water "like crazy" for a year, but not due to thirst. He had been exhausted and mentioned memory difficulties. He explained that he wanted to tell me about his life so would then understand his current situation. I invited him to do so. He went on to tell me about his "countermeasure" invention in 1985, that he had started up his own company, and his own operating system, and that he had a "prime contract with the Australian Navy". He had never been able to write and had difficulty reading but could type but only in the form of "bullet points". He said he was dyslexic and believed he had Asperger's [syndrome].

Signature



Signature Witnessed By

Page Number

2

of

6

Pages

Witness Name: David JONES

URN 

He said, "I've kinda lost my identity", that he had lost his newspaper cuttings (so he didn't have proof of his story. I suggested, later to get one of his friends to confirm his story. He never did this.), which were with his father (who lived in the USA) but he had photographs in his house. His father had died in 2010. Mr Lafferty said he considered himself a very generous person, and said, "I don't get lonely or depressed", that he had two true friends, one of whom was his accountant, who he had known for 23 years and was his next of kin.

He insisted on telling me about his earlier life and I allowed him to continue.

He had been on the evening news in Seattle [because of his achievements].

He told me about his high school memories in the USA, that he had failed his examinations but that one of his teachers worked with him and allowed him to redo his examination, verbally. Mr Lafferty said to the effect that his teacher was astounded that he got every single question right and told him that he was gifted.

Mr Lafferty went on to tell me about recent events.

He said that he had got himself into a "hornet's nest", and that he was paranoid that he had said too much to a man at number 24 on his street and that he was worried that he and another person were on the "dark web" and were texting each other about him [planning to do something].

Mr Lafferty was worried he was at risk of being "exposed" and was worried of "going missing".

He said that, because of his Asperger's, he couldn't lie, so if someone were to steal his debit card and ask him for his PIN number, he would be unable to lie if asked and would divulge it.

He told me he had a large amount of money in his bank account.

He said that he hadn't called the police as he felt that, "they wouldn't believe me".

After about an hour, at around 18:30, I advised Mr Lafferty that I needed to bring the consultation to an end.

Mr Lafferty initially insisted on continuing to tell me about his problem but then agreed to my request, only after I agreed with him that he could see me again the following day.

I offered Mr Lafferty medication or a referral to the Adult Autism Service.

He declined both options.

We agreed on a telephone follow up appointment the following morning and I accompanied Mr Lafferty down the stairs and let him out through the front door (I had to unlock it as the Surgery had closed at 18:00).

Mr Lafferty continued to talk to me from the pavement and told me that he was worried that he might go missing. I suggested strategies to cope with his fear such as mindfulness, and also strongly advised him to call the police about his concerns for his own safety.

On the following morning, on 23<sup>rd</sup> of March 2018 in advance of my follow up telephone call with Mr Lafferty, I called the Primary Care Liaison Service (PCLS) (Mental Health) to get some advice.

I was concerned that I didn't know whether what Mr Lafferty told me was true events or symptoms of a psychotic episode with lack of insight, or anxiety as part of possible Asperger's Syndrome (now known as a type of Autistic Spectrum Disorder).


I was advised to offer to Mr Lafferty a referral to them and that they could offer their support. Mr Lafferty later declined my offer, so a referral was not made.

23 Mar 2018

Telephone consultation – Mr Lafferty said he felt "wiped out", complained of short term memory difficulties (for 2 years but getting worse) and also complained of on-going dizziness, hearing and visual symptoms, and difficulties making simple decisions, for example; when shopping in M&S, and mentioned difficulties finding his way around Bath.

He also told me that he was having problems with sleep and said he was no longer able to dream,

Signature



Signature Witnessed By

Page Number

3

.of

6

Pages

Witness Name: David JONES

URN 

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that he had lost his creativity.

He explained that he had always had sleep difficulties but that they were now much worse and he blamed the risperidone (that he was no longer taking) for this.

He again told me about his work creating sonar systems and why he had come to the United Kingdom to work on the North Sea Oil business, commercially.

He said that, "in town I got feeling he could not go left or right", he had always been "spacial", worked on ships, in many countries, invented underwater equipment, "high tech stuff"; "R2 Sonics multi-beam symmetrical, side scan sonars".

He said we would bring all these pictures over to me.

He said that until the 1980s everything was on "paper-scribe" and then "in 1986 I invented a system to fully digitize images from paper", he said he used "agents" who communicated with the government, and that he had worked on Sydney Harbour.

I asked him if he had any plans to act on his concerns by way of approaching one of the men he had mentioned.

He said, "I just want to hide".

He said he wanted to leave "a crumb trail".

He denied any suicidal thoughts.

I offered him options in terms of investigations or referrals or the PCLS referral that had been offered, but he declined all options.

I again advised him to report his concerns to the police.

I offered him a referral to the memory clinic and he agreed to this.

I said I would mention his balance symptoms.

He asked about melatonin for sleep.

I advised I could not prescribe this but a Consultant might consider it.

This telephone call lasted 30 minutes. I agreed to see Mr Lafferty again the following week.

28 Mar 2018

Mr Lafferty saw me just after 17:00.

He brought a couple of pages of typed notes about himself that he thought would show that he had Asperger's Syndrome.

He handed me his notes and asked me to read the notes from start to finish.

I agreed to read the notes.

He said that he had been suffering with "high anxiety" for two years, and was very worried that his cognitive skills were going "down and down", and explained to me that he had a "filmographic memory".

He was upset that he had made mistakes when conducting business with a person.

Mr Lafferty allowed me to do a blood glucose test to help rule out diabetes. (I was concerned he might have this condition due to Mr Lafferty's history of drinking a lot of water).

I did the test and reassured him that it was normal (5.5).

After about 30 minutes, I advised Mr Lafferty that I needed to end the consultation. Mr Lafferty became distressed but agreed.

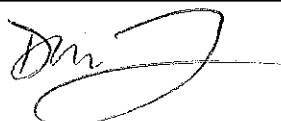
I accompanied Mr Lafferty down the stairs and into the reception area.

Mr Lafferty insisted on continuing to tell me about his symptoms.

He told me about his balance and electric shock-like symptoms and also mentioned a previous tooth infection. He was very distressed by these symptoms.

While I walked with him to the front door, I acknowledged his symptoms and was not able to give him a diagnosis.

Signature



Signature Witnessed By

Page Number

4

of

6

Pages

Witness Name: David JONES

URN 

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I suggested a plan that included blood tests and possibly a head CT scan and that I could do a referral to a Neurologist.  
I told him that it would be several weeks before he would be seen.  
Mr Lafferty said, "I can't wait that long".  
I said I would get some advice from a Neurologist the following day and then call him back.  
He agreed to have blood tests done.  
I also suggested a referral to mental health but he again declined.  
(Subsequently, I attempted to reach a Neurologist on more than one occasion by telephone using a service called "Consultant Connect" which was an automated service that called available Consultants on their mobiles one by one until one of them answered.  
None of the Consultant Neurologists answered.  
I decided to use the same service to get advice from a Consultant Endocrinologist.  
I was given advice, which was to book blood and urine tests and then to call back for further advice.  
I tasked our administration staff to contact Mr Lafferty to make an appointment for blood and urine tests.  
He did so.  
After I obtained the results, which all came back normal, I intended to call Mr Lafferty after obtaining more advice from a Consultant Endocrinologist).  
12 Apr 2018  
Telephone Consultation – Mr Lafferty requested an urgent call back from me having told the administrative member of staff that it was an emergency.  
He asked the member of staff whether he should call 999.  
I promptly called Mr Lafferty (I should point out that I was under time-pressure, as I was about to start my afternoon surgery which started at 15:00).  
He told me more about his dizziness symptoms, and that he was suffering a grinding sensation behind his eyes, but he did not have a headache.  
He said he was panicking, and said, "I get the feeling you don't understand where I'm coming from".  
He said he had two issues and had had a chain of problems.  
He said that he felt disoriented, mentioned his memory problem, which he said was worse when he panicked. He said he had been 'looking around my shoulder all the time'.  
He sounded very distressed.  
I reassured Mr Lafferty that his blood and urine tests came back normal.  
This did not appear to reassure him.  
I acknowledged his concerns and offered him a number of choices; if he felt he was under real threat, he should call the police.  
I offered him the option whereby I could call the PCLS (mental health team who deal with crises), or I could see him again.  
I advised him that I could not come up with a solution to his problems and symptoms over the phone.  
Mr Lafferty said he felt that the NHS could not help him.  
He declined all my offers of help.  
I suggested distracting activities (to ease anxiety), or to look at the nhs.net website, and offered to give him information in the form of our Mental Health Plan (hand-out of organisations and charities to turn to).

Signature



Signature Witnessed By

Page Number

5

of

6

Pages

Witness Name: David JONES

URN 

Mr Lafferty declined all my offers and started to tell me about his past, the events in South Wales, the Detective in Cardiff who advised him to stay away from his properties. He said he had his name but he didn't want to tell me. I could not reach any agreements on a course of action with Mr Lafferty over the phone. Mr Lafferty said he feared that I thought he was a "fake". Having been on the phone with Mr Lafferty for 30 minutes, I advised Mr Lafferty that I needed to end the call and that my plan was to call Endocrinology and then Neurology for further advice and I would then contact him again. I advised I that could not come up with any immediate solutions to his fears and again offered him help in terms of my calling the PCLS. I offered him medication to ease his anxiety. Mr Lafferty did not respond with yes or no but continued to talk to me about past events, saying he was panicking and said, "Why don't you believe me". I hung up as I had patients waiting to see me. I made the decision that no immediate action was necessary. I warned our administrative staff that Mr Lafferty might call back and if in panic, they should call 999 or ask me to do this. I had no further contact with Mr Lafferty after this call but continued to act on his behalf in terms to getting Consultant Endocrinology advice, and further advice from the PCLS. The Psychiatric inpatient and community notes from NHS Wales University Health Board, dated 16<sup>th</sup> of April 2018 were scanned onto his notes on 20<sup>th</sup> of April 2018. I did not manage to read through them until a week or so later. I received a letter from the DVLA on 11<sup>th</sup> of May 2018. I read his Mental Health notes, which detailed his voluntary admission and follow up appointments in the local community and then discharge with a plan for Mr Lafferty to follow up with a GP after his move to Bath. The notes revealed that his claims of a threat to his own life were actually symptoms of his diagnosis of a "Psychotic episode with paranoid personality". It became apparent to me at that point that Mr Lafferty's claims relating to "going missing" were in fact a symptom of a relapse of his psychotic episode. I confirmed on the DVLA fitness to drive form that Mr Lafferty had "Psychosis", was therefore not fit to drive, and subsequently handed it to our secretary to mail to the DVLA. I subsequently asked a member of our administrative staff to call the patient to book a follow up appointment to see me about this. His records indicate that they were unable to reach him. I intended to tell him that it was now my opinion that his Psychotic episode had recurred and to inform that I had therefore indicated on the DVLA form that he was not fit to drive. I should point out that Mr Lafferty was never able to provide me with any proof that would have informed me what details about his past and present life were true, versus what details were in fact symptoms of a psychotic episode.

Signature



Signature Witnessed By

Page Number

6

of

6

Pages