

## BROOK HOUSE INQUIRY

---

### Witness Statement of Dr [ ] Oozeerally

---

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 21.01.2022. [I have been authorised by Brook House Inquiry, 1 Paternoster Lane, St Pauls, London to provide this witness statement.]

I, **Dr [xx] Oozeerally**, will say as follows:

#### The Contract

1. I have considered the contract between G4S Health Services and DoctorPA Ltd [Inquiry Reference TBC].
  - a. In relation to the bidding / tendering process by which Dr PA came to be awarded the contract for the provision of GP services in Brook House by G4S Health Services I would say that from my recollection, DoctorPA Ltd was asked to submit a costing to provide GP services that mirrored the current provision at the time.
  - b. DoctorPA Ltd was contracted to provide the GP provision stipulated in the contract.
  - c. G4S Health Services assessed the performance on the contract (including in relation to the KPIs set out in Appendix 1) and fulfilment of the terms of the contract by DoctorPA Ltd by carrying out contract reviews which were undertaken by G4S managers (on site) during the contract as well as ad hoc discussions for matters that arose outside of

1  
Witness Name: Dr [xx] Oozeerally  
Statement No: 1  
Exhibits:

these times. "Adhoc discussion" may involve issues such as discussion relating to potential staff or staffing issues or concerns. I do not recall any particular examples.

- d. DRPA Ltd provided GP service to healthcare 7 days a week ( 0830-1730 weekdays and 1000-1600 on weekend) and telephone advise at all other times. I cannot recall how the costings were calculated for this contract at the time but it usually involves hourly rate (for the company), education, telephone service out-of-hours component.
- e. The nature of the contract reviews took the form of a combination of informal reviews and formal quarterly meetings (I do not have the minutes of these) to discuss a range of non-clinical issues and contractual obligations. The process for assessment of the KPI's in appendix 1 of the contract within such contract reviews. I am unable to give clarity about this. DRPA contractual obligations did not extend to KPIs other than service provision. The reviewed were undertaken by either Michael Wells or Sandra Calver. The formal ones took place on a quarterly basis and were minuted by G4S.
- f. I cannot speculate on whether there were any particular terms of the contract that G4S considered to be important. From the perspective of Dr PA, I would consider the provision GP ( attendance on site and undertaking clinic) as important to the contract.
- g. I am unable to comment on what measures G4S Health Services used to assess DoctorPA Ltd's performance as this would be a response from G4S to elaborate on.

Witness Name: Dr [xx] Oozeerally  
 Statement No: 1  
 Exhibits:

- h. I am unable to comment on how G4S Health Services recorded the results of any performance assessments or which whom these results were share. This would be a response from G4S to elaborate on.
- i. I am unable to comment on how the results of the performances assessment were used, including details of any penalties imposed for poor performance. This would be a response from G4S to elaborate on. The outcome of any such reviews were for the G4S healthcare team.
- j. I am unable to comment on how staffing levels were assessed under the contract as this would be a response from G4S to elaborate on.
- k. I am unable to comment on how the overall care and welfare of the detained persons at Brook House was considered alongside performance and the contract terms. This would be a response from G4S to elaborate on.
- l. I am unaware of any Material Breach on the contract in 2017.
- m. I am unaware of any remedial plans in 2017.
- n. I am unaware of any “notice of step-ins” by G4S Health Services in 2017.
- o. I am not aware of any audit carried out by G4S Health Services of Dr PA Ltd’s compliance with the terms of the contract in 2017.

**Rule 35(2) pathway**

- 2. I have considered the rule 35(2) pathway [CJS0073839].

- a. It is a document produced in relation to residents suspected of having suicidal intentions and submitted to the Home Office. It was a document that would be used if a threshold of severity of mental health or deterioration was met that warranted a Rule 35(2). I do not know when it was introduced, over what time period it was used but it remains currently in use and was available at the time ( relating to those dates being investigating as part of the enquiry). I cannot recall how I was instructed to use it by G4S. I also cannot recall how I was provided with it though it was available on SystemONE for use.
- b. It could be applied where there was particular concern in relation to a resident's mental health to the extent that current detention needed review.
- c. There was no further guidance on the pathway. There was a training day undertaken by the Home Office and the documents and its use would have been discussed. Please refer to my previous statements for further information.
- d. I would have been aware of this through my work as a doctor in the immigration centre(s).
- e. Staff (including healthcare staff and detention staff) would have been aware of it through their work in the immigration centre(s).
- f. The training for Rule 35s (all parts) would have been undertaken by the Home Office. The implementation of the Rule 35 is based on the understanding of the purpose of Rule 35. This may be contentious with the Document providing different purposes for different

Witness Name: Dr [xx] Oozeerally  
 Statement No: 1  
 Exhibits:

people but I absolutely agree the clarity surrounding the Rule 35 needs defining.

- g. No further comment required on the pathway.

### **Complaints**

3. I have been asked to comment on a number of documents concerning complaints made against me. I would say as follows –
- a. With regard to document NHS000058 I would say that I cannot comment on the case which has been anonymised but from the document, it makes a number of recommendations which would seem reasonable. I would challenge the expectation that a GP should apologise for the manner he/she is claimed to have conducted themselves in, if it is not the case and there is no evidence to suggest it be so. The criticism that the GP should or could expedite an NHS appointment could also be challenged simply because the diagnosis is epilepsy.
  - b. With regard to document NHS000059 I would say it relates to the same complaint investigated in NHS000058 above.
  - c. With regard to document NHS000073 I would say that this complaint was not upheld, so I am unsure what comment would be expected. It is also challenging and open to speculations to comment on a case which has been anonymised.
  - d. With regard to document NHS000076 under CJS007078 I would say that it is also challenging and open to speculations to comment on a case which has been anonymised. This document is itself an enquiry, so I am

unsure what complaint is being made specifically against me. The author of the report has submitted their conclusions about the issues. I have already answered questions in previous statements about the report and the conclusions drawn.

- e. With regard to document NHS000080 I would comment that this is not a complaint about myself and it is a response to complaints raised by Dr Arnold which were investigated. It is also challenging and open to speculations to comment on a case which has been anonymised.
  - f. With regard to document NHS000089 I would comment that it is also challenging and open to speculations to comment on a case which has been anonymised. I vaguely remember this case and the complaint. From my memory, I was called out of clinic and attended with my healthcare team to the patient who was assessed, managed and stabilised, with a clear plan in place. I then returned to clinic, which is on site, and with a suitably qualified healthcare team remaining with the patient until the paramedics arrived.
4. With regard to D1618 and D1851, you have asked if I have any comment to make on why these individuals never underwent a rule 34 assessment in accordance with the requirement under that rule that every detained person should see a GP and undergo an assessment within 24 hours of being admitted to the IRC. I have considered their witness statements at INQ000055 and DL0000143. I would say that this is a personal statement with redaction of identity. I cannot therefore comment on this specific case without being speculative, which I do not think would be appropriate for a fact finding enquiry. My understanding is that all new residents were and are offered appointments to see the GP in the timeframe stipulated above but it is not mandatory for patients to attend if they do not wish to.

Witness Name: Dr [xx] Oozeerally  
 Statement No: 1  
 Exhibits:

**Current practice**

5. In relation to any changes of practice from 2017 to date I would comment as follows –

- a. With regard to the management of vulnerable detained persons including those at risk of self-harm and suicide and those who are victims of torture, and in particular the ACDT process, the Adults at Risk policy and guidance, the process under rules 34 and 35 of the Detention Centre Rules I recall there being a greater emphasis on “speaking out” if concerns about vulnerability were identified. The Home Office further developed the Adults at Risk policy. I would be unable to recall specific changes in practice from my perspective other than those mentioned in previous answers.
- b. With regard to the management of detained persons with substance misuse issues there have been no changes.
- c. With regard to the management of detained persons who refuse food and fluids there are have been no changes.
- d. With regard to involvement of healthcare staff in use of force incidents I am unaware of any changes (though GPs are not involved in this).
- e. With regard to the management of detained persons under rules 40 and 42 of the Detention Centre Rules I am unaware of any changes (though GPs are not involved in this).

<b><u>Statement of Truth</u></b>
I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or

Witness Name: Dr [xx] Oozeerally  
Statement No: 1  
Exhibits:

causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

I am content for this witness statement to form part of the evidence before the Brook House Inquiry and to be published on the Inquiry's website.

Name	<div style="border: 1px dashed black; padding: 10px; text-align: center;"> <b>Signature</b> </div>
Signature	Dr Oozeerally
Date	03/02/2022