Witness Name: Dr Timothy Baker

Statement No: WITN0084002

Dated: 01 DECEMBER 2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF DR TIMOTHY BAKER

I, Dr Timothy Baker, will say as follows: -

INTRODUCTION

1. I am Dr Timothy Martyn Baker, General Practitioner, Senior Partner and Mental Health Lead at the University of Nottingham Health Service (UNHS). My qualifications are: BMedSci (Hons), BMBS, FRCGP, DRCOG, DCSRH, DipSEM and MFSEM. I have worked as a General Practitioner at UNHS since 2001 and as Senior partner since 2023. I am also a volunteer for East Midlands Immediate Care Scheme (EMICS) and in this capacity I attended the scene of the incident in Alfreton Road as part of the medical response and performed emergency resuscitation to two of the victims. I am providing this statement purely in relation to my General Practice role.

2. This witness statement is made to assist the Nottingham Inquiry (the"Inquiry") with the matters set out in the Rule 9 Request dated 9th June 2025 (the "Request").

BACKGROUND

3. I have been asked to set out the Primary Care role in the medical treatment of Mr Valdo Calocane (VC)

4. UNHS, based at Cripps Health on the University Park Campus of the University of Nottingham is an NHS General Practice. UNHS was formally a department of the University, hence the name of the Practice, but has been an independent NHS provider for around 35 years. At the time of the events UNHS had a registered patient population of circa 40,000 patients. 62% of which were aged 18-25. Patients are a mix of current and former University staff, students and dependents as well as the local population with students encouraged by the university to register with a local Practice whilst studying. As such we were the registered Practice for VC as well as one of his victims and have provided support to many members of the university community and our own Practice team who were affected by the events.

5. UNHS employs a large and mixed clinical team including approx. 20 GP's and an in-house mental health team consisting of mental health nurses and occupational therapists.

6. The patient pathway for accessing mental health support at the Practice is varied. Patients will book for a routine or urgent appointment for mental health reasons or may be identified by other members of the team if in distress at alternative consultations. Some of these patients may have previously been under secondary mental health services, have accessed private support or may be open to university support or open to NHS therapy. Onward referral where appropriate may be patient led self-referral or made by a GP, often supported by the Practice mental health / Occupational Therapy team.

7. The primary method of communication between the Practice and Nottinghamshire Healthcare Foundation Trust (NHFT) where one of our patients is receiving secondary mental health care in the community is via letter from the clinical team to the Practice.

8. In respect of communication between the Practice and NHFT in relation to an assessment or decision as to whether a patient should be detained, there is not

normally any communication except where referrals to the Crisis team are made by the Practice. In these instances there may be discussion around the initial referral.

9. With regards to the formulation of treatment plans for mental health patients in the community there is no routine communication. Community Treatment Plans for patients under Secondary Care are made by Secondary Care mental health Services as the specialists with the information to base these decisions upon. The exception is where Primary Care is asked to check and monitor a patient's physical health. Serious Mental Illness (SMI) patients are on a register and are offered annual physical checks including height, weight, pulse, blood pressure and blood tests to assess and help manage their risk of diabetes and heart disease. The Local Mental health Team has an individual who does some of this work for its patients including outreach work whilst the remaining patients are seen by the Practice.

10. The Practice is not routinely involved in the planning of community treatment orders or the discharge of mental health inpatients. This is a Secondary Care role.

11. With regards to the role of the Practice where patients are not engaging with community mental health teams; if the Mental Health Specialist team has a patient under their care then the responsibility for following-up engagement remains with them.

12. In respect of the role/approach of the Practice where a mental health patient has been discharged from Secondary Care for non-engagement; discharge from Secondary Care is wholly a Secondary Care decision and we would expect it only to be made after careful appraisal of the patient's diagnosis, their safety, the safety of others, their mental-capacity and mental stability. Notification of a discharge in these circumstances does trigger a message to the patient requesting them to make a GP appointment for a mental health review if they feel it would be beneficial as well as signposting to the mental health crisis lines. This was the case in this instance and was regarded as good patient care in the CQC inspection following the events. [CQCM0016517, page 62]

13. With regards to the systems in place at the Practice, between 2019 and June 2023, for sharing relevant information and any barriers, legal or otherwise, to the sharing of this information. There were no barriers to sharing within NHS services, however this individual was not engaging with the Practice and was under the care of the community mental health teams.

14. The threshold for GP referrals of mentally ill patients to the Local/Community Mental health Team (LMHT) has risen significantly over the past 24 years since I have been a GP. GPs refer patients needing specialist diagnostic assessment and for patients who have exhausted Primary Care treatment through their GP, clinical psychology and medication. We also refer those we assess to be at high risk of harm.

15. There are no legal barriers to the sharing of information with the GP. I understand it to be a GMC Duty on doctors to make a clinical record and ensure it is sent it to a patient's GP in order to ensure the Primary Care record is kept up to date.

16. GP referrals to mental health services are not always accepted, and decisions not to accept have not always been received quickly. Discharge summaries could arrive weeks or months after the patient had left hospital, so we would be unaware of any Community plan.

17. It is my understanding that clinical letters were only sent and received after patients are reviewed by the LMHT doctors (who have secretaries to type them), and no communication is regularly received after patients were reviewed by other members of the team such as Community Psychiatric Nurses (CPNs), who all carry case-loads of patients with very difficult problems. The exception would be ad-hoc telephone calls to the Practice or a faxed/emailed message if the MH team was requiring the GP to arrange something.

18. Between 2019 and June 2023, notwithstanding the difficulties of the Covid-19 pandemic, it was not unusual to be asked to arrange a prescription for a patient seen by Secondary Care mental health services. This still happens now. We try where we can to keep a clear distinction between prescribing from Secondary Care and Primary Care so as not to blur clinical responsibility, and only to take on prescribing in Primary Care once a patient is safe, stable, has an agreed

care plan, and only in accordance with locally agreed formulary guidance (Nottinghamshire Area Prescribing Committee). This is a live set of guidance that is periodically updated and published on the Prescribing Committee's Website (nottsapc.nhs.uk)

19. There is limited integration in terms of data and information held by the Practice and secondary mental health care. There is an increasing amount of integration across the wider system but not yet within NHFT and Primary Care. The Practice has made offers to advise and support any system changes following the independent enquiry and the Nottingham and Nottinghamshire Integrated Care Board (ICB) / Nottinghamshire Healthcare Foundation Trust (NHFT) published action points but at the time of this statement this offer has yet to be taken up in any meaningful way.

VC

20. I have laid out below a chronology of the interactions between the Practice and VC prior to the 13th June 2023. These are taken from the electronic clinical records held by the Practice. A copy of the original medical record and attached documents has also been provided to the Inquiry separately. [CHCA0000030]

21. VC registered with UNHS on the 29th September 2017 under the name Valdo A Mendes Calocane. He remained registered with the Practice until 7th November 2023. A large period of VC's registration was during the covid pandemic however it should be noted that at no stage did the practice close our doors or restrict access.

22. VC registered with UNHS from a Practice in Wales. There is no electronic sharing of records between NHS Practices in England and NHS Practices in Wales meaning very limited transfer of medical history. Records show a summary printout was received and two entries recorded in his record from 2014 and 2015, relating to sciatica and a normal testicular ultrasound.

23. Consultation dated: 03.03.2020 - VC consults with Dr Dylan Nash (GP) with Otitis externa (an outer ear infection)

24. Consultation dated:17.03.2020 - Review consultation with Dr Dylan Nash for previous condition.

25. Record dated: 17.06.2020 - In-patient discharge summary received by UNHS from Highbury Hospital (HH). VC Detained under the Mental Health Act (MHA) between 25.05-17.06.2020.

26. Record dated 31.07.2020 - Further in-patient discharge summary from HH. VC had been detained under the MHA again between 14.07-31.07.2020 and discharged with follow-up by Nottingham Crisis team.

27. Record dated 03.08.2020 – UNHS Reception sent an SMS message inviting VC to book a GP appointment regarding medication as we had been asked by HH to supply Colecalciferol for him. (a form of vitamin D)

28. Record dated 06.08.2020 - Reception sent a further SMS message inviting patient (pt) to book a GP appointment regarding medication.

29. Record dated 10.08.2020 - Reception sent a further SMS message inviting pt to book a GP appointment regarding medication.

30. Record dated 11.08.2020 - Notification VC seen by NEMS at QMC with low back pain. (NEMS operate an urgent treatment unit alongside the Emergency Department of Queens Medical Centre, the local acute hospital)

31. Consultation 17.08.2020 - Telephone review with Dr Craig Murphy (GP Registrar UNHS) in relation to previous admission under mental health act. Dr Murphy had a discharge summary available, dated 17.6.2020 and further discharge summary relating to a readmission dated 31.7.2020 Both from Highbury hospital.

    Dr Murphys notes state:

    "Problem Paranoid schizophrenia (Review)

    History Telephone consultation with patient due to the extraordinary circumstances of the pandemic of Covid-19.

Three point patient identity confirmed - pt happy to proceed with telephone consultation today. Patient confirms they are currently located in the United Kingdom and not calling from overseas.
Spoke with pt following his admission last month under the MHA. Valdo was assessed as an in-patient and has been discharged with 3 day follow up by the CMHT. He has been started on aripiprazole (currently receiving from the CMHT) and colecalciferol. He was assessed in hospital with bloods, ECGs and observations monitoring - these were all reported as normal prior to starting medication.
Valdo tells me he has been doing well since leaving hospital and is reportedly compliant with his medication. He reports to me today no further intrusive thoughts or voices. He tells me he feels well and is grateful for the support he has been getting. Valdo tells me today that he has had no thoughts or voices telling him to consider/action harm against himself or others and he denies any suicidal ideation at all.

Examination Calm, well spoken, polite, focussed on our conversation. Demonstrated understanding and insight of medication and need for monitoring.

Medication Colecalciferol 800unit tablets Take One Tablet Once A Day 90 tablet

Comment Imp: stable following discharge from hospital

PLAN:

1 - Has adequate supply of aripiprazole. I have advised pt that when he begins to run low he must contact us - pt understands.
2 - For further supply colecalciferol as per discharge summary.
3 - Repeat prolactin in 6 months
4 - For Cardiovascular risk assessment yearly

Additional Never smoked tobacco"

32. Record dated 07.09.2020- LMHT/EIP (EIP = Early Intervention in Psychosis team) letter received 29.09.2020 after pt seen by LMHT/EIP medic. Letter states VC became unwell rapidly due to not taking his prescribed Aripiprazole 5mg medication. UNHS requested to monitor physical health with both bloods and an ECG annually due to being on anti-psychotic medication

33. Consultation dated 10.09.20 – VC spoke to Dr Shalini Nayak (GP) via telephone during the Covid-19 pandemic for Otitis Externa. Prescribed treatment.

34. Record dated 27.10.2020 - VC seen by QMC Eye Casualty due to a vitreous haemorrhage. Discharged with eye drops.

35. Record dated 07.12.2020 LMHT/EIP letter received 07.01.2021 after VC seen again. Letter work flowed (sent electronically) to UNHS Clinical Pharmacist's (CP's) due to medication increase and states VC continues to experience second, and third-person auditory hallucinations but did not identify any acute risks to self and others, and felt pt was making slow but steady progress.
No further requests for UNHS were made.

36. Record dated 01.02.21 LMHT/EIP letter received 23.02.2021 after pt seen again. As pt continued to experience psychosis his Aripiprazole dose was increased to 20mg but again did not identify any acute risks to self and others. LMHT/EIP CCO (care coordinator) was asked to monitor his risks and progress in the community and no further requests for UNHS were made.

37. Record dated 21.4.21 – Letter received dated 14.4.21 relating to clinic date of the 15.3.21. Letter asks UNHS to discuss some abnormal blood results.

38. Record dated 22.4.21 – SMS sent by Dr Rachael Booker (GP) from UNHS confirming an appointment booked by the Practice for 23.4.21 for blood tests as requested by psychiatry team.

39. Record dated 23.4.21 – 8am reminder sent by Mrs Michelle Pollock (medical secretary) with regards to appointment that day and request to book a follow up with a GP for review of the results.

40. Record dated 23.4.21 – Patient does not attend appointment for blood tests

41. Record dated 24.5.21 – SMS sent by Medical Secretary team at UNHS requesting he make an appointment for tests.

42. Record dated 29.06.21 - LMHT/EIP summary and care plan received the same day and work flowed to duty GP. VC originally treated by the CRHT prior to being unwell and currently meeting his CCO 2-4/52 and it was felt pt was making good progress and was looking forward to resuming his academic studies in 3/12. CCO to monitor mood, mental state and behaviours alongside Consultant Psychiatrist within LMHT/EIP. Physical health check is showing as completed with pt to discuss recent blood results with his GP – UNHS asked to look at abnormal lipid profile, urea and electrolytes and proceed accordingly. Aripiprazole dose remained at 20mg. LMHT/EIP care plan is under Cluster 10 First episode psychosis. GP sent a task regarding pt to medical secretaries as pt has previous failed to attend (DNA'd) his planned bloods/BP/BMI check and asked them to arrange a Health care assistant (HCA) and then GP appointment for review.

43. Record dated 02.07.21 SMS message sent by Jazellen Drew (medical secretary) asking VC to make appointments for physical observations to be taken

44. Record dated 10.08.21 - LMHT/EIP letter received 25.10.2021 dated 15.10.21 relating to home visit which took place on the 10.8.21. VC seen at home with his CCO present; VC reported he was still experiencing psychosis but reported being compliant with prescribed medication. VC also reported he had declined the offer of a conditional caution. VC denies active thoughts to harm others and it was felt mental health was stable.

UNHS continued to be asked to monitor his physical health with bloods and an ECG annually due to being on anti-psychotic medication. Aripiprazole dose confirmed remained at 20mg.

45. Record dated 03.09.21 - AMHP report received after further MHA assessment. This AMHP report states pt had previously been detained under both S2 and S3. This AMHP report states pt was detained under S136 of the MHA in "early July 2020" and admitted to hospital under S3 of the MHA. Attempts on 01.09.21 and 02.09.21 for assessment were unsuccessful so a Section 135 (of the MHA) warrant was obtained from a magistrate by an Approved Mental Health Professional (AMHP) to enable pt to be removed from his home address by police to a place of safety to allow the MHA assessment to take place. When a police officer informed pt he needed to go to hospital for his MHA assessment pt violently attacked the officer.

46. Record dated 03.09.21 ED (Emergency Department) letter received after VC was taken by police – see above. No further action (NFA) needed.

47. Record dated 14.09.21 Medical summary request for VC received from Cygnet Health Care Psychiatric Intensive Care Unit (PICU) after his admission and sent by Anna Linley (medical secretary)

48. Record dated 01.10.21 Cygnet Hospital acute ward admission notification received

49. Record dated 01.10.21 Cygnet Hospital PICU (Psychiatric Intensive Care Unit) discharge summary noted – workflow sent this to duty team – NFA.

50. Record dated 01.10.21 Cygnet hospital medication summary received – workflow sent this to duty team – NFA.

51. Record dated 06.10.21 Cygnet Hospital acute ward admission notification received after being moved to acute ward in Nottingham from above out of area admission. Workflow sent this to duty team – NFA.

52. Record dated 21.10.21 Cygnet acute ward discharge summary noted - Received by UNHS 28.10.21. Workflow sent to Duty team. NFA as remained under LMHT/EIP and was given 2/52 worth of medication on discharge.

53. Record dated 22.10.21 Admission discharge checklist summary sent to UNHS, Received 28.10.21 – NFA.

54. Record dated 24.10.21 Acute ward discharge summary, received 4.11.21 – workflow sent to duty team. References pt detained under S3 of MHA for 3/52 on the above PICU admission and pt being nursed in seclusion on the S136 suite prior to being taken to a PICU due to the risk posed to others through violence and aggression.

55. Record dated 27.10.21 Patient discharge letter received 28.10.21 to inform UNHS of discharge. Letter work flowed to UNHS clinical pharmacists as pt taking medications although unchanged during admission.

56. Record dated 28.10.21 SMS message sent by Stuart Keeling, (UNHS Nurse specialist in Mental Health) after received the 21.10.21 discharge summary that day: "We have recently received discharge paperwork from hospital for you and hope things are relatively ok currently. Please contact the Practice to make an appointment with a GP if this would be beneficial. If needed the 24/7 mental health crisis line number is 0808 196 3779. Thank You. UNHS".

57. Record dated 29.10.21 SMS message sent by medical secretary: "Please contact Cripps Health Service on 0115 846 8888 to make an appointment with a health care assistant for blood tests and an ECG. Thank You. UNHS".

58. Record dated 04.11.21 SMS message sent Stuart Keeling. "We have recently received discharge paperwork from hospital for you and hope things are relatively ok currently. Please make an appointment with a GP if this would be beneficial. Please can you also contact the Practice on 0115 8468888 ASAP to

make an appointment with a HCA for blood tests and an ECG. If needed the 24/7 mental health crisis line number is 0808 196 3779. Thank You. UNHS".

59. Record dated 19.01.22 AMHP report received 24.1.25 outlining assessment of the 19/1/2022 following altercation in halls. Confirmation of offer to community plan.

60. Record dated 28.01.22 AMHP report received 31.1.22. Pt detained under S2 of the MHA. Note *No Discharge letter ever received following this detention, unsure of date of discharge from S2

61. Record dated 14.03.22 UNHS Admin team sent VC an SMS message asking him to answer alcohol questions as part of a mass campaign for annual data collection.

62. Record dated 14.03.22 - LMHT/EIP letter received 29.04.22. No action required. VC remains under LMHT/EIP with a CCO. Aripiprazole dose 20mg. * note – letter dated 22/4 relating to clinic 13/3 – received 29/4

63. Record dated 05.07.22- VC makes GP appointment "To obtain prescription for ear infection medicine" Appointment was booked online by VC on the 24.6.25 and it was unsure if he was wanting a telephone or face to face appointment. Therefore SMS sent 1.7.25 asking for confirmation. No answer received.
VC did not attend appointment. Dr Clare Vetlman (GP) called VC but no answer and no answerphone available.

64. Record dated 17.08.22 LMHT/EIP letter sent to pt but copied to UNHS stating LMHT/EIP have not been able to speak/contact VC and asking him to get in touch.

65 Record dated 23.09.22 LMHT/EIP discharge letter addressed to UNHS stating 'no contact has been made with VC for period of time despite attempts to make contact and having carried out cold calls. A letter was sent to VC dated 17 August 2022 inviting him to contact the team if he still wanted support with his

mental health. However, there was no response to this invitation. Therefore at this time, we are closing his referral and transferring his care back to yourselves'. No evidence of any current risks or further information documented.

66. Record dated 28.09.22 SMS message sent by workflow team asking VC to confirm his current address by replying to the SMS message following LMHT/EIP letter which referenced a different address. No response received.

67. Record dated 29.09.22 SMS message sent by Stuart Keeling LMHT/EIP discharge letter: "I am sorry the locality mental health team who you were referred to earlier this year have not been able to contact. Please contact reception ASAP to make an appointment with a GP for mental health review it this would be beneficial. The 24/7 mental health crisis line number is 0808 196 3779 and the national No Panic Helpline operates between 10:00-22:00 daily on 0300 772 9844. Thank You. UNHS".

68. Record dated 30.09.22 SMS message sent by Katerina Bezouskova UNHS administrator as part of the long term condition reviews: "You are now due your long-term condition annual review. It is important that you book in for this. Please contact reception on 0115 8468888 to arrange this."

69. Record dated 11.11.22 Further SMS message sent : "We recently contacted you to invite you in for a review of your long-term condition. If you have not already, please contact reception on 0115 8468888 in order to do this. Thank You. UNHS".

70. Record dated 21.11.22 SMS message from LMHT health improvement worker, Sam Bailey recorded on Practice clinical system: "You are in need of a yearly health check due to the medication you are taking. Plz contact me on xxx between 9am-5pm Mon to Fri to arrange an appointment with myself. Thanks, Health Improvement Worker".

71. Record dated 01.03.23 Entry from LMHT health improvement worker (Sam Bailey) on UNHS clinical confirming contact made with VC. "P/C to Pt to book him in for a SMI physical health check as Pt is on anti psychotic medication on the smi register. I spoke to Pt and offered him an appointment, but Pt declined, saying that he was alright and did not need any health checks. I advised pt that the checks where connected to his medication, but still Pt declined".

72. This is the last entry on the Practice records prior to the 13th June 2023.

73. UNHS did not engage with or have any record for contact with VC's family.

74. The extent of engagement between the Practice and trust at the point of discharge from detention and on the point of discharge of VC's management is as documented above.

75. With regards to VC's risk of violence. UNHS had sight of documented periods of aggression when unwell. However, the Practice relies on the assessment of the specialist secondary mental health teams as to his ongoing risk of violence. No information with regards to his current risk or risks when not taking medication was shared with the Practice at the point of discharge or at any stage of his treatment.

76. Monitoring of VC's concordance with medication provided by Secondary Care teams is the responsibility of those teams. Whilst UNHS have repeatedly contacted VC with regards to supporting ongoing physical health monitoring it is not the role of General Practice in these situations to provide treatment and medication.

77. The Practice was not aware of a magistrates warrant without bail being issued and did not have any communication from the police until 25th October 23 when they requested his medical records.

RECOMMENDATIONS

78. The view of the Practice is that Secondary Care needs to be better resourced in terms of clinicians AND admin support so that caseloads are manageable, clinical records can be kept and communicated effectively and in a timely manner to those involved in a patients care. This could include referral meeting decisions, MDT discussions, care plan reviews, discharges, and all medication changes.

79. It is the view of the Practice that significant relapsing and remitting conditions known to involve risk and unpredictability such as paranoid schizophrenia remain under Secondary Care. We would recommend resourcing LMHTs to be able to provide assertive outreach to non-engaging patients such that this becomes a red flag rather than a reason to discharge. The same should apply for patients not compliant with medication that helps keep them safe.

80. It is the view of the Practice that discharge of patients who are no longer responding should only be done with a clear discharge plan, including summary of medical history, recommendations for re-engagement with Secondary Care should the individual present to a Practice and a review of any current or potential risk. We do support involving Primary Care in discussions around discharge for all patients with complex mental health conditions and/or histories so that there is a plan of care and contingency.

81. The Practice believes that information sharing needs to be improved to ensure the Primary Care record is complete and up to date. As well as ensuring the registered Practice has full insight into a patient's current treatment plan, the Primary Care record is the only medical record which moves with the patient from region to region and is readily available to the registered Practice. The ICB and Trust should ensure that electronic information sharing is improved as a priority. The Practice as previously stated and communicated with the ICB are committed to supporting this process.

82. As for all other specialities the Practice would support referral guidelines, treatment guidelines for common conditions seen and managed in Primary Care, and the ability to ask for timely advice and guidance.

83. The NHS clinical systems rely on coded and free text information. Where a history of violence to self or others when unwell is recorded there is no recognised NHS code to record this on the clinical system. The Practice recommends that a national code via the (SNO-MED) clinical coding protocol is introduced. This recommendation was made to and supported by the CQC as part of CQC led investigations.

84. The ability for Secondary Care to provide prescriptions by electronic systems (EPS) would help ensure they retain clinical oversight and responsibility for prescribing, including where patients are out of the area for a short period of time. General practice is often in a position to prescribe to patients in the community when they are safe and stable, according to an agreed formulary with the area prescribing committee.

85. I hope this statement is of assistance to those undertaking the inquiry and I am happy to provide any further clarifications if needed.

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: GRO-B

Dated: 1ST December 2025

Index to First Witness Statement of Dr Timothy Baker

Para	Document Description	Inquiry URN
Exhibit 1,	CQC S48 Report	CQCM0016517
Exhibit 2,	VC Medical Records	CHCA0000030