

Witness Name: Dr Timothy Baker

Statement No: WITN0084003

Dated:23rd March 2026

THE NOTTINGHAM INQUIRY

THIRD 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 October 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 11th March 2026 (the "Request").

Background

3. I have been asked to answer further questions with regards to the medical records of Valdo Calocane and the notes transfer process between NHS Wales and England.

Request for Documents

4. I have been asked to provide a copy of the summary printout referred to in Paragraph 22 of my statement dated 1 December 2025 as well as any correspondence relating to the transfer of VC's primary care records from his practice in Wales to UNHS. I can confirm that all documents we currently have access to relating to the medical records of VC have already been provided to the enquiry in electronic form. We hold no further documentation.
5. Paper records for VC which would include any previously transferred summary were transferred out of the practice when requested in January 2024.
6. VC registered with the practice during freshers week of 2017. As a University based practice, we register circa 9000 patients per year with around 7000 of these occurring in the last weeks of September. From our annual registrations at that time around 25% were international patients from outside of the UK for which we receive no previous history. For patients transferring from English practices at that time we believe there was some electronic transfer of records but this was limited to those practices using the same electronic record system who had opted to allow the process. There were also limits to the information which transferred in terms of attached documentation. Transfers across the two major systems (TPP and EMIS) was being piloted in 2017 and is now used in almost all transfers in England. There is no electronic transfer of records from England to Wales.
7. In 2017, at the point of registration for patients currently registered with the NHS a request was made electronically to register the patient to the practice and a request is made for the previous medical history to be sent. This is handled by Primary Care Support England (PCSE), or its predecessor, and the equivalent in Wales and Scotland. As a practice we receive a weekly delivery of paper records which at that time would have amounted to several thousand sets. The

time frame from registration to receiving a medical record can vary from one to several months.

8. On receipt of the medical records the practice employed a team of medical summarisers. Their role is to review the paper record and ensure any significant information is accurately recorded onto the electronic record.
9. The medical summarising team work to a strict protocol outlining what previous medical history must be transferred from the supplied paper records into the electronic record. The protocol in use in 2017 is attached. [WITN084004]
10. Our records show that all that was received from his previous practice was a summary printout. Normally a summary printout includes any active or significant past problems, current medication, allergies and immunisations. In the case of VC, two pieces of information were identified and transferred as per the protocol. We do not have the summary printout referred to as a reference, but had it contained further information this would have been transferred into the medical record. Note, this summary printout would only include information recorded by the previous General Practice. There is no transfer for secondary care or community records which are not also within the Primary Care record.
11. Where a summary printout only is provided upon transfer and the practice has reason to believe that there may be further information required there is a process of being able to contact the previous practice and request that further information be sent. However, this is not done routinely and is mostly led by a patient referring to an ongoing or past condition for which we require further information. In the instance of VC being a young adult with no self-declared significant medical history there would have been no reason to request further information. It is not unusual for a young adult born outside of the UK (and therefore not having a history of childhood vaccinations) to have very little within their medical record.
12. With regards to the current situation for the transfer of records. For records transferred within England, this is now an immediate electronic process allowing the transfer of all medical information held within a Primary Care record. Paper records are still transferred for some patients however there is a move towards electronic only records. For transfers from Wales or Scotland,

this remains paper-based with the transferring practice requested to print the medical record and send it via PCSE or the equivalent to the receiving practice. For registrations from outside of the UK no records are received unless supplied by the patient.

13. I hope this additional 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: 26th March 2026

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No.	Inquiry URN	Document Description
1	WITN0084004	Summary Protocol 2017