

OUR MARK: VI

EAST SUSSEX COUNTY COUNCIL STATEMENT OF WITNESS

(C.J. Act 1967, s.9; M.C. Act 1980 ss5A(3)(a) and 5B, Criminal Procedure Rules 2012, Rule 27.2)

Name: Ann Longden

Age of Witness (if over 18 enter "over 18"): Over 18

Occupation: Mobility Assessment Officer

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

Signed.....Signature witnessed By.....

Dated the 13th day of July 2022

I am the above named person and I am a Mobility Assessment Officer for the Blue Badge Team at East Sussex County Council. I have held this role since October 2019. I am also a Registered General Nurse and have been since 1982. I also have a District Nurse Qualification. My current role involves me assessing blue badge applications and blue badge renewal applications for those whose badges are due to expire. This involves me screening applications to assess if a client meets the criteria set by the Department for Transport to ascertain whether the client is eligible to be issued a blue badge or not. If necessary and a decision can't be made when the application is assessed it may be required to invite the client to a face to face mobility assessment

NOT
DOCTOR
WITH
SPINE
SPECIALISATION

On the 6th of April 2022 I carried out a face to face mobility assessment with a Mr Riccardo Gresta along with my colleague Mandy Gaved who is also a Mobility Assessment Officer. The assessment was conducted at St Mary's House in Eastbourne

The Assessment and outcome are uploaded on Mr Gresta's record in e-casefile on Liquid Logic. Ecasefile is local East Sussex County Council database where clients records are stored. I can produce a copy of this assessment as my Exhibit (AL/01).

Mr Gresta was assessed by qualified registered health care professionals and based on his presentation at his clinic appointment and as he left the building, he was found to be not eligible. His overall presentation was inconsistent therefore he did not meet the DFT criteria.

Mr Gresta was notified of the outcome of his assessment by letter dated 14/04/2022.

Mr Gresta wrote an appeal letter dated 22.04.22 with a supporting medical letter which was headed with Hurstwood Park Hospital, Neurology Department and dated 19.04.2022. It had a typed signature at the bottom of the letter, this was typed as Angus Anderson Independent Consultant Neurologist. Overall the letter had a number of grammatical errors and it did not give me the impression that it had been written by a consultant neurologist. It looked to be written in a manner very similar to Mr Gresta's appeal letter.

Another concern noted was that if Mr Gresta had been seen by the Musculoskeletal (MSK) consultant on the 12.04.22 as he stated he did, it would have been very unlikely that he would have been referred, seen by a neurologist and received a written report from them within 7 days. (HURSTWOOD PERSONAL OPINION)

See
puro
2.11
RGY1
RGY2
04100

Due to having reasonable suspicion that this letter was not a genuine medical report I rang Hurstwood Park Neurology department on 27.04.2022 at 14:30 and spoke to the neurologist's secretary Mandy Covey. I was informed by Mandy that their department did

Signed:Signature witnessed by:

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Continuation of statement by

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not have a consultant by the name of Angus Anderson and she did not know of an independent consultant neurologist of this name. Mandy informed me that the consultant's name at Hurstwood Park was Angus Nesbit. She also stated that if an independent consultant had written a letter/report they should not be using Hurstwood Park's address at the top of their letter. Mandy also told me that Mr Gresta had not been seen at Hurstwood Park neurology department since September 2019. The last referral to Hurstwood Park from MSK was dated 05.09.2019 and the consultant practitioner who signed that letter was called Michael Anderson. The name on the medical letter sent in by Mr Gresta was Angus Anderson.

My colleague Mandy Gaved looked on the General Medical Council (GMC) register to ascertain if there was a listed Doctor with the name Angus Anderson and found that there was no one of this name registered. Due to my concerns that the medical letter provided my Mr Gresta in order to support his appeal was not genuine, I spoke to Mark Jobling who is the Investigations Officer for the Blue Badge Team and informed him that I did not believe that the letter provided was genuine and had not been written by a Consultant Neurologist.

I am willing to attend court and give evidence if required.

Signed:Signature witnessed by:

NEast Sussex County Council
Adult Social Care
Blue Badge Team

Mobility Assessment

Section One: Initial Information

Name:	Riccardo Gresta	P Number:	[REDACTED]
Address:	[REDACTED]		
Date of birth:	[REDACTED]		
Date of assessment:	06.04.2022		
Time of assessment:	11:30		
Location of assessment:	St Mary's House		
Assessment officer:	Ann Longden accompanied by Mandy Gaved. Rachel Griffiths observed client's mobility on arrival and leaving the appointment		
New application or renewal	Renewal		
Persons accompanying applicant:	None		
ID check:	☒ X		

Problem areas reported: Gait/Balance ☐ Breathlessness ☒ Pain ☒ Fatigue ☒ Other ☐

APPLICATION States:

Lumbar Canal Stenosis / serious movement difficulties. Cannot walk properly and this affects balance and pain. SOB after 20 metres, SOB getting dressed and trying to leave home, walking uphill.
Main condition, back problems, over last year has got worse. States it is likely he is eligible for PIP MA component. Can walk 15 metres takes 1 to 2 mins, walking duration less than a minute.
Pain from lumbar spine spreads to legs, shoulders and hands. States his condition makes him nervous, anxious, fearful of open spaces almost every time. Blue Badge would help reduce his anxiety if could park nearer shops, often needs someone with him. Receives PIP 8 points Daily Living component and Universal Credit.

GENERAL BRIEF HISTORY OF CLIENTS APPLICATION.

UNIVERSAL CREDIT (UC) REPORT (29.03.21) The UC assessment [REDACTED] Client
[REDACTED] examined by the medical assessor [REDACTED]
states [REDACTED]

A mention the risk of complications).
an accountant [REDACTED]

he works as
the kitchen

[REDACTED] al credit report in e-case file. Information submitted by the client for this UC telephone
consistent with supporting information from UK GP medical summary and other UK

A I

MEDICAL SUMMARY FROM UK GP.

Listed active problems: Chronic lower back pain, Vit D deficiency and Scheuermann's disease.

B LETTER SUBMITTED AS SUPPORTING INFORMATION

Hurstwood Park- Neurosciences. (25.03.19)

Letter states that this is a face-to-face appointment/follow up.

[REDACTED] normal cervical spine alignment, no central canal

C appointment date for MSK so he should have an onward referral to neurology. Date is 12.04.22, copy of
appointment taken to up-load onto e-casefile, client gave permission for this.

D MOBILITY ASSESSMENT 06.04.2022

D

E

A

Timed Walk

Please ask the following question:

'Have you been told by a doctor that you should not walk far due to a danger posed to your health by the effort required to walk?'

If the applicant has been advised against walking, please comment in the box below.

Please tick this box to indicate that the therapist has ensured the applicant has all walking aids and medications that he/she would usually take with him/her before beginning the timed walk.

Please tick this box to indicate that the client has agreed to participate in the timed walk. If client has not agreed please indicate why in the box below.

Client decided to leave his umbrella in the clinic room.

Section Two: Pain (other than chest pain)

Did the applicant experience pain during the assessed walk?

Did the applicant take pain medication as usual on the day of assessment?

If not, why not?

Where is the pain?

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On a scale of 0 to 10, where 0 is no pain and 10 is the worst pain imaginable, how would the applicant rate his/her level of pain during the assessed walk?

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Pain indicators (observed by assessor):

Frequent stops, reaching out to railings and leaning on them at stops and leaning forward on them as completing the measured walk, grimacing with audible sounds, did not chat, holding his left hand in his lower back during the outward part of the measured walk, uneven step length at times.

Is the applicant's self-report consistent with the assessor's observations and knowledge of medical conditions?

Comments	
What kinds of things make the pain better or worse?	

Section Three: Shortness of Breath / Cardiac Symptoms

Did the applicant experience shortness of breath or chest pain during the walk?

Perceived SOB at rest before standing up

Perceived SOB at the end of the timed walk

Time until observed SOB returns to baseline

Was the applicant able to talk during the timed walk?

What kinds of things make the shortness of breath / chest pain better or worse?

Shortness of breath indicators (observed by assessor):

Is the applicant's self-report consistent with the assessor's observations and knowledge of medical conditions?

Section Four: Balance

Does the applicant experience problems with balance?

Yes ☐ No ☒

Comments on balance:

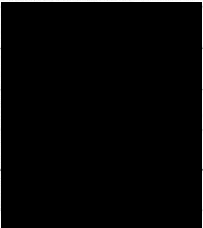
Section Five: Any Other Information

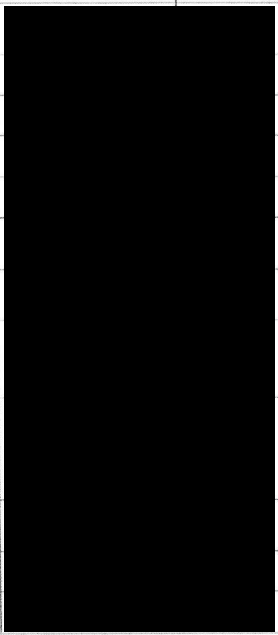
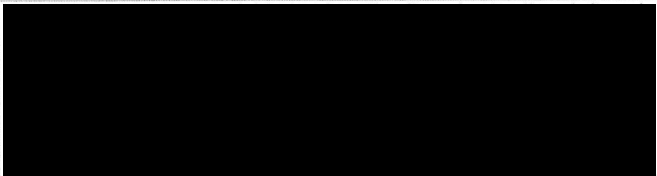
Is today a better day or a not so good day?

If the therapist feels that further input regarding falls prevention may be necessary please advise applicant to contact his/her GP and tick the box to indicate this advice has been given.

Is there any other information the applicant would like to add?

Section Six: Timed Walk Report

The total distance the applicant is able to walk:	
The total time the applicant is able to walk (including rests):	
The speed the applicant is able to walk:	
Number of rests taken on the outward journey:	
Number of rests taken on the return journey:	
Reasons for resting and comments on rests:	
Pain/pins and needles / sciatica pain right leg.	
Was an appropriate aid used correctly during the timed walk?	
Client chose not to use his umbrella. No walking aid used except holding onto the railings. Reported he was told not to use walking aids as gripping them or using axillar crutches increased the pain in his back.	

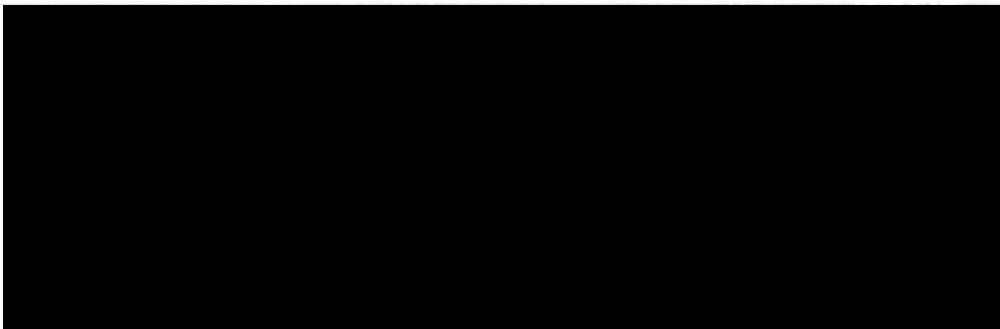
Task	Description of applicant's gait	Score system	Score
Initiation of gait	Hesitancy or multiple attempts to start No hesitancy		
Step length and height	Does right swing foot pass left stance foot with step?		
	Does right foot clear floor completely with step?		
	Does left swing foot pass right stance foot with step?		
	Does left foot clear floor completely with step?		
Step symmetry	Right and left step length not equal Right and left step length equal		
Step continuity	Stopping or discontinuity between steps Steps appear continuous		
Path	Marked deviation Mild/moderate deviation or actively uses walking aids Straight without walking aid		
Trunk	Marked sway No sway but flexion of knees or back, or spread out arms while walking or actively uses walking aids No sway, flexion, use of arms or aids		
Walking stance	Heels apart (medial heels $\geq$ 4 inches apart) Heels almost touching when walking		
Total gait score:			
Total gait + balance score (if completed):			
Comments on gait:			

Section Seven: Functional Observations and Therapist's Comments

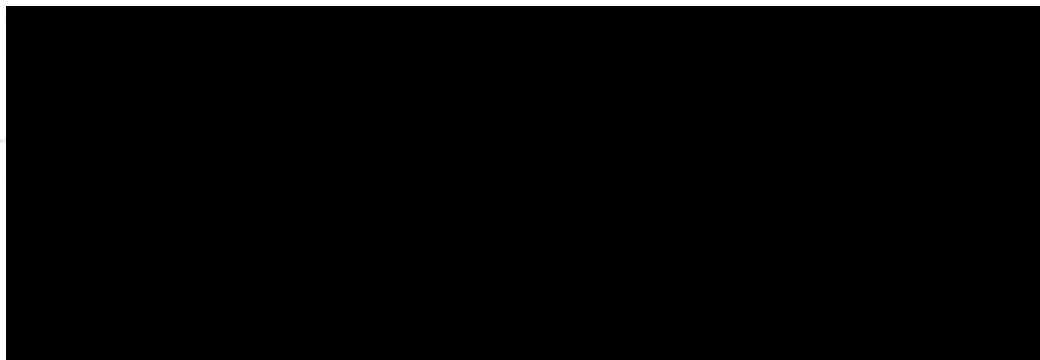
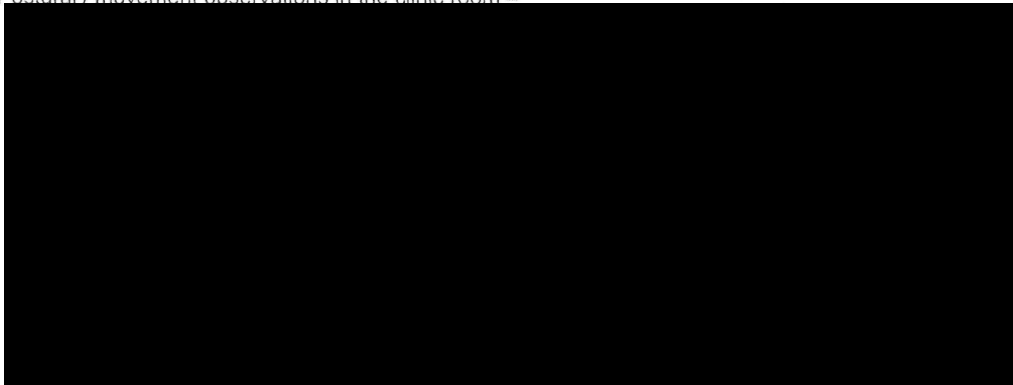
Functional observations:



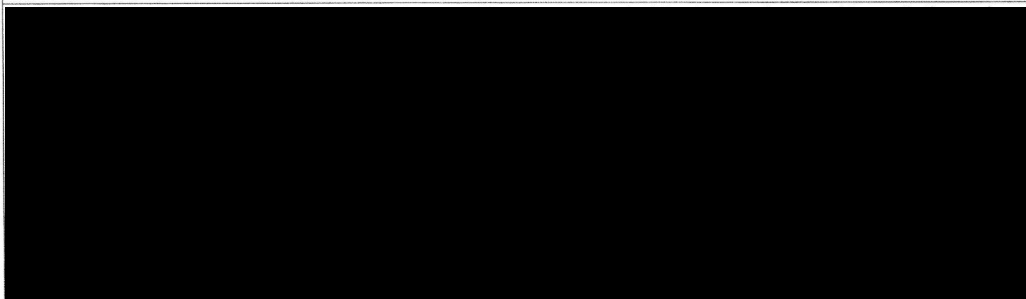
Last updated: 20th January 2014



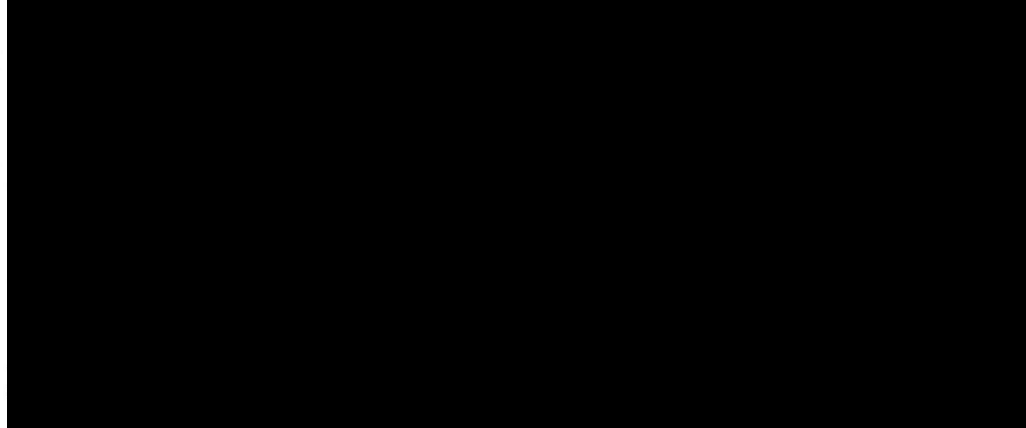
Postural / movement observations in the clinic room –



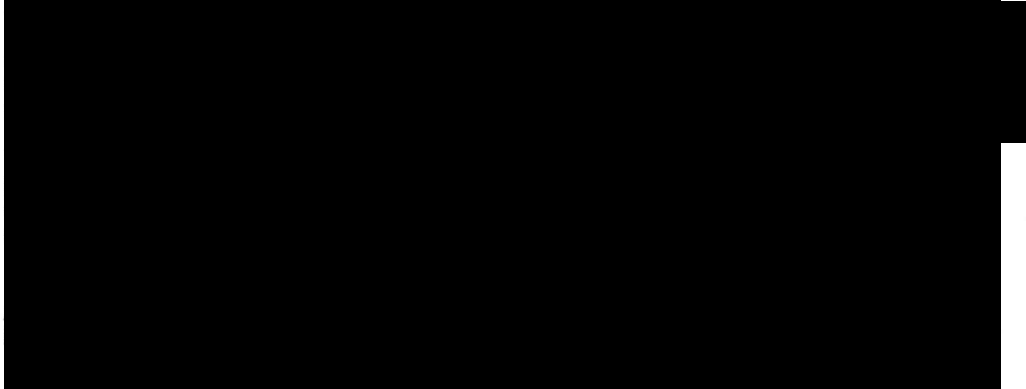
Therapist's comments:



After clinic:



Final conclusion and outcome of Blue Badge assessment



Name:	Riccardo Gresta	P number:	[REDACTED]
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ASSESSMENT OUTCOME

CRITERION ONE: The applicant has an enduring and substantial disability.

If the answer to the above question is 'No' the reason is because:

- The applicant is awaiting investigations or treatment that may improve his/her condition.
- The applicant is undergoing / recovering from treatment that may improve his/her condition.
- The applicant's disability is intermittent.

If the applicant does not have an enduring and substantial disability, he/she is **NOT** eligible for a Blue Badge at this time.

CRITERION TWO: The applicant has very considerable difficulty in walking.

LIST A

The applicant is **unable** to walk more than 30 metres.
This distance has been determined by the Department for transport

LIST B

The applicant is only able to walk with excessive labour of gait.
This is measured using the standardised Tinetti gait assessment

The applicant is only able to walk with excessive breathlessness.
This is measured using the Modified Borg Dyspnoea Scale

LIST C

The applicant is only able to walk at an extremely slow pace.
This walking speed has been determined by the Department for Transport

The applicant is only able to walk with excessive pain.
This is determined by considering the applicant's self rating of pain and the therapist's observations and medical knowledge of the condition

In order to be eligible for a Blue Badge under this section, an applicant must:

- Satisfy the criterion in List A
- OR
- Satisfy one criterion from List B and one criterion from List C

CRITERION THREE: The applicant should not walk far due to a danger posed to his/her health by the effort required to walk.

It is the assessor's professional opinion that the applicant meets this criterion.
The assessor will consider all information presented as part of the application

DECISION

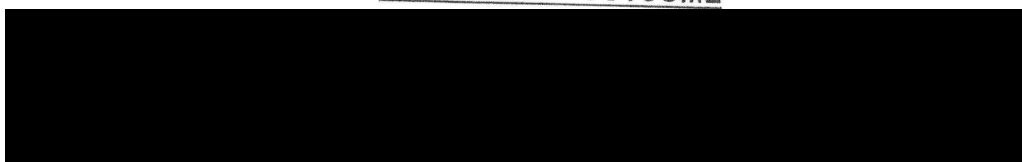
APPLICANT ELIGIBLE with standard review on renewal

APPLICANT ELIGIBLE with therapist review on renewal

APPLICANT NOT ELIGIBLE

Name:	Riccardo Gresta	P number:	[REDACTED]
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ASSESSMENT OUTCOME



You are currently recovering from treatment and there is an expectation that your mobility will improve.	[REDACTED]
You are currently waiting for medical assessment-/ treatment and your mobility may improve afterwards.	[REDACTED]
Your symptoms present as intermittent in nature.	[REDACTED]
You are able to walk more than 30 metres.	[REDACTED]
The manner in which you walk does not affect you to the extent necessary in order to meet the current Department for Transport guidelines.	[REDACTED]
Whilst we acknowledge shortness of breath is an issue, it does not affect you when you are walking to the extent necessary in order to meet the Department for Transport guidelines.	[REDACTED]
We acknowledge that you do experience pain when mobilising, however, your pain levels do not affect you when you are walking to the extent necessary in order to meet the current Department for Transport guidelines.	[REDACTED]
You are able to mobilise faster than the walking speed set by the Department for Transport.	[REDACTED]
The effort of walking does not cause an immediate danger to your health.	[REDACTED]

Blue Badge Service

[REDACTED]

09.03.2022 as requested by AL, clinic app booked for SMH, 4th April @ 11.30am. MG, RG and AL to attend (aware of booking made) letter sent to client via post and email LS

13.04.22 Client attended mobility clinic on 06.04.22. Mobility assessors AL, MG and RG were present. Client was found to be not currently eligible. See comprehensive mobility assessment report on e-casefile for further details. AL

14/4/22 Refusal letter sent. hy

[REDACTED]

27/4/22 Letter received from client stating he wishes to appeal the decision to refuse him a blue badge. He has sent in letter dated 19/4/22 from Independent Consultant Neurologist Angus Anderson. Acknowledgement Letter sent moved to appeal email to LD to advise I have moved to appeal st

28/04/2022 client appeal supporting evidence does not appear to be valid ? calls to confirm this have revealed there is no such consultant listed and it appears that 2 names have been used to create a consultant name from Hurstwood Park that does not in fact exist ? AL has called to confirm this. MG has checked GMC register this name is not on there ? investigation to be carried out. LD to uphold the initial decision and consult with legal as to the way forward on this LD

[REDACTED]

9/5/22 Email received in response to uphold letter. Forwarded to complaints team as advised by Alison O'Shea. hy

[REDACTED]