



St Stephens Gate

MEDICAL PRACTICE

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Enquiries:

Secretaries:

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Mr David Osborne
Assistant Coroner
Norfolk District
Norfolk Coroner's Service
69-75 Thorpe Road
Norwich
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Dear Sir,

INQUEST IN TO THE DEATH OF YUKI NORMAN-KNIGHT – RESPONSE TO MATTERS OF CONCERN

1. If a patient attended another organisation that is using the SystmOne clinical software then the following is noted on their record (example):

'Care started at Timber Hill Health Centre (Walk In Patient)'. This entry would automatically show the date, time and the consultation, as well as who the patient was seen by. The entry would include advice given and any medication prescribed.

After the consultation the system would show:

'Care ended at Timber Hill Health Centre (Walk In Patient)'. This entry would also show date and time.

However: we would not be able to see the detail of the consultation if SystmOne showed:

'Patient dissented to their record at another organisation being shared.'

Or:

'Event has been made private by another organisation.'

In other words, our ability to see the consultation details at another venue is reliant on the patient's consent. However, in the instance where consent has been given, we confirm that the information can be seen and that all nursing staff check records accordingly. Whilst this would be standard procedure in any case, we have reviewed and reinforced the need for all clinicians to check patient past clinical history at each appointment.

If a patient is seen in A&E or by the OOH team, then the report is electronically linked to a patient and shown under communications on the patient record. However, in the case of A&E attendances the Practice may not receive notification for some days; but we would assure you that as soon as notification is received in Practice it is immediately scanned into the Patient's notes. In the case of a young child the parent or guardian would be in a position to inform the clinician that the child had been seen at or by the above.

2. St Stephens Gate Medical Practice assures the Coroner that any Nurse Practitioner or Practice Nurse will have the support of a duty doctor at all times. Moreover, the Practice is arranging for a

paediatrician to attend here and present a module on 'Referral for a Sick Child'; and also for all clinicians to undertake: 'Spotting The Sick Child', an e-learning tool commissioned by the Department of Health.

NICE Guidance states: 'fever in young children can be a diagnostic challenge for healthcare professionals because it is often difficult to identify the cause. In most cases, the illness is due to a self-limiting viral infection. However, fever may also be the presenting feature of serious bacterial infections such as meningitis or pneumonia. A significant number of children have no obvious cause of fever despite careful assessment. These children with fever without apparent source are of particular concern to healthcare professionals because it is especially difficult to distinguish between simple viral illnesses and life-threatening bacterial infections in this group.'

In recognition of this NICE guidance, in the event of any doubt a nurse would refer to or at the very least discuss a case of concern with a GP. We use the NICE 'Traffic Light System for Identifying Risk of Serious Illness [new 2013]', and are arranging for laminated copies of the Traffic Light guidance to be present on desks in all nurses' consulting rooms.

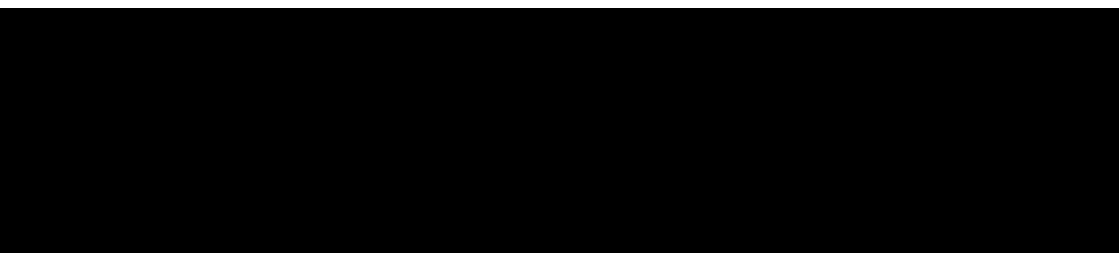
3. Medical practice receptionists are not qualified to triage clinically. When the parent or guardian of a sick child calls for an appointment, the receptionist will ask whether an appointment with a Nurse Practitioner or Practice Nurse is suitable. If the parent/guardian indicates that there is concern that this might not be suitable, or a Nurse appointment is declined by the parent/guardian, then the child would either be booked a GP appointment or the Duty Doctor asked to triage. We also have guidance for immediate Duty Doctor response; for example if the parent/guardian states that the child has difficulty breathing, or a non-blanching rash. The outcome here might be that the patient would be advised to attend the Surgery as a matter of urgency or an ambulance called on their behalf.

Two points we wish to reinforce here are that the entire Practice team works extremely hard to ensure that we avoid any delay in a patient being seen, and that a sick child would always be offered an appointment with a practitioner capable of dealing with the problem.

We have also undertaken a survey of contacts by parents/guardians of patients under one year that we have had, over a period of one month. We will then discuss the issue at a clinicians' meeting to establish whether all under-one year olds should be triaged by a GP.

Finally, we would wish to reassure you that we have discussed the outcomes of this case at practice clinical meetings, and have reviewed our policies and procedures accordingly. We offer our most sincere condolences to the family of Yuki and, of course, wish to play our part to ensure that any risks of such a tragic instance occurring again in the future are eliminated as far as possible.

Yours sincerely,



Practice Business Manager – 