



20th March 2014

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PRIVATE AND CONFIDENTIAL

Dr Fiona Wilcox
HM Senior Coroner Inner West London
The Coroner's Court
65 Horseferry Road
London
SW1P 2ED



Dear Dr Wilcox

INQUEST TOUCHING ON THE DEATH OF MS. REFAT HUSSEIN ("MS HUSSEIN") AND YOUR REGULATION 28: REPORT TO PREVENT FUTURE DEATHS DATED 12 FEBRUARY 2014 (THE "REPORT")

I am writing this letter in response to the Report. I am the Medical Director for Urgent Care within Care UK which, since November 2012 Harmoni has been wholly owned by Care UK.

We fully appreciate that in providing high quality Out of Hours ("OOH") medical care it is highly desirable to have access to information from the patient's registered General Practitioner ("GP"). During his review of GP OOH services in 2000, [REDACTED] emphasised this very point and at the time of his review, he was confident that a national programme to deliver electronic records would address this. Regrettably, this project did not deliver.

As you may appreciate, there are a number of GP IT systems that necessarily underpin consultations and the organisation of In Hours care in General Practice. Whilst there is increasing interoperability between these systems, we are not yet at the stage where records are easily shareable between GP practices and OOH providers.

Our OOH information system, called Adastra, does communicate with daytime GP practices in the sense that, after an OOH consultation has taken place the GP practice receives a "post event message" ("PEM") detailing the consultation that has taken place in OOH period. The PEM contains a summary of the consultation notes. As such, our OOH service is able to communicate with GP practices. However, the reverse (i.e. an information flow from a GP practice to OOH as a matter of routine) is simply not possible under current NHS protocols. Our clinicians are not routinely able to see records from daytime GP computer systems. This situation applies generally to OOH services and is not specific to Harmoni/Care UK.

At its most basic level, this means our OOH clinicians have to ensure that they take a careful history from patients and their carers and/or family to ensure that they can deliver a high quality medical assessment and appropriate treatment. To us, this is not satisfactory and we are aiming to exert what influence we can to change the current state of affairs for the benefit of patients

As such, we have not been complacent about this concern and have taken, and continue to press GPs to submit information to us about patients who have long term conditions, are very poorly or vulnerable. This is achieved through a system called Special Patient Notes

("SPN"). GPs can submit SPNs in either written form that we can transcribe into our records or preferably, can use a web portal to submit the SPN directly into our systems. We provide templates of the most common forms of SPN to try to ensure that the correct data is captured and the system we have implemented reminds GPs when SPNs that have been placed on the system by that GP are due for review.

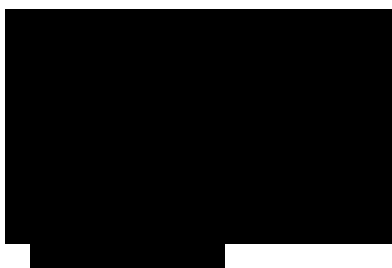
In addition to this, we are working closely with the Health and Social Care Information Service ("HSCIS") to ensure that systems are in place to ensure that we can see patients' Summary Care Records ("SCRs"). The SCR is a direct element of GP patient records and has the potential to be enormously helpful in ensuring that we have access to important information extracted from the patient's registered GP. Together with HSCIS, we are promoting this nationally as SCRs will only become truly useful when more GPs have uploaded them and the content of the SCR is expanded.

I should also add that in London, we also work closely with NHS England to ensure that our OOH (and other) services can access patient records on a system called Coordinate My Care ("CMC"). CMC is widely used across London to try and integrate the daytime medical care, community nursing care, hospital care and OOH care.

An important factor applying to all of the above developments is that the onus is on the registered GP practice to enable us to access information.

I hope that this letter illustrates that this is an issue that we take extremely seriously and are working diligently to resolve. I am happy to provide any further information or clarification that you may require.

Yours sincerely

A large black rectangular redaction box covering the signature area of the letter.

Medical Director – Urgent Care