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26th June 2014

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Dr R Brittain
Assistant Coroner
Inner North London
St Pancras Coroner's Court
Camley Street
London N1C 4PP

Dear Dr Brittain

I am writing to respond to your Prevention of Future Deaths report dated 8 June 2014.

We regret and acknowledge Mr Pope's family's and your concern. We have reviewed our processes, investigated what occurred in Mr Pope's case, and considered if any actions are required to prevent an occurrence of this nature in future.

You raised the following concern: "*...where a patient does not have capacity to make decisions about attending follow-up consultations, appointments might be missed when family members are not copied into correspondence. It was accepted that patient confidentiality would normally preclude such direct family involvement but that there may be circumstances when it is in the patient's best interests to use this approach, to ensure follow up occurs. It was not clear from the evidence heard at the inquest what steps are taken when a patient is deemed not to have capacity to make this type of health decision. Concerns were raised that there is no 'backup' process in place and that future deaths could occur as a consequence.*"

I summarise below, for completeness, our process for outpatient appointments and describe the safety net within this process for patients who lack capacity.

On referral to the Trust for an out-patient appointment, the GP/original referrer must send a completed referral letter, which should include all appropriate information according to the Referral Minimum Dataset (MDS). As part of the MDS the referrer must include any other supporting information e.g. disability, mental health issues, child protection issues, which indicate that the patient may be vulnerable and/or require additional support. (Ref. Whittington Health Elective Access Policy, Section 10.1).



Established as The Whittington Hospital NHS Trust

Chairman: Mr Steve Hitchins Chief Executive: Mr Simon Pleydell

When a referral is received, the patient is telephoned by a member of the Access Team to agree an appointment date and time. They are given the opportunity to accept, decline or to rearrange, the appointment. They are reminded of their out-patient appointment date and time via telephone 7 days before their appointment. They are given the opportunity to accept, decline and rearrange, or decline the appointment. Three days prior to their appointment patients receive a reminder text on their mobile phones or by telephone, if we do not have their mobile number.

When patients do not attend (DNA) their out-patient appointment, the clinician in charge of the patient's care will decide if a further appointment is appropriate. The Trust Access Policy states that when patients do not attend their out-patient appointment they are discharged back to the care of their GP. (Ref. Whittington Health Elective Access Policy, Section 11.3) A letter is sent to the patient and their GP to inform the GP of the patient's non attendance, which was the case with Mr Pope when he missed his out-patient appointments. If the GP is concerned that the patient should be seen in their clinic, they can request a further appointment and the Booking Team in the Patient Access Centre will re-book the appointment.

If a patient is deemed not to have capacity, and a formal letter or email request from the GP, family member/representative or clinician is made to the Patient Access Centre, an alert will be raised prompting the staff to copy appointment letters for that patient to family members, GP or the appointed representative. The Patient Access Supervisor will place the alert on the Trust's Patient Administration System, which flags this request each time a member of staff makes an appointment. The system will show the name and address of the person to whom the copies should be sent. Unfortunately in Mr Pope's case, such an alert was not requested and therefore his out-patient appointment letters were not copied to anyone. Had such a request been received for Mr Pope, we would have been accommodated it, as described.

To conclude, I hope you are assured that the Trust has appropriate and robust processes in place with respect to patients who lack capacity to make decisions to attend their out-patient appointments. Having considered your recommendation, we do not feel that our processes or the Elective Access Policy require any changes; however we do feel it would be helpful to send a communication to all the GPs in our area reminding them of our safety net processes for patients who lack capacity to attend appointments.

Action:

The Trust will send a communication to all GPs via the GP Bulletin to remind them to include any information with regard to vulnerable patients or patients who lack capacity in their referring letter; and to remind them of the option to request that out-patient appointment letters are copied to them or a nominated patient representative for patients who lack capacity to attend appointments.

Yours sincerely



Simon Pleydell
Chief Executive