



Response to matters of concern raised in the Regulation 28: Report to Prevent Future Deaths (2) in relation to the death of Mr John Day

The concerns raised in section 5 are about access to a patient's records out of hours and, although it did not apply in this case, the potential risk to a patient who lacks capacity, if this is not available.

It is unfortunately the case that there is no system currently available to GP out-of hours services that has the capacity and capability to provide a clinician with all the patients GP clinical records although previous contacts with the out of hours service are accessible, locally, via the dedicated out of hours system, Adastra. Whilst all UK residents, unless they opt out, can be checked against the National (NHS) spine, this only gives the demographics of that patient and not any clinical record, so this would not provide information about allergies. Whilst it is planned that there will be access to the Summary Care Record through the National Spine this does not function fully yet and we have not succeeded when attempted by the Beacon services.

We are fortunate in that all the GPs on the island have the same primary care computer system which should allow some limited sharing of clinical information locally, through a system called Vision 360 but this has largely failed to function, is cumbersome and could not be accessed by the mobile GP because the limited ability to transfer data to the laptops in the cars due to the band width.

In the case of a patient who lacks capacity, it would be possible, although time consuming, for a GP in the community to contact a GP colleague at the base to see if Vision 360 is functioning and then to check for allergies or other serious and appropriately important conditions that might have any impact on the treatment being considered. This, even then, does rely on the information being correct and complete on the GP system and would not be possible to access in the case of non island residents.

In this case the patient was deemed to have capacity firstly by the paramedic, as they accepted his refusal to go to hospital, and then by [REDACTED] Mr Day denied any allergies to both of these clinicians so there was no reason to check the veracity of the patient's response even if access to Vision 360 were more reliable.

All the GPs working in the out of hours service are aware of the potential, but unreliable, access to Vision 360 and, as a matter of normal good clinical practice, would attempt to access it if they significant concerns about initiating a treatment with a potential serious allergic response in a patient without capacity.

There is no integrated health care record system in the UK that we could adopt that would deliver a comprehensive and mobile health care record across all systems but we are leading the way on the development of that integration on the island. The Beacon out of hours service is working closely primary care, the ambulance service and secondary care. We have already integrated the Adastra system into the overarching hospital system ISIS. Better links between this and the primary care system (Vision) are limited by the unreliability of Vision 360 which is a problem nationally and not within our control. it is more likely to be resolved by a change in the islands primary care system.

Actions taken

1. Reminder sent to all out of hours GPs to consider trying to get access to Vision 360 if clinically indicated.
2. To continue to press for improvements in the IT systems to be able to deliver mobile access to patients clinical record.


Beacon Medical Director