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Mr David Horsley
Her Majesty's Coroner for Portsmouth and
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Coroner's Office
The Guildhall
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18 September 2015

Our Ref: UW/JH

Dear Mr Horsley

Re: REGULATION 28 : REPORT TO PREVENT FUTURE DEATHS 27th JULY 2015

I write in response to your regulation 28 report referred to above following the inquest into the death of Mrs Brenda Sillence and respond to the matters of concern contained within that report as follows:

- 1) The section providing information about patient drug allergies and reactions is not easily located on the electronic discharge summary form being introduced by Queen Alexandra Hospital and I heard evidence that it should have a more prominent and discrete location on the form. I share this view.*

Response

The process of redesigning the electronic discharge summary (EDS) has been carried out by Portsmouth Hospitals Trust (PHT) in conjunction with the local GP community and the local Clinical Commissioning Groups. The information contained within the EDS is directed to GPs and it was therefore crucial for PHT to ensure that their views were central to the development of the form. As a result it was in fact drafted by a group of people (the EDS Design Group), including GPs and the Local Clinical Commissioning Groups who advised PHT of what information they wanted to be included in the form and in what order. It was of importance to those groups to ensure that the patient's demographics and clinical details appeared on the front page. There is not room for further information to appear on the front page (without the risk of it getting lost) and the process of developing the form demonstrated that details about drug allergies logically belongs with information about medications which appears on a subsequent page.

Since receiving your report, PHT's Medical Director, [REDACTED], has raised the possibility of changing the form with the Governance lead for the local CCGs and also raised the issue with the Local Medical Committee (which represents NHS GPs in the local area) they have confirmed that it would not be appropriate to change the position of the allergy information on the EDS for the reasons outlined above.

- 2) *Manual discharge summary forms will still be used in certain situations following introduction of the electronic form. The form intended to be used is the same format as the form used on Mrs Sillence's discharge from hospital in 2010. I heard evidence about its lack of fitness for purpose and consider that it needs to be redesigned to make it more user friendly for both the clinician completing it and the recipients of the form. In particular, the lack of a prominent and separate section on the form for patient drug allergies and reactions needs to be addressed.*

Response

Once the process of rolling out the EDS has been completed, which it is anticipated will be by end of October 2015, the manual paper discharge forms will be removed from the wards so that they can no longer be used. It is envisaged that the only circumstances in which manual discharge summaries (MDS) will be completed is if there is an IT failure in the Trust and it is extremely unlikely that this would last more than a few minutes. The software has the full back up of IT services.

However, once the rollout has been completed, the MDS will be amended to mirror the EDS.

- 3) *The present Queen Alexandra Hospital procedure on a patient's discharge is to warn them orally about drug allergies and reactions and provide them with a copy of the discharge summary form. The form is couched in medical language, and, in my view, the patient should also be given a separate written document giving information in plain language about drug allergies and reactions and this document should also be copied to the patient's general practitioner.*

The Trust recognises that patients who are found to have a significant drug allergy during their hospital stay should have this information given to them in an understandable way, both verbally and in a written format. This information should also be conveyed to primary care practitioners and other relevant people. This would be in keeping with NICE guidance CG183 (2014).

The Trust has implemented a number of the recommendations made in the NICE guidance but clearly needs to ensure that it is delivered to all patients equally. The dermatology department now writes to every GP when a significant drug allergy is identified in a patient. The Trust has established an 'Allergy clinic' run by the anaesthetic department so that significant allergies can be tested for, diagnosed and managed. There is still more for the Trust to do and we will continue to progress existing improvements in the service. We are developing written patient information literature about their allergy, the implications and what they may need to do in the future and who they need to inform. This work will be led through the new Allergy clinic but clearly it will have an impact on the wider hospital.

Yours sincerely



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