NHS Mansfield and Ashfield Clinical Commissioning Group

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Your Ref: Our Ref: EM/FB/HGM Direct dial: 01623 673481 Email: elaine.moss@newarkandsherwoodccg.nhs.uk Date: 8 December 2015 Hawthorn House Ransom Wood Business Park Southwell Road West Rainworth Mansfield Notts NG21 0HJ Web: www.mansfieldandashfieldccg.nhs.uk

Dear Ms Mulrennan,

Re Regulation 28: Report to Prevent Future Deaths request dated 22.10.15 Subject: - Harry George Mellor - inquest conclusion 5th October 2015

Thank you for drawing our attention to the issues arising from the above inquest into the circumstances of the tragic death of Harry Mellor who had resided in the Mansfield and Ashfield Clinical Commissioning Group (CCG) area.

The CCG is aware of this case through representation on the Nottinghamshire Safeguarding Children Board (NSCB) Serious Incident Review Panel which is currently considering this case as part of a multiagency serious case review. As commissioners of health services we will be appointing an independent author to undertake a review into the GP involvement in the case to ensure that any resulting lessons learned for health organisations arising from this review are implemented.

With regard to the specific requests raised in the report I would like to inform you of the following: -

1. There is no legal requirement to register or re-register a child with a General Practitioner

The legislative framework is outside the remit of the CCG but we support your request to the Secretary of State regarding this matter. The principle of Parental Responsibility requires parents to make decisions in the best interests of children. In this case, this principle did not result in the best outcome for the child. We will request that this aspect is considered as part of the terms of reference for the NSCB serious case review

2. There is no reliable system in place to identify when a child has been de-registered from a General Practice

The CCG recognises that this is a risk for children with health needs, whose parents do not access appropriate primary care services. The circumstances around GP de-registration in this case will be examined in detail by the CCG Independent Review into GP Contracted Services as part of the NSCB Serious Case Review. This review will be complete by 31.03.16 and any recommendations relating to GP contracted Services will be implemented by the CCG as part of the resulting action plan.

In the meantime this risk is mitigated locally by the following arrangements: -

Current arrangements require specialist services and urgent healthcare settings to ask parents at each attendance the GP registration status.

Paediatric pathways revised in 2015 promote multi-disciplinary communication and care planning (the paediatric pathway requires an Early Help Assessment Framework (EHAF) "team around the child" approach to children referred to specialist services.)

This should promote communication between professionals including the GP.

- 3. There are potential safeguarding concerns if a General Practitioner can de-register a child, particularly a child with chronic health needs, before a new General Practitioner has been identified and notified of the proposed de-registration
 - a) Parental responsibility places the responsibility of GP registration on parents. If families do not inform GPs of changes of address and telephone numbers GPs face significant challenges in tracing mobile families. The circumstances around GP deregistration in this case will be examined in detail by the CCG Independent Review into GP Contracted Services as part of the NSCB Serious Case Review.
 - b) To mitigate this problem, specialist paediatric services should have robust "Did not attend" (DNA) procedures which ensure primary health services communicate with GPs when patients do not attend specialist appointments. As a result of this case the CCG has requested assurance from specialist paediatric services that the (DNA) procedures are being effectively implemented.
 - c) If children with complex needs are found not to be receiving appropriate specialist services, then safeguarding children procedures apply. These procedures were not mobilised in this case and this issue will be further scrutinised as part of the serious case review.

I hope this response gives you some assurance that the CCGs and NHS England are taking the issues identified around the circumstances of this Childs death very seriously. However solutions to the issues you have highlighted are complex and require detailed investigation. We will ensure these issues are considered as part of the Terms of Reference for the Multi-agency Serious Case Review which is due for completion by 31st March 2016.

We will be pleased to share the CCG GP IMR and subsequent action plan by the 31st March 2016 with you, to give assurance that the CCG has fully reviewed the circumstances of this case and is undertaking all appropriate actions to meet any recommendations made.

Yours sincerely

and Moss

Chief Nurse, Mansfield & Ashfield and Newark & Sherwood CCG



Director of Nursing & Quality, Nottingham North & East CCG

tel)

Medical Director, NHS England (North Midlands)

CBeeren

Director of Quality and Personalisation, Nottingham City CCG