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Clinical Commissioning Group

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22nd of November 2016

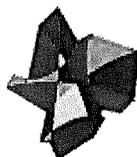
RE: Regulation 28 Report – Margret Mary Dempsie

Dear Mrs Hocking,

I am writing in response to your letter of the 1st of November 2016 regarding the Regulation 28 Report issued on the 24th of October 2016 regarding the death of Mrs Dempsie.

This CCG and our two commissioning partners in Leicestershire and Rutland recognise that the provision of accurate and timely discharge information is a pre requisite for safe and high quality patient care. We have been working together with University Hospitals of Leicester (UHL) to address this and have taken a number of concrete actions:-

- A group of clinicians and managers within UHL considered and reviewed the systems and processes underpinning the production of discharge letters. This group identified that there are a number of different IT systems within the trust that prevent the production of a standardised discharge letter format. An LLR wide discharge group is now looking at these IT issues, primarily focusing on the process for the electronic transfer of discharge letters to Primary care. Overview of this work is via the LLR information strategy group and will be via the UHL Contract team next year.
- UHL undertakes an audit of a sample of discharge letters on a monthly basis, assessing their content and timeliness, with feedback directly to the clinician concerned. The trust reports that they have seen an improvement in both the quality and the accuracy of letters since this started. This monthly audit will continue, and the results will now be reported into the CCGs Contract team for formal overview.
- To ensure that learning from this case is disseminated across the trust, the Regulation 28 Report was included as an agenda item at the November Clinical Quality Review group to enable further joint discussion between the trust and the CCG and to consider any



other actions that are being planned within the trust relating to the issue of Discharge letter accuracy.

- Getting accurate feedback from GPs whenever there is a problem with Discharge letters is a key part of improving performance. We are currently in discussion with UHL and our GP Colleagues about how this can best be done, probably through a dedicated email contact point. The intention is to get feedback within 24 to 36 hours of receipt of the letter, with rapid contact with the relevant junior doctor both to increase their learning but also to ensure the provision of a corrected and accurate discharge letter where necessary. We are exploring the feasibility of this over the coming weeks.
- To ensure there is an ongoing focus on the quality of Discharge letters, the 2017 / 2018 contract with UHL will include a quality indicator within the contract which will be formally monitored and reported to the contract team. This will include discussions around corrective action should the necessary improvements not be sustained. The contracts are due to be agreed by the 23rd of December 2016.
- The CCGs are currently in discussion with UHL about the content of their junior doctors Induction programme. We will ensure that an item is included within this programme which highlights the importance of getting accurate information out to primary care colleagues as soon as possible to ensure the appropriate delivery of care to patients.

I and the Governing body have cited on the issues related to the discharge process and we are satisfied that we are working with the trust and our partners to seek ways to continually improve the quality and timeliness of Discharge letters.

Yours sincerely,



Managing Director LCCCG