



**East Leicestershire and Rutland  
Clinical Commissioning Group**

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9<sup>th</sup> February 2017

**PRIVATE AND CONFIDENTIAL**

H.M. Coroner  
The Town Hall  
Town Hall Square  
Leicester  
LE1 9BG

Dear Mrs Brown

**Re: Francis James LEA**

Thank you for sending us a copy of your report and recommendations following the inquest into the death of Mr Francis James Lea which took place in December 2016. I thank you for bringing these to my attention, this type of learning is very important to East Leicestershire Rutland Clinical Commissioning Group (ELR CCG), helping us to make important improvements to the way in which services and care is provided for people living in our area.

As part of our investigation into the matters raised in your recommendations, the ELR CCG Head of Nursing and Head of Patient Safety were asked to look into your concerns and provide a response. This has then been reviewed by the Chief Nurse and Quality Officer at ELR CCG to ensure that all of your concerns have been answered and adequate action has been taken as a result.

The investigation team have carried out a thorough investigation in order to respond to each of your concerns below. For ease of reference; we have included your original request in *italics*.

*For a patient in a care situation, with declining cognitive function (as set out in his home care plan) it would seem appropriate to consider involving the next of kin in any significant decision such as a change of GP. This would have enabled the family (who always ensured they accompanied Mr Lea for any medical care) to pass on the updated information and this outcome would have been avoided.*

During the course of our investigation, we have been informed by the care home manager that Mr Lea did have the capacity to make the decision to change GP practice. If a person has capacity, there is no requirement to inform the next of kin. However, we recognise that engaging with residents and their families is best practice when making changes such as this. Therefore there are a number of actions that will be put in place to ensure families are aware of future changes with which the CCG is involved:

- When making changes, there must be a robust project plan, including plans for communicating and engaging with all stakeholders.
- Ensure communication and engagement plans include engagement with the family and next of kin. So that whether residents have capacity to make decisions or not, their families will be aware of potential changes.
- Project plans will clearly identify the responsibilities of all parties for sharing information.
- All communications regarding planned changes will be shared with all members of staff at care homes and GP practices.

*There appeared to be no notes on the patient's medical record regarding the rationale for this change, or any consent from the patient that he was in agreement that it should take place. There was also no record of whether any consideration of his capacity has been undertaken, and if so what the outcome of that decision was.*

Residents/patients are assumed to have capacity unless proved otherwise. As part of this project residents were given the choice as to whether to move practice. In future projects of this type, ELR CCG makes the following recommendations:

- Any proposed changes are discussed with the patient and documented by the organisation instigating the change.
- In future projects, ELR CCG will require providers to keep a record of information received and discussed with residents. There will also be a requirement to include potential changes in care plans, and on the relevant clinical systems.
- Project plans will include communications to care homes reminding them to update patient records in a timely manner.

During the course of the investigation it was established that the care home manager had signed the form on behalf of Mr Lea although this was not made clear to the Practice. Therefore we will be contacting all care homes to recommend:

- Policies and processes are put in place when staff are required to sign on behalf of residents who have capacity who are physically unable to sign a document (including documentation standards i.e. designation, black ink, print, two to sign and date).

Since the time of this incident, we have issued standard practice application forms to all of our membership practices. This includes a section for signing on behalf of somebody else.

*Given this was a joint decision between the GP surgeries and the care home, it would seem that each surgery should share responsibility for a safe and effective transfer of care and therefore this report is being sent to each surgery for further consideration and the CCG.*

It is clear that there could have been better communication between the different parties involved in the project. In future we will recommend that:

- All project plans must clearly outline roles and responsibilities for each of the parties involved
- All communications involved in a project must be clearly dated and documented (including templates for letters etc.)
- When making changes to practice lists, not initiated by the patient, there must be a system for forwarding on communications regarding these patients for an agreed timescale (i.e. minimum six weeks).
- Carehomes should have systems for tracking information shared with GP practices; information should be documented in care plans and signature sheets may be required to track information depending on the circumstances.
- In future projects, ELR CCG will require providers to keep a record of information received and discussed with residents. There will also be a requirement to include potential changes in care plans, and on the relevant clinical systems.

In addition to the actions already identified, a serious incident investigation has been opened into this case to ensure the widest possible learning. This is a multi-agency investigation, including the two GP practices, the care home, University Hospitals Leicester NHS Trust (UHL) and ELR CCG.

We also intend to share the issues raised in your letter with our contracts teams who monitor the CCG's contracts with care homes and GP practices. This enables our contracting team to seek assurance from provider organisations, in respect of how they implement lessons learnt from an incident with an aim to improving patient care.

I hope the enclosed response provides assurance about the actions taken following your recommendations.

Yours sincerely

  
**Managing Director**