



**The Highlands Surgery**  
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Dr Q Nguyen  
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29/01/2019  
HM Area coroner  
Dear Mr Christopher Morris,

Re: Regulation 28 report ref 11066/CLB.

We received your regulation 28 report and concerns.

We wish to express our deepest condolences to the family on the passing of the late Mr Thompson.

Your concerns from the inquest are that:

- 1) There was only 1 doctor on duty for the practice as a whole
- 2) The doctor in question stated he has habitually busy afternoon surgeries and was the only doctor to deal with emergencies and clinical queries
- 3) There was no resources available to deal with home visits on the afternoon of the 21/8/2018.

May I address your concerns in that order.

- 1) There were in fact 3 doctors working on 21/8/2018. I attached a computer print out of the GPs appointment for that day. In order to secure identifiable data each number represent a patient. Their numbers correspond to their unique computer ID code.
- 2) Our normal capacity is 16 patients in the morning, 16 patients in the afternoon per GP plus home visits and queries. It is at the individual GP's discretion how long they wish to

see each patient for and they plan their clinic accordingly. Our opening hours are 07:30 till 18:30.

The blank space next to a time slot represents an appointment not utilised by a patient, it was either un-booked or the patient failed to turn up.

On 21/8/2018 there were 11 appointments unused. 6 of these 11 unused appointments were in the clinic of the doctor in question. 3 of these 6 unused appointments were in the afternoon. The 5 minutes slots were simple telephone queries. The doctor in question saw 9 patients in the afternoon, face to face consultations. This is well below his usual capacity of 16.

Regarding home visits. Most of our home visits are phoned through in the morning before 11am. These are shared out among the doctors on that day. All home visits requested are triaged by a GP to assess if the patient needed a home visit. If we conclude that a home visit is needed we will visit the patient. We have never turned down a visit that we felt needed visiting, it's not in our culture or clinically safe to do so.

On this particular day, there were 3 GPs available to carry out home visits. Our operational capacity for home visit is 4-6 visits for each GP depending on complexity. From memory its extremely rare for us to do 6 visits each, and I haven't done 6 home visits on one day for 2 years. We normally do between 1-2 home visits per GP per day. On this day the home visits requirement was very low. Only 2 home visits were requested in the morning, both in the same nursing home. One of our GP triaged the visits requested and went to see both patients as she felt the visits were necessary.

The doctor in question and one other GP had no home visit to do in the morning. A call from nursing home came through in the afternoon at 14:30. It was given to the doctor in question to deal with as he had no visits in the morning.

In answer to your question we have demonstrated that it was not a habitually busy day or afternoon.

- 3) The doctor in question finished afternoon surgery at 17:20, our surgery closed at 18:30. Attached is our home visit protocol. In devising our home visit protocol, we have taken advice from our LMC (local medical committee). It's a grey area whether we need to visit patient after we closed at 18:30 and handover to our deputised out of hours service.

We have taken the view that if a home visit request came through before we closed then we will visit the patient after 18:30. Our home visit protocol stresses that.

We have all in the past, and will continue to do in the future, carry out late visits after 18:30 - the doctor in question had also visited patients after 18:30.

On this day we operated so well below our normal operational capacity that there was ample time to visit the patient after afternoon surgery.

There are two other layers of resilience that are unique to a group practice of our size. We have two other surgeries nearby that can lend support when our capacity is reached or in emergencies when we have staff sickness. Medlock Vale Medical Practice and King Street Medical Centre.

These centres are within 1.5 mile from Highlands and Trafalgar Square practice. Clinicians from these centres can log in our clinical system and notes remotely. This practice of cross cover is well honed and has been executed with success only as recently as last week.

We had a group training day on 19<sup>th</sup> July 2018. The day was dedicated to our group resilience with home visits and emergencies being the centre point of our training. We stress test our resilience and held a quiz to test our staff knowledge of our operational policies.

In answer to the points you have raised, the doctor in question had plenty of time to visit a patient after afternoon surgery. Should he feel that he was unable to so for whatever reason there are two other colleagues he can ask for help in the same surgery and 4 other colleagues he could rely on from our group.

Please see attached a copy of the clinic appointment for 21/08/2018 and a copy of our home visit protocol.

We have reviewed our protocols in light of your letter and we feel that they are robust for the current team that we have in place. We continually review our working practices to reflect changes in work load, winter pressure, staff changes and sickness/emergencies as well as structural and systems failures.

Going forward we will:

- 1) Arrange telephone triage training for the doctor in question. To be arranged by accredited third party trainers.
- 2) Arrange one to one training of our systems and processes for this doctor as well as reassuring him of the apparatus in placed to help him perform his duties.
- 3) Re-communicate our operational manual to all our staff as we had done in the recent group training day of 19<sup>th</sup> July 2018.
- 4) Create a formal channel for any member of our team to raise concerns about our operational readiness and work load pressure.

I hope you feel that I have answered your concerns, should you require any further information please do not hesitate to contact me.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

[REDACTED]  
Cert Post Grad GP education.  
Senior Partner.

H.T.Practice  
Ashton-under-Lyne.