



National Medical Director
Skipton House
80 London Road
SE1 6LH

Mr Andre Rebello
Senior Coroner for Liverpool and
Wirral
Gerard Majella Courthouse
Boundary Street
Liverpool
L5 2QD

Received

23 DEC 2019

18th December 2019

H.M. Coroner

Dear Mr Rebello,

Re: Regulation 28 Report to Prevent Future Deaths – Lewis James DOYLE

Thank you for your Regulation 28 Report (hereinafter the 'report') dated 24 June 2019 concerning the death of Mr Lewis James Doyle on 8 January 2019. Firstly, I would like to express my condolences to Mr Doyle's family.

I note you directed identical Regulation 28 letters to NHSE and to NHSI. NHS E&I are jointly operating and this reply has been prepared and sent on behalf of both organisations.

Your recent inquest into the death of Mr Doyle concluded that he died as a result of Organising Pneumonia due to traumatic injuries to his feet (with distal amputations), severe coronary artery disease and metastatic carcinoma of the prostate.

Following the inquest, you have now raised concerns in the report for the consideration of NHS England regarding specifically the communication and information systems between healthcare providers in primary, secondary and tertiary care with regard to suspended or stopped medication. In the particular circumstances of Mr Doyle's death this related to the stopping of Lithium in connection with his cardiac health. You suggest that there may be an opportunity to ensure all healthcare providers involved with a patient are included in any discharge information with regard to such decisions to suspend or stop medication.

We know from the evidence and National Reporting and Learning Service (NRLS) that the transition of care is a high-risk situation. This is reiterated in the World Health Organisation (WHO) medication without harm challenge priority (<https://apps.who.int/iris/bitstream/handle/10665/325453/WHO-UHC-SDS-2019.9-eng.pdf?ua=1>).

I can confirm that the UK is responding to this challenge from the WHO through the National Medication Safety Programme being jointly run by the Department of Health and Social Care (DHSC) and NHS England and Improvement (NHSE/I). This

NHS England and NHS Improvement



programme includes objectives on systems and practices that, amongst other things, covers the following points relevant to this case:

- The accelerated roll-out of hospital e-prescribing and medicines administration systems
- New systems linking prescribing data in primary care to hospital admissions
- The development of a prioritised and comprehensive suite of metrics

Whilst discharge summaries remain the responsibility of individual trusts, the NHS standard contract expects the transfer of information within 24 hours of discharge usually from provider to GP. The Discharge information should contain a full and accurate summary record of medications (both prescribed and non-prescribed) including any that were discontinued and any reasons for this – in line with recommendations from The Academy of Medical Royal Colleges (AoMRC) and the Professional Record Standards Body (PRSB).¹

The use of Dictionary of Medicines and Devices (dm+d), (a dictionary of descriptions and codes for medicines and devices in use across the NHS), compliant Electronic Prescribing and Medicines Administration (EPMA) systems makes the process of sending and receiving medicines related information between organisations and health professionals easier and more accurate. It is recognised that this would improve patient safety and hence there is now national funding to support its roll out. I can confirm that NHS E/I provided funding for an additional 25 Trusts to have EPMA in this last week. The information standards for digital transfer of care do include changes to medicines albeit optional at present. These will be used for the basis for transfer of care in the future (PRSB standards <https://theprsb.org/standards/edischargesummary/>)

As well as the funding for the EPMA roll out nationally there is support for Trusts regarding transfer of care around medicines from the Academic Health Science Networks (AHSNs). AHSNs are supporting the implementation of systems to facilitate improved communication about medicines between healthcare sectors in line with evidence to show what works. This is designed to improve communication between hospital, community and primary care pharmacists including around discharge. The work is being led by Wessex AHSN on behalf of the AHSN network and uses technology and proven audit tools to facilitate this transfer. NHS E/I is closely involved in this work.

In the North West Region, Share2Care (S2C) is a programme of work that stretches across the North West Coast of England Covering the organisations of Lancashire and South Cumbria Integrated Care Systems (ICS) and Cheshire and Merseyside STP (Sustainable Transformation Programme). The programme is a nationally funded digital and transformational programme that is part of the national Local Health and Care Record (LHCR) programme. S2C is classed as a wave 2 LHCR with several ICS/STPs already 2 years into the programme. S2C is an evolving programme in its 1st full year of deployment. In the Cheshire and Merseyside health

¹ The Professional Record Standards Body (PRSB) provides professional and patient endorsed and evidence based clinical record standards which include discharge summary standards. The Academy of Medical Royal Colleges (AoMRC) "Standards for the Clinical Structure and Content of Patient Records", published in 2013, were adopted by the PRSB, since it was established in 2013. This standard defines the headings, with descriptions, for electronic records based on a number of specified use cases (admission, referral, discharge, outpatient letter, and handover).



care organisations are being connected to the sharing platform in stages. This is an iterative process that will see the clinical and eventually social care data available to view increasing. Currently the ability to share discharge summaries and clinic letters is in place across the organisations that have been connected to date. The programme will also include a link to Lancashire & South Cumbria that will enable sharing of records across borders. North West Ambulance Service (NWAS) is also working with the programme to enable them to connect to the sharing platform. The programme is due to technically complete by March 2021; the improvement in the richness of data will also continue to develop beyond programme life cycle.

Thank you for bringing this important patient safety issue to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,




National Medical Director
NHS England and NHS Improvement

