



Department
of Health &
Social Care

From Gillian Keegan MP
Minister of State for Care and Mental Health

39 Victoria Street
London
SW1H 0EU



Alison Mutch
HM Senior Coroner, Greater Manchester South
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

7th December 2021

Dear Ms Mutch,

Thank you for your letter of 27 August 2021 about the death of Fadhia Seguleh. I am replying as Minister with responsibility for mental health and I am grateful for the additional time in which to do so.

I wish to begin by saying how saddened I was to read of the circumstances of Ms Seguleh's death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention. I will address the matters of concern in turn.

Information sharing

We know just how vital information sharing between services and professional groups is to supporting improved patient outcomes. The NHS Long Term Plan Implementation Framework¹ makes several commitments to improve information sharing. By 2024, all secondary care providers should be fully digitised and integrated with other parts of the health and care system, for example, through a local health and care record platform. Shared care records ensure that information and care plans are available across health and social care to support planning, better risk management and ensure care is more joined up and delivered around an individual's needs.

I am advised that in Greater Manchester, the Greater Manchester Care Record (GMCR) is now active across mental health and acute NHS trusts and GPs, allowing workers in health or social care easy access to patient information that is critical to support decision-making about patient care and treatment.

I understand that the GMCR compiles patient information from several important areas of health and care, including primary care, community services, mental health services, social care, secondary care, and specialist services like the North West Ambulance Service. In addition, access can be made available to independent providers with a

¹ <https://www.longtermplan.nhs.uk/implementation-framework/>

legitimate requirement to access patient data through a Data Protection Impact Assessment process

Access to General Practice

I would like to acknowledge that general practice teams have worked tirelessly during the COVID-19 pandemic response, remaining open throughout, providing both face-to-face and remote consultations.

In response to the pandemic, general practice teams rapidly changed how they provided support and delivered services to their populations, with a focus on triage and remote (telephone and online) consultations, so that they can see as many patients as possible, while minimising risk of infection from COVID-19 for patients and staff. This approach was necessary to enable practices to manage demand and prioritise the most urgent cases and helped to navigate patients to the right services or healthcare professional at the right time. The quality of care must remain the same high standard regardless of whether the appointment is in person or remote.

Throughout the pandemic, NHS England and NHS Improvement (NHSEI) provided guidance to general practice and continually updated standard operating procedures to ensure that changing services could operate safely. NHSEI set out clear expectations that general practices offer face to face appointments alongside remote appointments (telephone and online), and that clinical appropriateness and patient preference should be taken into account to determine the most appropriate consultation method. NHSEI has also supported general practices in how best to communicate with their population on how to access services. Further details on guidance and standard operating procedures can be found on the NHSEI website².

General practices have been providing remote consultations to patients by telephone for many years to help patients access care and clinical advice quickly and conveniently. There are existing skills in the workforce when it comes to telephone consultations and telephone consultations are part of general practice training schemes. NHSEI has worked with professional and regulatory bodies, voluntary, community and social enterprise sector and patient organisations to support the safe and effective use of remote consultations guided by the principle of the interests and preferences of the patient.

A number of resources have been developed³ to support general practices with good practice principles in maintaining professional vigilance and identifying concerns around safety and safeguarding when using remote consultations. The resources highlight the importance of ensuring patient safety, shared decision making, and patients' needs are paramount.

The Department and NHSEI continue to support general practices, as we emerge from the pandemic, to maintain and improve access to care for patients. On 14 October 2021, the Government and NHSEI published *Our plan for improving access for patients and*

² <https://www.england.nhs.uk/coronavirus/primary-care/general-practice/>

³ See Annex 1

*supporting general practice*⁴. The plan includes investment of £250million in a Winter Access Fund to improve the access to GP practice services.

Hospital visiting

I would like to assure you that we recognise the importance of being able to accompany family, friends and loved ones in hospital. A compassionate approach to facilitating hospital visiting is essential, balanced with the need to manage the risk of infection.

Throughout the COVID-19 pandemic, national NHS England guidance on how NHS hospitals may choose to facilitate visiting was followed. This was reviewed and updated regularly and outlined a set of principles on which local guidance should be based. The guidance relates to inpatient settings but advises that the same principles can also be applied in outpatient and diagnostic service settings and the emergency department.

The guidance advised that hospital visiting was suspended on 4 April 2020 to manage the risk of infection of COVID-19. Visiting at that time was only permitted if a visitor was supporting someone with specific conditions such as dementia, a learning disability or autism, and where not being present would cause the patient to be distressed.

From 5 June 2020, the number of visitors increased to a limit of one close family contact or somebody important to the patient. However, where it was possible to maintain social distancing throughout a visit, a second additional visitor was permitted in certain circumstances; including a family member for individuals receiving end-of-life care.

This guidance was most recently revised on 16 March 2021, which included guidance that in an emergency department the patient may be accompanied by one close family contact, or somebody important to the patient, to support the patient with complex/difficult decision making.

Since the end of the national lockdown in England, visiting in hospitals is now subject to the discretion of local NHS Trusts, based on the national principles, which will make their own assessment as to the visiting arrangements that can safely be put in place. Careful hospital visiting policies remain appropriate while COVID-19 continues to be in general circulation and organisations can exercise discretion where COVID-19 rates are higher. The health, safety and wellbeing of patients, communities and staff remains the priority.

Suicide prevention

I note and appreciate the concern raised in your report that having information from people close to an at-risk patient can be vitally important for suicide prevention. We have heard from a number of families bereaved by suicide about their experiences with services, and issues of confidentiality have been a recurring theme. They have raised concerns that practitioners can seem reluctant to take information from families and friends or give them information about a person's suicide risk. In 2014, we published the *Information Sharing and Suicide Prevention Consensus Statement*⁵ in conjunction with the Royal Colleges and

⁴ <https://www.england.nhs.uk/coronavirus/publication/our-plan-for-improving-access-for-patients-and-supporting-general-practice/>

⁵ The 2014 Consensus Statement has been updated and re-published in August 2021.

other partners. The Consensus Statement provides guidance and advice to healthcare professionals about when and how they may share information about a patient's imminent or serious risk of suicide with their relatives or carer to prevent suicide.

We have continued work to address concerns raised by stakeholders about the promotion and embedding of the *Information Sharing and Suicide Prevention Consensus Statement*. Through its contract with the Department, the Zero Suicide Alliance has developed guidance for frontline staff on how to use the *Consensus Statement*⁶.

Alongside the development of this supporting guidance, the *Consensus Statement* itself has undergone minor amendments to reflect the current legal position, following implementation of the General Data Protection Regulation, and amendments to the Mental Capacity Act. We published the updated *Consensus Statement for Information Sharing and Suicide Prevention* in August 2021⁷.

You may wish to note that through the NHS Long Term Plan, the Government is investing an additional £57million in suicide prevention by 2023/24. This will see investment in all areas of the country to support local suicide prevention plans and the development of suicide bereavement services.

In March 2021, the Department published the *Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives*⁸, which details work across Government and with health service and suicide prevention stakeholders, to reduce suicide rates. Through the progress report we also announced an additional £5million of funding to voluntary, community and social enterprises to support service delivery throughout 2021/22.

Finally, we are increasing investment in mental health services and expanding support for people in crisis. The Government remains committed to the aims of the NHS Long Term Plan to invest at least an additional £2.3billion a year into mental health services by 2023/24. In response to the pandemic, all NHS mental health providers acted quickly to establish 24/7 urgent mental health helplines for people experiencing a mental health crisis. This is an ambition of the NHS Long Term Plan brought forward from 2023/24 to now.

I hope this response is helpful.



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⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013010/zero-suicide-alliance-share.pdf

⁷<https://www.gov.uk/government/publications/consensus-statement-for-information-sharing-and-suicide-prevention/information-sharing-and-suicide-prevention-consensus-statement#introduction>

⁸https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fth-suicide-prevention-strategy-progress-report.pdf

ANNEX 1

Resources to support general practice remote consultations

- [Remote versus face-to-face: which to use and when?](#) (Royal College of General Practitioners)
- [Principles for supporting high quality consultations by video in general practice during COVID-19](#) (Royal College of General Practitioners and NHSEI)
- [How to conduct written online consultations with patients in primary care](#) (British Medical Journal)
- [Key principles for intimate clinical assessments undertaken remotely in response to COVID-19](#) (NHSEI)
- Clinical safety risk templates to support general practice in mitigating risks associated with the implementation of digitally supported triage, online and video consultations
- [Advice on how to establish a remote 'total triage' model in general practice using online consultations and e-resource on remote total triage model in general practice](#) (NHSEI)
- [Supporting practice staff with a Total Digital Triage model for online consultations and Admin Crib Sheet](#)
- [Top 10 tips for COVID-19 telephone consultations](#) (Royal College of General Practitioners)
- [Guidance for general practice on confidential enquiry questions for domestic abuse during a remote consultation](#) (NHSEI and IRISI)