

Greater Manchester Health and Social Care Partnership
4th Floor
3 Piccadilly Place
London Road
Manchester M1 3BN



Date: 21 October 2021

Ms A Mutch
HM Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

Dear Ms Mutch

Re: Regulation 28 Report to Prevent Future Deaths – Fadhia Seguleh 24/04/21

Thank you for your Regulation 28 Report dated 26/08/21 concerning the sad death of Fadhia Seguleh on 24/04/21. Firstly, I would like to express my deep condolences to Fadhia Seguleh's family.

The inquest concluded that Fadhia's death was a result of 1a Diffuse Cerebral Oedema and Hypoxic Brain Injury 1b Asphyxia and Cardiac Arrest 1c Self hanging by ligature suspension.

Following the inquest you raised concerns in your Regulation 28 Report to Greater Manchester Health and Social Care Partnership (GMHSCP) that there is a risk future deaths will occur unless action is taken.

This letter addresses the issues that fall within the remit of GMHSCP and how we can share the learning from this case.

Point 1 – communication and information sharing between providers.

Greater Manchester has accelerated use of the GM Care Record (GMCR) to support data sharing between health and care professionals across the city region. It now means that all professionals involved in a patient's care can share vital information across different organisations, settings and localities. As well as informing clinical decision making at the point of care, the GMCR is also being further enhanced to support joined up care planning and coordination through a range of clinical use cases.

Practically this means that GMCR is now active between the two GM mental health trusts, GPs, and the hospital trusts within the Greater Manchester. We are

also continuing to develop the GMCR to include more data feeds between providers and supporting care planning and coordination through enhanced functions. Social care information from across all 10 localities will also be added to the GMCR in Autumn/Winter 2021.

Access to the GM Care Record can be made available to all relevant organisations that would have a requirement to access data, i.e. gp's, acute trusts, council and private organisations. Access for private care organisations would be via a Data Protection Impact Assessment process, providing access to information in the GM Care Record is based on a legitimate relationship to the patient and their care then, access can be discussed/provided via correct routes.

Point 2. Availability of face to face appointments for vulnerable patients during the Covid-19 pandemic.

Throughout the Covid-19 pandemic general practice has been delivering health care services in line with the national General Practice in the Context of Coronavirus Standard Operating Procedure that has been regularly updated alongside British Medical Association (BMA) and Royal College of General Practitioners (RCGP) guidance. This national guidance was in force at the time of Ms Seguleh's death.

The aim of this Standard Operating Procedure was to ensure general practice was able to provide health care to patients in a safe environment, limiting the opportunity of Covid-19 infections in staff and patients while reducing the number of absences either by infections or self-isolation.

GPs are facing exceptionally high levels of demand due to a combination of factors including ill health due to Covid-19 and pent-up demand caused by people not coming forward during the pandemic. All GP appointments are being triaged (sorting patients according to how urgently they need treatment). This helps keep patients safe and makes sure those with the greatest need are seen first. If someone needs to attend a practice for a physical examination, they will be given an appointment.

GPs have continued to work, and see patients, right through the pandemic. They have offered, and continue, to offer face-to-face appointments. Face-to-face appointments will always be an essential part of general practice especially for people with potentially serious health concerns and people with long-term conditions

Point 3. Support for vulnerable patients at appointments during the pandemic.

During the COVID-19 pandemic, hospital trusts were constrained by the national guidance around attendance at hospital settings "*Visiting healthcare settings during COVID-19 pandemic.*" The guidance restricted patients from attending appointments with a person to support them. In March 2021 this guidance was updated to advise that patients attending outpatients, diagnostic service and Emergency Departments are now allowed to be accompanied by one person to support them with making complex/difficult decisions. A link to the full guidance is included below for information;

[Coronavirus » Visiting healthcare inpatient settings during the COVID-19 pandemic \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/visiting-healthcare-inpatient-settings-during-the-covid-19-pandemic/)

We believe this specific matter will be addressed through consultation with our mental health and acute trusts. We believe it is vitally important to ensure our vulnerable patients, requiring mental health assessments, are fully supported by a member of their family and/or a close friend.

We are also in the process of setting up a Greater Manchester Mental Health Quality Committee so such themes/issues can be managed by the whole system working in collaboration. For such a case the Mental Health Quality Committee would review what measures we have in place on advocacy and support do we have in our facilities when someone presents in crisis and what process are required if someone presents alone.

Furthermore, GMMH FT have confirmed that their assessments are informed via a clinical recording system, PARIS, which allows the assessing clinician an opportunity to complete a full review of the patient's history, previous attendances for assessment and episodes of care which allows for a comprehensive assessment of current need to be undertaken.

Actions taken or being taken to prevent reoccurrence across Greater Manchester.

1. Learning to be presented/shared with the Greater Manchester Quality Board. This meeting is attended by commissioners, including commissioners of specialist services, regulators, Healthwatch and NICE.
2. Communication to all relevant providers to share appropriate advice and guidance and increase staff awareness regarding the range of materials that are already available.
3. Shared learning from this and similar cases at Greater Manchester and borough level will be cascaded to professionals through relevant governance and learning forums.

In conclusion, key learning points and recommendations will be monitored to ensure they are embedded within practice. GMHSCP is committed to improving outcomes for the population of Greater Manchester.

I hope this response provides the relevant assurances you require. Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely



Dr [redacted]
Chair of GM Medical Executive, GMHSCP