



Department
of Health &
Social Care

From Maria Caulfield MP
Parliamentary Under Secretary of State for Primary Care and Patient Safety

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

22 November 2021

Dear Ms Mutch,

Thank you for your letter of 6 September 2021 to Sajid Javid about the death of Mark Holden. I am replying as Minister with responsibility for primary care and patient safety and I am grateful for the additional time in which to do so.

Firstly, I would like to say how sorry I was to read the circumstances of Mr Holden's death. I can appreciate how deeply upsetting losing a loved one in such circumstances during the emergency period of the COVID-19 pandemic must be and I offer my condolences to Mr Holden's family and loved ones.

In preparing this response, Departmental officials have made enquiries with NHS England and NHS Improvement (NHSEI), to which you also issued your report; and the National Institute for Health and Care Excellence (NICE); and I will comment on each matter of concern in turn.

General practice

I would like to acknowledge that general practice teams have worked tirelessly during the COVID-19 pandemic response, remaining open throughout and 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, 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 website¹.

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 (VCSE) 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 developed² 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 practice, 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 supporting general practice*³. The plan includes investment of £250million in a Winter Access Fund to improve access to GP practice services.

Lorenzo

I am advised that NHSEI has responded to this matter of concern to inform you that a Customer Safety Notice was issued on 21 and 24 September 2021 to inform impacted users of the issue and how to access a fix. I am also informed that NHSX, which oversees digital transformation in the NHS, NHS Digital and relevant manufacturers of the Lorenzo system will monitor this issue.

In addition, you may wish to note that shared records will allow clinicians in other care settings (the GP in this case) to review the outcome of consultations and results of investigations where there is either uncertainty of a diagnosis or the clinical picture is not progressing as expected.

¹ [Coronavirus » General practice \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/general-practice/)

² See Annex A

³ [Coronavirus » Our plan for improving access for patients and supporting general practice \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/our-plan-for-improving-access-for-patients-and-supporting-general-practice/)

COVID-19 and NICE guidance

In relation to COVID-19 and its associated risks and NICE guidance, you may wish to note that in November 2020, NICE published a COVID-19 rapid guideline on *Reducing the risk of venous thromboembolism (VTE) in over 16s with COVID-19* (NICE Guideline 186). This guideline was in place at the time of Mr Holden's death and applied to all patients with COVID-19 pneumonia, covering pharmacological VTE prophylaxis for patients being treated for COVID-19 pneumonia in hospital and in the community.

NG186 has since been incorporated into NICE Guideline 191: *COVID-19 rapid guideline on managing COVID-19*⁴.

In your report, you note that the doppler scan performed on Mr Holden looked only at the superficial femoral junction and not the calf. I am advised by NICE that proximal leg vein ultrasound scans are used as confirmatory tests in this pathway. The guideline development group recommended proximal leg vein ultrasound scans, instead of whole leg ultrasound scans, as the clinical importance of picking up extra calf vein blood clots by scanning the whole leg was uncertain. Moreover, the evidence review suggested that ultrasound scan of calf veins are not very sensitive in picking up calf vein DVT. As such, a repeat proximal leg vein scan is recommended to ensure that any clots propagating to the proximal veins are not missed. This recommendation is made in NICE Guideline 158: *venous thromboembolic diseases: diagnosis, management and thrombophilia testing* (recommendation 1.1.6)⁵.

I hope this response is helpful. Thank you for bringing these concerns to my attention.



MARIA CAULFIELD

⁴ [Overview | COVID-19 rapid guideline: managing COVID-19 | Guidance | NICE](#)

⁵ [Overview | Venous thromboembolic diseases: diagnosis, management and thrombophilia testing | Guidance | NICE](#)