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Dear Mr Landau,

**Re: Regulation 28 Report to Prevent Future Deaths – Richard Boateng who died on 31 March 2021.**

Thank you for your Regulation 28 Report (hereinafter 'Report') dated 28 November 2021 concerning the death of Mr Richard Boateng on 31 March 2021. Firstly, I would like to express my deep condolences to Mr Boateng's family.

I note the conclusion of the recent inquest was as follows:

Mr Richard Boateng phoned his GP surgery on 30 March 2020. He was very unwell. A GP called him the next morning and although he answered the phone, he was not able to complete sentences or give his full name. He was on a bench in the street from at least 10.30am that day. Police were called and attended at 4pm. An ambulance arrived at 6.23. Despite attempts at resuscitation, Richard died from Covid 19 shortly after his arrival at Croydon University Hospital on the evening of 31 March 2021.

Following the inquest you raised concerns in your Report to NHS England regarding:

A call to the GP surgery the day before Richard's death was taken by a receptionist who arranged a routine appointment. She was not a clinician and only had on the job training. The surgery has since introduced a system called Klinik which is safer. It prompts questions and uses an algorithm to alert any urgent or emergency calls that are then flagged. All calls are also reviewed by clinicians. However, I am concerned that other surgeries may employ non-clinicians who may be required to make judgments as to the urgency of appointments, and there is no guidance available to surgeries as to how to mitigate the risks of this.

GP practices employ non-clinical staff in receptionist roles. The receptionist role is vitally important as first point of contact for patients and has long been relied on to



manage requests for urgent and routine appointments, and patients who may call with medical emergencies.

It is the responsibility of each individual GP practice to ensure all staff are suitably trained and experienced to undertake the tasks that they are delegated.

I can confirm that 'Care Navigation' as undertaken by receptionists, was fully supported in the NHSE GP Forward View, with further training material and funding provided to support its implementation: <https://www.england.nhs.uk/blog/plotting-the-right-path-with-care-navigators/>.

We have developed a training pack for administrative staff which is intended to help support them with information gathering, care navigation and identifying emergency symptoms. The training pack is attached.

We are also currently working with Health Education England (HEE) to develop a training programme for both clinical and non-clinical staff to support them further.

I can confirm that a significant increase in remote triaging, as used in general practice during the Covid-19 pandemic, has introduced a number of digital triage platforms and processes which can further support care navigation, including management of 'red flag' symptoms.

From a digital tools perspective, suppliers and deploying organisations (with support from their clinical safety officers) need to comply with clinical safety risk assessment standards. We have developed and made available a draft hazard log for digital total triage, a clinical safety risk assessment template for practices and commissioners and further assurance guidance is attached.

NHSEI also have a clinical safety officer forum where we discuss risks and issues, and collaboratively look at preventative measures.

Our Digital First Primary Care (DFPC) guidance for the implementation of Online Consultations puts a lot of focus on safety, though not specifically on the role of non-clinical staff: <https://www.england.nhs.uk/wp-content/uploads/2020/01/online-consultations-implementation-toolkit-v1.1-updated.pdf>. This provides guidance on:

- Safety and clinical risk management standards for Suppliers on the Dynamic Purchasing System framework are required to meet.
- Code of conduct for practices, including on Risk management, Clinical safety officers, Reporting incidents and near misses and more.
- Guidance to Practices to not rely on online access for all clinical triage and that in some practices, admin staff do directly schedule an appointment without the need for triage, with examples such as: Need for a clinical examination, investigation or collection of certain physiological data to provide safe care; A high risk of deterioration.

Thank you for bringing this important patient safety issue to my attention, and I do hope the above information sets out the work that we at NHSEI have been doing in

answer to your concern. Please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director &  
Interim Chief Executive, NHSI