



Department
of Health &
Social Care

[REDACTED]
Kevin McLoughlin
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24th November 2022

Dear Mr McLoughlin,

Thank you for your letter of 3 December 2021 to the then Secretary of State, Sajid Javid, about the death of Alexander Theodossiadis. I am replying as Minister with responsibility for Secondary care and thank you for the additional time allowed.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Mr Theodossiadis' death. I can appreciate how distressing his death must be for his parents and those who knew and loved him, and I offer my heartfelt condolences. It is vital that we take the learnings from what happened to prevent future deaths and improve the NHS.

In preparing this response, Departmental officials have made enquiries with NHS England, the National Institute for Health and Care Excellence (NICE), as well as the relevant regulation in this case, the Care Quality Commission.

General practice is the cornerstone of our NHS and the Government is committed to helping staff deliver for patients. We knew before the pandemic that general practices were under pressure and that patients were finding it difficult to access services. That is why, in 2020, we announced a £1.5 billion funding to create an additional 50 million general practice appointments by 2024, by increasing and diversifying the workforce. In recognition of how challenging the past two years have been for general practices we made an additional £520 million available to improve access and expand general practice capacity during the pandemic, and in October 2021 we published our plan¹ for improving access for patients and supporting general practice. The plan included actions to increase and optimise capacity, address variation and encourage good practice and improve communication with the public.

One key aspect included in the plan was putting in place arrangements that enabled all general practices to use Microsoft Teams telephone functionality for outbound calls, freeing up lines for incoming calls. The longer-term aim is to drive the adoption of cloud-based telephony across all practices which will bring benefits that support practices to improve call handling and support patients to get more timely access to appointments.

I am incredibly grateful for the contribution of GPs and their teams over the last two years, who stepped up to deliver our world-leading vaccination programme while still providing exemplary care for their patients during a pandemic. However, we know that general practices are very busy and remain under huge pressure. General practice appointment numbers are above pre-pandemic levels, excluding appointments for Covid-19 vaccinations, there were on

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

average 1.30 million general practice appointments per working day in June 2022, a 6.0% increase from June 2021 (1.22 million). The proportion of face-to-face appointments have also steadily increased from a low point of 46.8% in April 2020 to 64.8% in June 2022.

As we emerge from the pandemic response, it is vital that Government continues to monitor and assess how best to support general practice as we have done throughout the pandemic to provide the best possible care for patients.

Good access to general practice services is not just about getting a timely appointment, it is also about access to the right person, providing the right care, in the right place at the right time. There have been big changes to the way that much of healthcare operates over the last two years, and general practices have adapted and changed their ways of working to continue providing vital services to their communities. One key change has been the wider adoption of remote triage approaches - the process by which patients contacting their general practice are assessed before an appointment is made, so that they are able to access the most appropriate support.

Triage will continue to improve and offer long term benefits for patients and practices. NHS England have commissioned an independent evaluation to understand the impact on staff, patients and the wider health and care system of using digital tools and triage approaches in general practice to inform its long-term strategy.

Under general practice contract arrangements, it is ultimately the responsibility of practices/contract holders to determine what training staff need and ensure that their staff are appropriately trained to a level that keeps staff safe and meets the needs of patients using the service. The British Medical Association has guidance to help general practitioners and practice managers make informed decisions about what mandatory and statutory training general practice staff should do. The regulator, the Care Quality Commission is the appropriate body that considers whether practice staff have the right qualifications, skills and knowledge and experience to do their job, how the practice identifies the learning needs of staff, and whether they have adequate training to meet the learning needs.

The 2016 General Practice Forward View strategy² provided support for practices to build the capacity and capabilities required to meet patients' needs. As part of the GP Forward View, the five-year General Practice Development Programme was established. It included total funds of £45 million for allocation by Clinical Commissioning Groups to general practices for training of reception and clerical staff to undertake active signposting and document management. The active signposting training included an expectation for receptionists to be skilled and confident in sensitively ascertaining the nature of the patient's need and exploring with them safe and appropriate options, including sources of advice and support outside the practice as well as within. Further features of the signposting training included a focus on recognising red flag symptoms which require urgent medical attention and skills development to ensure staff are confident in communicating care options.

The NHS Long Term Plan, published in 2019³, sets out further ambitions for general practice and builds on the ambitions in the GP Forward View.

NHS England (NHSE) is continuing to provide support to practices working in the most challenging circumstances via their Accelerate Access Improvement Programme. This programme has been supporting practices to develop tailored improvement plans, including making appropriate use of digital tools, matching capacity to demand and making best use of multidisciplinary teams to improve access for patients

² <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf>

³ <https://www.longtermplan.nhs.uk/>

I understand from the local NHS Leeds Clinical Commissioning Group (CCG), which from 1 July 2022, became part of the NHS West Yorkshire Integrated Care Board (ICB) that it will continue to review the access arrangements for the particular general practice and implement learning from the incident and other patient feedback in relation to obtaining timely appointments. The ICB is working on improving care access and has established a steering group to review patient pathways and the training of receptionists in care navigation, including integration measures with urgent care services. The ICB is reviewing the recording of incidents to ensure mechanisms to share learning are implemented to improve quality of care. The ICB is also prioritising investment in training for practice staff on red flag symptoms such as meningitis and sepsis.

With regard to the issues that you raise related to the treatment of Mr Theodossiadis in the hospital, my officials have informed me that Leeds Teaching Hospital NHS Trust has conducted a serious incident report. As a result, a root cause analysis meeting was undertaken 3 days after the incident, which had considered the clinical care of the patient in the emergency department, including the decision around undertaking a lumbar puncture; the organisational issues around the CT; handover care; and the management of the patient by the receiving ward, including falls assessment.

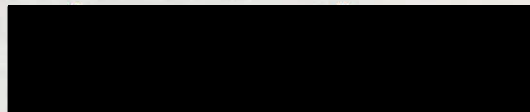
The route cause analysis identified areas for action in that handover and transfer communication be improved to meet the standard of existing Trust's policy, as well as the introduction of a digital handover tool to supplement telephone communications, and to address the mismatch between Trust's meningitis policy and actual practise as regarding timing of lumbar puncture. You may wish to know that all actions and recommendations were undertaken in line with the target dates, and all by November 2021.

I am also aware of the Trust's response to your report, which has considered the transfer of patients and improvements of transfer documents, the developments of standard operating procedures, including lumbar puncture, and patient fall and improvements to education and assessment with monitoring of compliance.

More generally, you may wish to know that the National Institute for Health and Care Excellence (NICE) guidance on delirium (CG103)⁴, which covers diagnosing and treating delirium in people aged 18 and over in hospital, as well as identifying people at risk of developing delirium and preventing onset, would be applicable in this case. Moreover, NICE's guideline on meningitis (bacterial) and meningococcal septicaemia in under 16 (CG102)⁵, includes a section on performing lumbar puncture and interpreting cerebrospinal parameters for suspected bacterial meningitis, however NICE have not published a guideline on meningitis in adults. NICE is currently in the process of updating CG102 and have extended the scope to include people aged 16 and over.

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

Yours sincerely,



**WILL QUINCE MP
MINISTER OF STATE**

⁴ <https://www.nice.org.uk/guidance/cg103>

⁵ <https://www.nice.org.uk/guidance/cg102>