

Greater Manchester Health and Social Care Partnership
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E: [REDACTED]

Date: 22 June 2022

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 – Alphonso Alexander Shearer 17/8/21

Thank you for sharing the Regulation 28 Report dated 28/4/22 concerning the sad death of Alphonso Alexander Shearer on 17/8/21. Firstly, I would like to express my deep condolences to Alphonso Alexander Shearer's family.

The inquest concluded that Alphonso's death was a result of 1a Urosepsis on a background of catheterisation; 1b Chronic Kidney Disease; II Oesophageal carcinoma, hypertension.

The Regulation 28 Report raises concerns that there is a risk future deaths will occur unless action is taken.

This letter addresses the issues that fall within the remit of Greater Manchester Health and Social Care Partnership (GMHSCP) and how we can share the learning from this case.

This matter has been reviewed by a Senior Primary Care Manager for GMHSCP with focus on the following points, raised by the Coroner:

1. The inquest heard that Mr Shearer was frail and vulnerable with very poor swallow. When prescribing the clinicians did not recognise or have a system to flag up the need for liquid antibiotics rather than tablet antibiotics. This led to him not being able to commence antibiotics on the day he was identified as needing them. The inquest heard that it is important that in the community

particularly for the vulnerable there is a system for recognising what form of antibiotics are most appropriate to prescribe to avoid delay.

2. The inquest heard that the ASK MY GP system had been challenging for those involved with Mr Shearer and had made communication harder. The evidence identified that this was a particular issue for more vulnerable patients and their families.
3. The inquest heard that he had not been seen face to face by a GP and that meant that the full extent of his deterioration was not recognised until he was seen by a paramedic from the practice who called an ambulance.

Response to the points raised by the Coroner:

In Greater Manchester we strive to deliver the safest care for our patients, service users and families, and design the safest systems for our staff, and in doing this it is vital we are able to adapt to the evolving nature of the health and care system. Given the prominence of digital technologies, and their essential role in clinical care delivery, it is crucial that the patient record is maintained to support safety and reduce errors. It is also essential that digital innovation is delivered safely and does not lead to unintended harms.

The potential for digital technologies to enhance safety in areas such as prescribing, record keeping, and data driven health and care is widely evidenced. However, we recognise that digital technologies without the appropriate mechanisms to indicate safety concerns " can have the potential to harm patients.

The new National Patient Safety Strategy, focusing on digital technologies, and the national commitments and timescales it contains, will complement, and support the work currently underway in Greater Manchester as we collaborate across primary care and hospital services to reduce avoidable harm to patients.

It is our commitment to:

- Improve the safety of digital technologies in health and care, now and in the future.
- Identify, and promote the use of, digital technologies as solutions to patient safety challenges.
- Develop new digital clinical safety training materials and expand access to training across the health and care workforce.
- Create a centralised source of digital clinical safety information, including optimised standards, guidelines, and best practice blueprints.

With regard to the specific matter of GP practices having a system to flag the need for liquid antibiotics rather than tablet antibiotics. Led by the regional chief pharmacist, NHS England has produced 'An Interactive Guide To: Principles of Safe Medicine Administration in a Care Home Setting' to be used across the region, and this includes principles for safeguarding individuals. These principles are also applicable for those living in their own home.

We are aware that current workload pressures in general practice continue to be challenging, as practices are still coping with the additional demand and constraints of the pandemic.

General practice continues to experience the release of pent-up demand, accumulated during the pandemic when people were less likely to consult their practice or seek

specialist care. Many practices are still catching up on the backlog of care for patients who have ongoing conditions.

However, general practice remains resilient and last year, provided more appointments nationally for patients than in the equivalent period before the pandemic. Although it may not have appeared so in surgery waiting rooms, given social distancing requirements and the growth in telephone and online consultations, most general practice teams across Greater Manchester have never been busier.

The majority of practices have been able to adapt and innovate during the pandemic, to maintain and improve access, including the use of remote appointments.

At the same time, we know that patients' access primary care has also not been as good as it should be. Some patients have experienced unacceptably poor access to general practice, including difficulty in contacting practices and seeing a GP, for a face-to-face appointment in particular.

We acknowledge that those with the greatest health needs are sometimes also the most at risk of being left behind by the ability to access, manage and contribute to digital tools, information and services. We continue to work with our digital and GP service providers to ensure these technologies work for everyone, from the most digitally literate to the most technology averse, and that they reflect the needs of people trying to stay healthy, as well as those with complex conditions.

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

- In October 2021, NHS England set out a plan for improving access for patients and supporting general practice. This sets out how we will increase and optimise capacity, address variation, encourage good practice, and improve access, including face-to-face appointments with GPs.
- As part of this plan, general practice teams across Greater Manchester are now reviewing the balance for patients between remote and face-to-face consultations, as part of ongoing reflections on professional practice and surgery management arrangements.
- Greater Manchester integrated care system has completed an action plan with further steps to support improved access and address healthcare inequalities. The plan includes how each of our 10 local systems will tackle variation in general practice, which is our utmost priority. This will continue to be progressed following the establishment of NHS Greater Manchester Integrated Care and the closure of local clinical commissioning groups on 1 July:
 - (i) ensure all practices achieve at least pre-pandemic activity levels for the equivalent period (excluding COVID-19 vaccinations)
 - (ii) increase overall appointment volumes in general practice and ensure appointment levels reflect the full deployment of additional roles in general practice
 - (iii) increase the proportion of face-to-face appointments with GPs
 - (iv) minimise 111 calls in-hours and avoidable A&E attendance that could otherwise be seen in general practice, and

- (v) support all practices, to sign up to and make full use of general practice referrals to the community pharmacy consultation service for minor illnesses to divert demand and improve patient experience
- Learning to be presented/shared with the Greater Manchester System Quality Group. This meeting is attended by commissioners, including commissioners of specialist services, regulators, Healthwatch, local authority representatives and NICE.

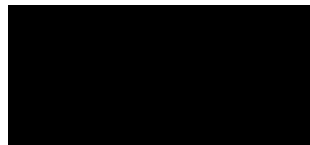
Alongside this we are also working with the Care Quality Commission (CQC), which will work with NHS England to support systems in this process and to make the required improvements across those practices which are not meeting reasonable needs of patients. The CQC is rapidly developing an inspection methodology with a particular focus on access to GP services.

To share the learning from this case we will also reiterate the importance of standardised and consistent recording of medication requirements on the patient record, and ensuring that protocols for prescribing, particularly when the patient has not been seen face-to-face by the practice, include a safety netting element.

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

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



Interim Director of Nursing,
Greater Manchester Health and Social Care Partnership