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

17-6-2022

Dear Ms Mutch,

Re: Regulation 28 Report into the death of Alphonso Shearer

We are grateful that you have shared with us the findings from your inquest and the matters of concern that you have raised.

We would like to express our sincere condolences to the family for their loss and express our apologies for any distress caused to them during this difficult time.

We have considered this matter and the issues raised in the Prevention of Future Deaths Report in great depth. Where relevant, we have made changes to our systems and processes within the North Trafford Group Practice in order to address the matters of concern raised. We have also reviewed, reinforced and will continue to educate staff about existing safety practices where this has been considered relevant to addressing the concerns.

Our responses to each of the matters of concern are provided as follows.

Concern 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.

Response to Concern 1

Our clinical record system is called EMISWeb which is a system used by all practices in Trafford and many others across the UK. We record all patient appointments and consultations into this system.

The system has the ability to add a pop-up warning alert when loading the patient record, and when changing between different views such as looking at the problem list or prescribing a medication.

The Practice has now adopted the policy of adding alerts to all patients who could have difficulty swallowing medication.

As part of implementing this system, we are currently in the process of identifying patients within our practice who meet the criteria to have this flag applied. We are searching our records to identify patients who have been coded with swallowing difficulties, as well as patients with indications of potential swallowing difficulties such as those already receiving liquid medication, nutritional supplements or feeds. We are aiming over the next 4 weeks to add a flag of 'Difficulty swallowing pills' where appropriate for these patients. The system will then allow us to search for patients with this code.

Our medicines management team will add the alerts to the clinical system as well as to the screen message on the prescribing view for the patient. This will prompt clinicians when reviewing such patients or making changes to medication to make sure they prescribe medication that is suitable for the patient such as in soluble or liquid form if necessary.

In addition to the above system changes, we have also discussed this matter as a learning event within the senior team at the practice, and will be disseminating the learning from this. We will also have a further discussion in our next clinical meeting so that the clinical staff are aware of the new flagging process and how to enter the clinical codes and alerts in the EMISWeb system.

When a hospital letter comes through indicating any changes in the patient's ability to swallow, our workflow team will be trained to enter the codes and alerts as appropriate. Our medicines management team will be conducting searches on a monthly basis to ensure the appropriate alerts are in place. We will review this process after the first 3 months.

If a patient finds they are unable to take a medication after it is dispensed, or the community pharmacist identifies that the patient is unable to take the medication, existing systems allow the patient or pharmacist to contact the surgery to request an alternative be delivered. The Practice is open until 18:30 hours for an alternative medication to be issued. If a patient requests medication that has been discussed at a previous consultation, a new consultation request is generated for the previous clinician to ensure continuity of care. However, if not available the request is passed to the on-call doctor who will then speak to the patient having reviewed the previous consultation. After 18:30 hours the call is directed to the NHS111 service to direct them to our out of hours medical services provider, Mastercall, who would consult with the patient and send a prescription for alternative medication to a pharmacy if required.

Concern 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.

Response to Concern 2

Following the NHS Long Term Plan to improve digital access for patients, a number of different digital solutions were considered. In 2019 North Trafford Group Practice, along with many others in Trafford, with support from the CCG, decided to use AskMyGP as a digital solution.

The AskMyGP system was implemented in March 2020. It allows requests that come in from patients to be workflowed in the practice. Requests can be submitted in a variety of ways including online directly into the system, via telephone, or in person where a member of staff would enter it into the system on behalf of the caller or attending patient.

All requests for consultations in AskMyGP are allocated to a clinician. Depending on the information provided, the clinician would contact the patient by telephone or by email, and if needed could arrange a video consultation, face to face consultation at the surgery, or a home visit if required.

We have found that approximately 70% percent of our patients use the AskMyGP service themselves. One added benefit of allowing patients to make requests online is that it makes it easier for other patients who are unable to use the online system to contact the surgery by phone as there is a lower volume of calls.

As mentioned earlier, the EMISWeb system allows us to put alerts on patients records to indicate when they are more vulnerable or if they struggle to use digital access. In response to the concern, we are in the process of putting these alerts in the system for relevant patients. We are hoping to complete this process over the next 4 weeks. This will help by alerting our staff that the patient may need extra support when requesting a consultation, or have specific requirements for the consultation such as an interpreter. This process has been discussed at practice meetings and is part of our call handling protocol.

We have discussed patient access and the use of the AskMyGP system at our Patient Participation Group (PPG) meetings on several occasions. We have received good feedback overall about the system. However, we will also discuss the learnings from this recommendation at our next PPG meeting. One of our PPG members sits on Healthwatch Trafford, and one is a carer but registered at another practice. They both provide valuable insight into how they find using the AskMyGP system and we will take on board any further suggestions they may also have.

Concern 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 Concern 3

As mentioned earlier, we use EMISWeb as our clinical system and AskMyGP to help workflow the requests that come into the practice. As above, patients may input their requests directly into the AskMyGP system, or requests can be entered by staff for telephone or direct patient requests. The AskMyGP system allows an indication of whether the preferred response is email, telephone, video, a face-to-face consultation, or a home visit.

All requests for a home visit are highlighted on the AskMyGP system. Visit requests are recorded on the clinical system and are initially assessed by a clinician to determine the urgency of the visit. They are given a high priority as a default. The allocated clinician may make initial contact by telephone to

gather the history of the presenting condition, assess urgency, and to determine how best to arrange for any further assessment to take place.

We also have an emergency call handling protocol in place for staff to be aware of any life-threatening symptoms which should not wait for a GP call-back, but be redirected to the 999 ambulance service.

When the practice is closed from 18:30 to 08:00 and at weekends and bank holidays, out of hours medical cover is provided by Mastercall. Anyone that calls the practice at that time is redirected to the NHS 111 service. NHS 111 assess the request and direct the call to an appropriate service. If a GP was required out of hours, Mastercall would arrange a consultation or visit if required.

We acknowledge the frustrations that the family of Mr Shearer experienced in trying to arrange a home visit. We have reviewed our systems to make sure they are appropriately robust with respect to recording and prioritising of requests for consultations and home visits. It appears in the case of Mr Shearer there was a failure to record the family's request in the system for a home visit on 17 August 2021. We have reminded all reception staff of the importance of properly recording all requests for home visits in the clinical system so they are referred to clinicians for assessment. This requirement will be reinforced by the office manager in orientation and training sessions for reception staff.

We are currently looking at the feasibility of conducting a qualitative survey to investigate the experience of patients who have requested home visits. Once we have developed an appropriate questionnaire, our plan is to conduct this study over the next 3 to 6 months.

With respect to the calling of 999 for an urgent ambulance for Mr Shearer, it has been reiterated to all clinical staff that upon calling 999, the clinician must remain with the patient until the arrival of the ambulance and until handed over to the first responder.

We will continue to monitor the above actions in our regular practice meetings.

Thank you again for providing us with your concerns. If any further information is required, please contact us on 0161 865 5556.

Yours sincerely,

[Redacted signature block]

Dr

[Redacted name]
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