Department of Health & Social Care

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

39 Victoria Street
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[redacted]

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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

18 November 2021

Dear Ms Mutch,

Thank you for your letter of 23 August 2021 to Sajid Javid about the death of Maurice Leech. I am replying as Minister with portfolio responsibility for primary care and patient safety and I am grateful for the additional time in which to do so.

I wish to begin by saying how saddened I was to read of the circumstances of Mr Leech's death. I can appreciate how upsetting losing a loved one during the emergency period of the COVID-19 pandemic must be and I offer my heartfelt condolences to Mr Leech's family and loved ones.

In preparing this response, my officials have made enquiries with NHS England and NHS Improvement (NHSEI), and the National Institute for Health and Care Excellence (NICE), and I will comment on each of the three matters of concern in your report.

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 website[1].

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 developed[2] 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.

Hospital visiting

I have noted your concern about the evidence given at the inquest into Mr Leech's death that suggested his treatment and outcome could have been impacted because he was unaccompanied during his transfer and treatment at hospital.

I would like to assure you that we recognise the importance of being able to accompany family, friends and loved ones in hospital. A compassionate approach to facilitating hospital visiting is essential, balanced with the need to manage the risk of infection.

Throughout the COVID-19 pandemic, national NHS England guidance on how NHS hospitals may choose to facilitate visiting was followed. This was reviewed and updated regularly and outlined a set of principles on which local guidance should be based.

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[1] Coronavirus » General practice (england.nhs.uk)

[2] See Annex

[3] Coronavirus » Our plan for improving access for patients and supporting general practice (england.nhs.uk)

The guidance advised that hospital visiting was suspended on 4 April 2020 to manage the risk of infection of COVID-19. Visiting at that time was only permitted if a visitor was supporting someone with specific conditions such as dementia, a learning disability or autism, and where not being present would cause the patient to be distressed.

From 5 June 2020, the number of visitors increased to a limit of one close family contact or somebody important to the patient. However, where it was possible to maintain social distancing throughout a visit, a second additional visitor was permitted in certain circumstances; including a family member for individuals receiving end-of-life care.

This guidance was most recently revised on 16 March 2021, which included guidance that in an emergency department the patient may be accompanied by one close family contact, or somebody important to the patient, to support the patient with complex/difficult decision making.

Since the end of the national lockdown in England, visiting in hospitals is now subject to the discretion of local NHS Trusts, based on the national principles, which will make their own assessment as to the visiting arrangements that can safely be put in place. Careful hospital visiting policies remain appropriate while COVID-19 continues to be in general circulation and organisations can exercise discretion where COVID-19 rates are higher. The health, safety and wellbeing of patients, communities and staff remains the priority.

Fracture of the femur and pain management

In relation to your concern about guidance for the treatment of fractures to the femur, you may wish to note that while NICE Clinical Guideline 124: *Hip fracture: management*[4]*,* does not make specific recommendations on the management of this type of fracture (periprosthetic), it does cover the use of analgesia (see section 1.4) and multidisciplinary management (section 1.8) of people with hip fracture. I am advised by NICE that it is reasonable to expect that Clinical Guideline 124 could be applied to people with periprosthetic femoral fracture, such as Mr Leech.

I am further advised by NICE that pain management of fractures is covered in NICE guidelines such as complex and non-complex fractures (NICE guidelines 37[5] and 38[6]), and major trauma (NICE guideline 39[7]), and that there is considerable professional and local guidance on the management of acute pain.

Your report explains that Mr Leech was provided with palliative care on his return to the Thorncliffe Grange Nursing Home, and there is NICE guidance on *palliative care for adults: strong opioids for pain relief* (Clinical Guideline 140[8]), and for the *care of dying*

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[4] Overview | Hip fracture: management | Guidance | NICE

[5] Overview | Fractures (complex): assessment and management | Guidance | NICE

[6] Overview | Fractures (non-complex): assessment and management | Guidance | NICE

[7] Overview | Major trauma: assessment and initial management | Guidance | NICE

[8] Overview | Palliative care for adults: strong opioids for pain relief | Guidance | NICE

adults in the last days of life (NICE Guideline 31[9]). NICE does not therefore agree that there is a lack of guidance in this area.

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

MARIA CAULFIELD
Minister for Primary Care & Patient Safety

[9] Overview | Care of dying adults in the last days of life | Guidance | NICE

Annex Resources to support general practice remote consultations

- Remote versus face-to-face: which to use and when? (Royal College of General Practitioners)
- Principles for supporting high quality consultations by video in general practice during COVID-19 (Royal College of General Practitioners and NHSEI)
- How to conduct written online consultations with patients in primary care (British Medical Journal)
- Key principles for intimate clinical assessments undertaken remotely in response to COVID-19 (NHSEI)
- Clinical safety risk templates to support general practice in mitigating risks associated with the implementation of digitally supported triage, online and video consultations
- Advice on how to establish a remote 'total triage' model in general practice using online consultations and e-resource on remote total triage model in general practice (NHSEI)
- Supporting practice staff with a Total Digital Triage model for online consultations and Admin Crib Sheet
- Top 10 tips for COVID-19 telephone consultations (Royal College of General Practitioners)
- Guidance for general practice on confidential enquiry questions for domestic abuse during a remote consultation (NHSEI and IRISI)