



*Association of British Neurologists*

[REDACTED]  
**Coroner's Support Officer  
The Coroner's Office for the County of Dorset  
Town Hall,  
Bournemouth BH2 6DY**

18<sup>th</sup> October 2022

Dear [REDACTED]

**Re: Regulation 28 Report to Prevent Future Deaths**

I am responding on behalf of the Association of British Neurologists (ABN) following your letter of 21<sup>st</sup> July 2022 regarding the Coroner's report following the Inquest around the death of Gaia Kima Pope-Sutherland.

The ABN is a professional organisation with the overarching aim to improve the health and well-being of people with neurological disorders by advancing the knowledge and practice of neurology in the British Isles.

There were two specific concerns regarding the tragic circumstances of the death of Gaia Kima Pope-Sutherland listed:

2i: "there could be future deaths locally and across the country due to the lack of resourcing of epilepsy services. I request consideration is given to a review of nursing services in epilepsy care locally in Dorset Epilepsy Service, and generally across England and Wales."

Neurology and epilepsy services across the country are stretched, and these workforce issues are no different from other medical specialist services across the UK. This includes neurologist and specialist nursing roles. For the latter the assessment of numbers is more complex as some are employed by acute medical NHS trusts and others by community NHS Trusts, but it is likely there are regional differences.

The ABN does not have access to the numbers of epilepsy nurses but the ABN Epilepsy Advisory Group may be able to comment on numbers and the level of resourcing. To this end I have asked the Epilepsy AG for comment on this and how the system could work with more resource.

2ii: "further I am concerned that there could be future deaths as a result of the lack of communication between neurology and psychiatric teams and request that there is

[REDACTED]

consideration as to how to ensure effective lines of communication between the 2 disciplines."

I would agree with Prof [REDACTED] who gave evidence at the inquest regarding lack of communication between community psychiatric and neurology teams. He highlighted the role that GPs had previously played as "communication hubs" to have an overview of the specialists involved, but that they do not now have the time or resources to fulfil this role. The use of different IT systems between Primary care, NHS Hospital and Mental Health Trusts also does not help this situation.

We have suggested the following actions that could be helpful:

- Ensuring all communication from psychiatry is copied to the treating neurologist (clinic letters and discharge summaries) and vice versa.
- The neurologist treating the epilepsy is informed if a patient is admitted to acutely to psychiatry. This will help inform care as some of the treatments used in psychiatry may have an impact on the seizures.
- Hospital neurologists include a line in their clinic letters to GP with a statement along these lines of "I would be grateful if you could forward copies of letters and discharge summaries from any psychiatric appointment, admission or other epilepsy-related admissions".

I will also bring communicate these views with Prof [REDACTED] President of the Royal College of Psychiatrists, to discuss how to improve these lines of communication.

Any new outcomes from the actions above will be communicated to you.

Please send any communication regarding this directly to myself rather than via my NHS secretary to avoid any unnecessary delay. My email is [REDACTED] Please also copy to the ABN using the contact details on page 1.

Yours sincerely

[REDACTED]

[REDACTED]

President  
Association of British Neurologists