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[REDACTED]  
31 August 2023

Dear Ms Henley

**Re: Regulation 28 Report to Prevent Future Deaths – Rachelle Naomi Ross who died on 20 April 2022.**

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 17 February 2023 concerning the death of Rachelle Ross on 20 April 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Rachelle’s family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Rachelle’s care have been listened to and reflected upon.

On 1 February 2023 the functions of NHS Digital transferred to NHS England and NHS Digital ceased to exist. I apologise for the delay in our response to your Report which was sent during the transition of processes for responding to Regulation 28 reports formally addressed to NHS Digital. I realise that responses to Coroner Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones and appreciate this will have been an incredibly difficult time for them. I apologise for any anguish this delay has caused.

This response addresses the points directed to the Chief Executive of NHS Digital clarifying concerns raised about the Cervical Screening System, and its links to GP systems.

HM Coroner has raised the following matters of concern with regards to this case:

1. *‘GP practice records do not include an alert from EMIS or System 1 IT systems to provide an automatic flag on a patient’s GP medical records if they are classed as a non-responder for a smear test by the National Screening Service.*
2. *The alert system is only triggered after a patient attends a smear test. For a non-responder, they go back into the three- or five-year waiting list for a National Screening invitation for a smear test.*
3. *An automatic flag or alert when a patient fails to attend for a smear test as part of the National Screening Service, would mean that a GP surgery would not have to manually add a warning as an entry onto an individual’s GP records. It would standardise the approach across all GP surgeries and could increase patient safety.’*

## **Background**

Cervical screening is available to women and people with a cervix aged 25 to 64 in England. People aged 25-64 years, registered with a GP as female are automatically invited through a digital call/recall process to participate in cervical cancer screening. The national programme sends the first invitation to eligible people at the age of 24.5 years. People aged 25 to 49 receive invitations every 3 years. People aged 50 to 64 receive invitations every 5 years. A reminder letter is sent at 8 weeks after the first invitation. A person is deemed a non-responder 8 weeks after the reminder letter (i.e., 16 weeks after the first invitation).

When a person attends for screening their details are recorded on the Cervical Screening System. Screening results are likewise recorded on the Cervical Screening System, as is the date of the next recall (based on the findings). Further, the Cervical Screening Service produces worklists for GPs to process which includes the Prior Notification List and the Non-Responders List.

## **Response to Coroner concerns**

As described above, invitations are offered for routine cervical screening every 3 years. The cervical screening system produces electronic cards for each patient who is a non-responder and these can be viewed by their GP Practice on the electronic card summary screen of the Cervical Screening System. If the person's electronic card is not actioned - to defer or cease cervical recall - non-responders will not be contacted again by the screening agency until their next screening cycle commences (i.e., in 3 or 5 years depending on age, or sooner in the case of previous abnormal test results).

GP Practices receive the results of cervical screening through laboratory integration systems. It is usual practice for these results to be filed in the GP IT software system, along with the date the next screening test is due (Due Diary).

GP IT software systems typically have inbuilt alerts to notify users when a person's cervical screening is overdue. Such alerts appear automatically in the person's record without any further manual input, when they reach their 25<sup>th</sup> birthday. Once a person has had a cervical screening test done, the alert next appears if that person is overdue their next test. This alert stays present even if the national service has recorded the person as a non-responder and has set their recall to the next screening cycle date. These alerts appear to the user when in a patient's records in an alert tab. This is visible in EMIS (bottom right-hand side of the screen) and in TPP (top right-hand side of the screen) along with other alerts pertinent to that person's health status.

Alerts can be removed or deactivated manually by the GP Practice but, in the case of cervical screening, their main purpose is to prompt opportunistic health promotion and engagement with cervical screening testing.

Under the Quality and Outcomes Framework (QOF) scheme Cervical screening may be provided as an additional service by GP practices. In addition to tests offered, this scheme enables payment where a patient has not engaged with screening after failing to respond to the third invitation letter, based on a search facility that is set up by the GP IT System suppliers. However, exempting a person through this mechanism does not cancel the alert on their record. Further, some practices routinely invite people who are overdue their cervical screening, regardless of QOF, using their own searches or the searches set up by the GP IT Suppliers.

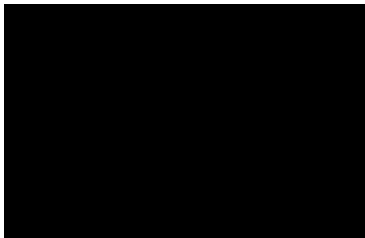
In this case, if Rachelle Ross lived in England, and was registered with a GP as female, she should have received two invitations from the national Cervical Screening Service when she turned 24 years 6 months, and then two further invitations every three years. This means she should have received at least six invitations through the National Cervical Screening programme prior to her death. This does not include any prompts or reminders she received from her GP. It should be noted that an alert would have been present on her GP IT records from the age of 25 years unless this was manually removed or deactivated.


Screening uptake in women aged 25-45 years has been declining over the past 10 years at a greater rate than other age groups. [Jo's Cancer Trust](#) has carried out research on why people are not taking advantage of cervical screening, with common reasons for non-engagement including embarrassment, pain, fear of results, and a lack of understanding (including myths around cervical screening especially prevalent on social media).

I would like to provide further assurances on national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

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



  
National Medical Director  
NHS England