Church Lane Surgery
282. Church Lane, Kingsbury, London NW9 8LU
[redacted]
harness gp
[redacted]

Coroner ME Hassell

Senior Coroner

Inner North London

St Pancras Coroner's Court

Camley Street

London N1C 4PP

Dear Coroner ME Hassell,

Thank you for your feedback and the report regarding the inquest into the death of the late Mr.Bailey, held at the St. Pancras Coroner's Court on October 18, 2023**.**

Matters of Concern as per your report are

1. Mr.Baileys's Family History of IHD – His brother had had two cardiac stents placed in 2006 and two in 2012. This information was not on Mr.Bailey's medical record. It was not elicited at his 2012 or 2018 health checks or when he consulted his General Practitioner, [redacted] on 19 or 27 April 2023.

> The Recording of this information is unlikely to have changed the outcome for Mr.Bailey, but it was a vital part of the medical history and it might easily be for another patient.

2. [redacted] told me in the witness box that she had identified immediately after Mr.Bailey's death in May 2023 that the duty doctor system at Church Lane Surgery does not allow sufficient time to deal with patients appropriately. However, she has not progressed this issue in 5 months since.

We have taken these concerns seriously and implemented the following actions to improve future patient care:

Actions taken

We conducted the Significant Event Analysis and discussed at the Practice meeting on 23.10.2023

We reviewed the 2012 entry for the Template. Our Practice nurse had asked the patient about their family history of IHD during NHS health check and had recorded as No family history of IHD. The template at that time had a provision to record both positive and negative family history.

During the NHS health check on September 5, 2018, the family history of ischaemic heart disease would have been asked routinely as per the NHS health check template.

On analysis we noticed that the new NHS template did not have a field to record a negative family history of IHD.

We routinely calculate CVD risk percentage which is reliant on the risk factors recorded, including family history of ischaemic heart disease. This patient's record did not have a positive family history of IHD at the two NHS health checks conducted in 2012 (a negative history has been recorded as the template at that time had a provision)) and 2018 (a negative history could not be recorded as the new template had no provision for the same). We have therefore not had a record of raised CVD risk score, necessitating initiation of primary prevention. The family history of IHD has been disclosed to us only at the coroner's inquest on 18.10.23. During the inquest [redacted] was under extreme pressure when questioned why there was no mention of family history in the 2018 health check. She was unable to justify the reason, as the fault with the template became evident on subsequent detailed investigation of the templates.

On 19.4.23, during his telephone consultation, Mr.Bailey reported a history of chest pain/tightness intermittently for 2 weeks. If a person has a history of chest tightness, it is important to investigate the acute and high risk causes of the symptoms, regardless of whether they have any risk factors for ischemic heart disease (IHD). This is because there may be a serious underlying cardiac or non-cardiac condition that needs urgent attention, such as pulmonary embolism, cardiac ischemia, aortic dissection or pericarditis,etc. Mr.Bailey was hence advised to go to the emergency department immediately on April 19, 2023.

During the triage call On April 27th, 2023, he had already undergone investigations for cardiac ischemia in the Accident and Emergency department the previous week for the same symptoms. The A&E discharge summary clearly stated that there were no cardiac risk factors, and both serial cardiac troponin and ECG were normal and diagnosis of non-cardiac chest pain due to acid reflux was made. It was therefore determined that the current dose of treatment for acid reflux was ineffective and was advised on the treatment accordingly and safety netted to attend A&E again or review at the surgery if symptoms were persistent.

It has been discovered that the patient's brother had a history of cardiovascular disease in 2006 and 2012, which was not disclosed during previous encounters in 2012, 2018, or recent visits. As a result, it is now clear that the patient had a family history of cardiovascular disease that was not reported in previous encounters. This information was not taken into account, and the patient was not prescribed any cardio protective medication due to the low cardiovascular risk score as per NICE guidelines.

We have taken the following steps to update the family history of coronary heart disease (IHD).

We acknowledge that the new NHS health check template given to all practices, had changed from the previous one with provision to record positive family history but none to record a negative family history, making it impossible to document a negative family history. We did a search on our

clinical system, for the period 2018 to 2023, and found that family history of ischaemic heart disease was being gathered during NHS health checks (positive family history of IHD recorded in 296 patients). We have updated the template to include the negative findings of ischemic heart disease (IHD) related to F/H (family history). Recording a negative family history will only serve to provide evidence that this has been sought during the consultation, though it will not change the CVD risk score.

We have addressed the template issue with our PCN, Borough Director and the LMC, as this issue has raised concerns if a family history had been sought at all, during the health checks. We hope this will ensure that the information reaches all our area practices that use the same templates, so that they can take appropriate action and are not disadvantaged.

Currently we assess family history during new patient checks and NHS health checks. We are expanding this practice to include updates on family history at additional points of contact, such as annual chronic disease checks and structured medication reviews, ECG appointments, and have integrated this into our standardised templates.
We have initiated the process of updating family history for all patients aged 25 and above. We have sent the message to all the patients aged >25yrs, to update their family history of IHD. All patients will be informed at registration that they will have to update their family history voluntarily if there are any changes. We have trained the staff to record it in our system. We are going to audit the new entry of family history of IHD every 12 months to assess the progress of our system. This ensures the accuracy of our risk calculations when making medical assessments.

To enhance our clinical procedures, we have provided comprehensive training to all our staff members on how to collect family history information and how to accurately record it in the clinical system.

2. **Actions to re-structure the On-call system for the Duty doctor**.

We have recently made a change to the on-call schedule of Duty Doctors. Three un-booked telephone slots and three face-to-face slots have been added at the end of each doctor's shift to allow them to attend to patients who require additional consultation. This change has already been implemented and is currently in effect. The additional slots will enable the doctors to spend more time when detailed consultations are needed, ensuring better care for the patients.

Kindly contact me if there should be any clarifications required.

Thanking You,

Yours Truly,

[redacted]

[redacted]

Senior Partner

Date: 15.12.2023.