NHS England

Darren Stewart OBE
Surrey HM Coroner's Court
Station Approach
Woking
GU22 7AS

[redacted]

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

[redacted]

21st January 2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Meghan Irene Chrismas who died on 20 October 2021.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 29 December 2023 concerning the death of Meghan Irene Christmas on 20 October 2021. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Meghan's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Meghan's care have been listened to and reflected upon.

This response focusses on the NHS England national and regional policy, programmes, and commitments relevant to the matters of concern identified in your Report, namely your concern that the passage of information between NHS and private healthcare providers is hindered due to the absence of an adequate structure to share important clinical information about patients in a timely and effective manner.

Meghan's case highlights the importance of effective information sharing to support providing the best care possible where individuals are transferred between different care settings.

When sharing information between clinicians looking after patients, the concept of 'Direct Care' is relied on as the legal basis of the sharing and explicit consent for this sharing is not required from the patient. However, the patient can object to information being shared, at which point a clinical decision will need to be made as to whether the patient is at risk and the information needs to be shared despite their objections.

NHS England is currently working to enhance the sharing of patient information to and from Voluntary, Charity and Social Enterprise (VCSE) and other independent/private sector providers who are commissioned by NHS organisations.

The Summary Care Record (SCR) was originally designed and communicated as a means to support patients when they receive emergency care. Over time, the significant value of access to SCR to wider healthcare services has been recognised and, as a result, the SCR Team have worked with the Expert Advisory Committee to extend its use into multiple other care settings through a governance framework into which patients and professionals contribute.

The SCR Team at NHS England have done significant work with a number of private sector organisations, including a range of private hospitals and privately funded healthcare services as part of Proof of Concepts (PoCs), into settings where SCRs have previously been unavailable. e.g. private GP Services. This work will continue throughout 2024. Clearly, it is difficult to define precisely what is included within "private hospitals and privately funded healthcare services". However, all "private hospitals and independent healthcare services" that have approached NHS England to date seeking access to SCR have either been onboarded into the existing proof of concepts or there have been discussions with the requesters regarding initial setup and their use for access to SCR. Learnings from these PoCs will be reported back to the Expert Advisory Committee to better understand any benefits realised but also any potential unintended consequences. The SCR Team will work with the Expert Advisory Committee to seek full rollout approval in this sector and consider the scope of this approval and any specific exclusions, constraints, or caveats.

It is worth mentioning that, in the past, the Summary Care Record application (SCRa) was the main method to access SCRs for the existing NHS user base and the private sector PoCs. However, NHS England have been involved in a programme of work to transfer SCR users from the legacy SCRa service to the new National Care Records Service (NCRS) service. This work has accelerated during 2023 and is projected to conclude during Q2 2024.

NCRS is the successor to SCRa and by design removes a large amount of the reported barriers to adoption within many care settings including the private sector. The National Care Records Service (NCRS) provides a quick, secure way to access national patient information to improve clinical decision making and healthcare outcomes, it is free to use and includes additional features and services beyond the legacy SCRa product. Further information on NCRS can be found here: https://digital.nhs.uk/services/national-care-records-service.

The NCRS complements Shared Care Records, which is a way of bringing separate records from different health and care organisations together digitally in one place and joining up information based on an individual rather than one organisation. Shared Care Records will include prescribed medications and will typically hold more information about an individual than a Summary Care Record.

Responsibility for delivering shared care records sits with local Integrated Care Boards (ICB). Each ICB's shared care records are developed in response to the health and care needs of the local area, existing systems, and future planning. This means some of their shared care records are available to neighbouring ICBs, while others are only supported within their own ICB. Future plans include making shared care records link together regardless of where you live or receive care in England.

Regarding the duplicate prescriptions administered to Meghan, the General Medical Council (GMC) have produced clear professional standards guidance for doctors on the prescribing and managing of medicines and addressed where a prescribing clinician may not be the patient's regular prescriber. Sections to note are referenced below:

- ***Section 20****: You should only prescribe medicines if you have adequate knowledge of the patient's health and you are satisfied that the medicines serve the patient's needs. You must consider … whether you have sufficient information to prescribe safely, for example if you have access to the patient's medical records and can verify relevant information.*
- ***Section 27:***
  a. *It's not safe to prescribe if you don't have sufficient information about the patient's health or if the mode of consultation is unsuitable to meet their needs.*
  b. *It may be unsafe if relevant information is not shared with other healthcare providers involved in the patient's care – for example because the patient refuses consent.*
- ***Section 28****: Before prescribing, you must consider whether the information you have is sufficient and reliable enough to enable you to prescribe safely. For example, whether … you have access to the patient's medical records or other reliable information about their health and other treatments they are receiving.*
- ***Section 29****: If you are not the patient's regular prescriber, you should ask for the patient's consent to:*
  a. *contact their GP or other treating doctors if you need more information or confirmation of the information you have before prescribing,*
  b. *share information with their GP when the episode of care is completed.*
- ***Section 30****: If the patient objects to information being shared with you, or does not have a regular prescriber, you must be able to justify a decision to prescribe without that information.*
- ***Section 31****: If the patient refuses to consent to you sharing information with their GP, or does not have a GP, you should explain to the patient the risks of not sharing this information. This should be documented in their medical records.*
- ***Section 32****: If failing to share information could pose a risk to patient safety, you should explain to the patient that you cannot prescribe. You should outline their options and signpost them to appropriate alternative services. You should clearly document your reasons for any decisions made.*

I would also 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,

[redacted]
National Medical Director