

**Dr Karen Henderson**  
HM Assistant Coroner  
Surrey Coroner's Court  
Station Approach  
Woking  
GU22 7AP

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

19 April 2024

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – Sarah Louise Sutherland who died on 17<sup>th</sup> December 2022**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 15<sup>th</sup> March 2024 concerning the death of Sarah Louise Sutherland on 17<sup>th</sup> December 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Sarah's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Sarah's care have been listened to and reflected upon.

This response focuses on the areas of concern raised in your Report that are relevant to NHS England national policy and programmes. We note that you have addressed your Report to other organisations, such as the Care Quality Commission (CQC) and the UK Council of Psychotherapy who will be better placed to respond to your first concern around the guidelines for regulation and management of private psychotherapists.

Your second concern raised the need for coordination of NHS mental health services and private psychotherapy. The [Summary Care Record \(SCR\)](#) was originally designed and communicated 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 trialling the use of SCRs within settings where they have previously been unavailable. This work will continue throughout 2024. 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 requestors regarding initial setup and their use for access to SCR. Learnings will be reported back to an 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 within the independent/private sector and consider the scope of this approval and any specific exclusions, constraints, or caveats. We already have full rollout approval for Mental Health Services within the NHS, which would include psychotherapists working within these services. However, we have not yet been approached by organisations representing private psychotherapists.

Work is also in progress to review the interface between the NHS and non-NHS funded independent health providers. This work is in its infancy, but NHS England can provide an update to the coroner in due course. We understand that the CQC are also undertaking work regarding standards for online care and exploring opportunities for better sharing of information both into private sector providers and receiving information back to the patient's registered GP practice from private providers.

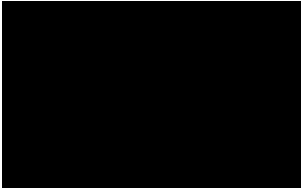
Surrey and Borders Partnership NHS Trust have developed guidelines to ensure all staff are aware of their responsibility to work collaboratively and share information with private providers. It is the responsibility of all providers and commissioners of health and social care in England to share information, when it is likely to facilitate the provision of health or social care to an individual and when it is in the individual's best interests, as set out in the [Health and Social Care \(Safety and Quality\) Act 2015 \(England\)](#).

The responsibility of professionals to communicate and share relevant clinical information is also included in several professional regulatory body guidelines. The Health and Care Professionals Council's (HCPC) [Standard of Conduct Performance and Ethics](#) 2.6 states that '*You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user*'. Additionally, the General Medical Council, [Professional Standards of Doctors](#) (Domain 3 – Contributing to continuity of care) states '*You must promptly share all relevant information about patients (including any reasonable adjustments and communication support preferences) with others involved in their care, within and across teams, as required*'.

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,



National Medical Director