From Helen Whately Minister of State for Care

> 39 Victoria Street London SW1H 0EU



Miss Louise Rae Blackpool Council PO Box 1066 Blackpool FY1 1GB

13 June 2024

Dear Miss Louise Rae,

Thank you for the Regulation 28 report to prevent future deaths of 12 April 2024 about the death of Sabina Wood. I am replying as Minister with responsibility for hospital discharge.

Firstly, I would like to say how saddened I was to read of the circumstances of Sabina Wood's death, and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns about a lack of appropriate processes in preparing discharge summaries at Blackpool Victoria Hospital, leading to (in this case) a draft discharge summary including speculative information being sent to the GP in error. Furthermore, I note the report raises the importance of GPs receiving timely and accurate discharge summaries from hospitals. In preparing this response, departmental officials have made enquiries with NHS England.

As the Minister responsible for hospital discharge, I recognise the importance of ensuring people are discharged from hospital when they are clinically ready, with the right care and support in place.

Your report highlighted concerns that Blackpool Victoria Hospital did not have appropriate processes in place to prepare discharge summaries prior to the patient being discharged from hospital, leading to inaccurate information being incorrectly sent to the GP. NHS England has advised that the medical director of the Blackpool Teaching Hospitals NHS Foundation Trust has issued a letter to all medical staff regarding the population of discharge summaries with key messages to ensure discharge summaries are not prefilled. The trust also has an e-discharge project in place, which is leading on the development and implementation of a new e-discharge process. As part of this process, additional safeguards are being scoped in relation to 'prompts' to check details prior to issue.

The standard operating procedures and policy are currently under development and the trust is liaising with Lancashire Teaching Hospitals to share learning and improvements. The ICB has contacted colleagues within the Lancashire South Cumbria ICB trusts to review their processes and the learning will be shared in learning forums.

Your report also raises the importance more generally of GPs receiving timely and accurate discharge summaries from hospitals. In the "Delivery Plan for Recovering Access to Primary Care", ICB chief medical officers are asked to focus on and report their progress against recommendations on how to improve the interface between primary and secondary care. This includes ensuring that discharge letters highlight clear actions for general practice (including prescribing medications required) and establishing single routes for general practice and secondary care teams to communicate rapidly, so that issues with discharge documents can be resolved.

In addition to this, NHS England has asked ICBs to report on this work regularly at their public boards, and to use an assessment tool across their secondary care NHS providers, to improve and report on progress as they implement these recommendations.

I hope this response is helpful. Thank you for bringing these concerns to my attention.



Yours sincerely,

HELEN WHATELY