
13 August 2024

Dear HM Coroner

I write on behalf of the Chelsfield Surgery in response to your Regulation 28 report dated 21 June 2024.

We note the concerns you have raised and write to reassure you of the steps that the Surgery have taken to review how patients are deducted from the list and implement changes in our procedure when patients are removed in the future.

Whilst writing, may we correct one matter noted on the Regulation 28 report. It is stated that Patient TG was deregistered as a patient by the surgery on 16 January 2023, which is inaccurate. The records indicate that the deduction request was submitted by the Practice on 28 November 2022 and completed on 29 December 2022. PCSE requested a copy of Patient TG's medical records on 29 December 2022 and these were then sent on 16 January 2023. The member of the administrative team who dealt with transferring the records also made an entry into the medical consultations page to state that Patient TG had been deducted. This entry is dated 16 January 2023 – but the deduction had already taken effect from 29 December 2022.

1. On 25 July 2024 the practice held a Significant Event Analysis (“SEA”) meeting. The details of Patient TG's deduction from the list were presented and learning outcomes discussed. These included: a clinician should have been consulted before the deduction was submitted in November 2022, safeguarding considerations ought to have been raised and discussed with safeguarding lead, Patient TG ought to have been sent a further letter informing him of the deduction and Patient TG ought to have received advice about continuing his medication supply.
2. As a practice we have considered, reviewed and updated our Removal of Patients Policy. Before any removal can take place it is now a mandatory requirement for the Safeguarding Lead to be consulted to ensure that all safeguarding concerns have been appropriately addressed. It is also now a mandatory requirement for a patient to receive a written notification when a deduction has taken place.
3. We have also reviewed and updated our Repeat Prescribing Policy. Our Policy now states:
 - (a) In the event of removing a patient, we will ensure that the patient is provided with an adequate supply of medication to last until they register elsewhere, usually a maximum of 2 months' supply.

- (b) We will now write to the patient to explain that this will be the final prescription from the practice and that the patient needs to register elsewhere to ensure continuity of their medication. In circumstances where there are safeguarding concerns, we will continue to prescribe medication until we receive confirmation that the patient has registered with a GP elsewhere. Any decision to then stop prescribing must usually be made by the safeguarding lead, or if they are unavailable then a senior clinician, and be clearly documented.
 - (c) Any deduction that takes place will now be reviewed by the administration team in the immediate period after the deduction. This is a safety net process to ensure that any safeguarding concerns have been discussed and appropriate action taken.
4. The updated policies and learning points arising from the SEA have been circulated by email to all non-clinical staff. A practice meeting is scheduled on 14 August 2024 for all non-clinical staff to attend. The conclusions of the SEA will be disseminated to ensure that all staff learn from this case. We will highlight the updated policies and changes to procedure to ensure that there is no risk of repetition when deducting patients in the future.
5. The Practice Manager is conducting an audit of all deductions which have taken place in the last 3 years. Through this audit we hope to ensure that no other patients have been affected by a deduction and to check if there are any additional learning points which arise.
6. A continuing monthly audit will be undertaken by the Practice Manager for all patients deducted in the future. This audit will ensure that all deductions are appropriate, that any safeguarding concerns have been addressed and that the deduction does not disrupt continuity of care. This results of this audit will be fed into the safeguarding meetings which take place weekly (see below).
7. The Safeguarding Lead GP will now review any patient deductions where there are safeguarding concerns in the weekly safeguarding meeting. These patients will be discussed and checks made to ensure that clinical needs are being met, particularly with respect to prescriptions / access to vital medication.

We hope that this will reassure HM Coroner that we have taken her concerns on board and taken steps to review our processes and implement change.

Yours sincerely

██████████ and ██████████ on behalf of the Chelsfield Surgery
