

Executive Corridor
Darlington Memorial Hospital
Hollyhurst Road
Darlington,
DL3 6HX
E-mail: [REDACTED]

Our Ref: [REDACTED]

031ST January 2024

Mr James E Thompson,
HM Coroner,
4th Floor Civic Centre,
Crook,
County Durham,
DL15 9ES

Dear Mr Thompson,

Re: Margaret Heal

I am writing in response to Regulation 28 Report to Prevent Future Deaths, which you issued to County Durham & Darlington NHS Foundation Trust on 14th December 2023. As you are aware, in this instance the Trust were not represented at the inquest.

You raised one matter of concern that creates the risk of other deaths; as outlined below:

Is there more that can be done to ensure patients particularly who are vulnerable and/or elderly are given advice regarding recommencement of drugs in a manner, ensure as far possible, they are aware of the need to recommence their medication.

Therefore we would like to take this opportunity to explain our current process and our review of Mrs Heal's patient record; to see if this provides the reassurance that you seek.

Current Endoscopy Process for stopping and restarting medication

All patients who are pre-assessed are given advice and written information at the pre-assessment appointment, the pre-assessment team follow the BSG guidelines. The decision to restart the medication is made at the point of completing the procedure but the PA nurses will give an estimate at the time of pre-assessment of how long medications would be withheld in line with current recommendations.

Not all patients are pre-assessed prior to endoscopy, the need for pre-assessment being determined by the procedure to be performed. For patients who are not pre-assessed, which was the case with Mrs Heal, then clinicians would usually give relevant advice in clinic regarding when to stop anticoagulation (the need to withhold apixaban 2 days prior to the procedure was recorded in the notes from Mrs Heal's clinic attendance).

Our procedure specific leaflets (PIL) also ask patients who are taking anticoagulants/antiplatelets to contact the department, by telephone, for advice, this advice is given by a member of nursing staff following the BSG guidance. This information is included

in the patient information leaflet to ensure that patients who are not pre-assessed are able to access appropriate advice.

Upon completion of an endoscopic procedure the discharging nurse goes through the results, follow up and recommendations with the patient (and usually with a family member too) prior to discharge. Information on starting medications is reinforced at that point and a copy of the report is provided to the patient which includes this information in writing. It should be noted that Mrs Heal's notes confirm that she received a copy of the endoscopy report and verbal information at the point of discharge.

Current processes also include sending an email copy of the procedural report to the patient's GP surgery within 24 hours of discharge.

It is our opinion that the process described above is a robust way of communicating post procedure instructions to our patients, if however, you have continued concerns then we would welcome the opportunity for a senior member of our patient safety team to meet with you to better understand the issues raised in the inquest, and to discuss the improvements that you feel may be necessary to address the issues identified.

I hope that you find the actions taken by the Trust to be adequate to address the issues that you have raised, but please do not hesitate to contact me if you require further information.

Yours sincerely

[Redacted signature]

[Redacted signature]

[Redacted name]

Executive Director of Nursing

[Redacted name]

Executive Medical Director

cc.

[Redacted name]

CEO

[Redacted name], Associate Director of Nursing, Patient Safety

[Redacted name], Associate Medical Director for Patient Safety