

Our Ref: [REDACTED]
Coroner Case Ref: [REDACTED]
CH Case: [REDACTED]

21 August 2024

Dear Dr Shaw

Prevention of Future Deaths Regulation 28

Thank you for raising the matters of concern further to the investigation into the death of Michael Huggon.

Cumbria Health has reviewed the case and reflected on the findings you have highlighted. As part of this review, we met with our colleagues from Carlisle Healthcare on the 14 August.

Our response is as below, and I have outlined them in two separate headings.

1. The systems in place currently

Cumbria Health has for many years had processes in place to allow the exchange of clinical information between organisations that include not only daytime primary care but other organisations such as community nurses, hospice, and secondary care. We are very aware that communication issues are often the cause of situations where things could have gone better for patients and the measures, we already have in place are there to mitigate this risk. We also fully recognise the pressures on daytime practice which include capacity to address all the patient queries that arrive at the practice before the 18.30pm handover to Cumbria Health.

Currently we have in place:

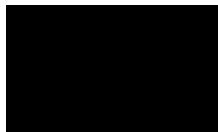
- A dedicated number for health care professionals to contact Cumbria Health after the surgeries have closed (03000). This allows a clinician-to-clinician handover if necessary or a clinician to our “controller” to take the appropriate details and log onto the out of Hours patient system.
- A dedicated number (0300) that vulnerable patients have as part of their care package which allows them to contact Cumbria Health directly rather than go through NHS 111 e.g. palliative care patients.
- A special patient note template that can be completed by the practice and electronically gets uploaded in the patients Aadastra record.
- E-mail inbox (choc.north) that allows transfer of information from practices to our control centre that is staffed 24/7.
- The control centre is staffed 24/7 anyway for any queries which could include passing over clinical cases of need at shoulder time in particular.

2. Action from the Regulation 28 request

- As discussed above, Cumbria Health has met with Carlisle Healthcare and completed a review of Mr Huggon's case.
- The case will be discussed at our regular clinical forum with the emphasis on assessing capacity when patients decline an admission which was pertinent to Mr Huggon's case but applies to any patient who declines or refuses treatment.
- We will put on educational sessions to update our clinicians on the mental capacity act, managing challenging scenarios with particular emphasis on how this is documented in a patient record (which is again pertinent to the case of Mr Huggon)
- We will ensure that the information in the section above is communicated to the GP practices through all of Cumbria on the options Cumbria Health has for discussing and handing over cases of concern if they are unable to manage them within the constraints of their capacity, particularly at that shoulder time period of when they close and the Cumbria Health opens. This will be achieved by a standalone communication and guidance will be entered onto our newly developed website for ease of access.

After meeting with CHC I know that they have put in place some changes to the way they manage cases such as Mr Huggon and with our plan above to cascade the options we have in place to all practices. I hope the Coroner has gained assurance that the process are as robust as possible to prevent such cases as Mr Huggon's from happening in the future.

Yours sincerely



Medical Director