

Ms Ellie Oakley
Assistant Coroner
Inner West London Coroner's Court
33 Tachbrook Street
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National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
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04/09/2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Judith Maike Obholzer who died on 12 July 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 12 July 2024 concerning the death of Judith Maike Obholzer on 12 July 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Judith's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Judith's care have been listened to and reflected upon.

Your Report raised concerns over the pathways and ability to share information and undertake referrals between private and NHS mental health services, as well as the ability for private medical practitioners to access GP details. You raised this within the context of the significant pressures currently being placed on NHS mental health services and the impact of this likely increasing the number of patients turning to private mental health services.

As part of its [Long Term Plan](#) commitments to improve mental health care, NHS England has increased investment in adult and older adult community mental health services by £1 billion per year since 2019/20. Commitments in the plan have also included a significant expansion of urgent and emergency mental health care and access to crisis services.

Your Report highlights the importance of effective information sharing, to support providing the best care possible, where individuals are transferred between different care settings. The [National Care Records Service](#) (NCRS) is the successor to the [Summary Care Record application](#) (SCRa) and by design removes a large amount of the reported barriers to adoption within many care settings including the private sector. The NCRS provides a quick, secure way to access national patient information to improve clinical decision making and healthcare outcomes. It is free to use and includes additional features and services beyond the legacy SCRa product. It provides access to a number of centrally provisioned national digital services that support the direct care of patients, including [Summary Care Records](#) (SCR), the [National Record Locator](#) (NRL) service and the [Personal Demographics Service](#) (PDS).

The SCR is a national database that holds electronic records of important patient information such as current medication, allergies, and details of any previous bad reactions to medicines. It is created from GP medical records - whenever a GP record is updated, the changes are synchronised to SCR. It can be seen and used by authorised staff in other areas of the health and care system who are involved in the patient's direct care, but do not need access to the patient's full record. As such, the SCR is intended to provide a summary of the patient's GP record, including key information most likely to be of benefit to patients during an unscheduled care encounter.

The SCR Team at NHS England have undertaken 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, and this work continues. The Team will work with an 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.

Responsibility for delivering shared care records sits with local Integrated Care Boards (ICBs). Each ICB's shared care records are developed in response to the health and care needs of the local area, existing systems, and future planning. This means some of their shared care records are available to neighbouring ICBs, while others are only supported within their own ICB. Future plans include making shared care records link together regardless of where you live or receive care in England. Further information on Integrated Care Boards and Systems can be found here: [NHS England » What are integrated care systems?](#)

NHS England's National Record Locator (NRL) service allows health or social care workers to find and access patient information shared by other health and social care organisations across England, to support the direct care of a patient. It does this by recording the location of digital (and paper) records within the NHS and it provides an index of pointers/bookmarks that contain the information required to retrieve key patient information from the source. Our vision is to improve cross-border interoperability and help make data sharing possible by allowing healthcare professionals, such as Care Coordinators within a Mental Health Trust, to securely and remotely retrieve information from source at the point of need so that they can get a longitudinal view of a patient's records and an indication of their treatment history. The NRL removes the need for organisations to create duplicate copies of information across systems and organisations, by facilitating access to up-to-date information directly from the source. It will also provide users with an indication of the organisations with which a patient currently has a care relationship, to enable a user to contact the service responsible for a plan to support the patient in the event of a crisis.

Mental Health Crisis plans are one of the pointer types supported by the NRL service. The NRL does not store any of the Mental Health data but points users to where they can find it. NRL information can be consumed from source through the National Care Records Service (NCRS). In instances where multiple pointers are returned, users have the ability to sort results by creation date.

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 if this would assist. We understand that the Care Quality Commission (CQC) are also undertaking work regarding standards for online care and are 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.

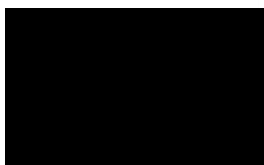
Access to the GP record is available to private clinicians through some IT systems suppliers and is being gradually rolled out further.

NHS England has also engaged with South West London and St George's Mental Health NHS Trust. They have advised us that at the time Judith required NHS crisis support, their website provided clear signposting for private providers needing to make an emergency mental health referral. Since receiving your Report, we also note that they have made this more visually prominent on the website. I will refer you to the Trust for further information, who I understand are issuing their own response to you.

I would also like to provide further assurances on the 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 events, such as the sad death of Judith, are shared across the NHS at both a national and regional level and helps us to 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