

Chief Executive's Office
South West London and St George's Mental Health NHS Trust
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04 September 2024

Ellie Oakley
Assistant Coroner for Inner West London
Inner West London Coroner's Court
33 Tachbrook Street
Pimlico
London SW1V 2JR

Our Reference: Incident Number [REDACTED]

Dear Madam

Re: Regulation 28 Report to Prevent Future Deaths – Judith Obholzer

I am writing to you following receipt of the Regulation 28: Report to Prevent Future Deaths (PFDR) dated 12th July 2024, regarding the sad death of Mrs Judith Obholzer.

The PFDR was addressed to NHS England (NHSE), the Department of Health (DH) and South West London and St George's Mental Health NHS Trust (the Trust) being the third listed recipient. This letter provides the Trust's response to the matters of concern that you have detailed in your correspondence.

The PFDR was shared with the clinical leadership teams in the Community and Acute and Urgent Care Service Lines and the Trust's Communications Department to ensure the Trust responds fully to the points of concern raised by HM Assistant Coroner.

I therefore respond to each of your concerns and direction as stated within your PFDR correspondence:

(1) In the course of the evidence it was confirmed that there is a significant pressure on NHS mental health services. It seems likely that there will be an increase in patients obtaining private support while waiting for NHS support (and often only being able to afford such support for a limited time and to a limited extent and doing so only while waiting for NHS support), as happened in this case. Consideration should be given to ensuring that there is sufficient clarity in processes such as referrals and crisis support where private practitioners are

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providing treatment as well as the NHS, ensuring sharing of information and notes where relevant and necessary and ensuring that the NHS provision is not assessed as unnecessary simply because someone has obtained private support as an interim measure.

The Trust shares your observation that there could be an increase in patients seeking to access private support during these times of high demand for services nationally and, in particular, within the London region.

The Department of Health and Social Care produced guidance for NHS patients who wish to consider additional private care, and we have provided a link to this below¹. In line with this guidance, NHS organisations, including the Trust, cannot withdraw NHS care where a patient chooses to fund additional private care, additionally that patients will also have their place for treatment on an NHS mental health waiting protected. Naturally, we expect the DH response to you in regard to this PFDR will cover this aspect in more detail.

However, in addition to the DH guidance, the Trust has a 'Private Providers Shared Care Policy' (Appendix 1) which was ratified in January 2024. This clearly sets out the respective roles and responsibilities of the Trust and private providers. This policy was drafted with input from Consultant Psychiatrists from a private provider and supplements the DH guidance to add specific clarity for the Trust.

The Trust accepts that this policy was not referenced and it appears there was a lack of appreciation that the policy existed during the Inquest. In response to the concern raised in the PFDR, the Trust will ensure this policy is made accessible on the Trust's website (in the GPs/Professionals section of our website) and its existence will be further communicated internally and also through our local GP networks.

Unfortunately, there is currently no national or local system which enables the Trust to have the contact details of every private provider operating in its catchment area and, therefore, it is not feasible to provide information about the referral process to all these providers and those we are not aware exists. Furthermore, In Mrs Obholzer's case, the private provider that gave evidence at the Inquest and who assessed Mrs Obholzer shortly before her death, was not based in the catchment for our Trust.

If a private provider considers a patient is at high risk of harm to self or others, it would be expected that they would either seek to make contact with the patient's local mental health services or contact NHS services via 111 or A&E. With this in mind, the Trust has ensured that information for private providers is more clearly visible on the Trust's website (please see below more detail).

(2) During the evidence the private consultant psychiatrist gave evidence that he was unable to refer patients directly to NHS provided crisis teams as a direct alternative to

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informal treatment in a private hospital. The evidence from South West London and St George's Mental health Trust was that direct referrals can be made although the evidence on the exact mechanism was unclear. In Mrs Obholzer's care, the (apparent) lack of ability of the private consultant psychiatrist to directly refer to the crisis team meant that she did not receive the community crisis support alternative to hospital admission that she required. Consideration should be given to ensuring that the pathway for urgent/crisis referrals from private practitioners to the NHS are clear to all (both for this area and throughout the country) and, if it is not already the case, to ensuring a process that allows private practitioners to arrange crisis support through the NHS directly.

The Trust notes the Coroner's desire that this aspect of the PFDR is reviewed from a national perspective and considers that the DH and NHSE will be able to address this within their response.

However, the Trust would like to assure the Coroner that private providers can refer their patients to the Trust's crisis services when required. Private providers can telephone or make a referral about someone they are concerned for to our crisis services via the Trust's Mental Health Crisis Line in the same way as a GP or other non-Trust health professional. If a private provider contacts the Mental Health Crisis Line, advice will be provided, and their patient will be directed into the correct care pathway dependent upon the patient's presentation and risk factors. In an emergency scenario, private providers can also call 999 or 111 and patients are able to attend A&E to access the pathway for crisis services.

At the time Mrs Obholzer accessed Trust services, there was clear information available on the Trust's website regarding how to access Trust crisis services via the Mental Health Crisis Line and what to do in a mental health emergency. This could be accessed from a prominent orange link (button) on the homepage marked 'I need help now'. It is unclear if the private psychiatrist who gave evidence at the Inquest attempted to access the Trust's website.

In response to the PFDR, the Trust has reviewed and further improved the information available for all healthcare professionals on the Trust website to ensure it is more easily accessible. The link (button) on the front page of the website is now red to make it even more prominent and marked 'Urgent Help' ([Home - Website \(swlstg.nhs.uk\)](https://www.swlstg.nhs.uk)).

To aid, I have provided some screenshots of our website, with the below first showing the new red 'Urgent Help' button.

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About Us ▾

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We are South West London and St George's Mental Health
 NHS Trust - the leading provider of mental health services
 across South West London.

Search our website



There is also a second button marked 'urgent help' on the front page which states 'healthcare professionals making referrals can call our 24/7 crisis line on 0800 028 8000'. People can access further information by clicking this button – see screenshot below.

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Talking Therapies

The Talking Therapies provide free, confidential psychological and wellbeing interventions for common mental health problems for people aged 18 and over

Services

Mental health conditions are very common, affecting many people at any one time

Child and Adolescent Mental Health Services

We provide mental health assessment and treatment for children and young people aged 0 to 18, and support for

Recovery College

Here at the Recovery College, we value the contribution that people with lived experience of mental health issues

Urgent Help

If you need help yourself or someone you care for - patients, carers, members of the public and healthcare professionals making referrals can call our 24/7 crisis line on 0800 028 8000

When either of these two buttons are clicked, they go to information about services that can be accessed in an emergency (<https://swlstg.nhs.uk/urgent-help>). This includes the specific information in bold type that says 'Any healthcare professional can also contact the mental health crisis line if making a referral for someone experiencing a mental health crisis'.

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Services > Urgent Help

Services

- Child and Adolescent Mental Health Services +
- Complex care
- Deaf services +
- Ethnicity in Mental Health

Get help in an emergency

If you live in Kingston, Merton, Richmond, Sutton or Wandsworth and you need urgent support, call our Mental Health Crisis Line on **0800 028 8000**. You can also get urgent mental health support by calling 111 option 2 for Mental Health.

Any healthcare professional can also contact the mental health crisis line if making a referral for someone experiencing a mental health crisis.

Both services are available 24/7 for adults and children of all ages, and to people who haven't previously accessed mental health services. You can call for yourself or someone else.

In addition, you will see below, the Trust has included an amber header on the GPs/Professionals page with the telephone number of the Mental Health Crisis Line so it is clear how a 'GP, partner agency or private provider' can make a referral in a crisis. ([Referring to our services - Website \(swlstg.nhs.uk\)](https://www.swlstg.nhs.uk))

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Urgent Help

Home Services Patients and carers About Us Work with us GP / Professionals Contact us

GP / Professionals

- Key clinical contacts
- Guidelines and protocols
- Medicines Formulary
- Referring to our services
- Safeguarding



If you are from a GP, partner agency or private provider and need to make an emergency referral, please call our 24/7 Mental Health Crisis Line on 0800 028 8000.

Referring to our services

Our Trust wants to make the referral process as simple as possible. To find out more about how you can refer patients to our services please look at the individual services profiled in [our services](#) page.

Additionally, we have again shared our crisis information externally, which we do at regular intervals. This includes on social media and in extra places on our website including news articles and in information about our campaigns.

(3) In the course of the evidence it was confirmed that the private consultant psychiatrist was unable to send the urgent letter to Mrs Obholzer's GP in part because their details

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had not been provided. Consideration should be given to ensuring that all medical practitioners (private and NHS) can access GP registration details for patients and GP contact details to avoid delays where there is an urgent need to contact a person's GP.

The Trust does not feel able to provide a response to this aspect of the PFDR as access to GP registration details is a national issue. We understand that the response to this concern will come from the DH or NHSE response.

(4) In the course of the evidence it was confirmed that there is no sharing of medical notes between private practitioners and NHS providers. This (along with other factors) led to delays in a treatment plan being set by Wandsworth SPA as they had to obtain further details regarding Mrs Obholzer's CBT from Mrs Obholzer rather than being able to access the notes through a shared system. Consideration should be given to ensuring a system is in place to allow sharing of medical information between practitioners across Trusts and also between NHS and private providers.

Systems and processes for information sharing between NHS and private providers is principally a consideration for NHSE and the DH who are best placed to provide guidance around the GDPR and confidentiality considerations.

However, locally the Trust is reviewing its approach to how information can be shared in line with consent and the confidentiality policy. Naturally, the Trust is not able to share clinical information with a private practitioner (and vice versa) without the explicit consent of the patient, except in rare cases where risk considerations mean information sharing is essential.

The Trust is exploring ways to obtain advanced consent to share information can be captured in the clinical record when patients are also accessing private services, as part of the assessment and on-going care planning process and this will be recorded in their clinical records. The Trust is currently reviewing the best way to collect this information and operationalise the process.

The Trust will remind all staff of the 'Urgent Care Pathway' in a Monthly Learning Bulletin article (to be published by October 2024). Staff will also be reminded to regularly check if service users are receiving private treatment and discuss consent to share information. Staff will also be signposted to the Trust's 'Private Providers Shared Care Policy', so they are aware of the process if they are contacted by a private provider regarding a patient in crisis. This policy will also be shared through our local GP networks.

The Trust remains committed to continuous learning and improvement and we are very grateful for all those involved in the Inquest. This PFDR and the response will be reviewed and monitored at the Trust's Mortality and Suicide Prevention Committee, which is attended by senior representatives from all the Trust's service lines.

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Finally, the Trust is ready to respond to future guidance issued by NHSE or the DH regarding information sharing between NHS organisations and private practitioners.

Yours sincerely,

[Redacted Signature]

[Redacted Name]
Chief Executive

ⁱ [Guidance on NHS patients who wish to pay for additional private care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Cc:

- Department of Health & Social Care (DHSC)
- NHS England

As advised by NHS England (London Regional Team), NHS England have been commissioned by DHSC to coordinate their response to the PFDR on behalf of both NHSE and DHSC, as such the Trust should copy the response to NHSE London Patient Safety Team - england.londonpatientsafety@nhs.net

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