

Ms Alison Mutch
Senior Coroner
Manchester South Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

9 September 2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – David Nicholas Almond who died on 5 January 2024.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 17 July 2024 concerning the death of David Nicholas Almond on 5 January 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to David's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about David's care have been listened to and reflected upon.

My response to your concerns focuses on those areas of concern that fall under the remit of national NHS England policy or programme work. Your concerns relating to East Cheshire NHS Trust's recording sharing and access arrangements, along with your concerns about the care provided at the GP surgery, are more appropriately answered by the two organisations. The [Standard General Medical Services \('GMS'\) Contract](#) also sets out the requirements on GP Practices. Practices should provide enough appointments to meet the reasonable need of their patients, and provision of appointments and advice or care should consider their patients' preferences where appropriate.

NHS England have engaged with East Cheshire NHS Trust, who we note your Report is also addressed to, and NHS Cheshire and Merseyside Integrated Care Board (the responsible commissioner for the Trust) to discuss your concerns. We are aware that they are responding to the Coroner separately.

Regarding your concern that there is an inability to access information in GP records across the NHS due to differing IT systems, there are various programmes of work to improve record-sharing 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 for health and care workers 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 the [Summary Care Record](#) (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.

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 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.

[Shared Care Records](#) are another avenue by which healthcare professionals may access existing information about a patient. Shared Care Records join up information based on an individual rather than one organisation, and may include information such as test results, medications, outpatient appointments, inpatient stays and clinical contacts. It is our future ambition that Shared Care Records will enable authorised health and care staff from across England to access fully interoperable and comprehensive records for patients.

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?](#)

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 David, 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