

Richard Travers
HM Coroner for Surrey

The Inquests Touching the Deaths of Emma, Ellette and George Pattison A Regulation 28 Report – Action to Prevent Future Deaths

Dear Mr Travers

We write in response to the Regulation 28 report issued by yourself following the inquest into the deaths of Emma, Ellette and George Pattison, and specifically in response to paragraphs 5.1 and 5.2 in that report:

The MATTERS OF CONCERN are as follows. –

1. An applicant for a shotgun certificate is able to obtain medication from an on-line doctor without the knowledge of their GP, giving rise to a risk that a licensing authority might grant a shotgun certificate to an applicant who has a relevant previous medical history about which the authority is not aware.
2. In consulting an on-line doctor, it is possible for an applicant for a shotgun certificate to avoid the current safeguards relating to full disclosure of their previous and current medical history.

In respect of 5.1, we note the concern raised. The GMC has clear guidance that covers the sharing of information between on-line doctors whom the patient may choose to consult, and the patients registered NHS General Practitioner. The guidance:

[About Good practice in prescribing and managing medicines and devices - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/guidance/for-the-public/about-good-practice-in-prescribing-and-managing-medicines-and-devices) provides at Paragraph [56]:

If you are not the patient's GP, when an episode of care is completed, you must tell the patient's GP about:

- a. changes to the patient's medicines along with reasons, including if existing medicines are changed or stopped, and new medicines are started*
- b. length of intended treatment*
- c. monitoring requirements, including who will carry this out*
- d. any new allergies or adverse reactions identified.*

Co-chief executive officers: [REDACTED]

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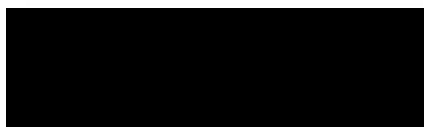
We would therefore expect online doctors to be providing information to GPs in line with the professional guidance available from their Regulator. If a patient does not consent to this sharing of information, then the same GMC guidance advises that the online doctor should explain the risks to the patient and to record the refusal in their medical records. (Paragraph 31) However, the risks that might exist in these circumstances are not further defined. A change to the guidance above would be a matter for the GMC to consider. BMA guidance reiterates the above.

Paragraph (9) of Good Medical Practice (2024) also creates a responsibility for a doctor to consider whether the mode of consultation is appropriate to providing the safe care the patient needs.

In respect of 5.2, we would expect an online doctor to be prescribing only after having taken an appropriate medical history, which would include, albeit not necessarily exhaustively, their current and past medical history and prescribed medications. This would underpin the clinical basis for deciding whether or not to prescribe. If the medical record is not available, then the only source of information would be from the patient. Communication with the regular GP would mitigate this risk, and as above, that would be the expected practice in this situation, unless the patient refused consent to do so.

This report identifies a possible information gap for NHS General Practitioners when providing factual medical information to the police as part of the firearms licensing process. We will update our own guidance to reflect that this potential gap exists if external prescribers are not sharing information, or have not been supplied by the patient with information that would be relevant.

Yours sincerely



Chair GPC England