

7th October 2024

Private & Confidential

Joanne Kearsley
HM Senior Coroner
HM Coroner's Court
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Newgate
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OL16 1AT

Corporate Legal Services
Trust Headquarters
225 Old Street
Ashton Under Lyne
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Telephone: [REDACTED]

Dear Ms Kearsley,

RE: Inquest touching on the death of David Thompson

I set out below the Trust's response to your letter to Pennine Care NHS Foundation Trust and the issuing of a Prevention of Future Deaths Notice (Regulation 28), arising from the inquest into the death of David Thompson.

May I take this opportunity to extend my own condolences to the family of David and apologise that you had to raise concerns relating to the services he accessed prior to his sad death.

The Trust sets out its response to the point below:

For All:

- 1. There was a complete absence of any Consultant – Consultant discussions or communication, given this patient was receiving care from both the NHS and privately.**

Trust Response:

The organisation was not aware that David attended an outpatient appointment with [REDACTED] at the Priory Hospital, Altrincham and therefore the opportunity for Consultant to Consultant communication to take place did not happen. The organisation's expectation is for [REDACTED] to copy the organisation into David's clinic letter as per the section of 'Contributing to continuity of care' within the General Medical Council's (GMC) 'Good Medical Practice.' The guidance states:

65

Continuity of care is important for all patients, but especially those who may struggle to navigate their healthcare journey or advocate for themselves. Continuity is particularly important when care is shared between teams, between different

members of the same team, or when patients are transferred between care providers.

- a. You must promptly share all relevant information about patients (including any reasonable adjustments and communication support preferences) with others involved in their care, within and across teams, as required.
- b. You must share information with patients⁵ about:
 - i. the progress of their care
 - ii. who is responsible for which aspect of their care
 - iii. the name of the lead clinician or team with overall responsibility for their care.
- c. You must be confident that information necessary for ongoing care has been shared:
 - i. before you go off duty
 - ii. before you delegate care, or
 - iii. before you refer the patient to another health or social care provider.
- d. You must check, where practical, that a named clinician or team has taken over responsibility when your role in a patient's care has ended.

It was [REDACTED]'s evidence that the clinic letter was shared with David's GP and he expected the GP to then share this information with all other care providers. This is not the responsibility of the GP but the responsibility of the doctor who has seen the patient. This evidence was factually incorrect and it is the view of the organisation's Medical Director, [REDACTED] that this is in breach of the GMC's Good Medical Practice, which all doctors must follow.

In order to provide assurance that Pennine Care NHS Foundation Trust's doctors are also adhering to this guidance formal communication has been sent to all doctors within the organisation from our Medical Director reminding them of this guidance and the GMC's stipulation that all doctors must follow this. It also highlights this case and asks the doctors to take particular care if a patient is receiving treatment from both an NHS and private provider and that the private provider will also be copied into any correspondence.

The organisation's Medical Director will also liaise with the Medical Directors of all the private providers that Pennine Care patients are known to be placed. Contact will be made with the Priory, Elysium and Cygnet to raise the profile of this identified issue and to work collaboratively to ensure that this issue does not occur again.

Out of Area Bed Placements – Private Provider

David received care within Priory Hospital, Altrincham and Priory Hospital, Dorking. He was placed in an out of area bed for the Dorking admission where he was under

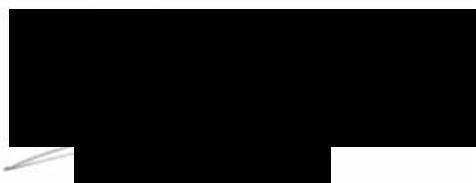
the care of both an NHS Consultant and a private provider Consultant. This would occur when there are no inpatient beds within the organisation or elsewhere in the Northwest Bed Bureau. A private provider bed may need to be used in these circumstances and this bed would be funded by the Integrated Care Board (ICB).

The quality of care provided in these private out of area placements was identified as inconsistent across the board and ensuring quality oversight of these placements was difficult. To minimise this issue and to ensure the quality of care provision within these private placements, Greater Manchester ICB devised a preferred provider list and patients will now only be placed in private provider hospitals where the quality of care in these establishments is assured. If any issues are raised in relation to any of these hospitals, they will be put on a stop list which will mean no patients will be placed in these hospitals going forward until the quality has been raised and assurance is provided that they meet the expected standard.

To ensure the quality and consistency of the care of Pennine Care patients who are placed in an out of area private bed, an Out of Area Practitioner is responsible for monitoring the inpatient stay, linking in with the relevant providers and inpatient operational leads to ensure all patients receive support and discharge planning as required. The Out of Area Practitioner is a senior mental health practitioner (Band 7) who sits within the Patient Flow Team. They act as a case manager for that patient including attending ward rounds, keeping key professionals (including all Consultants) updated and involvement in repatriation and discharge planning. There are five of these practitioners within the organisation and each practitioner covers one of the five boroughs in which services are commissioned. This is to ensure that each practitioner has the capacity to be able to fulfil this case manager role and to allow cross cover arrangements to take place during period of absence such as annual leave. This process is outlined within the 'Out of Area Placement' Standard Operating Procedure detailing the role and responsibilities of the organisation in relation to this type of bed placement and the organisation's expectations of the Out of Area Practitioner.

I hope that the information within this response has provided you with the assurance that you were seeking in relation to learning from these events. Should you require any further information or clarification on the details within this letter, please do not hesitate to get in touch with me again.

Yours sincerely



Chief Executive