



Department
of Health &
Social Care

Minister of State for Care

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

HM Coroner Alison Mutch
1 Mount Tabor Street
Stockport
SK1 3AG

By email: [REDACTED]

08 October 2024

Dear Ms Mutch

Thank you for the Regulation 28 report of 23rd August sent to the Department of Health and Social Care about the death of Mr Allan Robin Hamilton. I am replying as the Minister of State for Care, responsible for primary care and general practice.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Hamilton's death and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the lack of robust processes or systems practices may have when they are accepting online requests through their online consultation systems. In preparing this response, Departmental officials have made enquiries with NHS England and the Care Quality Commission to ensure we adequately address your concerns.

Use of digital channels in general practice

The Department, NHS England, and practices alike must be cognizant of the fact that there are now multiple channels by which a patient may contact a GP practice. This includes by direct face to face contact at a surgery, by telephone, by customised online systems or by email. While more options have opened up more opportunities for patients to access care they need, we understand that it may also open up more opportunity for patients to slip through the cracks, which is unacceptable. We want to make sure that patients are able to easily access primary care and that it is not a complex system that inevitably makes it harder for patients to access. I am deeply upset that this patient was unable to access care before he sadly passed away. We need to do better, so patients can receive the care they deserve.

General practices are independent businesses who are contracted by NHS commissioners to perform medical services, and as a result it is the responsibility of the individual practice (provider) to have reliable systems in place to manage interactions with patients. If a

practice felt unable to monitor a general email address in a timely way to detect clinical concerns raised, then a system should be in place to manage this.

We recognise that practices need adequate support to be able to put these systems and pathways into place, and NHS England produced guidance on this in May 2024. The guidance supports practices in care navigation and includes a key principle that clinical requests not allocated by care navigation (i.e. over the phone or via online consultation systems) need to come into a single flow for assessment. This is to reduce risks of patient requests being missed. The document, however, does not contain the specifics of managing email correspondence and signposting patients to an appropriate channel. This is because, as independent businesses, practices are ultimately responsible for the daily operations of their business outside of their contractual obligations which includes how they manage their email correspondence. They do this to appropriately tailor it to their own requirements and patient cohorts, as they know their local needs best.

The GP contract requires practices to provide an appropriate response to patients on the day the patient contacts the practice (or the next day if they contact the practice in the afternoon), according to the urgency of their clinical needs and other circumstances. This includes patients contacting the practice electronically. An appropriate response could include inviting the patient to an appointment either in person or over the phone, providing advice or care by another method, signposting the patient to other services, or communicating with the patient to request more information. Following contact made by a patient the practice must manage the presenting complaint in a safe and timely way in line with the Health and Social Care Act 2008 Regulations 2014: Regulation 12 (Safe care and treatment). The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.

The CQC expects those working within a service to have the knowledge and skills to use the systems in place, and for there to be sufficient numbers of staff with the right skills employed to meet the needs of those using the service. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 requires providers to provide patients with information about their care and treatment options, which the CQC expects to include information on how to access care and treatment. The CQC assesses access to services, including GP practices, through their single assessment framework under the "Responsive" key line of enquiry. The equity in access Quality Statement allows the CQC to assess whether people accessing services can so do in a timely manner that is in line with best practice.

Local response

I understand that NHS Greater Manchester ICB will be working closely with the practice and SSP Health as an organisation to ensure that digitised services within general practice are safe and meet required national standards: specifically, the standards DCB0129 and DCB0160, which relate specifically to clinical safety and are published under Section 250 of the Health and Social Care Act 2012. The ICB will also be looking at any wider work that is needed across the NHS Greater Manchester system in relation to this issue. SSP Health is also in the process of preparing a separate response to this report.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

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